



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

Monday, March 1, 2021

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

Members Present

Julie Kliger, Chair**

George O. Ting, MD, Vice Chair**

Melora Simon**

Krutica Sharma, MD**

Terrigal Burn, MD**

Michael Kan, MD**

Apurva Marfatia, MD**

Jack Po, MD**

Alyson Falwell**

Members Absent

****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. Melora Simon was not present during roll call. All other members were present at roll call 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	<p>Chair Kliger asked if any member of the Committee or the public wished to remove an item from the consent calendar.</p> <p>Chair Kliger pulled the Quality Dashboard for discussion. She wanted to expand and discuss the readmission and mortality as it's trending higher than normal. Dr. Adams explained that the 12 month rolling trend graph shows the change over time. In December, there was a spike in readmissions due to COVID which continued through January. He predicted January would be similar due to COVID patients. In terms of Fiscal Year to Date, readmission index is still on target. For mortality, there were many more deaths in December and January than what was experienced before and many are due to COVID. Ms. Reinking stated that the timing issue in the waiting room was partly due to having the standard of testing patients upon arrival.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (02/01/2021); For information: (b) Progress Against FY21 Committee Goals, (c) FY21 Enterprise Quality Dashboard, (d) Report on Board Actions, and (e) Quality Committee Follow-Up Tracking</p> <p>Movant: Burn Second: Simon Ayes: Burn, Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, & Ting Noes: None Abstentions: None Absent: None Recused: None</p>	<i>Consent Calendar approved</i>

4. CHAIR'S REPORT	Chair Kliger reported on the Chair's Report. She went over what occurred at the last board meeting.	
5. PATIENT STORY	Cheryl Reinking, RN, CNO, presented a Patient Story. She stated that this patient was here during the surge in January. The letter talked about what we hope happens with all patients; that the staff was compassionate and provided updates, etc. Ms. Reinking stated that the patient came to the hospital from an urgent care and was immediately placed in a room. When the patient got to the cardiology unit, care was explained by the physician and what the treatment plan would be. The patient was also very complimentary of the food and identified one nurse, Marcella, who went above and beyond in explaining everything throughout the entire course of stay. With that being said, Ms. Reinking announced the nomination of Marcella for The Daisy Award because of her excellence.	
6. PROPOSED FY22 COMMITTEE GOALS	<p>Mark Adams, MD, CMO, presented the Proposed FY22 Committee Goals. He wanted to see what the committee might want to add or subtract from this. He suggested for #2 that perhaps the addition of education regarding Ongoing Professional Practice Review (OPPE) and Focused Professional Practice Review (FPPE) be added.</p> <p>Chair Kliger supported that suggestion. She also stated that Goal #5 is an area or opportunity to be more interactive and collaborative to opine on different topics. She also reiterated what Dr. Adams suggested in removing items driven by regulatory, not so important items, or discussion topics and to put them in the consent calendar to make room to brainstorm for more important items.</p>	
7. UPDATE ON LEAN TRANSFORMATION	<p>Dr. Adams presented the Update on LEAN Transformation. He stated that there is a Lean Steering Committee that reports to Jim Griffith, COO. Dr. Adams presented some examples of some of the work being monitored by the steering committee. This included efforts to improve OR on time starts and ED throughput. Lastly, Dr. Adams stated that LEAN methodology was used to quickly stand up a vaccination program for the public.</p> <p>In response to committee members' questions, Dr. Adams stated that high reliability depended on not only people understanding the process, but to simplify the processes to eliminate waste and extra steps. Dr. Adams stated that he wanted to reduce errors through high reliability. Dr. Adams also stated that the hospital had increased rounding. Visitors are still not allowed at the moment and because of that, it allowed staff to focus more on the patients.</p>	
8. PROGRESS ON QUALITY AND SAFETY PLAN	<p>Dr. Adams presented the Progress on Quality and Safety Plan. He stated that this plan gets revised on a yearly basis and preparation for the next QAPI plan for FY22 is underway. Management wanted to make sure that the strategic plan gets integrated with the QAPI plan. Dr. Adams stated he wanted to focus on the areas that were noted as incomplete. Out of all of the ones listed in the packet, Just Culture needs the most work.</p> <p>In response to committee members' questions, Dr. Adams stated that the Culture and Safety work is never done so it should be corrected and amended to be stated as 'In Progress' instead of 'Complete'. He stated he wanted to also implement a corrective action to minimize human errors. Dr. Adams also stated that a survey will be done in May to assess the organization's Culture of Safety.</p>	

	<p>Chair Kliger suggested getting ideas and recommendations from the Quality Committee on how communications could be enhanced to the Board on Quality and putting this on the pacing plan for a discussion item.</p> <p>Jack Po, MD, PhD, commented that he was conflicted regarding the notation around 'Board communication on Quality and wishing the board would spend more time on it' due to the board still having to figure out a strategy and roadmap and also the Quality Committee neglecting on talking about patient experience not only on the inpatient side, but also on the outpatient side.</p> <p>Chair Kliger also suggested another agenda item around how to expand the discussions generally to be broader and to represent the true nature.</p> <p>Melora Simon suggested an agenda item on Patient Safety Pareto Analysis to understand the degree of what's been internalized and what the big drivers are, etc.</p>	
9. PUBLIC COMMUNICATION	There was no public communication.	
10. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 6:42pm.</p> <p>Movant: Po</p> <p>Second: Burn</p> <p>Ayes: Burn, Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	<i>Adjourned to closed session at 6:42pm</i>
11. AGENDA ITEM 16: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:10pm. 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 (02/01/2021), Quality Council Minutes, and Medical Staff Credentialing and Privileges Report.	
12. AGENDA ITEM 17: CLOSING WRAP UP	Dr. Kan announced that Los Gatos was rated by Mosley Magazine as one of the top hospitals in the nation in maternity hospitals being the only private hospital in the San Francisco Bay Area named as maternity hospitals.	
13. AGENDA ITEM 18: ADJOURNMENT	<p>Motion: To adjourn at 7:13pm.</p> <p>Movant: Burn</p> <p>Second: Falwell</p> <p>Ayes: Burn, Falwell, Kan, Kliger, Marfatia, Po, Sharma, Simon, Ting</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	<i>Meeting adjourned at 7:13pm</i>

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

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Julie Kliger, MPA, BSN
 Chair, Quality Committee

Prepared by: Yurike Arifin