



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

**Monday, August 3, 2020**

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

**Members Present**

**Julie Kliger, Chair\*\***

**George O. Ting, MD, Vice Chair\*\***

**Alyson Falwell\*\***

**Melora Simon\*\***

**Krutica Sharma, MD\*\***

**Terrigal Burn, MD\*\***

**Michael Kan, MD**

**Members Absent**

**Jack Po, MD**

**\*\*via teleconference**

Agenda Item	Comments/Discussion	Approvals/ Action
<p><b>1. CALL TO ORDER/ ROLL CALL</b></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 5:33pm by Chair Kliger. A verbal roll call was taken. Jack Po, MD and Apurva Marfatia, MD were absent at roll call, but Dr. Marfatia joined the meeting during Agenda Item 8. All other members were present. Michael Kan, MD was on site and the other committee members 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.</p>	
<p><b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b></p>	<p>Chair Kliger asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.</p>	
<p><b>3. CONSENT CALENDAR</b></p>	<p>Chair Kliger asked if any member of the Committee or the public wished to remove an item from the consent calendar.</p> <p>Krutica Sharma, MD requested to pull the ED Departure on the Quality Dashboard for discussion. She questioned why the metrics on the ED Departure were combined with the Mountain View and Los Gatos campuses. Dr. Adams stated that each campus has a different denominator and a different plan, but management decided to average the two locations. Dr. Adams suggested generating a graph- for each campus to keep it simple. Management is trying to emphasize that this organization is an enterprise, not two separate entities, and does not want to portray the campuses as competing with each other.</p> <p>Dr. Sharma also requested to pull the C. Diff data on the Quality Dashboard for discussion. She was concerned that C. Diff. is struggling to reach the target. Dr. Adams stated that the plan is the same to include practicing hygiene and proper cleansing of the rooms to prevent patient to patient transmission. As presented in the packet, last month’s numbers were at zero, and there were a couple of cases in May. At least half of the cases are attributed to failing to document already present on admission C. Diff. infections. Cheryl Reinking, CNO, stated that CNA’s have had some additional training to help decrease the infection numbers.</p> <p><b>Motion:</b> To approve the consent calendar: Minutes of the Open Session of the Quality Committee Meeting (06/01/2020); For information: FY20 Quality Dashboard, Progress Against FY21 Committee Goals, Hospital Update, Pacing Plan, Report on Board Actions and PSI Report.</p> <p><b>Movant:</b> Sharma</p>	<p><i>Consent Calendar approved</i></p>

	<p><b>Second:</b> Kan  <b>Ayes:</b> Burn, Falwell, Kan, Kliger, Sharma, Simon, Ting  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Marfatia and Po  <b>Recused:</b> None</p>	
<b>4. QUALITY COMMITTEE FOLLOW-UP TRACKING</b>	<p>Chair Kliger asked if any members of the Committee had any questions about the Quality Committee Follow-Up Tracking. None were reported. Chair Kliger stated that leadership is working on the cover memos and to bring forth any requests or ideas for further improvement. In addition, she requested the number of letters received from patients and how many were positive vs. negative.</p>	
<b>5. PATIENT STORY</b>	<p>Cheryl Reinking, RN, CNO, presented a Patient Story. In response to Chair Kliger's request, Ms. Reinking explained that patient letters are submitted in a number of ways and some do not make it to the patient experience team. Nevertheless, she will review the ones received. Ms. Reinking also reported that she searched for a negative story but none were received recently.</p> <p>She stated that the story presented in the packet was written to the unit manager. The patient felt that hospital staff thoroughly explained everything to her throughout every step including through discharge. In addition, the patient was very satisfied that staff went over her medications and made sure that her questions were answered. She also noted that every staff member presented themselves well, and she was treated with respect. Ms. Reinking believes this is a good representation of what management is trying to do in regards to training in how to treat every patient.</p> <p>Chair Kliger suggested that training throughout the enterprise should have the exemplary staff lead in teaching others.</p>	
<b>6. EL CAMINO HEALTH MEDICAL NETWORK QUALITY REPORT</b>	<p>Mark Adams, MD, CMO, presented the El Camino Health Medical Network (ECHMN) Quality Report. Dr. Adams stated that the ECHMN created a grid with various categories and looked at where they intersected to choose measures with the greatest impact. The goal is to align the whole organization so everyone is marching in the same direction. Dr. Adams stated in order to hone this down to track at a high level, a composite score was created that management can look at to track progress overall. Management set out a target of a 10% increase. One of the FY21 Organizational Performance Goals is improving the SVMD HEDIS composite score.</p> <p>In response to committee members' questions, Dr. Adams stated that management will provide this presentation to the committee every quarter with updates. This is the second time the committee has seen the metrics and how the composite score is calculated. Dr. Adams also stated that this organization would love to be above average and the scores presented are just a starting point and there will be continued improvement over time. The organization uses the Epic Software System and management is currently in the process of building in options, such as building capabilities to get data into the right field that works for the organization.</p> <p>Chair Kliger requested that management use rolling averages, since it is a best practice, for future ECHMN Quality Reports.</p>	
<b>7. QUARTERLY BOARD QUALITY</b>	<p>Dr. Adams presented the Quarterly Board Quality Dashboard based on the STEEEP Framework. The presented data is what will be transmitted to the Board so that they can have a snapshot of overall quality. Dr. Adams requested</p>	

