



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

Monday, June 6, 2022

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

Members Present

Michael Kan, MD
Apurva Marfatia, MD**
Jack Po, MD**
Krutica Sharma, MD**
Carol Somersille, MD
George Ting, MD, Vice Chair
Alyson Falwell**
Melora Simon**

Members Absent

Terrigal Burn, MD
Julie Kliger, MPA, BSN, Chair

**via teleconference

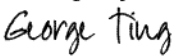
Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital (the "Committee") was called to order at 5:33 pm by Vice Chair George Ting. A verbal roll call was taken. Dr. Burn and Chair Kliger were absent. Dr. Kan joined at 5:48 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.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Vice Chair Ting asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. PUBLIC COMMUNICATION	There were no comments from the public.	
4. CONSENT CALENDAR	<p>Vice Chair Ting asked if any Committee member would like to pull an item from the consent calendar.</p> <p>Dr. Somersille requested to pull items 4d - FY22 Enterprise Quality Dashboard and 4e – FY23 Committee Planning for discussion.</p> <p>For 4d – FY 22 Enterprise Quality Dashboard, Dr. Somersille referenced page 14, likelihood to recommend care provider, and asked what is the average of this metric. Dr. Beeman shared that she can look into this and report back at the next meeting.</p> <p>For 4e – FY 23 Committee Planning, Dr. Somersille referenced the pacing plan on pages 21-22, requesting to add Health Equity as a topic in June 2023 so planning can occur for the next fiscal year. Ms. Simon and Dr. Beeman agreed.</p> <p>Dr. Po requested that a memo be included with the Enterprise Quality Dashboard explaining some of the movement that has</p>	Consent Calendar approved

	<p>occurred, specifically the Readmission Index. He shared that in the past, a memo has typically been included. Dr. Beeman acknowledged and confirmed a memo will be included going forward.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (05/02/2022) 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 Committee Planning (Pacing Plan, Committee dates, Charter) (f) QC Follow-Up items</p> <p>Movant: Somersille Second: Po Ayes: Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon Noes: None Abstain: None Absent: Burn, Kan, Kliger Recused: None</p>	
<p>5. CHAIR’S REPORT</p>	<p>Vice Chair Ting debriefed on last month’s Hospital Board meeting on May 11, 2022, and highlighted the following:</p> <ul style="list-style-type: none"> • Dan presented the Strategic Goals • Carlos presented the Quarterly Financials • Special Recognition was given to Judy Van Dyke, who volunteered with the hospital for over 60 years • Jon Cowan presented the Community Health needs assessment <p>Dr. Beeman introduced Shahab Dadjou, Interim President, ECHMN to the Committee.</p>	
<p>6. PATIENT STORY</p>	<p>Cheryl Reinking, CNO presented a Press Ganey comment received by a patient who recently delivered a baby at the Mountain View Campus. The patient shared that the bathroom in the delivery room appeared dirty and the paint was chipped at the base of the tub The patient commented that the bathroom ventilation was not good. Cheryl shared that while the renovation project of the MCH will address the concerns expressed by this patient, we must continue to assure the environment of care is safe, comfortable, and clean. The bathtub replacement and the new HVAC system for the building along with all the other upgrades will create an environment of care where families will feel comfortable and safe. After sharing this concern with our EVS staff, a note will be left next to the labor tub from the EVS staff after each cleaning indicating the tub has been cleaned thoroughly.</p>	
<p>7. HRO JOURNEY UPDATE</p>	<p>Dr. Mark Adams, CMO presented the HRO Journey update and highlighted the following:</p> <ul style="list-style-type: none"> • High Reliability Organization definition and examples • Anatomy of a Proximate Cause • Anatomy of a Safety Event 	

