



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

Monday, February 1, 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

Members Absent

Alyson Falwell

****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 5:30pm by Chair Kliger. A verbal roll call was taken. Alyson Falwell was absent. Jack Po, MD and Michael Kan, MD joined the meeting during Agenda Item #4. 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.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Kliger asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. CONSENT CALENDAR	Chair Kliger asked if any member of the Committee or the public wished to remove an item from the consent calendar. Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (12/07/2020); For information: (b) Progress Against FY21 Committee Goals, (c) FY21 Enterprise Quality Dashboard, (d) Report on Board Actions, (e) Quality Committee Follow-Up Tracking, (f) Article of Interest Movant: Ting Second: Burn Ayes: Burn, Kliger, Marfatia, Sharma, Simon, Ting Noes: None Abstentions: None Absent: Falwell, Kan, Po Recused: None	Consent Calendar approved
4. CHAIR'S REPORT	Chair Kliger gave the Chair's Report. She reviewed what occurred at the last Board meeting and announced that the hospital has achieved its fourth Magnet Designation.	
5. PATIENT STORY	Cheryl Reinking, RN, CNO, presented a Patient Story. She stated that this letter had some positive and also some negatives about a patient who came in as a new mom. Overall, the patient seemed to be happy with her labor and delivery services and experience. Her negative comments were related to the Mother Baby Unit. She commented that she did not feel supported during her breast feeding journey. Ms. Reinking stated management looked into the lactation consultant process which resulted in a change in schedule so that the	

	<p>consultants will see the patients soon after delivery instead of after discharge. The consultants will be going in early and making several visits with the moms to make sure they are on track. If the patient is having any difficulties, then it would allow the consultant to be proactive and schedule follow-ups post discharge. In addition, Ms. Reinking also stated that they also did training with the lactation consultants on the WeCare standards ensuring how their advice may be perceived by overwhelmed new moms. She stated that management did a service recovery and talked to this specific patient. On a positive note, at the end of the letter, the patient did mention how she had one nurse who taught her how to swaddle and that meant a lot to the new mother.</p>	
<p>6. EL CAMINO HEALTH MEDICAL NETWORK REPORT</p>	<p>Mark Adams, MD, CMO, presented the quarterly update on the El Camino Health Medical Network Report. There were three (3) main areas: HEDIS, MIPS for Medicare incentive payment system, and the NPS for the net promoter score. Overall, there was a positive trend in relation to targets versus actuals. Dr. Adams did note there was a path for improvement with less emphasis on process and more emphasis on actual patient care. Some of these targets will never be 100%, but he stated that the medical staff certainly will want to improve with every step. Moving forward, Dr. Adams recommended against changing targets mid-year either up or down as that creates uncertainty and undermines engagement. Management's goal is to get to a 5 score or as close as possible.</p> <p>In response to a committee member's questions, Dr. Adams stated that he believes the medical group is making real improvements. He reiterated that no matter where the target is, the group will still strive for improvement year by year.</p>	
<p>7. QUARTERLY BOARD QUALITY DASHBOARD REVIEW</p>	<p>Dr. Adams presented the Quarterly Board Quality Dashboard Review. He stipulated that the mortality index target of .76 is the top tier among all participating organizations. The sepsis mortality has been reviewed very carefully and one of the challenges in this area is differentiating between COVID and non-COVID patients as the former cannot always tolerate the fluid boluses prescribed for non-COVID sepsis patients. He stated there is also an increase in severe sepsis cases due to people still not wanting to go the hospital until they are very sick. This area is being actively monitored and efforts made to improve. Ms. Reinking stated that they do a root cause analysis so the staff is very involved on what may have happened and involved in any action planning.</p> <p>In addition, Dr. Adams stated that there has been an increase in ED time because of COVID. Patients being admitted need to be COVID tested which adds time to their ED visit. The physicians on the receiving end have been extremely busy and attending to the ED may take a little longer than normal. Once a decision has been made on where to take the patients, beds may not be available.</p> <p>In response to committee member's question, Ms. Reinking stated that Press Ganey commented that they're seeing tremendous drops in experience scores. She also stated that there were many changes made due to COVID where interactions are not always face to face, but with video or phone call to try to connect with patients in different ways.</p>	
<p>8. HEALTH EQUITY</p>	<p>Dr. Adams presented an update on Health Equity. He highlighted that the hospital is still experiencing challenges with more and more people not willing to identify what race they are. He noted that if they fell in the mixed race</p>	

	<p>group, it would be even more challenging to break it down. Internally, many of the hospital employees are Spanish speaking only and also live outside of the service area due to the cost of living in Mountain View. According to the Equity Concentric Circles of Influence, the hospital's service area is considered extraordinarily privileged, especially when compared to other areas, such as East San Jose. Dr. Adams requested any thoughts the committee may have as to how the hospital could serve underprivileged areas.</p> <p>Dr. Burn suggested opening a clinic in East San Jose so that the hospital can reach out to a population with a different demographic. All committee members agreed. Ms. Simon suggested looking into who is getting sick and/or the fatality rate on specific age brackets.</p>	
9. PUBLIC COMMUNICATION	There was no public communication.	
10. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 6:48pm.</p> <p>Movant: Ting</p> <p>Second: Po</p> <p>Ayes: Burn, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Falwell</p> <p>Recused: None</p>	<i>Adjourned to closed session at 6:48pm</i>
11. AGENDA ITEM 17: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:24pm. Agenda items 11-16 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (12/07/2020), Quality Council Minutes, and Medical Staff Credentialing and Privileges Report.	
12. AGENDA ITEM 18: CLOSING WRAP UP	There were no closing comments.	
13. AGENDA ITEM 19: ADJOURNMENT	<p>Motion: To adjourn at 7:26pm.</p> <p>Movant: Burn</p> <p>Second: Kan</p> <p>Ayes: Burn, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Falwell</p> <p>Recused: None</p>	<i>Meeting adjourned at 7:26pm</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

Prepared by: Yurike Arifin