AGENDA

Quality, Patient Care and Patient Experience Committee Meeting of the El Camino Hospital Board

Monday, August 29th, 2016, 5:30 p.m.
El Camino Hospital, Conference Room A & B
2500 Grant Road, Mountain View, California

Purpose: The purpose of the Quality, Patient Care and Patient Experience Committee ("Quality Committee") is to advise and assist the El Camino Hospital (ECH) Board of Directors ("Board") in constantly enhancing and enabling a culture of quality and safety at ECH, and to ensure delivery of effective, evidence-based care for all patients. The Quality Committee helps to assure that excellent patient care and exceptional patient experience are attained through monitoring organizational quality and safety measures, leadership development in quality and safety methods and assuring appropriate resource allocation to achieve this purpose.

	AGENDA ITEM	PRESENTED BY		
1.	**CALL TO ORDER**	David Reeder, Chair Quality Committee		5:30 – 5:31 p.m.
2.	**ROLL CALL**	David Reeder, Chair Quality Committee		5:31 – 5:32
3.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	David Reeder, Chair Quality Committee		5:32 – 5:33
4.	**CONSENT CALENDAR ITEMS:** Any Committee Member may pull an item for discussion before a motion is made.	David Reeder, Chair Quality Committee	*public comment*	**Motion Required** 5:33 – 5:38
	Approval: a. Meeting Minutes of the Open Session August 1, 2016 b. FY17 Committee Goals **Information:** c. Pacing Plan d. Patient Story e. Research Article			
5.	**REPORT ON BOARD ACTIONS** **ATTACHMENT 5**	David Reeder, Chair Quality Committee		**Discussion** 5:38 – 5:43
6.	**SEPSIS PROGRAM UPDATE** **ATTACHMENT 6**	Kelly Nguyen, RN Program Coordinator		**Discussion** 5:43 – 6:03
7.	**FY17 EXCEPTION REPORT** **ATTACHMENT 7**	William Faber, MD Chief Medical Officer		**Discussion** 6:03 – 6:18
8.	**NEW METRIC SELECTION FOR FY17 EXCEPTION REPORT** - Sepsis • Fluid Resuscitation	William Faber, MD Chief Medical Officer	*public comment*	**Possible Motion** 6:18 – 6:25

A copy of the agenda for the Regular Committee Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at 650-988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

	AGENDA ITEM	PRESENTED BY		
	• First Dose of Antibiotics			
9.	**FY17 ORGANIZATIONAL GOALS** - Pain Management Definition **ATTTACHMENT 9**	Cheryl Reinking, RN Chief Nursing Officer	*public comment*	**Possible Motion** 6:25 – 6:35
10.	**PATIENT AND FAMILY CENTERED CARE THEME** **ATTACHMENT 10**	RJ Salus, Director of Patient Care Services		**Discussion** 6:35 – 6:45
11.	**PUBLIC COMMUNICATION**	David Reeder, Chair Quality Committee		**Information** 6:45 – 6:48
12.	**ADJOURN TO CLOSED SESSION**			6:48– 6:49
13.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	David Reeder, Chair Quality Committee		6:49 – 6:50
14.	**CONSENT CALENDAR** Any Committee Member may pull an item for discussion before a motion is made.	David Reeder, Chair Quality Committee		**Motion Required** 6:50 – 6:53
	Approval: Meeting Minutes of the Closed Session *Gov't Code Section 54957.2.* - August 1, 2016			
15.	Report related to the Medical Staff quality assurance matters, *Health and Safety Code Section 32155.* CMO Report	William Faber, MD Chief Medical Officer		**Discussion** 6:53 – 7:08
16.	Report related to the Medical Staff quality assurance matters, *Health and Safety Code Section 32155.* Red Alert and Orange Alert Update	Shreyas Mallur, MD Associate Chief Medical Officer		**Discussion** 7:08 – 7:23
17.	**RECONVENE OPEN SESSION/REPORT OUT**	David Reeder, Chair Quality Committee		7:23 – 7:26
	To report any required disclosures regarding permissible actions taken during Closed Session.			
18.	**ADJOURNMENT**	David Reeder, Chair Quality Committee		7:27 p.m.

Upcoming FY 17 Quality Committee Meetings

- **October 3, 2016**
- **November 2, 2016**
- **December 5, 2016**

a. Meeting Minutes of the Open Session August 1, 2016

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	Members Absent	Members Excused
Dave Reeder; Peter Fung, MD; Robert Pinsker, MD; Diana Russell, RN; Mikele Bunce, Nancy Carragee, Katie Anderson, and Wendy Ron.	Alex Tsao and Melora Simon.	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.	***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. QUALITY PROGRAM UPDATE – STEMI	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. 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.	***None***

Agenda Item	Comments/Discussion	Approvals/Action
	Dr. Rammohan also presented an overview of structure heart disease and Transcatheter Aortic Valve Replacement, as well as registry outcomes. 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. Dr. Rammohan asked the Committee for questions and discussion ensued.	
5. 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 June 1, 2016 meeting were approved). **Movant:** Carragee **Second:** Bunce **Ayes:** Reeder, Fung, Pinsker, Russell, Bunce, Carragee, Anderson, Ron. **Noes:** None **Abstentions:** None **Absent:** Simon and Tsao **Excused:** None **Recused:** None	***The Open Minutes of the June 1st, 2016 were approved.***
6. REPORT ON BOARD ACTIONS	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.	***None***
7. BOARD DISCUSSION OF QUALITY ITEMS	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	***None***

Agenda Item	Comments/Discussion	Approvals/Action
	exception report. Chair Reeder asked for feedback and discussion ensued. 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.	
8. COMMITTEE RECRUITMENT	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.	***None***
9. FY17 COMMITTEE GOALS	**Motion:** To approve the FY17 Committee Goals with one revision: Goal # 2 timeline to reflect " Alternating years". **Movant:** Anderson **Second:** Ron **Ayes:** Reeder, Fung, Pinsker, Russell, Bunce, Carragee, Anderson, Ron. **Noes:** None **Abstentions:** None **Absent:** Simon and Tsao **Excused:** None **Recused:** None	***The revised FY17 Committee Goals were approved.***
10. FY17 EXCEPTION REPORT	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. 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	***None***

Agenda Item	Comments/Discussion	Approvals/Action
	the Board.	
11. PUBLIC COMMUNICATION	None	***None***
12. ADJOURN TO CLOSED SESSION	**Motion:** To adjourn to closed session at 6:40 p.m. **Movant:** Fung **Second:** Anderson **Ayes:** Reeder, Fung, Pinsker, Russell, Bunce, Carragee, Anderson, Ron. **Noes:** None **Abstentions:** None **Absent:** Simon, Tsao **Excused:** None **Recused:** None	***A motion to adjourn to closed session at 6:40 p.m. was approved.***
13. AGENDA ITEM 16 RECONVENE OPEN SESSION/ REPORT OUT	*Agenda Items 13– 15 were reported in closed session.* Chair Reeder reported that Closed minutes of the June1, 2016 Quality Committee Meeting were approved. Chair Reeder also noted the upcoming Quality Committee Meeting dates.	***None***
14. AGENDA ITEM 17 ADJOURNMENT	There being no further business to come before the Committee, the meeting was adjourned at 7:00p.m.	***None***

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

FY17 Committee Goals

Quality, Patient Care and Patient Experience Committee Goals for FY 2017

Purpose

The purpose of the Quality, Patient Care and Patient Experience Committee ("Quality Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in constantly enhancing and enabling a culture of quality and safety at ECH, to ensure delivery of effective, evidence-based care for all patients, and to oversee quality outcomes of all services of ECH. The Quality Committee helps to assure that exceptional patient care and patient experience are attained through monitoring organizational quality and safety measures, leadership development in quality and safety methods and assuring appropriate resource allocation to achieve this purpose.

