

**AGENDA**  
**QUALITY, PATIENT CARE AND PATIENT EXPERIENCE COMMITTEE**  
**OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS**

**Tuesday, September 7, 2021 – 5:30pm**  
 El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

PURSUANT TO STATE OF CALIFORNIA EXECUTIVE ORDER N-29-20 DATED MARCH 18, 2020, EL CAMINO HEALTH WILL NOT BE PROVIDING A PHYSICAL LOCATION FOR THIS MEETING. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:

**1-669-900-9128, MEETING CODE: 953 8174 4895#. No participant code. Just press #.**

**PURPOSE:** To advise and assist the El Camino Hospital (ECH) Board of Directors (“Board”) in constantly enhancing and enabling a culture of quality and safety at ECH, and to ensure delivery of effective, evidence-based care for all patients. The Quality Committee helps to assure that excellent patient care and exceptional patient experience are attained through monitoring organizational quality and safety measures, leadership development in quality and safety methods and assuring appropriate resource allocation to achieve this purpose.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<b>1. CALL TO ORDER/ROLL CALL</b>	Julie Kliger, Quality Committee Chair		<b>5:30 – 5:32pm</b>
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Julie Kliger, Quality Committee Chair		<b>information</b> <b>5:32 – 5:33</b>
<b>3. CONSENT CALENDAR ITEMS</b> <i>Any Committee Member or member of the public may pull an item for discussion before a motion is made.</i>	Julie Kliger, Quality Committee Chair	<i>public comment</i>	<b>motion required</b> <b>5:33 – 5:43</b>
<b>Approval</b> a. <a href="#">Minutes of the Open Session of the Quality Committee Meeting (08/02/2021)</a> <b>Information</b> b. <a href="#">FY22 Enterprise Quality Dashboard</a> c. <a href="#">Report on Board Actions</a> d. <a href="#">Article of Interest</a>			
<b>4. CHAIR’S REPORT</b> a. <a href="#">FY 2022 Pacing Plan</a>	Julie Kliger, Quality Committee Chair		<b>information</b> <b>5:43 – 5:53</b>
<b>5. <a href="#">PATIENT STORY</a></b>	Cheryl Reinking, DNP, RN NEA-BC, Chief Nursing Officer		<b>discussion</b> <b>5:53 – 5:58</b>
<b>6. <a href="#">PATIENT EXPERIENCE (HCAHPS)</a></b>	Cheryl Reinking, DNP, RN NEA-BC, Chief Nursing Officer Christine Cunningham, Exec. Dir. Patient Experience and Patient Improvement		<b>discussion</b> <b>5:58 – 6:28</b>
<b>7. PUBLIC COMMUNICATION</b>	Julie Kliger, Quality Committee Chair		<b>discussion</b> <b>6:28 – 6:31</b>
<b>8. ADJOURN TO CLOSED SESSION</b>	Julie Kliger, Quality Committee Chair	<i>public comment</i>	<b>motion required</b> <b>6:31 – 6:32</b>
<b>9. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Julie Kliger, Quality Committee Chair		<b>information</b> <b>6:32-6:33</b>

A copy of the agenda for the Regular Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at (650) 988-8483 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p><b>10. CONSENT CALENDAR</b>  <i>Any Committee Member may pull an item for discussion before a motion is made.</i>  <b>Approval</b>  <i>Gov't Code Section 54957.2.</i>            a. Minutes of the Closed Session of the Quality Committee Meeting (08/02/2021)            b. Quality Council Minutes (08/04/2021)</p>	Julie Kliger, Quality Committee Chair		<b>motion required</b> <b>6:33– 6:34</b>
<p><b>11. Health and Safety Code Section 32155</b> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:  <b>MEDICAL STAFF CREDENTIALING AND PRIVILEGES REPORT</b></p>	Mark Adams, MD, CMO		<b>motion required</b> <b>6:34 – 6:44</b>
<p><b>12. Health and Safety Code Section 32155</b> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:  <b>ANNUAL PATIENT SAFETY REPORT</b></p>	Mark Adams, MD, CMO		<b>discussion</b> <b>6:44-6:59</b>
<p><b>13. Health and Safety Code Section 32155</b> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:  <b>SERIOUS SAFETY EVENT/RED ALERT REPORT</b> (verbal report out)</p>	Mark Adams, MD, CMO		<b>discussion</b> <b>6:59 – 7:04</b>
<p><b>14. ADJOURN TO OPEN SESSION</b></p>	Julie Kliger, Quality Committee Chair		<b>motion required</b> <b>7:04 – 7:05</b>
<p><b>15. RECONVENE OPEN SESSION/ REPORT OUT</b>            To report any required disclosures regarding permissible actions taken during Closed Session.</p>	Julie Kliger, Quality Committee Chair		<b>information</b> <b>7:05– 7:06</b>
<p><b>16. CLOSING WRAP UP</b></p>	Julie Kliger, Quality Committee Chair		<b>discussion</b> <b>7:06 – 7:11</b>
<p><b>17. ADJOURNMENT</b></p>	Julie Kliger, Quality Committee Chair	<i>public comment</i>	<b>motion required</b> <b>7:11 – 7:12pm</b>

**Next Meeting:** October 4, 2021, November 1, 2021, February 7, 2022, March 7, 2022, April 4, 2022, May 2, 2022, June 6, 2022

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

**Monday, August 2, 2021**

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

**Members Present**

**George O. Ting, MD** Vice Chair  
**Carol Somersille, MD**  
**Jack Po, MD**  
**Alyson Falwell**  
**Krutica Sharma, MD**  
**Melora Simon**  
**Apurva Marfatia, MD**  
**Michael Kan, MD**

**Members Absent**

**Terrigal Burn, MD**  
**Julie Kliger** Chair

<b>Agenda Item</b>	<b>Comments/Discussion</b>	<b>Approvals/ Action</b>
<b>1. CALL TO ORDER/ ROLL CALL</b>	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 Vice Chair Ting. A verbal roll call was taken. Dr. Burn and Dr. Kan were not present during roll call. All other members were present at roll call and participated telephonically. A quorum was present pursuant to State of California Executive Orders n-25 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Vice Chair Ting asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
<b>3. CONSENT CALENDAR</b>	<p>Vice Chair Ting asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed.</p> <p><b>Motion:</b> To approve the consent calendar, (a) Minutes of the Open Session of the Quality, Patient Care and Patient Experience Committee Meeting (06/07/2021). For Information (b) FY21 Enterprise Quality Dashboard; (c) Report on Board Actions; (d) Quality Committee Follow-Up Tracking</p> <p><b>Movant:</b> Dr. Sharma  <b>Second:</b> Falwell  <b>Ayes:</b> Ting, Somersille, Po, Falwell, Sharma, Simon, Marfatia, Kan  <b>Noes:</b> None  <b>Abstain:</b> None  <b>Absent:</b> Burn, Kliger  <b>Recused:</b> None</p>	<i><b>Consent Calendar approved</b></i>
<b>4. CHAIR’S REPORT</b>	Vice Chair Ting reported on the Chair’s Report. The District Board had their elections, Julia Miller is the Chair, Peter Fung is the Vice Chair and Carol Somersille is the Secretary.	
<b>4.a PACING REPORT</b>	Acting Chair Ting suggested topics that might be added in the future. Topic 1: Health Care Equity; Topic 2: Are we discussing metrics adequately; Topic 3: Are we hearing adequately from the patient side; Topic 4: Do we understand the Likelihood To Recommend (LTR); and Topic 5: Are we making the adaptation of going from a hospital quality	

	committee to a systems quality committee. This will be discussed further and topics will be included in future meetings.	
<b>5. PATIENT STORY</b>	Dr. Mark Adams presented a patient's story from an El Camino Hospital patient. The patient was complimentary of the care she received. However, the television was a problem, everything else was great including service, food, doctors, nurses, etc. Since this was not the only complaint we received in relations to the television, we are looking at how to make this more user friendly for the patients.	
<b>6. ECHMN QUALITY REPORT</b>	Ute discussed the 8 HealthCare Outcome Metrics for Quality Performance Improvement. The descriptions of the measures come straight from MIPS. We are required to document information on the percentage of visits for patient's age 18 years and older. The doctor has to attest that he has reviewed the current medication(s), all known prescriptions, over-the-counter, herbals and vitamin/mineral/dietary supplements and the medications' name, dosage, frequency and route of administration. The FY 21 CMS benchmark is 89.1%. We are in the 5 <sup>th</sup> decile and working on achieving top decile. We are looking at things we need to do to improve scores. We are looking at what other hospitals are doing and we have implemented a hard stop in EPIC, where the clinical staff must address the issue during charting, the chart cannot be closed without reviewing medications.	
<b>7. QUARTERLY BOARD QUALITY DASHBOARD REPORT</b>	Dr. Mark Adams presented the Quarterly Dash Board. The Q4 mortality index has been declining, although, we ended the fiscal year in the red. For the month of June, the number was 0.76. In Q3 we discussed some of the drivers and, many were Sepsis related. In June, 59% of all the deaths in the hospital were from Sepsis. We are still seeing people come into the hospital with the end stage of Sepsis. This has been challenging, but nice to see that the numbers are coming down. In terms of mortality it's running approx. 1.5% to 2% across the board. We should end the year at approximately 1.08%. We still have some C-diff cases, at year end we anticipate 19 cases. The Clabsi for year end came over in the red. We have not hit the throughput targets, mainly due to Covid testing. Because we have been more cautious, we have not seen many Covid cases in our ED. Covid cases have gone down, we have returned to full ED visits, more than pre-pandemic numbers. Many doctors and nurses were furloughed, now with return of patients to ED, we need to ramp up quickly (hiring doctors, nurses, increase staff, etc.). The readmission rates have gone down with Covid cases decreasing. Covid patients have up to 7 times the rate of readmission. We are slightly below our target for SEP-1. We are redoing some of our order-sets to improve. Patient experience, we are slightly below our targets and we plan to continue to monitor this into FY22. We are doing a lot of work to meet the high targets/high bar we set for ourselves.	
<b>8. PUBLIC COMMUNICATION</b>	There was no public communication.	
<b>9. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To adjourn to closed session at <u>6:54pm</u>.</p> <p><b>Movant:</b> Dr. Kan</p> <p><b>Second:</b> Dr. Somersille</p> <p><b>Ayes:</b> Ting, Somersille, Po, Farwell, Sharma, Simon, Marfatia, Kan</p> <p><b>Noes:</b> None</p> <p><b>Abstain:</b> None</p> <p><b>Absent:</b> Burn, Kliger</p>	<i>Adjourned to closed session at 6:54pm</i>

	<b>Recused:</b> 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, Patient Care and Patient Experience Committee

Prepared by: Audrey Davis-Sehon, Executive Assistant, Administrative Services

**EL CAMINO HOSPITAL  
COMMITTEE MEETING COVER MEMO**

**To:** Quality Committee of the Board  
**From:** Catherine Carson, MPA, BSN, CPHQ, Sr. Director Quality  
**Date:** September 7, 2021  
**Subject:** FY21 Enterprise Quality, Safety, and Experience Dashboard and FY21 HAI summary

**Summary:**

1. **Situation:** The Enterprise Quality, Safety, and Experience dashboard is used throughout the organization to illustrate, track, and communicate a key set of metrics to align the quality, safety, and experience improvement work. These key metrics are selected based on a careful review of the organizational incentive goals, strategic goals, and areas of concern based on standardized benchmarks. These are not the only metrics that are tracked but represent the highest priority for the organization. This will provide the Committee with a snapshot of the FY 2021 metrics monthly with trends over time and compared to the actual results from FY2020 and the FY 2021 goals.
2. **Authority:** The Quality Committee of the Board is responsible for the quality and safety of care provided to ECH patients. This dashboard provides oversight on key quality metrics.
3. **Background:** At the beginning of each fiscal year, an assessment is completed to identify specific areas for quality/performance improvement. A subset of these areas are then prioritized and designated as leading indicators to be tracked universally throughout the organization so that all clinicians—physicians included—and support staff are aligned in the improvement activities. Measures that demonstrate sustained improvement are removed (but still tracked) and others added. These twelve (12) metrics were selected for monthly review by this Committee as they reflect the Hospital’s FY 2021 Quality, Efficiency and Service Goals.
4. **Assessment:**
  - A. Readmission Index reached FY21 target at 0.93 with 113 readmissions in June.
  - B. Four SSEs assigned by team review for June : 3 SSIs, 1 HAPI
  - C. Mortality Index decreased from May to 0.76 with fewer deaths and 1 COVID death.
  - D. HCAHPS Likelihood to Recommend decreased with continued pressure from COVID restrictions.
  - E. Only 1 C.Diff HAIs for June, maintaining metric below target.
  - F. 2 SSIs in June from Los Gatos; 1 in MV
  - G. Sepsis mortality Index dropped from May, 59% of all mortalities in June were due to Sepsis.
  - H. PC-01 spiked to 9%, due to one case in Los Gatos for May, June data delayed
  - I. PC-02, Cesarean Birth increased significantly in Mountain View for May, June data delayed.
  - J. Patient Throughput will continue in FY22, focusing on meeting a national benchmark.
  - K. FY21 HAI report shows excellent results with only one area below goal in LG secondary to one CLABSI (which is their first one in 4 years)
5. **Other Reviews:** None
6. **Outcomes:**

**Suggested Committee Discussion Questions:** None

**List of Attachments:** September 2021 Enterprise Quality, Safety, and Experience Dashboard, June data unless otherwise specified - final results

	FY21 Performance		Baseline FY20 Actual	FY 21 Target	Trend <i>(showing at least the last 24 months of available data)</i>	Rolling 12 Month Average
	Latest month	FYTD				
<p><b>1</b></p> <p><b>*Organizational Goal</b></p> <p><b>Readmission Index (All Patient All Cause Readmit)</b></p> <p><b>Observed/Expected</b></p> <p><i>Premier Standard Risk Calculation Mode</i></p> <p><i>Latest data month: June 2021</i></p>	0.91 (7.65%/8.44%)	0.93 (7.70%/8.26%)	0.96	0.93		
<p><b>2</b></p> <p><b>*Organizational Goal</b></p> <p><b>Serious Safety Event Rate (SSER)</b></p> <p><b># of events/</b> (FYTD Rate per 10,000 Acute Adjusted Patient Days)</p> <p><i>Latest data month: June 2021</i></p>	4	3.13 (80/255449)	4.28	4.0		
<p><b>3</b></p> <p><b>* Strategic Goal</b></p> <p><b>Mortality Index</b></p> <p><b>Observed/Expected</b></p> <p><i>Premier Standard Risk Calculation Mode</i></p> <p><i>Latest data month: June 2021</i></p>	0.76 (1.50%/1.99%)	0.86 (1.87%/2.18%)	0.74	0.76		
<p><b>4</b></p> <p><b>*Organizational Goal</b></p> <p><b>IP Enterprise - HCAHPS Likelihood to Recommend</b></p> <p><b>Top Box Rating of 'Yes, Definitely Likely to Recommend.', Unadjusted</b></p> <p><i>Latest data month: June 2021</i></p>	79.6	80.3	83.1	83.6		

