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, May 2, 2022
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

Members Present	Members Absent
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, Vice Chair	
Alyson Falwell**	
Melora Simon**	**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 5:30 pm by Chair Julie Kliger. A verbal roll call was taken. Dr. Burn 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.	
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 Committee member would like to pull an item from the consent calendar. Dr. Somersille pulled item 3a – Minutes of the Open Session of the Quality Committee Meeting (04/04/2022). She requested to have her statement added to Agenda item 5 – Quality Committee Member Addition. Her statement is as follows: "*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."* **Motion**: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (04/04/2022) with the notated update; For information: (b) Report on Board Actions, (c) FY 22 Pacing Plan, (d) FY 22 Enterprise Quality Dashboard (e) FY 23 Quality Committee Goals (f) CDI Dashboard (g) Core Measures (h) QC Follow-Up items **Movant**: Somersille **Second**: Ting	***Consent Calendar approved***

	Ayes: Kliger, Kan, Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon **Noes**: None **Abstain**: None **Absent**: Burn **Recused**: None	
4. CHAIR'S REPORT	Chair Kliger deferred her time to Dr. Holly Beeman, CQO to debrief on The Joint Commission survey that was completed and the key takeaways from the Education Session. Dr. Beeman started by sharing a safety story about an occupational therapist named Tiffany who performed a pain assessment on a patient who recently had Spinal Fusion surgery. When completing the assessment, the patient complained about intense right knee pain. The occupational therapist alerted the nurse. The nurse escalated this to the physician and the physician ordered an ultrasound, which demonstrated the presence of a deep vein thrombosis in the patient's right lower extremity. This story represents a great catch and Dr. Beeman hopes that through the HRO training, more people will feel safe to speak up when they see something of concern. Dr. Beeman also provided a summary of the recent Joint Commission Survey and highlighted the following: • Dr. Ting and Dr. Somersille joined the Executive Session that was held with TJC • TJC was here for 4 days – 8 Surveyors were present • All staff was eager to share their processes with TJC • Successful SPD • 0 red findings • Sepsis performance – the prior week had a successful Sepsis Survey with 0 Findings and the surveyors were impressed with the ED nurses and their knowledge. • Ligature Risk – there were a few findings in the Taube Pavilion. Dr. Marfatia also recognized the Director of the Medical Staff Office, Raquel Barnett, and the Medical Staff team for the exceptional performance, with zero findings, during The Joint Commission Survey. Dr. Beeman provided a brief overview of the Board and Committee Education Session that was held last week. She asked Dr. Po to share a few highlights from the session. Dr. Po shared three topics of discussion from the quality and compliance table: • Needing to be a system and what that means • The importance of alignment of physicians from the medical foundation • How we enable this alignment while we expand and continue to grow	

5. PATIENT STORY	Cheryl Reinking, CNO presented a patient letter received in Administration. This patient sent a handwritten letter regarding his dissatisfaction with the care he received over three different episodes at the LG and MV campuses. The hospital grievance team met with the patient to learn about his experiences and how we might engage him in our improvement efforts. The patient did not want discuss his specific personal experiences and instead wanted to focus on how he could participate and help lend his voice to improvement work at ECH. The offer to join the patient and family advisory council (PFAC) was discussed with the patient. He was thrilled and agreed to join the PFAC. The first meeting he will attend is this week.	
6. PROPOSED FY23 ORGANIZATIONAL GOALS	Dr. Beeman presented the FY23 Organizational Goals and provided more details about the HAC (Hospital Acquired Condition) Index. There are two reasons to adopt this organizational goal. This first is that having an organization focus on reducing patient harm is in alignment with our HRO transformation to eliminate patient harm. The second reason is to have increased focus on patient harm events as our performance over this past year has worsened. Details are noted in the Packet.	
7. EL CAMINO HEALTH MEDICAL NETWORK	Ute Burness, VP of Quality and Payer Relations presented on the El Camino Health Medical Network and reviewed the following: • Measuring Quality in Ambulatory Care • Quality Composite Metric Performance – FY22 Q3 • Quality Improvement Activities – 3rd Quarter FY22 • 2022 Complaints Year to date through March 31, 2022 • 2022 Grievances Year to date through March 31, 2022 • FY23 Quality Metrics and Targets • Subcommittee Recommendations • FY23 Proposed PCP Quality Metrics • FY23 Proposed Specialty Metrics Dr. Ting expressed concern regarding this report and the lack of improvement that has been made. He asked what are we doing to make things better and why have the results not improved. Vince Manoogian responded by sharing that improvements have been made but not as substantial as we would have liked and provided examples. Dan Woods, CEO acknowledged Dr. Ting's concerns. He advised that we have a trend line of where we have come to identify if we have improved or not. Also, show what percentile we are in for each metric. Dr. Somersille concurred with these recommendations. Chair Kliger concurs and recommends a written report on the progress of ECHMN. Additionally, she suggested we see the data by different demographic groups.	

	Dr. Kan pointed out that several patient screening tests are performed once a year or once every few years. So, collecting quarterly may not be an accurate reflection of quality performance. Chair Kliger added that we need to have the correct denominator for this data. Dr. Po noted that we have been aiming for the 50th percentile for many years now. Two or three years ago, the hospital was challenged to get into the 90th percentile and asked what resources were needed and how long this would take. Dr. Po believes this is something we should do with ECHMN. Ute responded that due to the data being reported on a Fiscal Year, the data looks worse than it actually is. The MIPS module hard-wired in EPIC is collected and reported on the calendar year. So, when the fiscal year ends in June, the ECHMN report is reflecting 6 months of a 12-month data collection process. This reporting style creates confusion in how to truly interpret the results.	
8. QUARTERLY BOARD QUALITY DASHBOARD REPORT	Dr. Beeman presented the Quarterly Board Quality Dashboard Report, which is further detailed in the Memo of the packet.	
9. PUBLIC COMMUNICATION	There were no comments from the public.	
10. ADJOURN TO CLOSED SESSION	**Motion**: To adjourn to closed session at 6:50 pm. **Movant**: Ting **Second**: Po **Ayes**: Kliger, Kan, Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon **Noes**: None **Abstain**: None **Absent**: Burn **Recused**: None	***Adjourned to closed session at 6:50 pm***
11. AGENDA ITEM 18: RECONVENE OPEN SESSION/REPORT OUT	The open session reconvened at 7:10 pm. Agenda items 11-17 were addressed in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (04/04/2022), the Quality Council Minutes (04/06/2022), and the Medical Staff Credentialing and Privileges Report by unanimous vote by all committee members present.	
12. AGENDA ITEM 19: CLOSING WRAP UP	No additional comments	
13. AGENDA ITEM 20: ADJOURNMENT	**Motion**: To adjourn at 7:11 pm **Movant**: Simon **Second**: Falwell **Ayes**: Kliger, Kan, Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon **Noes**: None	***Adjourned at 7:11 pm***

	Abstain: None **Absent**: Burn **Recused**: None	

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Julie Kliger, MPA, BSN
Chair, Quality Committee

Prepared by: Nicole Hartley, Executive Assistant II