



**Minutes of the Open Session of the  
Quality, Patient Care and Patient Experience Committee  
Monday, February 4, 2019  
El Camino Hospital | Conference Rooms A&B  
2500 Grant Road, Mountain View, CA 94040**

**Members Present**

Ina Bauman\*\*  
Peter C. Fung, MD  
Wendy Ron  
George O. Ting, MD

**Members Absent**

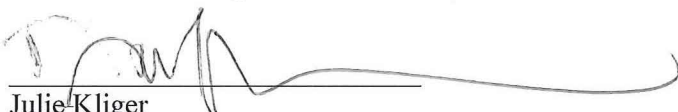
Katie Anderson  
Julie Kliger, Chair  
Jeffrey Davis, MD  
Melora Simon

\*\*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 Hospital (the "Committee") was called to order at 5:30pm by Dr. Fung. A verbal roll call was taken. Ms. Bauman participated via teleconference. Ms. Kliger, Dr. Davis, Ms. Simon and Ms. Anderson were absent. All other Committee members were present at roll call.	
<b>2. POTENTIAL CONFLICT OF INTEREST</b>	Dr. Fung asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
<b>3. CONSENT CALENDAR</b>	Dr. Fung asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed.  <b>Due to a lack of quorum, the Committee deferred approval of the meeting minutes to the Committee's March meeting.</b>	<i>Approval of the Consent Calendar deferred to the March 4<sup>th</sup> Meeting</i>
<b>4. REPORT ON BOARD ACTIONS</b>	There were no questions about the Report on Board Actions.	
<b>5. FY19 QUALITY DASHBOARD</b>	Mark Adams, MD, CMO, reviewed the quality metrics on the Committee's FY19 dashboard and Cheryl Reinking, RN, CNO, reviewed the HCAHPS scores. Dr. Adams commented that the mortality index is improving and that proper documentation of all patients and proper management of terminally ill patients are both important factors in decreasing this measurement. Ms. Reinking reported that the GIP (general inpatient program) provides patients assigned to beds within the acute care setting to receive hospice care. These patients that are on hospice are not included in the mortality index measurement. Dr. Adams reported that readmissions have come down below target and staff is gearing up interventions to improve ED throughput as we move into the end of the fiscal year.  Dr. Adams reported that there were zero CAUTIs in December and one CLABSI in the last month. The CLABSI was likely due only to a contaminated blood culture, but it still has to be counted. He also reported ECH needs to improve documentation of patients that have a C. Diff infection on admission so the infection does not get attributed to ECH as hospital-acquired. Dr. Adams also commented that there has been a decreasing trend in sepsis mortality over the last two years, but an increase in the number of terminal cancer patients who developed sepsis. He explained that the GIP program will take those patients out of this category. Dr. Fung and the other Committee members requested staff to consider consolidating the information in the dashboard into fewer pages.	

<b>6. UPDATE ON PATIENT CARE EXPERIENCE</b>	Ms. Reinking reported on initiatives to improve patient experience in the ED in both MV and LG including care team coaches (ED physicians and most staff have received coaching) and improved sound barriers between patient bays and providing iPads in the absence of televisions for distraction in the LG ED.	
<b>7. PHYSICIAN BURNOUT</b>	Dr. Adams reported the national suicide rate of physicians is twice the national rate of the population and explained that physician burnout can impact patient safety and satisfaction and decrease the quality of care. He explained that physician burnout is highest in 45-54 year olds, higher in some specialties than others, and the largest contributing factor is too many bureaucratic tasks. Medical staff members commented that some of the EHR modules are very difficult to use and that physicians being asked to continuously improve efficiency creates burnout as well. The staff and Committee members discussed mitigation measures and it was suggested that the Physician Wellness Committee that is being revitalized by the Medical Staff focus on efforts to prevent burnout, not just addressing it when happens.	
<b>8. JOINT COMMISSION SURVEY RESULTS</b>	Dr. Adams reviewed how the Joint Commission's new SAFER matrix used in the Decembers 2018 triennial survey works. He also reviewed the survey findings, noting that there were 4 moderate level findings and 32 low level findings. One of the moderate level findings (absence of documentation of discharge instructions addressing moderate sedation) was found to be "widespread." Actions plans are in place to address all of the findings.	
<b>9. HOSPITAL UPDATE</b>	There were no questions about the hospital update.	
<b>10. PUBLIC COMMUNICATION</b>	There were no comments from the public.	
<b>11. ADJOURN TO CLOSED SESSION</b>	The meeting was adjourned to closed session at 7:14pm.	<i>Adjourned to closed session at 7:14pm</i>
<b>12. AGENDA ITEM 17: RECONVENE OPEN SESSION/ REPORT OUT</b>	Open session was reconvened at 7:20pm. Agenda Items 12-16 were covered in closed session. Due to a lack of quorum, the Committee took no actions during the closed session.	
<b>13. AGENDA ITEM 18: ADJOURNMENT</b>	The meeting was adjourned at 7:21pm.	<i>Meeting adjourned at 7:21pm</i>

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

  
Julie Kliger  
Chair, Quality Committee