



**Minutes of the Open Session of the  
 Quality, Patient Care and Patient Experience Committee Meeting of the  
 El Camino Hospital Board  
 Monday, August 29<sup>th</sup>, 2016  
 El Camino Hospital, Conference Rooms A&B  
 2500 Grant Road, Mountain View, California**

**Members Present**

Dave Reeder; Peter Fung, MD;  
 Robert Pinsker, MD; Mikele Bunce,  
 Nancy Carragee, Katie Anderson, Alex  
 Tsao, Melora Simon and Wendy Ron.

**Members Absent**

Diana Russell, RN

**Members Excused**

None

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 29<sup>th</sup> day of August, 2016 meeting.

<b>Agenda Item</b>	<b>Comments/Discussion</b>	<b>Approvals/Action</b>
<b>1. CALL TO ORDER</b>	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 5:36 p.m.	<i>None</i>
<b>2. ROLL CALL</b>	Chair Reeder asked Stephanie Iljin to take a silent roll call.	<i>None</i>
<b>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	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>
<b>4. CONSENT CALENDAR ITEMS</b>	<p>Chair Reeder asked if any Committee member wished to remove any items from the consent calendar for discussion. None were noted.</p> <p><b><u>Motion:</u></b> To approve the consent calendar (Open Minutes of the August 1, 2016 meeting and the FY17 Committee Goals were approved).</p> <p><b><u>Movant:</u></b> Bunce</p> <p><b><u>Second:</u></b> Simon</p> <p><b><u>Ayes:</u></b> Reeder, Fung, Pinsker, Bunce, Carragee, Anderson, Ron, Simon and Tsao.</p> <p><b><u>Noes:</u></b> None</p> <p><b><u>Abstentions:</u></b> None</p> <p><b><u>Absent:</u></b> Russell</p> <p><b><u>Excused:</u></b> None</p> <p><b><u>Recused:</u></b> None</p>	<i>The Open Minutes of the August 1<sup>st</sup>, 2016 and the FY17 Committee Goals were approved.</i>
<b>5. REPORT ON BOARD ACTIONS</b>	Chair Reeder briefly reviewed the Board Report further detailed in the packet with the Committee and reported	<i>None</i>

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	<p>on the Board decision to not renew the current CMO contract. This was a mutual decision and Ms. Ryba will continue through Oct 31, 2016. The Board has designated an AdHoc Committee to engage a Search firm for the Interim CEO position and Permanent CEO position. Mr. Reeder further reported that an interim CEO should be named within the next few weeks.</p>	
<p><b>6. SEPSIS PROGRAM UPDATE</b></p>	<p>Kelley Nguyen, RN, Program Coordinator gave an overview of the Sepsis Program to the Committee. Mrs. Nguyen reviewed the current definition, who is at risk, ECH sepsis volume and length of stay, requirements for Severe Sepsis &amp; Septic Shock, accomplishments to date, current performance, and a look at FY17 Projects and Gaps.</p> <p>Mrs. Nguyen asked if the Committee had any questions or concerns to address and a brief discussion ensued.</p>	<p><i>None</i></p>
<p><b>7. FY17 EXCEPTION REPORT</b></p>	<p>Dr. Dan Shin, MD, Medical Director of Patient Safety and Quality Assurance presented the FY17 Exception Report to the Committee. He reported that seven metrics are stable, but highlighted that responsiveness of hospital staff and communication about medication remain below average.</p> <p>Dr. Shin asked the Committee for feedback and discussion ensued regarding counter measures to improve these metrics.</p>	<p><i>None</i></p>
<p><b>8. NEW METRIC SELECTION FOR FY17 EXCEPTION REPORT</b></p>	<p>Dr. Will Faber, MD, Chief Medical Officer presented the Committee with discussion regarding the metric selection for the FY17 Exception Report. Dr. Faber proposed the deletion of Specimen Labeling and the addition of Sepsis. This would be in addition to tracking the Organizational Quality Pain Reassessment Goals. Dr. Faber asked the Committee for feedback and discussion ensued. The Committee generally agreed with Dr. Faber's recommendations and asked for further development at next month's meeting.</p>	
<p><b>9. FY17 ORGANIZATIONAL GOALS – PAIN MANAGEMENT DISCUSSION</b></p>	<p>Cheryl Reinking, RN, Chief Nursing Officer reviewed with the Committee the Pain Management Goals current metric definitions and targets. The metrics for one half of this goal, the HCAPHS Pain Patient Satisfaction goal, was supported by the Committee. The other half of the goal, Pain Reassessment, was discussed with the following comments: 1) general support for the Pain</p>	

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	<p>Reassessment definition, 2) general support for the measurement period to be Q4, FY17, and 3) the Committee challenged the Pain Reassessment minimum, target, and maximum goals of 60%, 70%, and 90% proposed by management. The challenge was that current performance of 56% is pretty close to the minimum goal, therefore, management was asked to reassess the minimum and target goal for Pain Reassessment. It was recommended that the Min, Target, Max targets be revised to 75%, 80%, and 90%.</p> <p>*To be agendized next month for further discussion.</p>	
<p><b>10. PATIENT AND FAMILY CENTERED CARE THEME</b></p>	<p>RJ Salus, Director of Patient Care Services, presented the Committee with Planetree’s current state assessment and findings including the following further detailed in the packet:</p> <ul style="list-style-type: none"> <li>• Organizational Strengths - Distinct Customer Loyalty, Quality of Professional Staff, Clinical Excellence, Community Presence &amp; Reputation, Talent Development, Volunteers, and Daily Huddles</li> <li>• Opportunities – inconsistencies between Policy and Practice</li> <li>• Strategic Recommendations and Potential Approaches - Uniformity of Policies and Practices Involving Family, and Develop Mechanisms to Proactively Share the Medical Record with Patients.</li> <li>• ECH Steering Committee Next Steps to confirm short to medium range priorities, key strategy: better incorporate patient’s designated “care partner” in pain management and length of stay efforts, identify site visits, attendees and set objectives &amp; expectations.</li> </ul> <p>Mr. Salus asked the Committee for feedback and a brief discussion ensued.</p>	
<p><b>11. PUBLIC COMMUNICATION</b></p>	<p>None</p>	<p><i>None</i></p>
<p><b>12. ADJOURN TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To adjourn to closed session at 7:06 p.m.  <b>Movant:</b> Simon  <b>Second:</b> Pinsker  <b>Ayes:</b> Reeder, Fung, Pinsker, Bunce, Carragee, Anderson, Ron, Simon, and Tsao.</p>	<p><i>A motion to adjourn to closed session at 6:40 p.m. was approved.</i></p>

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	<p><b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Russell  <b>Excused:</b> None  <b>Recused:</b> None</p>	
<p><b>13. AGENDA ITEM 17  RECONVENE OPEN  SESSION/  REPORT OUT</b></p>	<p><i>Agenda Items 13– 16 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>	<p><i>None</i></p>
<p><b>14. AGENDA ITEM 18  ADJOURNMENT</b></p>	<p>There being no further business to come before the Committee, the meeting was adjourned at 7:22p.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  
Chair, ECH Quality, Patient Care and  
Patient Experience Committee