El Camino Health

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Health Board of Directors
Monday, May 1, 2023
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

Members Present	**Members Absent**	**Others Present**
Carol Somersille, MD	Prithvi Legha, MD	Holly Beeman, MD, MBA, CQO
Pancho Chang		Dan Woods, CEO**
Philip Ho, MD		Mark Adams, MD, CMO
Jack Po, MD		Meenesh Bhimani, MD, COO
Krutica Sharma, MD		Deb Muro, CIO**
Melora Simon		Cheryl Reinking, DPN, RN, CNO
John Zoglin		Shahab Dadjou, President, ECHMN
		Shreyas Mallur, MD, ACMO
		Ute Burness, RN, VP of Quality and Payer Relations
		Lyn Garrett, Senior Director, Quality**
		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 Health (the "Committee") was called to order at 5:32 pm by Chair Carol Somersille. A verbal roll call was taken. Dr. Sharma joined at 5:33 pm and Ms. Simon joined at 5:35 pm. Dr. Legha was absent. All other members were present at roll call and participated in-person. A quorum was present.	
2.	CONSIDER APPROVAL FOR AB 2449 REQUESTS	Ms. Hartley shared that we have no members of the Committee participating remotely due to Just Cause.	
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.	

5. CONSENT CALENDAR	Chair Somersille asked if any Committee member would like to pull an item from the consent calendar.	*Consent Calendar Approved*
	Mr. Zoglin pulled items 5b – FY24 Committee Goal and 5e – FY23 Enterprise Quality Dashboard. Chair Somersille requested to pull item 5h – QC Follow-Up items.	
	Mr. Zoglin asked about the FY24 Committee Goals that refer to actions in FY23 and if these are placeholders until we identify the numbers more. Ms. Fowler confirmed these are placeholders.	
	Chair Somersille addressed the QC Follow-Up items, asking about the Health Equity follow-up item and if in the future, Quality Council minutes can include details when Health Equity is discussed. Dr. Adams shared that Quality Council is a management committee and we cannot present requests to them. Ms. Fowler shared that the staff present can speak to any questions the Committee has regarding the Quality Council meeting minutes when questions arise. The Committee discussed the Quality Council process and leadership encouraged Committee members to attend a Quality Council meeting.	
	Mr. Zoglin addressed the FY23 Enterprise Quality Dashboard and asked about the Readmissions Index. He asked if we know what is affecting the changes/improvements with the Readmission Index. Before responding to the question, Dr. Beeman shared that this would be discussed during agenda item 7 (Review of the STEEEP Dashboard). For process going forward, would the committee prefer a single memo describing measures which appear in either or both of the dashboards; the monthly Enterprise dashboard, and the quarterly STEEEP dashboard. Currently there are two memos covering the same content. The committee supports this suggestion. Going forward, when both STEEEP and Enterprise are paced to be reviewed at the committee, the Chief Quality Officer will compose one memo encompassing the contents of both dashboards.	
	Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (04/03/2023), (b) FY24 Committee Goals; For information: (c) Report on Board Actions, (d) FY23 Pacing Plan, (e) FY23 Enterprise Quality Dashboard, (f) CDI Dashboard, (g) Core Measures, (h) QC Follow-Up Items	
	Movant: Zoglin **Second**: Po **Ayes**: Somersille, Chang, Ho, Po, Sharma, Simon, Zoglin **Noes**: None **Abstain**: None **Absent**: Legha **Recused**: None	