Staff: Chief Medical Officer

The CMO shall serve as the primary staff support to the Committee and is responsible for drafting the committee meeting agenda for the Committee Chair's consideration. Additional clinical representatives may participate in the Committee meetings upon the recommendation of the CMO and subsequent approval from both the CEO and Committee Chair. These may include the Chiefs/Vice Chiefs of the Medical Staff, VP of Patient Care Services, physicians, nurses, and members from the Community Advisory Councils or the community-at-large. The CEO is an ex-officio of this Committee.

Goals	Timeline by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable.)	Metrics
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.	▪ Q1 – Goals ▪ Q3 - Metrics	▪ Review, complete, and provide feedback given to management, the governance committee, and the board.
2. Review peer review process and medical staff credentialing process. This should include the submission of a report demonstrating the implementation of changes to the Medical Staff peer review process.	▪ Alternating Years	▪ Review the report and approve.

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.	▪ Q3	
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.	▪ Q2	▪ Review the plan and approve.
5. Further investigate Patient and Family Centered Care and develop an implementation plan.	▪ Q2	▪ Review the plan and approve.

Submitted by:
Dave Reeder, Chair, Quality Committee
William Faber, MD, Executive Sponsor, Quality Committee

Pacing Plan

QUALITY, PATIENT CARE AND PATIENT EXPERIENCE COMMITTEE
PROPOSED FY2017 PACING PLAN

FY2017: Q1		
JULY - No Meeting	**AUGUST 1, 2016**	**AUGUST 29, 2016 (*In place of Sept Meeting*)**
Routine Consent Calendar Items: ▪ Approval of Minutes ▪ FY 2017 Committee Goal Completion Status ▪ Pacing Plan ▪ Quality Council Minutes ▪ Patient Story ▪ Research Article	▪ Review and discuss quality summary with attention to risks and overall performance ▪ Committee Recruitment ▪ Review FY17 Committee Goals **Standing Agenda Items:** ▪ Consent Calendar ▪ Exception Report ▪ Patient Centered Care Plan ▪ Drilldown on Quality Program ▪ Red and Orange Alert as Needed **Info: Research Article & Patient Story**	▪ APPROVE FY 2017 Organizational Goals (Metrics) ▪ Update on PFCC **Standing Agenda Items:** ▪ Consent Calendar ▪ Exception Report ▪ Patient Centered Care Plan ▪ Drilldown on Quality Program ▪ Red and Orange Alert as Needed **Info: Research Article & Patient Story**
FY2017: Q2		
OCTOBER 3, 2016	**NOVEMBER 2, 2016**	**DECEMBER 5, 2016**
▪ Approve FY 16 Organizational Goal Achievements ▪ Year-end review of RCA **Standing Agenda Items:** ▪ Consent Calendar ▪ Exception Report ▪ Patient Centered Care Plan ▪ Drilldown on Quality Program ▪ Red and Orange Alert as Needed **Info: Research Article & Patient Story**	▪ Committee Goals for FY17 Update ▪ iCare Update ▪ Update on PaCT Plan ▪ Safety Report for the Environment of Care (consent calendar) **Standing Agenda Items:** ▪ Consent Calendar ▪ Exception Report ▪ Patient Centered Care Plan ▪ Drilldown on Quality Program ▪ Red and Orange Alert as Needed **Info: Research Article & Patient Story**	▪ iCare Update **Standing Agenda Items:** ▪ Consent Calendar ▪ Exception Report ▪ Patient Centered Care Plan ▪ Drilldown on Quality Program ▪ Red and Orange Alert as Needed **Info: Research Article & Patient Story**

QUALITY, PATIENT CARE AND PATIENT EXPERIENCE COMMITTEE

PROPOSED FY2017 PACING PLAN

FY2017: Q3		
JANUARY 30, 2017	**FEBRUARY 27, 2017**	**MARCH – No Meeting**
▪ Patient and Family Centered Care ▪ Service Line Update ▪ Top Risk Case Review **Committee Members to complete on-line self-assessment tool.* **Standing Agenda Items:** ▪ Consent Calendar ▪ Exception Report ▪ Patient Centered Care Plan ▪ Drilldown on Quality Program ▪ Red and Orange Alert as Needed **Info: Research Article & Patient Story**	▪ Begin Development of FY 2018 Committee Goals (3-4 goals) ▪ Peer Review/Care Review Process ▪ Top Risk Case Review **Standing Agenda Items:** ▪ Consent Calendar ▪ Exception Report ▪ Patient Centered Care Plan ▪ Drilldown on Quality Program ▪ Red and Orange Alert as Needed **Info: Research Article & Patient Story**	
FY2017: Q4		
APRIL 3, 2017	**MAY 1, 2017**	**JUNE 5, 2017**
▪ Finalize FY 2018 Committee Goals ▪ Proposed Committee meeting dates for FY2017 ▪ Review DRAFT FY2018 Organizational Goals ▪ Annual Review of Committee Charter ▪ Top Risk Case Review **Standing Agenda Items:** ▪ Consent Calendar ▪ Exception Report ▪ Patient Centered Care Plan ▪ Drilldown on Quality Program ▪ Red and Orange Alert as Needed **Info: Research Article & Patient Story**	▪ Review DRAFT FY18 Organizational Goals (as needed) ▪ Set proposed committee meeting calendar for FY 2018 ▪ Review Committee Assessment Results ▪ Top Risk Case Review **Standing Agenda Items:** ▪ Consent Calendar ▪ Exception Report ▪ Patient Centered Care Plan ▪ Drilldown on Quality Program ▪ Red and Orange Alert as Needed **Info: Research Article & Patient Story**	▪ PFAC Update (6 months since Jan) ▪ Review and Discuss Self-Assessment Results ▪ Develop Pacing Calendar for FY18 ▪ Top Risk Case Review **Standing Agenda Items:** ▪ Consent Calendar ▪ Exception Report ▪ Patient Centered Care Plan ▪ Drilldown on Quality Program ▪ Red and Orange Alert as Needed **Info: Research Article & Patient Story**

Patient Story

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

2500 Grant Road
Mountain View, CA 94040-4378
Phone: 650-940-7000
www.elcaminohospital.org

Patient Story

An elderly couple drove their 60-ish year old son to the ED after he was stung multiple times by honey bees. Both father and son were stung "7 to 10 times" when they tried to move a bee hive. The son has a known history of "severe allergic reactions" to bee stings and has responded in the past to Epi-pen injection. Unfortunately, an Epi-pen was not immediately available at their home.

