El Camino Health

AGENDA
QUALITY, PATIENT CARE, AND PATIENT EXPERIENCE COMMITTEE OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

Tuesday, September 6, 2022 – 5:30 pm
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

PURSUANT TO GOVERNMENT CODE SECTION 54953(e)(1), El CAMINO HEALTH **WILL NOT BE PROVIDING A PHYSICAL LOCATION TO THE PUBLIC FOR THIS MEETING**. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:

1-669-900-9128, MEETING CODE: 988 1339 0979#. No participant code. Just press #.

PURPOSE: To advise and assist the El Camino Hospital (ECH) Board of Directors ("Board") in constantly enhancing and enabling a culture of quality and safety at ECH, and to ensure delivery of effective, evidence-based care for all patients. The Quality Committee helps to assure that excellent patient care and exceptional patient experience are attained through monitoring organizational quality and safety measures, leadership development in quality and safety methods and assuring appropriate resource allocation to achieve this purpose.

	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1.	**CALL TO ORDER/ROLL CALL**	Carol Somersille, MD Quality Committee Chair		**5:30 – 5:33pm**
2.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Carol Somersille, MD Quality Committee Chair		**information** **5:33 – 5:34**
3.	**PUBLIC COMMUNICATION**	Carol Somersille, MD Quality Committee Chair		**information** **5:34 – 5:37**
4.	**CONSENT CALENDAR ITEMS** *Any Committee Member or member of the public may pull an item for discussion before a motion is made.* ***Approval*** a. Minutes of the Open Session of the Quality Committee Meeting (08/01/2022) ***Information*** b. Report on Board Actions c. FY23 Enterprise Quality Dashboard d. Progress Against FY23 Committee Goals e. QC Follow-Up Items	Carol Somersille, MD Quality Committee Chair	*public comment*	**motion required** **5:37 – 5:47**
5.	**CHAIR'S REPORT**	Carol Somersille, MD Quality Committee Chair		**information** **5:47 – 5:57**
6.	**PATIENT STORY**	Cheryl Reinking, DNP, RN NEA-BC, Chief Nursing Officer		**discussion** **5:57 – 6:12**
7.	**PATIENT EXPERIENCE (HCAHPS)**	Cheryl Reinking, DNP, RN NEA-BC, Chief Nursing Officer Christine Cunningham, Chief Experience Officer		**discussion** **6:12 – 6:32**
8.	**HIGH RELIABILITY UPDATE**	Mark Adams, MD, Chief Medical Officer		**discussion** **6:32 - 6:37**

A copy of the agenda for the Regular Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at **(650) 988-7609** prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
9.	**HEALTH EQUITY METRICS**	Holly Beeman, MD, MBA, Chief Quality Officer		**discussion 6:37 – 6:47**
10.	**ADJOURN TO CLOSED SESSION**	Carol Somersille, MD Quality Committee Chair	*public comment*	**motion required 6:47 – 6:48**
11.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Carol Somersille, MD Quality Committee Chair		**information 6:48 – 6:49**
12.	**CONSENT CALENDAR** *Any Committee Member may pull an item for discussion before a motion is made.* ***Approval*** *Gov't Code Section 54957.2.* a. Minutes of the Closed Session of the Quality Committee Meeting (08/01/2022) b. Quality Council Minutes (08/03/2022)	Carol Somersille, MD Quality Committee Chair		**motion required 6:49 – 6:54**
13.	*Health and Safety Code Section 32155* **ANNUAL PATIENT SAFETY REPORT**	Mark Adams, MD, Chief Medical Officer Sheetal Shah, Director Risk Management and Patient Safety		**discussion 6:54 – 7:09**
14.	*Health and Safety Code Section 32155* **CREDENTIALING AND PRIVILEGES REPORT**	Mark Adams, MD, Chief Medical Officer		**motion required 7:09 – 7:19**
15.	*Health and Safety Code Section 32155* **SERIOUS SAFETY/RED ALERT EVENT**	Holly Beeman, MD, MBA, Chief Quality Officer		**discussion 7:19 – 7:24**
16.	**ADJOURN TO OPEN SESSION**	Carol Somersille, MD Quality Committee Chair		**motion required 7:24 - 7:25**
17.	**RECONVENE OPEN SESSION/ REPORT OUT** To report any required disclosures regarding permissible actions taken during Closed Session.	Carol Somersille, MD Quality Committee Chair		**information 7:25– 7:26**
18.	**CLOSING WRAP UP**	Carol Somersille, MD Quality Committee Chair		**discussion 7:26 – 7:29**
19.	**ADJOURNMENT**	Carol Somersille, MD Quality Committee Chair	*public comment*	**motion required 7:29– 7:30 pm**

Next Meeting: November 7, 2022, December 5, 2022, February 6, 2023, March 6, 2023, April 3, 2023, May 1, 2023, June 5, 2023

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Hospital Board of Directors
Monday, August 1, 2022
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

Members Present	Members Absent
Carol Somersille, MD	**Melora Simon**
Alyson Falwell**	
Philip Ho, MD**	
Prithvi Legha, MD**	
Jack Po, MD	
Krutica Sharma, MD**	
John Zoglin**	

**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. Ms. Simon 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	Chair Somersille asked if any Committee member would like to pull an item from the consent calendar. Chair Somersille requested to pull items 4e – QC Follow-Up Items. Dr. Somersille addressed her request from the last meeting regarding the likelihood to recommend care provider category and the benchmark associated with the metric and would like to follow up on this request. Dr. Beeman shared that she has the answer prepared for tonight's meeting and that she would like to confirm if bringing the response to the following meeting after the action item has been identified is acceptable to the Committee or would the Committee like an email in between meetings. Chair Somersille stated this is the next meeting. Dr. Beeman shared she will provide this update now. Dr. Beeman shared that ECHMN changed vendors from NRC to Press Ganey. Benchmarks from Press Ganey are as follows:	***Consent Calendar Approved***

	Likelihood to Recommend – FY22 Final Performance: 81.2% of patients selected top box for likelihood to recommend. • National Benchmark: 30th percentile • California Benchmark: 44th percentile • Bay Area Benchmark: 34th percentile Going forward for FY23 ECHMN patient experience results will be presented in aggregate, as was done in FY22 and prior years. Additionally, the results will also be broken out into 3 subgroups; Primary Care, Specialty Care, and Urgent Care. For example, the results on prior ECHMN dashboards showed just the full roll-up. By taking the FY22 performance and breaking out the 3 different 'departments', FY22 Final Performance results are as follows: Primary Care: 83.9% of patients selected top box for likelihood to recommend. • National Benchmark: 35th percentile • California Benchmark: 47th percentile • Bay Area Benchmark: 39th percentile Specialty Care: 87.1% of patients selected top box for likelihood to recommend. • National Benchmark: 64th percentile • California Benchmark: 78th percentile • Bay Area Benchmark: 58th percentile Urgent Care: 77.8% of patients selected top box for likelihood to recommend. • National Benchmark: 11th percentile • California Benchmark: 20th percentile • Bay Area Benchmark: 18th percentile **Motion**: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (06/06/2022); For information: (b) Report on Board Actions, (c) FY 23 Pacing Plan, (d) FY 23 Enterprise Quality Dashboard (e) QC Follow-Up items **Movant**: Po **Second**: Legha **Ayes**: Somersille, Falwell, Ho, Legha, Po, Sharma, Zoglin **Noes**: None **Abstain**: None **Absent**: Simon **Recused**: None	
5. CHAIR'S REPORT	Chair Somersille expressed gratitude for the opportunity to be Chair of the Committee and thanked Julie Kliger and George Ting for their role in the Committee. Chair Somersille welcomed our new members John Zoglin, Dr. Prithvi Legha, Dr. Steven Xanthopoulos, and Dr. Philip Ho.	

	Chair Somersille also highlighted that Bob Rebitzer is the new Chair of the Hospital Board and Jack Po is the new Vice Chair of the Hospital Board. Chair Somersille shared her vision for the Committee going forward and the 3 top priorities for this year. 1. Health Equity 2. Ambulatory Quality 3. Service Excellence/Patient Experience Chair Somersille asked each Committee Member to introduce themselves and shared their area of interest and how it may contribute to this Committee. Chair Somersille expressed appreciation for the Committee Member's time and commitment to the Committee. She expressed that she would like the Quality Committee Members to come in person. It is not required but, in-person is preferred.	
6. QUALITY COMMITTEE MEMBER RECRUITMENT	Chair Somersille shared that George Ting and Julie Kliger are now on new Committees and Terrigal Burn, MD has resigned from the Quality Committee which leaves two openings within the Committee. Chair Somersille asked the Committee for feedback on Recruiting new members. Ms. Falwell and Dr. Sharma gave a virtual thumbs up. Dr. Legha expressed that the Committee should begin their work and if we need to add, we can. Ms. Falwell asked if there are specific areas of expertise that we are missing in the Committee. Chair Somersille shared that we would like to recruit members who have experience in any of these three areas; Health Equity, Outpatient/ambulatory quality, and Patient Experience/Patient Voice. A discussion occurred around having a Patient join the Committee and the positive and negative impacts. Dr. Beeman expressed that for the recruitment efforts, her preference is to add a member to the committee with experience in Health Equity.	
7. AD HOC COMMITTEE RECRUITMENT FORMATION	Chair Somersille requested a Motion to approve the Formation of the Recruitment Ad Hoc Committee. **Motion**: To Form an Ad-Hoc Committee for Quality Committee Member Recruitment **Movant**: Po **Second**: Sharma **Ayes**: Somersille, Falwell, Ho, Legha, Po, Sharma, Zoglin **Noes**: None **Abstain**: None	***AD HOC COMMITTEE RECRUITMENT FORMATION APPROVED***

	Absent: Simon **Recused**: None Chair Somersille gave a brief summary of what the Ad-Hoc Committee's responsibilities would be and what the process is for Recruitment. Chair Somersille asked for a Motion to nominate John Zoglin for the Ad-Hoc Committee. The Committee asked John if he would like to participate and he agreed. **Motion**: To nominate John Zoglin for the Ad-Hoc Committee **Movant**: Po **Second**: Somersille Chair Somersille asked if any other member of the Committee would like to join the Ad-Hoc Committee. Chair Somersille proceeded to nominate Alyson Falwell and asked if she would like to participate. Ms. Falwell agreed. **Motion**: To nominate Alyson Falwell for the Ad-Hoc Committee **Movant**: Somersille **Second**: Po Chair Somersille asked Dr. Po to nominate another person. Dr. Po asked Dr. Sharma if she would like to participate. Dr. Sharma agreed. **Motion**: To form the Ad-Hoc Committee with Carol Somersille, Alyson Falwell, Krutica Sharma, and John Zoglin. **Movant**: Po **Second**: Somersille **Ayes**: Somersille, Falwell, Ho, Legha, Po, Sharma, Zoglin **Noes**: None **Abstain**: None **Absent**: Simon **Recused**: None	
8. PATIENT STORY	Cheryl Reinking, CNO provided a brief background on the Patient Story agenda item and what the intent is for sharing it with the Committee each meeting. Cheryl Reinking shared two patient comments that were received via discharge phone calls. These patients indicated that the discharge process needs improvement. One patient shared that the discharge process is disorganized, the rehab information was not provided at discharge, and that they wish there were more options to obtain medical equipment that is needed in a timely matter. The second patient shared two things that need to be improved during discharge. We need to be more organized and have more conversations about medication received at discharge. Last year, the hospital provided education on the discharge process and the requirements after receiving negative feedback and it has now	

	resurfaced. This shows we need to do a deeper dive into the discharge process and provide additional education. Dr. Ho and Dr. Legha shared scenarios around the discharge process and Dr. Ho asked can we have staff start the discharge process prior to the procedure. Cheryl said yes and the hospital practices a teach back method where the patient is asked to repeat what has been shared with them. Dr. Legha emphasized the need for cross check to occur especially when it comes to medication.	

9. HEALTH CARE EQUITY	Dr. Holly Beeman, CQO presented on Health Care Equity and shared the following:
	
	• Her background and why this is so important to her
	• The importance of focusing on the needs of the District and the Community around Health Equity
	• A story about a patient and Health Equity
	• Collecting and Auditing data for FY23 around three topics:
	  ○ Race and Ethnicity
	  ○ Social Determinants of Health
	  ○ Gender identity
	• CHRO joining in September and how we will partner with her around DE&I and Health Equity
	• Ensure a sense of belonging to all employees and patients
	
	Ms. Falwell asked if there will be training for employees around Health Equity and how to ask the right questions when talking to patients.
	
	Dr. Beeman shared that training will be provided to employees and at this time we are unsure who will provide this training but the goal is to have the experts in this area conduct the trainings.	

10. Q4 FY22 STEEEP DASHBOARD REVIEW	Dr. Holly Beeman, CQO provided background regarding the STEEEP Dashboard and presented on readmissions. Dr. Beeman highlighted the following: • Current situation with Readmissions • FY22 Readmissions index target and definition • ECH Performance • Readmission Observed/Expected Index Trends • Mortality & Readmissions" Expected Rate" Trend for ECH • Healthcare Ecosystem • Performance Improvement Efforts: Index Admission, Post Acute, and E.D. • Timeline of Progress	
11. EL CAMINO HEALTH MEDICAL NETWORK REPORT	Shahab Dadjou, Interim President, El Camino Medical Network introduced himself to the Committee and deferred the	

	presentation to Ute Burness, RN, VP of Quality and Payer Relations. Ute Burness presented on the El Camino Health Medical Network Report and highlighted the following: • Review of FY22 Quality Measures • Quality composite methodology of converting performance from "decile" to point value which then contributes to the composite score of 8 individual quality measures • SVMD Composite 3-Year Trend • Individual Measure Performance • Changes for FY23 Quality Reporting • FY23 ECHMN Dashboard • Newly created Clinician EPIC dashboard which enables providers to track their patient panels and close care gaps more easily Dr. Sharma shared a couple of requests regarding the Quality Reporting for ECHMN: • For the dashboard, what decile does this target and performance put us under • Raise our ambitions for performance against benchmarks versus aiming for an incremental improvement from prior year's performance. Ute thanked Dr. Sharma and will take the feedback back to the ECHMN Quality Committee. Ute also shared they are working with the IHA. IHA paused publishing medical group reports during the pandemic but they are now receiving data so hopefully, there will be Medical Group Benchmarks soon. *Ms. Falwell left the meeting at 7:50 pm*	
12. ADJOURN TO CLOSED SESSION	**Motion**: To adjourn to closed session at 7:59 pm. **Movant**: Po **Second**: Zoglin **Ayes**: Somersille, Ho, Legha, Po, Sharma, Zoglin **Noes**: None **Abstain**: None **Absent**: Falwell, Simon **Recused**: None	***Adjourned to closed session at 7:59 pm***
13. AGENDA ITEM 19: RECONVENE OPEN SESSION/REPORT OUT	The open session reconvened at 8:10 pm. Agenda items 13-18 were addressed in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (06/06/2022), the Quality Council Minutes (06/01/2022), and the Medical Staff Credentialing and Privileges Report by unanimous vote by all committee members present.	
14. AGENDA ITEM 20: CLOSING WRAP UP	No additional Comments	

15. AGENDA ITEM 21: ADJOURNMENT	**Motion**: To adjourn at 8:11 pm **Movant**: Po **Second**: Somersille **Ayes**: Somersille, Ho, Legha, Po, Sharma, Zoglin **Noes**: None **Abstain**: None **Absent**: Falwell, Simon **Recused**: None	***Adjourned at 8:11 pm***

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Carol Somersille, MD
Chair, Quality Committee

Prepared by: Nicole Hartley, Executive Assistant II

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING MEMO

To: Quality Committee
From: Stephanie Iljin, Manager of Administration
Date: September 6, 2022
Subject: Report on Board Actions

Purpose: To keep the Committee informed regarding actions taken by the El Camino Hospital and El Camino Healthcare District Boards.

Summary:

1. Situation: It is essential to keep the Committees informed about Board activity to provide context for Committee work. The list below is not meant to be exhaustive; still, it includes agenda items the Board voted on that are most likely to be of interest to or pertinent to the work of El Camino Hospital's Board Advisory Committees.

2. Authority: This is being brought to the Committees at the request of the Board and the Committees.

3. Background: Since the last time we provided this report to the Quality Committee, the Hospital Board and District Boards Have met once. In addition, since the Board has delegated specific authority to the Executive Compensation Committee, the Compliance and Audit Committee, and the Finance Committee, those approvals are also noted in this report.

Board/Committee	**Meeting Date**	**Actions** (Approvals unless otherwise noted)
ECH Board	August 17, 2022	- Enterprise EKG Reading Panel Renewal Agreements - Enterprise Vascular Surgery ED and Inpatient On-Call Panel Renewal - MV & LG Gastroenterology ED and Inpatient Call Panel Renewal - MV NICU Medical Director Renewal - LG General Surgery ED and Inpatient On-Call Panel Renewal - Real Estate Acquisition / APN: 264-09-57 - Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings - Silicon Valley Medical Development Board Appointments - Third Amended and Restated Limited Liability Company Operating Agreement of Silicon Valley Medical Development, LLC - Chief Operating Officer and Chief Growth Officer Base Salaries - CHRO Base Salary - FY23 Capital Budget

Report on Board Actions
September 6, 2022

Board/Committee	**Meeting Date**	**Actions** (Approvals unless otherwise noted)
ECHD Board	June 14, 2022	- FY23 Regular Meeting Dates: Resolution 2022-07 - FY23 Operating Budget – ECHD and ECH & Affiliates - Appointment of Liaison to the Community Benefit Advisory Council - Appointment of FY23 Hospital Board Member Reappointment AD Hoc Committee: *Resolution 2022-08* - El Camino Health District Mission Statement Review AD Hoc Committee Recommendation - Requesting for and Consenting to Consolidate for Election: *Resolution 2022-09* - FY22 YTD District Financial Report - Establishing Tax Appropriation Limit for FY23 (Gann Limit): *Resolution 2022-10* - District Capital Outlay Funds - FY22 Community Benefit Plan
Executive Compensation Committee	- N/A	
Compliance and Audit Committee	- N/A	
Finance Committee	August 15, 2022	- FY 2022 Period 11 Financial Report - FY 2022 Period 12 Financial Report - Real Estate Acquisition / APN: 264-09-57 - MV NICU Medical Director Agreement - LG General Surgery Panel - Enterprise Vascular Surgery Panel - Enterprise GI Call Panel - Enterprise EKG Reading Panel - FY 2023 Capital Budget

List of Attachments: None.

Suggested Committee Discussion Questions: None.

El Camino Health

El Camino Health Board of Directors
Quality, Patient Care and Patient Experience Committee Memo

To: Quality, Patient Care and Patient Experience Committee
From: Holly Beeman, MD, MBA, Chief Quality Officer
Date: September 6, 2022
Subject: Enterprise Quality, Safety and Experience Dashboard through July 2022

Purpose:

To update the Quality, Patient Care and Patient Experience Committee on quality, safety and experience metrics and performance through July 2022 (unless otherwise noted) as demonstrated on the FY23 Enterprise Quality, Safety and Experience Dashboard.

