El Camino Health

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Hospital Board of Directors
Monday, June 1, 2020
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

Members Present	Members Absent
Julie Kliger, Chair**	**Caroline Currie**
George O. Ting, MD, Vice Chair	
Alyson Falwell**	
Peter C. Fung, MD**	
Jack Po, MD**	
Melora Simon**	
Krutica Sharma, MD**	
Terrigal Burn, MD**	
Linda Teagle, MD	
Imtiaz Qureshi, MD**	****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 5:30pm by Chair Kliger. A verbal roll call was taken. Dr. Qureshi was not present during roll call. Caroline Currie was absent. Dr. Ting and Dr. Teagle participated on site and all other members were present and participated 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 Kliger asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. CONSENT CALENDAR	Chair Kliger asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed. **Motion:** To approve the consent calendar: Minutes of the Open Session of the Quality Committee Meeting (05/04/2020); For information: FY20 Quality Dashboard; FY20 Pacing Plan, Progress Against FY20 Committee Goals, and Hospital Update. **Movant:** Simon **Second:** Burn **Ayes:** Burn, Falwell, Fung, Kliger, Po, Sharma, Simon, Teagle, Ting **Noes:** None **Abstentions:** None **Absent:** Currie, Qureshi **Recused:** None	***Consent Calendar approved***
4. QUALITY COMMITTEE FOLLOW-UP TRACKING	Chair Kliger asked if any members of the Committee had any questions about the Quality Committee Follow-Up Tracking. None were reported.	
5. REPORT ON BOARD ACTIONS	Chair Kliger asked if any Committee members had any questions about the Report on Board Actions. No questions were reported.	

6. PATIENT STORY	Imtiaz Qureshi, MD joined the meeting via teleconference. Cheryl Reinking, RN, CNO, presented a COVID-19 patient letter received by the hospital complimenting the staff regarding the way she was treated. The staff provided her with comfort which gave her the strength to continue to fight through the virus. The patient was very thankful for the doctors and referred to them as "heroes".	
7. APPROVE FY21 QUALITY SAFETY EXPERIENCE INCENTIVE GOALS	Mark Adams, MD, CMO, presented the FY21 Quality, Safety and Experience Incentive Goals. As provided in the packet, the Proposed Fiscal Year 2021 Incentive Goals list specific strategies with certain objectives and outcomes that are measured under certain benchmarks. Dr. Adams noted that the hospital will be using external benchmark for quality and improvement purposes. There are external benchmarks for HEDIS scores and individual HEDIS measures. Dr. Adams noted that the wording "limited external benchmarks" should be struck from the materials. The wording should say "validate individual measures with external benchmarks." Management will correct this language. Dan Woods, CEO, stated that CMS has halted the required filing for Quality data from March to June. With that announcement, about half of the Press Ganey's clients stopped surveying patients. ECH has chosen to continue surveying patients. Chair Kliger suggested for next year attaching an appendix that goes through the rationale and the process for choosing the measures. She stated it would be helpful for committee members to understand management's thought process. In addition, in the current FY21 Quality, Safety and Experience Incentive Goals, the HEDIS "limited external benchmarking" will be eliminated and there will be more discussions about the people strategy. **Motion:** To recommend Board approval of the FY21 Quality, Safety and Experience Incentive Goals. **Movant:** Po **Second:** Burn **Ayes:** Burn, Falwell, Fung, Kliger, Po, Qureshi, Sharma, Simon, Teagle, Ting **Noes:** None **Abstentions:** None **Absent:** Currie **Recused:** None	***FY21 Quality Safety Experience Incentive Goals approved***
8. READMISSION DASHBOARD	Dr. Adams presented the Readmission Dashboard. If a patient is readmitted after discharge within 30 days regardless of the diagnosis, it is counted in the Readmission Dashboard. Two areas the hospital will have for renewed focus on in FY21 will be pneumonia and total hip/total knee arthroplasty. Dr. Adams stated that the hospital's surgical site infection rate was quite high last year. The hospital has rolled out a new program to be designed with a multi-prong approach hitting many of the parameters that contribute to surgical site infections. In addition, the findings conclude that there is never just one reason for surgical site infections.	
9. PSI REPORT	Dr. Adams presented the PSI Report. As referenced in the packet, there is a PSI composite that Premier prepares for hospital. That will be in the new board dashboard. Anything less than 1 is good. There is also CMS PSI90, which is CMS' version of a composite for PSIs. That is part of the 1%	

