



**Minutes of the Open Session of the  
Quality, Patient Care and Patient Experience Committee  
of the El Camino Hospital Board of Directors  
Monday, December 6, 2021**

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

**Members Present**

**Julie Kliger, MPA, BSN, Chair\*\***  
**Michael Kan, MD**  
**Apurva Marfatia, MD**  
**Jack Po, MD\*\***  
**Krutica Sharma, MD\*\***  
**Carol Somersille, MD**  
**George O. Ting, MD**  
**Melora Simon\*\***

**Members Absent**

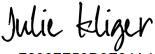
**Terrigal Burn, MD**  
**Alyson Falwell**

\*\*via teleconference

| Agenda Item  | Comments/Discussion   | Approvals/<br>Action                            |
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| <b>1. CALL TO ORDER/<br/>ROLL CALL</b>                       | <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 5:30 pm by Chair Julie Kliger. A verbal roll call was taken. Dr. Burn, Ms. Falwell, and Ms. Simone were not present during roll call. Ms. Simone joined at 5:36 pm. All other members were present at roll call and participated in-person or 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> |   |
| <b>2. POTENTIAL CONFLICT<br/>OF INTEREST<br/>DISCLOSURES</b> | <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>  |   |
| <b>3. CONSENT CALENDAR</b>                                   | <p><b>Motion:</b> To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (11/01/2021); For information: (b) Report on Board Actions, (c) FY 22 Pacing Plan, (d) FY 22 Enterprise Quality Dashboard (e) Quality Committee Follow-Up Tracking</p> <p><b>Movant:</b> Ting<br/> <b>Second:</b> Sharma<br/> <b>Ayes:</b> Kliger, Kan, Marfatia, Po, Sharma, Somersille, Ting,<br/> <b>Noes:</b> None<br/> <b>Abstain:</b> None<br/> <b>Absent:</b> Burn, Falwell, Simone<br/> <b>Recused:</b> None</p>                    | <p><b>Consent<br/>Calendar<br/>approved</b></p> |
| <b>4. CHAIR'S REPORT</b>                                     | <p>Chair Kliger summarized takeaways from the Study Session that occurred Wednesday, December 1<sup>st</sup>.</p> <p>During the Study Session, the presenter shared red flags that would help signify which Credentialing Privileging report cases should be pulled for further review. Once pulled for further review, the management team would summarize each case and include outside input from peer reviews and other outside sources.</p>  |   |

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|  | <p>We would like to get a list of red flags by the next committee meeting for the quality committee to review and agree upon.</p>   |  |
| <p><b>5. PATIENT STORY</b></p>                               | <p>Cheryl Reinking, CNO presented a positive letter we received from a Patient who visited the Los Gatos campus for surgery. This patient was thorough and explained what made her experience so positive. The Patient shared her whole process from when her surgery was scheduled through discharge. She shared that the staff explained things to her in a way she could understand. On the day of surgery, again, things were explained to her regarding her surgery and she was able to address concerns with the anesthesiologist based on a prior negative experience she had. She also expressed her appreciation for her care after the surgery. This patient sent a card to every person that she named in the letter along with a gift card.</p>                           |  |
| <p><b>6. READMISSION DASHBOARD</b></p>                       | <p>Dr. Adams presented the Readmission Dashboard and noted that this dashboard tracks the Medicare Readmission Penalty Program specifically versus the Overall Readmission work.</p> <p>Dr. Somersille noted a significant decrease in COPD and Stroke readmissions and asked if this has been analyzed as to why this has decreased.</p> <p>Dr. Adams responded that it has not been analyzed but the work going into it is known and is continuously being improved. Actions he shared are post-acute care follow-ups, education, respiratory rehab center, and conversa.</p> <p>Dr. Marfatia shared that COPD readmission may be decreased due to self-isolation and masking.</p> <p>Dr. Adams expressed that this may be a management dashboard versus a Committee dashboard.</p> |  |
| <p><b>7. PSI REPORT</b></p>                                  | <p>Dr. Adams presented the PSI Report and highlighted that OB Trauma has gone down.</p> <p>Dr. Somersille requested analysis to show why certain metrics are improving. For example, having analysis on OB Patients (Massage Technique) - How many are doing that, rate of service, how often are they doing it. The protocol is not standardized.</p> <p>Dr. Adams stated he will pass this request on to the OB Department.</p>   |  |
| <p><b>8. REPORT ON MEDICAL STAFF PEER REVIEW PROCESS</b></p> | <p>Dr. Adams recapped the Staff Peer Review Process and expressed that the goal is to be fair, equitable, transparent, and have an understanding of the why for specific cases being reviewed.</p> <p>Dr. Somersille requested articles from high-performing healthcare institutions that show examples that this is a better process for peer review.</p>  |  |
| <p><b>9. SEPSIS MORTALITY INDEX</b></p>                      | <p>Chair Kliger gave a brief introduction sharing that the discussion will be around taking a deeper dive into the Sepsis Mortality Index and the change to the Sepsis target. She requested to the subject matter experts that the discussion addresses the processes, task force, etc.</p>  |  |

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|  | <p>Dr. Adams shared that the Sepsis target has not changed, it was only his personal target that changed due to not being aligned with the enterprise target. He further reviewed the Historical Perspective - Sepsis Mortality Trend: FY17-FY22 through end of September.</p> <p>Ms. Harkey reviewed the Sepsis program with the Committee as further detailed in the packet materials.</p> <p>Dr. Shin gave an overview of the Physicians role in the Sepsis Mortality Goal. A brief discussion ensued.</p> |   |
| <b>10. PUBLIC COMMUNICATIONS</b>                             | There were no comments from the public.   |   |
| <b>11. ADJOURN TO CLOSED SESSION</b>                         | <p><b>Motion:</b> To adjourn to closed session at <u>7:04 pm</u>.</p> <p><b>Movant:</b> Somersille<br/> <b>Second:</b> Ting<br/> <b>Ayes:</b> Kliger, Kan, Marfatia, Po, Sharma, Somersille, Ting, Simone<br/> <b>Noes:</b> None<br/> <b>Abstain:</b> None<br/> <b>Absent:</b> Burn, Falwell<br/> <b>Recused:</b> None</p>  | <i>Adjourned to closed session at 7:04 pm</i> |
| <b>12. AGENDA ITEM 17: RECONVENE OPEN SESSION/REPORT OUT</b> | <p>Open session reconvened at 7:27 pm. Agenda items 12-16 were addressed in closed session.</p> <p>During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (11/01/2021), the Quality Council Minutes (11/03/2021) and the Medical Staff Credentialing and Privileges Report by unanimous vote by all committee members except for Dr. Burn and Ms. Falwell who was absent.</p>   |   |
| <b>13. AGENDA ITEM 18: CLOSING WRAP UP</b>                   | Chair Kliger thanked the Committee for their service and dedication to the Hospital and community.  |   |
| <b>14. AGENDA ITEM 19: ADJOURNMENT</b>                       | <p><b>Motion:</b> To adjourn at 7:29 pm</p> <p><b>Movant:</b> Simone<br/> <b>Second:</b> Po<br/> <b>Ayes:</b> Kliger, Kan, Marfatia, Po, Sharma, Somersille, Ting, Simone<br/> <b>Noes:</b> None<br/> <b>Abstain:</b> None<br/> <b>Absent:</b> Burn, Falwell<br/> <b>Recused:</b> None</p>  | <i>Adjourned at 7:29 pm</i>                   |

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