



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

**Monday, March 4, 2024**

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

**Members Present**

**Carol Somersille, MD**  
**Melora Simon** (at 5:33 pm)  
**John Zoglin**  
**Pancho Chang**  
**Jack Po, MD**  
**Krutica Sharma, MD \*\***  
**Prithvi Legha, MD**  
**Philip Ho, MD**

**Members Absent**

**Others Present**

**Dan Woods, CEO**  
**Theresa Fuentes, CLO \*\***  
**Cheryl Reinking, DPN, RN, CNO**  
**Shreyas Mallur, Associate Chief**  
**Medical Officer**  
**Lyn Garrett, Senior Director, Quality**  
**Christine Cunningham, Chief**  
**Experience and Performance**  
**Improvement Officer**  
**Tracy Fowler, Director, Governance**  
**Services**  
**Nicole Hartley, Executive Assistant II**  
**Gabriel Fernandez, Coordinator,**  
**Governance Services**

\*\*via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. CALL TO ORDER/ ROLL CALL</b>	The open session meeting of the Quality, Patient Care, and Patient Experience Committee of El Camino Health (the "Committee") was called to order at <b>5:32 p.m.</b> by Chair Carol Somersille. A verbal roll call was taken. A quorum was present. Dr. Krutica Sharma participated via teleconference. Melora Simon arrived at 5:33 pm.	Call to order at <b>5:32 p.m.</b>
<b>2. CONSIDER APPROVAL FOR AB 2449 REQUESTS</b>	Committee member Krutica Sharma, MD participated remotely with a Just Cause exemption. Dr. Sharma confirmed that her spouse was in the room with her but that she was wearing headphones to protect the privacy of the meeting.	
<b>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair Somersille asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
<b>4. PUBLIC COMMUNICATION</b>	There were no comments from the public.	

<p><b>5. CONSENT CALENDAR</b></p>	<p>Chair Somersille asked if any Committee member would like to pull an item from the consent calendar. Consent Calendar Items (a) Minutes of the Open Session of the Quality Committee Meeting (02/05/2024), (b) Minutes of the Closed Session of the Quality Committee Meeting (02/05/2024), (d) Receive FY24 Enterprise Quality Dashboard, and (e) Receive Value-Based Purchasing Report.</p> <p>After a brief discussion, a motion was made to approve the Consent Calendar without item (b) Minutes of the Closed Session of the Quality Committee Meeting (02/05/2024), which would need to be discussed in the closed session.</p> <p>A robust discussion of the consent calendar ensued.</p> <p>a. Minutes of the Open Session of the Quality Committee The requested additions to the minutes included the following: There are plans for tracking handwashing methods by implementing unit-based champions on each shift, training, and auditing. Regarding metrics, the committee requests a timeline for when they will be met, or we will pivot to other quality improvement tactics/ideas. Regarding the ECHMN, the committee was informed that exit interviews were performed on all providers who left our organization.</p> <p>d. Receive Enterprise Quality Dashboard Decreased knee infections were attributed to three factors including change of irrigation, decreased OR traffic and enhanced recovery after surgery (ERAS)</p> <p>e. Receive Value-Based Purchasing Report The committee was educated that value based purchasing is not adequately weighted geographically.</p> <p><b>Motion:</b> To approve the consent calendar minus item (b) Minutes of the Closed Session of the Quality Committee Meeting (02/05/2024)</p> <p><b>Approval:</b> (a) Minutes of the Open Session of the Quality Committee Meeting (02/05/2024)</p> <p><b>Received:</b> (c) Receive FY24 Pacing Plan, (d) Receive FY24 Enterprise Quality Dashboard, (e) Receive Value-Based Purchasing Report, (f) Receive Follow-Up Item: Fecal Implant</p> <p><b>Movant:</b> Po <b>Second:</b> Simon <b>Ayes:</b> Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin <b>Noes:</b> None <b>Abstain:</b> None <b>Absent:</b> None <b>Recused:</b> None</p>	<p><b>Consent Calendar Approved</b></p>
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<p><b>6. VERBAL CHAIR'S REPORT</b></p>	<p>Chair Somersille asked that the Committee think about how they would like to contribute to the Committee during the next fiscal year. Chair Somersille proposed that Committee members could make a short presentation, in place of the Chair's report, to the rest of the Committee that would highlight an area of their expertise that could be helpful to the Committee's goals and purpose.</p>	
<p><b>7. PATIENT STORY</b></p>	<p>Ms. Reinking provided the Patient's Story. Highlighted in the story was patient feedback from a patient who was being discharged and their infant's ankle monitor was not removed, causing alarms to go off in the unit. Ms. Reinking explained that the monitors are utilized for the safety of the infants, to prevent and monitor any potential attempts for infant abductions. The patient reported having a wonderful experience despite this final event. Ms. Reinking highlighted the in-depth procedures and processes for discharging infants from the hospital. Ms. Reinking updated the Committee on the steps that have been taken to ensure that staff have reviewed the discharge policies in place.</p>	
<p><b>8. PATIENT EXPERIENCE REPORT</b></p>	<p>Ms. Cunningham provided the Patient Experience Report to the Committee. Ms. Cunningham noted that staff are seeing dramatic increases across the organization's Likelihood to Recommend (LTR) metrics, even more so than the national average. Ms. Cunningham attributed this to a combination of external and internal factors and consistent in-depth observation of organizational best practices. Consistency, standard work, and focus were listed as the top three driving factors of success. Dan Woods clarified that the goal is a percentile translated into a number. The goal is to be in the top quartile as determined by Press Ganey. The Committee inquired about the planned study to be conducted for implementing translator devices in patient rooms. Staff assured that this initiative would be implemented on March 12<sup>th</sup>.</p>	
<p><b>9. FY25 ENTERPRISE COMMITTEE PLANNING ITEMS</b></p>	<p>Chair Somersille presented the FY25 Committee Planning Items, for discussion. The Committee did not have any comments on the proposed FY25 Committee meeting dates.</p> <p>The Committee moved to discussion on the proposed Committee goals. The Committee expressed interest in adopting a Committee goal focused on artificial intelligence. The Committee requested that attendance metrics remain in the Committee goals, subject to the creation of another governing document to uphold this metric. The Committee expressed alignment with the removal of Committee goal number four (4), subject to it being represented in another governing document. The Committee requested that Committee goal five (5) remain within the Committee goals. The Committee discussed the need for a metric to measure health disparities, listed in Committee goal three (3).</p>	<p><b>Actions:</b> Staff to revise Committee goals with requested revisions by the Committee</p> <p>Staff to confirm that the recommendation for Board Approval of the Quality Assessment and Performance Improvement</p>