6. PATIENT STORY	Cheryl Reinking, CNO presented the Daisy Award winners over the past year in honor of nurses' week. Cheryl reviewed what the daisy award is in the memo and shared that it occurs on a monthly basis. Each month they receive between 40-50 nominations to review and select one winner. This is a highly coveted award and a special ceremony is completed each month on the unit where the Daisy Award is presented by the CNO.	
7. Q3 FY23 STEEEP DASHBOARD REVIEW	Dr. Holly Beeman, CQO presented the Q3 FY23 STEEEP Dashboard and highlighted the following: **Readmissions:** 4 areas of focus are one-day length of stay, vulnerable population, high utilizers, and patients with sepsis. The improvement in decreasing readmissions is a result of progress in each of these areas. A theme that affected all readmissions work was a complete disruption of home health and skilled nursing facilities from the pandemic. We are collaborating with skilled nursing facilities to focus on specific interventions and address opportunities with them. Our sepsis coordinator went to every skilled nursing facility and created an educational tool kit for them. This process has helped build relationships and create an opportunity to identify gaps early on. One day length of stay has been reduced by 30%. There is a correlation between care coordination coverage and the time the patient was admitted. Management has expanded coverage of social work in the ED to help with the 11:00 pm – 4:00 am window when patients are being admitted for 'social' not medical indications. Cheryl also shared that substance abuse patients are another factor in readmissions and highlighted our Bridge Program designed to provide care navigation to patients with substance abuse. Dr. Po asked about the mortality index and whether we are concerned that it is trending up. Dr. Beeman shared that the mortality index rise is related to our sepsis mortality index rising. Dr. Beeman confirmed this is a concern and this is being addressed. The committee discussed imaging turnaround time regarding the processes in place currently and potential options to help in the future.	
8. EL CAMINO HEALTH MEDICAL NETWORK REPORT	Ute Burness, RN, VP of Quality and Payer Relations provided an overview to supplement the materials in the packet for the El Camino Health Medical Network Report and highlighted the following:	

	- Clinical Excellence Domain: FYTD 23 Performance and current status on the opportunities for better performance. - Quality Trends on diabetes management, colorectal cancer, medication reconciliation, breast cancer, blood pressure control, and annual flu vaccination - Mitigation plan for clinical excellence domain - Dependable, Convenient, and Experience Domain and the mitigation plan for the third next available (3NA) - Patient Experience FYTD23 and the processes in place to continue improvement The committee engaged in a conversation about reliable and convenient metrics that contribute to a positive user experience. The committee also deliberated on the importance of incorporating data regarding scores of 4s and 5s. Director Zoglin emphasized the significance of prioritizing the top box scores, as these individuals have the potential to become advocates. Mr. Dadjou provided the team with the latest information on ongoing recruitment and hiring endeavors.	
9. **REVIEW & RECOMMEND FY24 ENTERPRISE ORGANIZATIONAL GOALS**	Dr. Holly Beeman, CQO presented the FY24 Enterprise Organizational Goal and highlighted the following: - Last meeting the committee discussed having the HAC 2.0 index with C Diff, CAUTI, and CLABSI as the quality organizational goal for FY24 - Non-ventilator hospital acquired pneumonia (nvHAP) will stay as a goal again for FY24 - We do not have an update at this time regarding the Patient Experience goals. This will be provided once available. **Motion**: To recommend to the Board the FY24 Enterprise Organizational Goals **Movant**: Simon **Second**: Po **Ayes**: Somersille, Chang, Ho, Po, Sharma, Simon, Zoglin **Noes**: None **Abstain**: None **Absent**: Legha **Recused**: None	*FY24 Enterprise Organizational Goals Approved*
10. **ADJOURN TO CLOSED SESSION**	**Motion**: To adjourn to closed session at <u>7:00 pm.</u> **Movant**: Chang **Second**: Po **Ayes**: Somersille, Chang, Ho, Po, Sharma, Simon, Zoglin **Noes**: None **Abstain**: None **Absent**: Legha **Recused**: None	*Adjourned to closed session at 7:00 pm*

11. AGENDA ITEM 17: **RECONVENE OPEN** **SESSION/REPORT OUT**	The open session reconvened at 7:28 pm. Agenda items 11-16 were addressed in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (04/03/2023), the Quality Council Minutes (04/05/2023), and the Credentialing and Privileges Report by unanimous vote by all committee members present.	
12. AGENDA ITEM 18: **ROUNDTABLE**	Tracy Fowler, Director of Governance Service shared with the committee the Quality Committee Assessment and where to locate it.	
13. AGENDA ITEM 19: **ADJOURNMENT**	**Motion**: To adjourn at 7:33 pm **Movant**: Po **Second**: Simon **Ayes**: Somersille, Chang, Ho, Po, Sharma, Simon, Zoglin **Noes**: None **Abstain**: None **Absent**: Legha **Recused**: None	*Adjourned at* *7:33 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