



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

Monday, May 6, 2024

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

Members Present

Carol Somersille, MD, Chair
Melora Simon, Vice Chair
Pancho Chang **
Philip Ho, MD (at 5:43 pm)
Prithvi Legha, MD
Jack Po, MD
Krutica Sharma, MD
John Zoglin

Members Absent

**via teleconference

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
Deb Muro, CIO **
A.J. Reall, VP, Strategy
Ute Burness, ECHMN, VP, Quality & Payer Relations
Nicole Hartley, Executive Assistant II
Gabriel Fernandez, Coordinator, Governance Services

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 5:31 p.m. by Chair Carol Somersille. A verbal roll call was taken. A quorum was present. Pancho Chang participated via teleconference. Dr. Phillip Ho arrived at 5:43 pm.	Call to order at 5:31 p.m.
2. CONSIDER APPROVAL FOR AB 2449 REQUESTS	There were no AB-2449 requests by any members of the Quality Committee.	
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>Chair Somersille asked if any Committee member would like to pull an item from the consent calendar. Consent Calendar Items (d) CDI Dashboard and (e) Core Measures were pulled for further discussion.</p> <p>A robust discussion regarding item (e) Core Measures ensued. The discussion included an evaluation of the methodology for how the goals are set and which national averages are utilized for comparative measures.</p> <p>Motion: To approve the consent calendar</p> <p>Approval: (a) Minutes of the Open Session of the Quality Committee Meeting (03/04/2024), (b) Minutes of the Closed Session of the Quality Committee Meeting (03/04/2024)</p> <p>Received: (c) FY24 Pacing Plan, (d) CDI Dashboard, and (e) Core Measures</p> <p>Movant: Po Second: Simon Ayes: Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	<p>Consent Calendar Approved</p> <p>Action Items: <i>Staff to standardize and include visual indicators for all dashboards for review</i></p>
<p>6. VERBAL CHAIR'S REPORT</p>	<p>Chair Somersille informed the committee that there were no reportable items for the Chair's report.</p>	
<p>7. PATIENT STORY</p>	<p>Ms. Reinking provided the Patient's Story. Highlighted in the story was a note from a patient's family who chose to write a letter to the hospital regarding an environmental services cleaning expert who made the patient's stay unforgettable. Ms. Reinking praised the exceptional efforts of the environmental services staff who come into contact with patients just as much as clinical staff and have just as much of a lasting impact on the overall quality of care that El Camino Health patients receive.</p>	
<p>8. EL CAMINO HEALTH MEDICAL NETWORK REPORT</p>	<p>Ms. Burness shared the El Camino Health Medical Network Report. Ms. Burness shared the CY24 Overall Performance vs the Targets for the year. The Committee inquired regarding the Core Quality Measures performance through Q1 and the ability to meet the targets set for the measures.</p> <p>The Committee requested that outpatient Medical Network Quality Council Minutes, similar to Inpatient Quality Council Minutes, be included in the packet. The Committee requested that the Governance Committee meet to discuss and provide guidance to the Quality Committee for this matter.</p> <p>Ms. Cunningham shared a report on Patient Experience for the El Camino Health Medical Network. Ms. Cunningham</p>	

	<p>shared the details of the analysis completed and the methodology for assessing survey responses. The Committee expressed a desire to see increases in primary care metrics. Staff assured that the current projections still show favorable progress to achieve the FY2027 goals set by the organization.</p>	
<p>9. Q3 FY24 STEEEP DASHBOARD REVIEW / FY24 ENTERPRISE QUALITY DASHBOARD</p>	<p>The Committee discussed the Q3 FY24 STEEEP Dashboard and FY24 Enterprise Quality Dashboard. There was a robust discussion regarding Hospital readmissions and the multi-disciplinary rounds to decrease readmissions. Ms. Reinking discussed the processes and procedures to meet with leaders in both inpatient and outpatient settings and thoroughly examine and identify any gaps to prevent readmissions.</p>	

<p>10. RECOMMEND FOR APPROVAL FY25 COMMITTEE PLANNING ITEMS</p>	<p>Motion: To recommend the FY25 Committee dates for approval Movant: Po Second: Simon Ayes: Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: None Recused: None</p> <p>Motion: To recommend the FY25 Committee goals for approval Movant: Sharma Second: Simon Ayes: Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: None Recused: None</p> <p>Motion: To recommend the FY25 pacing plan for approval Movant: Po Second: Sharma Ayes: Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	<p>Recommendation for FY25 Committee Dates, Goals, and Pacing Plan Approved</p> <p>Actions: For Committee Goals – Executive Sponsor to be listed as ‘Chief Quality Officer.’</p> <p>Remove ‘as facilitated by Director of Governance’ from the review of annual committee self-assessment results.</p>
<p>11. RECOMMEND FOR APPROVAL QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN</p>	<p>Motion: To recommend approval of the Quality Assessment and Performance Improvement Plan (QAPI) Movant: Simon Second: Po Ayes: Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	<p>Recommendation for QAPI Approved</p>

<p>12. RECESS TO CLOSED SESSION</p>	<p>Motion: To recess to closed session at 7:04 pm Movant: Sharma Second: Simon Ayes: Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	<p><i>Recessed to Closed Session at 7:04 PM</i></p>
<p>13. AGENDA ITEM 19: CLOSED SESSION REPORT OUT</p>	<p>During the closed session, the Quality Committee approved 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><i>Reconvened Open Session at 7:56 PM</i></p>
<p>14. AGENDA ITEM 20: RECOMMEND FOR APPROVAL FY25 ENTERPRISE QUALITY AND PATIENT EXPERIENCE GOAL</p>	<p>Motion: To recommend the FY 25 Proposed Organizational Performance Goals For Quality And Patient Experience With A Stretch Goal Changed To The 87th percentile for the LTR-Inpatient metric Movant: Sharma Second: Po Ayes: Somersille, Chang, Ho, Legha, Po, Sharma Noes: Zoglin Abstain: Simon Absent: None Recused: None</p>	<p><i>Recommendation for FY25 Enterprise Quality and Patient Experience Goal Approved</i></p>
<p>15. AGENDA ITEM 21: COMMITTEE ANNOUNCEMENTS</p>	<p>There were no additional announcements from the Committee.</p>	
<p>16. AGENDA ITEM 22: ADJOURNMENT</p>	<p>Motion: To adjourn at 7:59 p.m. Movant: Po Second: Simon Ayes: Somersille, Chang, Ho, Legha, Po, Sharma, Simon, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	<p><i>Adjourned at 7:59 PM.</i></p>

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