When they reached El Camino, the father pulled up to the patient drop off area and the mother walked into the ED waiting area alone. She approached the Security Officer and stated that her son needed help getting out of the car. The ED tech got a wheelchair and went out to the car with a nurse. The nurse found the patient to be dusky, cyanotic and unresponsive. Supporting the patient's neck and head, the nurse checked for a carotid pulse but found none. She immediately called out for help, stating "there is a man in a car in anaphylaxis." A gurney, ambu bag and portable O_2 tank was brought outside to the car and the respiratory therapist was paged.

According to the Mother, the patient had become unresponsive en route to hospital. When found in the car, the patient was blue, foaming at the mouth, and had agonal respirations. He also developed fecal incontinence on the way. He was a large man, approximately 250+ pounds and difficult to move. Fortunately, he was wearing a thick, leather belt and staff was able to lift and transfer him onto the gurney leveraging the belt. Chest compression and bagging was initiated immediately and Dr. Fox assessed the patient as he was wheeled into the trauma room.

An IV was started, Epi-pen injected, and IV meds administered. The patient's vital signs and level of consciousness improved as care was initiated. He was observed in the ED for the next 3 hours until he no longer required respiratory support. He was eventually assisted out of bed and was able to walk to the bathroom. He was discharged from the ED, and sent home with his parents.

This is a true case of coming in "near" death and out alive -- kudos to our ED team!

Research Article

What are septic shock and sepsis? The facts behind these deadly conditions

www.sciencerocksmyworld.com/what-are-septic-shock-and-sepsis-the-facts-behind-these-deadly-conditions/

June 11, 2016

By Hallie Prescott, *University of Michigan* and Theodore Iwashyna, *University of Michigan*.

Most Americans have never heard of it, but according to recent federal data, sepsis is the most expensive cause of hospitalization in the U.S., and is now the most common cause of ICU admission among older Americans.

Sepsis is a complication of infection that leads to organ failure. More than one million patients are hospitalized for sepsis each year. This is more than the number of hospitalizations for heart attack and stroke combined. People with chronic medical conditions, such as neurological disease, cancer, chronic lung disease and kidney disease, are at particular risk for developing sepsis.

And it is deadly. Between one in eight and one in four patients with sepsis will die during hospitalization – as most notably Muhammad Ali did in June 2016. In fact sepsis contributes to one-third to one-half of all in-hospital deaths. Despite these grave consequences, fewer than half of Americans know what the word sepsis means.

What is sepsis and why is it so dangerous?

Sepsis a severe health problem sparked by your body's reaction to infection. When you get an infection, your body fights back, releasing chemicals into the bloodstream to kill the harmful bacteria or viruses. When this process works the way it is supposed to, your body takes care of the infection and you get better. With sepsis, the chemicals from your body's own defenses trigger inflammatory responses, which can impair blood flow to organs, like the brain, heart or kidneys. This in turn can lead to organ failure and tissue damage.

At its most severe, the body's response to infection can cause dangerously low blood pressure. This is called septic shock.

Sepsis can result from any type of infection. Most commonly, it starts as a pneumonia, urinary tract infection or intra-abdominal infection such as appendicitis. It is sometimes referred to as "blood poisoning," but this is an outdated term. Blood poisoning is an infection present in the blood, while sepsis refers to the body's response to any infection, wherever it is.

Once a person is diagnosed with sepsis, she will be treated with antibiotics, IV fluids and support for failing organs, such as dialysis or mechanical ventilation. This usually means a person needs to be hospitalized, often in an ICU. Sometimes the source of the infection must be removed, as with appendicitis or an infected medical device.

It can be difficult to distinguish sepsis from other diseases that can make one very sick, and there is no lab test that can confirm sepsis. Many conditions can mimic sepsis, including severe allergic reactions, bleeding, heart attacks, blood clots and medication overdoses. Sepsis requires particular prompt treatments, so getting the diagnosis right matters.

Back so soon?
Hospital hallway image via www.shutterstock.com.

The revolving door of sepsis care

As recently as a decade ago, doctors believed that sepsis patients were out of the woods if they could just survive to hospital discharge. But that isn't the case – 40 percent of sepsis patients go back into the hospital within just three months of heading home, creating a "revolving door" that gets costlier and riskier each time, as patients get weaker and weaker with each hospital stay. Sepsis survivors also have an increased risk of dying for months to years after the acute infection is cured.

If sepsis wasn't bad enough, it can lead to another health problem: Post-Intensive Care Syndrome (PICS), a chronic health condition that arises from critical illness. Common symptoms include weakness, forgetfulness, anxiety and depression.

Post-Intensive Care Syndrome and frequent hospital readmissions mean that we have dramatically underestimated how much sepsis care costs. On top of the US$5.5 billion we now spend on initial hospitalization for sepsis, we must add untold billions in rehospitalizations, nursing home and professional in-home care, and unpaid care provided by devoted spouses and families at home.

Unfortunately, progress in improving sepsis care has lagged behind improvements in cancer and heart care, as attention has shifted to the treatment of chronic diseases. However, sepsis remains a common cause of death in patients with chronic diseases. One way to help reduce the death toll of these chronic diseases may be to improve our treatment of sepsis.

Rethinking sepsis identification

Raising public awareness increases the likelihood that patients will get to the hospital quickly when they are developing sepsis. This in turn allows prompt treatment, which lowers the risk of long-term problems.

Beyond increasing public awareness, doctors and policymakers are also working to improve the care of sepsis patients in the hospital.

For instance, a new sepsis definition was released by several physician groups in February 2016. The goal of this new definition is to better distinguish people with a healthy response to infection from those who are being harmed by their body's response to infection.

As part of the sepsis redefinition process, the physician groups also developed a new prediction tool called qSOFA. This instrument identifies patients with infection who are at high risk of death or prolonged intensive care. The tools uses just three factors: thinking much less clearly than usual, quick breathing and low blood pressure. Patients with infection and two or more of these factors are at high risk of sepsis. In contrast to prior methods of screening patients at high risk of sepsis, the new qSOFA tool was developed through examining millions of patient records.

Life after sepsis

Even with great inpatient care, some survivors will still have problems after sepsis, such as memory loss and weakness.

Doctors are wrestling with how to best care for the growing number of sepsis survivors in the short and long term. This is no easy task, but there are several exciting developments in this area.

The Society of Critical Care Medicine's THRIVE initiative is now building a network of support groups for patients and families after critical illness. THRIVE will forge new ways for survivors to work with each other, like how cancer patients provide each other advice and support.

