



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
of the El Camino Hospital Board of Directors
Monday, April 4, 2022
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040**

Members Present

Julie Kliger, MPA, BSN, Chair**
Terrigal Burn, MD**
Michael Kan, MD
Apurva Marfatia, MD**
Jack Po, MD**
Krutica Sharma, MD**
Carol Somersille, MD
George O. Ting, MD
Alyson Falwell**

Members Absent

Melora Simon

**via teleconference

| Agenda Item | Comments/Discussion | Approvals/ Action |
|---|--|---|
| <p>1. CALL TO ORDER/ ROLL CALL</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 5:30 pm by Chair Julie Kliger. A verbal roll call was taken. Dr. Burn and Ms. Simon were not present during roll call. Dr. Burn joined at 5:34 pm and Ms. Simon was absent. 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> | |
| <p>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</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>3. CONSENT CALENDAR</p> | <p>Chair Kliger asked if any Committee member would like to pull an item from the consent calendar.</p> <p>Ms. Falwell requested to pull item 3d – FY 22 Enterprise Quality Dashboard. Dr. Somersille requested to pull items 3c – FY 22 Pacing Plan, 3d – FY 22 Enterprise Quality Dashboard, and 3e – Value Based Purchasing Report.</p> <p>Ms. Falwell addressed the Cesarean Birth metric regarding how it has been above target for over a year and has not changed much. She requested to discuss what is being done to address this and what is the cause of this metric being static.</p> <p>Dr. Beeman shared that the OB Med Staff leadership focused on this measure. As part of their work to understand why the number is high, the c/s rate per provider was evaluated. Of the approximately 80 obstetricians on med staff who perform deliveries at ECH, 6 providers have a very high C-section rate. The 74 other OBs have a c/s rate below the target. One OB provider, in particular, has a very high c/s rate, and she is very motivated and engaged to reduce this rate. Her patients are primarily Indian and the majority request a cesarean section. A countermeasure in development is to provide culturally sensitive</p> | <p>Consent Calendar approved</p> |

| | | |
|--|--|--|
| | <p>childbirth classes to provide education to this patient population on the risks and benefits of a vaginal birth vs elective cesarean section.</p> <p>Dr. Somersille addressed item 3c, requesting to add an Agenda item during the Quality Committee meetings to discuss our analysis of our Social Determinants of Health within the Healthcare District and what steps we are taking to help those marginalized within the community. Chair Kliger asked to table this item until we get to Agenda item 7 – Proposed FY23 Committee Meeting Dates to discuss the pacing plan.</p> <p>Dr. Somersille addressed page 41 – FY23 Organizational Goals versus the pulled consent calendar item 3d. Dr. Beeman addressed that this item will be discussed later on in the meeting during Agenda item 9 – Proposed FY23 Organizational Goals. Dr. Somersille asked about page 10 of item 3d regarding Sepsis Mortality and compliance with the Sepsis bundle. She asked if we have a coder that specifically addresses the documentation for Sepsis Mortality. Dr. Beeman shared that we do.</p> <p>Chair Kliger asked that we pause further discussion around Sepsis and move forward with the topic of approving the consent calendar.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (03/07/2022); For information: (b) Report on Board Actions, (c) FY 22 Pacing Plan, (d) FY 22 Enterprise Quality Dashboard (e) QC Follow-Up items</p> <p>Movant: Burn Second: Falwell Ayes: Kliger, Burn, Kan, Marfatia, Po, Sharma, Somersille, Ting, Falwell Noes: None Abstain: None Absent: Simon Recused: None</p> | |
| <p>4. CHAIR’S REPORT</p> | <p>Chair Kliger shared there is nothing to report.</p> | |
| <p>5. QUALITY COMMITTEE MEMBER ADDITION</p> | <p>Chair Kliger opened the discussion by sharing that two community members are interested in joining the Quality Committee. The charter states the Quality Committee can have up to nine community members and currently there are four. She asked the committee if they would like to interview potential members or have an Ad-Hoc Committee complete the process?</p> <p>Dr. Burn shared that he is ok with the group vetting the candidates handling the process if they have a clear decision. If they are unsure, he would want it to come to the Quality Committee. Dr. Po asked Mr. Ali to speak about the process that is in place for adding a Committee Member.</p> | |