	FY21 Performance		Baseline FY20 Actual	FY 21 Target	Trend (showing at least the last 24 months of available data)	Rolling 12 Month Average
	Latest month	FYTD				
<p><b>* Organizational Goal</b>  <b>ED Likelihood to Recommend</b>                      Top Box Rating of 'Yes. Definitely Likely to Recommend.' %, Unadjusted</p> <p><i>Latest data month: June 2021</i></p>	71.8	75.3	75.7	78.2		
<p><b>* Organizational Goal</b>  <b>ECHMD : Likelihood to Recommend Care Provider (SVM D only)</b>                      Top Box Rating of "Yes. Definitely Likely to Recommend."%, Unadjusted</p> <p><i>Latest data month: June 2021</i></p>	75.2	76.0	73.2	75.7		
<p><b>Hospital Acquired Infections</b>  <b>Clostridium Difficile Infection (CDI)</b>                      per 10,000 patient days</p> <p><i>Latest data month: June 2021</i></p>	1.08 (1/9225)	1.78 (19/106990)	1.46	<= 1.46 (MV: 10/ LG: 3)		
<p><b>* Organizational Goal</b>  <b>Surgical Site Infections (SSI)- Enterprise</b>                      SSI Rate = Number of SSI / Total surgical procedures x 100</p> <p><i>Latest data month: June 2021</i></p>	0.35 (2/568)	0.30 (21/7016)	0.36	SIR Goal: <=1.0 CDC/NHSN Risk Adjusted Ratio (not an infection rate)		

	FY21 Performance		Baseline FY20 Actual	FY 21 Target	Trend <i>(showing at least the last 24 months of available data)</i>	Rolling 12 Month Average
	Latest month	FYTD				
<p>9</p> <p><b>Sepsis Mortality Index, based on ICD-10 codes (Observed over Expected)</b></p> <p>Latest data month: June 2021</p>	1.10 (12.98%/11.83%)	1.08 (12.86%/11.87%)	0.98	0.90		
<p>10</p> <p><b>PC-01: Elective Delivery Prior to 39 weeks gestation (lower is better)</b></p> <p>**Latest data month: May 2021</p>	MV: 0.0% (0/13) LG: 9.1% (1/11) ENT: 4.2% (1/24)	MV: 0.44% (1/226) LG: 1.4% (1/72) ENT: 0.67% (2/298)	MV: 1.47% (5/341) LG: 0.00% (0/48) ENT: 1.29% (5/389)	1.3%		
<p>11</p> <p><b>PC-02: Cesarean Birth (lower is better)</b></p> <p>**Latest data month: May 2021</p>	MV: 30.9% (38/123) LG: 16.1% (5/31) ENT: 27.9% (43/154)	MV: 27.5% (383/1395) LG: 20.5% (66/322) ENT: 26.15% (449/1717)	MV: 24.7% (412/1665) LG: 18.9% (48/253) ENT: 23.9% (460/1918)	23.5%		
<p>12</p> <p><b>*Strategic Goal Patient Throughput-Median Time from Arrival to ED Departure (excludes psychiatric patients, patients expired in the ED, Newborns, and excludes transfer between sites)</b></p> <p>Latest data month: June 2021</p>	MV: 295 min LG: 223 min Ent: 259 min	MV: 288 min LG: 239 min Ent: 264 min	MV: 304 min LG: 263 min Ent: 284 min	MV: 263 min LG: 227 min Ent: 245 min		

FY 2021 Mountain View NHSN SIR Data					
CLABSI	Predicted	Infections	SIR	GOAL	Met GOAL
	5	5	0.43	SIR < 0.50	Yes
CAUTI	Predicted	Infections	SIR	GOAL	Met GOAL
	6	5	0.47	SIR < 0.75	Yes
<i>C.diff</i>	Predicted	Infections	SIR	GOAL	Met GOAL
	20	17	0.46	SIR < 0.70	Yes

FY 2021 Los Gatos NHSN SIR Data					
CLABSI	Predicted	Infections	SIR	GOAL	Met GOAL
LG Main	< 1	1	0.81	SIR < 0.50	No
LG Rehab	< 1	0	0.00	SIR < 0.50	Yes
CAUTI	Predicted	Infections	SIR	GOAL	Met GOAL
LG Main	1	0	0.00	SIR < 0.75	Yes
LG Rehab	1	1	0.68	SIR < 0.75	Yes
<i>C.diff</i>	Predicted	Infections	SIR	GOAL	Met GOAL
LG Main	4	2	0.35	SIR < 0.70	Yes
LG Rehab	2	1	0.42	SIR < 0.70	Yes



**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
COMMITTEE MEETING MEMO**

**To:** Quality Committee  
**From:** Stephanie Iljin, Supervisor of Executive Administration  
**Date:** September 7, 2021  
**Subject:** Report on Board Actions

**Purpose:** To keep the Committee informed regarding actions taken by the El Camino Hospital and El Camino Healthcare District Boards.

**Summary:**

1. **Situation:** It is essential to keep the Committees informed about Board activity to provide context for Committee work. The list below is not meant to be exhaustive; still, it includes agenda items the Board voted on that are most likely to be of interest to or pertinent to the work of El Camino Hospital’s Board Advisory Committees.
2. **Authority:** This is being brought to the Committees at the request of the Board and the Committees.
3. **Background:** Since the last time we provided this report to the Quality Committee, the Hospital Board has met once, and the District Board will meet in October. In addition, since the Board has delegated specific authority to the Executive Compensation Committee, the Compliance and Audit Committee, and the Finance Committee, those approvals are also noted in this report.

<b>Board/Committee</b>	<b>Meeting Date</b>	<b>Actions (Approvals unless otherwise noted)</b>
<b>ECH Board</b>	August 18, 2021	<ul style="list-style-type: none"> <li>- Quality Improvement Patient Safety Plan (QAPI)</li> <li>- Minutes of the Closed Session of the Hospital Board Meeting (06/23/2021)</li> <li>- Medical Staff Credentials and Privileges Report</li> <li>- Minutes of the Open Session of the Hospital Board Meeting (06/23/2021)</li> <li>- FY 21 Period 11 Financials</li> <li>- MV Daytime Intensivist Professional Services Agreement</li> <li>- Investment in New Joint Venture with Satellite Healthcare</li> <li>- Pediatric FPPE Plan-Revised</li> <li>- Medical Staff Bylaws Amendment</li> <li>- Amendment to CEO Employment Agreement</li> </ul>
<b>ECHD Board</b>	N/A	
<b>Executive Compensation Committee</b>	N/A	
<b>Compliance Committee</b>	August 19, 2021	<ul style="list-style-type: none"> <li>- Minutes of the Open Session of the CAC Meeting (05/20/2021)</li> <li>- Minutes of the Closed Session of the CAC Meeting (3/18/2021)</li> </ul>

Report on Board Actions  
September 7, 2021

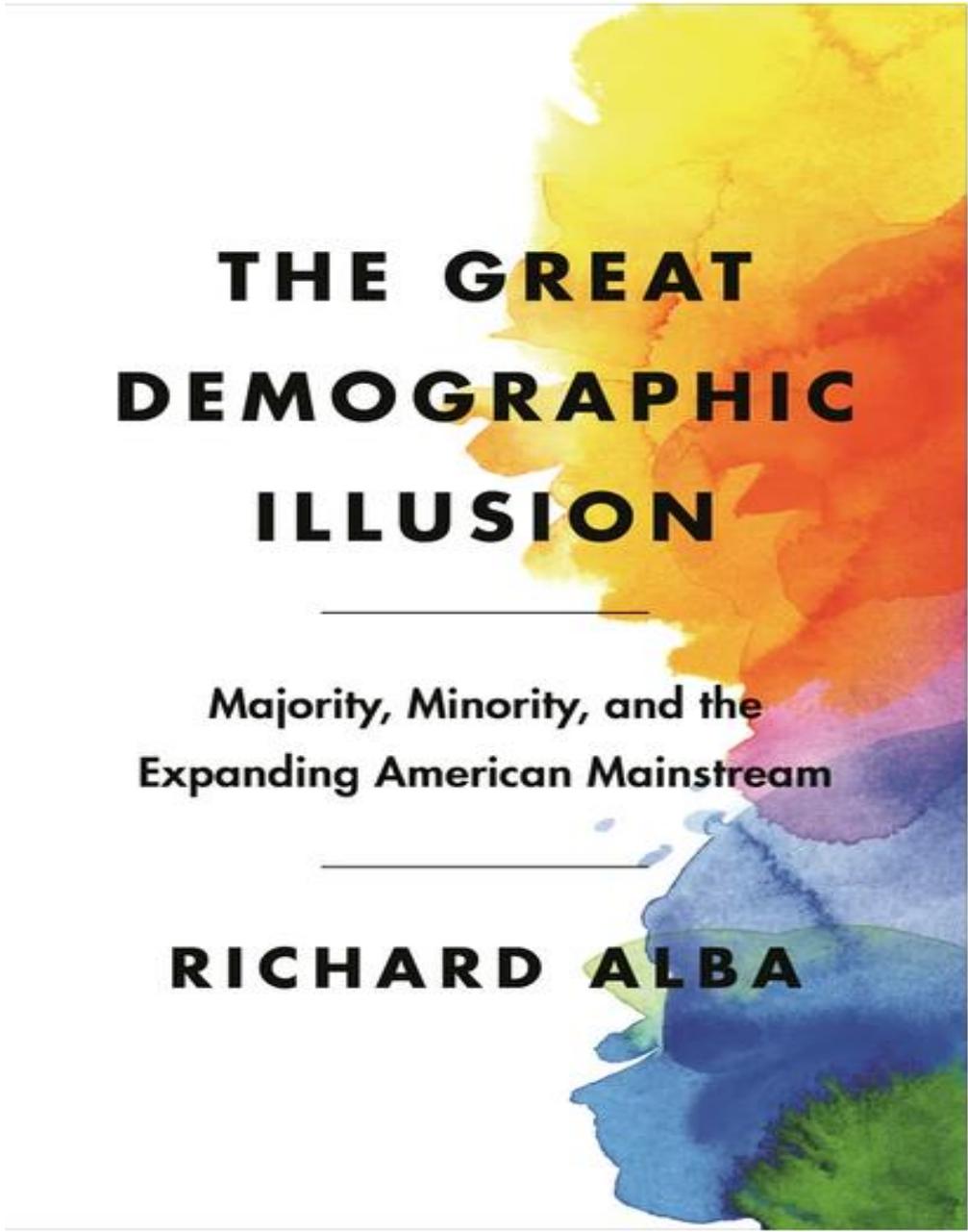
Board/Committee	Meeting Date	Actions (Approvals unless otherwise noted)
		<ul style="list-style-type: none"> <li>- Minutes of the Closed Session of the CAC Meeting (5/20/2021)</li> <li>- KPI Scorecard and Trends</li> <li>- Activity Log May 2021</li> <li>- Activity Log June 2021</li> <li>- Internal Audit Work Plan</li> <li>- Internal Audit Follow Up Table</li> <li>- Committee Pacing Plan</li> </ul>
<b>Finance Committee</b>	August 9, 2021	<ul style="list-style-type: none"> <li>- Minutes of the Open Session of the Finance Committee (05/24/2021)</li> <li>- Minutes of the Open Session of the Joint Hospital Board and Finance Committee (05/24/2021)</li> <li>- FY 21 Period 11 Financials</li> <li>- FY 21 Period 12 Financials</li> <li>- Medical Development Plan</li> <li>- Cath Lab Project</li> <li>- ECHMN Clinic Relocation</li> <li>- Pyxis Replacement Project</li> <li>- Minutes of the Closed Session of the Finance Committee (05/24/2021)</li> <li>- MV Daytime Intensivist Professional Services Renewal Agreement</li> <li>- Enterprise Quality and Physician Services Medical Director Renewal Agreement</li> <li>- MV Cardiothoracic Surgery Panel Renewal Agreement</li> <li>- Inpatient Rehabilitation Business Development</li> <li>- Service Line/ Business Affiliate Review: Investment in New JV Center with Satellite Healthcare</li> </ul>

**List of Attachments:** None.

**Suggested Committee Discussion Questions:** None.

## **Article/Book of Interest**

In order to be better prepared to understand and discuss health equity, this reference book is essential:



# **THE GREAT DEMOGRAPHIC ILLUSION**

Majority, Minority, and the  
Expanding American Mainstream

**RICHARD ALBA**

Why the number of young Americans from mixed families is surging and what this means for the country's future.

Americans are under the spell of a distorted and polarizing story about their country's future—the majority-minority narrative—which contends that inevitable demographic changes will create a society with a majority made up of minorities for the first time in the United States's history. *The Great Demographic Illusion* reveals that this narrative obscures a more transformative development: the rising numbers of young Americans from ethno-racially mixed families, consisting of one white and one nonwhite parent. Examining the unprecedented significance of mixed parentage in the twenty-first-century United States, Richard Alba looks at how young Americans with this background will play pivotal roles in the country's demographic future.

Assembling a vast body of evidence, Alba explores where individuals of mixed parentage fit in American society. Most participate in and reshape the mainstream, as seen in their high levels of integration into social milieus that were previously white dominated. Yet, racism is evident in the very different experiences of individuals with black-white heritage. Alba's portrait squares in key ways with the history of immigrant-group assimilation, and indicates that, once again, mainstream American society is expanding and becoming more inclusive.

Nevertheless, there are also major limitations to mainstream expansion today, especially in its more modest magnitude and selective nature, which hinder the participation of black Americans and some other people of color. Alba calls for social policies to further open up the mainstream by correcting the restrictions imposed by intensifying economic inequality, shape-shifting racism, and the impaired legal status of many immigrant families.

