



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

Monday, December 7, 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	<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, joined the meeting in person during Agenda Item #5. All other members were present at roll call 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>	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	<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>	
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.</p> <p>Chair Kliger pulled Agenda Item 3c for discussion. She suggested waiting a year to see a trend. Otherwise, the committee will frequently be questioning the graph. Dr. Adams stated that the graph is in a true state for the data that has been produced thus far. He stated that by January, there will be 12 months of data.</p> <p>Ms. Falwell pulled Agenda Item 3d for discussion. She was curious to understand how the Committee may impact the equity metric and how they may impact some of the data in OB trauma. Dr. Adams stated that there is a committee currently working on a charter that could serve as a sounding board for some of those questions.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (11/02/2020); 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: Ting Second: Sharma Ayes: Burn, Falwell, Kliger, Marfatia, Po, Sharma, Simon, Ting Noes: None Abstentions: None Absent: Kan Recused: None</p>	<p><i>Consent Calendar approved</i></p>

4. CHAIR'S REPORT	Chair Kliger reported on the Chair's Report. She went over what occurred at the last board meeting.	
5. PATIENT STORY	<p>Cheryl Reinking, RN, CNO, presented a Patient Story. She stated that this comment was from an iSafe report related to patient care. A patient had reported to her nurse that she wanted to speak to the nursing supervisor. The patient expressed that everyone had shown compassion towards her except for two people: the radiology technician and the physician. She stated that the physician seemed angry and abrupt and that the radiology technician was dismissive and not very sympathetic. The manager of the unit where the patient was staying spoke to her right away and performed a "service recovery" to make the patient feel safe. Ms. Reinking stated that management had also followed up with the technician about the complaint and educated him/her on the WeCare standards as it is essential to patient care. In addition, Ms. Reinking stated that when a patient expresses concerns about a physician, it is processed through the grievance process. A letter and a phone call is made to the physician about the complaint. Dr. Mallur stated that the physician will also draft a letter to the patient. If there is a repeated behavioral issue, two of the medical staff leaders would sit down with the physician and sometimes it will be escalated to the leadership council. In this situation, Dr. Mallur stated he had spoken to the patient.</p> <p>In response to a committee member's question, Dr. Adams stated that the patient came in with vomiting, nausea, and constipation complaints and that a CT scan was a medical decision made by a physician and he cannot comment as to if that was the right or wrong decision. He stated that every physician will have differences of opinion in regards to patient care.</p>	
6. READMISSION DASHBOARD	<p>Mark Adams, MD, CMO, presented the Readmission Dashboard. He stated that the seven diagnostic groups as presented in the materials are the ones that tend to frequently occur and it just so happens to coincide with the readmission penalty program. Dr. Adams stated that it does have an impact on the hospital because of the penalty program. The dashboards have been showing overall improvement consistently throughout several years. Nevertheless, the penalty would interfere with future Medicare payments. 80% of hospitals across the country get a penalty. The maximum penalty is 3% and the best a hospital could get is 0 (no penalty).</p> <p>In response to committee members' questions, Dr. Adams stated that when a hospital gets penalized, it affects all Medicare business. Dr. Adams stated that there are a number of interventions that can be done to try to minimize those readmissions and management is working with the staff to try and decrease those incidents.</p>	
7. PSI REPORT	Dr. Adams presented the PSI Report. Dr. Adams stated that the PSI is mostly in good standing. The iatrogenic pneumothorax can happen when there are needles that are inserted in patients for biopsies in the thorax. Management is still working with the OB group to try to mitigate the OB trauma numbers. While it is recognized that the Asian population has a higher incidence for these complications, we continue to explore interventions that may serve as countermeasures.	
8. PROGRESS ON QUALITY AND SAFETY PLAN	Dr. Adams reported on the Quality and Safety Plan progress. He stated that this report is an update noting that the outcomes are what ultimately matter and not just the process. The goal is to get high quality and safety outcomes. Some insights of the work the hospital is doing to get those outcomes include instituting "iCough" that is designed to reduce the incidence of hospital	

	<p>acquired pneumonia, better use of the Sepsis Bundle designed to reduce Sepsis Mortality and introduction of the ERAS program that is designed to get surgical site infections reduced. Dr. Adams stated that the ERAS program is a bigger program with more moving parts and is designed to get the hospital's surgical site infection rates reduced.</p> <p>In response to committee members' questions, Dr. Adams stated that the hospital did a pilot study with the GYN/oncologists a year ago. The success that was seen in that pilot program had been brought throughout the whole organization. He stated that in the next quarter management should have some data.</p>	
9. SYSTEMATIC APPROACH TO TRIGGERS FOR ADDING BACK IN METRICS FOR REVIEW	<p>Dr. Adams reported on the Systematic Approach to Triggers for Adding Back in Metrics for Review. Dr. Adams stated there were questions about circling back around the enterprise quality dashboard and also about putting an area back on the dashboard. Dr. Adams stated that in general, the dashboards do not change during the year since it takes some time to track the data over the year. He stated that if there is something that is getting out of control, he would bring that to the Quality Committee's attention.</p> <p>In response to a committee member's question, Dr. Adams stated transparency is important and would bring back any measurements that are getting out of control. He stated that it would not be put on the dashboard par say, but he would most definitely bring that to the committee's attention.</p> <p>Dr. Po suggested to have a criteria of if a number reaches a certain level, then it should be brought to the committee and not just by best judgement.</p> <p>Chair Kliger suggested to bring this back in February to provide the clear line of when the data should come forward.</p>	
10. PUBLIC COMMUNICATION	There was no public communication.	
11. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 6:44pm.</p> <p>Movant: Kan Second: Burn Ayes: Burn, Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting Noes: None Abstentions: None Absent: None Recused: None</p>	<i>Adjourned to closed session at 6:44pm</i>
12. AGENDA ITEM 17: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:33pm. Agenda items 12-16 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (11/02/2020), Quality Council Minutes, and Medical Staff Credentialing and Privileges Report.	
13. AGENDA ITEM 18: CLOSING WRAP UP	There were no closing comments.	
14. AGENDA ITEM 19: ADJOURNMENT	<p>Motion: To adjourn at 7:34pm.</p> <p>Movant: Kan Second: Simon Ayes: Burn, Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting Noes: None Abstentions: None</p>	<i>Meeting adjourned at 7:34pm</i>

	Absent: None Recused: None	
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Attest as to the approval of the foregoing minutes by the Quality, Patient Care and Patient Experience Committee of El Camino Hospital:

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Julie Kliger, MPA, BSN
Chair, Quality Committee

Prepared by: Yurike Arifin