



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

Monday, April 3, 2023

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

Members Present

Carol Somersille, MD
Pancho Chang
Philip Ho, MD
Prithvi Legha, MD
Jack Po, MD**
Krutica Sharma, MD
Melora Simon
John Zoglin

Members Absent

Others Present

Holly Beeman, MD, MBA, CQO
Dan Woods, CEO
Meenesh Bhimani, MD, COO
Cheryl Reinking, DPN, RN, CNO
Shreyas Mallur, MD, ACOG
Daniel Shih, MD**
Tracy Fowler, Director, Governance Services
Nicole Hartley, Executive Assistant II

**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 joined at 5:35 pm. All other members were present at roll call and participated in-person or telephonically. A quorum was present.	
2. CONSIDER APPROVAL FOR AB 2449 REQUESTS	Ms. Hartley shared that we have one member of the Committee, Jack Po participating remotely due to Just Cause. Chair Somersille ask Dr. Po if there were any adults in the room. Dr. Po confirmed there were not.	
3. 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.	
4. PUBLIC COMMUNICATION	There were no comments from the public.	

<p>5. CONSENT CALENDAR</p>	<p>Chair Somersille asked if any Committee member would like to pull an item from the consent calendar.</p> <p>Dr. Sharma, Chair Somersille, and Mr. Zoglin requested to pull item 5d – FY23 Enterprise Quality Dashboard.</p> <p>Dr. Sharma commented about the Patient Experience LTR scores trending downward and asked what the other extreme looks like in comparison to the top box? Meenesh shared we recently looked at March data. The score range is 5 4 3 2 1 with 5 being high (top box) and 1 being low. Five surveys out of the approximately 600 rated a 1 or 2 so we have 97% positive responses. Currently, we are focused on moving 4s to 5s.</p> <p>Mr. Zoglin asked why on items 11 and 12 there is a delay in data. Dr. Beeman shared that for the OB measures, they look at every single case versus taking a sample size of the measure. Each chart gets abstracted and verified. CMQCC (California Maternal Quality Care Collaborative) informs our LeapFrog Safety grade and cannot be sped up. An option for these measures is to have them be on the STEEEP dashboard versus the monthly dashboard. In addition, there is discussion around changing or adding a measure to breastfeeding rates. Dr. Beeman will work with MCH (Maternal Child Health) on a more timely measure.</p> <p>Chair Somersille wanted to ensure we have it notated to stop reporting Elective Delivery Prior to 39 weeks gestation and update it to breastfeeding. Dr. Beeman shared that the update will be for FY24. Chair Somersille asked if the data scientist is working with the OBG/YN department about the risk factors that cause the C-Section rate to be higher. Dr. Beeman shared the information comes from CMQCC. Dr. Beeman will bring to the Quality Committee at a future meeting the improvement work in progress by Maternal Child Health team.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (03/06/2023); For information: (b) Report on Board Actions, (c) Value Based Purchasing Report (d) FY23 Enterprise Quality Dashboard (e) QC Follow-Up Items</p> <p>Movant: Chang Second: Simon Ayes: Somersille, Chang, Legha, Po, Simon, Sharma, Zoglin Noes: None Abstain: None Absent: Ho Recused: None</p>	<p>Consent Calendar Approved</p> <p>Action: Dr. Beeman to work with MCH on a timely measure.</p>
<p>6. CHAIR’S REPORT</p>	<p>Chair Somersille shared that staff is working on getting everyone on the Committee access to Boardvantage to provide access to Quality Committee specific documents. Chair</p>	

	<p>Somersille also extended an invitation for any Committee Member to attend one of the upcoming Quality Council meetings.</p> <p>Chair Somersille formally introduced Pancho Chang, Quality Committee's newest Committee Member, and shared that Terhilda Garrido will no longer be joining the Committee.</p>	
<p>7. PATIENT STORY</p>	<p>Cheryl Reinking, CNO shared a Press Ganey survey comment received by a patient following discharge from the hospital. The patient felt that the discharge process was rushed and there was no time to absorb the discharge instructions. Cheryl shared that there is collaboration with the Readmission Committee and Patient Experience to review the current discharge process. With visitors being able to come onsite now, including family members in the discharge instructions conversations will be helpful. A process is being reviewed for scheduling discharge instructions to give families an opportunity to plan to be here. Currently, discharge instructions are provided in written form and there are generic videos available. Cheryl is partnering with Deb Muro, CIO on creating customized videos based on the patient's need.</p>	
<p>8. REVIEW & APPROVE FY24 COMMITTEE PLANNING ITEMS</p>	<p>Dr. Holly Beeman, CQO opened the discussion to discuss the updated FY24 Committee Planning Items.</p> <p>FY24 Committee Goals: Mr. Zoglin asked about the third metric on goal 4, <i>positive score on annual committee assessment</i>, and what that means. Ms. Fowler shared we have not developed the assessment yet so a positive score has not been defined.</p> <p>Discussion occurred within the committee regarding goal 4 and how it would be measured and the consensus is there needs to be a baseline on the assessment so we need to have an initial assessment done prior to the beginning of FY24. Ms. Fowler will present the draft assessment at the May Quality Committee meeting.</p> <p>The Committee agreed to remove the words <i>Positive Score</i> and update to <i>Improvement on baseline metrics</i>. The Committee Goals and assessment will come back to the Committee in May.</p> <p>Mr. Zoglin asked about goal 5, Education Session with the Committee, and why Patient Experience aptitude was removed. Ms. Fowler shared that we are not limiting the goal to only Patient experience education.</p> <p>Discussion occurred within the committee and the consensus is to update goal 5 to <i>Participate in the training and development of the Committee</i>.</p>	<p>Action: <i>Initial committee assessment and updated FY24 Goals to be shared with QC at the May meeting by Tracy.</i></p>

