



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

Monday, October 5, 2020

El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

Members Present

Julie Kliger, Chair**

George O. Ting, MD, Vice Chair**

Alyson Falwell**

Melora Simon**

Krutica Sharma, MD**

Jack Po, MD**

Terrigal Burn, MD**

Michael Kan, MD

Apurva Marfatia, MD

Members Absent

****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. Michael Kan, MD and Apurva Marfatia, MD attended the meeting in person. All other members were present and participated telephonically. Dr. Marfatia periodically left the meeting to attend to patient care. 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	<p>Chair Kliger asked if any member of the Committee or the public wished to remove an item from the consent calendar. None were noted.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Quality Committee Meeting (09/08/2020); For information: Progress Against FY21 Committee Goals, Hospital Update, Report on Board Actions, and Quality Committee Follow up Tracking.</p> <p>Movant: Po Second: Burn Ayes: Burn, Falwell, Kan, Kliger, Po, Sharma, Simon, Ting Noes: None Abstentions: None Absent: Marfatia Recused: None</p>	Consent Calendar approved
4. CHAIR'S REPORT	Chair Kliger reported that there is a strong interest from this committee and the board to dig deeper into strategy. Chair Kliger stated that instead of reviewing presentations in the packet, the committee and management can better use meeting time for feedback and input to provide guidance for the executives. She stated that the organization has advanced from where the committee was two years ago and the level of conversations and issues that are being discussed. Nevertheless, the board still requests more information since most of the board members are not clinicians.	
5. PATIENT STORY	Cheryl Reinking, RN, CNO, presented a Patient Story. She stated that this is not a letter but rather a comment that came through Press Ganey from a survey	

	<p>that was sent. She noted that comments received usually aren't this long and she thought it was good for the committee to hear about the nice long comment of an experience of a new mom and how the nurses treated her. Ms. Reinking highlighted three nurses that were kind and compassionate. The patient had complications during her birth and highlighted how the entire team mobilized to provide their attention to her.</p> <p>In response to committee members' question, Ms. Reinking stated that every comment that the organization gets from Press Ganey is read by the nurse leaders and posted in the break room for all employees to see. The recognition is ongoing for nurses and other staff. Ms. Reinking also stated that, to enhance the pre-delivery education that is required, the staff starts from the very beginning before the moms even come to the hospital. Due to the pandemic, all pre-delivery education is done through Zoom.</p>	
<p>6. FY21 ORG. GOAL AND QUALITY DASHBOARD METRICS</p>	<p>Mark Adams, MD, CMO, presented the FY21 Org. Goal and Quality Dashboard Metrics. Dr. Adams stated that this dashboard highlights only high priority measures that management looks at throughout the enterprise at all levels. However, they are not the only metrics being looked at. There were 13 measures in FY20 and management has adjusted that to 12 for FY21. Dr. Adams asked if any Committee members had any questions, concerns, or suggestions.</p> <p>In response to committee members' questions, Dr. Adams confirmed that it would be possible for a metric to be added back. The trigger for putting back a metric would be having a negative trend over several months. Dr. Adams also stated that for the elective surgeries, for them to have to be approved by the Chiefs of Staff, the moms would need to be less than 30 weeks and have detrimental effects on the newborn if surgery isn't done. He confirmed that C-sections aren't approved or disapproved by the Chiefs of Staff.</p> <p>Dr. Po suggested to set limits on when to put the metric back on the dashboard.</p> <p>Ms. Simon requested metrics for staff COVID-19 infections that come from the community or infections that come from the patients.</p>	
<p>7. FY20 ORG. GOAL ACHIEVEMENT (QUALITY, SAFETY, HCAHPS)</p>	<p>Mark Adams, MD, CMO, presented the FY20 Org. Goal Achievement (Quality, Safety, HCAHPS). He stated the materials presented in the packet are the recalibration measurements. Because of the recalibrations of the Target, the Stretch was also recalibrated. The changes were in the Quality and Safety and Service sections.</p> <p>Motion: To recommend approval of the FY20 Org. Goal Achievement (Quality, Safety, HCAHPS).</p> <p>Movant: Po Second: Kan Ayes: Burn, Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>8. HEALTH EQUITY</p>	<p>Mark Adams, MD, CMO, gave a presentation on Health Equity. He explained that Health Equity is providing equitable care and quality of care and looking into demographics surrounding the organization. He stated when looking at Santa Clara County, it has the fifth highest median household income in the</p>	

	<p>United States. Demographics would also be much different than other parts of the country. He requested comments, concerns, and suggestions from the Committee members.</p> <p>In response to committee members' questions, Dr. Adams stated that there is still a language barrier that hinders quality of care at El Camino Hospital. He also questioned how the hospital can lead, assist, or partner with others in relation to where patients go to get their healthcare needs met. There are twice as many people going outside of the District than the people going within the District. Dr. Adams also stated that the data for race, gender, etc. could come from many sources. One of the difficulties in tracking these numbers is due to the fact that there is a growing number of people refusing to identify race and/or gender. There is also a growing number of mixed race individuals in the community. Dr. Ting raised a concern about being biased against some populations being only narrowed down to race and gender. He state there are other options that can be explored such as obesity, mental health, etc. as the only thing presented were race and gender.</p>	
9. PUBLIC COMMUNICATION	There was no public communication.	
10. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 6:48pm.</p> <p>Movant: Ting</p> <p>Second: Sharma</p> <p>Ayes: Burn, Falwell, Kan, Kliger, Po, Sharma, Simon, Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Marfatia</p> <p>Recused: None</p>	<i>Adjourned to closed session at 6:48pm</i>
11. AGENDA ITEM 16: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:08pm. Agenda items 11-15 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (09/08/2020), Quality Council Minutes, and Medical Staff Credentialing and Privileges Report.	
12. AGENDA ITEM 17: CLOSING WRAP UP	There were no closing comments. Chair Kliger requested the pacing plan be revised to add systematic approach to triggers for adding back in metrics for review in November and Health Equity in February.	
13. AGENDA ITEM 18: ADJOURNMENT	<p>Motion: To adjourn at 7:11pm.</p> <p>Movant: Burn</p> <p>Second: Simon</p> <p>Ayes: Burn, Falwell, Kan, Kliger, Po, Sharma, Simon, Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Marfatia</p> <p>Recused: None</p>	<i>Meeting adjourned at 7:11pm</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

Prepared by: Yurike Arifin