As medical care is increasingly complex, many doctors contribute to a patient's care for just a week or two.

Electronic health records let doctors see how the sepsis hospitalization fits into the broader picture – which in turn helps doctors counsel patients and family members on what to expect going forward.

The high number of repeat hospitalizations after sepsis suggests another opportunity for improving care. We could analyze data about patients with sepsis to target the right interventions to each individual patient.

Better care.
Intensive care image via www.shutterstock.com.

Better care through better policy

In 2012, New York state passed regulations to require every hospital to have a formal plan for identifying sepsis and providing prompt treatment. It is too early to tell if this is a strong enough intervention to make things better. However, it serves as a clarion call for hospitals to end the neglect of sepsis.

The Centers for Medicare & Medicaid Services (CMS) are also working to improve sepsis care. Starting in 2017, CMS will adjust hospital payments by quality of sepsis treatment. Hospitals with good report cards will be paid more, while hospitals with poor marks will be paid less.

To judge the quality of sepsis care, CMS will require hospitals to publicly report compliance with National Quality Forum's "Sepsis Management Bundle." This includes a handful of proven practices such as heavy-duty antibiotics and intravenous fluids.

While policy fixes are notorious for producing unintended consequences, the reporting mandate is certainly a step in the right direction. It would be even better if the mandate focused on helping hospitals work collaboratively to improve their detection and treatment of sepsis.

Right now, sepsis care varies greatly from hospital to hospital, and patient to patient. But as data, dollars and awareness converge, we may be at a tipping point that will help patients get the best care, while making the best use of our health care dollars.

This is an updated version of an article originally published on July 1, 2015. You can read the original version here.

Hallie Prescott, Assistant Professor in Internal Medicine, University of Michigan and Theodore Iwashyna, Associate Professor, University of Michigan

This article was originally published on The Conversation. Read the original article.

Now, Check Out:

- **Here's the Scientifically #1 Way to Prevent Dementia**
- **How nanotechnology can help us grow more food using less energy and water**
- **Catching metastatic cancer cells before they grow into tumors: a new implant shows promise**
- **Fruit-Derived Pills May Lower Blood Sugar for Obese People**
- **[Video] Watch this Angry Squirrel Go Nuts and Flick its Tail**

Sharing

ATTACHMENT 5

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

	Item:	Report on Board Actions Quality Committee Meeting Date: August 29, 2016
	Responsible party:	Cindy Murphy, Board Liaison
	Action requested:	For Information
	Background: IN FY16 we added this item to each Board Committee agenda to keep Committee members informed about Board actions via a verbal report by the Committee Chair. Recently, staff was asked to supplement the Chair's verbal report with the attached written report.	
	Other Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
	Summary and session objectives : To inform the Committee about recent Board actions	
	Suggested discussion questions: None.	
	Proposed Committee motion, if any: None. This is an informational item	
	LIST OF ATTACHMENTS: Report on May, June and August 2016 Board Actions	

Report on May, June and August 2016 Board Actions*

1. May 11, 2016 El Camino Hospital Board Approvals
    a. FY 16 Period 9 Financial Report
    b. Recognized Tehila and Saul Eisenstat, MD were for their years of service to the Hospital and patients
    c. Hospital Bylaws amended to provide consistent rules for contracting/employment relationships between El Camino Hospital and Board member who are members of the District Board and those who are not.
2. June 8, 2016 El Camino Hospital Board Meeting Approvals
    a. Recognized Michele Kirsch and Nahid Aliniazee for Co-Chairing the 2016 Sapphire Soiree which generated the highest yield in revenue over the history of the event. Over $520,000 will go directly to the ECH Cancer Center.
    b. FY2017 Operating and Capital Budget
    c. Over $3 million in Community Benefit Grants
    d. Disbanded its iCare Ad hoc Committee of the Board
    e. The FY17 Organizational and Individual Executive Incentive Goals. Important Changes this year were
        i. Removing Joint Commission Certification as a trigger goal
        ii. Reducing the number of individual goals for each executive
        iii. Making individual goals more specific to each executive's area of accountability
    f. Incremental funding for Women's Hospital Renovations and new Behavioral Health Services Building
    g. Final Funding for the North Parking Garage Expansion
    h. Epic 2015 and 2016 Upgrades
    i. FY16 Committee Goals
    j. Minor Revisions to the Finance Committee and Executive Compensation Committee Charters
    k. 6 Physician Contract Renewals
    l. Approved the Board Chair's slate of Committee members and Chairs for FY17. Some Board member assignments were changed. Director Chen was appointed as Chair of the Executive Compensation Committee.
3. June 14, 2016 El Camino Healthcare District Board meeting Approvals
    a. Approved Amendment (above to the ECH Bylaws)
    b. Approved Revised Process for Election and Re-Election of Non-District Board Members to the Hospital Board (Provides for appointment of Chair of the Committee and clarifies that a member of the ECH Governance Committee serves as member of the Committee)
    c. Approved the FY17 District and Hospital Budgets

d. Designated $9.3 million of tax revenue from the FY 2014 and FY 2015 funds in its Capital Appropriation Fund to the Women's Hospital Expansion Renovation/Reconstruction Project.
e. Approved $6.4 million in Community Benefit Grants
f. Authorized the Mountain View Campus Development Proposal (North Parking Garage, Behavioral Health Services Building, Integrated Medical Office Building, Central Utility Plant Upgrades, Women's Hospital Expansion, Demolition of Old Main Hospital and Associated Work). This was approval to build on District owned land as required by the ground lease. Funding approval will come later where required.
g. Appointed Director Reeder (Chair), Director Miller and Gary Kalbach as members of the ECH Board Member Election Ad hoc Committee for FY17.

4. August 10, 2016 El Camino Hospital Board Approvals
    a. FY 16 Period 12 Financials (FY16 Budget was met)
    b. Approved final funding for the following projects:
        i. Behavioral Health Services Building - $72,5000,000
        ii. Integrated Medical Office Building - $247,000,000
        iii. Central Plant Upgrades (to support new construction) - $7,500,000
    c. Appointed two new members to the Finance Committee – Joseph Chow and Boyd Faust
    d. Disbanded the Board's iCare Ad Hoc Committee
    e. Recommended the District Board adopt the following as the highest priority Hospital Board member competencies for FY2017 –
        i. Understanding of complex market partnerships
        ii. Long-range strategic planning
        iii. Healthcare insurance industry experience
        iv. Finance experience/entrepreneurship
        v. Experience in clinical integration/continuum of care
5. August 10, 2016 El Camino Healthcare District Board meeting Approvals: Approved final funding for the following projects that exceeded $25,000,00 0 in a single transaction.
    a. Behavioral Health Services Building - $72,5000,000
    b. Integrated Medical Office Building - $247,000,000

*This list is not meant to be exhaustive, but includes agenda items the Board s voted on that are most likely to be of interest to or pertinent to the work of El Camino Hospital's Board Advisory Committees.

