



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

Monday, February 6, 2023

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

Members Present

Carol Somersille, MD
Philip Ho, MD
Prithvi Legha, MD**
Jack Po, MD
Krutica Sharma, MD**
John Zoglin

Members Absent

Melora Simon

Others Present

Holly Beeman, MD, MBA, CQO
Dan Woods, CEO
Meenesh Bhimani, MD, COO
Mark Adams, MD, CMO
Cheryl Reinking, DNP, RN, CNO
Deb Muro, CIO**
Shahab Dadjou, President, ECHMN
Shreyas Mallur, MD, ACO
Steven Xanthopoulos, MD**
Ute Burness, RN, VP of Quality and Payer Relations
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 5:30 pm by Chair Carol Somersille. A verbal roll call was taken. Dr. Legha joined at 5:32 pm. 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.	
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. Dr. Sharma and Mr. Zoglin pulled item 4d – FY23 Enterprise Quality Dashboard and Chair Somersille requested to pull item 4c – FY23 Pacing Plan. Chair Somersille addressed item 4c – FY23 Pacing Plan stating that Patient Experience is only on the Pacing Plan one time for the fiscal year. Could we add an additional date to	Consent Calendar Approved

	<p>discuss additional topics like Press Ganey and Global Experience?</p> <p>Dr. Beeman shared that we do discuss Patient Experience at every meeting via Enterprise Quality Dashboard patient experience measures but we currently only have one time on the pacing plan that Christine Cunningham presents to the Committee.</p> <p>Mr. Zoglin added it would be good to consider for next year's pacing plan. Chair Somersille recommends that the Committee consider adding an additional date.</p> <p>Dr. Sharma addressed 4d – Enterprise Quality Dashboard and asked that we add our monthly threshold or target line to the trend chart for the HAC measures. Dr. Beeman thanked Dr. Sharma for the suggestion and stated that will be added.</p> <p>Mr. Zoglin asked staff how they feel about the data presented on the Enterprise Dashboard and being behind on 15 of the 17 items listed. Chair Somersille asked if they are concerned.</p> <p>Dr. Adams stated that yes, we are extremely concerned, staff lives and breathes this every day, and we have outlined a vast array of interventions instituted to improve. Dan shared that we are all hands on deck and presented this at the All Leaders Meeting regarding achieving these goals together.</p> <p>A discussion continued within the Committee regarding the Enterprise Dashboard, the initiatives in place, and the All Hands on Deck mentality about the results.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (12/12/2022); For information: (b) Report on Board Actions, (c) FY23 Pacing Plan, (d) FY23 Enterprise Quality Dashboard, (e) QC Follow-Up items</p> <p>Movant: Somersille Second: Po Ayes: Somersille, Ho, Po, Legha, Sharma, Zoglin Noes: None Abstain: None Absent: Simon Recused: None</p>	<p><i>Action: Dr. Beeman to add a monthly threshold or target line to the trend chart on the Enterprise Dashboard</i></p>
<p>5. PATIENT STORY</p>	<p>Cheryl Reinking, CNO, shared a patient story that was shared with ECH via the Press Ganey survey. The patient had an outpatient surgical procedure. The patient commented that they would like more options and information for managing nausea post procedure. Cheryl shared that the periop team has developed a new nausea management protocol. The protocol includes pre-procedure/post-procedure information on nausea management so the patients know what to expect. One example of nausea reduction intervention Cheryl shared was an aromatherapy device (QueaseEASE) provided to patients to</p>	

	<p>prevent nausea. Cheryl provided a sample of QueaseEASE to the Committee Members. QueaseEASE is a new aromatherapy device that has been used with our cancer patients and has been successful. It is now being offered in other areas such as inpatient and outpatient surgery. A nurse anesthetist invented this product and it is a great option for patients who would like an alternative to medication.</p>	
<p>6. Q2 FY23 STEEEP DASHBOARD REVIEW</p>	<p>Dr. Holly Beeman, CQO provided an overview to supplement the memo describing the Q2 FY23 STEEEP Dashboard performance:</p> <ul style="list-style-type: none"> • Surgical Site Infections – The team is going back 5 years to look for trends. They are looking for surgeon specific patterns. In addition, a current focus is compliance with Enhanced Recovery After Surgery (ERAS) protocol. • Patient Falls – We are rolling out the Hopkins Mobility Initiative which will help ECH toe the fine line between increasing patient mobility to keep patient’s ‘conditioned’ during their hospital stay to decrease falls. • Stroke measures-- Both door to needle and door to groin times are meeting/exceeding targets. Dr. Adams highlighted the new Director of stroke, Dr. Bhalla who is elevating the performance of our stroke program. • Imaging Turnaround Time – This measure is improving. The staffing and connectivity issues with the Night Radiology Reading team (night hawk) have been the root cause of the prolonged reading times overnight. To address this issue, the Radiologists have worked with management to create a simple to use on-call triage system so docs waiting for radiology results in the ED can contact an ECH radiologist to jump in and read the study if we learn the Night Hawk service is unable to meet the demand. Risk Adjusted Readmission Index – Progress is being made and we have a new data scientist that helped create a dashboard to view the readmission rate by Skilled Nursing Facilities (SNFs). Our sepsis coordinator has been to each of our partner SNFs to provide education, tools, and build relationships with the SNF staff to optimize collaboration between acute and post-acute settings. • Sepsis Mortality Index – In the month of December, there was an anomalous increase in the index (unfavorable). A deep dive review by our Sepsis Program Manager revealed that patients admitted to the floor while they were half way through the 3 hours sepsis bundle, was creating a hand-off problem .The receiving physician and rn on the floor were not able to track where in the 3 hour bundle the sepsis patient was. This resulted in steps of the bundle not being 	