QC Charter:

Dr. Beeman shared that Sentinel Events (SE) and Serious Safety Events (SSE) should stay as part of the charter for Quality Committee. Ms. Simon asked that we stay in line with the SE & SSE reporting policy. Dr. Beeman shared there is no policy that dictates which events are brought to the Committee. Chair Somersille asked if every SE or SSE comes to the Committee and Dr. Beeman shared that it does not. Dr. Sharma asked if we can see trends regarding SEs and SSEs. Dr. Beeman shared that the Serious safety event rate is reported monthly on the Enterprise Quality Dashboard. And, annually Sheetal Shah provides a detailed review of the years' serious safety events, including a breakdown into the categories of serious safety events.

The charter was approved with two changes to be implemented:

- Specific duty #1 on page 3 to say something other than "ensure". Suggestion: "Advocate for"
- Specific duty re: SSE remove PolicyStat as the repository and replace with Policy and Procedure management software.

Motion: To approve the Quality Committee Charter with the noted changes

Movant: Zoglin

Second: Sharma

Ayes: Somersille, Chang, Ho, Legha, Po, Simon, Sharma, Zoglin

Noes: None

Abstain: None

Absent: None

Recused: None

FY24 Pacing Plan & FY24 QC Dates:

Ms. Simon noted we should have the org goals presented and then approved in separate months. Chair Somersille shared that the May 2024 meeting will be occurring and that either March or April will be removed. The Committee discussed the options and came to a consensus to remove the April 2024 meeting, keep the May meeting and move the items paced to May to be shared in the March Meeting. This means the proposed quality org goals for FY2024 will need to be presented at the March 2024 meeting. Dr. Beeman acknowledged this and confirmed this was doable for the quality team.

Motion: To approve the FY24 Pacing Plan with the noted changes

Movant: Zoglin

Second: Chang

**Quality
Committee
Charter
Approved**

**FY24 Pacing
Plan and
FY 24 Dates
Approved**

	<p>Ayes: Somersille, Chang, Ho, Legha, Po, Simon, Sharma, Zoglin Noes: None Abstain: None Absent: None Recused: None</p> <p>Motion: To approve the FY24 Quality Committee Dates with the noted changes</p> <p>Movant: Simon Second: Sharma Ayes: Somersille, Chang, Ho, Legha, Po, Simon, Sharma, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	
<p>9. PROPOSED FY24 ENTERPRISE ORGANIZATIONAL GOALS</p>	<p>Dr. Holly Beeman, CQO presented the FY24 Enterprise Organizational Goal and highlighted the following:</p> <ul style="list-style-type: none"> • Patient Experience – the measures will likely not change, but the targets may change • Quality – the memo describes where we want to focus on for FY24 • Ensure the measure that is selected translates well to the full board and influences/reflects how we are publicly perceived. • Based on the initial review of the preliminary spring Leapfrog grades and a recent CMS/Leapfrog crosswalk, the areas of focused improvement for FY24 are likely to be C. Difficile Infection, Catheter Associated Urinary Tract Infection (CAUTI) and Central Line Associated Blood Stream Infection (CLABSI). • Continue to focus on non-ventilator hospital acquired pneumonia, but not included in the HAC Index for FY24 <p>A discussion occurred with the Committee regarding the intent of the goals and additional options that were considered. The committee is in support of having a HAC 2.0 index with C Diff, CAUTI, and CLABSI for the quality organizational goal for FY24.</p>	
<p>10. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at <u>6:50 pm.</u></p> <p>Movant: Sharma Second: Chang Ayes: Somersille, Chang, Ho, Legha, Po, Simon, Sharma, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	<p>Adjourned to closed session at 6:50 pm</p>

11. AGENDA ITEM 16: RECONVENE OPEN SESSION/REPORT OUT	The open session reconvened at <u>7:14 pm</u> . Agenda items 11-15 were addressed in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (03/06/2023), the Quality Council Minutes (03/01/2023), and the Credentialing and Privileges Report by unanimous vote by all committee members present.	
12. AGENDA ITEM 17: ROUNDTABLE	No additional comments.	
13. AGENDA ITEM 18: ADJOURNMENT	Motion: To adjourn at <u>7:15 pm</u> Movant: Zoglin Second: Legha Ayes: Somersille, Chang, Ho, Legha, Po, Simon, Sharma, Zoglin Noes: None Abstain: None Absent: None Recused: None	Adjourned at 7:15 pm

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


Nicole Hartley, Executive Assistant, II

Prepared by: Nicole Hartley, Executive Assistant, II
Reviewed by: Tracy Fowler, Director of Governance Services