Countering rigid demographic beliefs and predictions, *The Great Demographic Illusion* offers a new way of understanding American society and its coming transformation.

**QUALITY, PATIENT CARE, AND PATIENT EXPERIENCE COMMITTEE  
FY22 Pacing Plan**

Revised April 26, 2021

FY2022 Q1		
JULY 2021	AUGUST 2, 2021	SEPTEMBER 7, 2021
<p>No Committee Meeting</p> <p><b>Routine (Always) Consent Calendar Items:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Approval of Minutes</b></li> <li>▪ <b>FY 22 Quality Dashboard</b></li> <li>▪ <b>Progress Against FY 2021 Committee Goals (Quarterly)</b></li> <li>▪ <b>FY22 Pacing Plan (Quarterly)</b></li> <li>▪ <b>Med Staff Quality Council Minutes (Closed Session)</b></li> <li>▪ <b>Hospital Update</b></li> </ul>	<p>Standing Agenda Items:</p> <ol style="list-style-type: none"> <li>1. Report on Board Actions</li> <li>2. Consent Calendar (PSI Report)</li> <li>3. Patient Story</li> <li>4. Serious Safety/Red Alert Event as needed</li> <li>5. Credentials and Privileges Report</li> <li>6. QC Follow-Up Items</li> </ol> <p>Special Agenda Items</p> <ol style="list-style-type: none"> <li>1. Q4 FY21 Quarterly Quality and Safety Review</li> <li>2. Quarterly Board Dashboard Review</li> <li>3. EL Camino Health Medical Network Report</li> </ol>	<p>Standing Agenda Items:</p> <ol style="list-style-type: none"> <li>1. Board Actions</li> <li>2. Consent Calendar (ED Patient Satisfaction)</li> <li>3. Patient Story</li> <li>4. Serious Safety/Red Alert Event as needed</li> <li>5. Credentials and Privileges Report QC Follow-Up Items</li> </ol> <p>Special Agenda items:</p> <ol style="list-style-type: none"> <li>7. Annual Patient Safety Report</li> <li>8. Pt. Experience (HCAHPS)</li> </ol>
FY2022 Q2		
OCTOBER 4, 2021	NOVEMBER 1, 2021	DECEMBER 6, 2021
<p>Standing Agenda Items:</p> <ol style="list-style-type: none"> <li>1. Board Actions</li> <li>2. Consent Calendar</li> <li>3. Patient Story</li> <li>4. Serious Safety/Red Alert Event as needed</li> <li>5. Credentials and Privileges Report</li> <li>6. QC Follow-Up Items</li> </ol> <p>Special Agenda Items:</p> <ol style="list-style-type: none"> <li>7. Report on Medical Staff Peer Review Process</li> <li>8. FY22 Org. Goal and Quality Dashboard Metrics</li> <li>9. FY21 Organizational Goal Achievement (Quality, Safety, HCAHPS) (If needed)</li> <li>10. FY21 Quality Dashboard Final Results</li> </ol>	<p>Standing Agenda Items:</p> <ol style="list-style-type: none"> <li>1. Board Actions</li> <li>2. Consent Calendar (CDI Dashboard, Core Measures)</li> <li>3. Patient Story</li> <li>4. Serious Safety/Red Alert Event as needed</li> <li>5. Credentials and Privileges Report</li> <li>6. QC Follow-Up Items</li> </ol> <p>Special Agenda Items:</p> <ol style="list-style-type: none"> <li>7. Safety Report for the Environment of Care</li> <li>8. Q1 FY22 Quarterly Quality and Safety Review</li> <li>9. Quarterly Board Dashboard Review</li> <li>10. EL Camino Health Medical Network Report</li> </ol>	<p>Standing Agenda Items:</p> <ol style="list-style-type: none"> <li>1. Board Actions</li> <li>2. Consent Calendar</li> <li>3. Patient Story</li> <li>4. Serious Safety/Red Alert Event as needed</li> <li>5. Credentials and Privileges Report</li> <li>6. QC Follow-Up Items</li> </ol> <p>Special Agenda items:</p> <ol style="list-style-type: none"> <li>7. Readmission Dashboard</li> <li>8. PSI Report</li> </ol>
FY2022 Q3		
JANUARY 2022	FEBRUARY 7, 2022	MARCH 7, 2022

**QUALITY, PATIENT CARE, AND PATIENT EXPERIENCE COMMITTEE  
FY22 Pacing Plan**

Revised April 26, 2021

<p align="center">No Committee Meeting</p>	<p>Standing Agenda Items:</p> <ol style="list-style-type: none"> <li>1. Board Actions</li> <li>2. Consent Calendar</li> <li>3. Patient Story</li> <li>4. Serious Safety/Red Alert Event as needed</li> <li>5. Credentials and Privileges Report</li> <li>6. QC Follow-Up Items</li> </ol> <p>Special Agenda Items:</p> <ol style="list-style-type: none"> <li>7. Q2 FY22 Quality and Safety Review</li> <li>8. EL Camino Health Medical Network Report</li> <li>9. Quarterly Board Quality Dashboard Review</li> </ol>	<p>Standing Agenda Items:</p> <ol style="list-style-type: none"> <li>1. Board Actions</li> <li>2. Consent Calendar</li> <li>3. Patient Story</li> <li>4. Serious Safety/Red Alert Event as needed</li> <li>5. Credentials and Privileges Report</li> <li>6. QC Follow-Up items</li> </ol> <p>Special Agenda Items:</p> <ol style="list-style-type: none"> <li>7. Proposed FY23 Committee Goals</li> </ol>
<b>FY2022 Q4</b>		
<b>APRIL 4, 2022</b>	<b>MAY 2, 2022</b>	<b>JUNE 6, 2022</b>
<p>Standing Agenda Items:</p> <ol style="list-style-type: none"> <li>1. Board Actions</li> <li>2. Consent Calendar</li> <li>3. Patient Story</li> <li>4. Serious Safety/Red Alert Event as needed</li> <li>5. Credentials and Privileges Report</li> <li>6. QC Follow-Up items</li> </ol> <p>Special Agenda Items:</p> <ol style="list-style-type: none"> <li>7. Value Based Purchasing Report</li> <li>8. Pt. Experience (HCAHPS)</li> <li>9. Approve FY23 Committee Goals</li> <li>10. Proposed FY23 Committee Meeting Dates</li> <li>11. Proposed FY23 Organizational Goals</li> </ol>	<p>Standing Agenda Items:</p> <ol style="list-style-type: none"> <li>1. Board Actions</li> <li>2. Consent Calendar(CDI Dashboard, Core Measures)</li> <li>3. Patient Story</li> <li>4. Serious Safety/Red Alert Event as needed</li> <li>5. Credentials and Privileges Report</li> <li>6. QC Follow Up Items</li> </ol> <p>Special Agenda Items:</p> <ol style="list-style-type: none"> <li>7. Proposed FY23 Pacing Plan</li> <li>8. Q3 FY22 Quality and Safety Review</li> <li>9. Proposed FY23 Organizational Goals</li> <li>10. EL Camino Health Medical Network Report</li> <li>11. Quarterly Board Quality Dashboard Report</li> </ol>	<p>Standing Agenda Items:</p> <ol style="list-style-type: none"> <li>1. Board Actions</li> <li>2. Consent Calendar (Leapfrog)</li> <li>3. Patient Story</li> <li>4. Serious Safety/Red Alert Event as needed</li> <li>5. Credentials and Privileges Report</li> <li>6. QC Follow-Up Items</li> </ol> <p>Special Agenda Items:</p> <ol style="list-style-type: none"> <li>7. Readmission Dashboard</li> <li>8. PSI Report</li> <li>9. Approve FY23 Pacing Plan</li> <li>10. Medical Staff Credentialing Process</li> <li>11. Progress on Quality and Safety Plan</li> <li>12. Finalize FY23 Organizational Goals</li> <li>13. Approve Quality Assessment and Performance Improvement Plan (QAPI)</li> </ol>

**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
COMMITTEE MEETING MEMO**

**To:** Quality Committee of the Board of Directors, El Camino Health  
**From:** Cheryl Reinking, DNP, RN, NEA-BC  
**Date:** Sept 1, 2021  
**Subject:** Patient Experience E-Mail/Letter

**Purpose:** To provide the Committee with written patient feedback that is received via an e-mail/letter from a patient who had recently experienced care at ECH after delivering a baby at MV who required NICU care.

**Summary:**

1. **Situation:** These comments are regarding a patient with experience having delivered a baby at ECH MV recently. The patient expressed compliments and was specific in providing feedback regarding the care she received from the nursing staff particularly in NICU and L&D.
2. **Authority:** To provide insight into a new mother's experience with ECH care and services.
3. **Background:** This patient was here for the delivery of her baby who subsequently was transferred to the NICU after being recognized as needing supplemental oxygen. The mother comments on the care she received from nurses in L&D and NICU.
4. **Assessment:** The mother was especially impressed with the empathy and support by the nurses in L&D in NICU who were reassuring while providing the needed education related to lactation and baby care. This is especially concerning for the parent of a NICU baby since the baby has likely had some complication or greater need for monitoring after delivery. Taking a baby home from the NICU can feel very scary.
5. **Outcomes:** The mother left feeling prepared and that "she had this" due to the patient education and confidence imparted by the nursing staff she interacted with during her stay.
6. **List of Attachments:** See patient comments.

**Suggested Committee Discussion Questions:**

1. How do you assure clinical changes are being recognized in the mother baby unit and provide reassurance to parents when their baby is transferred into NICU post-delivery?
2. How do we insure new parents get the needed education before they leave the NICU? How do we know they feel comfortable and knowledgeable to care for their baby when they get home?

## Patient Letter

Hi,

I wanted to send this note to provide our exceptionally positive experience and feedback for a particular few nurses during and first few days after the birth of our baby boy.

Patient Name: [REDACTED] (Room [REDACTED] - 08/12-08/16).

Baby's Name: [REDACTED]

If we could, we would like to nominate the following nurses for your service awards since they were absolutely exceptional, more details as below:

1. NICU: Kitty - We met Kitty when our son was moved to NICU since he had failed his O2 saturation test after 24 hours and had to undergo a set of tests + monitoring to validate any concerns with lungs and heart. Kitty was not only incredibly empathic but also went above and beyond in giving us confidence. Her help in teaching me about breastfeeding and also very importantly making me believe I could do this - Kitty was the family we did not have during this experience and we cannot thank her enough. We would really appreciate the opportunity to email/communicate with her! :)
2. Delivery: Becky - Becky was attending to me once we had gotten admitted and went through the initial phase of inducing + finally the C-section and immediately after the procedure. SHE WAS AMAZING! She also has the best sense of humor and was incredibly detailed and kind. She was helpful all along and gave some of the best tips while being very cheerful. This made the entire experience so much better and one that we will cherish forever!
3. NICU: Tammie, Daisy, Debbie: Absolutely the most amazing nurses we had the experience of meeting. They were all kind, informative, emphatic, and dedicated. Special mention for Daisy - we first thought that she was in such a hurry with everything but some of the tips she gave us were the absolute best and practical in teaching us to be ready for life after hospital (thanks so much Daisy!).

We already submitted our feedback for two of the nurses who attended to us in the mother-baby section but we wanted to share this feedback as well! :)

Best,  
[REDACTED]

**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
COMMITTEE MEETING MEMO**

**To:** Quality Committee of the Board  
**From:** Christine Cunningham, Patient Experience & Performance Improvement  
**Date:** September 7<sup>th</sup>, 2021  
**Subject:** Patient Experience Review

**Purpose:**

The purpose of this agenda item is to inform the Committee on how El Camino Health is performing on our goal of providing an exceptional experience to our patients across the enterprise. In addition, we will discuss how the pandemic has impacted our patients and what strategies are in place for FY22.

**Summary:**

1. **Situation:** Providing an exceptional personalized experience always is the true north of our service pillar. Ensuring that our patients and their families choose El Camino Health for their health care needs is dependent on many factors including the quality of the care they receive as well as how they felt they were treated. Patient Experience has become a competitive differentiator and a key priority for El Camino Health. .
2. **Authority:** This is an area of interest of the governing board as this directly and indirectly impacts our position in the marketplace and our financial viability.
3. **Background:** The Covid-19 global pandemic began in March 2020 and has had a profound impact on our Patient Experience.
  - At times during the various surges, elective surgeries and many procedures were cancelled or delayed. This impacted the acuity of our patients coming into our facility.
  - Patients were delaying care due to fear
  - We incorporated safety ‘words that work’ into our daily standard work across many departments (we are doing this to keep you safe, thanks for your patience as we wipe down the counter and chair, etc.)
  - Virtual leader rounds were implemented at times when it was not feasible to enter patient rooms
  - The lack of visitation impacted both patients, families and staff and this increase in isolation, loneliness and lack of support was predominant across the entire nation
  - A myriad of best practices were implemented to better understand how our patients were feeling at this time, what they were concerned about and how we could better meet their needs
4. **Assessment:** A review of our data indicates that there is a direct correlation the surges we had with Covid (and the ultimate restrictions they posed) and our Patient Experience scores. This has been demonstrated across the entire nation, in California and in the Bay Area. El Camino Health is fortunate to have some of the highest patient experience scores in the nation, and a result, still remain very competitive in this area. Although California and Santa Clara County had some of the most restrictive guidelines for visitors, El Camino still leads the nation, California and the Bay Area on Likelihood to Recommend, our loyalty score.
5. **Other Reviews:** The “Human Experience” as we call it at El Camino Health is a collaboration of many different departments including quality, safety, infection control, information services, marketing and human resources to name a few.

Agenda Item Name Here

Meeting Date

6. Example: Partnering with Human Resources to align our staff engagement with our patient engagement strategies.
7. Outcomes: We currently use our Patient Experience survey (from Press Ganey) and the loyalty question of “Likelihood to Recommend” as our measure of success for patient experience. However, there are a myriad of other measures that we continue to review to give us the ‘big picture’ of how we are performing across the enterprise. Although our Likelihood to Recommend scores declined during the pandemic, El Camino Health still outperforms the nation, California and Bay Area facilities.

**List of Attachments:** Power Point “Patient Experience Review”

**Suggested Committee Discussion Questions:**

1. How has the global pandemic impacted our patient experience scores?
2. How has the global pandemic impacted our patient needs
3. How can we use all methods of capturing the patient voice to determine our strategies?
4. How can we be innovative to ensure we are delivering on our promise of providing exceptional patient experience?



