

## Minutes of the Open Session of the Quality, Patient Care and Patient Experience Committee Meeting of the El Camino Hospital Board Monday, October 3<sup>rd</sup>, 2016 El Camino Hospital, Conference Rooms A&B 2500 Grant Road, Mountain View, California

**Members Present** 

Dave Reeder; Robert Pinsker, MD; Diana Russell, RN; Nancy Carragee, Katie Anderson, Alex Tsao, Melora Simon and Wendy Ron. **Members Absent** 

Peter Fung, MD; Mikele Bunce **Members Excused** 

None

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 3<sup>rd</sup> day of October, 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.	None
2. ROLL CALL	Chair Reeder asked Stephanie Iljin to take a silent roll call.	None
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.	None .
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.  Motion: To approve the consent calendar (Open Minutes of the August 29, 2016 meeting were approved).  Movant: Simon Second: Anderson Ayes: Reeder, Pinsker, Carragee, Anderson, Russell, Ron, Simon, and Tsao. Noes: None Absent: Fung, and Bunce. Excused: None Recused: None	The Open Minutes of the August 29, 2016 meeting were approved.

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Aş	genda Item	Comments/Discussion	Approvals/Action
5.	REPORT ON BOARD ACTIONS	Chair Reeder briefly reviewed the Board Report included in the packet with the Committee and reported on the Board decision to assign an interim CEO named Mr. Don Sibery. Mr. Sibery is scheduled to begin October 31 and will only fulfill the role of interim CEO. He will not be considered for the permanent CEO position. Chair Reeder further reported the anticipated timeline for the permanent CEO search.	None
6.	QUALITY PROGRAM UPDATE: CONTINUUM OF CARE – BPCI	Margaret Wilmer, Senior Director of Integrated Care briefly updated the Committee on the Continuum of Care Program and introduced Dr. Mike Goran from Optum. Dr. Goran gave a detailed overview of the program to include:  - Why Participate in the Bundled Payment Program?  - ECH's Participation in BPCI  - Governance and Physician Leadership  - Case Management  - Quality Measures  - BPCI Results to Date  - Dashboard of Key Metrics  - Challenges and Priorities, and Priority Action Plans  Dr. Goran addressed the Committee's questions and a brief discussion ensued.	None
7.	FY17 EXCEPTION REPORT	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 Falls continue to be monitored. Dr. Shin noted that there has been an improvement in Communications with Nurses. Dr. Shin asked for feedback from the Committee and discussion ensued.	None
8.	NEW METRIC SELECTION FOR FY17 EXCEPTION REPORT	Dr. Shreyas Mallur, MD, Associate Chief Medical Officer reviewed with the committee the addition of a new sepsis metric for the FY 17 Exception Report since the specimen labeling error metric has been removed. He further detailed the proposed measurement and asked the Committee for questions needing addressed. The committee generally agreed with the addition of the metric, which would measure minutes from Time of Presentation to IV crystalloid fluid order with the goal will be less than or equal to 120 minutes.	

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Agenda Item	Comments/Discussion	Approvals/Action
9. FY16 ORGANIZATIONAL GOALS ACHIEVEMENTS	Mick Zdeblick, Chief Operating Officer, explained that ECH achieved both threshold goals for FY16 — Budgeted Operating Margin and Joint Commission Accreditation.  He outlined the results for the Patient Safety and iCare Goals:  - Medication Reconciliation at Discharge:         exceeded goal  - Achieve Medicare Length of Stay and Maintain Current Readmission Rates: exceeded goal; also an FY17 goal  Mr. Zdeblick reported that the organization did not meet its Smart Growth goal, partially due to physician retirements and split times with other organizations that were not foreseen when the goal metrics were established.  Mr. Zdeblick explained that the weighted average organizational score is 67%.	
10. FY17 ORGANIZATIONAL GOALS – PAIN MANAGEMENT DISCUSSION	Cheryl Reinking, Chief Nursing Officer review the new metrics for the pain reassessment minimum, target, and maximum goals with the Committee and asked for feedback. The Committee generally agreed with these new goal definitions for the pain reassessment goal.	
11. PUBLIC COMMUNICATION	None	None
12. ADJOURN TO CLOSED SESSION	Motion: To adjourn to closed session at 6:37 p.m.  Movant: Russell Second: Simon Ayes: Reeder, Pinsker, Carragee, Anderson, Russell, Ron, Simon, and Tsao. Noes: None Abstentions: None Absent: Fung, and Bunce. Excused: None Recused: None	A motion to adjourn to closed session at 6:37 p.m. was approved.
13. AGENDA ITEM 19 RECONVENE OPEN SESSION/ REPORT OUT	Agenda Items 13–18 were reported in closed session. Chair Reeder reported that Closed minutes of the August 29, 2016 Quality Committee Meeting were approved. Chair Reeder also noted the upcoming Quality Committee Meeting dates.	None
14. AGENDA ITEM 20 ADJOURNMENT	There being no further business to come before the Committee, the meeting was adjourned at 7:19p.m.	None

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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