ATTACHMENT 6

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

Sepsis Program Report

Board Quality Meeting
August 2016

Kelly Nguyen, MSN, RN

Sepsis is the Leading Cause of Death in U.S. Hospitals

2014;312(1):90-92. *JAMA* doi:10.1001/jama.2014.5804.

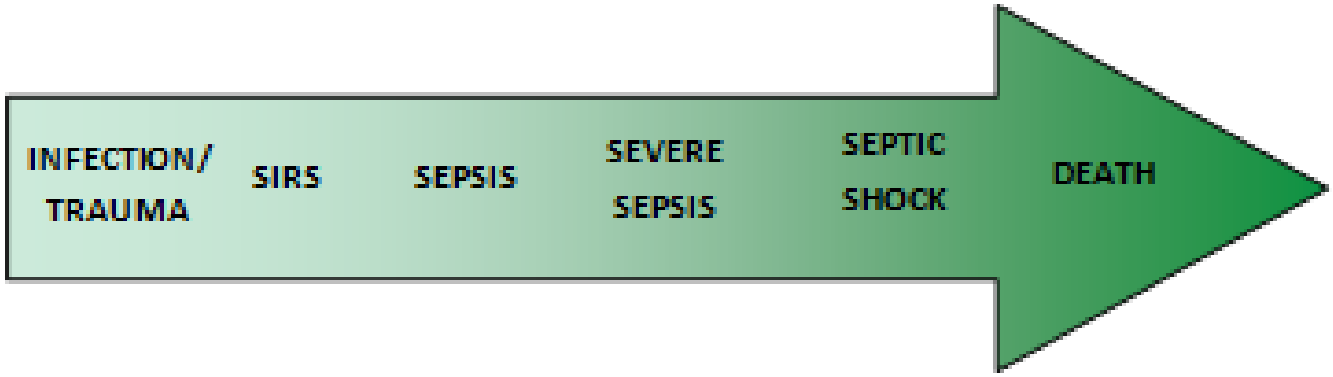
Why a Focus on Sepsis?

- A person is hospitalized every **20 seconds** for sepsis in the U.S.[1]
- In the U.S. one person dies every **2 minutes** from sepsis.[2]
- Deaths from sepsis outnumber those from breast cancer, prostate cancer and AIDS **combined**.[3]
- Each year more than $20 **billion** is spent on acute care in-hospital costs; making sepsis the most expensive condition in the US to treat.[4]
- **At ECH** sepsis cases average 26 cases/day in the summer months (35/day on the watch list). (About one in ten of our patients.)

[1] 2014;312(1):90-92. *JAMA* doi:10.1001/jama.2014.5804
[2] http://ncbi.nih.gov/books/NBK65391/
[3] https://cdc.gov/nchs/fastats/leading-causes-of-death.htm
[4] https://hcup-us.ahrq.gov/reports/statbriefs/sb160.sjp

What is Sepsis?