## **Patient Experience Review**

**Quality Committee Meeting**

**Christine L. Cunningham CPXP, MBA**

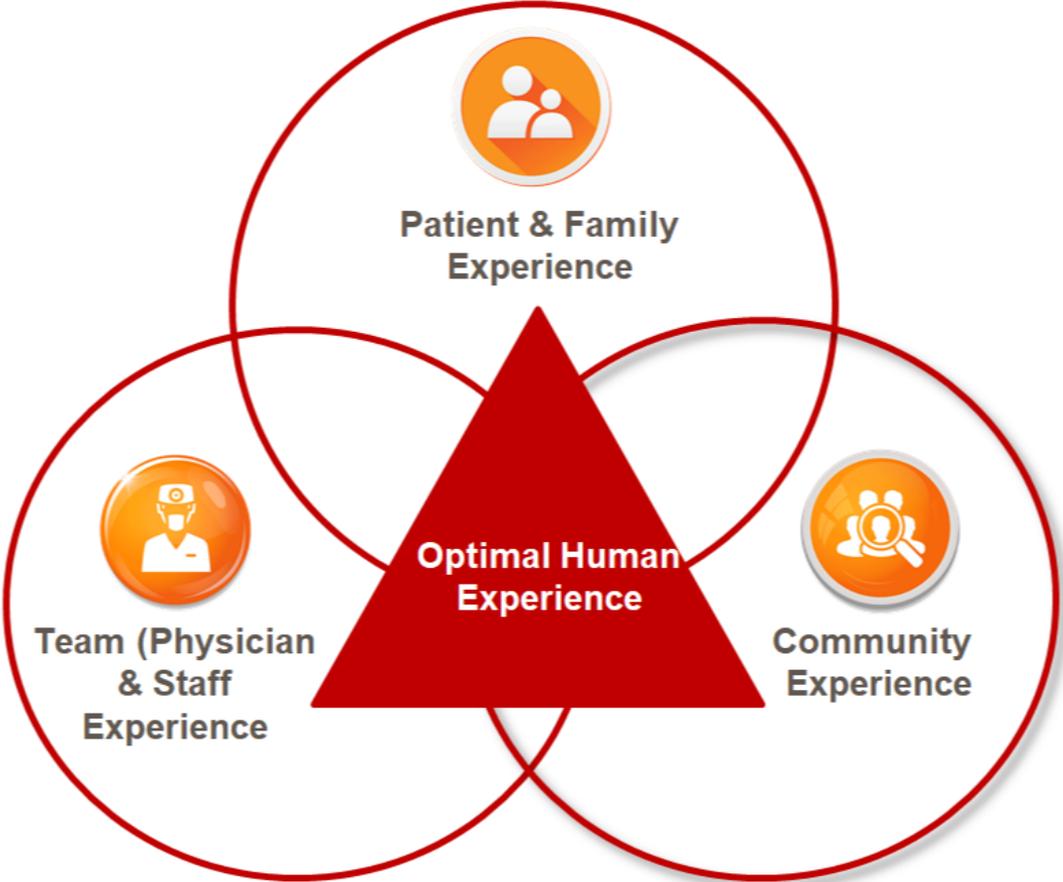
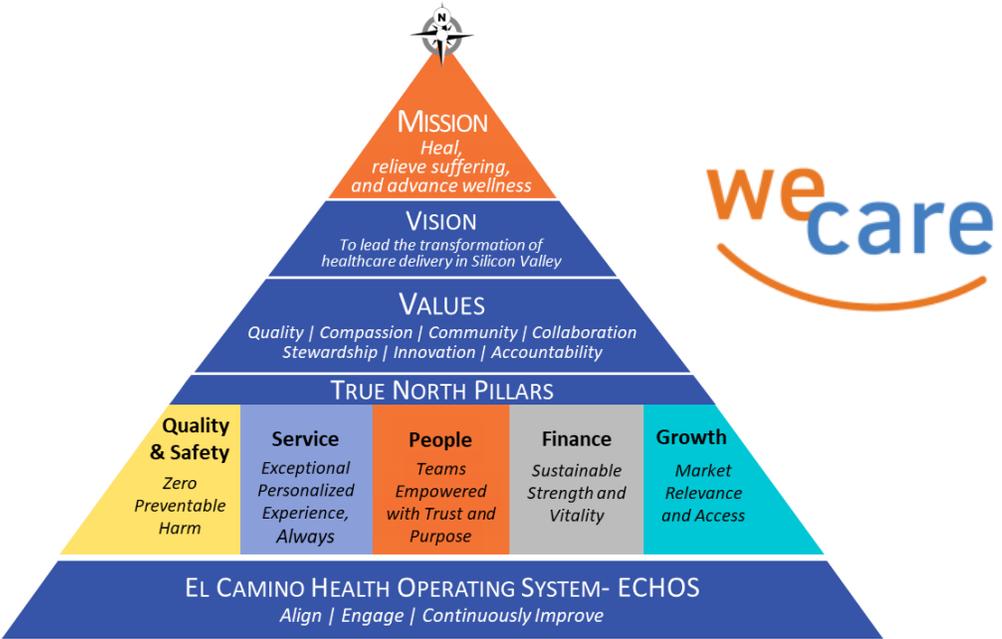
**September 7<sup>th</sup>, 2021**

# Agenda

- Patient Experience at El Camino Health
  - Today's Patient
  - Best Practices
- How are we doing? (last 3 years)
- Impact of Covid-19
- FY22 - Moving forward

# Patient Experience At El Camino Health

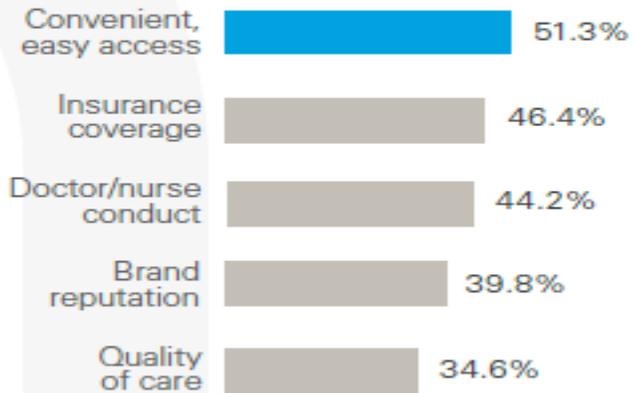
# Exceptional, Personalized Experience, Always



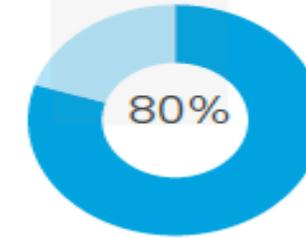
# Patient Experience Matters

- ✓ Increased consumerism / choice
- ✓ Social media's presence and activity and impact on brand
- ✓ Online reviews / data transparency / star ratings

## Most important healthcare factors influencing decision-making



## The importance of earning loyalty



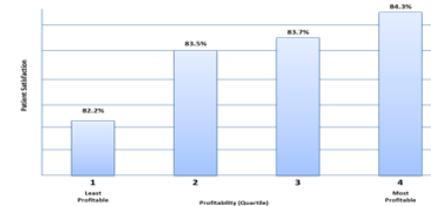
80% of patients reported that they'd switch providers for "convenience factors" alone.

The NEW ENGLAND JOURNAL of MEDICINE

2-4% Points ↑

Hospital Quality Alliance program scores hospitals in the highest quartile of HCAHPS ratings were, on average, about 2 to 4 percentage points higher than the HCAHPS scores for hospitals in the lowest quartile of HCAHPS ratings

### Experience Impacts Quality



### Experience Impacts Finance

HSR HEALTH SERVICES RESEARCH  
Impacting Health Practice and Policy Through State-of-the-Art Research and Thinking

High patient satisfaction is linked to:  
decubitus ulcer rates  
post operative respiratory failure,  
Falls  
hospital infection rates

### Experience Impacts Safety

The McKinsey Quarterly

41%

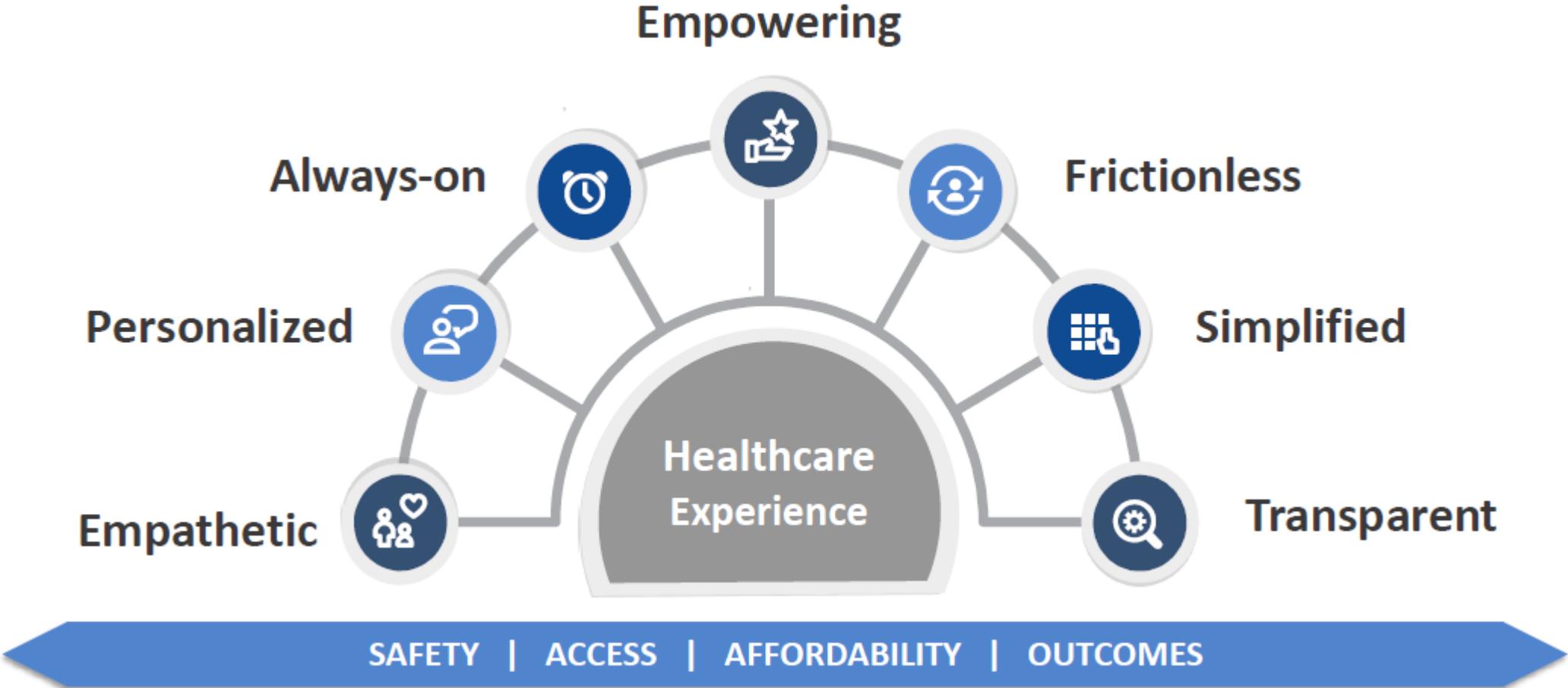
of patients choose providers based on non-clinical experience

### Experience Impacts Market Share

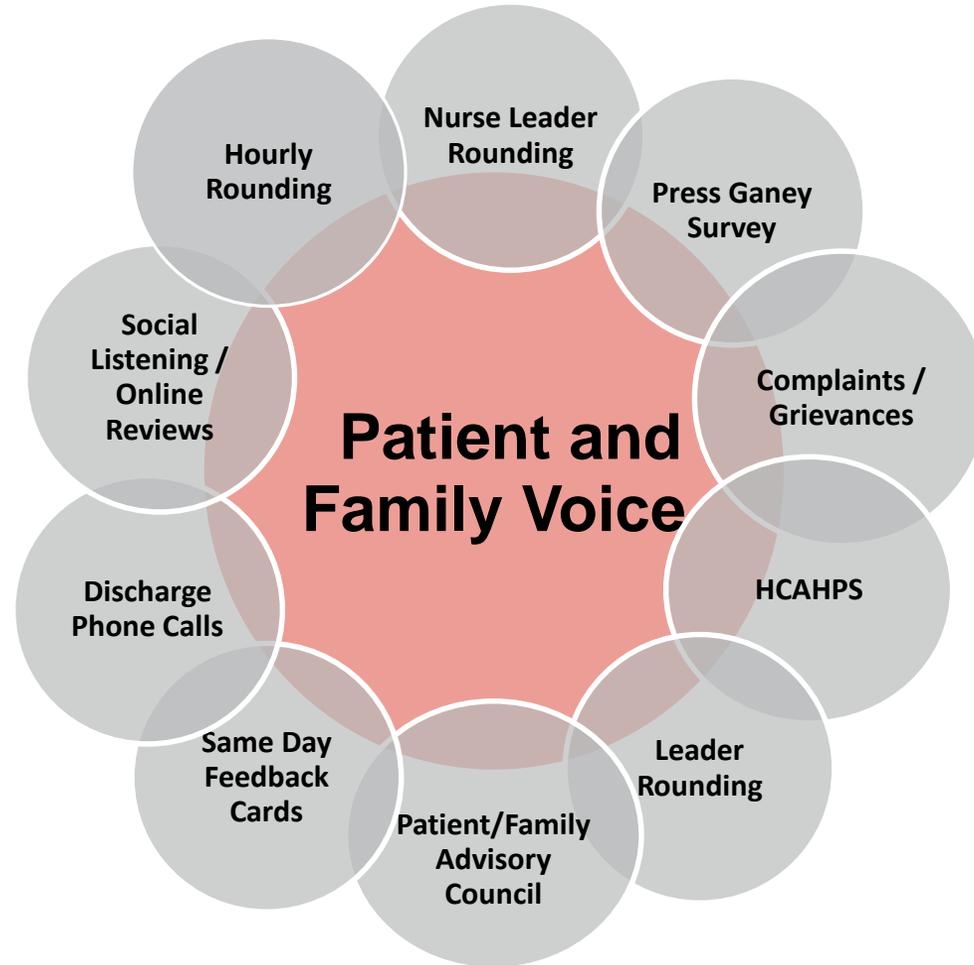
A better hospital experience

Hospitals must learn what commercially insured patients and their physicians look for when choosing facilities—and how to deliver it.  
Kurt D. Grove, John R. S. Newman, and Saumya S. Sutarla  
New research indicates that US patients and physicians are more and more likely to base their choice of hospital on nonclinical aspects of a visit—the convenience and amenities.