Summary:

1. Situation: The Fiscal Year 2023 Enterprise Quality, Safety, and Experience dashboard is used throughout the organization to illustrate, track, and communicate a key set of metrics to align the quality, safety, and experience improvement work. These key metrics were selected based on a review of the organizational incentive goals, strategic goals, and areas of concern based on standardized benchmarks. These are not the only metrics that are tracked but represent the highest priority for the organization. This memo and the attached dashboard provide the Committee with a snapshot of the FY 2023 metrics monthly with trends over time and compared to the actual results from FY2022 and the FY 2023 targets.

2. Authority: The Quality, Patient Care and Patient Experience Committee of the Board is responsible for the quality and safety of care provided to ECH patients. This dashboard provides oversight on key quality metrics.

3. Background: At the beginning of each fiscal year, an assessment is completed to identify specific areas for quality/performance improvement. A subset of these areas are then prioritized and designated as leading indicators to be tracked universally throughout the organization so that all clinicians—physicians included—and support staff are aligned in the improvement activities. Measures that demonstrate sustained improvement are removed (but still tracked) and others added. New on the attached FY23 dashboard are ECH Hospital Acquired Condition (HAC) Index, and, the individual 5 measures which make up the HAC index. The target for FY23 is to reduce the HAC Index by 7.5%, lower is better.

4. Assessment: Of the hundreds of performance measures tracked and actively managed, 18 measures are reported on the FY23 Enterprise Quality Dashboard. The newly introduced HAC index and two its five component measures will be described here.

A. HAC Index. The hospital acquired condition index is a composite of monthly weighted rates of five components; C. difficile infection, surgical site infection, non-ventilator pneumonia, patient falls, and pressure injuries. The (near-) final Index for FY22 was 1.07. The surgical site infection rate will not be finalized until 90-days beyond the date of the last surgery performed in June 2022.

The 5 measures and this composite method were selected as an organizational goal for FY23 because our performance in these areas has been worsening over the past three years. Our patients have been experiencing more harm events.

The HAC Index FY22 baseline is 1.066. In FY21 the index was 0.85 in FY21 and 0.82 in FY20. A lower index is better, less harm events.

The trend for the individual measure for past three years is shown in the table here:

Measure	FY22	FY21	FY20
C-diff	**37**	18	14
Surgical Site Infxn*	**18**	21	23
Falls	**153**	152	139
Pressure Injury	**8**	6	10
Nv Pneumonia	**110**	55	121

*FY22 Surgical Site Infection number will be finalized in October 2022.

B. Clostridium Difficile Infection. There were 3 C. Difficile infections in the month of July 2022. Improvement focus is on three areas; 1. Hand hygiene, 2. Earlier and more expansive screening for c. diff on admission and 3. Education of the staff on shortening the interval between when c. diff test is ordered, and, the stool is collected. Of the 3 infections in July, two were likely present on admission, but not confirmed with a positive stool test until > hospital day 3.

C. Inpatient Falls. During our morning safety huddle, we closely track the number of days since the last patient fall. These events happen too often. One of the tools used to determine how to best to prevent falls is utilization of a Hendrichs risk stratification tool. A higher risk results in appropriate level support and interventions to prevent falls. Our fall risk team has identified a far more accurate tool using artificial intelligence within EPIC. This tool and a pilot to test new work flows based on the AI predictive model is underway on one of the nursing units

D. Elective Deliveries and Cesarean Birth. These data are from March 2022. We will have final numbers for FY22 Q4 in September.

List of Attachments

Attachment 1-- Enterprise Quality, Safety, and Experience Dashboard July 2022

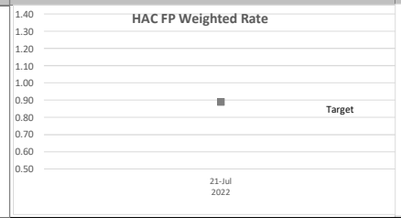
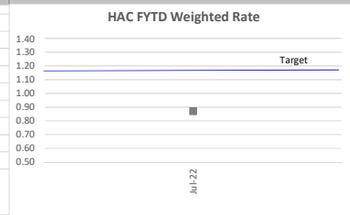
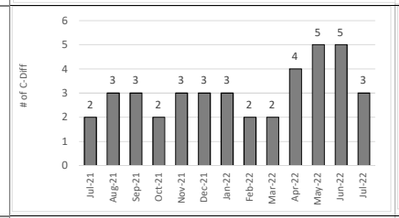
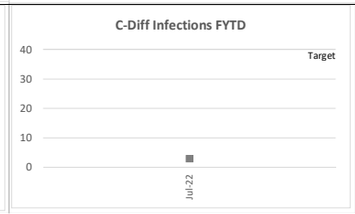
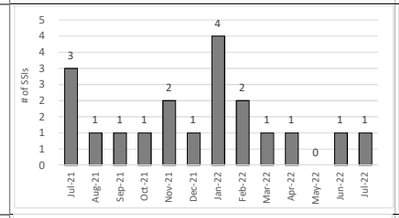
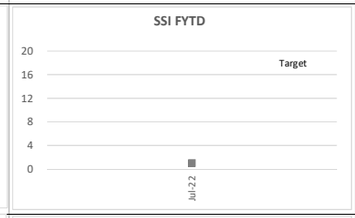
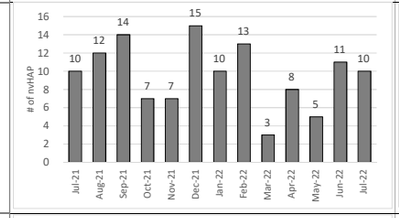
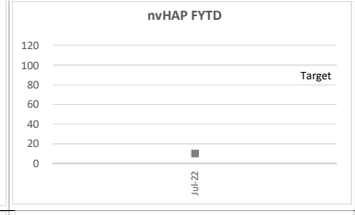
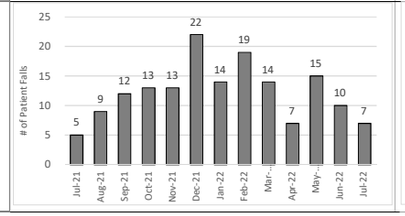
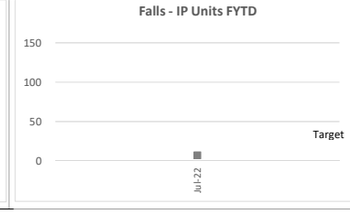
El Camino Health

FY23 Enterprise Quality, Safety, and Experience Dashboard

July 2022 (unless otherwise specified)

Month to Board Quality Committee: September, 2022

Definitions and Additional

		FY23 Performance		Baseline FY22 Actual	FY 23 Target	Trend (showing at least the last 24 months of *available* data)	FYTD or Rolling 12 Month Average	Measure Name	Comments	Definition Owner
		Latest month	FYTD							
1	*Organizational Goal HAC Index *Latest data month: Jul, 22*	0.87	0.87	1.066	0.986 (7.5% ↓)			1. HAC Index: composite of monthly weighted rates of (5) component metrics listed below		H. Beeman, MD
2	HAC component Clostridium Difficile Infections (C-Diff) *Latest data month: Jul, 22*	3.00	3.00	3.08 / mo	2.85 / mo (7.5% ↓)			2. Clostridium Difficile Infection (C.diff)		C. Nalesnik
3	HAC component Surgical Site Infections (SSI) *Latest data month: Jul, 22*	1.00	1.00	1.50 / mo	1.39 / mo (7.5% ↓)			3. Surgical Site Infections (SSI)		C. Nalesnik
4	HAC component non-ventilator Hospital-Acquired Pneumonia (nvHAP) *Latest data month: Jul, 22*	10.00	10.00	9.58 / mo	8.86 / mo (7.5% ↓)			4. Non-ventilator Hospital-Acquired Pneumonia (nvHAP)		C. Delogramatic
5	HAC component NDNQI: IP Units Patient Falls *Latest data month: Jul, 22*	7.00	7.00	12.75 / mo	11.79 / mo (7.5% ↓)			5. NDNQI: IP Units Patient Falls		Nursing

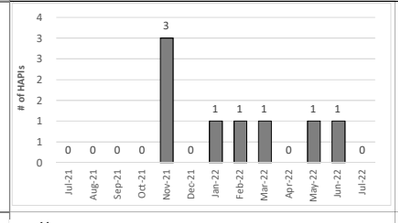
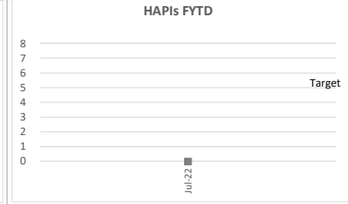
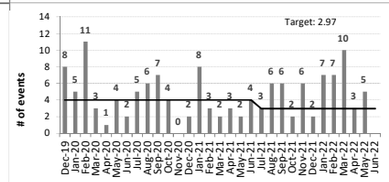
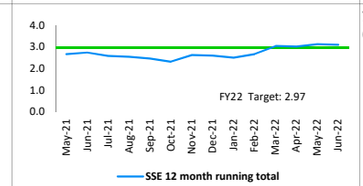
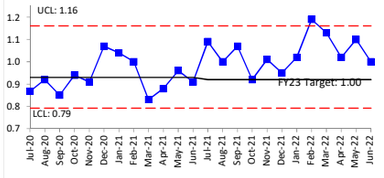
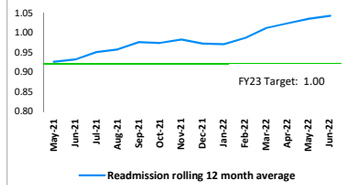
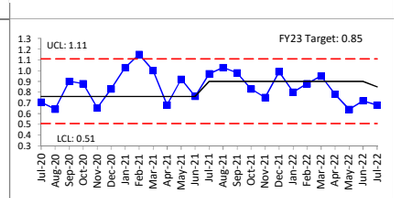
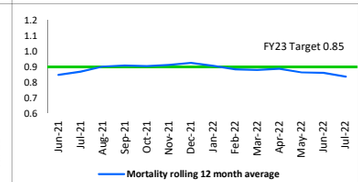
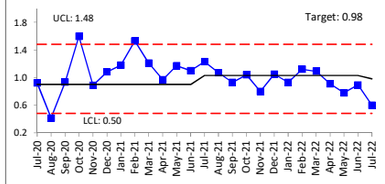
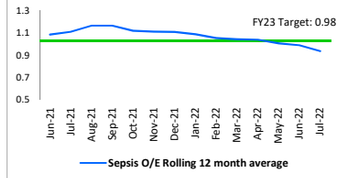
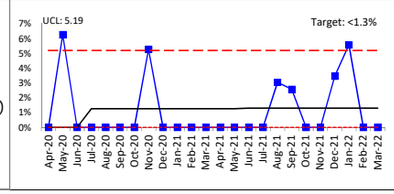
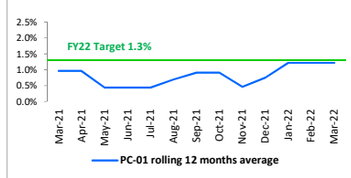
El Camino Health

FY23 Enterprise Quality, Safety, and Experience Dashboard

July 2022 (unless otherwise specified)

Month to Board Quality Committee: September, 2022

Definitions and Additional

		FY23 Performance		Baseline FY22 Actual	FY 23 Target	Trend *(showing at least the last 24 months of **available** data)*	FYTD or Rolling 12 Month Average	Measure Name	Comments	Definition Owner
		Latest month	FYTD							
6	**HAC component** **HAPIs (Stage 3, 4 & Unstageable Hospital Acquired Pressure Injury** *Latest data month: Jul, 22*	0.00	0.00	0.67 / mo	0.62 / mo (7.5% ↓)			**6. Stage 3, Stage 4 and Unstageable Hospital Acquired Pressure Injury (excludes skin failure and expired pts)**		A. Aquino
7	**Serious Safety Event Rate (SSER)** # of events/ FYTD rolling 12 month per 10,000 Acute Adjusted Patient Days *Rate* ***Latest data month: Jun, 22*	4	3.10 (61/197000)	3.13 (Dec 2019 - Jun 2021)	2.97 (FY22 Target)			**7. Serious Safety Event Rate (SSER)**		S. Shah
8	**Readmission Index (All Patient All Cause Readmit) *Observed/ Expected*** ***Premier Standard Risk Calculation Mode*** ***Latest data month: Jun, 22*	1.00 (8.58%/8.57%)	1.04 (8.93%/8.56%)	1.04	1.00			**8. Readmission Index - All Patient All Cause Readmit (Observed/Expected)**		H. Beeman, MD
9	**Mortality Index** ***Observed/Expected*** ***Premier Standard Risk Calculation Mode*** *Latest data month: Jul, 22*	0.68 (1.37%/2.00%)	0.68 (1.37%/2.00%)	0.85	0.85			**9. Mortality Index (Observed/Expected)**		H. Beeman, MD
10	**Sepsis Mortality Index, based on ICD-10 codes** *(Observed over Expected)* *Latest data month: Jul, 22*	0.60 (8.40%/14.03%)	0.60 (8.40%/14.03%)	1.03	0.98			**10. Sepsis Mortality Index, based on ICD-10 codes** *(Observed over Expected)*		J. Harkey, H. Beeman, MD
11	**PC-01: Elective Delivery Prior to 39 weeks gestation** (reported quarterly) *Latest data quarter: Mar, 22*	MV: 0.0% (0/16) LG: 0.0% (0/9) **ENT**: 0.0% (0/25)	MV: 0.5% (1/199) LG: 4.8% (3/63) **ENT: 1.5%** **(4/262)**	MV: 0.41% (1/244) LG: 0.0% (0/77) ENT: 0.3% (1/321)	1.25% (FY22 Target)			**11. PC-01: Elective Delivery Patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed**		H. Beeman, MD

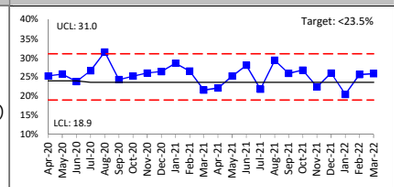
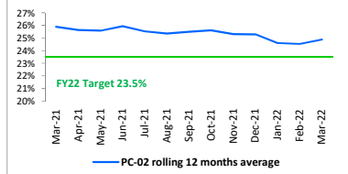
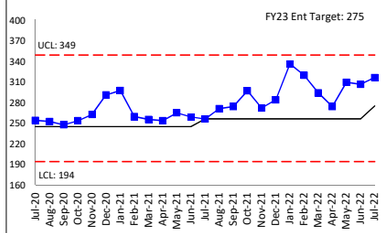
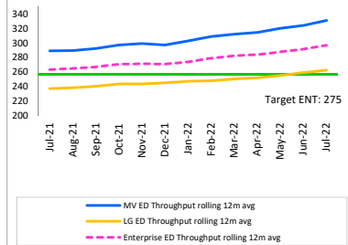
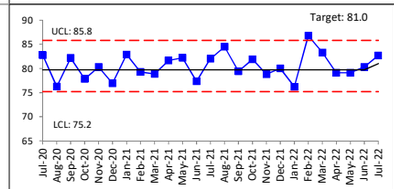
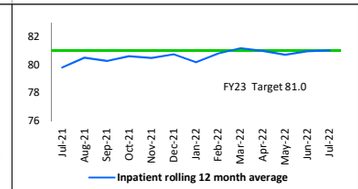
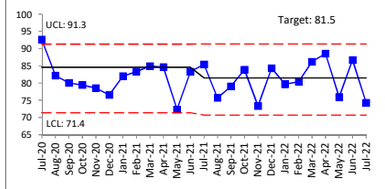
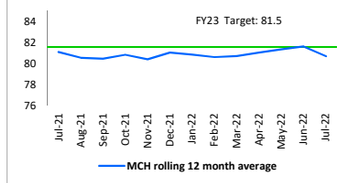
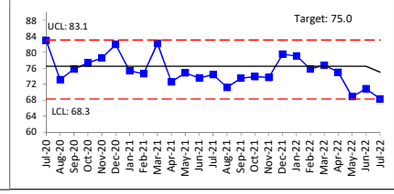
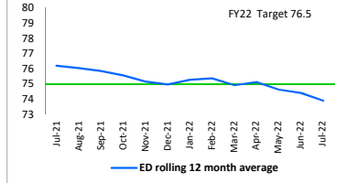
El Camino Health

FY23 Enterprise Quality, Safety, and Experience Dashboard

July 2022 (unless otherwise specified)

Month to Board Quality Committee: September, 2022

Definitions and Additional

		FY23 Performance		Baseline FY22 Actual	FY 23 Target	Trend (showing at least the last 24 months of *available* data)	FYTD or Rolling 12 Month Average	Measure Name	Comments	Definition Owner
		Latest month	FYTD							
12	**PC-02: Cesarean Birth** (reported quarterly) *Latest data quarter: Mar, 22*	MV: 28.6% (46/161) LG: 14.6% (6/41) **ENT:** 25.7% (52/202)	MV: 26.2% (377/1439) LG: 19.6% (65/332) ENT: 25.0% (442/1771)	MV: 27.3% (423/1551) LG: 20.6% (72/349) ENT: 26.10% (495/1900)	23.5% (FY22 Target)			**12. PC-02: Cesarean Birth - Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth**		H. Beeman, MD
13	**Patient Throughput-Median Time: Arrival to ED Departure** *Latest data month: Jul, 22*	MV: 362 min LG: 271 min Ent: 317 min	MV: 362 min LG: 271 min Ent: 317 min	MV: 320 min LG: 259 min Ent: 290 min	MV: 304 min LG: 246 min Ent: 275 min			**13. Patient Throughput-Median Time from Arrival to ED Departure** (excludes psychiatric patients, patients expired in the ED, newborns, & transfer between sites		S. Singh
14	***Organizational Goal** **IP Units_- HCAHPS Likelihood to Recommend Top Box Rating of 'Yes, Definitely Likely to Recommend' %, Adjusted** *Latest data month: Jul, 22*	82.7	82.7	80.8	81.0			**14. Inpatient Units - HCAHPS Likelihood to Recommend Top Box Rating of 'Yes. Definitely Likely to Recommend.' % , Adjusted**		C. Cunningham
15	**IP MCH - HCAHPS Likelihood to Recommend, Top Box Rating of 'Yes, Definitely Likely to Recommend' %, Adjusted** *Latest data month: Jul, 22*	74.2	74.2	81.3	81.5			**15. Maternal Child Health - HCAHPS Likelihood to Recommend Top Box Rating of 'Yes. Definitely Likely to Recommend.' % , Adjusted**		C. Cunningham
16	**ED Likelihood to Recommend Top Box Rating of 'Yes. Definitely Likely to Recommend.' %, Adjusted** *Latest data month: Jul, 22*	68.4	68.4	74.5	75.0			**15. ED - Likelihood to Recommend Top Box Rating of 'Yes. Definitely Likely to Recommend.'%, Adjusted**		C. Cunningham

