



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

**Monday, June 5, 2023**

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

**Members Present**

**Carol Somersille, MD**  
**Prithvi Legha, MD**  
**Jack Po, MD**  
**Krutica Sharma, MD**  
**Melora Simon\*\***  
**John Zoglin**

**Members Absent**

**Pancho Chang**  
**Philip Ho, MD**

**Others Present**

**Holly Beeman, MD, MBA, CQO**  
**Dan Woods, CEO\*\***  
**Mark Adams, MD, CMO**  
**Deb Muro, CIO\*\***  
**Cheryl Reinking, DPN, RN, CNO**  
**Shreyas Mallur, MD, ACOG**  
**Lyn Garrett, Senior Director, Quality**  
**Daniel Shih, MD**  
**Tracy Fowler, Director, Governance Services**  
**Nicole Hartley, Executive Assistant II**

\*\*via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. CALL TO ORDER/ ROLL CALL</b>	<p>The open session meeting of the Quality, Patient Care, and Patient Experience Committee of El Camino Health (the "Committee") was called to order at 5:34 pm by Chair Carol Somersille. A verbal roll call was taken. Dr. Po joined at 5:45 pm. Mr. Chang and Dr. Ho were absent. All other members were present at roll call and participated in person or telephonically. A quorum was present.</p>	
<b>2. CONSIDER APPROVAL FOR AB 2449 REQUESTS</b>	<p>Ms. Hartley shared that we have one member of the Committee, Melora Simon participating remotely due to Just Cause.</p> <p>Chair Somersille ask Ms. Simon if there were any adults in the room. Ms. Simon confirmed there were not.</p>	
<b>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	<p>Chair Somersille asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.</p>	
<b>4. PUBLIC COMMUNICATION</b>	<p>There were no comments from the public.</p>	



	<p>from the committee members about the ED Throughput performance.</p> <p>Mr. Zoglin asked about 5g – Quality Committee Survey Results, and what our next steps are for this information. Ms. Fowler responded that these survey results provide a baseline so that for future surveys, improvement or deterioration can be measured. The results identified themes: Committee members desire more time be spent discussing patient experience and there is a disconnect between how committee members and staff view the ‘performance’ of the committee and its members and staff.</p> <p>Ms. Simon asked if we could set aside time to discuss the results as a Committee. Chair Somersille responded yes. An idea presented was to have an educational session regarding the results.</p> <p><b>Motion:</b> To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (05/01/2023), For information: (b) Report on Board Actions, (c) Progress against FY2023 Committee Goals, (d) FY23 Enterprise Quality Dashboard, (e) Leapfrog, (f) QC Follow-Up Items, (g) Quality Committee Survey Results</p> <p><b>Movant:</b> Sharma  <b>Second:</b> Zoglin  <b>Ayes:</b> Somersille, Legha, Po, Sharma, Simon, Zoglin  <b>Noes:</b> None  <b>Abstain:</b> None  <b>Absent:</b> Chang, Ho  <b>Recused:</b> None</p>	
<p><b>6. CHAIR’S REPORT</b></p>	<p>Chair Somersille thanked the Committee members for all of their time and hard work this year. Chair Somersille noted that the committee and staff partnership has positively progressed and that the intentions of both the Committee and the staff stems from dedication to make the hospital the best it can be.</p>	
<p><b>7. PATIENT STORY</b></p>	<p>Cheryl Reinking, CNO presented a patient story received by Press Ganey from a patient who recently had a baby at El Camino Health in Mountain View. The feedback shared was that the chair beds were nice but still uncomfortable for her husband. Cheryl shared pictures of the new beds with the committee that would be in the newly built NICU and mother baby unit. The target date to move into the new NICU unit is August 21<sup>st</sup>.</p> <p>Chair Somersille asked if the Committee would get a tour of the new Maternal Child Health building. Ms. Fowler shared that a tour will be scheduled for the Hospital Board and an invitation will be extended to the Committees.</p> <p>The Committee asked questions about upgrades in other areas of the hospital and Cheryl provided information around past</p>	

	<p>upgrades that have been completed and room sizes that could potentially fit this new type of chair bed.</p>	
<p><b>8. HEALTH CARE EQUITY</b></p>	<p>Dr. Holly Beeman, CQO presented on Health Care Equity and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Health Equity definition and why this is being focused on now</li> <li>• Visual example of inequality, equality, equity, and justice</li> <li>• Current challenges and examples of each challenge: data definitions, bias, and scope</li> <li>• ECH race ethnicity data collection</li> <li>• Health disparities driven by social and economic inequities</li> <li>• Details about ECH’s Health Equity Department’s initial priorities:             <ol style="list-style-type: none"> <li>1. Data integrity and accuracy</li> <li>2. Homelessness</li> <li>3. Quality Council Reboot</li> <li>4. Segregating our ECH sepsis bundle compliance by race and ethnicity</li> </ol> </li> </ul> <p>Mr. Zoglin asked how do we look at social impediments to healthcare – is race or finance the biggest impact? Dr. Beeman responded that one term that describes this best is intersectionality. The focus should be geared more towards if there is anything in our control to provide resources or care differently, to ensure that each patient has Care which is uniquely designed to address their specific needs. Dr. Legha shared that outcomes can and often are expected to be different. Ensuring the care is tailored specifically to the unique needs of the patient to maximize their chance at an optimal outcome is the focus. It is OK that care provided varies, as long as the variation is desirable and advantageous.</p> <p>Dr. Sharma stated how we need to ask the sexual orientation and gender identity early and consistently. This could directly impact LTR scores.</p> <p>Ms. Simon shared her experience with implementing CalAIM and the resources available for people experiencing homelessness. Ms. Simon also offered to share her expertise with this Committee about the resources that are newly available.</p> <p>Dr. Beeman discussed how the team selected homelessness as a starting place as ECH was cited by CMS for failing to follow our own policy on discharge and care of homeless patients. As part of the corrective action plan, we are auditing the reliability with which we accurately identify which of our patients are homeless. Ms. Simon advised that the first stage could be doing a robust health related social needs screening. Ms. Simon touched on the resources available including</p>	