- The body's toxic response to infection

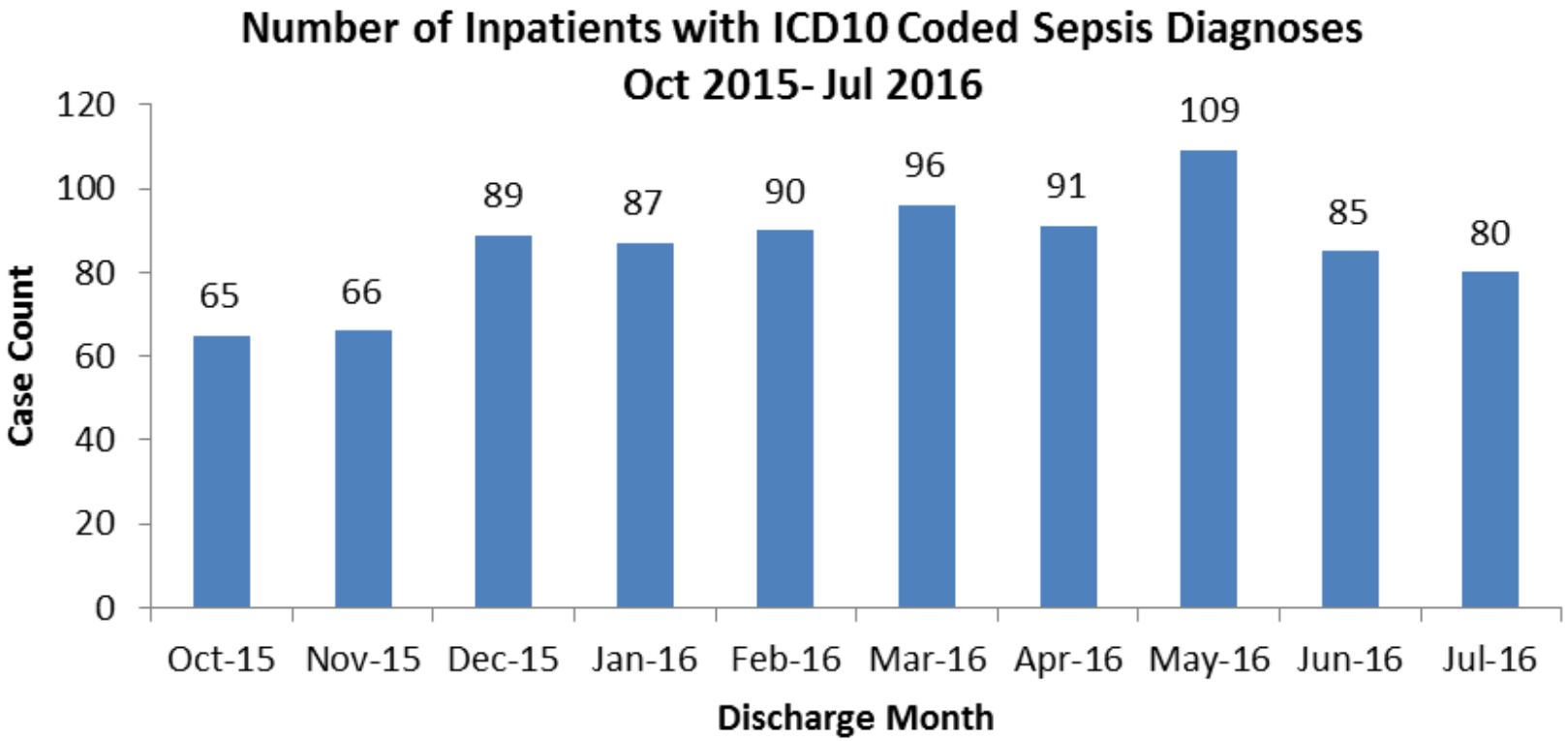


- A time-sensitive medical emergency, just like heart attack and stroke

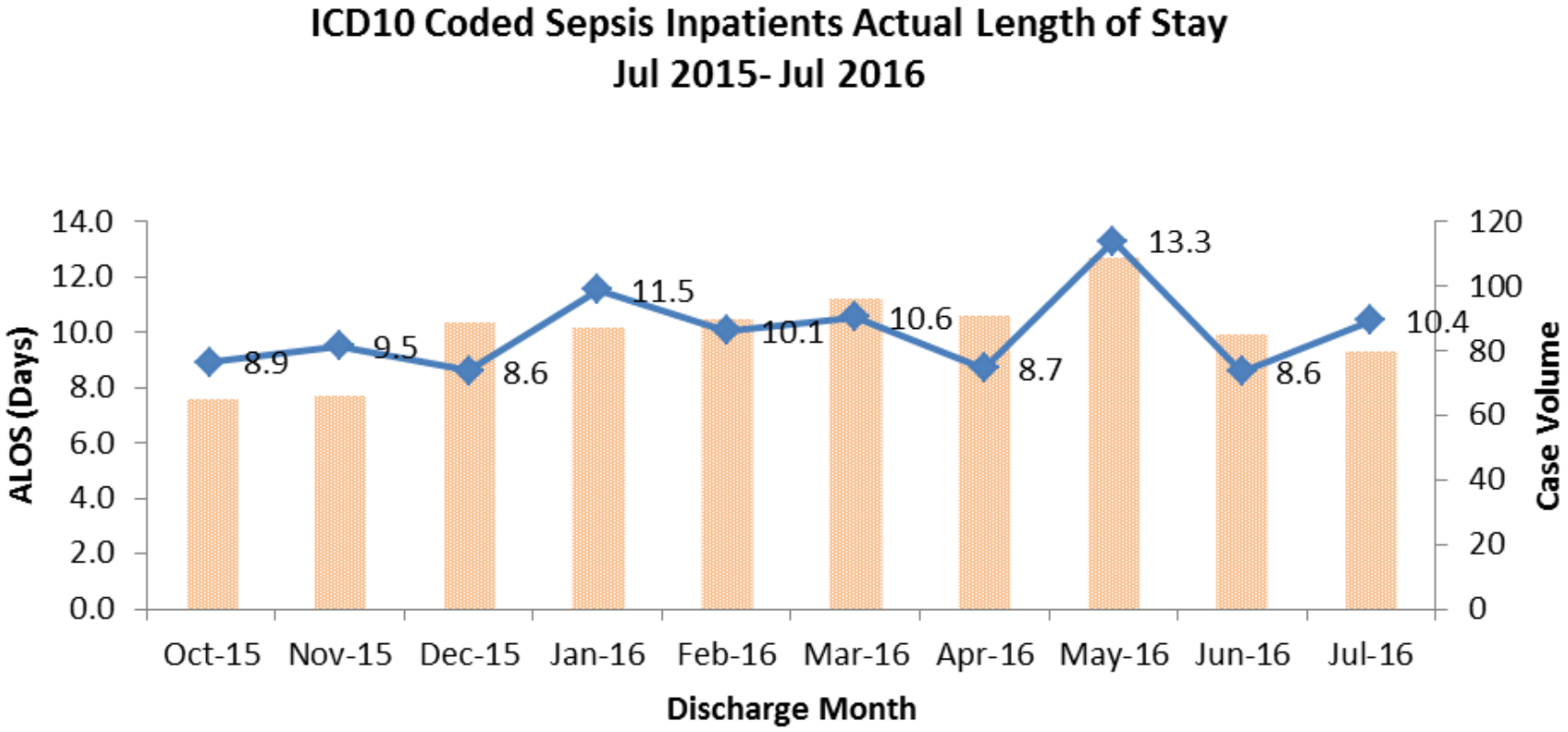
Who is at Risk?

- People with weakened immune systems
  - E.g. autoimmune disorders, HIV, chronic steroid use
- People with pre-existing infections
- People with pre-existing co-morbidities
  - E.g. diabetes or alcoholism
- People with severe injuries (such as large wounds)
- The very old or very young
- Patients with invasive lines, drains and/or tubes
- Patients who have had surgery or invasive procedures

ECH Sepsis Volume



ECH Sepsis Length of Stay



SEP-1 Requirements for Severe Sepsis & Septic Shock:

- **Within 3 HOURS from Time of Presentation (TOP):**
  - Measure serum lactate
  - Obtain two sets of blood cultures (& source cultures as indicated)
  - Administer appropriate antibiotics
  - Administer crystalloid fluid bolus(es) for hypotension and/or lactate > 4 mmol/L

- **Within 6 HOURS from TOP:**
  - Re-measure elevated lactates every 2h until < 2.0 mmol/L
  - Administer vasopressors for hypotension not responding to fluid resuscitation (administered in ED/CCU/ICU only)

* *ED/Flex/CCU/ICU/PCU RNs may implement the severe sepsis/septic shock standardized procedure once required training is completed.*

Accomplishments to Date

1. **Program Framework:**
    1. Obtained foundation grant and hired coordinator
    2. Refined Sepsis Program structure
    3. Streamlined internal data collection process
    4. Updated multiple policies/procedures
    5. Collaborated with iCARE for order sets, BPAs and reports
    6. Developed and implemented sepsis alert
2. **Education:**
    1. Obtained grant through foundation
    2. Created educational material
    3. Hosted multiple grand rounds, mock codes, mini-huddles, 8h RN classes
    4. Multiple internal and external publications
3. **CMS Readiness:**
    1. Modified internal reporting to align with CMS
    2. Partnered with HIMS for coding audit
4. **Moore Grant:**
    1. Presented at International Sepsis Forum
    2. Developed partnership with SCCM/SSC
    3. Created educational video & presented at three SSC regional meetings
    4. Attended Moore All Grantee Summit in SF
5. **Community Outreach:**
    1. Created Santa Clara Sepsis Collaborative
    2. Multiple interviews with internal/external writers/consultants

Current Performance

Inpatients who received all of the appropriate care for Sepsis, Severe Sepsis and Septic shock when present

