



**Minutes of the Open Session of the  
Quality, Patient Care and Patient Experience Committee  
of the El Camino Hospital Board of Directors  
Monday, October 4, 2021**

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

**Members Present**

**Julie Kliger, MD, Chair  
Krutica Sharma, MD  
Carol Somersille, MD  
George O. Ting  
Alyson Falwell**

**Members Absent**

**Apurva Marfatia, MD  
Terrigal Burn, MD  
Michael Kan, MD  
Jack Po, MD  
Melora Simon**

**Others Present**

**Mark Adams MD, CMO  
Jim Griffith, COO  
Cheryl Reinking, CNO**

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 Hospital (the “Committee”) was called to order at 5:32pm by Chair, Julie Kliger. A verbal roll call was taken. Dr. Marfatia, Dr. Burn, Dr. Kan, Dr. Po and Ms. Simon were not present during roll call. 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.</p>	
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	<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>	
<b>3. CONSENT CALENDAR</b>	<p>Chair Kliger asked if any members 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 (10/04/2021); For information: (b) Report on Board Actions; (c) Article of Interest</p> <p><b>Movant:</b> George Ting <b>Second:</b> Alyson Falwell <b>Ayes:</b> Kliger, Sharma, Somersille, Ting, Falwell <b>Noes:</b> None <b>Abstain:</b> None <b>Absent:</b> Burn, Kan, Marfatia, Po, Simon <b>Recused:</b> None</p>	<p><b><i>Consent Calendar approved</i></b></p>
<b>4. CHAIR’S REPORT</b>	<p>Chair Kliger reported that during the last board meeting and subsequent conversations with other Quality Committee members, there has been a general view that because COVID-19 seems to be a matter of fact and something that will chronically be with us, we should be viewing our quality metric workflows operation and that is beyond necessarily the scope of the Committee. We should look to find ways to normalize rearrange/reengineer processes so that we are not treating Covid-19 in the Quality metric and not impacted by it as a one-off as if this Public Health event is with us to stay in some form or fashion so our processes and workflows, especially those that impact our quality metric need to</p>	

	<p>be altered. And in the future as we move forward, we do not want to hear why quality metrics may be performing differently than otherwise planned due to Covid but rather that they are performing as planned because we realize Covid along with other normal operational ups and downs occur. It is important to recognize that the board as well as several committee members and the management teams themselves recognize that things need to change and we need to absorb these new conditions and work within the conditions that we have. The board has requested understanding of how the management team is going to normalize the Covid-19 aspect of operations. In the next one or two board meets, we want a summary or overview of what processes have changed/reengineered especially as it relates to the quality metrics that we measure in the consent dash board as well as in the board level dashboard.</p>	
<p><b>5. PATIENT STORY</b></p>	<p>Cheryl Reinking presented a Press Ganey survey regarding a patient who came into the hospital with Sepsis. The patient stated he was treated well in the ICU as it relates to his Sepsis; however, the discharge teachings that his wife received were a bit challenging. This patient had a complicated case, he was admitted with Sepsis and was discharged from the hospital with an IV, a wound and a colostomy bag. Although we provide discharged patients with a lot of information for educating family members about caring for such things as IVs, wounds, and colostomy bags, however, once the patient and his wife left the hospital they felt unprepared and this was concerning to us. We decided to have two care nurses who actually work with patients who have these conditions to teach patients and their family members how to manage the colostomy and how to change the bags that we give them along with other types of accouchements that goes with their care once they leave the hospital. We further decided that care nurses should call the patient about 24hrs after discharge and ask how things are going at home and what other assistance they might need. If the patient is feeling frustrated, if they have questions, we will connect them with care coordination to make sure they get the kind of follow-up care through either a home healthcare agency or help them make an appointment with their primary care physician. I thought we could apply these learnings across the enterprise especially with patients who have complicated discharge plans.</p>	
<p><b>6. FY2021 &amp; FY2022 QUALITY DASHBOARD METRICS</b></p>	<p>The FY2021 Enterprise Dashboard that was discussed last month is being brought back for reference and to compare with the FY2022 Enterprise Dashboard because there were two items that were shown last month that did not quite have the final June numbers. Those were the 2 maternity measures that were added and didn't really change much from the final results. This is merely an FYI. We made some minor changes to the FY2022 Enterprise Dash Board and we set new targets based on the baseline which really became available recently. We have July and some August results but it's too early in the fiscal year to make too many conclusions about anything but I do think it's important. There were two typo errors in the FY 2022 dashboard: 1) number 5, the in-patient likelihood to recommend, the baseline for FY2021 should read 80.1 not 80.3 and 2) the serious safety event rate, the fiscal year to date is 2.61 not 1.25. Also, we added medication precursor safety events to the dashboard which is new and something</p>	