	<p>PRAPARE and potentially piloting this screening tool to help drive our focus to where is needed.</p> <p>Dr. Po asked if we are wanting to be in work groups focused on improving data accuracy in healthcare systems, such as those led by Epic or CMS community groups if deemed beneficial after careful consideration. Dr. Beeman responded that it is a great question and that we are still deciding whether we want to be part of creating/influencing this or a consumer of this.</p> <p>Ms. Simon recommended reaching out to public hospitals like Valley Medical or San Mateo Medical or Highland for perspective and potential collaboration on addressing issues related to cultural and linguistic diversity among first-generation immigrants at El Camino Hospital.</p> <p>Dr. Shin shared that language disparity is a problem at our hospital and shared examples he has experienced when caring for patients who do not speak English. Dr. Legha concurred and shared that the amount of time spent in discussion with patients who don't speak English is shorter than with those who do, even with the use of the language translation services. Discussion occurred. A few ideas to address this disparity are to investigate the possibility of providing every non-native English speaker with an iPad for translating in their hospital room, implement a system to make language preferences more visible, i.e. potentially using signs or boards so that staff can be fully equipped, and research acquiring additional funding for more iPads through VOYCE.</p> <p>There was extensive discussion regarding health equity and the importance of this work.</p>	
<p><b>9. QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN (QAPI)</b></p>	<p>Dr. Holly Beeman, CQO presented the Quality Assessment and Performance Improvement Plan and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Quality Assurance and Performance Improvement Governance Information Flow FY23</li> </ul> <p>Dr. Sharma ask about having the Quality Committee defined or mentioned in the QAPI plan since this Committee is a delegated authority of the Hospital Board. Dr. Beeman confirmed that is good feedback and will add the language.</p> <p>Ms. Simon asked if in the future, can a redline version and a final version be shared with the Committee. Dr. Beeman shared that there were a substantial amount of changes made this year, which could make it difficult to read. Going forward, it should not be an issue to share the redline version and a clean version and will do so in FY2024.</p> <p><b>Motion:</b> To recommend the Quality Assessment and Performance Improvement Plan for Board Approval - provided language is updated to reflect Dr. Sharma's recommendation.</p>	<p><b><i>Quality Assessment and Performance Improvement Plan Approved</i></b></p> <p><b><i>Follow Up: Dr. Beeman to add language reflecting the Quality Committee in the QAPI plan</i></b></p>

	<p><b>Movant:</b> Zoglin  <b>Second:</b> Sharma  <b>Ayes:</b> Somersille, Legha, Po, Sharma, Simon, Zoglin  <b>Noes:</b> None  <b>Abstain:</b> None  <b>Absent:</b> Chang, Ho  <b>Recused:</b> None</p>	
<p><b>10. ADJOURN TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To adjourn to closed session at <u>7:10 pm</u>.  <b>Movant:</b> Po  <b>Second:</b> Sharma  <b>Ayes:</b> Somersille, Legha, Po, Sharma, Simon, Zoglin  <b>Noes:</b> None  <b>Abstain:</b> None  <b>Absent:</b> Chang, Ho  <b>Recused:</b> None</p>	<p><b>Adjourned to closed session at 7:10 pm</b></p>
<p><b>11. AGENDA ITEM 16: RECONVENE OPEN SESSION/REPORT OUT</b></p>	<p>The open session reconvened at <u>7:22 pm</u>. Agenda items 11-15 were addressed in closed session.                   During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (05/01/2023), the Quality Council Minutes (05/03/2023), and the Credentialing and Privileges Report by unanimous vote by all committee members present.</p>	
<p><b>12. AGENDA ITEM 17: ROUNDTABLE</b></p>	<p>No comments were shared.</p>	
<p><b>13. AGENDA ITEM 18: ADJOURNMENT</b></p>	<p><b>Motion:</b> To adjourn at <u>7:23 pm</u>  <b>Movant:</b> Po  <b>Second:</b> Legha  <b>Ayes:</b> Somersille, Legha, Po, Sharma, Simon, Zoglin  <b>Noes:</b> None  <b>Abstain:</b> None  <b>Absent:</b> Chang, Ho  <b>Recused:</b> None</p>	<p><b>Adjourned at 7:23 pm</b></p>

**Attest as to the approval of the foregoing minutes by the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital:**



Nicole Hartley, Executive Assistant, II

Prepared by: Nicole Hartley, Executive Assistant, II  
 Reviewed by: Tracy Fowler, Director of Governance Services