



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

Monday, November 2, 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
<p>1. CALL TO ORDER/ ROLL CALL</p>	<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 verbal roll call was taken. Michael Kan, MD and Apurva Marfatia, MD attended the meeting in person. Terrigal Burn, MD was absent during roll call. 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.</p>	
<p>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</p>	<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>	
<p>3. CONSENT CALENDAR</p>	<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>Krutica Sharma, MD commented on the Serious Safety Events (SSE). In the future, she suggested that if management has enough data points, there should be information in the materials to present any correlations for indicators to identify trends. In order for that to happen, Dr. Adams stated there should be at least 12 months of data. On the Enterprise Dashboard, since there is not 12 months of data, what is presented is the number of SSE per month under Fiscal Year to Date.</p> <p>Dr. Sharma also inquired if the CDI Dashboard methodology has been previously discussed. Dr. Adams stated that there is a CDI Steering Committee that looks at this information. Dr. Sharma wanted more clarity around the targets in the goal setting and a presentation from the CDI Steering Committee would be helpful.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (10/05/2020); For information: (b) Progress Against FY21 Committee Goals, (c) FY21 Enterprise Quality Dashboard, (d) Hospital Update, (e) Report on Board Actions, (f) Quality Committee Follow-Up Tracking, (g) CDI Dashboard, (h) Core Measures and (i) Article of Interest.</p> <p>Movant: Kan Second: Burn Ayes: Burn, Falwell, Kan, Kliger, Po, Sharma, Simon, Ting Noes: None</p>	<p><i>Consent Calendar approved</i></p>

	<p>Abstentions: None Absent: Marfatia Recused: None</p>	
<p>4. CHAIR’S REPORT</p>	<p>Chair Kliger gave the Chair’s Report. She went over what occurred at the last board meeting. She noted that the hospital’s COVID recovery plan continued to yield results that exceed the volume forecast.</p>	
<p>5. PATIENT STORY</p>	<p>Cheryl Reinking, RN, CNO, presented a Patient Story. She stated that it’s a comment from the Press Ganey survey. This patient received care at Los Gatos and also had surgery there. The patient’s comments overall were that the staff were all friendly but felt rushed due to patient rescheduling. She commented that Dr. Miller was the best. However, she had confusion for the preparation of her surgery and the nurse had problems placing the IV. Ms. Reinking stated that the hospital recently purchased technology to assist with location of veins for insertion of IVs. It arrived last week and will be distributed to the nursing units soon. The nurses will be able to view veins more readily and start the IV’s with ease. Ms. Reinking stated she tested the technology on herself and was impressed how clearly visible her veins were. In regards to the issues on the change in the patient’s scheduled time, it could be that the patient did perceive it to change her schedule perhaps. The nurses reiterate the time of surgery and requests a read back from the patients to ensure the patients comprehend. Nonetheless, with WeCare, the hospital ensures that they express empathy and apologize if something goes wrong and make changes based on process that have been identified to need improvement.</p>	
<p>6. QUARTERLY BOARD DASHBOARD REVIEW</p>	<p>Mark Adams, MD, CMO, presented the Quarterly Board Dashboard Review. Dr. Adams stated Q1 FY21 is the first time management has received real numbers to populate this Dashboard. In the Likelihood To Recommend (LTR), there are new targets for all of the measures presented in the packet. Even though the quarter shows red, they are all better than the baseline but not as good as where management would like to be. Nonetheless, Dr. Adams stated that the hospital is off to a good start looking at the entire year overall. The elective delivery has one case reported in the first three months and the C Section rate is up compared to the baseline. Dr. Adams noted that there are a number of providers that have come over from other hospitals and believe a spike in reports might be due to practice patterns.</p> <p>In response to committee members’ questions, Ms. Reinking stated that visitor restrictions have had an effect on patient experience at ECH. The state came out with an All Facilities letter last week that only allowed one visitor per day. ECH has been allowing one visitor for inpatient and only for 2 hours. The only exception to that rule is for patients who have cognitive impairment or those who are delivering a baby. Ms. Reinking stated that last week the hospital did not allow visitors to the Emergency Room, but with the All Facilities letter, they are now allowing that. Management is hopeful that those changes will help. In addition, management has allowed exceptions for “end of life” to have their families be allowed to stay overnight.</p> <p>Ms. Kilger wanted to see what has impacted these data and also suggested to management that there are targets that are created so that the organization can develop a culture of self-management for how we’re defining equitable to where we compare for standards.</p> <p>Melora Simon left the meeting.</p>	

