



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
Monday, December 3, 2018
El Camino Hospital | Conference Rooms A&B
2500 Grant Road, Mountain View, CA 94040**

Members Present

Katie Anderson
Ina Bauman
Jeffrey Davis, MD
Peter C. Fung, MD
Julie Kliger, Chair
David Reeder
Wendy Ron
Melora Simon

Members Absent

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 5:30pm by Chair Kliger. A silent roll call was taken. Ms. Anderson arrived during Agenda Item 4: Report on Board Actions and Ms. Simon arrived during Agenda Item 5: FY19 Quality Dashboard. All other Committee members were present at roll call.	
2. POTENTIAL CONFLICT OF INTEREST	Chair Kliger asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. CONSENT CALENDAR	<p>Chair Kliger asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Quality Committee Meeting (November 5, 2018); and for information: Patient Stories; FY19 Pacing Plan; Progress Against FY19 Committee Goals; and Article of Interest.</p> <p>Movant: Davis Second: Ron Ayes: Bauman, Davis, Fung, Kliger, Ron, Reeder Noes: None Abstentions: None Absent: Anderson, Simon Recused: None</p>	<i>Consent Calendar approved</i>
4. REPORT ON BOARD ACTIONS	In response to questions, Cindy Murphy, Director of Governance Services, explained that the Board approved the revisions to the Quality Committee Charter that the Committee recommended at its August meeting.	
5. FY19 QUALITY DASHBOARD	Mark Adams, MD, CMO, reviewed the quality metrics on the Committee's FY19 dashboard and Cheryl Reinking, RN, CNO, reviewed the HCAHPS scores. Ms. Reinking noted that the scores improved significantly in October, but the preliminary data for November is not looking quite as good. Dr. Adams explained that some of the Hospital acquired infections can be explained by a failure to document the infections on admission. The Committee members and staff discussed the importance of instilling a culture of safety throughout the organization that includes careful monitoring of others. The Committee also asked staff to bring the data back plotted quarter by quarter as well as on a rolling -12 month basis.	

6. PSI-90 SCORES	Dr. Adams reported on the AHRQ Patient Safety Indicators for Q1 FY19. He noted that ECH performs better than the Premier Composite mean of 0.90 overall for FY18 and Q1 of FY19, but there is still room for improvement. Dr. Davis suggested that this data would be a good candidate for presentation on a rolling 12-month basis.	
7. THROUGHPUT CASE STUDY	Ms. Reinking reported that it is one of ECH's FY19 Organizational Goals to improve (decrease) the amount of time it takes from the time a patient arrives in the ED until they are admitted to an in-patient unit. She explained that the baseline median was 339 minutes and the goal is to get to 280. Ms. Reinking reported that the staff identified 65 barriers to throughput. One barrier was the time it takes to achieve RN to RN handoff once the physician writes the admission order. Staff is piloting making an appointment for the ED RN to give report to the Unit RN, which is already making some improvement.	
8. READMISSIONS	Dr. Adams reported that the organization is very focused on reducing preventable readmission and the effort is organized around teams composed of a mix of various clinicians and administrators. He explained that ECH is trying to focus efforts on those patients most at risk for readmission and that ECH has developed its own predictor tool and validated it. Teams include a Readmissions Review team, a Care Coordination team, a Palliative Care team, and a CV mortality and Readmissions team.	
9. CUTLURE OF SAFETY SURVEY REPORT	Dr. Adams reviewed themes from the culture of safety survey. Some of the Medical Staff members present commented that members of the Medical Staff report feeling as though hospital administration and the Board do not prioritize the needs of physicians, and need to focus on addressing physician burn-out issues. Dr. Davis asked Dr. Adams to take the lead in defining this problem and bring that back to the Committee and the Board. Chair Kliger requested that this be added to the Committee's Pacing Plan as a topic to revisit.	
10. HOW DOES ECH DEFINE QUALITY	Chair Kliger briefly reviewed the results of the Quality Strategy Maturity Model Survey, noting that 12 of 17 requested participants participated in the survey. She requested that the survey be re-administered to the 5 who did not participate and she also asked Dr. Adams to extend the survey to a broader group of participants. The Committee asked that additional information be provided in the responses that provide evidence that justifies or explains the response. Staff was directed to add this back to the Committee's Pacing Plan for the March 2019 meeting.	
11. HOSPITAL UPDATE	Mark Adams, MD, CMO, answered questions from the Committee members about the hospital update.	
12. PUBLIC COMMUNICATION	There were no comments from the public.	
13. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:28pm.</p> <p>Movant: Anderson</p> <p>Second: Reeder</p> <p>Ayes: Anderson, Bauman, Davis, Fung, Kliger, Reeder, Ron, Simon</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Recused: None</p>	<i>Adjourned to closed session at 7:28pm.</i>
14. AGENDA ITEM 19: RECONVENE OPEN SESSION/	Open session was reconvened at 7:38pm. Agenda Items 14-18 were covered in closed session.	

REPORT OUT	During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (November 5, 2018) a unanimous vote of all members present, (Anderson, Bauman, Davis, Fung, Kliger, Reeder, Ron, Simon).	
15. AGENDA ITEM 20: ADJOURNMENT	Motion: To adjourn at 7:40pm. Movant: Anderson Second: Reeder Ayes: Anderson, Bauman, Davis, Fung, Kliger, Reeder, Ron, Simon Noes: None Abstentions: None Absent: None Recused: None	<i>Meeting adjourned at 7:40pm</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