



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Hospital Board of Directors
Monday, February 7, 2022**

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

Members Present

Julie Kliger, MPA, BSN, Chair**
Terrigal Burn, MD**
Apurva Marfatia, MD**
Jack Po, MD**
Krutica Sharma, MD**
Carol Somersille, MD**
George O. Ting, MD**
Alyson Falwell**
Melora Simon**

Members Absent

Michael Kan, MD

**via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
<p>1. CALL TO ORDER/ ROLL CALL</p>	<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 5:30 pm by Chair Julie Kliger. A verbal roll call was taken. Dr. Burn and Dr. Kan were not present during roll call. Dr. Burn joined at 5:34 pm. 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>	
<p>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</p>	<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>	
<p>3. CONSENT CALENDAR</p>	<p>Chair Kliger asked to approve the Consent Calendar.</p> <p>Dr. Sharma requested to pull item 3d – FY22 Enterprise Quality Dashboard for discussion.</p> <p>Chair Kliger called for discussion regarding agenda item 3d.</p> <p>Dr. Sharma requested to have the definitions added back onto the Dashboard. Dr. Sharma also asked for additional information around ED Throughput and how the focus initiatives impacted the Throughput numbers.</p> <p>Cheryl Reinking, CNO shared that continuous efforts are being made to improve ED Throughput. Based on current analysis, the hospital is working on ensuring beds are available for patients who are admitted through the ED which means admitting patients as quickly as possible. To make this possible, processes need to improve. The process focal points are working with the Capacity Management Center to ensure discharged modules are implemented and new rounds with hospitalists to help us identify barriers earlier. In addition, 10 flex beds are available to help accommodate ED Patients.</p>	<p>Consent Calendar approved</p>

	<p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (12/06/2021); For information: (b) Report on Board Actions, (c) FY 22 Pacing Plan, (d) FY 22 Enterprise Quality Dashboard (e) Article of Interest</p> <p>Movant: Burn Second: Sharma Ayes: Kliger, Burn, Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon Noes: None Abstain: None Absent: Kan Recused: None</p>	
<p>4. CHAIR’S REPORT</p>	<p>Chair Kliger introduced and welcomed our new Chief Quality Officer Dr. Holly Beeman to the Committee.</p> <p>Dr. Holly Beeman addressed the Committee as the new Executive Sponsor for the Committee.</p> <p>Dan Woods, CEO echoed the welcome to Dr. Holly Beeman.</p>	
<p>5. PATIENT STORY</p>	<p>Cheryl Reinking, CNO presented a patient story regarding feedback received from a discharge phone call. The patient expressed that while her stay and the staff were good, she had two concerns about her experience. The two concerns were that she had hoped for the same nurse each shift and she felt that the discharge process took a long time. For the 1st concern, the likeliness of the same nurse attending the patient is low due to 70% of nurses working part-time. To ensure a smooth transition, a bedside handoff is completed to introduce the nurse and ensure continuity of information. For the 2nd concern, the discharge process can take time due to the additional work needed after the Doctor has discharged the patient. The nurse will provide discharge instructions and ensure that the patient receives their medication before leaving. Improving our communication to the patient regarding expectations regarding the next steps after discharge is received is key to resolving this gap.</p>	
<p>6. EL CAMINO HEALTH MEDICAL NETWORK REPORT</p>	<p>Vince Manoogian, Interim President, ECHMN, and Ute Burness, VP of Quality and Payer Relations presented on the Health System Quarterly Quality Report and reviewed the following:</p> <ul style="list-style-type: none"> • Measuring Quality in Ambulatory Care • Quality Composite Metric Performance – FY 22 Q2 • Merit-Based Incentive Payment Systems (MIPS) • Changes to MIPS for 2022 • 2022 Quality Improvement Activities • CMS 138 – Preventative Care and Screening Tobacco Use <p>A discussion ensued with the Committee.</p>	

<p>7. QUARTERLY BOARD QUALITY DASHBOARD REVIEW</p>	<p>Dr. Holly Beeman, CQO presented on the Quarterly Board Quality Dashboard and highlighted the following:</p> <ul style="list-style-type: none"> • Partnering with physicians and staff to provide re-education on CAUTI prevention • Barriers—with COVID and no family it was difficult for the care team to identify if the patient is altered. The IV thrombolytic must be administered within 4.5 hours of the onset of stroke or it increases the risk of bleeding. If the patient is coming from SNF without family there, obtaining this information in a timely way proved challenging. • <u>Door to Groin</u>: Denominator 7 patients in Q2. Time decreased from 90 to 75 minutes. Current performance is similar to performance in FY21. • Q2 improved from Q1 but is still off target. Current at 0.96 and target is 0.92. This rate is predominately impacted by 4 groups: Heart Failure, 1-day readmissions, Alcohol withdrawal, and Post-partum hypertension. <p>A discussion ensued with the Committee.</p>	
<p>8. PUBLIC COMMUNICATIONS</p>	<p>There were no comments from the public.</p>	
<p>9. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at <u>6:38 pm</u>.</p> <p>Movant: Burn Second: Po Ayes: Kliger, Burn, Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon Noes: None Abstain: None Absent: Kan Recused: None</p>	<p>Adjourned to closed session at 6:38 pm</p>
<p>10. AGENDA ITEM 16: RECONVENE OPEN SESSION/REPORT OUT</p>	<p>Open session reconvened at 7:35 pm. Agenda items 10-16 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 (12/06/2021), the Quality Council Minutes (12/01/2021), the Quality Council Minutes (01/05/2022) and the Medical Staff Credentialing and Privileges Report by unanimous vote by all committee members except for Dr. Kan who was absent.</p>	
<p>11. AGENDA ITEM 17: CLOSING WRAP UP</p>	<p>No additional comments</p>	
<p>12. AGENDA ITEM 18: ADJOURNMENT</p>	<p>Motion: To adjourn at 7:36 pm</p> <p>Movant: Burn Second: Simon Ayes: Kliger, Burn, Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon Noes: None Abstain: None</p>	<p>Adjourned at 7:36 pm</p>

	Absent: Kan Recused: None	
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Julie Kliger, MPA, BSN
Chair, Quality Committee

Prepared by: Nicole Hartley, Executive Assistant II