	<p>The Committee requested that the Enterprise Quality Measures, contained within the pacing plan, be paced to be delivered in alignment with the STEEEP dashboard.</p> <p>The Committee requested that the charter language concerning the use of the El Camino Health versus El Camino Hospital be discussed and standardized for hospital committees before returning to the Committee. The committee requested more information from the Compliance Committee as suggested by the current charter. Specifically, it was requested that the Compliance Committee cooperate with the Quality Committee by reporting the results of review by regulatory and accrediting bodies and the relevant corrective actions taken. The Committee expressed the preference to keep the total number of community members allocated to serve on the Committee between 6 and 7.</p>	<p><i>Plan is reflected in the Committee's charter</i></p>
<p><b>10. FY25 ENTERPRISE QUALITY AND EXPERIENCE GOAL</b></p>	<p>The Committee discussed the FY25 Enterprise and Quality Experience Goal, proposed by management. Regarding the hand hygiene project, the Committee requested a metric be developed that is achievable and effective in its pursuit of the overall outcome of the project. Additionally, the Committee discussed with staff the possibility of adding an observable patient experience metric. Staff agreed to discuss and return this to the Committee.</p>	
<p><b>11. RECESS TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To recess to closed session at 7:36 pm  <b>Movant:</b> Zoglin  <b>Second:</b> Simon  <b>Ayes:</b> Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin  <b>Noes:</b> None  <b>Abstain:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<p><i>Recessed to Closed Session at 7:36 PM</i></p>
<p><b>12. AGENDA ITEM 16: CLOSED SESSION REPORT OUT</b></p>	<p>During the closed session, the Quality Committee approved the Minutes of the Closed Session of the February 5<sup>th</sup>, 2024 Quality Committee Meeting and the recommendation of the Credentialing and Privileges Report for approval by the El Camino Hospital Board of Directors, by a unanimous vote of all members present.</p>	
<p><b>13. AGENDA ITEM 17: COMMITTEE ANNOUNCEMENTS</b></p>	<p>There were no additional announcements from the Committee.</p>	

<b>14. AGENDA ITEM 18: ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 7:54 p.m. <b>Movant:</b> Po <b>Second:</b> Simon <b>Ayes:</b> Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin <b>Noes:</b> None <b>Abstain:</b> None <b>Absent:</b> None <b>Recused:</b> None	<b>Adjourned at 7:54 PM.</b>
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**Attest as to the approval of the foregoing minutes by the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital:**



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Gabriel Fernandez, Governance Services Coordinator

Prepared by: Gabriel Fernandez, Governance Services Coordinator

Reviewed by: Tracy Fowler, Director of Governance Services