



**Minutes of the Open Session of the  
Quality, Patient Care and Patient Experience Committee  
of the El Camino Hospital Board of Directors  
Monday, March 2, 2020  
El Camino Hospital | Conference Rooms E&F  
2500 Grant Road, Mountain View, CA 94040**

**Members Present**

**Julie Kliger, Chair**  
**George O. Ting, MD, Vice Chair**  
**Alyson Falwell**  
**Peter C. Fung, MD**  
**Jack Po, MD**  
**Melora Simon\*\***  
**Krutica Sharma, MD**  
**Terrigal Burn, MD**  
**Imtiaz Qureshi, MD**  
**Linda Teagle, MD**

**Members Absent**

**Caroline Currie**

\*\*via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
1. <b>CALL TO ORDER/ ROLL CALL</b>	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. Sharma was not present during roll call and arrived at 5:45 pm during Agenda Item #5 (Patient Story). Ms. Simon participated via teleconference and arrived in person at 6:15 pm during Agenda Item #7 (Quality Dashboard). Caroline Currie was absent. All other Committee members were present at roll call.	
2. <b>POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair Kliger asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. <b>CONSENT CALENDAR</b>	<p>Chair Kliger asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed.</p> <p><b>Motion:</b> To approve the consent calendar: Minutes of the Open Session of the Quality Committee Meeting (02/03/2020); For information: FY20 Quality Dashboard; FY20 Pacing Plan, Progress Against FY20 QC Goals, Hospital Update, &amp; Quality Committee Follow-up Items</p> <p><b>Movant:</b> Po  <b>Second:</b> Falwell  <b>Ayes:</b> Ting, Burn, Falwell, Fung, Kliger, Po, Qureshi, Teagle &amp; Simon  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Currie &amp; Sharma  <b>Recused:</b> None</p> <p>Chair Kliger announced a new Chief Quality Officer has been hired. Mr. Woods reported that the offer has been accepted and the anticipated start date is around April 13, 2020.</p>	<b>Consent Calendar approved</b>
4. <b>REPORT ON BOARD ACTIONS</b>	Chair Kliger asked if any Committee members had any questions about the Report on Board Actions. No questions were reported.	

<p><b>5. PATIENT STORY</b></p>	<p>Ms. Reinking presented patient comments regarding non-nursing, non-clinical, and ancillary related patient experience. There were many comments about parking whether it's with confusion with parking or the parking attendants. There are several improvements regarding parking that could be made such as signage, building a new garage available for parking, and way finding for where to park.</p> <p>Dr. Ting stated that he gets many questions from patients regarding where something is located and suggested that more signage be implemented and/or updated. Ms. Reinking commented that with the new building opening, there will be more signage and will double check to make sure this gets done.</p> <p>Ms. Reinking stated that we have had valet parking at the Los Gatos campus now for the last several months. There was also a complaint of no one being at the security desk at 1:00 am. This issue has now been fixed. Ms. Reinking also reported that a patient also felt they were overly communicated with when getting a mammogram. Patient received a text at 6:00 am, which woke her up. Issues were addressed with the radiology department to adjust their time. The same patient also had issues with parking with the valet being unavailable.</p>	
<p><b>6. PATIENT EXPERIENCE PLAN/PATIENT FAMILY VOICE</b></p>	<p>Chair Kliger reminded the committee about why Patient Experience is being included now to the agenda. Last year, there were recommendations to include more patient voices. We want to be hearing and thinking about how does the patient family advisory committee feed into the quality goals and how it supports and informs the quality strategy.</p> <p>Ms. Reinking presented patient experience through the Patient and Family Centered Care (PFCC) to develop partnerships through mutual understanding with the experience of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care. Ms. Reinking states that the four principles are something that we should all abide by with respect, communication, building on strengths, and promoting collaboration. With the True North diagram, we will need to think about how we are optimizing that human experience through our staff, community and family experience.</p> <p>Ms. Reinking presented the partnership model explaining that patients, family and staff would want to meet in the middle to become partners in managing the complexity of all emotions involved. There are several different ways to work with the patients and families to really embed their voice being taken to heart through the Patient and Family Advisory Council (PFAC), workgroups, focus groups, and improvement events. With the Patient/Family Advisor (PFAC) role, they let the hospital know how to be proactive on issues that may arise, such as parking issues. The PFAC meets monthly for two hours. It has 11 patient and family members and 3 staff members. Some areas the PFAC influences are marketing, billing, parking, security, emergency room, and even the electronic health record process with EPIC. Examples of special efforts supported by PFAC include modifying marketing materials, revised patient billing and messaging, and advocating for gender neutral forms in Mother Baby.</p> <p>Ms. Reinking reported the Family Advisory Board (FAB) accomplishments in the NICU department. They created a NICU Parent Peer to Peer Buddy Support Program which pairs parents who have gone or are going through similar situations. They also placed more books in the NICU and reading more to the babies. They have a Cuddle Program where babies who don't</p>	