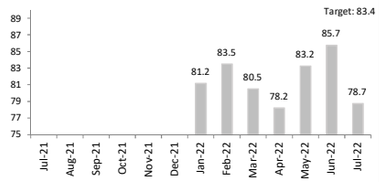
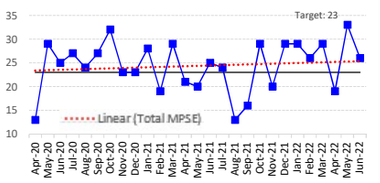
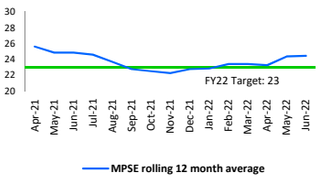
El Camino Health

FY23 Enterprise Quality, Safety, and Experience Dashboard

July 2022 (unless otherwise specified)

Month to Board Quality Committee: September, 2022

Definitions and Additional

		FY23 Performance		Baseline FY22 Actual	FY 23 Target	Trend (showing at least the last 24 months of *available* data)	FYTD or Rolling 12 Month Average	Measure Name	Comments	Definition Owner
		Latest month	FYTD							
17	* Organizational Goal **ECHMD/ECHMN*: Likelihood to Recommend Care Provider** **Top Box Rating of 'Yes, Definitely Likely to Recommend ' %, Unadjusted** *Latest data month: Jul, 22*	78.7	78.7	83.2	83.4		NA	**16. ECH MD/ ECHMN (El Camino Health Medical Network) - Likelihood to Recommend Top Box Rating of 'Yes. Definitely Likely to Recommend.' %, Adjusted**		C. Cunningham
18	**Actual # of Medication Precursor Safety Events (MPSE) per month** ***Latest data month: Jun, 22*	26	293	320 (25/mo) (Apr, '20 - Apr, '21)	304 (23/mo) (5% ↓)			**Actual # of Medication Precursor Safety Events per month**		D. Mattapally

Notes:

1) SSE, MPSE & Readmissions through Jun, 22

2) PC-01 & PC-02 final results through FY22Q3; Q4 available after 11/1/22

3) ECHMD All: reflect new vendor (PG) survey results

Updated: 8/26/22

El Camino Health **Information**

		Definition	Source
1	*Organizational Goal **HAC Index** *Latest data month: Jul, 22*	New for FY23, the HAC (hospital-acquired condition) Index is an internally developed composite measure that tracks hospital-level performance improvement related to (5) key inpatient safety events. The elements of the composite are weighted as noted: Falls 20%, hospital-acquired Pressure Injuries (HAPIs) 25%, non-ventilator hospital-acquired pneumonia (nvHAP) 20%, Clostridium difficile infections (C-Diff) 10%, and surgical site infections (SSIs) 25%.	See below
2	HAC component **Clostridium Difficile Infections (C-Diff)** *Latest data month: Jul, 22*	1) Based on NHSN defined criteria: inclusions: Inpatients, Peri-Op, Behavioral Health; exclusions: Rehab, NICU, outpatients, ED patients 2) All positive C.diff Toxin/antigen lab tests that result on or after the patient's 4th day of hospitalization 3) Latency: C-Diff infections may be identified up to 30 days, thus previously reported results may change.	Numerator: Infection control Dept. Denominator: EPIC Report
3	HAC component **Surgical Site Infections (SSI)** *Latest data month: Jul, 22*	1) Based on NHSN defined criteria 2) Inclusions: Surgical cases categorized with either a "clean wound class" or "clean-contaminated wound class" 3) Exclusions: surgical cases with a wound class of "contaminated" or "dirty". 4) SSIs that are classified: "deep –incisional" and "organ-space" are reportable. 5) Latency: SSIs may be identified up to 90 days following surgery, thus previously reported results may change.	Numerator: Infection control Dept. Denominator: EPIC Report
4	HAC component **non-ventilator Hospital-Acquired Pneumonia (nvHAP)** *Latest data month: Jul, 22*	1) Internal metric: Inpatient non-ventilator hospital-acquired pneumonia cases. 2) Numerator inclusions: inpatients (18+yrs) w/ a specified pneumonia diagnosis code(s) , unrelated to mechanical ventilation; monthly, cases are reviewed & confirmed the nvHAP workgroup. 3) Denominator EPSI patient days excluding 6070 NICU/Nursery Lvl 2, 6310/6315 MBU, 6340 Behavioral Health, 6440 IP Rehab, 6900 Pre-Op SSU, 7400 L&D, 7427 PACU 5) Latency: periodic; corrections may change previously reported results.	EPIC Clarity data warehouse; Numerator identified by nvHAP workgroup; Denominator: EPSi patient days
5	HAC component **NDNQI: IP Units Patient Falls** *Latest data month: Jul, 22*	1) NDNQI metric: In or outpatient falls on an inpatient nursing unit. "Falls" in a nursery are 'drops'. 2) Numerator inclusions: Patient falls as determined by a monthly evaluation & validation of iSAFE incident reports. 3) Numerator exclusions: L&D, intentional falls. 4) Denominator: EPSi acute patient days excluding: 6900 Pre-OP/SSU, 7400 L&D, 7427 PACU 5) Formula: (# falls/patient days) * 1,000 6) Latency: rare; corrections may change previously reported results.	Numerator: Incident Reports and Staff Validation/iSafe Denominator: EPSi patient days

El Camino Health **Information**

		Definition	Source
6	**HAC component** **HAPIs (Stage 3, 4 & Unstageable Hospital Acquired Pressure Injury** *Latest data month: Jul, 22*	1) Internal metric: Inpatient Stage 3, Stage 4 & Unstageable hospital-acquired pressure injuries 2) Numerator exclusions: Expirations, "skin failure/ Kennedy Pressure Ulcer" & proned Covid-19 patients 3) Denominator: EPSi acute patient days excluding 6070 NICU/Nursery Lvl 2, 6900 Pre-Op SSU,7400 L&D, 7427 PACU 4) Latency: periodic; corrections may change previously reported results.	Numerator: EPIC Report and staff validation Denominator: EPSi patient days
7	**Serious Safety Event Rate (SSER)** # of events/ FYTD rolling 12 month per 10,000 Acute Adjusted Patient Days *Rate* ****Latest data month: Jun, 22*	1) An event where there was a deviation from generally accepted performance standard that resulted in moderate to severe harm or death to a patient. 2) Inclusions: events determined to be serious safety events per Safety Event Classification team 3) NOTE: the count of SSE HAPIs MAY differ from internally-tracked HAPIs For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value </= zero.	HPI Systems
8	**Readmission Index (All Patient All Cause Readmit) *Observed/ Expected*** ***Premier Standard Risk Calculation Mode*** ****Latest data month: Jun, 22*	1) An inpatient admission of the same patient to the same facility within 30D of a prior admission, regardless of cause (All Cause). 2) Based upon Premier's Care Sciences Standard Practice risk-adjustment + CMS' All-Cause 30D readmission methodology (excludes cases CMS deems 'planned'). 3) Numerator inclusions: Patient Type = Inpatient 4) NOTE: Excludes cases discharged from (1) hospital, then readmitted to the other hospital w/in 30D. For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value </= zero.	Premier Quality Advisor
9	**Mortality Index** ***Observed/Expected*** ***Premier Standard Risk Calculation Mode*** *Latest data month: Jul, 22*	1) Based upon Premier's Care Sciences Standard Practice RA for expected risk used by O/E ratio. 2) Criteria: inclusion: Patient Type = Inpatient; exclusions: Patient Type = Rehab, Psychiatric or Hospice. For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value </= to zero.	Premier Quality Advisor
10	**Sepsis Mortality Index, based on ICD-10 codes** *(Observed over Expected)* *Latest data month: Jul, 22*	1) Numerator inclusions: Patient Type = Inpatient, Prin or 2nd diagnosis of sepsis & age 18+ yrs 2) Numerator exclusions: LOS > 120 days, patients transferred to ECH from another hospital, MDC = 14 (OB) For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value </= zero.	Premier Quality Advisor
11	**PC-01: Elective Delivery Prior to 39 weeks gestation** (reported quarterly) *Latest data quarter: Mar, 22*	1) Numerator: Patients with elective deliveries 2) Denominator: Delivered newborns with gestation weeks >/= 37 to 39 weeks For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value ,/= zero.	IBM CareDiscovery Quality Measures

El Camino Health **Information**

		Definition	Source
12	**PC-02: Cesarean Birth** (reported quarterly) *Latest data quarter: Mar, 22*	1) Numerator: Patients with cesarean births 2) Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value ,/= zero.	IBM CareDiscovery Quality Measures
13	**Patient Throughput-Median Time: Arrival to ED Departure** *Latest data month: Jul, 22*	1) Same as CMS' ED Measure (ED 1b) "ED Arrival to ED Departure for Admitted pts. 2) Inclusions: patients who arrive via the ED 3) Exclusions: ED expirations, newborns, behavioral health patients & transfers between campuses. 4) Arrival: Patient Arrived in ED; ED Departure: Departed ED For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value </= zero.	iCare Report: ED Admit Measurement Summary
14	***Organizational Goal** **IP Units_- HCAHPS Likelihood to Recommend Top Box Rating of 'Yes, Definitely Likely to Recommend' %, Adjusted** *Latest data month: Jul, 22*	1) Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey. 2) Inclusions: Inpatient nursing units; excludes: MBU. 3) Data run criteria, 'Top Box, Received Date, and Adjusted' For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value </= zero.	HCAHPS
15	**IP MCH - HCAHPS Likelihood to Recommend, Top Box Rating of 'Yes, Definitely Likely to Recommend' %, Adjusted** *Latest data month: Jul, 22*	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey. Mother Baby Units only. Data run criteria, 'Top Box, Received Date, and Adjusted' For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value </= zero.	HCAHPS
16	**ED Likelihood to Recommend Top Box Rating of 'Yes. Definitely Likely to Recommend.' %, Adjusted** *Latest data month: Jul, 22*	ED Likelihood to Recommend - PressGaney data (not part of HCAHPS) Data run criteria, 'Top Box, Received Date, and Adjusted' For the Trended graph: UCL and LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value </= zero.	Press Ganey

El Camino Health **Information**

		Definition	Source
17	*** Organizational Goal** **ECHMD/ECHMN*: Likelihood to Recommend Care Provider** **Top Box Rating of 'Yes, Definitely Likely to Recommend ' %, Unadjusted** *Latest data month: Jul, 22*	Switched Vendor NRC to PressGaney in January 2022. Started reporting in FY 23 dashboards 'Top Box, Received Date, and Unadjusted' For the trended graph: UCL & LCL are 2+/- the Standard Deviation from the average. LCL is set to '0' if value </= zero.	Press Ganey
18	**Actual # of Medication Precursor Safety Events (MPSE) per month** ****Latest data month: Jun, 22*	All medication events classified as precursor safety events by Safety Event Classification Team EPSI report used for Patient days and # of events provided by D. Mattapally.	iSafe Reports / EPSI Report / Safety Event Classification

23.4 23 1.7%

Notes:
1) SSE, MPSE & Readmissions through Jun,
2) PC-01 & PC-02 final results through FY22(
3) ECHMD All: reflect new vendor (PG) surv

Updated: 8/26/22

El Camino Health

FY23 COMMITTEE GOALS

Quality, Patient Care and Patient Experience Committee

PURPOSE

The purpose of the Quality, Patient Care and Patient Experience Committee (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in constantly enhancing and enabling a culture of quality and safety at ECH, to ensure delivery of effective, evidence-based care for all patients, and to oversee quality outcomes of all services of ECH. The Committee helps to assure that exceptional patient care and patient experiences are attained through monitoring organizational quality and safety measures, leadership development in quality and safety methods, and assuring appropriate resource allocation to achieve this purpose.

STAFF: **Holly Beeman, MD, MBA,** Chief Quality Officer (Executive Sponsor)

The CQO and Senior Director of Quality shall serve as the primary staff to support the Committee and are responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional clinical representatives and members of the Executive Team may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair. These may include: the Chiefs/Vice Chiefs of the Medical Staff, physicians, nurses, and members from the community advisory councils, or the community at-large. The

GOALS	TIMELINE	METRICS
1. Review the Hospital's organizational goals and scorecard and ensure that those metrics and goals are consistent with the strategic plan and set at an appropriate level as they apply to quality	- FY22 Achievement and Metrics for FY22 (Q1 FY23) - Review FY23 Incentive Goal recommendations for Quality, Safety and Patient Experience measures	Review management proposals; provide feedback and make recommendations to the Board
2. Review the milestones and outcome metrics of the ECH High Reliability implementation.	HRO Journey in process currently with classes underway April 2022 with plans for ongoing education throughout FY22 and FY23.	HRO: Serious Safety Event Rate and Culture of Safety Survey.
3. Reducing health care disparities is a quality priority for the enterprise	Biannual report to Quality Committee FY23	Monitor the effectiveness of ECH activities to reduce health care disparities in the individuals we serve
4. Review Quality, Patient Care and Patient Experience reports and dashboards	- Review reports per Pacing Plan timeline.	Explanation of measure methodology and benchmarks included with each report.
5. Review Board Quality STEEEP Dashboard and propose changes as appropriate	Quarterly	Review Dashboard and Recommend Changes to the Board
6. All committee members regularly attend and are engaged in committee meeting preparation and discussions	Using closing wrap up time, review quarterly at the end of the meeting	- Attend 2/3 of all meetings in person - Actively participate in discussions at each meeting

SUBMITTED BY: **Chair**: Julie Kliger, MPA, BSN
Executive Sponsor: Holly Beeman, MD, MBA, Chief Quality Officer

As of: 08/02/22

Quality Committee Follow-Up Items

Date Requested	Committee Member Name	Item Requested	Completion Date
2/7/2022	Krutica Sharma	Please add the definitions back onto the Enterprise Dashboard	3/7/2022
2/7/2022	Krutica Sharma	Please include the Red Flags for the Medical Staff Credentialing Privileges Report	3/7/2022
3/7/2022	Julie Kliger	Follow up Disscussion - Include patients in Quality Committee Meetings. Dr. Burn, Cheryl and Dr. Beeman will explore other models of this process.	
4/4/2022	Holly Beeman	Update FY23 Quality Committee Goals to include: DEI, HRO	5/2/2022
6/6/2022	Holly Beeman	FY 22 Enterprise Quality Dashboard, Dr. Somersille referenced page 14, likelihood to recommend care provider, and asked what is the average of this metric. Dr. Beeman shared that she can look into this and report back at the next meeting.	8/1/2022

El Camino Health

EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING MEMO

To: Quality Committee of the Board of Directors, El Camino Health
From: Cheryl Reinking, DNP, RN, NEA-BC, DipACLM
Date: September 6, 2022
Subject: Patient Experience Feedback via Discharge Phone Call

Purpose: To provide the committee with written patient feedback and subsequent follow up or changes as a result of the feedback. Infusion of the patient voice is important for the committee to hear to better understand the patient's experience with ECH.

Summary:

1. Situation: These comments came from patients via the Press Ganey written survey regarding her experience in the LG ED.

2. Authority: To provide insight into a patient's experience while receiving care at the El Camino Health Lincoln Ave. Urgent Care and El Camino Health Los Gatos Emergency Department.

3. Background: These comments were provided via the written survey sent to patients after their El Camino Health experience. These comments indicate frustration with the medical community. However, her faith was restored after being treated at the El Camino Los Gatos Emergency Department.

4. Assessment: It appears this patient was not able to get the care she needed at her PCP for her infected hand. She did receive care at the Lincoln Ave. Urgent Care, but had to wait a long period of time to be seen. She was referred to LG ED from urgent care for continued care such as IV antibiotics that only can be infused in the ED. Once at the ED, the patient believed she received excellent care to address her infected hand.

5. Other Reviews: None

6. Outcomes: While the team in the ED satisfied this patient, we are researching who the PCP was as we are not sure if this is one of our El Camino PCP's. To become a system of care, we must provide patient access quickly and make necessary referrals rapidly to assure patients get the care they need minimizing the need for an ED visit for a condition that could be treated as an outpatient.

List of Attachments: See patient comments.

Suggested Committee Discussion Questions:

1. What procedures do we have in place for internal ECH referrals for care?

2. What are we doing in urgent care to minimize wait times?

DC 7/6/2022, LG Emergency Department, Press Ganey Comments

I arrived at the Los Gatos ER facility after being seen for an IV hand wound that was severely infected and not healing by the Urgent care center on Lincoln Ave in San Jose. I was unable to get the care I needed from my PCP doctor's office. The team at the urgent care were wonderful. Only negative was had to wait 3+ hours to be seen. The team at the Los Gatos hospital ER department were beyond amazing. I was an emotional wreck when I arrived. Every member of the team and the doctor who treated me and were amazing. All hospital Staff members from the check in person to the triage nurses were professional, demonstrated warmth, comfort and compassion the likes that I have not experienced since The Covid-19 pandemic started. I had been trying for two months to get help and had all but given up hope. My hand became severely inflamed I as I in extreme pain and could barely use my right hand. El Camino is doing a stellar job with hiring medical professionals who have qualities that are now difficult to come by when getting medical treatment. I Have not been satisfied with my PCP office or responsiveness regarding communication - 30 minute wait for someone to answer phones, an old voice mail response message that is the same as it was 2 years ago about having high call volume due to Covid-19, no return call for physician referral only to find out the physician referral doctor could not see me for 2 months because I was a new patient to them. All I can say is El Camino hospital and the ER team restored my faith in the medical community. I would not hesitate to utilize El Camino urgent care or ER services in the future. Thank you for caring enough to send these surveys to patients. It speaks volumes about your commitment to quality of care.

