



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Hospital Board of Directors
Monday, April 6, 2020
El Camino Hospital | Conference Rooms 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**
Linda Teagle, MD

Members Absent

Caroline Currie
Imtiaz Qureshi, MD

**via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	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 verbal roll call was taken. Caroline Currie and Imtiaz Qureshi were absent. Melora Simon and Linda Teagle, MD were not present during roll call, but participated in the rest of the meeting. Dr. Teagle attended the meeting in person and all other members were present and participated telephonically. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	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. CONSENT CALENDAR	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. Motion: To approve the consent calendar: Minutes of the Open Session of the Quality Committee Meeting (03/02/2020) and Proposed FY21 Committee Meeting Dates; For information: FY20 Quality Dashboard; FY20 Pacing Plan, and Progress Against FY20 Committee Goals Movant: Fung Second: Po Ayes: Burn, Falwell, Fung, Kliger, Po, Sharma, Simon, Ting Noes: None Abstentions: None Absent: Currie, Qureshi, Teagle Recused: None	<i>Consent Calendar approved</i>
4. QUALITY COMMITTEE FOLLOW-UP TRACKING	Ms. Kliger stated that she is still working on the Board Dashboard with the CMO, Dr. Mark Adams, and the Interim CQO, Dr. John Haughom. This item is forthcoming.	
5. REPORT ON BOARD ACTIONS	Chair Kliger asked if any Committee members had any questions about the Report on Board Actions. There were no questions.	

<p>6. PATIENT STORY</p>	<p>Cheryl. Reinking, Rn, CNO, presented a positive letter from a patient who was previously a registered nurse. The patient stated that her entire experience at ECH was a very positive one and everyone was very professional every step of the way.</p> <p>In response to committee members' questions, Ms. Reinking stated that we have directly heard from our patients and their families including letters thanking ECH for the services they've provided during the COVID-19 Pandemic. Ms. Reinking stated that staff has been calling patients post discharge.</p>	
<p>7. PATIENT EXPERIENCE PLAN/PATIENT FAMILY VOICE</p>	<p>Ms. Reinking presented the patient experience report related to HCAHPS and the areas we are focusing on this year. Ms. Reinking, referring to the dashboard in the committee materials, reported that, through February, while the organization is meeting its goals for Discharge Information and ED satisfaction, there is room for improvement.</p> <p>Ms. Reinking noted that the organization's overall goal for the HCAHPS survey is to assure that for 80% of the domains we score over the 50th percentile which we currently are. She reported that interventions to make improvements include, but not limited to, ensuring strong communications between the patients and the caregivers and responsiveness related to call lights and in answering them. The likelihood to recommend score measures experience overall. Ms. Reinking commented that leader rounding has impacted this score. In response to Committee members' questions, Ms. Reinking stated that outpatient oncology is well under target due to possibly scheduling issues. There was a waiting list for a period of time. However, the issue has been corrected by extending the hours, and there is no longer a waiting list.</p>	
<p>8. QUALITY/ PERFORMANCE IMPROVEMENT & PATIENT SAFETY PLAN – QAPI</p>	<p>Mark. Adams, MD, CMO, presented the QAPI for which the Board is responsible for approving. He believes it would be beneficial for the Quality Committee to review and discuss prior to Board approval. Dr. Adams explained that this plan has two major additions compared to prior years: introduction of high reliability journey and measuring quality under the STEEEP methodology.</p> <p>Dr. Adams stated that ECH has now consolidated quality activities to all report to the Enterprise Quality Council, which in return, then reports to the Medical Executive Committee and the Quality Committee of the Board. Dr. Adams stated that ECH now has a Patient Safety Oversight Committee and has added a Root Cause Analysis Oversight Committee.</p> <p>In response to the committee members' questions, Dr. Adams stated that the LEAN principles and the root cause principals will be applied across the system.</p> <p>Motion: To approve the Quality/Performance Improvement & Patient Safety Plan (QAPI)</p> <p>Movant: Ting Second: Po Ayes: Burn, Falwell, Fung, Kliger, Po, Sharma, Simon, Teagle, Ting Noes: None Abstentions: None Absent: Currie & Qureshi</p>	