<p><b>DASHBOARD REVIEW</b></p>	<p>feedback prior to this data being sent to the Board. He reminded the committee that this is not just for the Quality Committee since the committee receives much more detailed information than what is being presented.</p> <p>Chair Kliger stated that she received feedback and the committee members like the dashboard and believe the data is clearly presented. She also commented that the cover memo's content is important and complimented the coloring of making it easier to read. Dr. Burn stated that the data is very clear and he approved how it is laid out.</p> <p>Ms. Simon suggested that it might be helpful to add in COVID updates in terms of what is going on around the organization during this time.</p>	
<p><b>8. FY21 ORGANIZATIONAL GOALS</b></p>	<p>Dr. Adams presented the FY21 Organizational Performance Goal changes. The presented proposal is the final recommendation. Dr. Adams stated that the one exception is to ask the committee to adjust the baseline for Serious Safety Event (SSE) Rate. The baseline currently is stated as 4.16 and management is requesting it be 5.0. Since we do not have a true 12 months of data baseline, this would be considered a starting point rather than a true baseline. This is a multi-year journey and it is important to set a reasonable starting point especially since the SSER often increases in the first year of an HRO journey. The biggest change is that management has narrowed down the number of measures. Now there are seven (7). Dr. Adams also reported that this is the first time in the history of the organization that 80% of the Performance Goals are Quality, Safety and Service.</p> <p>Dr. Adams stated that there is also a change under Service in the Likelihood to Recommend (Inpatient). Ms. Reinking felt that using the baseline and Press Ganey's top improvers score would put hospital at 83.6 as the target. Management also eliminated outpatient surgery because it was too narrow.</p> <p>In response to committee members' questions, Ms. Reinking stated that management has set these methodologies using the Press Ganey calculator. Management took the baseline score and applied that to 50% of improvers.</p> <p>Action was deferred to the second open session.</p> <p>Dr. Marfatia joined the meeting.</p>	
<p><b>9. PUBLIC COMMUNICATION</b></p>	<p>There was no public communication.</p>	
<p><b>10. ADJOURN TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To adjourn to closed session at 7:02pm.  <b>Movant:</b> Ting  <b>Second:</b> Burn  <b>Ayes:</b> Burn, Falwell, Kan, Kliger, Marfatia, Sharma, Simon, Ting  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Po  <b>Recused:</b> None</p>	<p><i>Adjourned to closed session at 7:02pm</i></p>
<p><b>11. AGENDA ITEM 17: RECONVENE OPEN SESSION/ REPORT OUT</b></p>	<p>Open session was reconvened at 8:11pm. Agenda items 11-16 were covered in closed session. During the closed session the Committee approved the consent calendar: Minutes of the Closed Session of the Quality Committee (06/03/2020) and Medical Staff Credentialing and Privileges Report; and for information: API reports.</p>	

	Dr. Marfatia left the meeting at the conclusion of closed session.	
<b>12. AGENDA ITEM 8 – FY21 ORGANIZATIONAL PERFORMANCE GOALS</b>	<p><b>This item was resumed following the closed session.</b></p> <p><b>Motion:</b> To approve the FY21 Organizational Goal with the following changes: under SSE with the minimum goal set at 5.0 and the target be as stated 4.0 and the LTR (Inpatient) with the minimum set at 83.1, which reflects the current baseline for FY20.</p> <p><b>Movant:</b> Kan  <b>Second:</b> Burn  <b>Ayes:</b> Burn, Falwell, Kan, Kliger, Sharma, and Simon  <b>Noes:</b> Ting  <b>Abstentions:</b> None  <b>Absent:</b> Marfatia and Po  <b>Recused:</b> None</p>	
<b>13. AGENDA ITEM 20: CLOSING WRAP UP</b>	There were no closing comments.	
<b>14. AGENDA ITEM 21: ADJOURNMENT</b>	<p><b>Motion:</b> To adjourn at 8:13pm.</p> <p><b>Movant:</b> Sharma  <b>Second:</b> Kan  <b>Ayes:</b> Burn, Falwell, Kan, Kliger, Sharma, Simon, Ting  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Marfatia and Po  <b>Recused:</b> None</p>	<i>Meeting adjourned at 8:13pm</i>

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

*Julie Kliger*

Julie Kliger, MPA, BSN  
Chair, Quality Committee