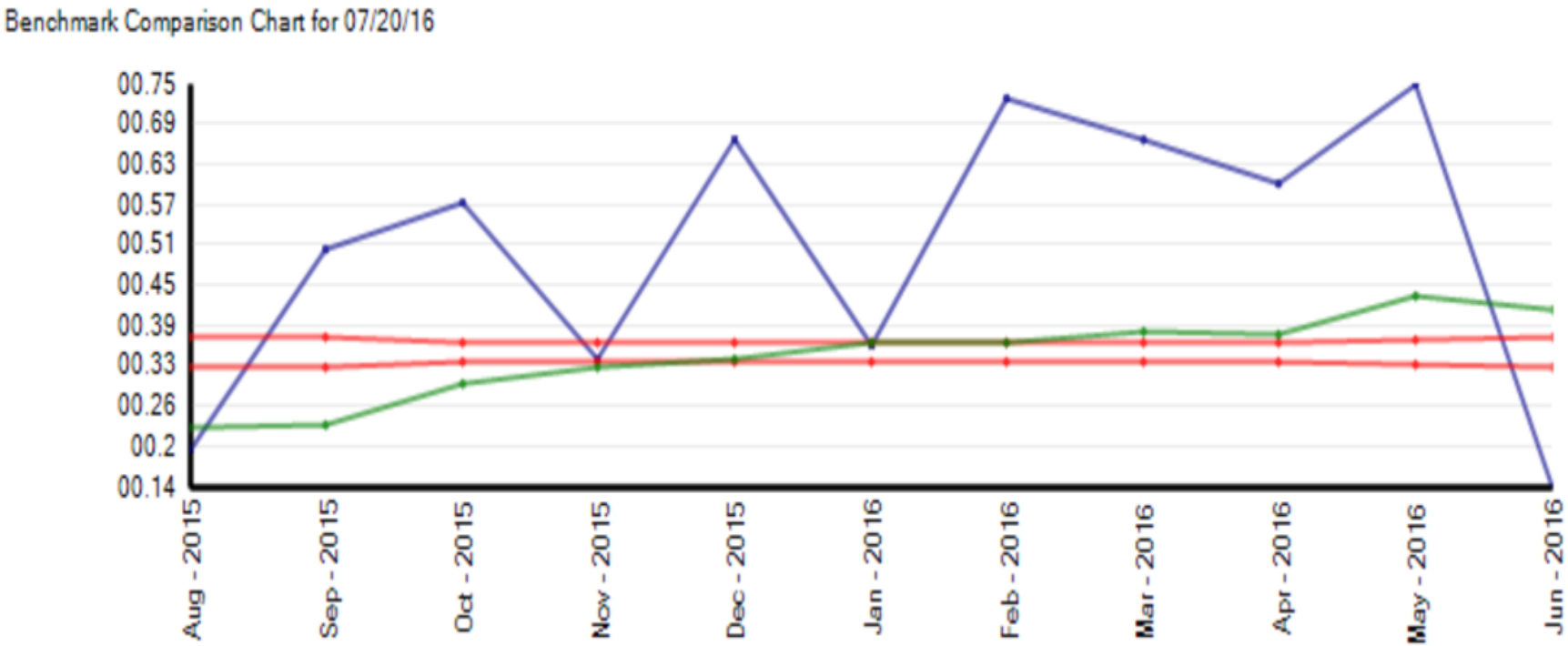


Chart Legend:
The blue line represents your observed value.
The red lines represent the upper and lower control limits.
The green line shows the **All Core Measures Hospitals** benchmark value.

FY17

- Projects:
  - Improve data abstraction process
  - Expand to Peri-op, Women's, Rehab, BHS
  - Obtain Joint Commission disease specific certification
  - Broaden external partnerships
- Gaps:
  - Data abstraction
  - iCare queue for optimization (reporting function)
  - Medical director
  - Operating budget

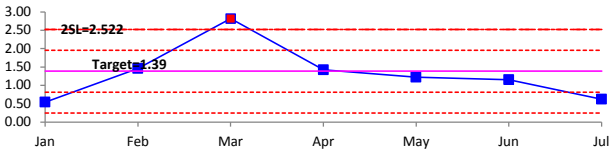
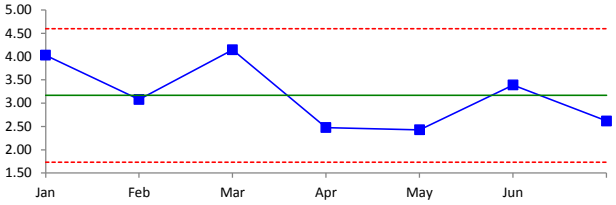
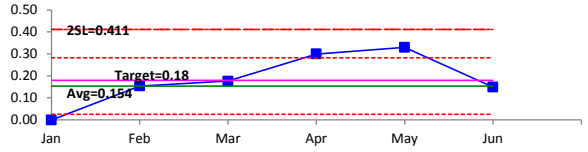
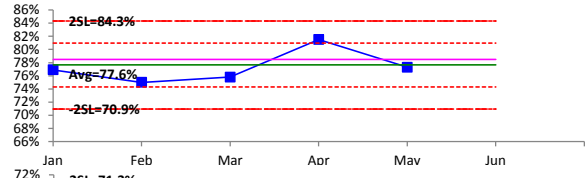
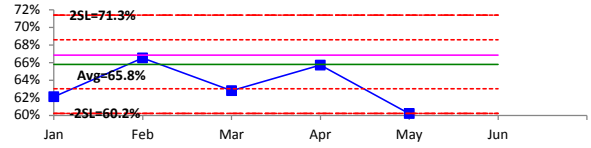
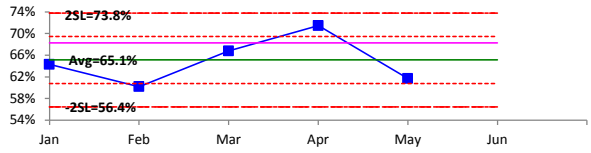
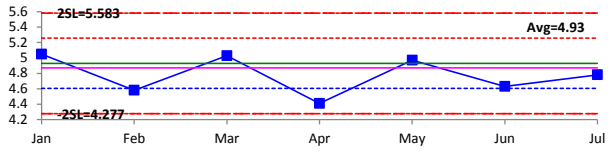
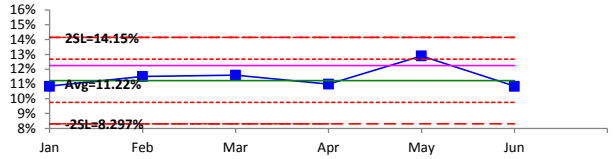
Thank you

for your support of this life-saving program.

ATTACHMENT 7

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

Quality and Safety Dashboard (Monthly) DRAFT

Date Reports Run: 8/16/2016	Performance (Current Period)		Baseline	FY17 Goal /Target	Trend
SAFETY EVENTS	Num/Den	Rate	FY2016	FY2017	
1 **Patient Falls** *Med / Surg / CC Falls / 1,000 CALNOC Pt Days* *Date Period: July 2016*	3/4850	0.62	1.51	TBD	
2 **Medication Errors** *Errors / 1000 Adj Total Patient Days* *Date Period: July 2016*	36/13758	2.62	Jan-Jun 2016 3.26	TBD	
COMPLICATIONS	Count	Rate	FY2016	FY2017	
3 **Surgical Site Infection (SSI)** *SSI per 100 Surgical Procedures* *Date Period: June 2016 (Report Date 8/15/2016)*	1	0.15	0.20	TBD	
SERVICE	Num/Den	Rate	FY 2016 (FYTD)	FY2017	
4 **Communication with Nurses** *(HCAHPS Score)* *Date Period: May 2016*	256/331	77.3%	77.6%	TBD	
5 **Responsiveness of Hospital Staff** *(HCAHPS Score)* *Date Period: May 2016*	182/303	60.2%	64.7%	TBD	
6 **Communication About Medicines** *(HCAHPS Score)* *Date Period: May 2016*	120/195	61.7%	64.1%	TBD	
EFFICIENCY	Num/Den	Rate	FY2016 (FYTD)	FY2017	
7 ★Organizational Goal **Average Length of Stay (days)** *(Medicare definition, MS-CC, ≥ 65, inpatient)* *Date Period: July 2016*	1864/372	**July 5.01**	4.87	4.81 (Min) 4.76 (Target) 4.66 (Max)	
8 ★Organizational Goal **30-Day Readmission (Rate, LOS-Focused)** *(ALOS-Linked, All-Cause, Unplanned)* *Date Period: June 2016*	41/378	**June 10.85%**	10.89%	12.39%	