	<p>have parents available have skin to skin contact with volunteers. Lastly, there is also an app that allows parents to see their baby's information through My Chart Bedside.</p> <p>In response to Committee member's questions, Ms. Reinking stated that members of the PFAC have a two year term, but not everyone rotates at the same time. In terms of the PFAC goals, they are goals that are brought forward through our surveys, patients, and staff. Anyone can bring forward any issues to address. To pick on what to work on, they are categorized by priority and how they align with our strategy.</p>	
<p><b>7. BOARD QUALITY DASHBOARD</b></p>	<p>Chair Kliger requests for Dr. Adams to answer what the strategy was used and coming to deciding why these indicators presented in the dashboard and not the other indicators.</p> <p>Dr. Adams stated that the purpose of the dashboard is to provide a snapshot to the Board, not the Quality Committee. While this is being looked at and discussed with the Quality Committee, this is only to provide to the Board a snapshot using the quality and safety measures based on STEEEP. There were committee member feedbacks for discussion that Dr. Adams addressed. The most challenging is under the cost effective part under "efficient" in STEEEP because there were many different measures that feed into that. Dr. Adams reminded the committee that this dashboard is still under construction that can be changed overtime. While there may be some areas that we want to focus on, we also want this committee to be engaged in strategic discussions as well and not just solely focused on metrics. For example, we are on a journey to high reliability. There are lots of impacts and influences in high reliability work which impacts quality and safety. That could be a rich discussion that this committee could have and just looking at the metrics alone is not taking advantage of the expertise of this committee. Dr. Adams states there are at least 2300 known quality metrics. As we go to topic number 9, the cover sheet spells out nicely on the logic used on what strategy was used. There has been a couple of metrics that were suggested and added to the dashboard. Dr. Adams reminded the committee that this is a living dashboard that can be changed. It will never be perfect. It's very difficult to keep everyone happy since some say too much detail, some say too little detail, etc.</p> <p>Chair Kliger. suggested having some metrics around Behavioral Health, Women's Health, and/or Cardiology/Structural Heart. There were also some survey results around culture and safety, and it would be good to have some of those scores in here. In addition, we all have different opinions and philosophies, and it would be beneficial to put something on the agenda to discuss how to better utilize better reporting. For example, is there some value that derived from the types of reports that are made where we feel they reflect medical care or care coordination? Also, regarding efficiency, we are always behind on value based purchasing and that might be a good thing to put on the dashboard. It also might be good to have the percentage of lean projects that are on track because they speak to how we're doing fundamentally. Lastly, there is a lot of real estate on the dashboard for baseline metrics and she doesn't need to see any of that. Chair Kliger wants to see how we're doing. For example, what is top tier? This is coming to the Board so it can oversee where we are falling out and the management plan to correct that. If we have the right metrics, that will feed into strategy.</p> <p>Dr. Ting requested statistics and not opinion. He wants the dashboard to be</p>	