El Camino Health

Patient Experience Review

Quality Committee Meeting

Christine L. Cunningham CPXP, MBA
Chief Experience Officer

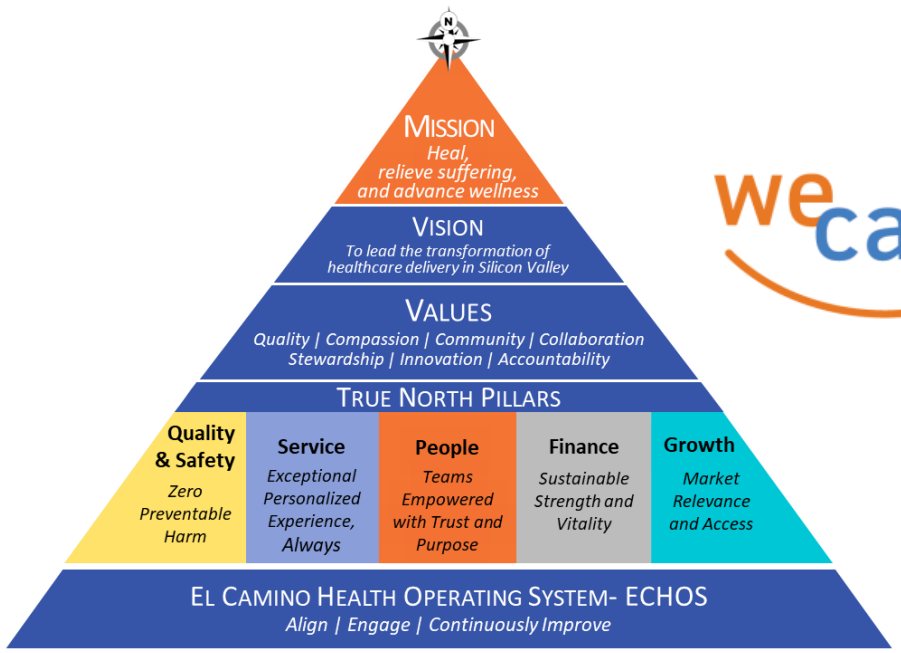
September 6th, 2022

Agenda

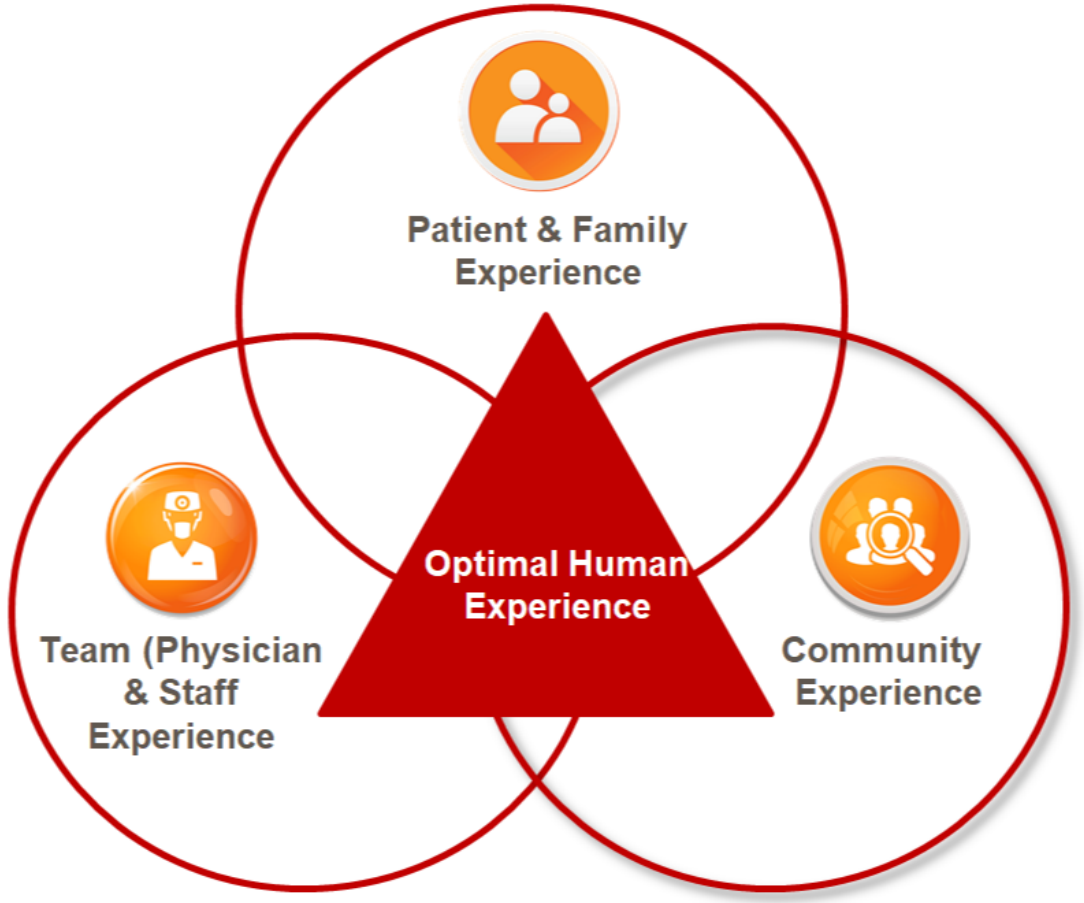
- Patient Experience at El Camino Health
    - Today’s Patient
- How are we doing? (FY22, 1-3 years)
- FY23 - Moving forward

Patient Experience At El Camino Health

Exceptional, Personalized Experience, Always



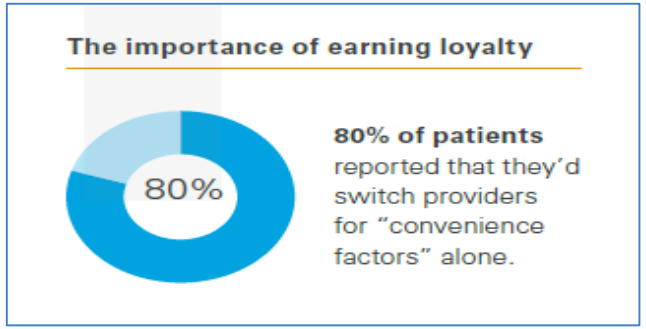
we care

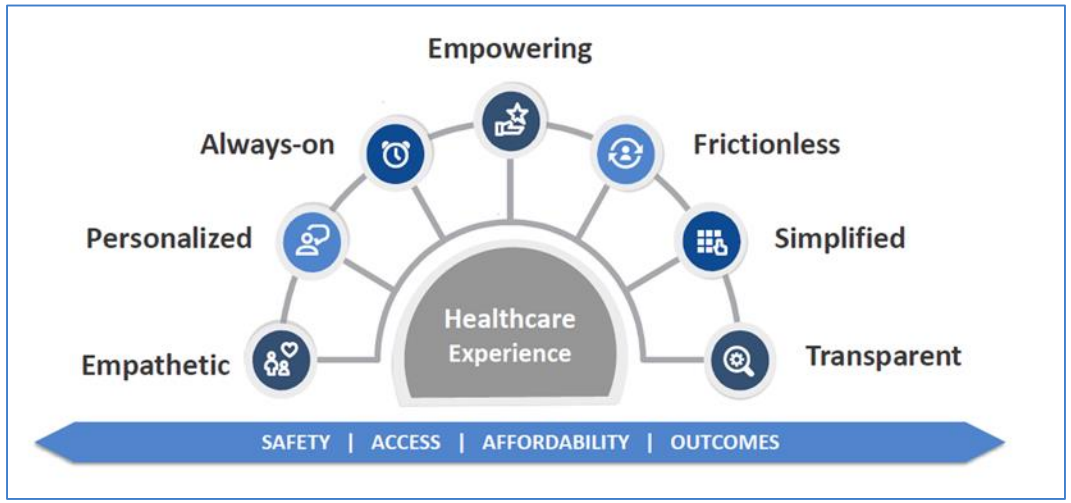


El Camino Health

Evolving Patient Expectations

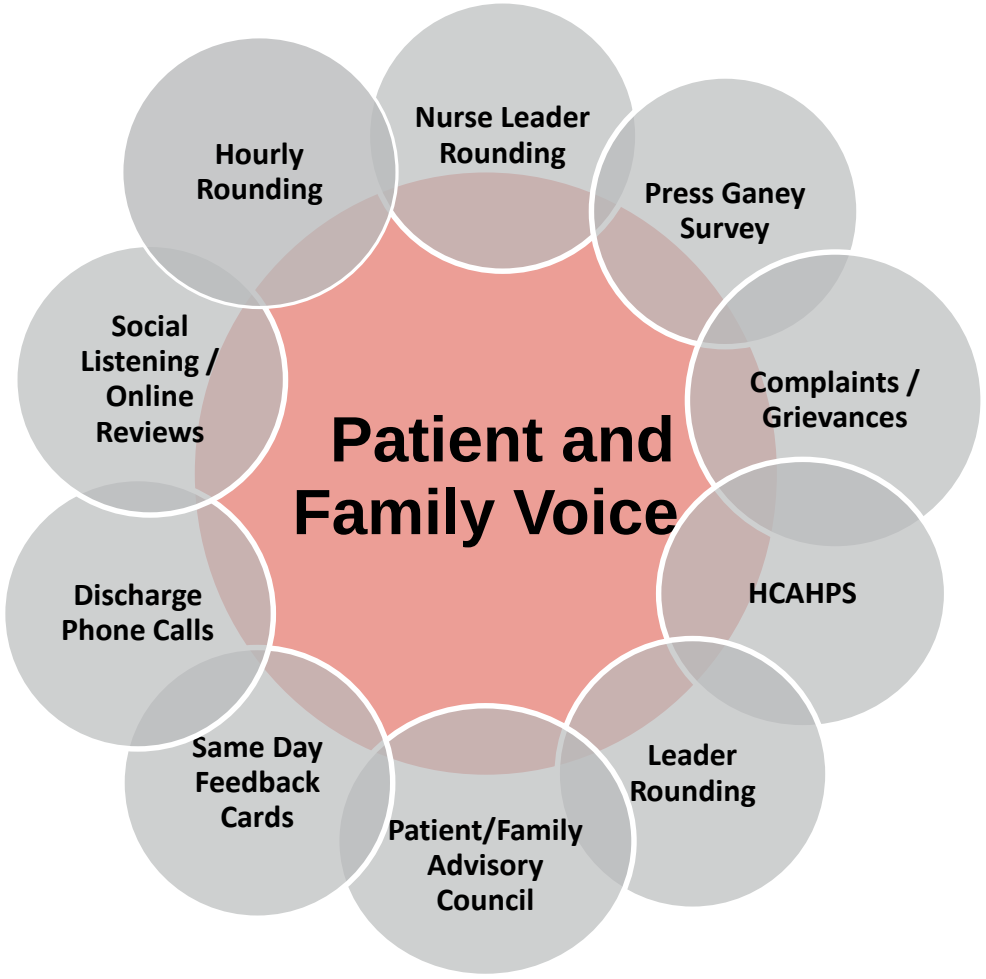
- ✓ Increased consumerism / choice
- ✓ Digital savvy & expectations 24/7 service
- ✓ Financial transparency (cost, increased expenses)
- ✓ Compassion → Convenience
- ✓ Benchmarking against other non-healthcare experiences
- ✓ A new level of ‘patient centeredness’
- ✓ Social media impact (online reviews, transparency, star ratings)
- ✓ Consumers experience with new entries into the healthcare space
- ✓ Most Healthcare is out of alignment with the principles of consumerism





Source: NTT Data Services 2022

The Power of Patient and Family Voice



The voices of our patients and families can bring to light ***both*** opportunities for **improvement** as well as **successes** to be celebrated.

Patient Experience Industry Best Practices

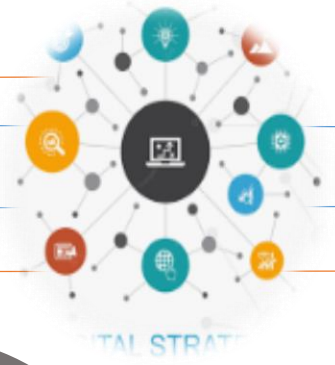
Digital Strategy

WeCare Behavior Standards

Service Recovery Training

Physician Partnership

Power of 3



Nurse Leader & Leader Rounding

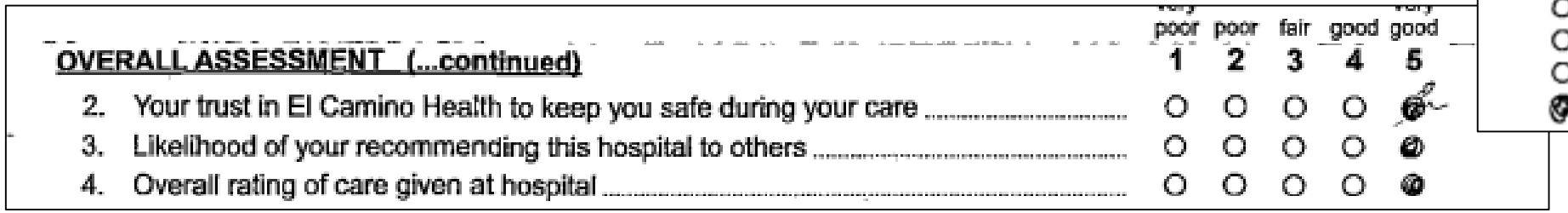
Discharge Phone Calls

Complaint and Grievance Process

How are we doing?
Patient Experience Outcomes

Loyalty – Likelihood to Recommend (LTR)

- Patients' LTR is more than an expression of satisfaction with their care
- This industry standard metric reflects the extent to which we have met our patients' needs – including their need for peace of mind resulting form compassionate and coordinated care and optimal clinical outcomes
- High ratings are correlated with patients' probability of returning for additional care and likelihood of recommending service to others – it reflects the extents to which we have earned a patients' **trust**
- In most of the industries studied, the percentage of customers who were enthusiastic enough to refer a friend or colleague—perhaps the strongest sign of customer loyalty—correlated directly with differences in growth rates among competitors
- If you're looking to gain market share and become the "provider of choice", likelihood to recommend is typically the measure organizations use



OVERALL ASSESSMENT (...continued)	very poor 1	poor 2	fair 3	good 4	very good 5
2. Your trust in El Camino Health to keep you safe during your care	○	○	○	○	●
3. Likelihood of your recommending this hospital to others	○	○	○	○	●
4. Overall rating of care given at hospital	○	○	○	○	●

19. Would you recommend this hospital to your friends and family?
- ○ Definitely no
- ○ Probably no
- ○ Probably yes
- ● Definitely yes

Summary of FY22

FY22 ECH LTR Year End Green ≥ Goal Red< Goal		
Area	**FY22 Target**	**% Top Box**
Inpatient	79.7	80.8
MBU	82.0	81.3
ED	76.5	74.5
OP Surgery	86.1	86.4
OP Services	85.5	86.9
OP Oncology	88.8	89.0
ECHMN (All) NRC	77.4	74.5
ECHMD - All	-	83.2
ECHMD - PCP	-	82.8
ECHMD - Specialty	-	87.5
ECHMD - Urgent Care	-	77.8

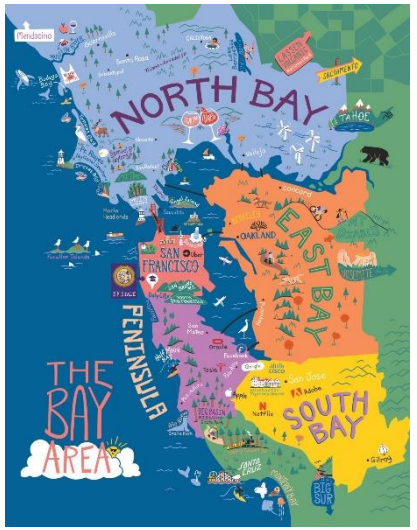
Summary of FY22

FY22 ECH LTR Year End Green ≥ Goal Red< Goal			LTR Response Distribution
Area	**FY22 Target**	**% Top Box**	**% Very Good/ Good**
Inpatient	79.7	80.8	96.2
MBU	82.0	81.3	96.1
ED	76.5	74.5	89.7
OP Surgery	86.1	86.4	97.3
OP Services	85.5	86.9	97.1
OP Oncology	88.8	89.0	98.2
*ECHMD - All	-	83.2	94.1
ECHMD - PCP	-	82.8	95.1
ECHMD - Specialty	-	87.5	96.7
ECHMD - Urgent Care	-	77.8	89.2

Service Comparison

SERVICE

Exceptional Personalized Experience, Always



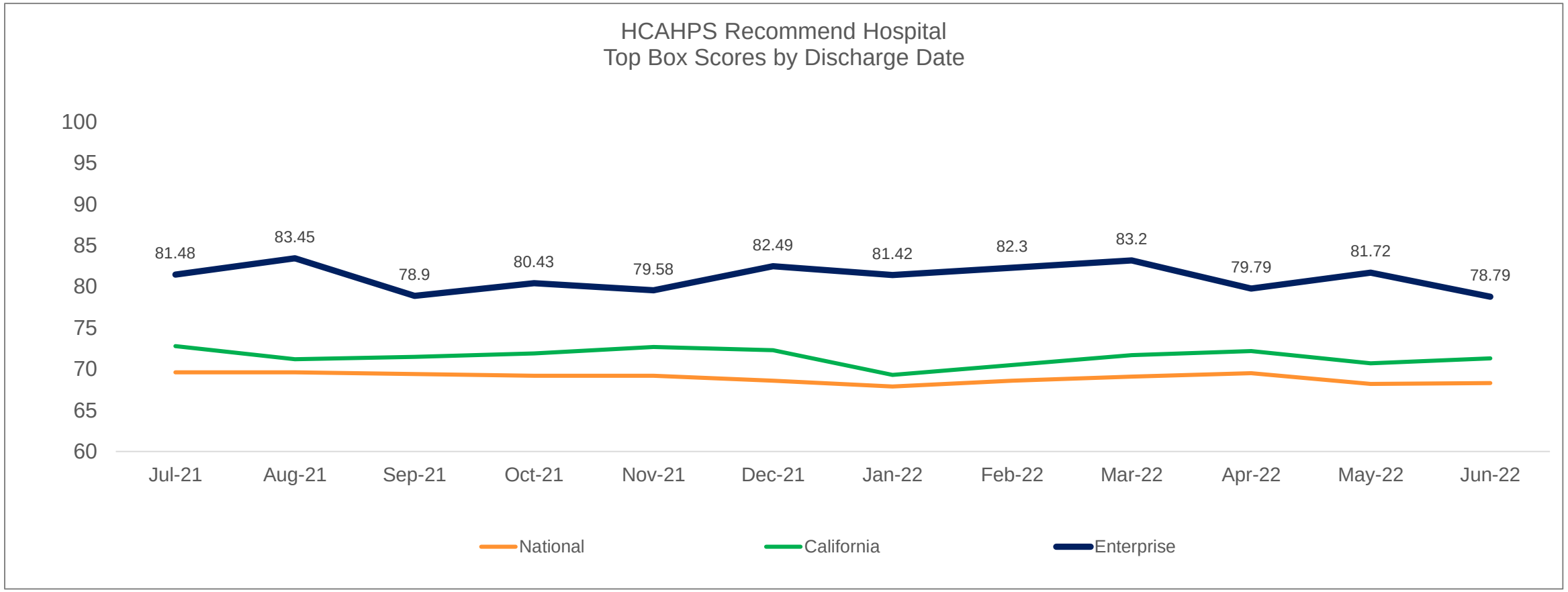
Metric	FY22	PERCENTILE RANKING		
		NATIONALLY	CALIFORNIA	BAY AREA
LTR – Inpatient Units	80.8	86	75	79
LTR - ED	74.5	74	96	89
LTR – Mother/Baby	81.3	86	76	83
LTR – OP Surg	86.4	59	64	60
LTR – OP Svs	86.9	72	82	89
LTR – Oncology	89.0	50	30	N/A
LTR – ECHMN	74.5	24	N/A	N/A
LTR – ECHMN (PG)	83.2	30	44	34