Definitions and Additional Information

Measure Name	Definition Owner	Work Group	FY 2016 Definition	FY 2017 Definition	Source
Patient Falls	Jane Truscott; Mae Dizon	Falls Committee	All Med/Surg/CC falls reported to CALNOC per 1,000 CALNOC (Med/Surg/CC) patient days CALNOC Fall Definition: The rate per 1,000 patient days at which patients experience an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment, including bedside mat). All falls are reported and described by level of injury or no injury, and circumstances (observed, assisted, restrained at the time of the fall). Include Assisted Falls (when staff attempts to minimize the impact of the fall, it is still a fall). *Excludes Intentional Falls: When a patient (age 5 or older) falls on purpose or falsely claims to have fallen, it is considered an Intentional Fall and is NOT included. It is NOT considered a fall according to the CALNOC definition.*		**QRR Reporting and Staff Validation**
Medication Errors	Chris Tarver, Poopak Barirani	Medication Safety Committee; P&T Committee	**5 Rights Medication Errors and Reached Patient:** [# of Med Errors (includes: Duplicate Dose, Omitted Dose, Incorrect Patient, Incorrect Medication, and Incorrect Route.) divided by Adjusted Total Patient Days (includes L&D & Nursery)]* 1,000 *Excludes: Wrong Time, ADR, Contrast Reaction, Incorrect Dose, "Not Yet Rated" Med errors, No risk identified and near miss*	**Near Miss and Reached Patient Medication Related QRRs:** (Duplicate Dose, Omitted Dose, Incorrect Patient, Incorrect Medication, and Incorrect Route, Incorrect Dose, Incorrect Time, Incorrect Medication order, Medication Reconciliation) divided by Adjusted Total Patient Days (includes L&D & Nursery)]* 1,000 Excludes: "Not Yet Rated" Med errors	**QRR Reporting and Staff Validation**
Surgical Site Infection	Catherine Nalesnik; Joy Pao; Carol Kemper, MD	Infection Control Committee	(Number of Deep Organ Space infections divided by the # of all sugery cases)*100 counted by the month procedure under which infection was attributed to and not by the month it was discovered. All Surgery Cases in the 29 Surgical Procedural Categories required by the California Department of Public Health.		**IC Surveillance and NHSN Data Reporting**
Communication with Nurses	RJ Salus; Meena Ramchandani; Cheryl Reinking	Patient Experience Committee	Percent of inpatients responding "Always" to the following 3 questions [% Top Box]: 1. *During hospital stay, how often did the nurses treat you with courtesy and respect?* 2. *During hospital stay, how often did nurses listen carefully to you?* 3. *During hospital stay, how often did nurses explain things in a way you can understand?* CMS Qualified values are pulled from the Avatar website.Note: A complete month's data is available on the first Monday following 45 days after the end of the month.		**Press Ganey Tool**
Responsiveness of Hospital Staff	RJ Salus; William Faber, MD	Patient Experience Committee	Percent of inpatients responding "Always" to the following 2 questions [% Top Box]: 1. *During hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?* 2. *How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted (for patients who needed a bedpan)?* CMS Qualified values are pulled from the Avatar website.Note: A complete month's data is available on the first Monday following 45 days after the end of the month.		**Press Ganey Tool**
Communication About Medicines	RJ Salus; Cheryl Reinking; Bob Blair	Patient Experience Committee	Percent of inpatients (who received meds) responding "Always" to the following 2 questions [% Top Box]: 1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? 2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? CMS Qualified values are pulled from the Avatar website. Note: A complete month's data is available on the first Monday following 45 days after the end of the month.		**Press Ganey Tool**
Average Length of Stay	Cheryl Reinking; Mick Zdeblick; Joy Pao;	LOS Steering Committee	Average LOS of Medicare FFS, Paitents discharged from an Acute Care or Intensive Care unit. Excludes expired patients. Includes final coded patients aged 65 an older at the time of the encounter. The baseline period is from Jan-June 2015 and the performance period is from Jan-June 2016.		**EDW Data Pull, Department of Clinical Effectiveness**
30-Day Readmission (LOS-Focused)	Michelle Pizzani, MD Margaret Wilmer; Joy Pao	Readmission Committee	Percent of Medicare inpatient discharges return for an unplanned IP stay for any reason within 30 days, aged ≥65. Excludes patients who die, leave AMA or are transferred to another acute care facility; excludes admits to ECH Rehab and Psych admissions and for medical treatment of cancer.		**EDW Data Pull, Department of Clinical Effectiveness**

ATTTACHMENT 9

El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

FY17 Organizational Goals

Pain Management Definition Discussion

Materials to be distributed at meeting.

ATTACHMENT 10

PLANETREE

El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

Current State Assessment
- Findings Discussion

Organizational Strengths

- Distinct Customer Loyalty
- Quality of Professional Staff
- Clinical Excellence
- Community Presence & Reputation
- Talent Development
- Volunteers
- (IP) Daily Huddles

Opportunities

- Voice of the Patient and Family
- Voice of the Physician
- Voice of the Staff
- Healing Environment

Opportunities

Inconsistency Between Policy and Practice

- Visitation
- Communication with Family
- Access to Information and Sharing the Medical Record
- Delays in Discharge & Flow

Strategic Recommendations and Potential Approaches

- Additional Development of Infrastructure to Support Patient Centered Care and Experience
- Continue to Refine Existing Patient and Family Partnership Council
- Improve Communication Between and Among Leadership and Physicians
- Uniformity of Policies and Practices Involving Family
- Incorporate Aspects of Patient-Centered Care and Experience into New Employee Orientation

Strategic Recommendations and Potential Approaches

- Develop Mechanisms to Proactively Share the Medical Record with Patients.
- Establish a Transitions of Care and Planning Process Work Team to Include Physician and Patient Members
- Food and Nutrition Work Team
- Support Language and Spirituality Through Cultural Diversity Team
- Healing Environments Work Team
- Inventory and Communication of Healing Modalities Offered Within Mountain View and Los Gatos Hospitals
- Establish Patient- Centered Care Metrics and Dashboard

ECH Steering Committee – Next Steps

- 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 & expectations