



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Hospital Board of Directors
Monday, December 12, 2022**

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

Members Present

Carol Somersille, MD
Alyson Falwell**
Philip Ho, MD
Jack Po, MD
Krutica Sharma, MD**
Melora Simon
John Zoglin

Members Absent

Prithvi Legha, MD

Others Present

Holly Beeman, MD, MBA, CQO
Meenesh Bhimani, MD, COO
Mark Adams, MD, CMO
Cheryl Reinking, DNP, RN, CNO
Deb Muro, CIO**
Shahab Dadjou, Interim President,
ECHMN**
Shreyas Mallur, MD, ACO
Lyn Garrett, Senior Director, Quality
Daniel Shih, MD
Christine Cunningham, Chief
Experience Officer
Nicole Hartley, Executive Assistant II

**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 5:31 pm by Chair Carol Somersille. A verbal roll call was taken. Dr. Sharma joined at 5:32 pm, Dr. Po joined at 5:33 pm, and Dr. Ho joined at 5:58 pm. Dr. Legha was absent. All other members were present at roll call and participated in-person or 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.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Somersille asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. PUBLIC COMMUNICATION	There were no comments from the public.	
4. CONSENT CALENDAR	<p>Chair Somersille asked if any Committee member would like to pull an item from the consent calendar.</p> <p>Mr. Zoglin requested to pull item 4d – FY23 Enterprise Quality Dashboard. Ms. Falwell also requested to pull item 4d – FY23 Enterprise Quality Dashboard.</p> <p>Mr. Zoglin addressed item 4d – FY23 Enterprise Quality Dashboard and asked when we will meet quality goals for the measures on the dashboard, as they seem to be heading in the wrong direction.</p>	Consent Calendar Approved

Dr. Beeman shared that the items are impacted by volume and acuity and because volume and acuity vary, the timing of improvement in outcome measures is not reliably predictable. Every effort is being made to achieve our goals.

A discussion occurred with the Committee regarding goals and targets. Chair Somersille transitioned the conversation to focus on what specific improvement efforts are being made to decrease C. Diff infections. She asked Dr. Shin to comment on C. Difficile infections.

Dr. Shin shared that two important focus areas for C. Diff are hand hygiene and antibiotic stewardship. He shared the processes the hospital has put in place to screen patients and help prevent the spreading of C. Diff. Chair Somersille asked why we are going up. Dr. Shin responded that it is probably going up because of an increased antibiotic use during the COVID pandemic (most patients admitted with COVID received some type of antibiotic) and a decrease in hand washing.

Mr. Zoglin stated the root cause analysis is great, but asked what the plan is to reach the target. Dr. Beeman answered that there is a plan that was presented at the December Hospital Board Meeting in great detail. She reminded members that for each HAC Index measure, there is an A3 and a team working on this issue. Dr. Adams shared that plans are in place and if they are not working then the plans are re-evaluated and updated based on the variables at hand.

Ms. Falwell addressed item 4d – FY23 Enterprise Quality Dashboard and asked for more information on the Artificial Intelligence tool being used to better predict patients with increased fall risks.

Cheryl Reinking, Chief Nursing Officer responded that currently every patient is assessed for fall risk using the Hendrich Fall Risk Scale which is heavily tested and is embedded into EPIC. EPIC presented a new tool utilizing A.I. to create a more sensitive, and real-time, tool for fall risk analysis. The hypothesis is that if the accuracy of fall risk is increased, those patients will have more timely and appropriate interventions put in place to decrease their risk of falling.

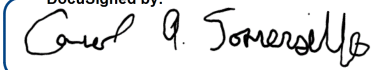
Ms. Falwell addressed the inpatient HCAHPS scores and asked if they can be drilled down to the unit level to see what units may be struggling and see what units have higher scores and potentially learn from them. Ms. Cunningham shared that the drill down process occurs on a weekly basis and shared with the Committee what the process is. Ms. Falwell suggested to have that drill down shared with the Committee.

Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (11/07/2022); For information: (b) Report on Board Actions, (c) Progress against FY23 Committee Goals, (d) FY23 Enterprise Quality Dashboard, (e) QC Follow-Up items

