## Agenda Item

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<th>Agenda Item</th>
<th>Comments/Discussion</th>
<th>Approvals/Action</th>
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<td>1. CALL TO ORDER/ ROLL CALL</td>
<td>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.</td>
<td>Consent Calendar approved</td>
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<td>2. POTENTIAL CONFLICT OF INTEREST</td>
<td>Chair Kliger asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.</td>
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| 3. CONSENT CALENDAR | 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.  
**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.  
**Movant:** Davis  
**Second:** Ron  
**Ayes:** Bauman, Davis, Fung, Kliger, Ron, Reeder  
**Noes:** None  
**Abstentions:** None  
**Absent:** Anderson, Simon  
**Recused:** None |                  |
| 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. Mr. 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. **CULTURE 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 do not feel 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**
    **Motion:** To adjourn to closed session at 7:28pm.
    **Second:** Reeder
    **Ayes:** Anderson, Bauman, Davis, Fung, Kliger, Reeder, Ron, Simon
    **Noes:** None
    **Abstentions:** None
    **Absent:** None
    **Recused:** None

    

14. **AGENDA ITEM 19: RECONVENE OPEN SESSION/**
    Open session was reconvened at 7:38pm. Agenda Items 14-18 were covered in closed session.
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<th>REPORT OUT</th>
<th>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).</th>
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| 15. AGENDA ITEM 20: ADJOURNMENT | **Motion:** To adjourn at 7:40pm.  
**Movant:** Anderson  
**Second:** Reeder  
**Ayes:** Anderson, Bauman, Davis, Fung, Kliger, Reeder, Ron, Simon  
**Noses:** None  
**Abstentions:** None  
**Absent:** None  
**Recused:** None |
| Meeting adjourned at 7:40pm |

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

[Signature]

Jodie Kliger  
Chair, Quality Committee