<p>7. EL CAMINO HEALTH MEDICAL NETWORK REPORT</p>	<p>Mark Adams, MD, CMO presented the El Camino Health Medical Network Report. He stated that the hospital entered into a PSA with San Jose Medical Group (SJMG) and wanted to emphasize that physicians that were not top performers have left the practice since that time. There are only 60% of physicians that were in the original group and 40% of them are new recruits into that group. With regards to the metrics, management picked those that cross from HEDIS to MIPS. MIPS is a payment system for CMS. There are basically four areas that MIPS focus on. What's important is that CMS is using those data to compare on their website to compare physicians. This will become more and more important whether it's for employers, physicians, or patients. Dr. Adams stated that management is paying a lot of attention to the MIPS program and wants to improve overtime.</p> <p>In response to committee members' questions, Dr. Adams stated that the data being extracted is in the right place and field. He also wanted to make sure that each physician is aware that they were being measured with each physician having received a report card in comparison to their groups and to the target. Bruce. Harrison, President, SVMD, also stated that one of the most important things was to get on a common system. The real push to getting everyone on EPIC is critical to reduce variations. He stated that the physician group does meet monthly, and the frontline groups meet regularly. In addition, Mr. Harrison stated that there are many different agencies that are looking for different things (measures, standards, etc.).</p> <p>Chair Kliger commented that she does recognize that they are new to ECH; however, they are not new physicians. She stated that these performance metrics were quite dissatisfying and quite low and is concerned with hospital's reputation not being good with it being associated with this medical group in performance. Mr. Harrison stated that with the next quarter, it will improve. Current numbers are with EPIC not being in place and only with the information that is in the computer systems. None of the historic information from SJMG was in their system. The work that ECHMN is doing is going to progressively improve upon these numbers.</p>	
<p>8. SAFETY REPORT FOR THE ENVIRONMENT OF CARE</p>	<p>Ken King, CASO, presented the Safety Report for the Environment of Care. He stated that the hospital had an excellent year. Highlights of the year had to do with great efforts by the team to see a significant decline of non-reportable injuries. Two new buildings in Mountain View were occupied and running. In terms of challenges, there was an increase of Code Gray (security incidents) calls, but sees that has a benefit to come up with processes in place. Workplace violence mainly was due to alcohol related issues with patients.</p> <p>In response to committee members' questions, Mr. King stated there is a bit of disparity between the Mountain View and Los Gatos campus in environment of care. Mr. King stated that Los Gatos is COVID free from an inpatient standpoint.</p>	
<p>9. PUBLIC COMMUNICATION</p>	<p>There was no public communication.</p>	
<p>10. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 6:50pm. Movant: Burn Second: Ting Ayes: Burn, Falwell, Kan, Kliger, Po, Sharma, Ting Noes: None Abstentions: None</p>	<p><i>Adjourned to closed session at 6:50pm</i></p>

	Absent: Marfatia, Simon Recused: None	
11. AGENDA ITEM 17: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:11pm. Agenda items 11-16 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (10/05/2020), Quality Council Minutes, and Medical Staff Credentialing and Privileges Report.	
12. AGENDA ITEM 18: CLOSING WRAP UP	There were no closing comments.	
13. AGENDA ITEM 19: ADJOURNMENT	Motion: To adjourn at 7:12pm. Movant: Kan Second: Burn Ayes: Burn, Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting Noes: None Abstentions: None Absent: Marfatia, Simon Recused: None	<i>Meeting adjourned at 7:12pm</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

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Julie Kliger, MPA, BSN
Chair, Quality Committee

Prepared by: Yurike Arifin