	<ul style="list-style-type: none"> • Human Error Classification • Common Causes of Harm at El Camino Hospital • Culture of Safety • Six Key Success Factors • Cause Analysis Workgroup • Universal Skill Training • Health Safety KPI Scorecard • Branding for HRO 	
<p>8. LEAPFROG</p>	<p>Lyn Garrett, Senior Director, Quality presented on the Spring Leapfrog safety grades and highlighted the following:</p> <ul style="list-style-type: none"> • A brief background of Leapfrog and Grades • Our current grade for Los Gatos is Grade B. Factors that impacted the lower grade, which was previously A, are (1) The enterprise-wide patient experience scores and (2) Two serious safety events at LG during the measurement time period. There was one central line-associated bloodstream infection (CLABSI) and one surgical site infection. • Our current grade for Mountain view is Grade A <p>Dr. Mallur shared that Los Gatos is focused on getting back to a grade A. He shared a couple of things impacting this:</p> <ul style="list-style-type: none"> • 24/7 Intensive In-house coverage is required. Pharmacy rounds in the ICU is something Los Gatos is working on. • Lower patient experience (HCAHPS) scores are enterprise-wide, not specific to Los Gatos <p>Dr. Kan shared that this was the first CLABSI in 3-4 years at Los Gatos.</p>	
<p>9. QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN</p>	<p>Dr. Holly Beeman, CQO presented the Quality Assessment and Performance Improvement Plan and highlighted the following:</p> <ul style="list-style-type: none"> • This plan is revised annually • This plan is required by CMS as a condition of participation, and, is reviewed in detail by The Joint Commission during on site accreditation surveys. <p>Ms. Simon noted that this is a CMS requirement and noticed this is hospital focused. She asked if we are planning to incorporate ECHMN or Ambulatory?</p> <p>Dr. Beeman shared that this document and the contents there of is very specifically codified by the federal government. A QAPI plan describes acute care quality and experience plans, and, specifically does not describe other elements of a health care enterprise such as outpatient clinic visits in a foundation or medical group.</p>	<p><i>Quality Assessment and Improvement Plan approved</i></p>

	<p>Further discussion and agreement by committee members to ensure the plans around quality and performance are also spelled out in a document for the ambulatory enterprise is important for ECH particularly as we focus on being an ‘enterprise’.</p> <p>Motion: To recommend to the Board the Quality Assessment and Performance Improvement Plan</p> <p>Movant: Simon Second: Somersille Ayes: Kan, Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon Noes: None Abstain: None Absent: Burn, Kliger Recused: None</p>	
<p>10. FY 23 ORGANIZATIONAL GOALS</p>	<p>Dr. Holly Beeman, CQO presented the FY 23 Organizational Goals and highlighted the following:</p> <p>Quality and Safety Pillar—Hospital Acquired Condition Index</p> <ul style="list-style-type: none"> The HAC (Hospital Acquired Condition) Index includes: C. difficile infection, Surgical Site Infections (SSI), non-ventilator hospital-acquired pneumonia (nvHAP), hospital-acquired pressure injuries (HAPI) and patient falls <p>For the HAC Index, the methodology of combining disparate metrics to create a singular index is modeled on the CMS methodology for calculating a hospital’s star rating based on a multitude of various performance measures.</p> <p>Service Pillar-Likelihood to Recommend (LTR)</p> <ul style="list-style-type: none"> Survey regarding Patient Experience for In-Patient and the Medical Network – Likelihood to recommend Target will be FY21 baseline plus a calculated improvement score from the top 50th percentile of improving organizations utilizing Press Ganey’s proprietary goal calculator. <p>People Pillar-Culture of Safety Survey Results</p> <ul style="list-style-type: none"> Managers – improvement in performance. Score above 4 Employees – improvement of participation. Get % above 85% <p>Ms. Simon asked what the rationale is behind not having Re-admissions and SSE included in the HAC. Dr. Beeman shared that these items will be tracked closely. They will remain on the Enterprise Dashboard and the STEEEP Dashboard. These will not be an incentive performance goal but they will be a Strategic Goal.</p> <p>Motion: To recommend to the Board the FY 23 Organizational Goals</p>	<p>FY 23 Organizational Goals approved</p>

	<p>Movant: Kan Second: Falwell Ayes: Kan, Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon Noes: None Abstain: None Absent: Burn, Kliger Recused: None</p>	
11. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at <u>7:06 pm.</u> Movant: Po Second: Kan Ayes: Kan, Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon Noes: None Abstain: None Absent: Burn, Kliger Recused: None</p>	Adjourned to closed session at 7:06 pm
12. AGENDA ITEM 18: RECONVENE OPEN SESSION/REPORT OUT	<p>The open session reconvened at 7:31 pm. Agenda items 12-17 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 (05/02/2022), the Quality Council Minutes (05/04/2022), and the Medical Staff Credentialing and Privileges Report by unanimous vote by all committee members present.</p>	
13. AGENDA ITEM 19: CLOSING WRAP UP	<p>Dr. Kan expressed his gratitude for his time on the Quality Committee. This is Dr. Kan's and Dr. Marfatia's last meeting.</p>	
14. AGENDA ITEM 20: ADJOURNMENT	<p>Motion: To adjourn at 7:34 pm Movant: Kan Second: Simon Ayes: Kan, Marfatia, Po, Sharma, Somersille, Ting, Falwell, Simon Noes: None Abstain: None Absent: Burn, Kliger Recused: None</p>	Adjourned at 7:34 pm

DocuSigned by:

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George Ting, MD
 Vice Chair, Quality Committee

Prepared by: Nicole Hartley, Executive Assistant II