	<p>completely timely. With lower bundle compliance, the mortality increases. There is an opportunity with the handoff in communication to ensure the team on the floor accepting the patient from the ED is aware of where the patient is on the 'bundle' so that steps and interventions are deployed timely.</p> <ul style="list-style-type: none"> • ED Arrival to ED Departure – We have added four treatment chairs to help with treat to street. This began last Monday. • Health Equity measures categories – the dashboard items are the beginning stages of tackling health equity. We will have more meaningful metrics for FY24. At Quality Council, when departments present their annual performance improvement report, Dr. Beeman has asked presenters to use a lens of health equity as they review their data and performance opportunities. • Patient Experience – Meenesh and Cheryl have implemented an Executive Rounding program to help support the power of 3 rounding. The Executives participating are rounding on patients with a dyad nurse manager. <p>Dr. Sharma asked do you anticipate The Joint Commission evaluating organizations differently now that Health Equity will be a national patient safety goal beginning July 1st. goal.</p> <p>Dr. Beeman shared yes, due to it being a patient safety standard, it triggers our regulatory team to proactively articulate a detailed action plan around our efforts to address health disparities.</p> <p>Dr. Sharma suggested sharing this with the Committee once it comes together.</p>	<p><i>Action: Dr. Beeman to share with the Committee the action plan for complying with the new Joint Commission patient safety goal regarding Health Equity at a future meeting.</i></p>
<p>7. EL CAMINO HEALTH MEDICAL NETWORK REPORT</p>	<p>Ute Burness, RN, VP of Quality and Payer Relations provided an overview to supplement the materials in the packet for the El Camino Health Medical Network Report and highlighted the following:</p> <ul style="list-style-type: none"> • Quality Infrastructure Enhancements – reconstituted the Quality Committee, have representation from PCP and all major specialties; defined the charter and what their focus is and understand what this goal is of the Committee • Recruited and onboarded a Quality Nurse who recently passed her 120 days with ECHMN • Dashboard Review – Blood Pressure, Diabetes management, Breast care screening, colon cancer screening, annual flu vaccination, and medical reconciliation 	

	<p>A discussion continued within the Committee regarding the Dashboard, the timing of the data, and how physicians receive the data for the quality measures.</p> <p>Additionally, Ute shared that they have amended provider schedules to increase appointment availability and they are piloting a RN triage at one site to assist with administrative tasks and free the physician's time to see more patients.</p>	
8. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at <u>6:58 pm</u>.</p> <p>Movant: Zoglin Second: Ho Ayes: Somersille, Ho, Po, Legha, Sharma, Zoglin Noes: None Abstain: None Absent: Simon Recused: None</p>	Adjourned to closed session at 6:58 pm
9. AGENDA ITEM 16: RECONVENE OPEN SESSION/REPORT OUT	<p>The open session reconvened at <u>7:18 pm</u>. Agenda items 9-15 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 (12/12/2022), the Quality Council Minutes (12/07/2022), the Quality Council Minutes (1/04/2023), and the Credentialing and Privileges Report by unanimous vote by all committee members present.</p>	
10. AGENDA ITEM 17: ROUNDTABLE	No additional comments.	
11. AGENDA ITEM 18: ADJOURNMENT	<p>Motion: To adjourn at <u>7:19 pm</u></p> <p>Movant: Po Second: Zoglin Ayes: Somersille, Ho, Po, Legha, Sharma, Zoglin Noes: None Abstain: None Absent: Simon Recused: None</p>	Adjourned at 7:19 pm

Attest as to the approval of the foregoing minutes by the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital:



Nicole Hartley, Executive Assistant, II

Prepared by: Nicole Hartley, Executive Assistant, II
 Reviewed by: Stephanie Iljin, Manager of Administration