El Camino Health

Data as of 7.13.22

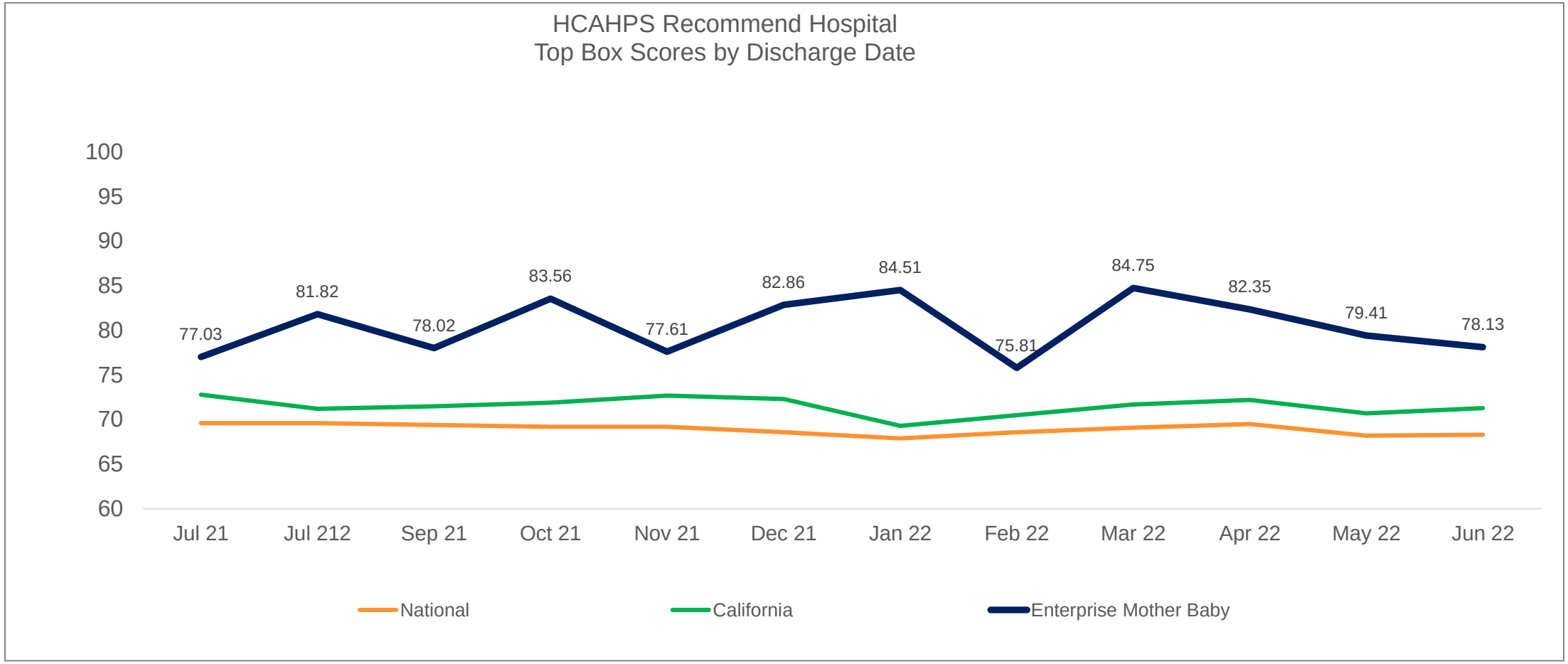
HCAHPS LTR (Likelihood to Recommend) Trends – 1 Year

El Camino Health outperformed California and national averages.



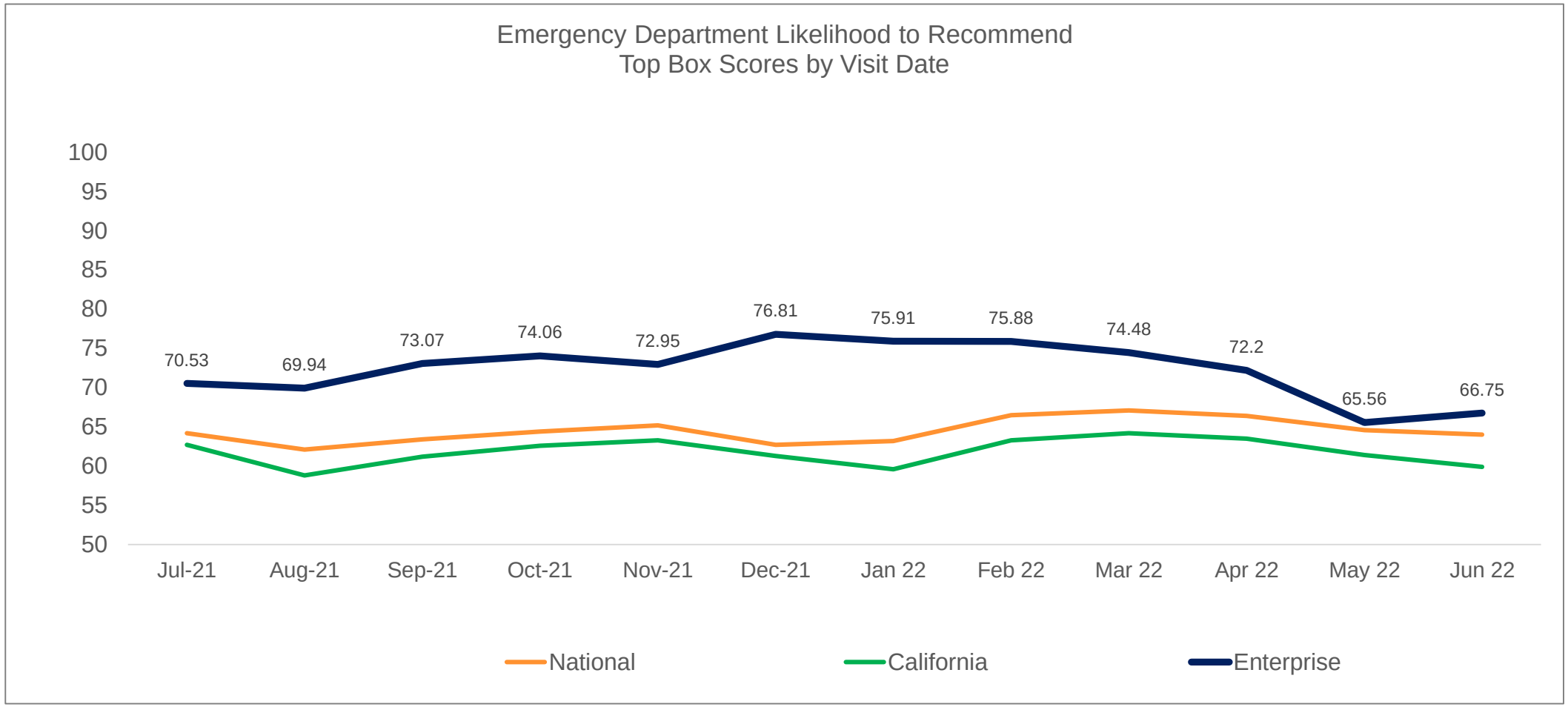
HCAHPS LTR (Likelihood to Recommend) Mother / Baby Trends – 1 Year

Despite a few dips, El Camino Health outperformed California and national averages.



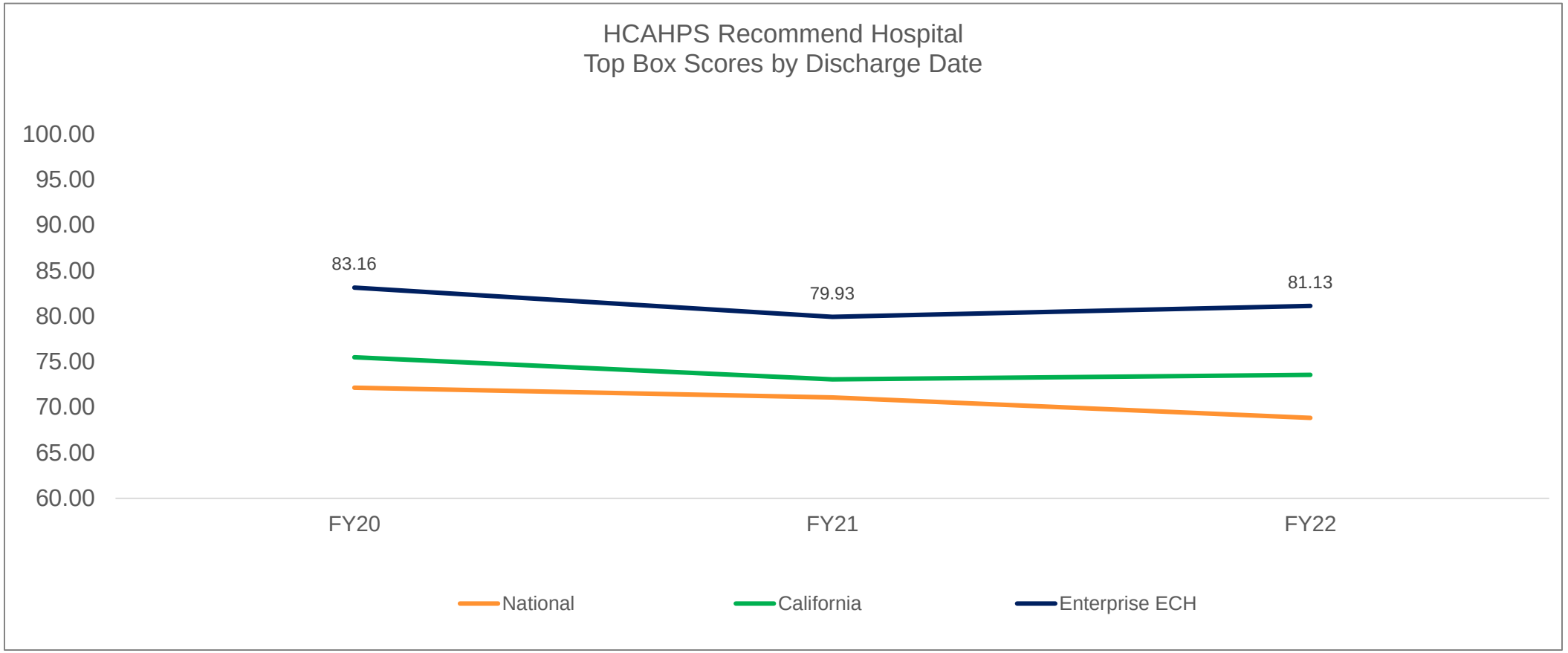
Emergency Department LTR (Likelihood to Recommend) Trends – 1 Year

El Camino Health outperformed California and national averages.



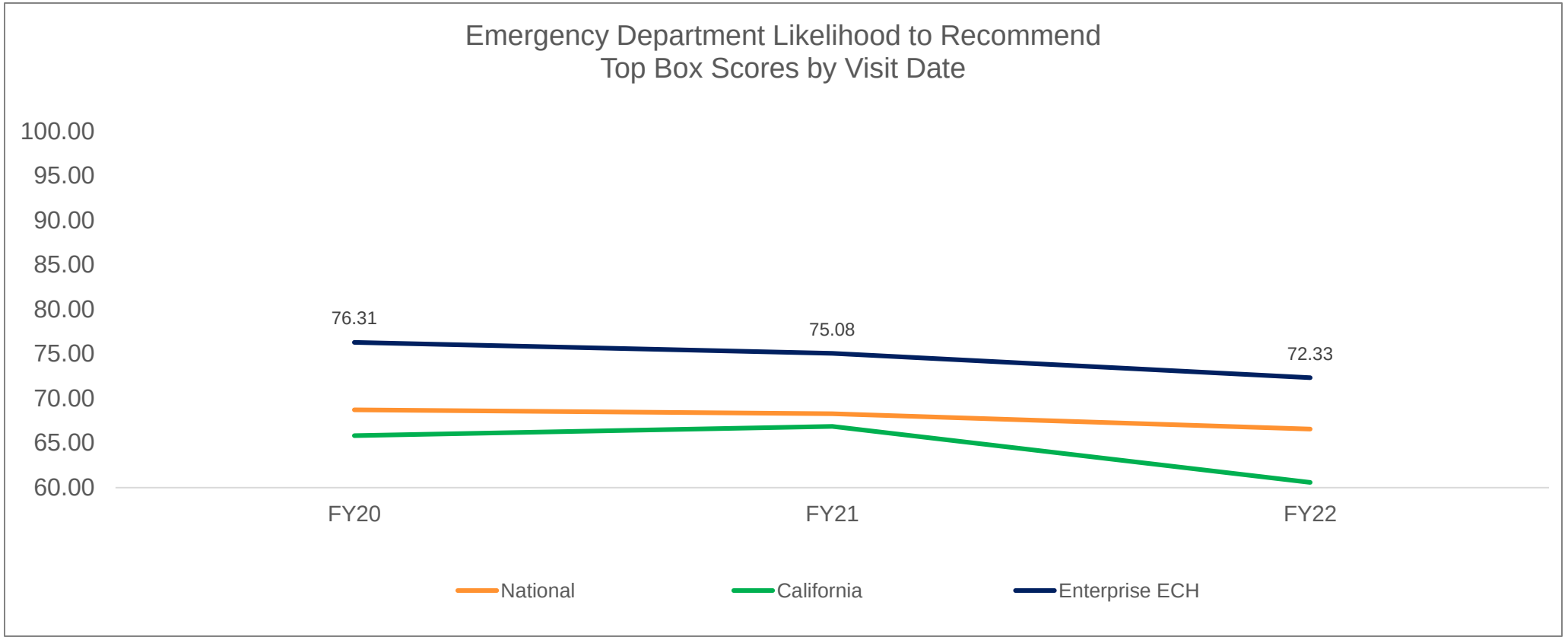
HCAHPS LTR (Likelihood to Recommend) Trends – 3 Year

In the past three (3) years, El Camino Health outperformed California and national averages.



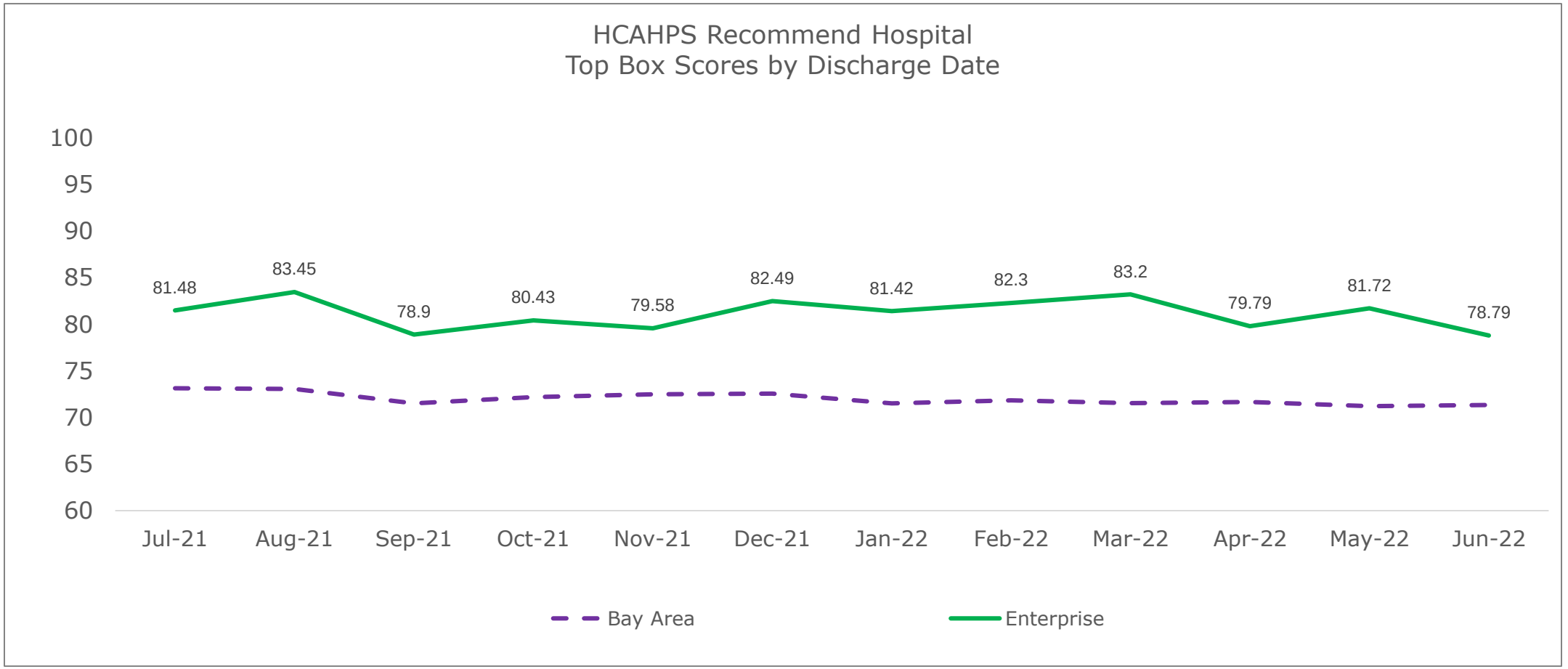
Emergency Department LTR (Likelihood to Recommend) Trends – 3 Year

In the past three (3) year, El Camino Health outperformed California and national averages.



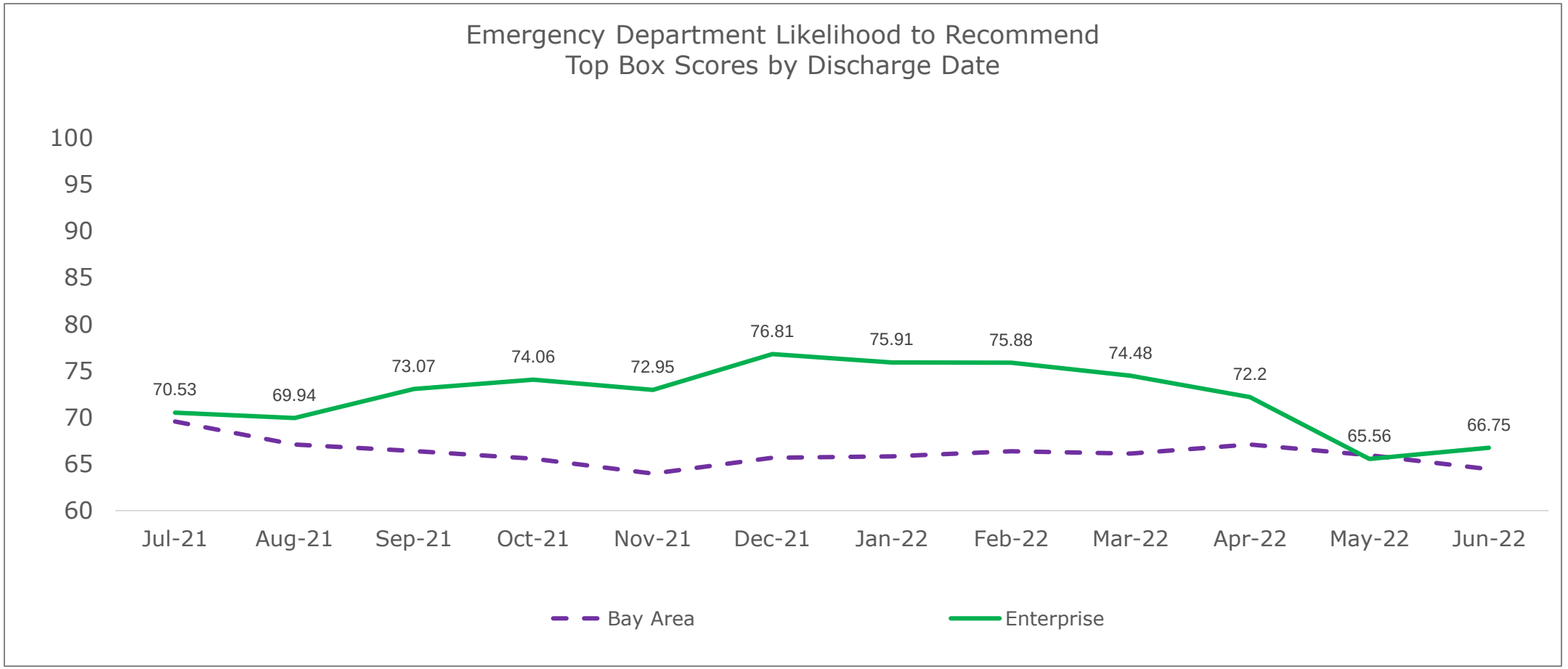
HCAHPS LTR (Likelihood to Recommend) Trends – 1 Year

El Camino Health outperformed Bay Area averages.



