



**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

Carol Somersille, MD
Alyson Falwell**
Philip Ho, MD**
Prithvi Legha, MD**
Jack Po, MD
Krutica Sharma, MD**
John Zoglin**

Members Absent

Melora Simon

**via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
<p>1. CALL TO ORDER/ ROLL CALL</p>	<p>The open session meeting of the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital (the "Committee") was called to order at 5:31 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.</p>	
<p>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</p>	<p>Chair Somersille asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.</p>	
<p>3. PUBLIC COMMUNICATION</p>	<p>There were no comments from the public.</p>	
<p>4. CONSENT CALENDAR</p>	<p>Chair Somersille asked if any Committee member would like to pull an item from the consent calendar.</p> <p>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.</p> <p>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.</p> <p>Chair Somersille stated this is the next meeting. Dr. Beeman shared she will provide this update now.</p> <p>Dr. Beeman shared that ECHMN changed vendors from NRC to Press Ganey. Benchmarks from Press Ganey are as follows:</p>	<p>Consent Calendar Approved</p>

	<p>Likelihood to Recommend – FY22 Final Performance: 81.2% of patients selected top box for likelihood to recommend.</p> <ul style="list-style-type: none"> • National Benchmark: 30th percentile • California Benchmark: 44th percentile • Bay Area Benchmark: 34th percentile <p>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.</p> <p>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:</p> <p>Primary Care: 83.9% of patients selected top box for likelihood to recommend.</p> <ul style="list-style-type: none"> • National Benchmark: 35th percentile • California Benchmark: 47th percentile • Bay Area Benchmark: 39th percentile <p>Specialty Care: 87.1% of patients selected top box for likelihood to recommend.</p> <ul style="list-style-type: none"> • National Benchmark: 64th percentile • California Benchmark: 78th percentile • Bay Area Benchmark: 58th percentile <p>Urgent Care: 77.8% of patients selected top box for likelihood to recommend.</p> <ul style="list-style-type: none"> • National Benchmark: 11th percentile • California Benchmark: 20th percentile • Bay Area Benchmark: 18th percentile <p>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</p> <p>Movant: Po Second: Legha Ayes: Somersille, Falwell, Ho, Legha, Po, Sharma, Zoglin Noes: None Abstain: None Absent: Simon Recused: None</p>	
<p>5. CHAIR'S REPORT</p>	<p>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.</p>	

	<p>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.</p> <p>Chair Somersille shared her vision for the Committee going forward and the 3 top priorities for this year.</p> <ol style="list-style-type: none"> 1. Health Equity 2. Ambulatory Quality 3. Service Excellence/Patient Experience <p>Chair Somersille asked each Committee Member to introduce themselves and shared their area of interest and how it may contribute to this Committee.</p> <p>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.</p>	
<p>6. QUALITY COMMITTEE MEMBER RECRUITMENT</p>	<p>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.</p> <p>Chair Somersille asked the Committee for feedback on Recruiting new members. Ms. Falwell and Dr. Sharma gave a virtual thumbs up.</p> <p>Dr. Legha expressed that the Committee should begin their work and if we need to add, we can.</p> <p>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.</p> <p>A discussion occurred around having a Patient join the Committee and the positive and negative impacts.</p> <p>Dr. Beeman expressed that for the recruitment efforts, her preference is to add a member to the committee with experience in Health Equity.</p>	
<p>7. AD HOC COMMITTEE RECRUITMENT FORMATION</p>	<p>Chair Somersille requested a Motion to approve the Formation of the Recruitment Ad Hoc Committee.</p> <p>Motion: To Form an Ad-Hoc Committee for Quality Committee Member Recruitment</p> <p>Movant: Po Second: Sharma Ayes: Somersille, Falwell, Ho, Legha, Po, Sharma, Zoglin Noes: None Abstain: None</p>	<p>AD HOC COMMITTEE RECRUITMENT FORMATION APPROVED</p>

	<p>Absent: Simon Recused: None</p> <p>Chair Somersille gave a brief summary of what the Ad-Hoc Committee's responsibilities would be and what the process is for Recruitment.</p> <p>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.</p> <p>Motion: To nominate John Zoglin for the Ad-Hoc Committee</p> <p>Movant: Po Second: Somersille</p> <p>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.</p> <p>Motion: To nominate Alyson Falwell for the Ad-Hoc Committee</p> <p>Movant: Somersille Second: Po</p> <p>Chair Somersille asked Dr. Po to nominate another person. Dr. Po asked Dr. Sharma if she would like to participate. Dr. Sharma agreed.</p> <p>Motion: To form the Ad-Hoc Committee with Carol Somersille, Alyson Falwell, Krutica Sharma, and John Zoglin.</p> <p>Movant: Po Second: Somersille Ayes: Somersille, Falwell, Ho, Legha, Po, Sharma, Zoglin Noes: None Abstain: None Absent: Simon Recused: None</p>	
<p>8. PATIENT STORY</p>	<p>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.</p> <p>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</p>	

	<p>resurfaced. This shows we need to do a deeper dive into the discharge process and provide additional education.</p> <p>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.</p>	
<p>9. HEALTH CARE EQUITY</p>	<p>Dr. Holly Beeman, CQO presented on Health Care Equity and shared the following:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 <p>Ms. Falwell asked if there will be training for employees around Health Equity and how to ask the right questions when talking to patients.</p> <p>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.</p>	
<p>10. Q4 FY22 STEEEP DASHBOARD REVIEW</p>	<p>Dr. Holly Beeman, CQO provided background regarding the STEEEP Dashboard and presented on readmissions. Dr. Beeman highlighted the following:</p> <ul style="list-style-type: none"> • 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 	
<p>11. EL CAMINO HEALTH MEDICAL NETWORK REPORT</p>	<p>Shahab Dadjou, Interim President, El Camino Medical Network introduced himself to the Committee and deferred the</p>	

	<p>presentation to Ute Burness, RN, VP of Quality and Payer Relations.</p> <p>Ute Burness presented on the El Camino Health Medical Network Report and highlighted the following:</p> <ul style="list-style-type: none"> • 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 <p>Dr. Sharma shared a couple of requests regarding the Quality Reporting for ECHMN:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p><i>Ms. Falwell left the meeting at 7:50 pm</i></p>	
<p>12. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at <u>7:59 pm.</u></p> <p>Movant: Po</p> <p>Second: Zoglin</p> <p>Ayes: Somersille, Ho, Legha, Po, Sharma, Zoglin</p> <p>Noes: None</p> <p>Abstain: None</p> <p>Absent: Falwell, Simon</p> <p>Recused: None</p>	<p><i>Adjourned to closed session at 7:59 pm</i></p>
<p>13. AGENDA ITEM 19: RECONVENE OPEN SESSION/REPORT OUT</p>	<p>The open session reconvened at 8:10 pm. Agenda items 13-18 were addressed in closed session.</p> <p>During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (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.</p>	
<p>14. AGENDA ITEM 20: CLOSING WRAP UP</p>	<p>No additional Comments</p>	

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