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, November 7, 2022
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

Members Present
Carol Somersille, MD
Alyson Falwell**
Philip Ho, MD**
Prithvi Legha, MD**
Jack Po, MD**
Krutica Sharma, MD**
Melora Simon
John Zoglin**

*Ms. Simon joined the meeting in person at 5:45 pm

Members Absent

Others Present
Dan Woods, CEO**
Holly Beeman, MD, MBA, CQO**
Meenesh Bhimani, MD, COO**
Mark Adams, MD, CMO
Cheryl Reinking, DNP, RN, CNO**
Shahab Dadjou, Interim President, ECHMN
Shreyas Mallur, MD, ACMO
Lyn Garrett, Senior Director, Quality**
Daniel Shih, MD**
Tracy Fowler, Director, Governance Services
Nicole Hartley, Executive Assistant II

**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 5:32 pm by Chair Carol Somersille. A verbal roll call was taken. Ms. Simon joined at 5:45 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	Chair Somersille 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	Chair Somersille asked if any Committee member would like to pull an item from the consent calendar. Mr. Zoglin requested to pull item 4a – Minutes of the Open Session of the Quality Committee Meeting (09/06/2022) and item 4g – QC Follow-Up Items. Ms. Falwell requested to pull item 4e – CDI Dashboard and item 4f – Core Measures. Chair Somersille requested to pull item 4a – Minutes of the Open Session of the Quality Committee Meeting (09/06/2022) and item 4f – Core Measures. Mr. Zoglin addressed item 4a – Minutes of the Open Session of the Quality Committee Meeting (09/06/2022) regarding the	***Consent Calendar Approved***

	follow up items from the minutes for agenda item number 7 – Patient Experience (HCAHPS) and asked that they be added to item 4g – QC Follow-Up Items. Ms. Hartley confirmed they would be added. Ms. Falwell addressed item 4e – CDI Dashboard and recognized Cornel's Memo for an excellent summary and had a question about the MCC/CC breakdown versus the National percentile. Dr. Adams responded that the MCC/CC breakdown represents the true number MCC/CC that exists in the patient. The National 80th percentile represents the accuracy of capturing the data goal. There is no goal number for MCC/CC. Dr. Beeman acknowledged that changes need to be made with presenting this data and that for the next biannual CDI report to the Committee, the CDI metrics and targets will be refreshed. Ms. Falwell addressed item 4f – Core Measures. Ms. Falwell asked about OP-23 Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke, why are we performing poorly in the area we are typically successful in, and how are we going to get from 60% to 100%. Additionally, are there things that we have learned in other areas where we have improved in the Enterprise that can be applied to this area of opportunity? Dr. Beeman recommended that we add this to the follow up items and she will report out at the next Quality Committee Meeting. Chair Somersille addressed item 4f – Core Measures and asked about ED imaging turnaround time and the OP-23 Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke. Dr. Beeman shared for ED Imaging she will discuss this more during the STEEEP agenda item but that volume and acuity play a big role in this measure. OP-23 Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke will be a follow up item for the next meeting. Chair Somersille addressed item 4a – Minutes of the Open Session of the Quality Committee Meeting (09/06/2022) and requested to add the following: Agenda item 5 – Chair's Report. She emphasized that: • 2/3 of body language is nonverbal • Body language cannot be assessed by ZOOM • In person attendance helps build relationships, maintain focus, and capture full attention Agenda item 9 – Health Equity Metrics. Chair Somersille stated that the most recent Santa Clara County Census Bureau statistics available to all via the internet state that 25% of Santa Clara County is Hispanic. Although that is not a race, it is tracked and should be included.	*Action: Nicole to add Follow Up items from 9/6 meeting, Agenda item 7 to the QC follow-ups document.* *Action: Dr. Beeman to provide a follow up on the OP-23 Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke measure.*

	Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (09/06/2022); For information: (b) Report on Board Actions, (c) FY23 Pacing Plan, (d) FY23 Enterprise Quality Dashboard, (e) CDI Dashboard, (f) Core Measures, (g) QC Follow-Up items, (h) Article of Interest **Movant**: Zoglin **Second**: Falwell **Ayes**: Somersille, Falwell, Ho, Legha, Po, Sharma, Simon, Zoglin **Noes**: None **Abstain**: None **Absent**: None **Recused**: None	
5. CHAIR'S REPORT	Chair Somersille introduced Ms. Simon as the Vice-Chair of the Quality Committee and our new Director of Governance Services, Tracy Fowler. Chair Somersille read the ECH Vision statement and shared that throughout the nation, patient care is evolving to more outpatient care versus inpatient care. At the last Quality Committee meeting, Chair Somersille stated that Christine Cunningham, Chief Experience Officer, reviewed the likelihood to refer metrics and will return to the committee in December to provide follow up on questions from her September presentation to the Committee. Chair Somersille reminded members that the Committee asked if this was the right measure to focus on and Christine shared that she was part of a Task Force that wrote a paper on the best way to asses Patient Experience. This document is included in the packet. Chair Somersille addressed the call to action items at the end of the article and asked the Committee to please read the article and come prepared with thoughtful questions for Christine Cunningham for the December meeting. Additionally, Chair Somersille shared an update on the Quality Committee recruitment efforts.	
6. PATIENT STORY	Cheryl Reinking, CNO shared feedback from a patient's daughter who has received care at the El Camino Cancer Center. The comments shared are about the staff, Dr. Singhal, and Roksaneh who made a positive impression on this patient, especially in coordinating very complicated cancer care. The nurse mentioned often in the letter is the Cancer Center nurse coordinator. The family noticed the way in which the patient was greeted, how clinical information was communicated, and how the communication was delivered, with compassion and empathy. The family was very pleased with the care and communication provided to her mother, a true reflection of the standards of excellence at the ECH Cancer Center. Chair Somersille asked if Cheryl could answer the questions proposed in the memo. Cheryl addressed both questions.	

