



**Minutes of the Open Session of the
 Quality, Patient Care and Patient Experience Committee Meeting of the
 El Camino Hospital Board
 Monday, April 4th, 2016
 El Camino Hospital, Conference Rooms A&B
 2500 Grant Road, Mountain View, California**

Members Present

Dave Reeder; Peter Fung, MD;
 Diana Russell, RN;
 Lisa Freeman, and Alex Tsao.

Members Absent

Jeffrey Davis, MD;
 Nancy Carragee, Mikele Bunce,
 Melora Simon, Katie Anderson,
 and Wendy Ron.

Members Excused

Robert Pinsker, MD

A quorum was not present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 4th day, April, 2016 meeting.

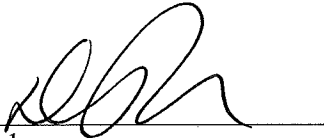
Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER	The meeting of the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital (the "Committee") was called to order by Committee Chair Dave Reeder at 5:37p.m.	<i>None</i>
2. ROLL CALL	Chair Reeder asked Stephanie Iljin to take a silent roll call.	<i>None</i>
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Reeder asked if any Committee member or anyone in the audience believes that a Committee member may have a conflict of interest on any of the items on the agenda. No conflict of interest was reported.	<i>None</i>
4. CONSENT CALENDAR ITEMS	Chair Reeder asked if any Committee member wished to remove any items from the consent calendar for discussion. None were noted. <i>*Chair Reeder asked that the items on the consent calendar (Open Minutes of the February 29, 2016 Meeting, Draft Quality Committee Meeting Calendar, and Environmental Policies) to be agendized for approval the May 2nd, 2016 meeting due to lack of quorum.</i>	<i>None due to lack of quorum. Item to be agendized for the May 2nd, 2016 Meeting for approval.</i>
5. REPORT ON BOARD ACTIONS	Chair Reeder reported that the Board is currently focused on the Budget, Urgent Care Centers, and Primary Care Centers. He further reported that we are behind budget largely in part to the decrease in volumes and Investment returns.	<i>None</i>

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<p>6. COMMITTEE CHARTER</p>	<p>Chair Reeder presented the Committee with the current Quality Committee Charter for review. He asked if any members had any concerns or revisions to the charter. None were noted.</p>	
<p>7. PROPOSED FY17 COMMITTEE GOALS</p>	<p>Chair Reeder reviewed the Proposed FY17 Committee Goals to include #5 as requested by the Committee:</p> <ol style="list-style-type: none"> 1. Review the hospital’s organizational goals and scorecard and ensure that those metrics and goals are consistent with the strategic plan and set at an appropriate level as they apply to the Quality, Patient Care, and Patient Experience Committee. 2. Biannually review peer review process and medical staff credentialing process. 3. Develop a plan to review exceptions for goals that are being monitored by the management team and report those exceptions to the El Camino board of directors. 4. Review and oversee a plan to ensure the safety of the medication delivery process. The plan should include a global assessment of adverse events and it should include optimizations to the medication safety process using the new iCare tool. 5. Further investigate Patient and Family Centered Care and develop an implementation plan. <p>Chair Reeder noted that further discussion of the Patient and Family Centered Care Theme will be address later in the meeting at Agenda Item 10.</p>	<p><i>None</i></p>
<p>8. DRAFT FY17 ORGANIZATIONAL GOALS</p>	<p>Dr. Dan Shin presented the Draft FY17 Organizational Goals to the Committee further detailed in the packet. He also presented the Committee with 3 Patient Safety and iCare Goal options to include: Medication Errors, Pain Reassessment, and Patient Satisfaction Pain Management Score. Dr. Shin asked the Committee for feedback and discussion ensued. The Committee generally agreed with the Pain Management goals for recommendation to the Board as the Patient Safety and iCare Goal Option.</p> <p><i>*This item will be agendized for approval at the May 2nd, 2016 Quality Committee Meeting.</i></p>	<p><i>None due to lack of quorum. Item to be agendized for the May 2nd, 2016 Meeting for approval.</i></p>
<p>9. FY 16 EXCEPTION REPORT</p>	<p>Dr. Shin, Medical Director of Quality Assurance and Patient Safety, reviewed the exception report and noted that most metrics have remained stable or improved. Specimen labeling errors decreased to “zero” in February due to new hand-held technology, Surgical site</p>	<p><i>None</i></p>

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	<p>infections decreased for two months in November and December, and medication errors have stabilized after iCare implementation.</p> <p>Dr. Carol Kemper; Medical Director for Infection Prevention, and Catherine Nalesnik, RN; Manager for Infection Prevention, attended and reviewed our active surveillance processes for surgical site infections, infection control, reporting requirements, and reporting time frames for 30-day versus 90-day surveillance measures post-operatively. Dr. Kemper reported that we are achieving a Standardized Infection Ratio of less than 1.0 in 28 of 29 surgeries (goal is less than 1.0) that are reported to the National Healthcare Safety Network.</p> <p>Dr. Shin asked the Committee for feedback and discussion ensued.</p>	
<p>10. PATIENT AND FAMILY CENTERED CARE UPDATE</p>	<p>Cheryl Reinking, Chief Nursing Officer, gave a brief overview of the Patient and Family Centered Care Plan. She updated the Committee on current progress and confirmed the actions we want to undertake in the next 6 - 9 months.</p> <p>RJ Salus, Director of Patient Experience further detailed the current Timeline, and the Alignment of projects of FY16 going forward, Governance, and Programs elements already in place.</p> <p>Mr. Salus asked the Committee if they had any comments or questions and discussion ensued. There was discussion regarding implementation of Patient and Family Centered Care (PFCC) including:</p> <ol style="list-style-type: none"> 1. Defining Planetree’s role during Q4 of FY 2016. 2. Facilitating stakeholder conversation in Q1 of FY 2017. 3. Building a roadmap with PaCT and Planetree by Q2 FY 2017. 4. Aligning current efforts to increase patient-centrism, and incorporate PaCT (Lean). 5. PFCC projects to include NICU family-centered patient transport, ED experience mapping, family housing, medication administration, and patient transport. 	<p><i>None</i></p>
<p>11. PUBLIC COMMUNICATION</p>	<p>Chair Reeder asked if there was anyone present with Public Communication for the Quality Committee. A public guest presented material to the Committee regarding an incident during her mother’s ER visit</p>	

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	<p>which led to urgent surgery. She cited process failures, lack of adequate care, and inadequate response from the hospital. She asked that this case be re-examined. Chair Reeder asked that Joy Pao, MD, Senior Director of Quality, Patient Safety, and Clinical Effectiveness, and RJ Salus, Director of Patient Experience follow up with further investigation of this case.</p>	
<p>12. AGENDA ITEM 17 RECONVENE OPEN SESSION/ REPORT OUT</p>	<p><i>Agenda Items 12 – 16 were reported in closed session.</i> Chair Reeder reported that no actions were taken in closed session due to lack of quorum, and noted the upcoming Quality Committee Meeting dates.</p>	<p><i>None</i></p>
<p>13. AGENDA ITEM 18 ADJOURNMENT</p>	<p>There being no further business to come before the Committee, the meeting was adjourned at 7:36p.m.</p>	<p><i>None</i></p>

Attest as to the approval of the Foregoing minutes by the Quality Committee and by the Board of Directors of El Camino Hospital:



Dave Reeder
Patient Experience Committee