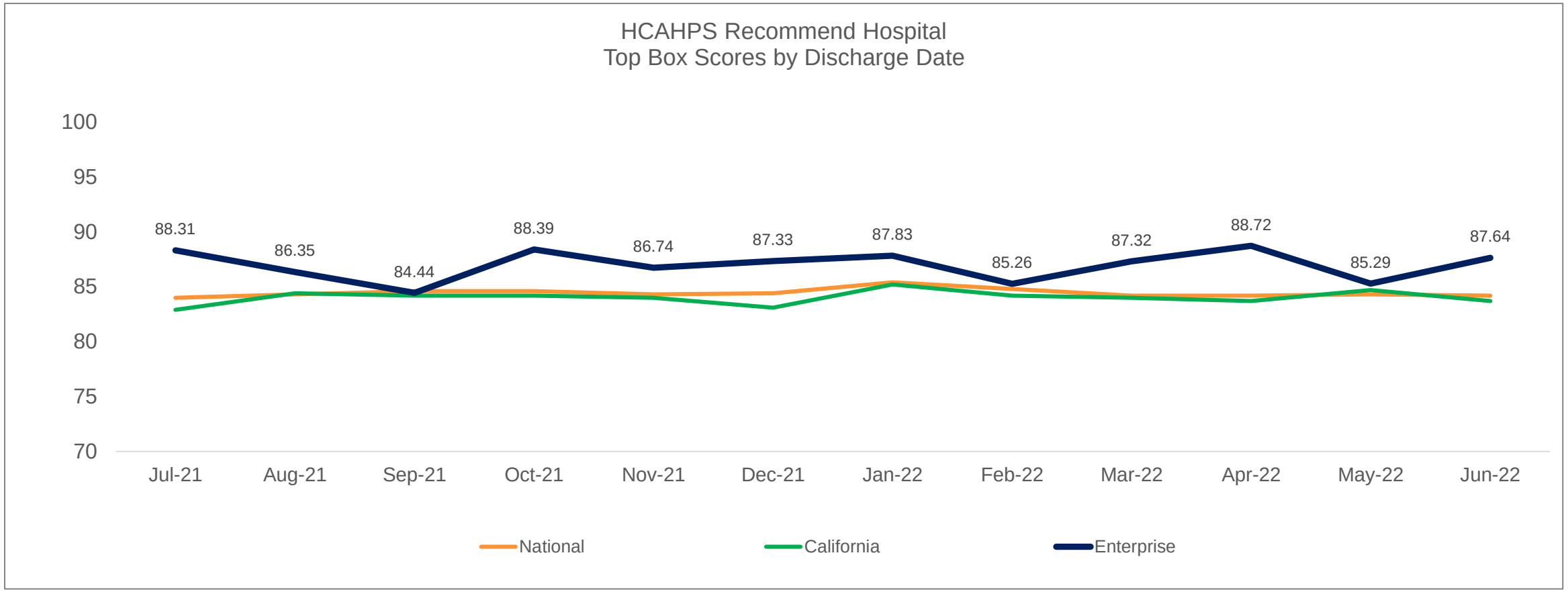
Emergency Department LTR (Likelihood to Recommend) Trends – 1 Year

El Camino Health outperformed Bay Area averages.



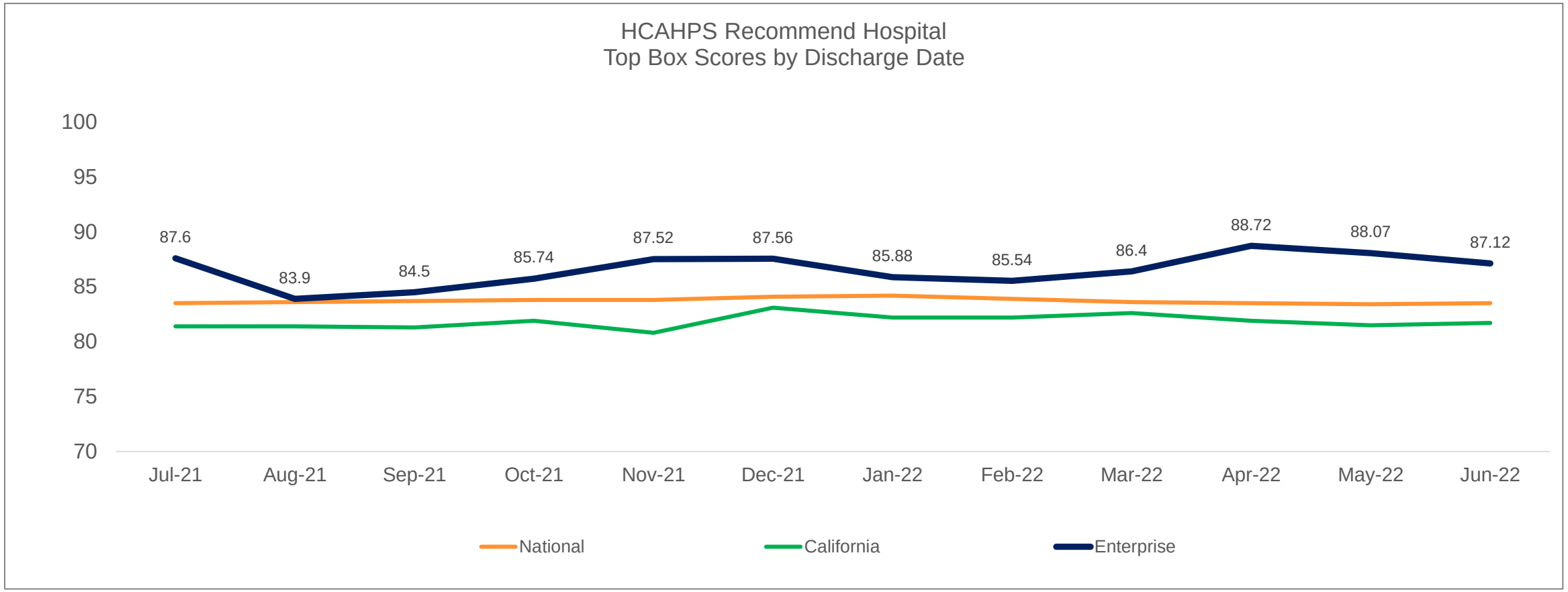
Ambulatory Surgery LTR (Likelihood to Recommend) Trends – 1 year

El Camino Health outperformed California and national averages.



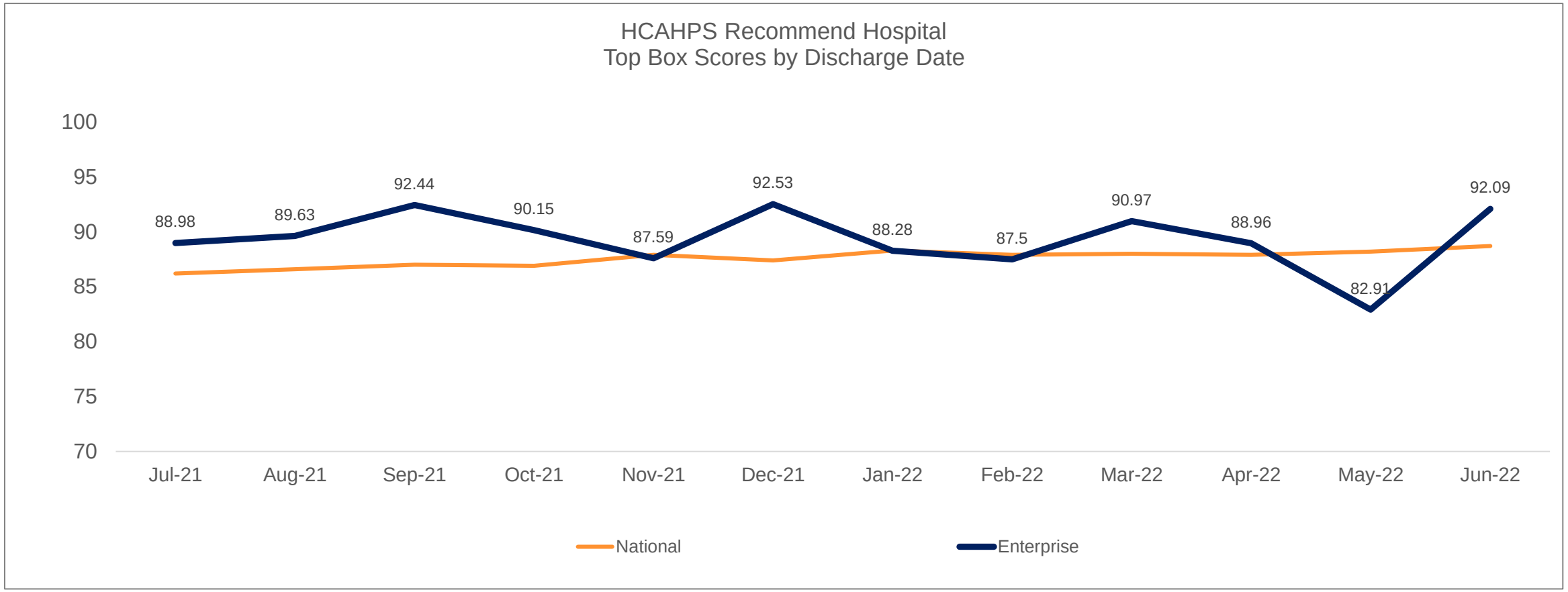
Outpatient Services LTR (Likelihood to Recommend) Trends – 1 year

El Camino Health outperformed California and national averages.



Outpatient Oncology LTR (Likelihood to Recommend) Trends – 1 Year

El Camino Health outperformed national averages.



FY23– Moving Forward

LTR Targets FY23

Service Area	FY22 Final	FY23 Target
Inpatient	80.8 (86% ile)	81.0
MCH	81.3 (86% ile)	81.5
ED	74.5 (74% ile)	75.0
ASU	86.4 (59% ile)	87.0
Outpatient	86.9 (72% ile)	87.3
Oncology	89.0 (50% ile)	90.2
ECHMN (all)	83.2 (30% ile)	83.4
ECHMN (PC)	82.8 (27% ile)	84.8
ECHMN (Specialty)	87.5 (67% ile)	87.9
ECHMN (UC)	77.8 (11% ile)	80.7

FY23 Opportunities based on FY22 and 3 year trends

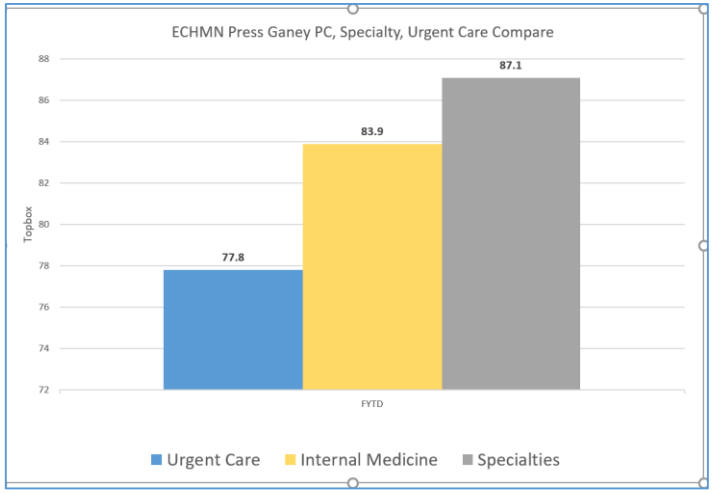
MOUNTAIN VIEW	FY21 (Baseline)	FY22 Target Goals	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	FYTD
IP Units MV	84.1	84.2	84.0	86.6	84.2	82.0	81.5	78.9	81.2	87.4	84.4	81.1	80.9	83.0	82.9
%tile	85	89	91	95	92	88	87	81	87	95	93	87	87	90	89
n'	1364		169	149	139	122	130	128	170	135	135	148	157	112	1694
MCH MV	80.0	80.2	85.7	68.8	78.7	83.8	79.5	87.5	77.1	77.5	84.0	86.4	71.4	83.8	80.3
%tile	81	79	93	44	80	96	82	95	77	78	93	94	61	91	85
n'	440		35	48	47	45	39	40	48	40	50	22	42	37	493
ED MV	73.1	73.5	70.2	67.8	72.0	71.6	68.6	79.5	79.3	72.1	76.0	71.7	62.9	67.7	71.8

OAS - MV

OPS - MV

OP ONC - MV

LOS GATOS	FY21 (Baseline)	FY22 Target Goals	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	FYTD
IP Units LG	73.8	73.9	73.8	75.0	63.4	81.6	70.0	83.3	60.4	84.4	78.8	72.9	73.5	73.3	73.7
%tile	61	58	62	67	28	87	51	91	22	92	83	66	68	65	66
n'	412		42	32	41	49	40	42	53	32	33	48	49	45	506
MCH LG	87.2	87.3	84.6	90.9	80.0	70.6	33.3	72.7	90.9	90.9	100.0	92.3	91.7	100.0	84.4
%tile	95	95	92	98	83	53	1	62	98	98	99	98	98	99	92
n'	141		13	22	15	17	6	11	11	11	8	13	12	8	147
ED LG	81.6	81.7	82.7	77.0	76.3	78.4	86.1	79.6	78.8	82.6	78.4	80.7	79.7	76.2	79.6
%tile	88	88	91	82	82	87	97	88	87	94	86	88	85	77	86
n'	835		98	100	118	102							133	101	1286
OAS - LG	85.1	85.5	78.7	87.7	90.5	86.5	8						86.8	89.2	85.8
%tile	51	53	22	70	85	60							60	76	62
n'	1124		94	81	95	96							76	37	1068
OPS - LG	84.8	85.4	87.9	85.9	84.2	80.1	8						85.2	86.9	84.8
%tile	55	61	81	64	49	20							55	73	55
n'	905		116	106	101	146							101	122	1476
OP ONC - LG	89.7	90.4	79.6	100.0	85.3	89.5	9						93.2	75.9	90.0
%tile	68	76	9	99	33	66							86	2	59
n'	116		49	16	34	19							44	29	418



ALL SVMD	FY22
Overall	76.08
Access Overall	65.55
Ability to get desired appointment †	66.87
Ease of scheduling appointments	69.95
Courtesy of registration staff †	76.12
Ease of contacting	61.12
Prepared for video visit †	69.7
Moving Through Your Visit Overall	64.28
Information about delays	66.33
Wait time at clinic	62.38
Nurse/Assistant Overall	78.09
Concern of nurse/asst for problem	77.4
How well nurse/asst listen	78.79
Care Provider Overall	81.85
CP explanations of prob/condition	80.39
CP concern for questions/worries	83.89
CP efforts to include in decisions	82.08
Time CP spent with patient †	78.21
CP discuss treatments	79.6
Personal Issues Overall	77.55
How well staff protect safety	78.7
Our concern for patients' privacy	76.38
Staff worked together care for you	79.32
Likely part another tele visit †	68.69
Lab Tests Overall †	72.24
Courtesy of lab technician †	73.77
Receive test results timeliness †	71.07
Courtesy med imaging staff †	75.21
Telemedicine Technology Overall †	58.33
Video connect during visit †	56.82
Audio connect during visit †	62
Ease logging into video visit †	56

- Mountain View ED
- Mountain View MCH (construction)
- Los Gatos Med Surg
- Los Gatos ED
- Los Gatos Lab / Imaging
- ECHMN LTR
- Frictionless

Priorities for FY23

Service Area	Priority	Initiatives
ECH Enterprise Wide	• Diversity – increase the voice of the patient to include voices seldom heard	• Evaluate current state to determine current demographics of our patient population and those that fill out our survey • Implement real time feedback in key demographics • Send out PG survey in other languages
	• Staff Resiliency	• Implement Schwartz Rounds • Continued Staff Rounds especially in low scoring departments
Inpatient	• Continue to hardwire PE Best Practices and focus on Key Drivers and points of friction by unit	• Focus on Key Drivers by unit (e.g. 4B quiet at night & responsiveness)
Emergency Department	• Rounding, wait time communication, teamwork, throughput	• Increase Nurse Leader / Leader Rounding & Leader Rounding • Team worked together best practices and scripting • Waiting room re-design
MCH	• Continue to hardwire PE Best Practices and focus on Key Drivers and points of friction (construction)	• Work with team on admission materials • Care transitions (L&D to Maternity) • Pro-active rounding / scripting about construction (noise kits)
Outpatient Surgery	• Continue to hardwire PE Best Practices and focus on Key Drivers and points of friction	• Launch post discharge phone calls to patients who are not immediately discharged to home
Outpatient Services	• Continue to hardwire PE Best Practices and focus on Key Drivers and points of friction	• Scripting / words that work for Covid and wait times
Oncology	• Continue to hardwire PE Best Practices and focus on Key Drivers and points of friction	• Review schedule for efficiency of resources, staff and care providers to alleviate delays and rescheduling of appointments