	1. How do you share positive feedback with the staff involved as well as recognize the entire program? The staff is acknowledged in many ways. Huddles, celebrate them on the unit, potential daisy award nomination, potential employee of the month nomination and more. **2. What training do you provide to staff on WeCare standards and does the Cancer Center staff have the same training program as other staff in the enterprise?** We have a WeCare message of the month and each week this WeCare message is reviewed during each unit's Huddle to help embed the values and standards with the staff.	
7. SAFETY REPORT FOR THE ENVIRONMENT OF CARE	Ken King, Chief Administrative Services Officer, presented the Safety Report for the Environment of Care and highlighted the following: • Joint Commission Standards Manual - 158 elements of performance that we are measured on • ECH has 7 functional workgroups and 1 Emergency Management Committee • Reduction in workplace violence • Focus on training programs: Active shooter training • Updated facility risk assessments for Mountain View and Los Gatos Dr. Sharma asked if there is a way for Board or Committee members to recognize staff. Cheryl Reinking responded that at any time, a Board/Committee member can write a letter to the staff but there is no official program at this time. **Motion**: To recommend the Safety Report for the Environment of Care to the Board **Movant**: Sharma **Second**: Legha **Ayes**: Somersille, Falwell, Ho, Legha, Po, Sharma, Simon, Zoglin **Noes**: None **Abstain**: None **Absent**: None **Recused**: None	***Safety Report for the Environment of Care Approved***
8. Q1 FY23 STEEEP DASHBOARD REVIEW	Dr. Holly Beeman, CQO provided an overview to supplement the materials in the packet for the Q1 FY23 STEEEP Dashboard review and highlighted the following: • The process of updating the STEEEP dashboard measures included retiring measures that we are succeeding in and focusing on new areas of focused opportunity where we are not meeting targets.	

	• The Quality Council meetings help identify areas of opportunity as each program and department reports on quality measures and performance at the council. Dr. Beeman notes areas where there is suboptimal performance combined with the measure having an impact across multiple areas of the enterprise. Question received prior to the meeting: How do targets get set? Ask the stakeholders/sponsors of the measure what should the target be. Sponsors choose an incremental movement to help improve large gaps between the targets. Ms. Simon expressed that the Quality Committee should be looped in next time STEEEP measures are changed. In the past, the Committee participated in the construction of the STEEEP Dashboard, which is a delegated responsibility from the Hospital Board. Dr. Holly Beeman agreed that in the future, the Quality Committee should be involved in the discussion and that Chair Somersille and Dr. Beeman can review the pacing plan to accommodate the review in May/June of the fiscal year going forward. Dr. Holly Beeman discussed how this year has been a learning year regarding Health Equity measures and would like to develop more specific Healthy Equity Metrics to help us measure Health Equity for FY24	
9. EL CAMINO HEALTH MEDICAL NETWORK REPORT	Ute Burness, RN, VP of Quality and Payer Relations presented on the El Camino Health Medical Network Report and highlighted the following: • What is new for Fiscal Year 2023 • FY23 ECHMN Performance Dashboard • Clinical Excellence Domain • Clinical Excellence Domain – Action Step to Improve Performance Ms. Simon emphasized the need for a rolling 12 months denominator so the system view and payer view can align. Ms. Simon requested we add this to the follow-up items. Ute Burness will look into this request. Mr. Zoglin asked what is the culture of the medical network and why would a Physician choose to work for the El Camino Health Medical Network over other places like Kaiser, Stanford, and Sutter. Shahab Dadjou responded that the culture is in transition and he will come back to the committee with a deeper answer in a few months.	*Action: ECHMN Data presented in a rolling 12-months format*
10. ADJOURN TO CLOSED SESSION	**Motion**: To adjourn to closed session at 6:42 pm. **Movant**: Simon **Second**: Falwell **Ayes**: Somersille, Falwell, Ho, Legha, Po, Sharma, Simon, Zoglin	***Adjourned to closed session at 6:42 pm***

	Noes: None **Abstain**: None **Absent**: None **Recused**: None	
11. AGENDA ITEM 17: RECONVENE OPEN SESSION/REPORT OUT	The open session reconvened at 7:23 pm. Agenda items 11-16 were addressed in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (09/06/2022), the Quality Council Minutes (09/07/2022), the Quality Council Minutes (10/05/2022), and the Medical Staff Credentialing and Privileges Report by unanimous vote by all committee members present.	
12. AGENDA ITEM 18: CLOSING WRAP UP	No additional comments.	
13. AGENDA ITEM 19: ADJOURNMENT	**Motion**: To adjourn at 7:24 pm **Movant**: Simon **Second**: Falwell **Ayes**: Somersille, Falwell, Ho, Legha, Po, Sharma, Simon, Zoglin **Noes**: None **Abstain**: None **Absent**: None **Recused**: None	***Adjourned at 7:24 pm***

DocuSigned by:
Carol Somersille
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Carol Somersille, MD
Chair, Quality Committee

Prepared by: Nicole Hartley, Executive Assistant II