



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

Monday, April 5, 2021

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

Members Present

Julie Kliger, Chair**

George O. Ting, MD, Vice Chair**

Melora Simon**

Krutica Sharma, MD**

Terrigal Burn, MD**

Michael Kan, MD**

Apurva Marfatia, MD**

Jack Po, MD**

Alyson Falwell**

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. Dr. Marfatia was 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-25-20 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 3c for discussion. Ms. Reinking explained that there were many transfers from LG to MV making it difficult to provide accurate time measurement comparisons so those will be excluded.</p> <p>Jack Po, MD, PhD requested additional context for some of the dashboard metrics. Dr. Adams stated that the annotations accompanying the dashboard have this information but may be hard to read so this can be added to the cover memo.</p> <p>Chair Kliger requested further conversations regarding the OB section. She requested to have a discussion on this topic in the future as she was not clear what was in control and what was not in control. She requested that the assessment section be given more information to know where management was still exploring root cause or not, particularly in the area surrounding OBGYN.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (03/01/2021); For information: (b) Progress Against FY21 Committee Goals, (c) FY21 Enterprise Quality Dashboard, (d) Report on Board Actions, and (e) Quality Committee Follow-Up Tracking</p> <p>Movant: Ting Second: Po Ayes: Burn, Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, & Ting Noes: None Abstentions: None</p>	<p><i>Consent Calendar approved</i></p>

	<p>Absent: None Recused: None</p>	
4. CHAIR'S REPORT	Chair Kliger did not report on the Chair's Report beyond what was presented in the materials.	
5. PATIENT STORY	<p>Cheryl Reinking, RN, CNO, presented a Patient Story. Ms. Reinking stated that the patient should have gone through the drive through for a pre-procedure test and the patient felt they were not provided adequate instructions.</p> <p>Alison Falwell commented that her in-laws found the signage was very helpful in knowing where to go. She said it would be great to have patients join us for this part of the meeting so that we have a richer discussion and learning experience for their story. George Ting, MD stated that while that would be a great idea, he does not believe that would be a good use of the committee's time. Chair Kliger suggested to have a discussion surrounding best practices on how the committee could optimize the voice of the patients.</p>	
6. PATIENT EXPERIENCE (HCAHPS)	<p>Cheryl Reinking, RN, CNO, presented Patient Experience as provided in the packet. She stated that some best practices have not been performed due to COVID restrictions. She stated that each unit looks at their Likelihood To Recommend (LTR) and has particular drivers (i.e. teamwork, communication, etc.).</p> <p>Ms. Reinking stated that the top box scores were lagging and were not being able to be seen on the website. According to Press Ganey, from a percentile ranking, ECH was ranking around the 80th percentile.</p> <p>In response to a committee member's questions, Ms. Reinking stated that the purpose of rounding was to anticipate patient needs proactively.</p> <p>Dr. Ting emphasized the importance regarding the metric of responsiveness.</p>	
7. COVID IMPACT ON MORTALITY AND READMISSION	Mark Adams, MD, CMO, presented the COVID Impact on Mortality and Readmission as presented in the packet. He stated that while it's a big driver, it's not the whole story. He pointed to the sepsis mortality index which he believed was also a driver regardless of COVID. 54% mortality was due to sepsis and 38% of sepsis patients died within two days, which confirms that patients are coming in at a much later stage of sepsis.	
8. PROPOSED FY22 MEETING DATES	Dr. Adams presented the FY22 Meeting Dates and all committee members are in consensus with the meeting dates. There was no motion made.	
9. PROPOSED FY22 STRATEGIC GOALS	<p>Dr. Adams presented the FY22 Strategic Goals provided in the packet. He stated that some items were removed under Quality, but it didn't mean that management had stopped tracking it. Under Quality, the goals included: SSER, readmission index, and HEDIS composite score.</p> <p>Dr. Ting again emphasized the importance of staff responsiveness.</p> <p>Chair Kliger expressed concerns with taking mortality off for inpatient. Dr. Adams commented that mortality will still be monitored and be on the dashboard. The dashboard is socialized throughout the organization. He also stated that the culture of safety survey results would still be brought to the committee. Dan Woods, CEO, stated that mortality should be monitored and also wanted to get a policy started for culture of safety.</p>	
10. APPROVE FY22 COMMITTEE GOALS	Dr. Adams presented the FY21 Committee Goals. He stated the minor adjustments included adding the OPPE.	

	<p>Motion: To approve the FY22 Committee Goals.</p> <p>Movant: Sharma</p> <p>Second: Burn</p> <p>Ayes: Burn, Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, & Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	
11. VALUE BASED PURCHASING REPORT	Dr. Adams presented the Value Based Purchasing Report (VBP). He explained that this was a penalty program where CMS (on paper) adjusts payment starting with a 2% penalty which can be “earned” back plus a potential bonus. It is a zero-sum budget program where multiple hospitals compete with each other to get money. The final results showed ECH on the positive side.	
12. PUBLIC COMMUNICATION	There was no public communication. Dr. Kan announced that the nurses were recognized for exceeding all four indicators on the Nurse Sensitive Indicators.	
13. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:16pm.</p> <p>Movant: Burn</p> <p>Second: Falwell</p> <p>Ayes: Burn, Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	<i>Adjourned to closed session at 7:16pm</i>
14. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:29pm. Agenda items 14-18 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (03/01/2021), Quality Council Minutes, and Medical Staff Credentialing and Privileges Report.	
15. AGENDA ITEM 20: CLOSING WRAP UP	None.	
16. AGENDA ITEM 21: ADJOURNMENT	<p>Motion: To adjourn at 7:31pm.</p> <p>Movant: Ting</p> <p>Second: Burn</p> <p>Ayes: Burn, Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	<i>Meeting adjourned at 7:31pm</i>

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