

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee Meeting of the
El Camino Hospital Board
Monday, May 2nd, 2016
El Camino Hospital, Conference Rooms A&B
2500 Grant Road, Mountain View, California

Members Present

Dave Reeder; Peter Fung, MD;
 Diana Russell, RN; Jeffrey Davis, MD;
 Nancy Carragee, Mikele Bunce,
 Melora Simon, and Wendy Ron.

Members Absent

Katie Anderson, Lisa Freeman and
 Alex Tsao.

Members Excused

Robert Pinsker, MD

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 2nd day, May, 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 5:35 p.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	<p>Chair Reeder asked if any Committee member wished to remove any items from the consent calendar for discussion. None were noted.</p> <p><u>Motion:</u> To approve the consent calendar (Open Minutes of the February 29, 2016, April 4, 2016 Meeting, FY17 Quality Meeting Calendar, and Environmental Policies were approved).</p> <p><u>Movant:</u> Fung</p> <p><u>Second:</u> Russell</p> <p><u>Ayes:</u> Davis, Fung, Russell, Bunce, Reeder, Carragee, Simon, and Ron.</p> <p><u>Noes:</u> None</p> <p><u>Abstentions:</u> None</p> <p><u>Absent:</u> Anderson, Tsao, and Freeman.</p>	<i>The Open Minutes of the February 29th and April 4th meeting, FY17 Quality Meeting Calendar, and Environmental Policies were approved.</i>
5. REPORT ON BOARD ACTIONS	Chair Reeder reported that the Board is currently focused on the end of FY16 Budget, and asked the Committee members for confirmation of their service on	<i>None</i>

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	<p>the Committee for FY17.</p> <p>Chair Reeder asked for the following items to be agendized for further discussion at the next Quality Committee Meeting:</p> <ul style="list-style-type: none"> • How much time to be spent on Quality at the Board Meetings? • FY17 Exception Report – Discussion of the dashboard and metrics. What to include or delete? 	
<p>6. 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 asked the Committee for any questions or feedback, and discussion ensued. The Committee briefly discussed the implementation of Patient and Family Centered Care (PFCC) using Planetree's baseline assessment during Q1 of FY 2017, building a roadmap by Q2 FY 2017, and aligning current efforts to increase patient-centrism.</p> <p><u>Motion:</u> To approve the Proposed FY17 Committee Goals.</p> <p><u>Movant:</u> Russell</p> <p><u>Second:</u> Ron</p> <p><u>Ayes:</u> Davis, Fung, Russell, Bunce, Reeder, Carragee, Simon, and Ron.</p> <p><u>Noes:</u> None</p> <p><u>Abstentions:</u> None</p> <p><u>Absent:</u> Anderson, Tsao, and Freeman.</p>	<p><i>The Proposed FY17 Committee Goals were approved.</i></p>

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7. DRAFT FY17 ORGANIZATIONAL GOALS	<p>Mick Zdeblick, Chief Operating Officer presented the Draft FY17 Organizational Goals to the Committee further detailed in the packet. He reiterated the Committee's agreement from the April 4th meeting with the addition of Option 2, Pain Management Indicator, to the Patient Safety & iCare section of the FY17 Organizational Goals. This would be in conjunction with the Length of Stay Reduction and Maintaining Current Readmissions Rates. Chair Reeder asked the Committee for feedback and discussion ensued. The Committee discussed pain reassessment as a process measure, and patient satisfaction scores of pain management as an outcome measure for a quality component of Patient Safety and iCare FY 17 Organizational Goals. The Committee generally agreed with the recommendation of Option 2, Pain Management Indicator, as an addition to the quality component of the FY 17 Organizational Goals.</p> <p>Motion: To approve for recommendation to the Board Option #2 - Pain Management Indicator as a Quality Component to the FY17 Organizational Goals.</p> <p>Movant: Simon</p> <p>Second: Fung</p> <p>Ayes: Davis, Fung, Russell, Bunce, Reeder, Carragee, Simon, and Ron.</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Anderson, Tsao, and Freeman.</p>	<p><i>The Proposed Quality Goal # 2 was approved for recommendation to the Board.</i></p>
8. FY 16 EXCEPTION REPORT	<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. He reported that Specimen labeling errors decreased to "zero" in February due to new hand-held technology and remain at a good level for the month of March. He noted that Surgical site infections also remained stable for the month of March, yet there was a spike in Patient Falls. There was no trend noticed among the Patient Falls. As a result, the departments have implemented increased staff and patient education, and awareness. Dr. Shin asked the Committee for feedback and discussion ensued.</p>	<p><i>None</i></p>
9. PUBLIC COMMUNICATION	<p>Chair Reeder asked for follow up information on a previous Public Communication in reference to a public guest who presented material to the Committee regarding an incident during her mother's ER visit</p>	

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	which led to urgent surgery. RJ Salus, Director of Patient Experience report that both he and Joy Pao, MD, Senior Director of Quality, Patient Safety, and Clinical Effectiveness, had reopened the case for further investigation. After further discovery, it was found that while it was an unfortunate case there was no indication of wrongdoing on the part of staff or hospital personnel.	
10. AGENDA ITEM 15 RECONVENE OPEN SESSION/ REPORT OUT	<i>Agenda Items 10 – 14 were reported in closed session.</i> Chair Reeder reported that Closed minutes of the February 29, 2016 and April 4, 2016 Quality Committee Meeting were approved. Chair Reeder also noted the upcoming Quality Committee Meeting dates	<i>None</i>
11. AGENDA ITEM 16 ADJOURNMENT	There being no further business to come before the Committee, the meeting was adjourned at 7:35p.m.	<i>None</i>

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
Chair, ECH Quality, Patient Care and
Patient Experience Committee