El Camino Health Medical Network

El Camino Health Urgent Care Mountain View

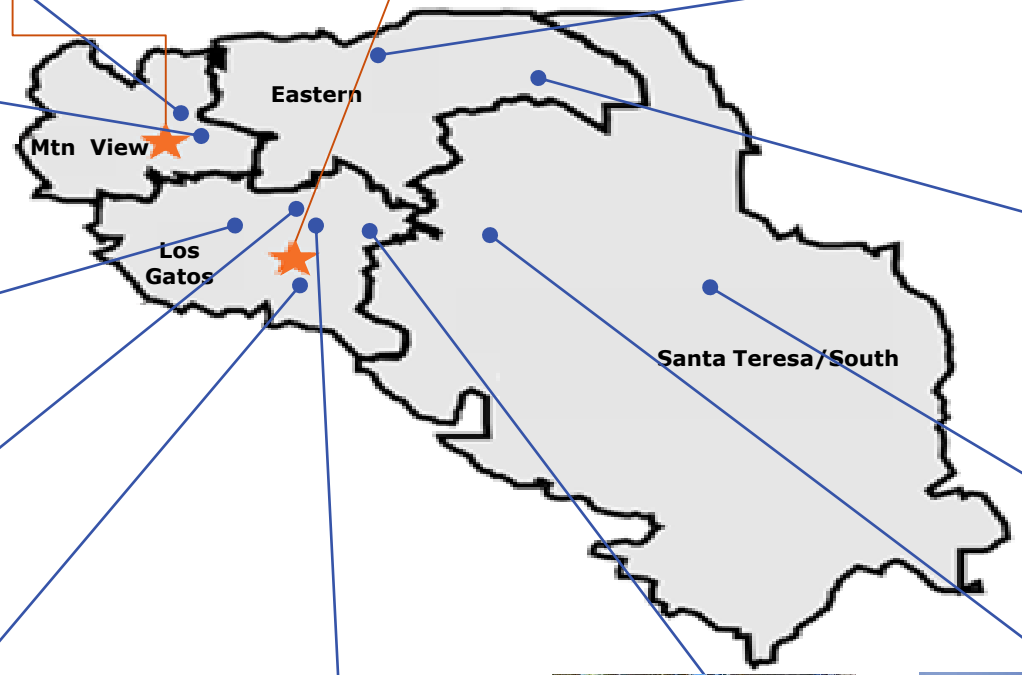
Sobrato Pavilion

El Camino Health Urgent Care Cupertino

Winchester

El Camino Hospital
Mountain View

El Camino Hospital
Los Gatos



First St

McKee

Morgan Hill

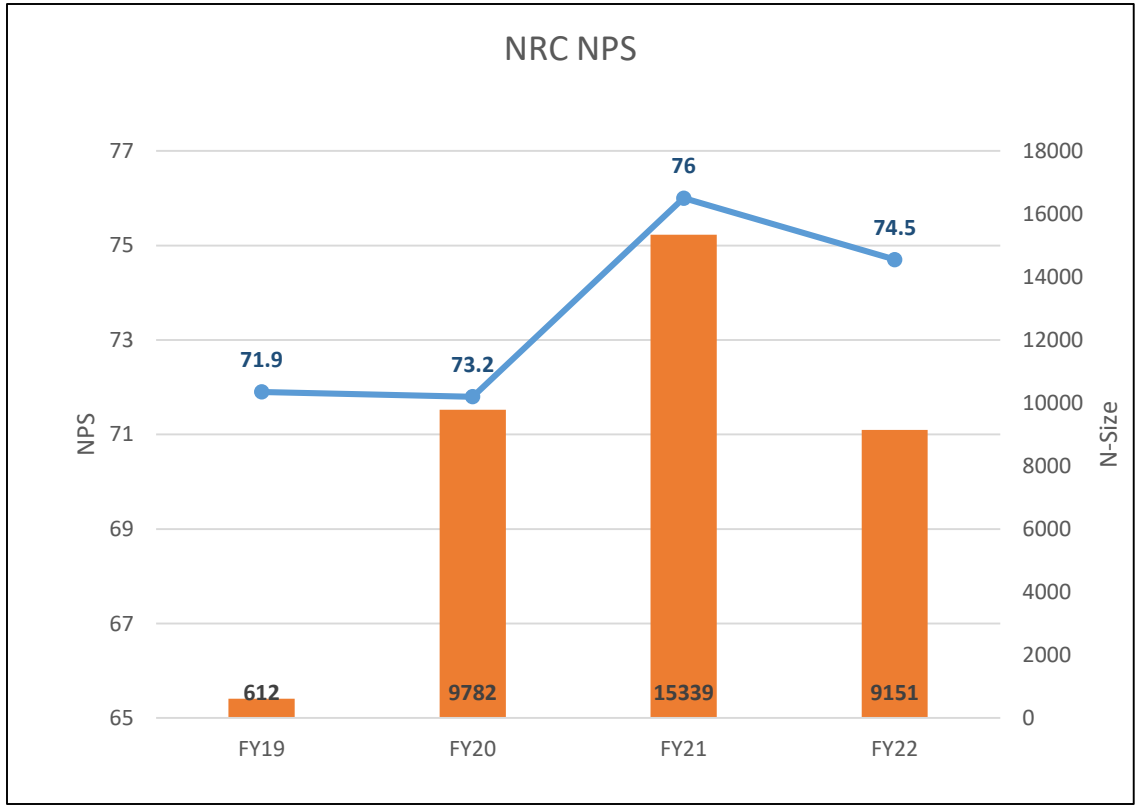
Bay Area Maternity

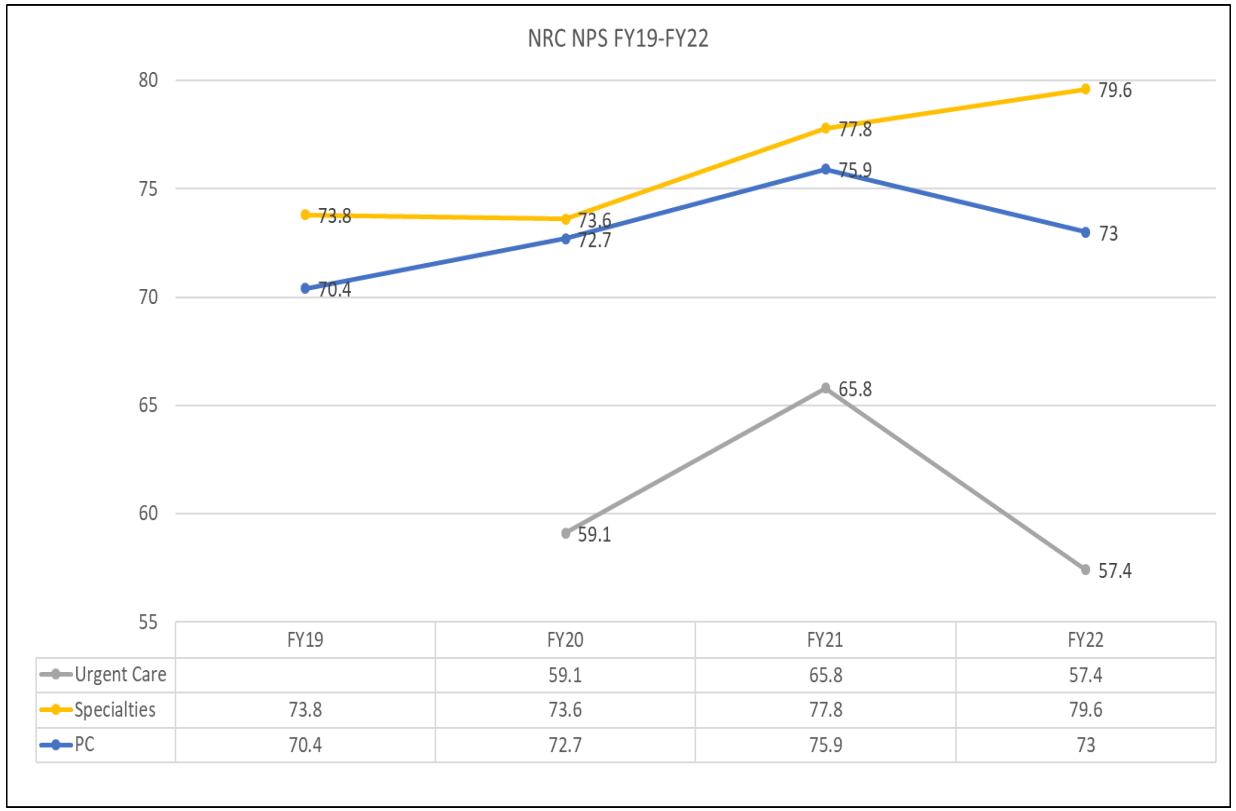
Parr

Samaritan

Willow Glen

ECHMN 3 year trend





	FY19	FY20	FY21	FY22
Urgent Care		59.1	65.8	57.4
Specialties	73.8	73.6	77.8	79.6
PC	70.4	72.7	75.9	73

El Camino Health

What Patients Want: The Loyalty Formula

Confidence in Provider

+ Team works together

+ Responsive to my concerns

=

96%

LTR

Likelihood To Recommend

Press Ganey Drivers of Outpatient Likelihood to Recommend, n=937,000 patients

Processes That Can Erode Loyalty

Find a Doctor

"What do other patients say?

Scheduling

"Don't make me call if I want to self-schedule

Wait Time

"My time is valuable? Don't waste it

Refill RX

Can't this be easier?

Access

"Can I be seen when I want, where I want, how I want?

Registration

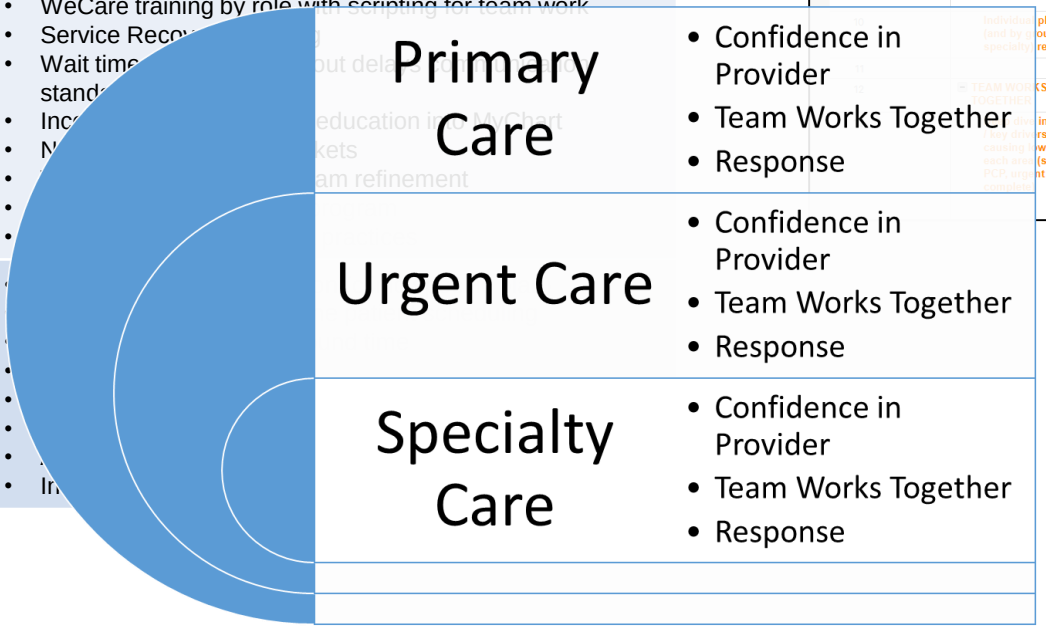
don't like sharing this information in public

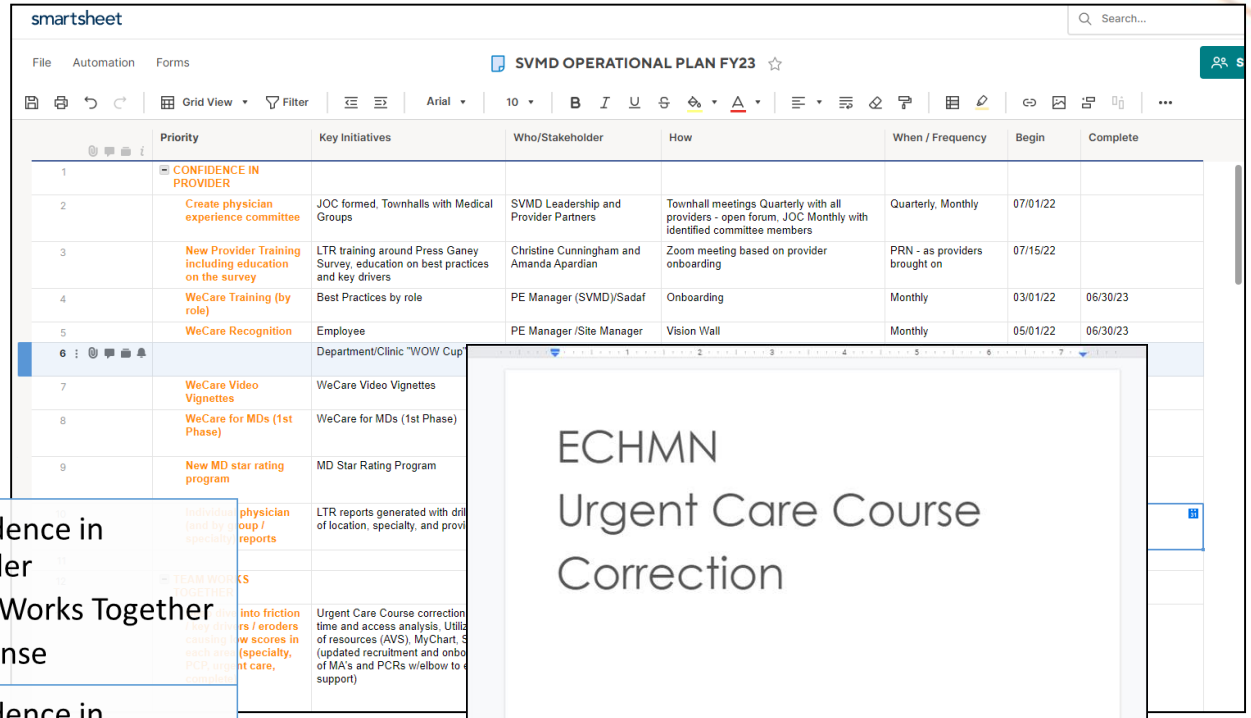
Post Visit Questions

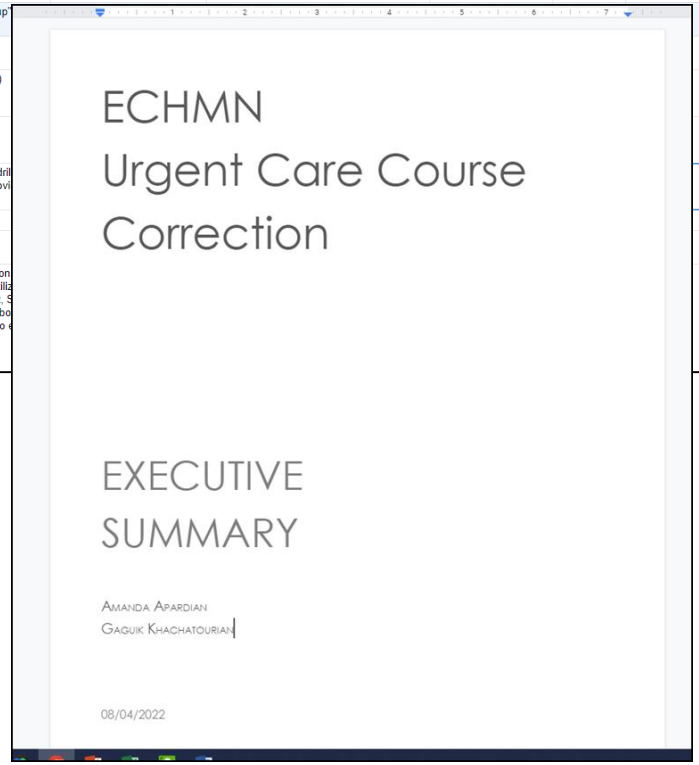
How long until I can get an answer to my question? Do I need to call or can I email?

FY23 Key Priorities (Drivers & Eroders)

Priority	Initiatives
• **Confidence in Provider**	• Create physician experience committee • New Provider Training including education on the survey • Patient Experience and WeCare training and coaching / shadow program (care team coaching) • New MD star rating program • Individual physician (and by group / specialty) reports
• **Team Works Together**	• Deep dive into friction / key drivers / eroders causing low scores in each area (specialty, PCP, urgent care) (complete) • Data strategy (develop targets / dashboards and vis walls by site / specialty) • WeCare training by role with scripting for team work • Service Recov • Wait time stand • Inc • N
• **Response to Concerns**	•







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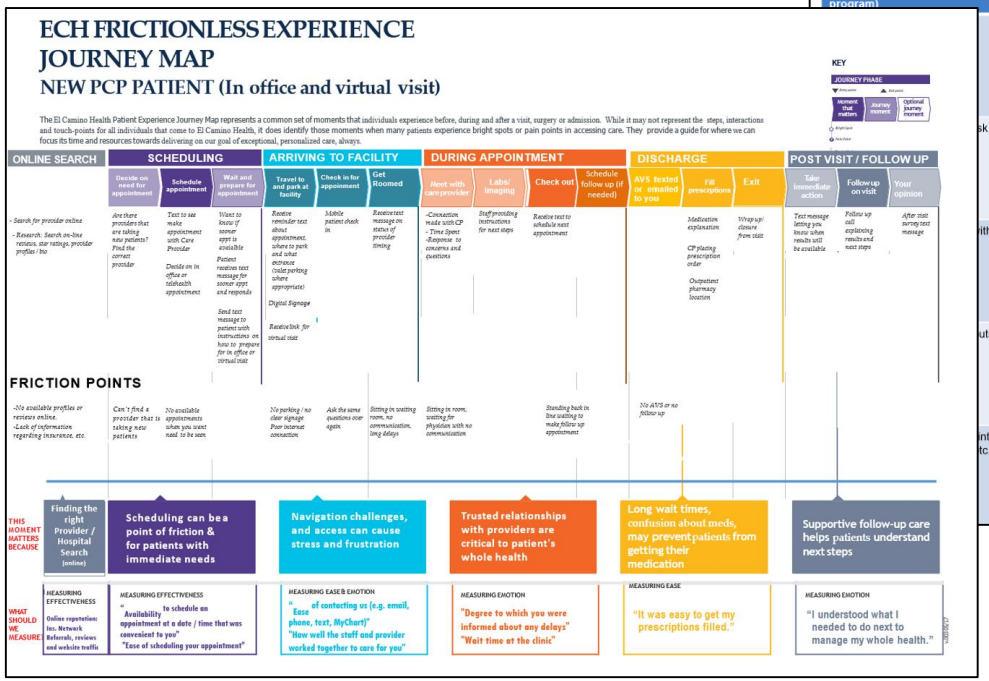
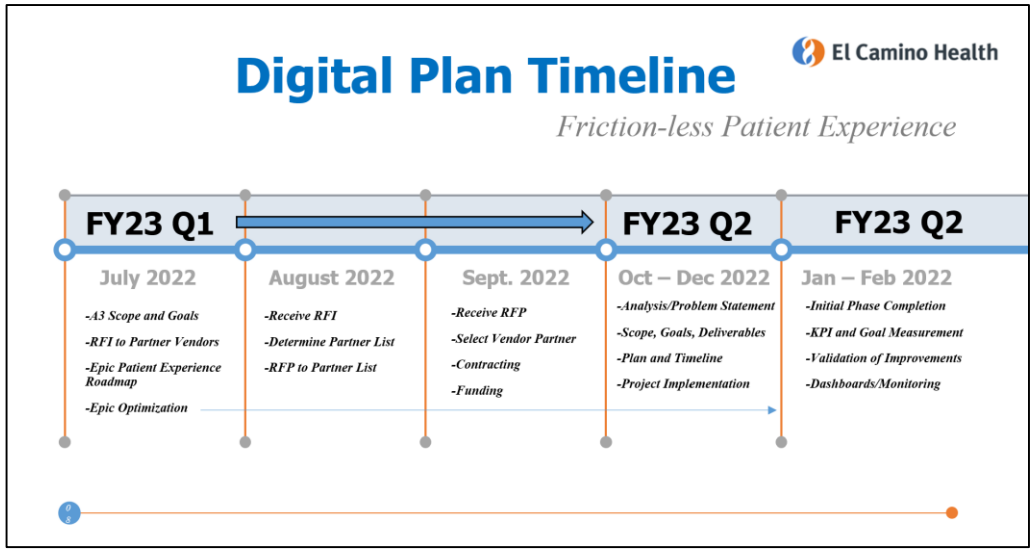
Frictionless