| | | |
|--|---|--|
| | <p>Mr. Ali shared the ECHB Advisory Committee Community Member Nomination and Selection Process policy and what steps are needed to complete this request.</p> <p>Dr. Somersille shared the Finance Committee had just gone through the new Committee Membership recruitment efforts and had some well-defined guidelines for this process, and we should use that as the guideline for the Quality Committee Recruitment process.</p> <p>Chair Kliger requested to table this due to the policy in place for recruitment and interviewing potential committee members.</p> <p>Dr. Ting expressed that if a Committee Member is added, the goal should be to identify what voice is missing from the committee and then attempt to identify candidates who can provide a perspective we do not already have on the committee such as someone who can bring a new voice to health equity. A couple of additional ideas are to bring someone on with statistical skills or a front line worker who can help identify ways to improve.</p> <p>Dr. Kan expressed that based on the robust discussion at the last Quality Committee meeting, it would be a good idea to add someone who has been a patient within the last year or two and rotate it annually.</p> | |
| <p>6. PATIENT STORY</p> | <p>Cheryl Reinking, CNO presented the Daisy award nominations that come directly from patients/families on written nomination forms regarding nurses that have made a special impression on the lives of our patients. Cheryl discusses in particular, the March Daisy nomination where the patient came to the award ceremony to recognize the nurse who had saved her life in the LG emergency department. This patient had not seen the nurse since CPR was performed and the nurse saved her life. Additional details about the Daisy award nominations are included in the memo.</p> | |
| <p>7. PROPOSED FY23 COMMITTEE MEETING DATES</p> | <p>Mr. Ali presented on behalf of the Governance Committee requesting feedback on the recommendation to the Pacing Plan for the Quality Committee. The changes came to the Governance Committee based on the assessment completed by Spencer Stuart who was hired to complete an overall assessment of the Board of Directors and the Committees. Mr. Ali highlighted two items around the recommendations:</p> <ul style="list-style-type: none"> • The Committee would go from 10 meetings per year to 8 • Content has not changed – No items were removed and all items can still be paced into the Fiscal Year | |

| | | |
|---|---|--|
| | <p>Mr. Ali also noted Dr. Somersille’s earlier request of adding Social Determinants of Health to the Pacing Plan for each meeting.</p> <p>Dr. Ting expressed that with the transition to the new Strategic Plan, now might not be the time to lower the number of meetings due to the items that need attention.</p> <p>Dr. Somersille expressed that a gradual reduction (i.e. 9) would be preferred if a reduction is to occur.</p> <p>Dr. Burn is comfortable having 8 meetings versus 10.</p> <p>Dr. Po is also in agreeance to reducing from 10 to 8 meetings and to ensure those meetings are substantial and strategic in conversation.</p> <p>Chair Kliger shared her concern that meeting length and density may be impacted if the number of meetings are reduced. Chair Kliger asked Dr. Holly Beeman to present regarding the content of the pacing plan.</p> <p>Dr. Holly Beeman, CQO presented a couple of elements of the charter that aren’t currently discussed often that could be added. Those items are:</p> <ul style="list-style-type: none"> • HRO Journey Updates • LEAN and what Performance improvement projects are being focused on. Additionally, Dr. Holly Beeman shared that Performance Improvement now reports to her. <p>Dr. Holly Beeman echoed the need to talk about Social Determinants of Health and shared that she participated in the Carol Emmott Fellowship. This foundation’s mission is to help eliminate racial and gender biases in healthcare. Dr. Beeman also acknowledged the desire to bring a Patient Voice to the committee and how we are ensuring the work being done in the Committee is aligned with the strategy.</p> | |
| <p>8. PROPOSED FY23 COMMITTEE GOALS</p> | <p>Dr. Holly Beeman, CQO presented on the FY23 Committee Goals and highlighted the following:</p> <ul style="list-style-type: none"> • 2nd goal can be removed. Update the goal to have codified metrics around Social Determinants of Health • An additional goal can be around the HRO Journey updates <p>Chair Kliger asked that we review the FY23 Committee Goals with those updated items at the next meeting on Monday, May 2, 2022.</p> | |
| <p>9. PROPOSED FY23 ORGANIZATIONAL GOALS</p> | <p>Dr. Holly Beeman, CQO presented the FY23 Organizational Goals and reviewed a new item listed under Quality and Safety</p> | |

| | | |
|--|---|---|
| | <p>called ECH Hospital Acquired Condition Composite and the 5 measures included in this composite.</p> <p>Chair Kliger asked for clarification regarding next steps for the FY23 Organization Goals.</p> <p>Dr. Beeman shared that at the next Quality Committee, the FY23 goals will be reviewed in greater detail and she will share the ECHMN Composite.</p> | |
| 10. PUBLIC COMMUNICATION | There were no comments from the public. | |
| 11. ADJOURN TO CLOSED SESSION | <p>Motion: To adjourn to closed session at <u>6:48 pm</u>.</p> <p>Movant: Burn Second: Kan Ayes: Kliger, Burn, Kan, Marfatia, Po, Sharma, Somersille, Ting, Falwell Noes: None Abstain: None Absent: Simon Recused: None</p> | Adjourned to closed session at 6:48 pm |
| 12. AGENDA ITEM 19: RECONVENE OPEN SESSION/REPORT OUT | <p>The open session reconvened at 7:31 pm. Agenda items 12-18 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 (03/07/2022), the Quality Council Minutes (03/02/2022), and the Medical Staff Credentialing and Privileges Report by unanimous vote by all committee members present.</p> | |
| 13. AGENDA ITEM 20: CLOSING WRAP UP | No additional comments | |
| 14. AGENDA ITEM 21: ADJOURNMENT | <p>Motion: To adjourn at 7:32 pm</p> <p>Movant: Kan Second: Burn Ayes: Kliger, Burn, Kan, Marfatia, Po, Sharma, Somersille, Ting, Falwell Noes: None Abstain: None Absent: Simon Recused: None</p> | Adjourned at 7:32 pm |

DocuSigned by:

 72907F50D9F24A4...
 Julie Kliger, MPA, BSN
 Chair, Quality Committee