	<p>we will talk more regarding the high reliability and the culture safety portion. As a reminder, when you are looking at these they have been on the Consent Agenda for quite a while and perhaps we have gotten out of the habit of really looking at them but these are control charts. There is inherent variability in each of these measures that you will find in any institution. There is no way to actually have no variability at all when you are dealing with these sort of measures in complex environments with patients and this is why we apply control lines hence the name control charts. The way to read these is 1) to make sure that whatever variation there is it is well contained within the control limits and if that's the case this is a measure that's under control with some variability we expect to see sometimes. One case can cause a blip up and down hence why there is some variability. 2) some of these measures for example, readmission, the latest month is kind of high 1.05 but as far as the target, when we originally started working on readmissions 2 years ago, the very top performing organizations in the country based on Premier Data Analytics, the company we use for our national benchmarking and data analyst as well as risk adjust all the data to make it meaningful was .90. We recently asked to have it reviewed again by Premier and actually the top performers in the country today have a readmission index of .95 so it has gone up from .90 significantly. We set our target at .92 very aggressively which means we want to be well below the very top performers in the country. This will be very difficult for us to accomplish but, we want to be put to task to try to meet that difficult target. 3) The mortality index has also seen a major change across the country. The FY22 target has been adjusted to .90 and we did come in slightly below that. The reason we have adjusted that again is that the mortality index of the very top performers across the country is now .90 and we felt given that trend .90 keeping us in the very top tier of the country in terms of that index was the correct target for the organization. This one is strategic and not an organizational goal but it is something we want to continue to track. In August it had gone up 1.02 we had 31 deaths and 32% of those were Sepsis deaths. Sepsis continues to drive the Sepsis mortality index and there were only 2 Covid patients. In terms of Covid, we have for the most part moved on. Although we will continue to have Covid patients for the near future, we are running 8-10 patients a day and those patients have been assimilated into the same as all our other patients and we are not treating them any differently from all our other patients. We have now accepted them as part of our in-patient population.</p>	
<b>7. CULTURE OF SAFETY SURVEY RESULTS</b>	<p>We had some good engagement scores from employees and physicians and alignment was fairly good. In the past, we have noticed it seemed a little lower than the rest of the scores in the whole survey. We have been focusing a lot of attention on this. Press Ganey is the agency that does the analysis and survey. The employee culture of safety is 3.96 which is a little lower than the past survey which was 4.04 and that survey was done just before the pandemic in early 2019. Press Ganey basically took the prior two years, not this year and folded those results together nationally. Basically, they combined the national averages for 2019 and 2020 for different organizations. Compared to our last survey</p>	

	<p>there was some deterioration from the employees, however the physicians were up compared to the employees for Culture of Safety. Clearly, Covid has taken a toll on everyone, particularly in healthcare and people are stressed a lot. For the Culture of Safety, some of the key areas are: What happens when people make mistakes? 1) Can I report it without fear of punishment? 2) How are safety issues addressed and can people speak up freely? 3) How do people work together, doctors and nurses, and different departments in the hospital? These are all areas where there is clearly room for improvements. This information has been shared across the nursing units and they are working on addressing. Physicians' scores have gone up since the last survey and some of the results are even above the national averages. This year we really want to emphasize the Culture of Safety part of the improvement. For the broader organization which includes all clinicians, doctors, and nurses, everyone is moving towards higher reliability. In a high reliability organization, people not only feel good but, they feel positive about reporting errors, issues, problems, and safety issues, this is where we want to move. In order to do that there are a couple of things we need to do. We need to be responsive as we get reports and we need to be action oriented in addressing how we treat errors. We know that people make mistakes and how we address those are really important because this is really the very foundational part of the culture. Currently there are several key elements to that; 1) we need senior leadership to be involved and behind it and, 2) we need to make sure we have the right resources. We have engaged Press Ganey which now owns HPI, Healthcare Performance Improvement which has a long track record of helping organizations on becoming highly reliable. We have started our assessment period, this will be a two year journey and we have a 2 year contract with Press Ganey. The initial part is an assessment that started today and once we have that assessment we will be looking at how we basically design the high reliability work for El Camino and then we will start the big task of educating and training all the members of the organization. I think we are at a point that we have to move to high reliability to have that consistent high performance that we all want. Coming off the pandemic, I believe this is really the time to strike now and hopefully we will see the results over time. There will be lot more to share over time.</p>	
<p><b>8. PUBLIC COMMUNICATIONS</b></p>	<p>There was no public communication.</p>	
<p><b>9. ADJOURN TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To adjourn to closed session at <u>6:57pm</u>.  <b>Movant:</b> Carol Somersille  <b>Second:</b> George Ting  <b>Ayes:</b> Kliger, Kan, Po, Sharma, Somersille, Ting, Falwell, Simon  <b>Noes:</b> None  <b>Abstain:</b> None  <b>Absent:</b> Marfatia, Burn  <b>Recused:</b> None</p>	<p><i>Adjourned to closed session at 6:57pm</i></p>

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

DocuSigned by:

*Julie Kliger*

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Julie Kliger, MPA, BSN  
Chair, Quality Committee

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