



**Minutes of the Open Session of the  
Quality, Patient Care and Patient Experience Committee  
of the El Camino Hospital Board of Directors  
Monday, December 2, 2019  
El Camino Hospital | Conference Rooms A&B  
2500 Grant Road, Mountain View, CA 94040**

**Members Present**

Terrigal Burn, MD  
Caroline Currie  
Alyson Falwell  
Peter C. Fung, MD  
Julie Kliger, Chair  
Jack Po, MD  
Melora Simon

**Members Absent**


Krutica Sharma,  
MD  
George O. Ting,  
MD, Vice Chair

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	<p>The open session meeting of the Quality, Patient Care and Patient Experience Committee of El Camino Hospital (the "Committee") was called to order at 5:30pm by Chair Kliger. A silent roll call was taken. Dr. Ting and Dr. Sharma were absent. Dr. Po arrived at 5:35 pm during the discussion about the consent calendar. All other Committee members were present at roll call.</p> <p>Dan Woods, CEO, introduced Interim CQO, John Haughom, MD.</p>	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	<p>Chair Kliger asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.</p>	
3. CONSENT CALENDAR	<p>Chair Kliger asked if any member of the Committee or the public wished to remove an item from the consent calendar. Dr. Fung requested that item 3a Minutes of the Open Session of the Quality Committee (11/4/19) be removed.</p> <p><b>Motion:</b> To approve the consent calendar: For information: FY20 Quality Dashboard; FY20 Pacing Plan, Progress Against FY20 QC Goals; and Hospital Update.</p> <p><b>Movant:</b> Burn <b>Second:</b> Fung <b>Ayes:</b> Burn, Currie, Falwell, Fung, Kliger, Po, Simon <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Sharma, Ting <b>Recused:</b> None</p> <p>Dr. Fung suggested it will be important for the Committee to consider oversight of Silicon Valley Medical Development, LLC quality of care. Following discussion, the Committee requested that a discussion about how Silicon Valley Medical Development, LLC will report up to the Quality Committee be added to the Pacing Plan for the February 3, 2019 meeting.</p> <p><b>Motion:</b> To approve the consent calendar: Item 3a Minutes of the Open Session of the Quality Committee (11/4/19).</p> <p><b>Movant:</b> Fung <b>Second:</b> Burn <b>Ayes:</b> Burn, Currie, Falwell, Fung, Kliger, Po, Simon</p>	<p><i>Consent Calendar approved</i></p>

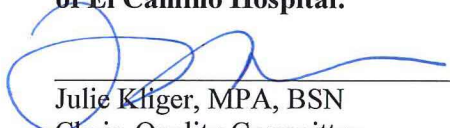
	<b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Sharma, Ting <b>Recused:</b> None	
<b>4. FOLLOW UP ITEMS FROM LAST MEETING</b>	Chair Kliger explained that this report will be on future agendas to ensure follow up items from previous meetings are tracked and completed.	
<b>5. REPORT ON BOARD ACTIONS</b>	Chair Kliger reviewed the Report on Board Actions and the Board Action Plan with the Committee. Chair Kliger requested that the Interim Chief Quality Officer be added to the “Who” for the Quality Oversight sections of the Plan.	
<b>6. PATIENT STORY</b>	<p>In place of an individual patient story, Cheryl Reinking, RN, CNO Ms. Reinking presented a series of “negative” patient comments from the Press Ganey HCHAPS surveys in the domains of Responsiveness and Discharge Information. Ms. Reinking reported that several issues emerged from these comments including communication inconsistent from shift to shift, responsiveness to call lights on the night shift, and communication regarding the discharge process. She also provided information about process changes implemented to address these issues systematically. The Committee requested that staff also consider bringing patient stories that present challenges that go “deeper” into the organization and are not necessarily nursing related.</p> <p>Chair Kliger suggested that, to improve the discourse and dialogue at the Committee meetings it would be helpful to state in the materials how the Committee can be helpful and to complete the suggested questions section in the cover memo.</p>	
<b>7. READMISSIONS DASHBOARD</b>	<p>The Committee reviewed All Cause Unplanned Readmission Index Data for Q1FY20. Ms. Reinking explained that this data is important, first, because we want to prevent unplanned readmissions for our patients and second, because hospitals incur a penalty of up to 3% of DRG payments for readmission rates that are above CMS calculated expected for 7 diagnoses and procedures. ECH’s penalty for FY19 based on actual performance was \$354,500. For Q1 FY20 ECH’s Observed /Expected ratio is greater than 1.0 for 3 of the readmission penalty diagnoses: Pneumonia (1.31), Stroke (1.29) and Total Hip and Knee Arthroplasties (sudden spike to 1.79). Dan Shin, MD, Medical Director of Quality Assurance reported that another quarter at least of data needs to be collected for the Total Joint procedures to confirm if this is an anomaly or a trend. The index for Acute Myocardial Infarction (Heart Attack) has decreased to .23 following some work on anticoagulation therapy.</p> <p>There was some discussion about how the Committee can be most useful. Dr. Haughom suggested that the Committee can be most useful if (1) management brings it three things: (a) reports on successes, (b) trends in the data that the Committee needs to know about, and (c) what is being done about quality problems and (2) stays focused on policy.</p>	