	<p>supported by evidence. Dr. Sharma suggested that she wants to see more information. Dr. Fung asked how there could be so much data for people to digest, understand, and discuss. He stated that this is going to be overwhelming in terms of time, etc. While we want to capture as much data as possible, the Board does not have the time, resources, or energy to go into all of that. He believes that we have to be realistic and think of a genius way on how to capture the information. First, high priority is obviously what we don't do well. We have to set priority and how we would need to go through that, not every month, but alternate months or perhaps quarterly. He believes the committee should help Dr. Adams.</p> <p>Chair Kliger reiterated that while the utility of this is being determined, this is not a dashboard that the Quality Committee will be discussing. This will probably go in the consent item. The board will be reviewing these metric items maybe every quarter. She states that this item is not ready for a motion. There will be another round to have some revisions with some of the materials and incorporating suggestions as best as possible.</p>	
<p><b>8. UPDATE ON LEAN TRANSFORMATION</b></p>	<p>Mr. Griffith presented an update on LEAN transformation. He explained that LEAN is much more than just a set of tools. It's a cultural transformation aligning bringing value to our patients making the environment better for our patients and doctors. The mindset of LEAN is that projects are never more important than the people involved. Respect for others, respect for doctors, respect for colleagues is of the utmost importance in Lean Leadership Principals. We have designed much of the education around the Lean Leadership Principals. It is a daily system operating management system to drive performance whether it's operational or quality. The past 12 months was spent on strategy and deploying that strategy to the front lines. We have also taken doctors, front line staff, and executives to one day courses to not only learn those principals, but how to apply those principals. Mr. Griffith showed a visual of management's strategy deployment room to illustrate how each organizational goal and strategic goal is being monitored. There is also a production board to give us visibility into all the work going on in the organization. Organizations are notorious for piling on project after project after project which can lead to staff burnout. This is an attempt to rationalize the workload down to the frontline. Mr. Griffith stated that 3 to 5 days are spent on each value stream, finding the current state, and moving to a future state. Out of those, we prioritize the improvements and go to rapid process improvements workshop. The way we have been able to measure the value of our LEAN work is in our volume. These improvements are helping financially, they're having patients get care better, and helping physicians clarify what is important. Lastly, we have quantified this with our finance department and we're looking at about \$5M on the conservative side of our benefit to the organization in our ED. The organization aggregately is now growing at about 11% year to year and historically it's been growing about 1 to 2%.</p> <p>Christine Cunningham stated that LEAN is the engine that powers our performance and more importantly, it powers our improvements. It turns 3500 of our employees into problem solvers. It makes problems visible. We can't fix what we can't see. We are focusing on goal deployment. All of our employees know what our goals are and we are really making sure that we have a culture of transparency and openness so that they feel the ability to problem solve and sustain the solution.</p> <p>In response to committee member's questions, Mr. Griffith stated that we</p>	

	<p>have a check in schedule that we have to report on our Lean Leadership Steering Committee which happens for some people weekly. We've all been trained on the GEMBA rounds. We also have our forms, coaching strategy and have offered to help and assist. Ms. Cunningham also stated that there is currently something in the works called Everyday Improvement Ideas where frontline staff can bring ideas including potential solutions.</p> <p>Chair Kliger requested to hear future updates and possibly including the leading indicator for quality into the dashboard.</p>	
<b>9. GOAL ATTAINMENT</b>	<p>Chair Kliger stated that this is a question around how inspirational should the goals be. It is time to hear the philosophy and different thoughts from the members. She has opened up this conversation on what this philosophy should be, nevertheless reminded the members that we are not in the position to tell the hospital how to go about goal attainment.</p>	
<b>10. PROPOSED FY21 ORGANIZATIONAL GOALS</b>	<p>Dr. Adams stated that the goals are not ready. We only have a half year of data today, so we don't even have a baseline. Mr. Woods stated that there are strategic goals, and then there are also annual incentive goals. Ms. Simon was confused on why we did not have anything to review pursuant to the pacing plan; however, Dr. Adams stated that once we have a baseline, we will present to the committee.</p> <p>Chair Kliger requested that a draft of the FY21 Quality and Safety Organizational Incentive Goals be presented to the Committee at its April meeting for discussion.</p>	
<b>11. PUBLIC COMMUNICATION</b>	<p>There was no public communication.</p>	
<b>12. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at 7:23pm.  <b>Movant:</b> Ting  <b>Second:</b> Simon  <b>Ayes:</b> Ting, Burn, Falwell, Fung, Kliger, Po, Simon, Sharma, Qureshi, &amp; Teagle  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Currie  <b>Recused:</b> None</p>	<i>Adjourned to closed session at 7:23pm</i>
<b>13. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT</b>	<p>Open session was reconvened at 8:00pm. 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 (02/03/2019) and Medical Staff Credentialing and Privileges Report; and for information: Medical Staff Quality Council Minutes including API reports.</p>	
<b>14. AGENDA ITEM 19: CLOSING WRAP UP</b>	<p>Board Quality Dashboard needs to come back will need more work. Committee members would like more on the progress on the Lean work. Lastly, please to bring draft of the Organization Incentive goals to the April meeting.</p>	
<b>15. AGENDA ITEM 20: ADJOURNMENT</b>	<p><b>Motion:</b> To adjourn at 8:02pm.  <b>Movant:</b> Ting  <b>Second:</b> Burn  <b>Ayes:</b> Ting, Burn, Falwell, Fung, Kliger, Po, Simon, Sharma, Qureshi &amp; Teagle  <b>Noes:</b> None</p>	<i>Meeting adjourned at 8:02pm</i>

	<b>Abstentions:</b> None <b>Absent:</b> Currie <b>Recused:</b> None	
--	---	--

**Attest as to the approval of the foregoing minutes by the Quality, Patient Care and Patient Experience Committee of El Camino Hospital:**

*Julie Kliger*

72907F50D9F24A4  
Julie Kliger, MPA, BSN  
Chair, Quality Committee