# Patient Expectations



# The Power of Patient and Family Voice



The voices of our patients and families can bring to light **both** opportunities for **improvement** as well as **successes** to be celebrated.

# Proven Best Practices implemented at El Camino Health

Putting all the pieces together for Exceptional, Personalized Care, Always



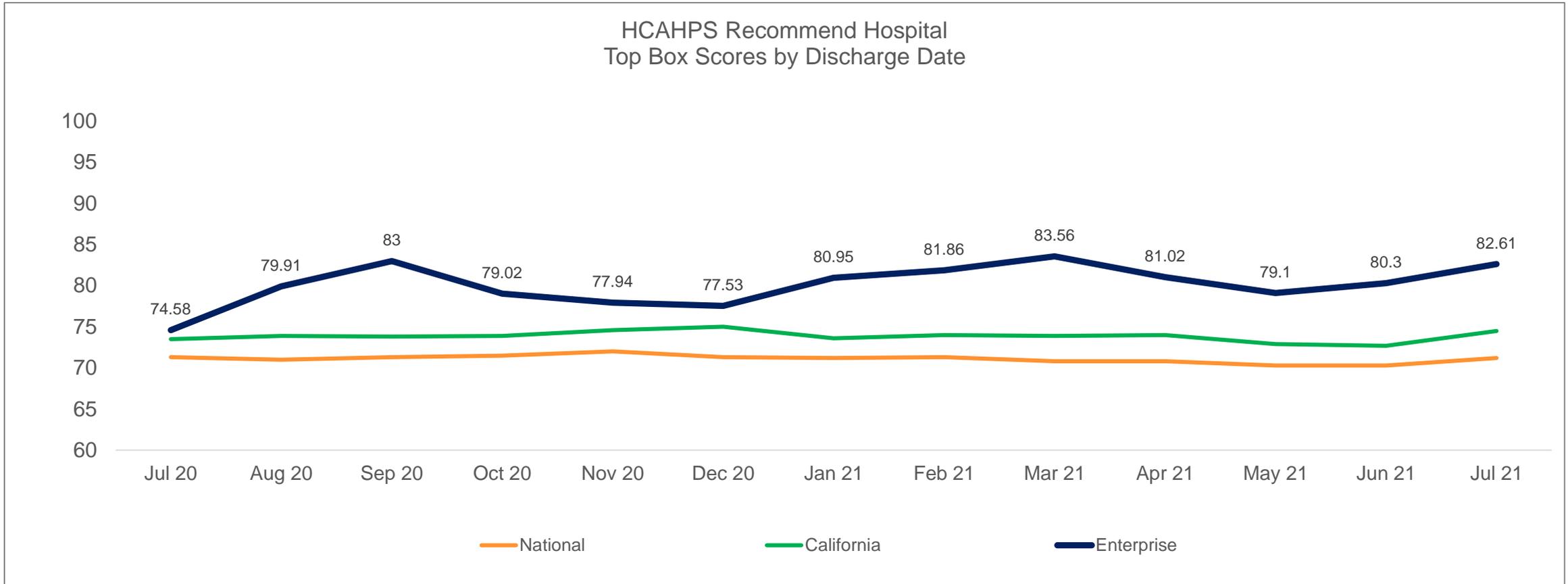
Daily Management System

# How are we doing?

## Patient Experience Outcomes

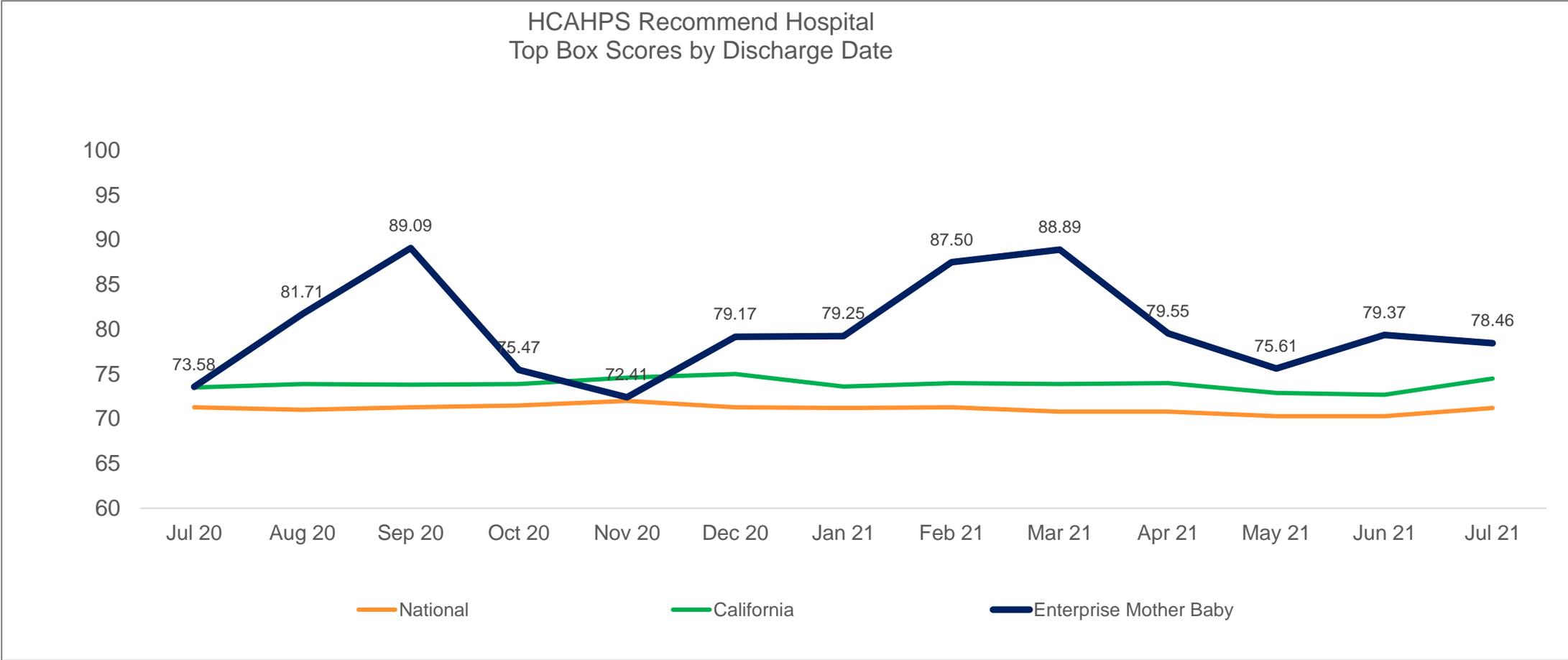
# HCAHPS LTR (Likelihood to Recommend) Trends – 1 Year

El Camino Health **outperformed California and national averages.**



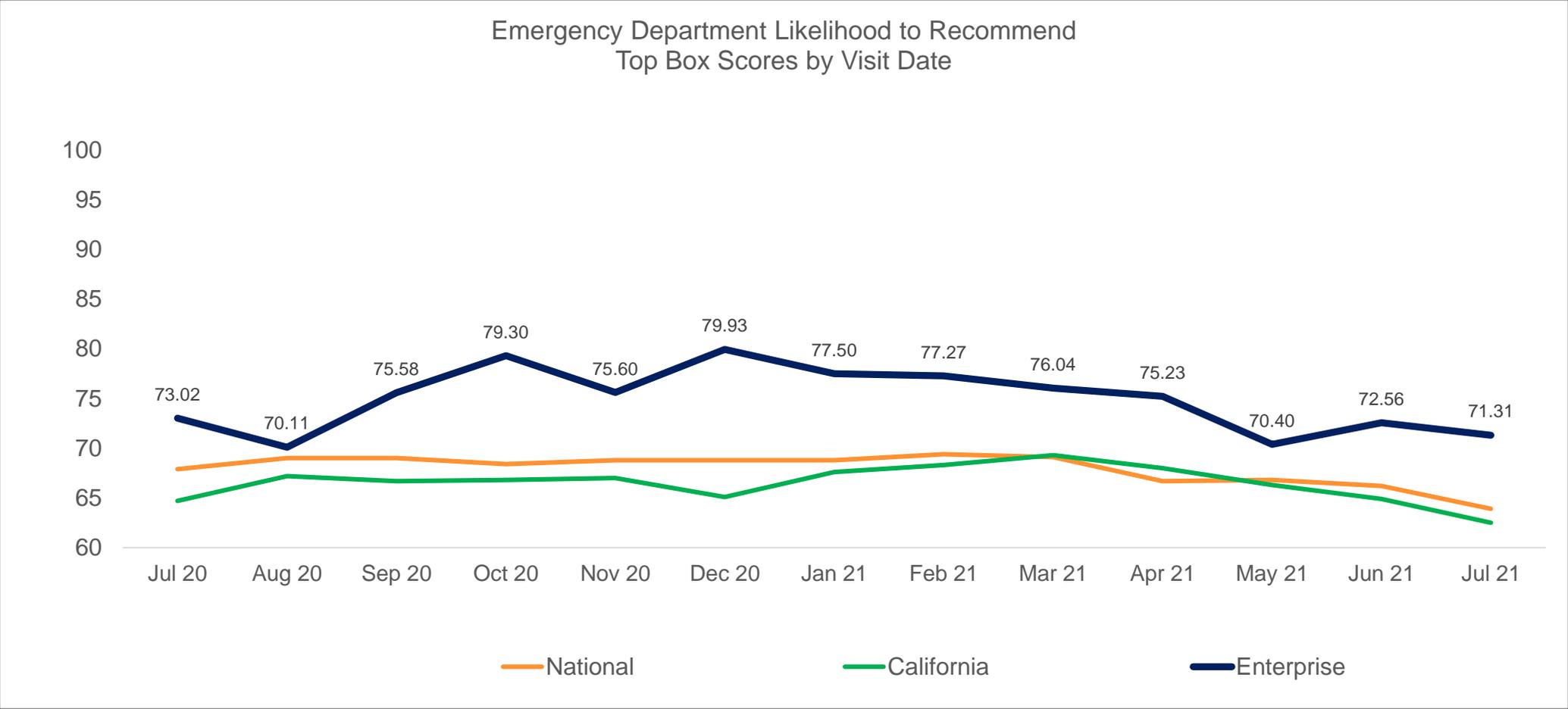
# HCAHPS LTR (Likelihood to Recommend) Mother / Baby Trends – 1 Year

Despite a few dips, El Camino Health **outperformed California and national averages.**



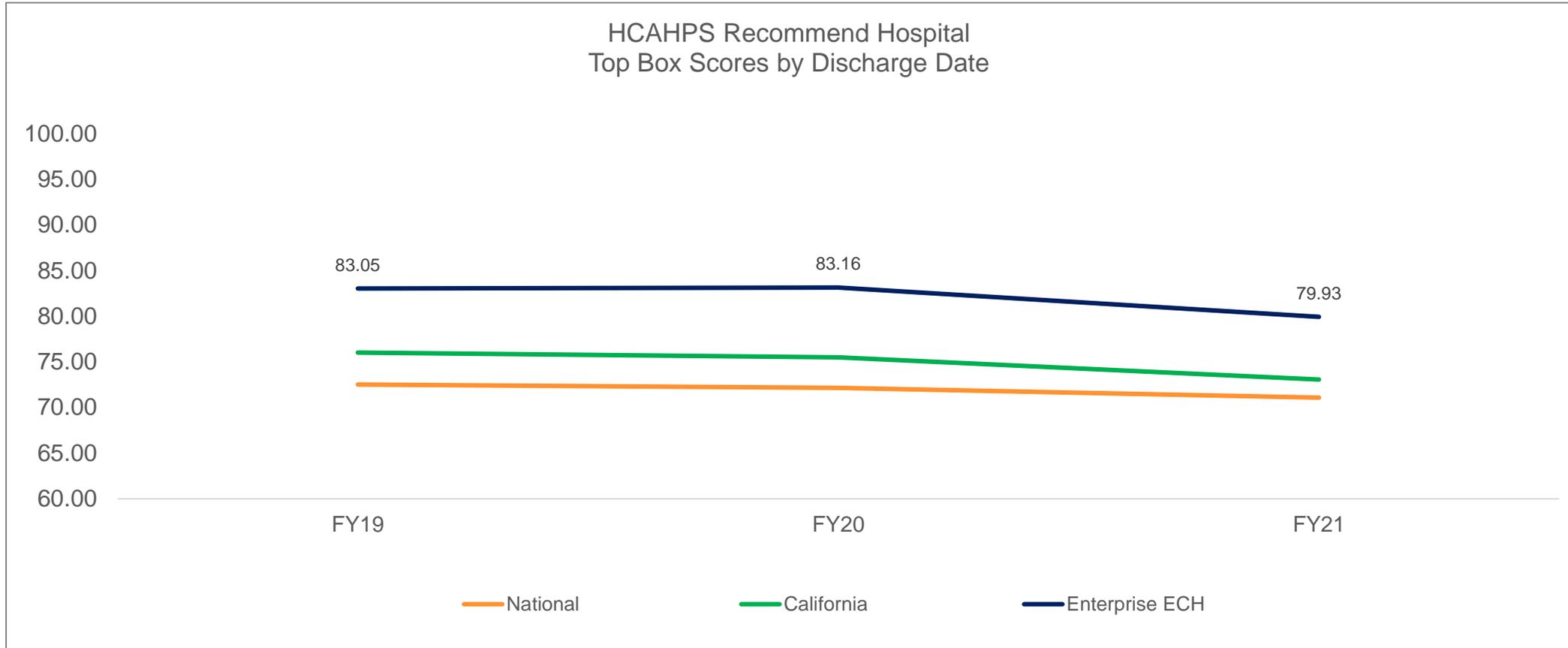
# Emergency Department LTR (Likelihood to Recommend) Trends – 1 Year

