

**Minutes of the Open Session of the**  
**Quality, Patient Care and Patient Experience Committee Meeting of the**  
**El Camino Hospital Board**  
**Monday, December 5<sup>th</sup>, 2016**  
**El Camino Hospital, Conference Rooms A&B**  
**2500 Grant Road, Mountain View, California**

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**Members Present**

Dave Reeder; Robert Pinsker, MD;  
 Diana Russell, RN; Nancy Carragee,  
 Katie Anderson, Alex Tsao, and  
 Wendy Ron.  
 Melora Simon joined the meeting @  
 5:45pm.

**Members Absent**

Peter Fung, MD;  
 and Mikele Bunce.

**Members Excused**

None

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 5<sup>th</sup> day of December, 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 5:38p.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 November 2, 2016 meeting were approved).</p> <p><b><u>Movant:</u></b> Russell</p> <p><b><u>Second:</u></b> Tsao</p> <p><b><u>Ayes:</u></b> Anderson, Carragee, Pinsker, Reeder, Ron, Russell, 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> Bunce, Fung, and Simon.</p> <p><b><u>Excused:</u></b> None</p> <p><b><u>Recused:</u></b> None</p>	<i>The Open Minutes of the November 2, 2016 meeting were approved.</i>

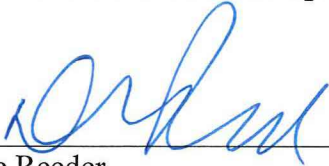
Agenda Item	Comments/Discussion	Approvals/Action
<b>5. REPORT ON BOARD ACTIONS</b>	Chair Reeder briefly reviewed the Board Report as further detailed in the packet with the Committee and reported that the Board had approved appointment of a CEO Search Committee to include: Lanhee Chen, Dave Reeder, John Zoglin, Lane Melchor, Ramtin Agah, MD; Karen Pike, MD; Teri Eyre and Gary Kalbach.	<i>None</i>
<b>6. QUALITY PROGRAM UPDATE: EMERGENCY DEPARTMENT</b>	<p>Dr. Laura Cook, MD, Medical Director of Emergency Medicine – Mountain View, highlighted the Emergency Department with the Committee. Dr. Cooks reviewed the ED’s current goals and collaborative efforts for achievement to include a multifaceted approach toward identification, investigation, and improvement/ education. She further detailed current risk within the ED and sources of Patient Complaints. Dr. Cook explained the proactive approach to Peer and scoring system, Monthly Education and Initiatives, as well as the need for Continual Re-evaluation and Improvement required for sustainability.</p> <p>Dr. Cook asked for feedback and questions from the Committee and a brief discussion ensued. Items of discussion included staffing strategy around peek time, and the ED department’s Peer Review process.</p> <p>Dr. Faber asked for the Committee’s feedback on Program Update preference for future Committee meetings. The general consensus of the Committee was to invite Service Lines with high volumes or Service Lines that would like to receive feedback on specific challenges or needs from the Committee members.</p> <p><i>*Melora Simon joined the meeting @ 5:45pm.</i></p>	<i>None</i>
<b>7. ICARE UPDATE</b>	<p>Deb Muro, Interim Chief Information Officer, updated the Committee on the upcoming iCare upgrade and anticipated impact on the Staff, Physicians, and Patients. Ms. Muro further reported the scope and timeline of the project, and overview of the upgrade features as detailed in the packet.</p> <p>Ms. Muro asked for feedback and questions from the Committee and a brief discussion ensued. Items of discussion included further detail of the upgrade features and the current challenge of infrequent users training and support.</p>	<i>None</i>



Agenda Item	Comments/Discussion	Approvals/Action
<b>8. FY17 QUALITY DASHBOARD</b>	<p>Dr. Dan Shin, MD, Medical Director of Patient Safety and Quality Assurance presented the FY17 Quality Dashboard to the Committee. He reported that nine metrics remain stable; the only exception being a slight decline in communications about medicines. Dr. Shin further noted the improvement in patient falls.</p> <p>Dr. Shin directed the Committee's attention to the new metrics and definitions added to the dashboard to include Pain reassessment within 60 minutes after pain medicine administration, and pain management. He noted that item 7 Goal had been off the report and clarified the goal as Minimum of 73%, Target of 74%, Stretch Goal of 76%.</p> <p>Dr. Shin asked for feedback and questions from the Committee and a brief discussion ensued.</p> <p><i>*The Committee requested the addition of annotations of initiatives to be reflected on the Dashboard in correlation with improvements. A Committee member noted the correlation between the pain reassessment /management goal and responsiveness of staff.</i></p>	<i>None</i>
<b>9. PAIN GOALS DISCUSSION</b>	<p>Will Faber, MD, Chief Medical Officer, further explained the addition of the Pains Goals and Definitions to the Quality Dashboard. Dr. Faber reminded the Committee that we are measuring our baseline of responsiveness as we develop the program, but performance will be measured in the fourth quarter.</p>	<i>None</i>
<b>10. PATIENT AND FAMILY CENTERED CARE</b>	<p>Mick Zdeblick, Chief Operating Officer, briefly updated the Committee on the current status of Patient and Family Centered Care Focus. Mr. Zdeblick reported on a recent successful site visit and feedback received from the participants to include the recommendation of the Lean principle of introducing the care partner. A brief discussion ensued.</p> <p><i>*Committee members asked for the opportunity for patient rounding with the executives during the holiday season, specifically the end of the week of Dec 19<sup>th</sup>. Stephanie to work with Cindy on scheduling and campus preference.</i></p>	<i>None</i>
<b>11. PUBLIC COMMUNICATION</b>	None	<i>None</i>

Agenda Item	Comments/Discussion	Approvals/Action
<b>12. ADJOURN TO CLOSED SESSION</b>	<p><b><u>Motion:</u></b> To adjourn to closed session at 6:38 p.m.</p> <p><b><u>Movant:</u></b> Simon</p> <p><b><u>Second:</u></b> Anderson</p> <p><b><u>Ayes:</u></b> Anderson, Carragee, Fung, Pinsker, Reeder, Ron, Russell, 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> Bunce</p> <p><b><u>Excused:</u></b> None</p> <p><b><u>Recused:</u></b> None</p>	<i>A motion to adjourn to closed session at 6:38 p.m. was approved.</i>
<b>13. AGENDA ITEM 17 RECONVENE OPEN SESSION/ REPORT OUT</b>	<p><i>Agenda Items 13 – 16 were reported in closed session.</i></p> <p>Chair Reeder reported that Closed minutes of the November 2, 2016 Quality Committee Meeting were approved. Chair Reeder also noted the upcoming Quality Committee Meeting dates.</p>	<i>None</i>
<b>14. AGENDA ITEM 18 ADJOURNMENT</b>	<p>There being no further business to come before the Committee, the meeting was adjourned at 6:57p.m.</p>	<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