	Recused: None	
9. VALUE BASED PURCHASING REPORT	<p>Dr. Adams stated that the Value Based Purchasing Plan is a program in Medicare that started several years ago to promote quality improvement for Medicare beneficiaries. Dr. Adams stated that CMS compares to a benchmark period from the past and also other health systems across the system. For this year, ECH will be getting a .22% penalty. Generally, organizations land in a neutral area of 0, but we are slightly below. Dr. Adams stated that the four areas ECH was scored on for the past year were safety, patient experience, clinical care, and efficiency.</p> <p>In response to committee members' questions, Dr. Adams stated that the bay area is an anomaly compared to California for per member per year beneficiary payments.</p>	
10. APPROVE FY21 COMMITTEE GOALS	<p>Dr. Adams presented the Proposed FY21 Committee Goals. There were a few things added such as the STEEEP and an ongoing Board Dashboard discussion. There are also attendance requirements and monitoring our Quality and Safety tracking.</p> <p>Chair Kliger noted that Proposed Goal #6 really represents the general work of the Committee, need not be stated as a goal and could be deleted from the Proposed Goals. Chair Kliger asked if any member of the Committee had any other comments or any other goals to add to the current list. No comments were made or items added.</p> <p>Motion: To approve the FY21 Committee Goals with the deletion of Goal #6.</p> <p>Movant: Sharma Second: Falwell Ayes: Burn, Falwell, Fung, Kliger, Po, Sharma, Simon, Teagle, Ting Noes: None Abstentions: None Absent: Currie & Qureshi Recused: None</p>	
11. PROPOSED FY21 ORGANIZATIONAL GOALS	<p>Dr. Adams stated that the Proposed FY21 Organizational Goals presented are the annual incentive goals for quality and safety. Serious safety event rate (SSER) is the serious safety event per 10,000 admission days which is an important part of the quality safety pillar of zero preventable harm. Readmission Index has been a struggle this year. Dr. Adams stated that we still have not reached the target that was set. It is the largest penalty program with CMS with it being at 3%. The HEDIS is an ambulatory measure, not hospital. This is generally not publicized, but it is a big part of Medicare Advantage which is a Medicare risk. It is also a big part of MIPS (Merit Incentive Payment System). Physicians get paid based on their scoring on the MIPS program and the HEDIS measures do impact their score. The most critical one to grow our business is the Likelihood to Recommend.</p> <p>In response to the Committee members' questions, Dr. Adams stated that we look at every readmission and categorize them in different categories. We look at the most common causes with one common one being 'unrelated'. Another common category is cancer patients. That's an area where we definitely have started to focus more on how to address that. CMS has stated that they will not pay for chemo therapy readmissions.</p>	

	<p>Dr. Adams to bring back a refinement of measurements.</p> <p>Motion: To approve the FY21 Organizational Goals, but not the targets.</p> <p>Movant: Fung Second: Teagle Ayes: Burn, Falwell, Fung, Kliger, Po, Sharma, Simon, Teagle, Ting Noes: None Abstentions: None Absent: Currie & Qureshi Recused: None</p>	
12. PUBLIC COMMUNICATION	There was no public communication.	
13. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:21pm.</p> <p>Movant: Ting Second: Simon Ayes: Burn, Falwell, Fung, Kliger, Po, Sharma, Simon, Teagle, Ting Noes: None Abstentions: None Absent: Currie & Qureshi Recused: None</p>	<i>Adjourned to closed session at 7:21pm</i>
14. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:54pm. Agenda items 14-18 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (03/02/2020) and Medical Staff Credentialing and Privileges Report; and for information: Medical Staff Quality Council Minutes including API reports.	
15. AGENDA ITEM 20: CLOSING WRAP UP	There were no closing comments.	
16. AGENDA ITEM 21: ADJOURNMENT	<p>Motion: To adjourn at 8:00pm.</p> <p>Movant: Teagle Second: Burn Ayes: Burn, Falwell, Fung, Kliger, Po, Sharma, Simon, Teagle, Ting Noes: None Abstentions: None Absent: Currie & Qureshi Recused: None</p>	<i>Meeting adjourned at 8:00pm</i>

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

Julie A. Kliger

Julie Kliger, MPA, BSN
Chair, Quality Committee