	penalty program. In that report, the hospital has a PSI score that is -1.1307. That is "z-score" that CMS uses and a negative score is extremely good. Dr. Adams introduced Lisa Packard, MD who was present to revisit this topic from January and to answer committee members' questions. Dr. Packard reported that the majority of vaginal lacerations the hospital has reported are 3rd degree, but mainly the less extenisve3rd degree lacerations. She also noted that the episiotomy rate is decreasing. Some of the risk factors of lacerations include forceps delivery, Asian ethnicities, labor induction and epidurals. Breaking down the patient population, overall ECH has about a 64% Asian OB population. 76% of the vaginal lacerations at ECH are in the Asian population. In response to committee members' questions, Dr. Adams explained that part of the reason why the Asian population graph does not add up to 100% is because some do not report their ethnicities and ones that add up to more than 100% is because some people have more than one ethnicity.	
10. MEDICAL STAFF CREDENTIALING PROCESS	Dr. Adams presented the Medical Staff Credentialing Process. There is a process that the hospital takes to independently verify all of the information contained in the application such as board certification, medical degree, residency completion, etc. The National Practitioner Database is queried. If there is a time gap in the work history, the hospital determines why and what has happened during those times (i.e. Maternity leave, incarcerated, etc.). A new step that the hospital now does is background checks. Physicians will need to meet the qualifications for medical staff and once they pass, there is a process for each specialty for core privileges and special privileges (i.e. Robotics) to be considered. Once this process is complete, the recommendations for privileges go to the MEC, then to the Quality Committee then to the Board of Directors. Once a physician moves to active staff, performance in the six core competencies are evaluated every 8 months (Ongoing Professional Practice Evaluation) and at the time of renewal every two years. In response to a committee member's questions, Dr. Adams explained that if there is a board certification for a specific type of practice, then they are approved. He also states that AHP's go through a similar process. They are not members of the medical staff per se, but they still go through the same requirements for privileges based on their skill level and training. Dr. Adams also confirmed that SVMD doctors are credentialed by SVMD. However, if they wish to also work at the hospital, the credentialing will also be done at the hospital. Dr. Qureshi left the meeting.	
11. ECHMN QUALITY IMPROVEMENT PROGRAM UPDATE	Shabnam Husain, MD presented the ECHMN Quality Improvement Program Dr. Husain explained that the purpose of the program is to ensure there is a formal process for Quality Improvement. The structure for quality review, peer review, and credentialing of physicians within SVMD was described. Dr. Husain stated that the SVMD Quality Committee focuses on the annual QI Work Plan. In addition, monitoring ambulatory metrics helps prevent hospital readmissions. She explained that 8 measures are approved for FY2021 and compared the results for ECMA and the San Jose Medical Group. Dr. Adams stated that many of the HEDIS scores are done by health claims data, but these are ECHMN's internal measures.	

	In response to a committee member's questions, Dr. Husain explained that they are working with their operations team to improve the data being captured. . A few of the committee members commented that the targets are mediocre and they should be more aggressive. Dr. Adams stated that management wanted to give the committee some background; however, moving forward, they will focus more on the actual metrics and the goals.	
12. PUBLIC COMMUNICATION	There was no public communication.	
13. ADJOURN TO CLOSED SESSION	**Motion:** To adjourn to closed session at 7:25pm. **Movant:** Teagle **Second:** Po **Ayes:** Burn, Falwell, Fung, Kliger, Po, Sharma, Simon, Teagle, Ting **Noes:** None **Abstentions:** None **Absent:** Currie, Qureshi **Recused:** None	***Adjourned to closed session at 7:25pm***
14. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:51pm. Agenda items 14-18 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (05/04/2020) and Medical Staff Credentialing and Privileges Report; and for information: Medical Staff Quality Council Minutes including API reports.	
15. AGENDA ITEM 20: CLOSING WRAP UP	There were no closing comments.	
16. AGENDA ITEM 21: ADJOURNMENT	**Motion:** To adjourn at 7:58pm. **Movant:** Teagle **Second:** Simon **Ayes:** Burn, Falwell, Fung, Kliger, Po, Sharma, Simon, Teagle, Ting **Noes:** None **Abstentions:** None **Absent:** Currie & Qureshi **Recused:** None	***Meeting adjourned at 7:58pm***

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

DocuSigned by:
Julie Kliger
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Julie Kliger, MPA, BSN
Chair, Quality Committee