El Camino Health **outperformed California and national averages.**



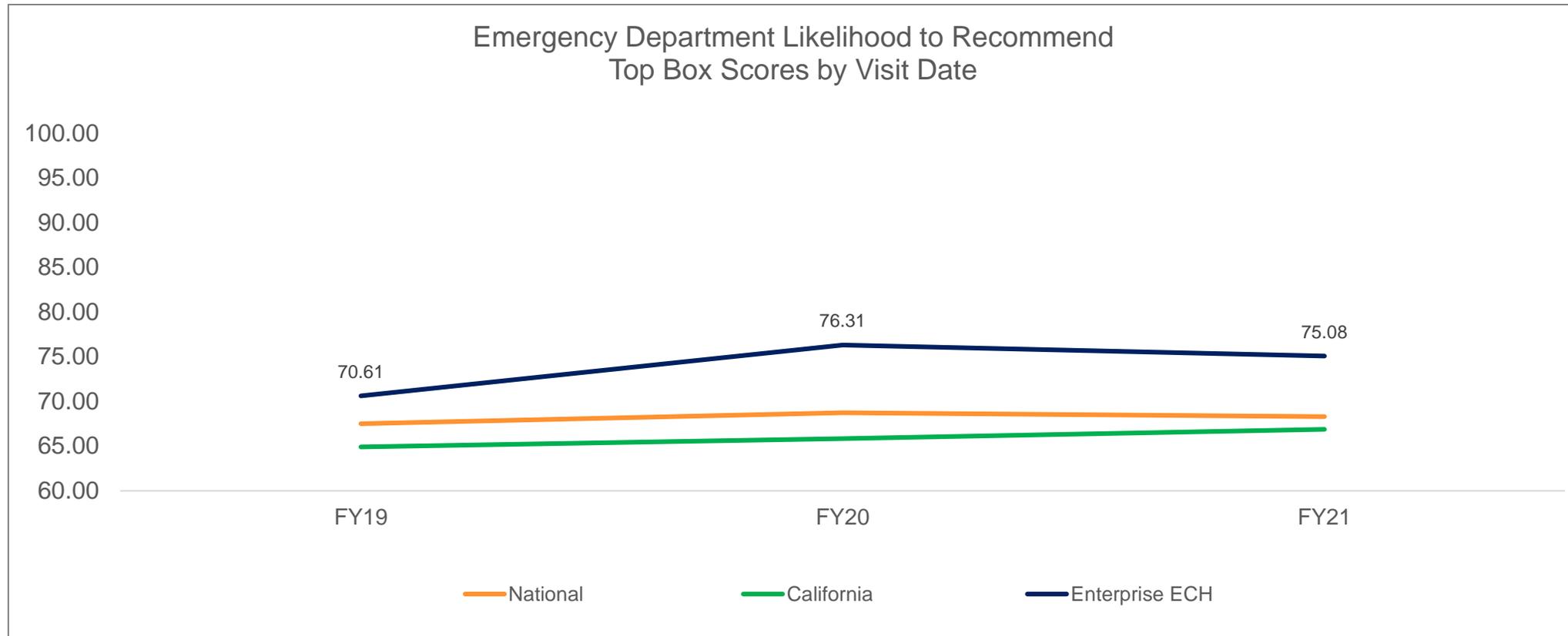
# HCAHPS LTR (Likelihood to Recommend) Trends – 3 Year

In the past three (3) years, El Camino Health **outperformed California and national averages.**



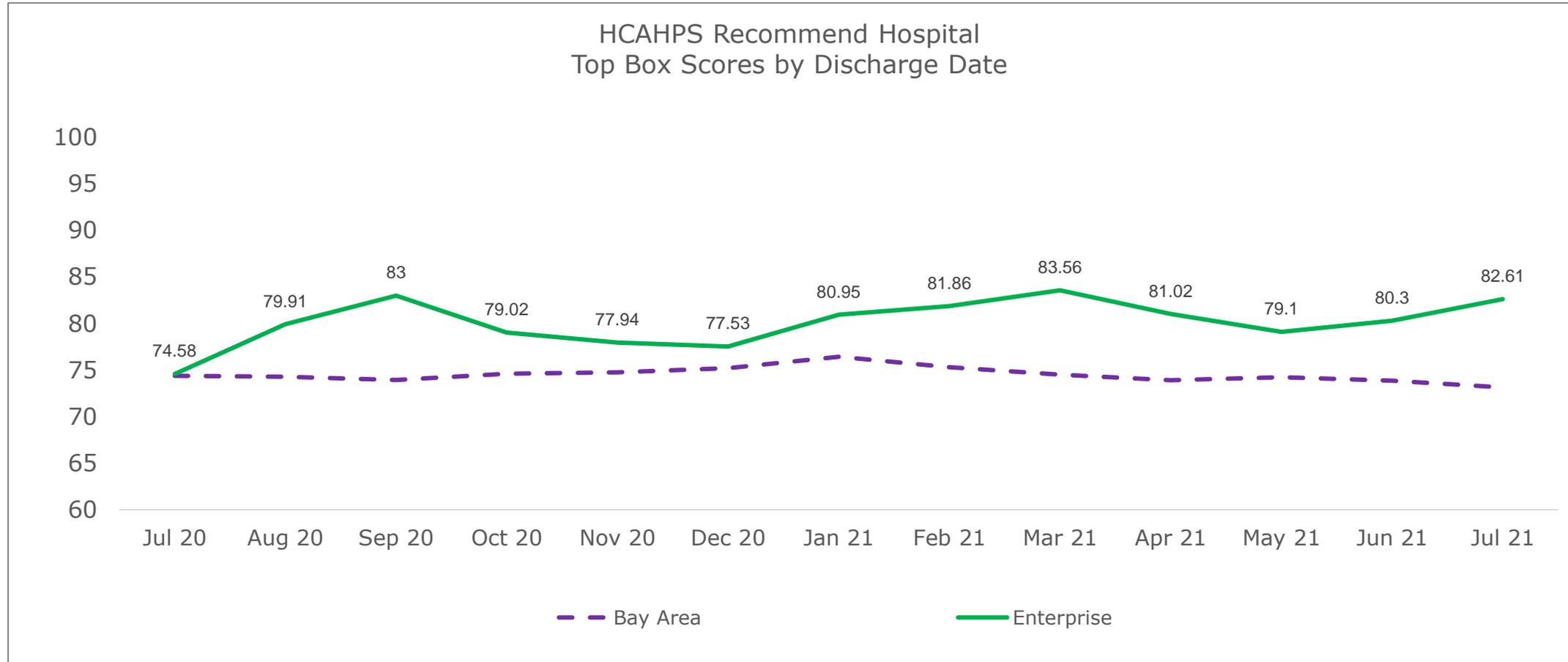
# Emergency Department LTR (Likelihood to Recommend) Trends – 3 Year

In the past three (3) year, El Camino Health **outperformed California and national averages.**



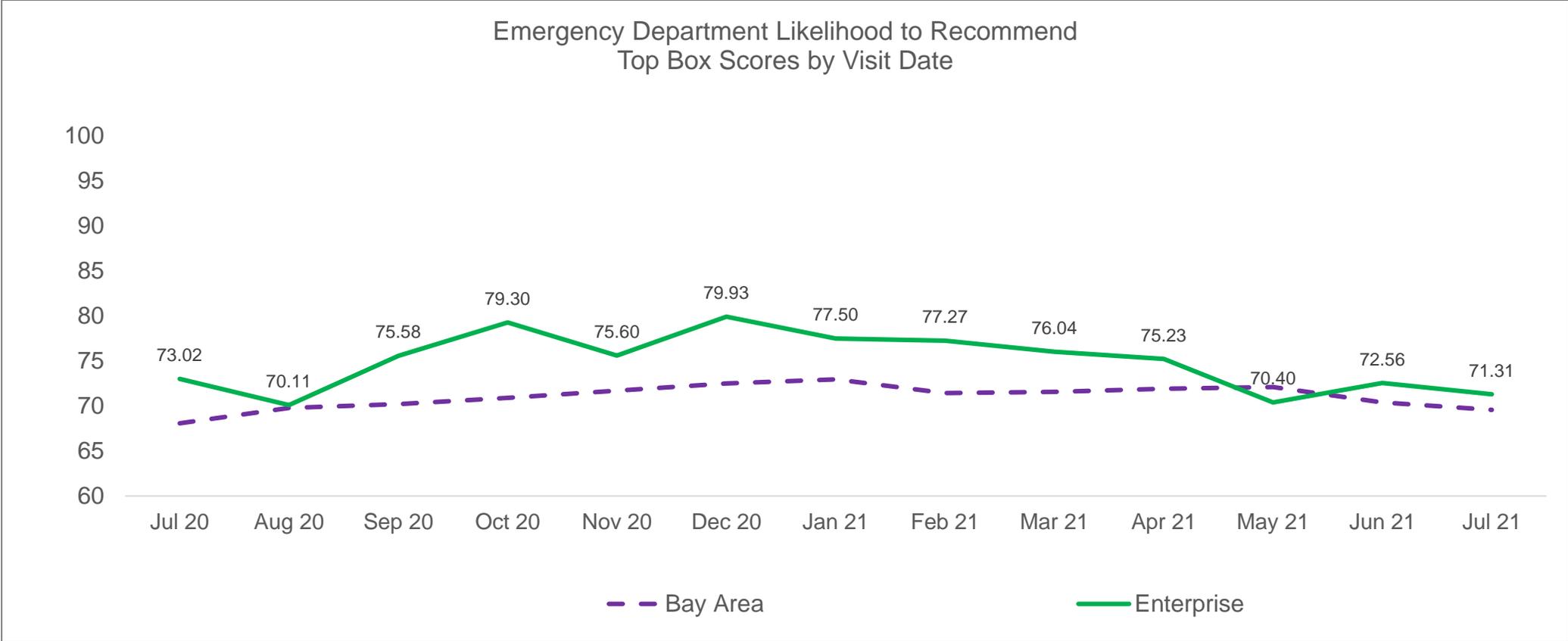
# HCAHPS LTR (Likelihood to Recommend) Trends – 1 Year

El Camino Health **outperformed Bay Area averages.**



# Emergency Department LTR (Likelihood to Recommend) Trends – 1 Year

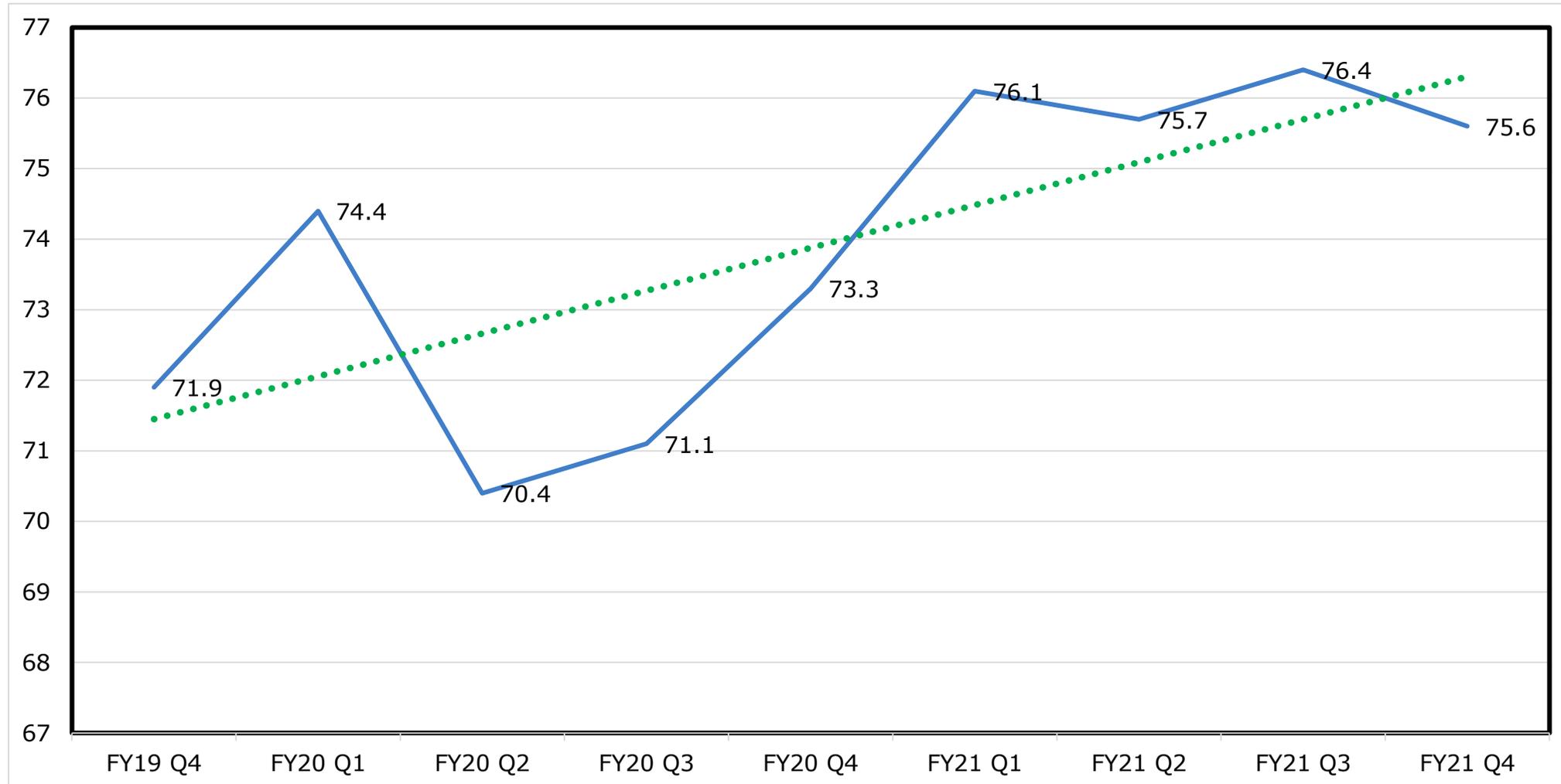
El Camino Health **outperformed Bay Area averages.**