Proposed Consumer Segments to Build Journey Maps

Segments (defined by lead clinical program)	Services	Service Locations	Touchpoints in the journey(TBF)
	• Well-women care (OB/GYN) • Mammogram • MCH	Clinic Imaging Women's Hospital	Search Digital ad/Social ad Call to call center SMS MyChart Clinic office
sk or have	Cardiovascu		
ith cancer	• Robotic-i • Targeted and chem • Innovativ • Clinical ti		
utine annual	Primary car Urgent care		
nt tc.	Ortho care		



Frictionless Experience Dashboard

Patient Centered

	Source	FY22 Performance	FY23 Target	July	August	Sept	Oct
LTR (All)							
LTR	Press Ganey	78.2		75.5			
LTR CP	**Press Ganey**	**83.2**	**83.4**	**78.7**			
LTR CP (telehealth only)	Press Ganey	86.9		77.1			
Ease of contacting	Press Ganey	61.1		55.7			
Courtesy of registration staff	Press Ganey	76.1		74.5			
Information about delays	Press Ganey	66.3		62.7			
Ease of scheduling appointment	Press Ganey	70.0		61.8			
Staff worked together	Press Ganey	79.3		75.6			
Ability to get desired appointment	Press Ganey	66.8		60.4			
Wait time at clinic	Press Ganey	62.4		58.6			
LTR (Primary Care)							
LTR	Press Ganey	75.1		78.1			
LTR CP	**Press Ganey**	**82.8**	**84.8**	**78.5**			
LTR CP (telehealth only)	Press Ganey	86.7		71.7			
Ease of contacting	Press Ganey	57.6		56.0			
Courtesy of registration staff	Press Ganey	76.1		77.1			
Information about delays	Press Ganey	65.3		60.9			
Ease of scheduling appointment	Press Ganey	69.5		64.5			
Team Worked together	Press Ganey	77.3		77.4			
Ability to get desired appointment	Press Ganey	64.0		63.2			
Wait time at clinic	Press Ganey	60.4		60.7			
LTR (Specialty Care)							
LTR	Press Ganey	81.8		78.1			
LTR CP	**Press Ganey**	**87.5**	**87.9**	**82.5**			
LTR CP (telehealth only)	Press Ganey	90.0		91.3			
Ease of contacting	Press Ganey	61.0		55.6			
Courtesy of registration staff	Press Ganey	76.7		77.1			
Information about delays	Press Ganey	65.0		60.9			
Ease of scheduling appointment	Press Ganey	70.9		64.5			
Team Worked together	Press Ganey	82.6		77.4			
Ability to get desired appointment	Press Ganey	67.3		63.2			
Wait time at clinic	Press Ganey	61.5		60.7			
LTR (Urgent Care)							
LTR	Press Ganey	80.1		64.3			
LTR CP (all visit types)	**Press Ganey**	**77.8**	**80.7**	**67.7**			
Ease of contacting	Press Ganey	69.6		63.2			
Courtesy of registration staff	Press Ganey	77.3		66.3			
Information about delays	Press Ganey	71.9		60.4			
Ease of scheduling appointment	Press Ganey	70.1		73.1			
Team Worked together	Press Ganey	80.3		65.0			
Ability to get desired appointment	Press Ganey	73.5		65.8			
Wait time at clinic	Press Ganey	69.4		49.0			

Questions

El Camino Health

El Camino Health

El Camino Health Board of Directors
Quality, Patient Care and Patient Experience Committee Memo

To: Quality, Patient Care and Patient Experience Committee
From: Holly Beeman, MD, MBA, Chief Quality Officer
Date: September 6th, 2022
Subject: El Camino Health Equity Improvement Process

Purpose:

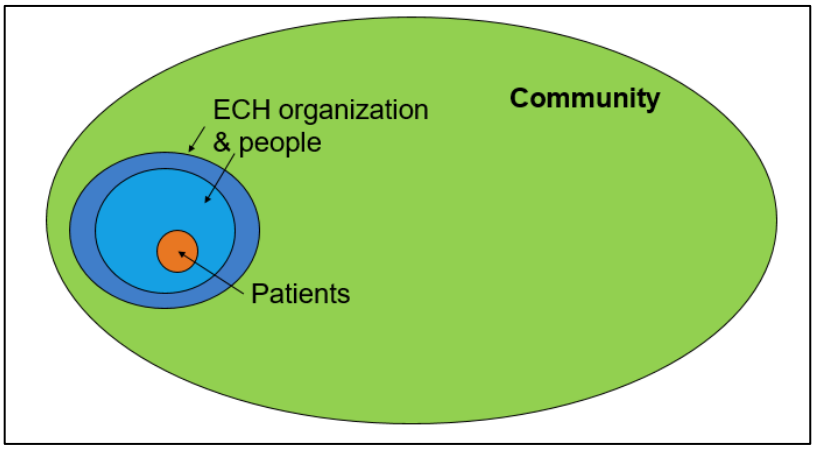
To update the Quality, Patient Care and Patient Experience Committee on the process identified to assess, monitor and ultimately improve the equity of care we provide our patients and communities.

Summary:

1. Situation: It is a strategic priority of the Quality, Patient Care and Patient Experience Committee in Fiscal Year 2023 to identify, measure and improve the equity of care provided to our El Camino Health patients and community.

2. Authority: The Quality, Patient Care and Patient Experience Committee is responsible for the quality, safety and **equity** of care provided to ECH patients.

3. Background: Social, political, and health events in 2019 and 2020 brought the impact of long standing inequities in health care access and outcomes to center stage for health care organizations in the United States. Understanding and improving health equity is on the minds of leaders in every corner of U.S. health care. Whole system Inclusion, Diversity, Equity and Belonging (i-Deb) includes interrogation of our organization (policies, operations, and strategy), our people (board, leadership, and employees), our community and our patients (health outcomes, patient experience, resources and access to care). The focus and scope of the work of ECH quality and experience teams, and this committee, is on our **patients**.



4. Assessment:

   A. Environmental Scan

      i. Our community has unique opportunities and characteristics. The racial demographics of Santa Clara county based on 2020 US Census data is 39%

Asian, 32% white, 2.3% black with 26% of residents having no discrete race information. The make-up of our ECH patients resembles that of our community based on EPIC data from July 2021 to June 2022.

Race	Santa Clara County	ECH Inpatients
Asian	39%	36%
White or Caucasian	32%	54%
Hispanic		7%
Black or African American	2.3%	3%
No discrete information	26%	21%

ii. Beyond race, Santa Clara County is ranked as the 3rd healthiest county in California (behind Marin #1 and San Mateo #2) County Health Rankings & Roadmaps. By many measures, our community has many favorable characteristics; air quality, transportation, average household income, and access to education.

iii. Given the stressors and barriers some hospitals, counties and communities face are not experienced here in Santa Clara County, to truly improve the outcomes for all of our patients, we must lean on and learn from the experiences of others, **and**, create a playbook for improving health equity uniquely here at El Camino Health.

B. El Camino Health, Health Equity Playbook

i. Step one will be to **identify** where disparities exist across patients

ii. Step two includes **directing resources** to intervene and address disparities

iii. Step three will be to measure and **monitor progress** towards achieving health equity

C. Identify non-clinical determinants unique to El Camino Health patients.

i. Social Determinants of Health. Defined as “structural determinants and conditions in which people are born, grow, live, work, and age that affect health, functioning, and quality of life”. (D. Di Thiene, 2008) Social determinants contribute to greater than 70% to an individual’s health.

ii. Data Collection. Collecting information to identify the unique characteristics affecting the experiences and health of our patients at ECH is a necessary first step to close the gaps which exist for our patients. “Data are the building blocks for how we describe the health of people and the communities where they live—stories that emerge from data help the nation understand and contextualize what drives or impedes health and how structural factors like racism and other forms of discrimination influences one’s ability to live a healthy life.” (National Commission to Transform Public Health Data Systems, 2022). Alignment on standardized data categories and definitions in the U.S. public health system is lacking. For example, the

confusion for many on the difference between race and ethnicity plagues not just our patients, staff and health care organizations, but also the U.S. Census bureau. So, as we embark to collect SDOH information, a critical first step will be to codify the unique characteristics of each 'category'.

iii. Social determinants data collection. Information about race, religion, gender, is self-reported. Relying on self-identification poses advantages and limitations. Because many 'marginalized' groups experience discrimination, self-reporting race, gender identify, employment is often fraught with stigma, and under reporting. To ensure reliable, consistent and complete data, the staff we ask to collect this data must receive training and support to do so in a humane and non-threatening (or rushed) manner.

iv. Based on a review of the medical literature and best practices defined by WHO, CDC, IHI, at a minimum the information to collect about:

- **REAL**—race, ethnicity, language
- **SDOH**-transportation, housing, social support, education/literacy, food security (starting point)
- **SOGI**—sexual orientation, gender identity

5. Recommendation:

A. Quality, Patient Care and Patient Experience Committee support the plan of ECH management to initiate focused improvement efforts on Health Equity to;

i. Codify definitions and categories of SDOH and SOGI data

ii. Develop process for data collection

1. Codify definitions for 'data' categories

2. Seek training protocols for staff tasked with collecting the data

3. Train staff (with above training protocols) in data collection best practices to optimize human-centered interactions

4. Identify who collects the data

5. Identify when, during a patient's clinic visit or hospitalization, the data is collected

6. Monitor percent completion of obtaining information on the three categories of; REAL, SDOH, SOGI.

7. Create method to ascertain completeness and accuracy of data collected.

iii. Deploy method to validate the completeness and accuracy of the data

List of Attachments

Attachment 1: Article of Interest. "Equity and Quality—Improving Health Care Delivery Requires Both". Victor Dzau, Journal of American Medical Association. Feb 8, 2022. Volume 3267, Number 6.

Attachment 2: ECH gender identity data collection. Example of current data collected about a patient's gender identity. We have affirmatory responses from approximately 35% of our patients.

VIEWPOINT

Equity and Quality—Improving Health Care Delivery Requires Both

Victor J. Dzau, MD
National Academy of Medicine, Washington, DC.

Kedar Mate, MD
Institute for Healthcare Improvement, Boston, Massachusetts.

Margaret O'Kane, MHS
National Committee for Quality Assurance, Washington, DC.

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In 2000, the Institute of Medicine (now the National Academy of Medicine) published *To Err Is Human: Building a Safer Health System*,[1] followed a year later by *Crossing the Quality Chasm: A New Health System for the 21st Century*.[2] Together, these reports launched a movement to improve health care quality and patient safety. On the occasion of the 20th anniversary of these landmark reports, the National Academy of Medicine assembled 10 national leaders in health care quality to look back on lessons learned and forward to the field's future.[3] In their paper, the leaders unanimously concluded that "[f]or care to be considered high quality, it must be equitable."[3] This Viewpoint explains that the inverse is also true: It is impossible to deliver equitable health care if it is not high-quality care. In other words, there is no equity without quality, and there is no quality without equity.

Crossing the Quality Chasm identified equity as 1 of the 6 aims of quality. It defined "equitable care" as having "care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status."[2] Thus, quality must not only center equity, providing equitable care also requires that care is of the highest quality.

> There is no quality without equity, and there is no equity without quality. As new quality-improvement measures and approaches are put into place, they should be planned with equity in mind and monitored to ensure they reduce disparities.

However, improving health care quality does not ensure health equity. When quality improvement efforts do not intentionally address equity, they may actually increase disparities. For example, between 1990 and 2005, US mortality rates for heart disease, breast cancer, and stroke decreased, but the gap between mortality rates among Black patients and White patients increased.[4] As quality improvement efforts are implemented, they must be held accountable for both improving care and reducing disparities.

Presently, however, the health system does not have the infrastructure to center and build equity. But it can use the existing infrastructure developed to measure, monitor, improve, and incentivize quality to also build a more equitable health system by focusing on 3 areas: data, leadership and governance, and payment.

Data

It is often said that what is not measured cannot be improved. The health system must be able to measure and demonstrate improvements in health care disparities to show progress toward achieving health equity. But the US health system currently does a poor job of collecting and using these data, for reasons including "an absence of standardized data categories, insufficient institutional incentives, a lack of patient trust, reluctance of clinicians to ask for and record data, and inadequate explanations to both patients and staff regarding the importance and purpose of collecting demographic information."[3]

This needs to change. Equity must be centered in all levels of health data infrastructure, in both the public and private sectors. Public health data collection must capture and address structural racism and other health inequities, including collecting data across population groups by race, ethnicity, and geography and investing resources to support comprehensive data collection at the federal, state, and local levels. Data collection should include "self-reported data by race, ethnicity, income, education, gender identity, sexual orientation, disability, and social position (ie, how people are placed in a hierarchy of value by society, as perceived by the individual)," as well as community-level data.[5]

Leadership and Governance

Health equity should be everyone's business, but advancing health equity will require sustained leadership, supportive governance structures, and dedicated resources. Although health care systems and organizations are responsible for ensuring patient safety, they are not yet legally or operationally responsible for ensuring equity. However, this can change if equity is directly connected to quality and patient safety, and these ties could provide the motivation necessary to begin broad cultural change toward considering health equity with the same seriousness that is currently devoted to ensuring patient safety and quality care.

Payment

Equity also must be part of the equation for achieving high-value health care, and it needs to be brought forth explicitly as part of the value equation.

Health care organizations in predominantly fee-for-service environments are not incentivized financially to ensure equitable care and are only in some instances provided with fee-for-service payments that

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are linked to quality performance. But organizations that assume financial risk through population-based payment models, such as accountable care organizations, and full capitation are in the position to do just this. These models already reward improvements in population health, but they need to be strengthened to incentivize improvements in the health of marginalized populations. Reducing racial and ethnic disparities in health outcomes must become a requirement for health care organizations in managing population-level financial risk. Equity improvements should also be considered when analyzing quality-based performance payments as an additional incentive.

Delivering high-quality and equitable care does not mean treating every patient the same way. Patients have different circumstances, needs, and preferences that need to be addressed, including those due to the social determinants of health, which may include lack of access to healthy foods, affordable housing, or stable employment. To address these factors effectively, health care organizations need to work with organizations in other sectors, such as food banks, employers, and social service providers, to ensure that patients are adequately cared for.

As the US health care system endeavors to deliver both quality and equity-focused care, it must do so understanding the dynamic between the 2. There is no quality without equity, and there is no equity without quality. As new quality-improvement measures and approaches are put into place, they should be planned with equity in mind and monitored to ensure they reduce disparities. At the same time, to truly move toward delivering equitable care, leaders should draw on existing infrastructure and measures in place for assessing and improving health care quality. The time is now to ensure that patients across the US receive the care they deserve.

ARTICLE INFORMATION

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Conflict of Interest Disclosures: Dr Dzau reported previously serving as a board member for Medtronic and receiving deferred compensation until 2018. Ms O'Kane is a board member of the Milbank Memorial Fund, the Institute for Exceptional Care, and EHE Health, as well as a board member and former board chair of Healthwise. No other disclosures were reported.

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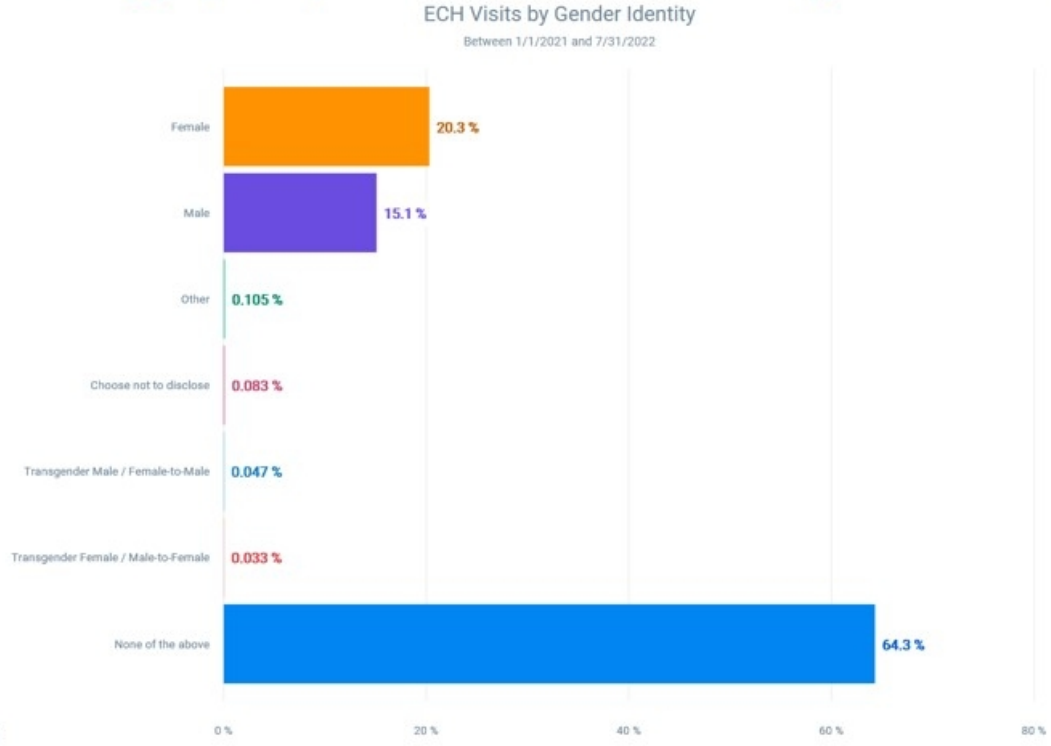
ECH Demographic profile – Gender Identity



Souce: Epic Cogito

El Camino Health