



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

Monday, August 7, 2023

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

Members Present

Carol Somersille, MD
Jack Po, MD
Krutica Sharma, MD**
Melora Simon
John Zoglin
Philip Ho, MD
Pancho Chang**

Members Absent

Prithvi Legha, MD

Others Present

Holly Beeman, MD, MBA, CQO
Dan Woods, CEO
Mark Adams, MD, CMO
Deb Muro, CIO**
Christine Cunningham, Chief
Experience and Performance
Improvement Officer
Cheryl Reinking, DPN, RN, CNO
Shreyas Mallur, MD, ACOG
Lyn Garrett, Senior Director, Quality
Shahab Dadjou, President, El
Camino Health Medical Network
Ute Burness, VP of Quality and Payer
Relations
Tracy Fowler, Director, Governance
Services
Nicole Hartley, Executive Assistant II
Gabriel Fernandez, Coordinator,
Governance Services

**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 Health (the "Committee") was called to order at 5:34 pm by Chair Carol Somersille. A verbal roll call was taken. Dr. Legha, Dr. Ho, and Melora Simon were absent at roll call. All other members were present at roll call and participated in person or telephonically. Melora Simon joined at 5:36 pm. A quorum was not present until Dr. Ho's arrival at 5:56 pm. No votes were taken before quorum was present.	
2. CONSIDER APPROVAL FOR AB 2449 REQUESTS	Ms. Hartley shared that two members of the Committee, Dr. Krutica Sharma and Mr. Pancho Chang, were participating remotely due to Just Cause. Chair Somersille asked both Dr. Sharma and Mr. Chang if there were any adults in the room. Both confirmed there were no adults present.	
3. 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.	
4. PUBLIC COMMUNICATION	There were no comments from the public.	

<p>5. CONSENT CALENDAR</p>	<p><i>Agenda item 5 was revisited at 6:32 pm due to no quorum at the paced time.</i></p> <p>Chair Somersille asked if any Committee member would like to pull an item from the consent calendar. No items were pulled.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Quality Committee Meeting (06/05/2023),</p> <p>For information: (b) FY24 Pacing Plan, (c) QC Follow-Up Items</p> <p>Movant: Zoglin Second: Po Ayes: Somersille, Chang, Po, Ho, Sharma, Simon, Zoglin, Sharma Noes: None Abstain: None Absent: Legha Recused: None</p>	<p>Consent Calendar Approved</p>
<p>6. CHAIR'S REPORT</p>	<p>Chair Somersille discussed and outlined the primary goals for the upcoming year and emphasized that the committee's focus for the year will be a continuation of last year's objectives, with specific attention given to enhancing Patient Experience and addressing healthcare inequities within the District. She also noted the committee's commitment to developing an action plan with measurable objectives and timelines to guide their work toward achieving these significant goals.</p>	
<p>7. PATIENT STORY</p>	<p>Cheryl Reinking, CNO presented a patient story reported by an ECH employee regarding a recent patient incident involving failed translation services in a time of critical need. Staff attempted to call the language translation line and were unsuccessful in reaching a Japanese interpreter. This was very frustrating for the staff as well as very distressing for the family.</p> <p>The vendor who provides language translation service did not meet our needs in this situation. A meeting has occurred with the executive management from the vendor company, indicating the seriousness of this event, and the service standards expected.</p> <p>There is a plan to start a pilot utilizing iPad's with the translation service in every room in which the patient's primary language is not English.</p> <p>Ms. Simon asked Ms. Reinking how the staff follow-up was conducted. Ms. Reinking responded that she spoke personally with the ECH employee and relayed the actions taken to ensure that this issue does not persist. Ms. Reinking did note that this was an anomaly with the translation service.</p>	

<p>8. Q4 FY23 STEEEP DASHBOARD & FY23 ENTERPRISE QUALITY DASHBOARD</p>	<p>Dr. Holly Beeman, CQO presented on the Q4 FY23 STEEEP dashboard & FY23 Enterprise Quality dashboard:</p> <p>Dr. Beeman discussed that the STEEEP report is a quarterly dashboard created for the El Camino Hospital Board audience. It is a high-level snapshot of quality without trend lines or control charts. This is in contrast to the monthly Enterprise Quality, Safety, and Experience dashboard created for the Quality Committee and ECH management audiences. Ms. Simon expressed gratitude for the thoroughness of the memo provided in support of the STEEEP and Enterprise Quality dashboards. Mr. Chang asked for comments on patient experience results and what plans are in place in order to increase the number of dimensions of patient experience to foster a deeper understanding. Dr. Beeman clarified that many patient experience domains are tracked in granular detail via the Press Ganey survey. For the purposes of governance, three of these domains are reported in the dashboard. Mr. Chang also asked for comments on how Press Ganey is utilized and compared with other sources of feedback from our patients.</p>	
<p>9. EL CAMINO HEALTH MEDICAL NETWORK REPORT</p>	<p>Mr. Shahab Dadjou, Ms. Ute Burness, and Ms. Christine Cunningham provided a report on the quarterly update of ECHMN quality:</p> <p>There are three key areas of focus for ECHMN with respect to quality and service: Clinical Excellence, Dependable and Convenient Care, Patient Experience (Likelihood to Recommend (LTR), and Merit Base Incentive Payment System (MIPS).</p> <p>Ms. Burness reported that ECHMN had met their targets in five of the six measures they planned for in FY23. Ms. Burness expressed that the Quality Committee for ECHMN will be moving to collect data on a calendar year basis going forward.</p> <p>Ms. Cunningham described ECHMN patient experience results improvements all were prevalent in the FY23 Outcomes. Ms. Cunningham outlined the FY24 plan and goals. Chair Somersille asked for follow up for Bay Area and California comparisons and information on the statistical significance of the results.</p>	<p>Follow-Up: <i>Local comparisons of the FY23 patient experience data as well as an outline of which data is statistically meaningful</i></p>
<p>10. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at <u>7:12 pm</u>.</p> <p>Movant: Zoglin Second: Po Ayes: Somersille, Chang, Po, Ho, Sharma, Simon, Zoglin, Sharma Noes: None Abstain: None Absent: Legha Recused: None</p>	<p>Adjourned to closed session at 7:12 pm</p>

11. AGENDA ITEM 16: RECONVENE OPEN SESSION/REPORT OUT	The open session reconvened at <u>7:22 pm</u> . Agenda items 11-15 were addressed in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (06/05/2023), the Quality Council Minutes (06/07/2023), and the Credentialing and Privileges Report by unanimous vote by all committee members present.	
12. AGENDA ITEM 17: ROUNDTABLE	No comments were shared.	
13. AGENDA ITEM 18: ADJOURNMENT	Motion: To adjourn at <u>7:29 pm</u> Movant: Po Second: Chang Ayes: Somersille, Chang, Po, Ho, Sharma, Simon, Zoglin, Sharma Noes: None Abstain: None Absent: Legha Recused: None	Adjourned at 7:29 pm

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



Gabriel Fernandez, Governance Services Coordinator

Prepared by: Gabriel Fernandez, Governance Services Coordinator
Reviewed by: Tracy Fowler, Director of Governance Services