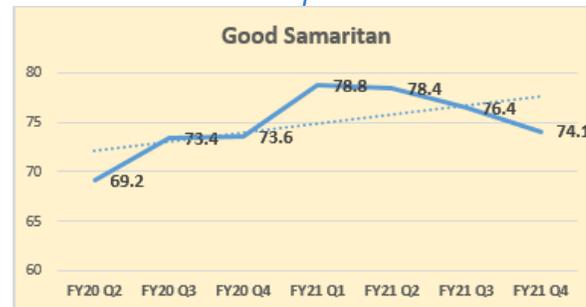
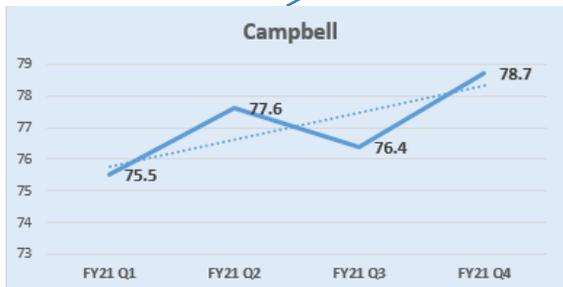
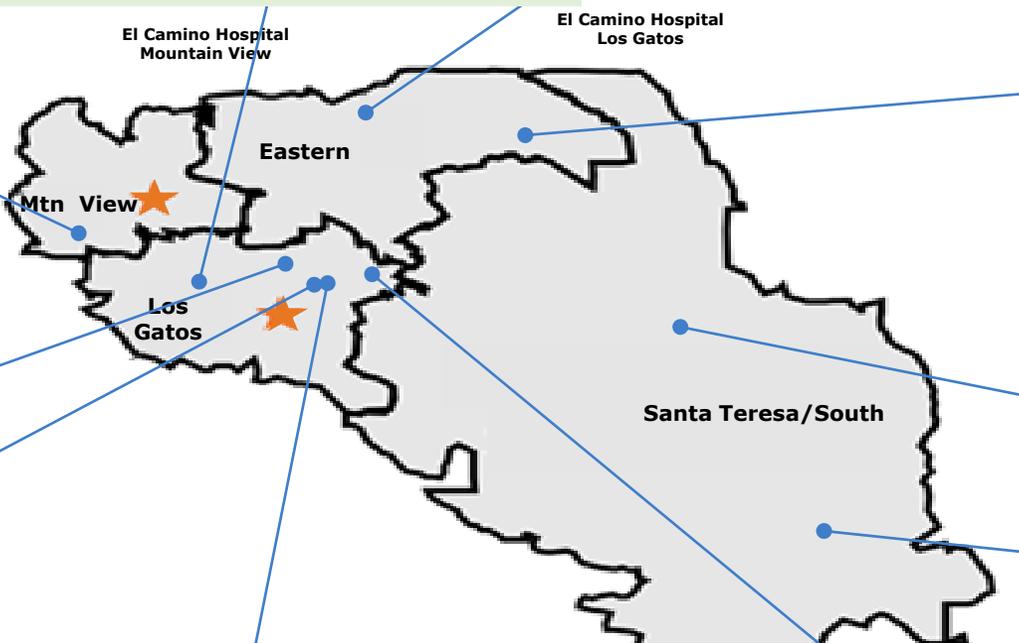
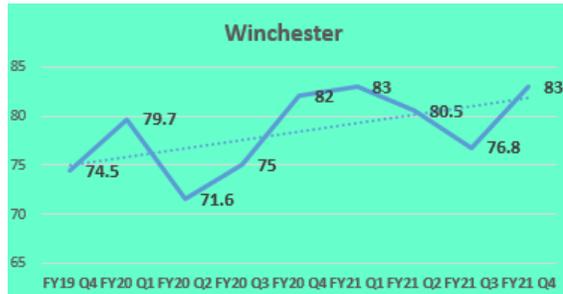
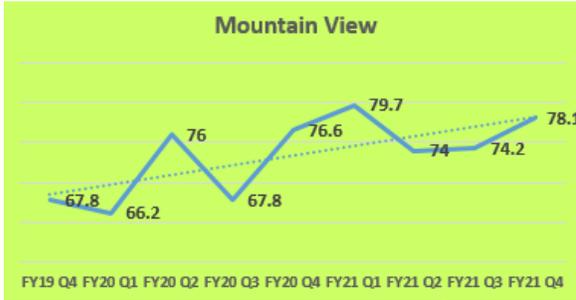
# CMS Bay Area Hospital Compare Q4 2019 data

	El Camino Hospital (MV)	Stanford Healthcare	Good Samaritan
Overall star rating			
Patient Survey rating			
Patients who reported their nurses always communicated well	80%	82%	73%
Patients who reported their doctors always communicated well	82%	83%	76%
Patients who reported that they always received help as soon as they wanted it	65%	66%	54%
Patients who reported their room and bathroom were always clean	79%	72%	68%
Patients who reported that their area around them was quiet at night	56%	45%	42%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	79%	78%	65%
Patients who reported YES, they would definitely recommend the hospital.	82%	82%	71%

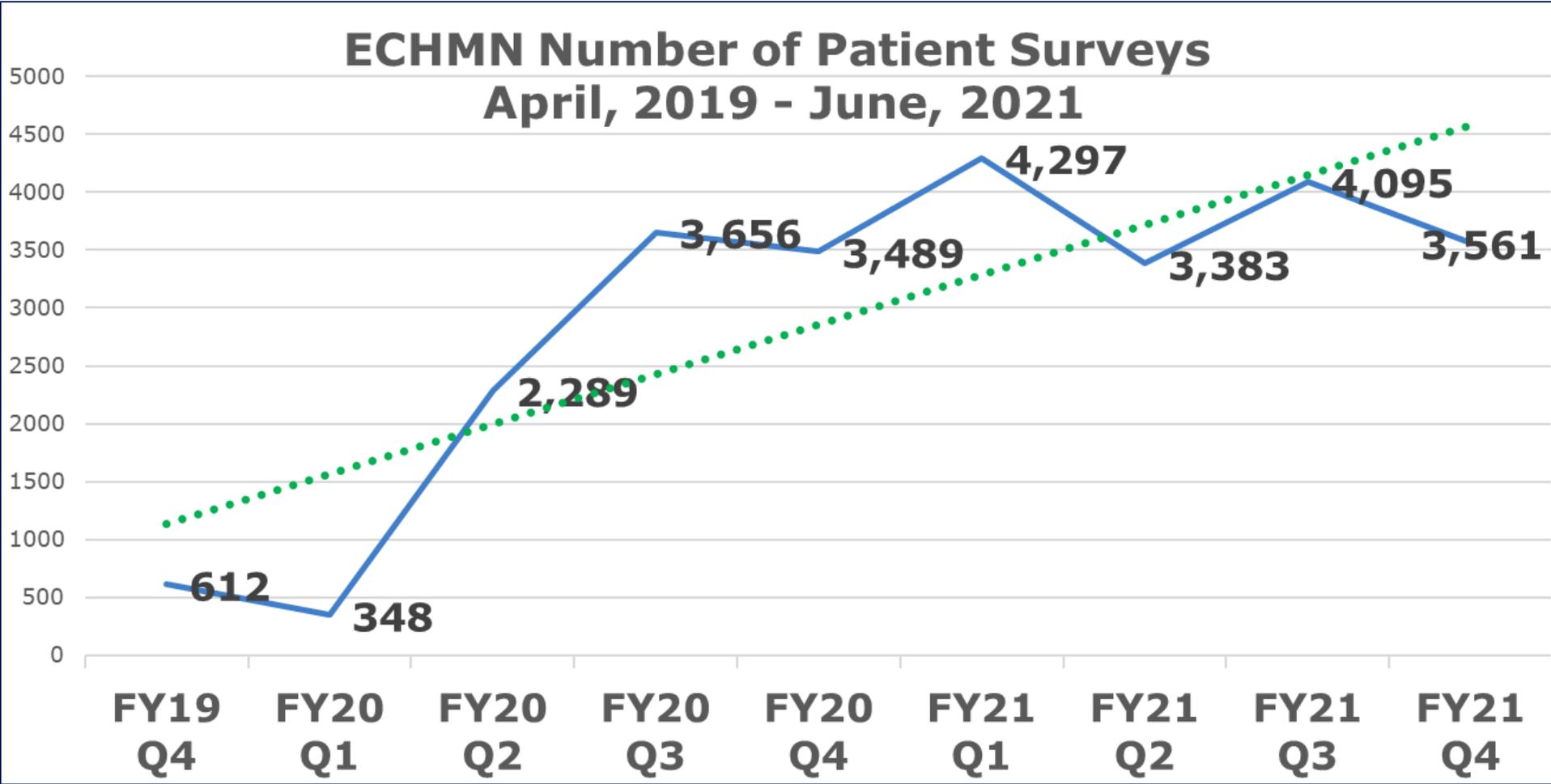
# ECH Medical Network (Clinics) Net Promoter Score (NPS)



# ECH Medical Network – by location



# ECH Medical Network - Patient Surveys Returned

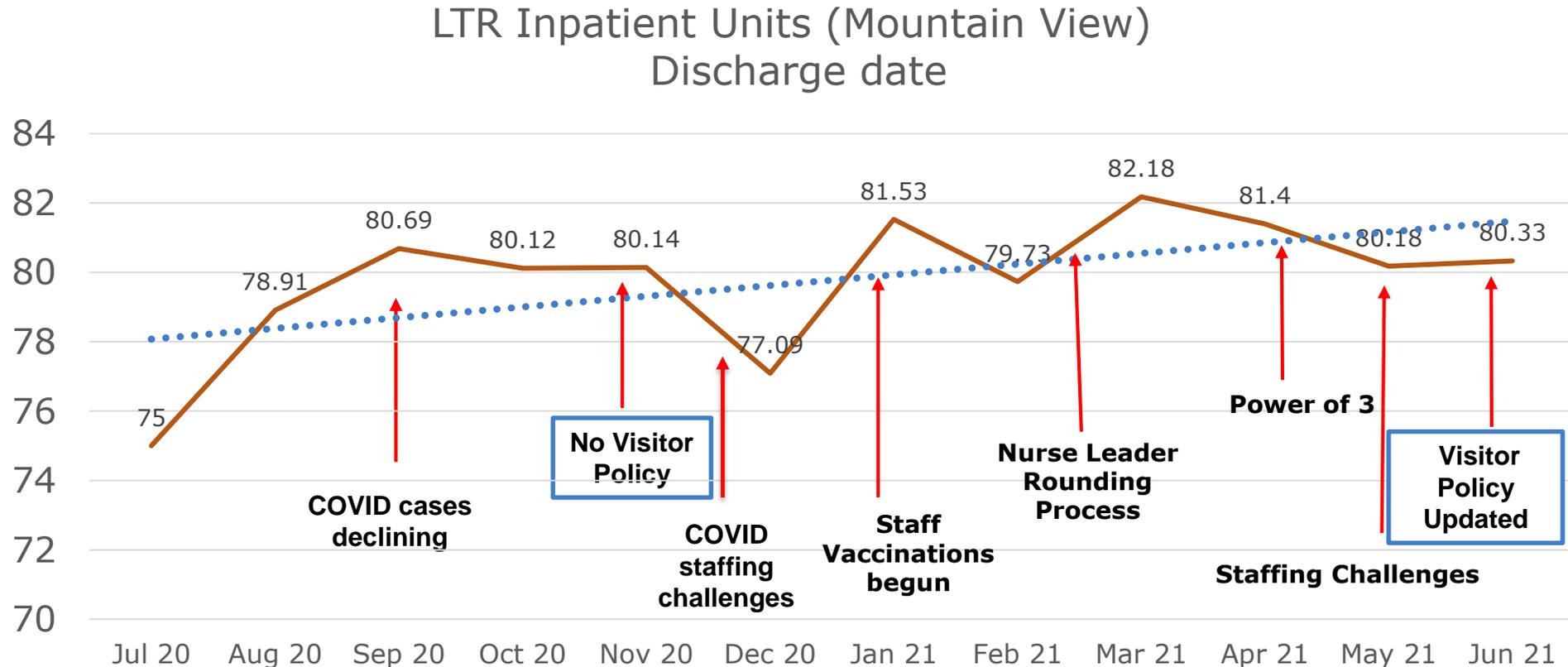


# Summary of FY21

FY21 ECH LTR Year End Green ≥ Goal Red < Goal			LTR Response Distribution	
Area	FY21 Target	% Top Box	% Very Good/ Good	% Fair/Poor/ Very Poor
Inpatient	83.3	80.1	96.2%	3.8%
MBU	84.6	80.8	96.2%	3.8%
ED	78.2	75.3	89.4%	10.6%
OP Surgery	86.4	85.6	97.3%	2.7%
OP Services	86.2	84.1	96.4%	3.6%
OP Oncology	87.0	85.6	97.5%	2.5%
SVMD (NPS)	75.9	76.0	93.3%	6.7%

# Service - Performance Correlates With Pandemic Related Events

- When LTR performance is viewed by discharge date (rather than received date), declines in performance align with events on the pandemic timeline.



