

**Minutes of the Open Session of the
 Quality, Patient Care and Patient Experience Committee Meeting of the
 El Camino Hospital Board
 Monday, August 1st, 2016
 El Camino Hospital, Conference Rooms A&B
 2500 Grant Road, Mountain View, California**

Members Present

Dave Reeder; Peter Fung, MD;
 Robert Pinsker, MD; Diana Russell,
 RN; Mikele Bunce, Nancy Carragee,
 Katie Anderson, and Wendy Ron.

Members Absent

Alex Tsao and Melora Simon.

Members Excused

None

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 1st day of August, 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 5:34 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. QUALITY PROGRAM UPDATE – STEMI	<p>Chad Rammohan, MD, Medical Director of Interventional Services Catheterization Lab updated the Committee on the HVI Acute Coronary Syndrome Program and HVI Endovascular Structural Heart Program.</p> <p>He reviewed optimizing Acute Coronary Syndrome System of Care Structure, Process, Quality, and Outcomes. Dr. Rammohan reported that ECH is the 1st Accredited Chest Pain Center with Primary PCI Since 2008 (24/7 STEMI Call & Cath Lab Activation Team), MV Santa Clara County is a STEMI Receiving Center (Pre-hospital ECG), and LG STEMI's are currently transferred to Good Samaritan (Joint Protocol). He further detailed the team's meeting structure and participation in NCDR registries to include: CathPCI & ACTION-GWTG Registry Volume & Outcomes, and ongoing process improvement activities and outcomes management.</p>	<i>None</i>

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	<p>Dr. Rammohan also presented an overview of structure heart disease and Transcatheter Aortic Valve Replacement, as well as registry outcomes.</p> <p>In summary, Dr. Rammohan reported that the ACS program has superior outcomes than national standard and comprehensive continuity of care for ACS/AMI patients, while in the Transcatheter structural heart program devices continue to improve and the technique has matured after commercial approval, there are Low complication rate and short LOS, the TAVR and TMVR outcomes comparable to surgical patients despite high risk population, and there are new treatment options.</p> <p>Dr. Rammohan asked the Committee for questions and discussion ensued.</p>	
<p>5. CONSENT CALENDAR ITEMS</p>	<p>Chair Reeder asked if any Committee member wished to remove any items from the consent calendar for discussion. None were noted.</p> <p>Motion: To approve the consent calendar (Open Minutes of the June 1, 2016 meeting were approved).</p> <p>Movant: Carragee</p> <p>Second: Bunce</p> <p>Ayes: Reeder, Fung, Pinsker, Russell, Bunce, Carragee, Anderson, Ron.</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Simon and Tsao</p> <p>Excused: None</p> <p>Recused: None</p>	<p><i>The Open Minutes of the June 1st, 2016 were approved.</i></p>
<p>6. REPORT ON BOARD ACTIONS</p>	<p>Chair Reeder reported that the Board is currently focused on the New Construction Projects which include the Parking Structure, BHS, iMob, and Women’s Hospital. He further noted that the District Board approved \$7 million in Community Benefits, 3.3million to 17 school districts in 10 different cities. The Board also approved 2 version upgrades to the iCare system, as well as focusing a huge effort to continue training and enhancements.</p>	<p><i>None</i></p>
<p>7. BOARD DISCUSSION OF QUALITY ITEMS</p>	<p>Chair Reeder reported that the Board had asked the Quality Committee to consider and recommend how much time the Board should spend on quality topics and what specific quality related topics the Board should focus on. He reported that the Board would like 20% designated to quality and more of a drilldown on the</p>	<p><i>None</i></p>

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	<p>exception report. Chair Reeder asked for feedback and discussion ensued.</p> <p>The committee discussed increasing the percentage of time that the Board spends on quality-related topics to 20%. A suggestion was made that a monthly guest be invited to the Board Meeting for 20 minutes to highlight achievements and gaps in care. The suggestions included service line leaders and committee champions in sepsis and transitions of care.</p>	
<p>8. COMMITTEE RECRUITMENT</p>	<p>Chair Reeder asked the Committee if they were open to recruiting a new member to replace the vacancy of Lisa Freeman and requested they contact him directly with any suggestions. He further asked the Committee to introduce themselves and give brief background information to Dr. Faber.</p>	<p><i>None</i></p>
<p>9. FY17 COMMITTEE GOALS</p>	<p><u>Motion:</u> To approve the FY17 Committee Goals with one revision: Goal # 2 timeline to reflect “ Alternating years”.</p> <p><u>Movant:</u> Anderson</p> <p><u>Second:</u> Ron</p> <p><u>Ayes:</u> Reeder, Fung, Pinsker, Russell, Bunce, Carragee, Anderson, Ron.</p> <p><u>Noes:</u> None</p> <p><u>Abstentions:</u> None</p> <p><u>Absent:</u> Simon and Tsao</p> <p><u>Excused:</u> None</p> <p><u>Recused:</u> None</p>	<p><i>The revised FY17 Committee Goals were approved.</i></p>
<p>10. FY17 EXCEPTION REPORT</p>	<p>Shreyas Mallur, MD, Associate Chief Medical Officer presented the FY17 Exception Report to the Committee. He reported that seven metrics are stable, but highlighted that responsiveness of hospital staff remains below average. He noted that specimen labeling errors problem has been resolved and proposed replacing this metric with a new sepsis metric for the FY17 Exception Report. The Committee generally agreed with this recommendation. There was further discussion regarding the addition of a Pain Management metric and the development of a measurement and definition.</p> <p>Chair Reeder asked the Committee for feedback on which measure to bring forward to the Board and discussion ensued. The Committee generally agreed with Specimen Labeling as the metric to bring before</p>	<p><i>None</i></p>

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	the Board.	
11. PUBLIC COMMUNICATION	None	<i>None</i>
12. ADJOURN TO CLOSED SESSION	<p><u>Motion:</u> To adjourn to closed session at 6:40 p.m. <u>Movant:</u> Fung <u>Second:</u> Anderson <u>Ayes:</u> Reeder, Fung, Pinsker, Russell, Bunce, Carragee, Anderson, Ron. <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Simon, Tsao <u>Excused:</u> None <u>Recused:</u> None</p>	<i>A motion to adjourn to closed session at 6:40 p.m. was approved.</i>
13. AGENDA ITEM 16 RECONVENE OPEN SESSION/ REPORT OUT	<p><i>Agenda Items 13– 15 were reported in closed session.</i> Chair Reeder reported that Closed minutes of the June 1, 2016 Quality Committee Meeting were approved. Chair Reeder also noted the upcoming Quality Committee Meeting dates.</p>	<i>None</i>
14. AGENDA ITEM 17 ADJOURNMENT	There being no further business to come before the Committee, the meeting was adjourned at 7:00p.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