	The Committee requested more trending information on the readmissions data.	
<b>8. PATIENT SAFETY INDICATORS</b>	The Committee reviewed the Premier Quality Advisor Report Patient Safety Indicators. There was some concern about the rates in three categories “Death in surgical patients with treatable conditions,” “OB Trauma Vaginal Delivery with instrument” and “OB Trauma Vaginal Delivery without instrument.” Ms. Reinking described work being done to address the OB trauma issues and the Committee requested a deeper dive into whether the vaginal tearing was due to expected causes such as ethnicity and low protein diets. The Committee also requested a deeper dive into the 4 deaths in surgical patients with treatable conditions. The Committee would also like to see regional comparison data and requested that the charts be reformatted so that they are easier to read.	
<b>9. PEER REVIEW PROCESS</b>	The Committee received a presentation from Dan Shin, MD, Medical Director of Quality Assurance, regarding the new Peer Review Process being implemented by the Medical Staff. The new process includes establishing a Multi-Specialty “Practice Excellence Committee” for Peer Review that will absorb smaller departments and result in less bias, better standardization of outcomes, and fewer conflicts of interest. Dr. Qureshi commented that this is going to be a cultural change, but it is a national trend to move Peer Review in this direction.	
<b>10. ANNUAL PERFORMANCE IMPROVEMENT REPORTS</b>	Ms. Reinking reviewed the Annual Performance Improvement Reports for Core Measures, Oncology, Human Resources, and Maternal Child Health. Oncology is meeting benchmarks, lift transfer injuries have improved and RN turnover rate is below benchmark.	
<b>11. PUBLIC COMMUNICATION</b>	There was no written communication. Catharine Walke, President of PRN, thanked the Committee and Dr. Shin for the presentation on the Medical Staff Peer Review Process. Imtiaz Qureshi, MD, Enterprise Chief of Staff, suggested that the Committee consider adding the Chiefs of the Medical to the Committee membership. Chair Kliger asked staff to add that discussion to the Pacing Plan for the February 3, 2019 meeting.	
<b>12. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 7:28pm.</p> <p><b>Movant:</b> Burn</p> <p><b>Second:</b> Kliger</p> <p><b>Ayes:</b> Burn, Currie, Falwell, Fung, Kliger, Po, Simon</p> <p><b>Noes:</b> None</p> <p><b>Abstentions:</b> None</p> <p><b>Absent:</b> Sharma, Ting</p> <p><b>Recused:</b> None</p>	<i>Adjourned to closed session at 7:28pm</i>
<b>13. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT</b>	Open session was reconvened at 7:43pm. Agenda items 13-17 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (11/4/2019); and for information: Medical Staff Quality Council Minutes.	
<b>14. AGENDA ITEM 19: CLOSING WRAP UP</b>	Cindy Murphy, Director of Governance Services, reviewed the 8 follow up items requested by the Committee.	

<b>15. AGENDA ITEM 20: ADJOURNMENT</b> 	<b>Motion:</b> To adjourn at 7:45pm. <b>Movant:</b> Fung <b>Second:</b> Simon <b>Ayes:</b> Burn, Currie, Falwell, Fung, Kliger, Po, Simon <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> Sharma, Ting <b>Recused:</b> None	<b><i>Meeting adjourned at 7:45pm</i></b>
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**Attest as to the approval of the foregoing minutes by the Quality, Patient Care and Patient Experience Committee of El Camino Hospital:**

  
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Julie Kliger, MPA, BSN  
Chair, Quality Committee