	<p>Movant: Zoglin Second: Simon Ayes: Somersille, Falwell, Ho, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: Legha Recused: None</p>	
<p>5. CHAIR’S REPORT</p>	<p>Chair Somersille thanked the Ad-Hoc Committee Members for their efforts with the Quality Committee Recruitment and the selection of the two candidates that the Committee will meet with today. Chair Somersille shared the work completed by the Ad-Hoc Committee and what to expect when interviewing the candidates.</p>	
<p>6. PATIENT STORY</p>	<p>Cheryl Reinking, CNO, shared a Press Ganey comment from a Patient who had a procedure with El Camino Health. The patient shared that she received excellent care but was told the wrong time for her procedure in the MyChart App. She ended up coming early to ensure she was on time. This issue has occurred in the past. A workgroup conducted a deep dive to see how we can create a frictionless experience for the Patients. A new process has been implemented and includes the following changes:</p> <ol style="list-style-type: none"> 1. The schedule change cutoff is now 2:30 pm the day before 2. Each patient receives a call after that cutoff time to confirm his or her procedure time 3. Update the MyChart App with the new time <p>This process has been successful so far and will continue to be monitored.</p>	
<p>7. PATIENT EXPERIENCE – 5 YEAR ANALYSIS</p>	<p>Christine Cunningham, Chief Experience Officer presented on the Patient Experience – 5 Year Analysis and highlighted the following:</p> <ul style="list-style-type: none"> • ECH Partnering with Press Ganey • Inpatient 5 year trend • National HCAHPS 5 Year Trend • Loyalty – Likelihood to Recommend (LTR) • Partnering with Press Ganey on Goal Setting • Rates of change – the amount of improvement recommended based on Press Ganey • Statistical Significance • Enterprise Level – 5 Year Z Test <p>Christine also shared additional information about the Global Experience Metric (GEX) Update.</p> <p>Ms. Simon inquired if in the future she could see both the Press Ganey results and the HCAHPS Hospital Compare data.</p>	

	<p>Christine explained the shortcoming of the Hospital Compare method and timing. This data has a small sample of patients being surveyed and lags by more than a year.</p>	
<p>8. PSI REPORT</p>	<p>Lyn Garrett, Senior Director of Quality presented the PSI Report and highlighted the following:</p> <ul style="list-style-type: none"> • PSI-04 Death in Surgical Patients with treatable complications – A deep dive is being conducted. There have been 6 cases in FY 23. • PSI-12 Perioperative PE and DVT - the rate doubled for FY 23. A review of the process of identification and management of DVTs is underway. 	
<p>9. SEPSIS MORTALITY INDEX</p>	<p>Dr. Daniel Shin, Director of Medical Quality presented the Sepsis Mortality Index and highlighted the following:</p> <ul style="list-style-type: none"> • FY23 Sepsis Mortality Index Dashboard • Historical Perspective (FY21-FY23) • SEP – 1 Core Measure • Survival to Discharge Group • Mortality Group (Observed, not risk adjusted) • Mortality Patients by age group • Mortality cases by code status at Admission • Discharge Disposition: Hospice • Sepsis Mortality Index (03/2016-07/2021) • Patients converted to Hospice • Overall Summary/Findings from FY22 data analysis and feedback from clinicians • Sepsis Program Initiatives 	
<p>10. QUALITY COMMITTEE CANDIDATE CONSIDERATIONS & APPOINTMENT</p>	<p>Chair Somersille introduced candidate Terhilda Garrido to the Committee and shared her answers from the questionnaire completed by Terhilda.</p> <p>Chair Somersille and the committee members interviewed finalist Terhilda Garrido for the Quality, Patient Care, and Patient Experience Committee membership.</p> <p>Chair Somersille introduced candidate Pancho Chang to the Committee and shared his answers from the questionnaire completed by Pancho.</p> <p>Chair Somersille and the committee members interviewed finalist Pancho Chang for the Quality, Patient Care, and Patient Experience Committee membership.</p> <p>A debrief occurred with the Committee regarding finalists Terhilda Garrido and Pancho Chang.</p> <p>Motion: To recommend for board approval the appointment of candidate Terhilda Garrido to the Quality, Patient Care, and Patient Experience Committee.</p> <p>Movant: Zoglin Second: Po Ayes: Somersille, Falwell, Ho, Po, Sharma, Simon, Zoglin Noes: None</p>	<p><i>Recommendation for board approval to appoint Terhilda Garrido approved</i></p> <p><i>Recommendation for board approval to appoint Pancho Chang approved</i></p>

	<p>Abstain: None Absent: Legha Recused: None</p> <p>Motion: To recommend for board approval the appointment of candidate Pancho Chang to the Quality, Patient Care, and Patient Experience Committee.</p> <p>Movant: Simon Second: Po Ayes: Somersille, Falwell, Ho, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: Legha Recused: None</p>	
11. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at <u>7:30 pm.</u></p> <p>Movant: Zoglin Second: Po Ayes: Somersille, Falwell, Ho, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: Legha Recused: None</p>	Adjourned to closed session at 7:30 pm
12. AGENDA ITEM 16: RECONVENE OPEN SESSION/REPORT OUT	<p>The open session reconvened at <u>7:43 pm.</u> Agenda items 12-15 were addressed in closed session.</p> <p>During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (11/07/2022) and the Quality Council Minutes (11/02/2022) by unanimous vote by all committee members present.</p>	
13. AGENDA ITEM 17: CLOSING WRAP UP	No additional comments.	
14. AGENDA ITEM 18: ADJOURNMENT	<p>Motion: To adjourn at <u>7:44 pm</u></p> <p>Movant: Zoglin Second: Po Ayes: Somersille, Falwell, Ho, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: Legha Recused: None</p>	Adjourned at 7:44 pm

DocuSigned by:

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 Carol Somersille, MD
 Chair, Quality Committee