FY21

# What a Year!

**PXJ** Patient Experience Journal  
Volume 8, Issue 1 – 2021, pp. 30-39

PRE-PUBLICATION COPY  
Full article will be available April 29, 2021 at:  
<https://pxjournal.org/journal/vols/iss1/5/>

## Research

### The influence of COVID-19 visitation restrictions on patient experience and safety outcomes: A critical role for subjective advocates

Geoffrey A. Silveira, PhD, *Autumn University/Patient Experience Journal*, [geoff@pxjournal.org](mailto:geoff@pxjournal.org)  
Jason A. Wolf, PhD, CPXP, *The Beryl Institute/Patient Experience Journal*, [jason@pxjournal.org](mailto:jason@pxjournal.org)  
Anthony Stanowski, DHA, FACHE, *Commission on Accreditation of Healthcare Management Education*, [astanowski@cahme.org](mailto:astanowski@cahme.org)  
Quint Studer, *Studer Community Institute*, [quint@quintstuder.com](mailto:quint@quintstuder.com)

#### Abstract

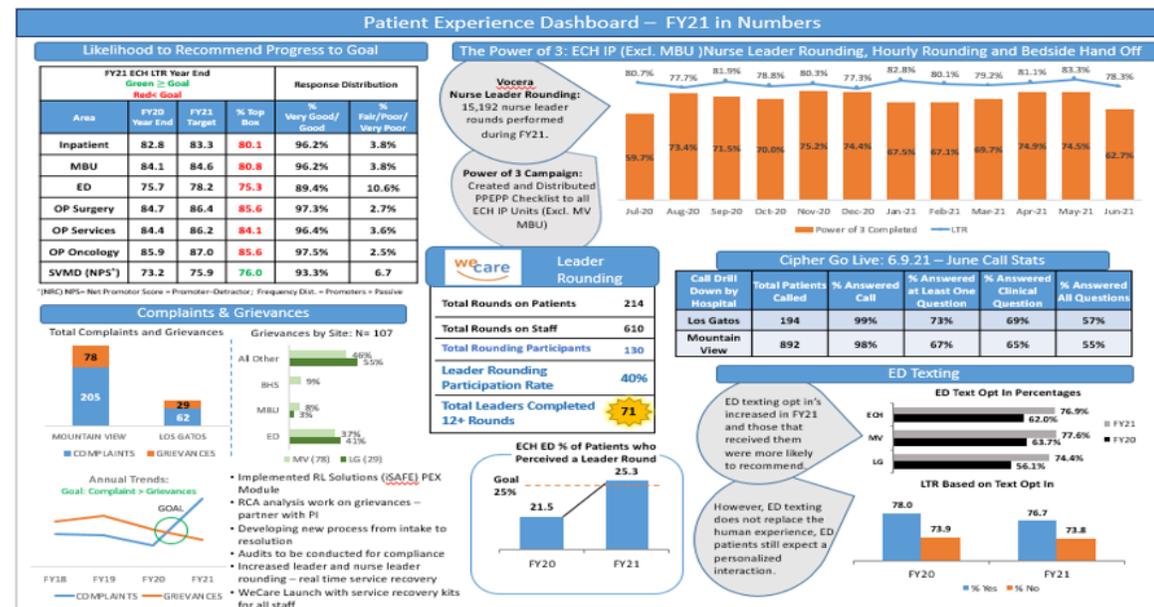
With the emergence of the coronavirus (COVID-19) pandemic in the United States in early 2020, hospitals across the country made the difficult decision to alter visitation policies, by either limiting visitations or restricting visitations altogether by closing access to family, friends and care partners in an effort to reduce further spread of the virus. While there is foundational research on the impact of family and care partner presence on the experience of patients and patient safety outcomes, the actions driven by the pandemic allowed for a real-time comparison of the impact of family or care partner presence or lack thereof. Patient and family engagement has long been a part of patient experience scholarship where the role of family members and care partners as patient advocates and a presence of support has been reinforced. Scholarship and practice have also encouraged movement from restricted visiting hours to having open visitation based on findings that, in addition to better patient outcomes, there is a benefit in nurse job satisfaction and communication when visitations are unrestricted. The purpose of this study is to examine the degree to which hospital visitation restrictions in U.S. hospitals during the COVID-19 pandemic help to explain changes in patient experience and patient safety outcomes. To examine this relationship, patient experience and safety outcomes of a national sample of hospitals (n=32) during the pandemic is compared to previous corresponding performance. The results indicate that hospital performance was negatively impacted on average during the pandemic for hospitals in the sample. However, differences in hospital performance during the pandemic were driven by hospitals that disallowed patient visitations. Hospitals with closed visitations saw most pronounced deficits in their performance with regard to patient ratings of medical staff responsiveness, full rates and clinic rates. Performance in hospitals that either remained unrestricted or partially limited their visitations was similar to or better than pre-pandemic performance, and in some cases performance even improved. These findings indicate that the policy to allow for visitors, or subjective advocates, individuals with whom the patient has a relationship, is beneficial not only for the patient, but also in sustaining high quality of care. These findings indicate that hospitals might achieve improved quality and safety outcomes even in instances where visitations are to be disallowed or restricted. The results of this study suggest those decisions show most extreme circumstances.

#### Keywords

Visitation, patient experience, patient safety, HCAHPS, AHRQ, COVID-19

#### Introduction

manner meant that  
dying alone, and



# FY22 – Moving Forward

# FY22 El Camino Health Performance & Strategic Goals



## QUALITY & SAFETY

Top Tier Performance with Zero Preventable Harm

	Target
① Serious Safety Events (SSE) Rate	TBD
① Readmissions Index	0.92
①② Quality Composite	3.6



## SERVICE

Exceptional Personalized Experience, Always

	Target
① LTR – Inpatient Units	80.2
LTR - ED	75.7
LTR – Mother/Baby	81.0
LTR – OP Surg	86.0
LTR – OP Svs	84.7
LTR – Oncology	88.8
①② LTR – ECHMN	77.4



## PEOPLE

Teams Aligned & Empowered With Trust and Purpose

	Target
Employee Engagement	TBD
MD Alignment	TBD



## FINANCE

Sustainable Strength and Vitality

	Target
① Operating EBIDA	>\$163.6M
Net Revenue	\$1.19B



## GROWTH

Access and Flow

	Target
Adjusted Discharges	34,439
② Unique Ambulatory Lives	52,000
Patient Throughput	256

### LEGEND

- ① Performance Goal
- ② ECHMN Specific



# Hardwiring our Best Practices

Putting all the pieces together for Exceptional, Personalized Care, Always



Daily Management System



### WeCare in Action

The El Camino Health executive leadership team recognizes your excellence in demonstrating our WeCare Standards.

Thank you for setting a strong example of WeCare for our patients, visitors and staff!

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*(Include name, department and brief description of the recognition in the space above.)*



**Warm Welcome**  
Engage with Empathy  
Compassionate Communication

**Ask and Anticipate**  
Respond Promptly  
Excellence Always

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Our Service Excellence Standards

- W** Warm Welcome
- E** Engage with Empathy
- C** Compassionate Communication
- A** Ask and Anticipate
- R** Respond Promptly
- E** Excellence Always



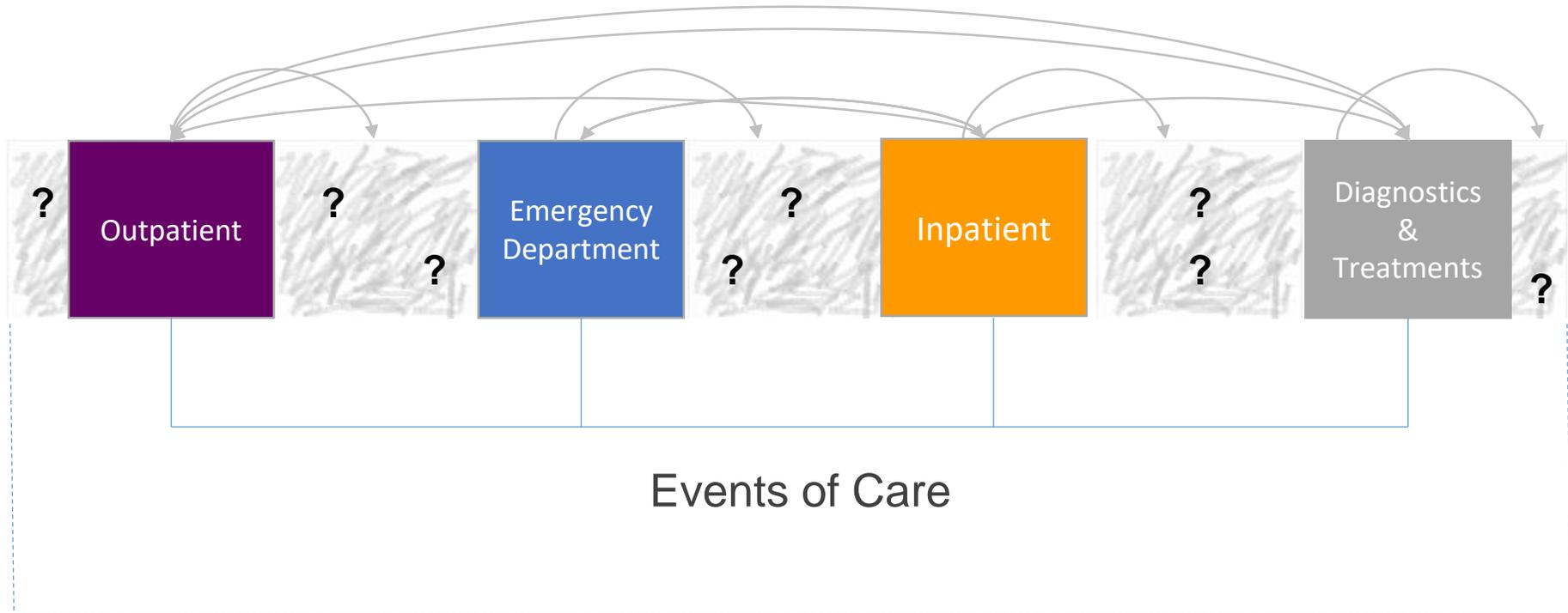
### FY22 WeCare Leadership Rounds Calendar

FY22	Day		Evening	Weekends
July	Thursday 8 <sup>th</sup> 11:00 – 12:00 PM Monday 12 <sup>th</sup> 1:30 – 2:30 PM	Friday 23 <sup>rd</sup> 10:00 – 11:00 AM Tuesday 27 <sup>th</sup> 3:30 – 4:30 PM	Wednesday 14 <sup>th</sup> 5:00-6:00 PM	
August	Monday 2 <sup>nd</sup> 2:00 – 3:00 PM Thursday 12 <sup>th</sup> 9:30 – 10:30 AM	Tuesday 17 <sup>th</sup> 9:30 – 10:30 AM Wednesday 25 <sup>th</sup> 1:30 – 2:30 PM	Thursday, 26 <sup>th</sup> 5:00 – 6:00 PM	
September	Thursday 2 <sup>nd</sup> 11:00 – 12:00 PM Friday 10 <sup>th</sup> 1:30 – 2:30 PM Wednesday 15 <sup>th</sup> 9:30 – 10:30 AM	Tuesday 21 <sup>st</sup> 3:30 – 4:30 PM Thursday 30 <sup>th</sup> 9:30 – 10:30 AM	Tuesday 21 <sup>st</sup> 6:00 – 7:00 PM	
October	Monday 4 <sup>th</sup> 10:30 – 11:30 AM Thursday 14 <sup>th</sup> 3:30 – 4:30 PM	Tuesday 19 <sup>th</sup> 1:30 – 2:30 PM Wednesday 27 <sup>th</sup> 3:30 – 4:30 PM	Friday 15 <sup>th</sup> 6:00 – 7:00 AM	Sunday 24 <sup>th</sup> 4:30 PM*
November	Friday 5 <sup>th</sup> 9:30 – 10:30 AM Monday 8 <sup>th</sup> 3:30 – 4:30 PM	Wednesday 17 <sup>th</sup> 11:00 – 12:00 PM	Wednesday 17 <sup>th</sup> 5:00 – 6:00 PM	
December	Thursday 2 <sup>nd</sup> 1:30 – 2:30 PM Tuesday 7 <sup>th</sup> 11:00 – 12:00 PM	Friday 10 <sup>th</sup> 3:30 – 4:30 PM Wednesday 15 <sup>th</sup> 10:30 – 11:30 AM	Tuesday 14 <sup>th</sup> 5:00 – 6:00 PM	
January	Wednesday 5 <sup>th</sup> 10:30 – 11:30 AM Thursday 13 <sup>th</sup> 11:00 – 12:00 PM	Wednesday 19 <sup>th</sup> 2:00 – 3:00 PM Monday 24 <sup>th</sup> 9:30 – 10:30 AM	Thursday 13 <sup>th</sup> 5:00 – 6:00 PM	
February	Thursday 3 <sup>rd</sup> 2:00 – 3:00 PM Monday 7 <sup>th</sup> 10:00 – 11:00 AM	Wednesday 16 <sup>th</sup> 9:30 – 10:30 AM Friday 25 <sup>th</sup> 1:30 – 2:30 PM	Wednesday 9 <sup>th</sup> 6:00 – 7:00 AM	Sunday 6 <sup>th</sup> 4:30 PM*
March	Wednesday 2 <sup>nd</sup> 1:30 – 2:30 PM Monday 7 <sup>th</sup> 9:30 – 10:30 AM Tuesday 15 <sup>th</sup> 2:00 – 3:00 PM	Friday 25 <sup>th</sup> 10:30 – 11:30 AM Thursday 31 <sup>st</sup> 10:00 – 11:00 AM	Monday 21 <sup>st</sup> 5:00 – 6:00 PM	
April	Tuesday 5 <sup>th</sup> 10:00 – 11:00 AM Monday 11 <sup>th</sup> 11:00 – 12:00 PM	Wednesday 20 <sup>th</sup> 9:30 – 10:30 AM Thursday 28 <sup>th</sup> 2:00 – 3:00 PM	Wednesday 27 <sup>th</sup> 5:00-6:00 PM	
May	Monday 2 <sup>nd</sup> 3:30 – 4:30 PM Tuesday 10 <sup>th</sup> 9:30 – 10:30 AM	Wednesday 18 <sup>th</sup> 2:00 – 3:00 PM Thursday 26 <sup>th</sup> 9:30 – 10:30 AM	Tuesday 17 <sup>th</sup> 5:00 – 6:00 PM	
June	Thursday 2 <sup>nd</sup> 10:00 – 11:00 AM Tuesday 7 <sup>th</sup> 2:00 – 3:00 PM Wednesday 15 <sup>th</sup> 10:30 – 11:30 AM	Friday 24 <sup>th</sup> 2:00 – 3:00 PM Monday 27 <sup>th</sup> 1:30 – 2:30 PM	Friday 17 <sup>th</sup> 6:00 – 7:00 AM	Sunday 26 <sup>th</sup> 4:30 PM*

\*Rounding to be done anytime prior to debrief.

# Working Across the Continuum

- Most experiences are “fragmented”.....we look at episodes and events of care
- We need to standardize Patient Experience across the ‘system’ to include better coordination of care



We need to work everyday ACROSS the CONTINUUM of CARE and be a SYSTEM



# Patient Experience Improvement Plans for FY22 Summary

<b>Journey Mapping / Enterprise / “Systemness”</b>	WeCare Behaviors / Best Practices / Leader Rounding / Recognition
Power of 3 (nurse leader rounding, purposeful rounding, bedside shift report) <b>audits / DMS</b>	Use Key Drivers that impact LTR / <b>Integrate Voice of Patient from other sources</b>
Proactive, not reactive	<b>Discharge Phone Calls – deploy and expand to the specialized DRG’s and ED</b>
Digital Strategy (MyChart, texting, Getwell, App, etc.)	<b>Physician Experience Strategy</b>
Human Experience (partner with HR)	HRO Journey and Mission Zero / WeCare collaboration
<b>The Discharge Experience</b>	<b>WeCare Video Vignettes</b>
<b>Service Recovery Training</b>	<b>Launch PG in ECHMN</b>
<b>WeCare Champions</b>	Reduce lag from discharge to survey received
Complaint / grievance process	Volunteer expansion
Visibility Walls and increased transparency around work and metrics / PI Academy	Patient Family Advisory Committee and integration into improvement efforts

# Questions

