



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Hospital Board of Directors**

Monday, May 4, 2020

El Camino Hospital | 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

Imtiaz Qureshi, MD**

Members Absent

Caroline Currie

****via teleconference**

| Agenda Item | Comments/Discussion | Approvals/ Action |
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| 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 was absent. Imtiaz Qureshi, MD was not present during roll call, but participated part of the meeting. Linda 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 (04/06/2020); For information: FY20 Quality Dashboard; FY20 Pacing Plan, Progress Against FY20 Committee Goals, and Hospital Update Movant: Ting Second: Po Ayes: Falwell, Fung, Kliger, Po, Qureshi, Sharma, Simon, Teagle, Ting Noes: None Abstentions: None Absent: Burn, Currie Recused: None | Consent Calendar approved |
| 4. QUALITY COMMITTEE FOLLOW-UP TRACKING | Chair Kliger asked if any members of the Committee had any questions about the Quality Committee Follow-Up Tracking. None were reported. | |
| 5. REPORT ON BOARD ACTIONS | Chair Kliger asked if any Committee members had any questions about the Report on Board Actions. No questions were reported. | |

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| <p>6. PATIENT STORY</p> | <p>Cheryl Reinking, RN, CNO, presented a patient letter received by the hospital complimenting the staff regarding the care of an emergency department patient who arrived at the hospital with abdominal pain. While most of her experience was positive, she reported an encounter with a phlebotomist who she felt did not treat her with kindness. Ms. Reinking confirmed that the hospital provided the employee with feedback and service training.</p> <p>In response to a committee member’s questions, Ms. Reinking explained that it was an early morning experience and this is an anomaly and not a trend.</p> | |
| <p>7. BOARD QUALITY AND SAFETY DASHBOARD</p> | <p>Mark Adams, MD, CMO, stated the Board Quality and Safety Dashboard is to be able to provide the board for quick reference on the quality and safety progress of the organization. The dashboard is very resource intensive and will be provided on a quarterly basis to the board as part of the quality report.</p> <p>Chair Kliger stated that she would like to see an explanation of what the impact was, the money we’re losing, and all of the “what” questions. She would also want the plan of corrections to the “what” questions.</p> <p>Ms. Simon recommends that the ‘Equitable’ on the dashboard should come from Length of Stay, Outpatient measurements, etc.</p> <p>In response to a Committee member’s questions, Dr. Adams explained that ethnicity is reported in Epic and is our own real data. He also explained that the state of California does have a breakdown of all ethnicities, and there has not been a much difference on impact from COVID-19 on specific ethnicities.</p> <p>Motion: To approve the Board Quality and Safety Dashboard</p> <p>Movant: Teagle Second: Sharma Ayes: Burn, Falwell, Fung, Kliger, Po, Qureshi, Sharma, Simon, Teagle, Ting Noes: None Abstentions: None Absent: Currie Recused: None</p> | <p><i>Board Quality Dashboard Report approved</i></p> |
| <p>8. CDI DASHBOARD</p> | <p>Dr. Adams presented the CDI Dashboard which shows how we are assessing the patients and documenting all the relevant aspects of their care. It’s very important that the medical records contain all essential information. This dashboard impacts our revenue, statistics, and indices. The hospital is very excited that the query rate from physicians has been high. This could be due to the quality of questions.</p> <p>In response to committee members’ questions, for #6 and 7, Dr. Adams explained that hospital is trying to compare them to the national benchmark percentage and use that as a guideline and not a target. This is separate from coding. This CDI Dashboard is a working dashboard that the team uses and is very physician driven.</p> | |
| <p>9. CORE MEASURES</p> | <p>Dr. Adams presented the Core Measures. He explained that the Core Measures cannot be changed as CMS sets them. He noted that in each case and as referenced in the packet, the blue is the observed rate and the green is the benchmark. The hospital is generally doing well including number of C-</p> | |

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| | <p>sections being below the benchmark, the steroid use is excellent, and blood stream infections in babies are zero.</p> <p>In response to committee members' questions, Dr. Adams explained that CMS sets these benchmarks, and they are currently valid.</p> | |
| 10. PROPOSED FY21 PACING PLAN | <p>Chair Kliger asked if any member of the Committee had any other comments or questions. No comments were noted.</p> <p>Motion: To approve the FY21 Pacing Plan</p> <p>Movant: Ting</p> <p>Second: Simon</p> <p>Ayes: Burn, Falwell, Fung, Kliger, Po, Sharma, Simon, Teagle, Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Currie, Qureshi</p> <p>Recused: None</p> | <i>FY21 Pacing Plan approved</i> |
| 11. DISCUSS FY21 ORGANIZATIONAL GOALS | <p>Dr. Adams stated this was brought back to discuss how the committee is going to determine the targets. As referenced in the packet, this is what management has recommended. Dr. Adams stated that the Serious Safety Event (SSE) needs to have at least six (6) months to get the baseline. SSE usually goes up before it comes down. Because it got pushed back due to COVID-19, management has projected a 5 point rating which is a 20% decrease. Readmissions will be recalculated by Premier and does change from year to year. The baseline for the fiscal year will not be received until October. The hospital wants to commit to a 10% improvement.</p> <p>In response to committee members' questions, Dr. Adams stated that the hospital is not pushing back on measuring the SSE. It's the high reliability work and the hospital is putting in place the measures. Those are quite resource intensive as there will need to be training to be done for all employees which costs money to do and don't have at the moment due to fiscal constraints. Dr. Adams confirmed that hospital is continuing to commit to quality goals.</p> <p>The Organizational Goals will be brought back to the next meeting for a vote on a recommendation to the Board. There will be no discussion needed unless something changes.</p> | |
| 12. PUBLIC COMMUNICATION | There was no public communication. | |
| 13. ADJOURN TO CLOSED SESSION | <p>Motion: To adjourn to closed session at 6:58pm.</p> <p>Movant: Ting</p> <p>Second: Teagle</p> <p>Ayes: Burn, Falwell, Fung, Kliger, Po, Sharma, Simon, Teagle, Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Currie, Qureshi</p> <p>Recused: None</p> | <i>Adjourned to closed session at 6:58pm</i> |
| 14. AGENDA ITEM 20: RECONVENE OPEN SESSION/ REPORT OUT | Open session was reconvened at 7:33pm. Agenda items 14-19 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee | |

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| | (04/06/2020) and Medical Staff Credentialing and Privileges Report; and for information: Medical Staff Quality Council Minutes including API reports. | |
| 15. AGENDA ITEM 21: CLOSING WRAP UP | There were no closing comments. | |
| 16. AGENDA ITEM 22: ADJOURNMENT | <p>Motion: To adjourn at 7:37pm.</p> <p>Movant: Simon</p> <p>Second: Teagle</p> <p>Ayes: Burn, Falwell, Fung, Kliger, Po, Sharma, Simon, Teagle, Ting</p> <p>Noes: None</p> <p>Abstentions: Currie & Qureshi</p> <p>Absent: None</p> <p>Recused: None</p> | <i>Meeting adjourned at 7:37pm</i> |

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

DocuSigned by:

Julie Kliger

Julie Kliger, MPA, BSN
Chair, Quality Committee