

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee Meeting of the
El Camino Hospital Board
Monday, February 27, 2017
El Camino Hospital, Conference Rooms A&B
2500 Grant Road, Mountain View, California

Members Present

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

Members Absent

Jeffrey Davis, MD;
 Diana Russell, RN;
 And Alex Tsao.

Members Excused

None

**Dr. Peter Fung joined the meeting @*
5:38pm. Wendy Ron and Melora Simon
joined the meeting @ 5:41pm.

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 27th day of February, 2017 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. CONSENT CALENDAR ITEMS	<p>Chair Reeder asked if any Committee member wished to remove any items from the consent calendar for discussion. None were noted.</p> <p><u>Motion:</u> To approve the consent calendar (Open Minutes of the January 30, 2017 meeting were approved).</p> <p><u>Movant:</u> Anderson</p> <p><u>Second:</u> Carragee</p> <p><u>Ayes:</u> Reeder, Fung, Bunce, Anderson, Carragee, and Pinsker.</p> <p><u>Noes:</u> None</p> <p><u>Abstentions:</u> None</p>	<i>The Open Minutes of the January 30, 2017 meeting were approved.</i>

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	<p><u>Absent:</u> Davis, Simon, Russell, Ron, and Tsao.</p> <p><u>Excused:</u> None</p> <p><u>Recused:</u> None</p>	
<p>5. REPORT ON BOARD ACTIONS</p>	<p>Chair Reeder briefly reviewed the Board Report as further detailed in the packet with the Committee and briefly highlighted the Board's current priorities to include:</p> <ul style="list-style-type: none"> • CEO Search with the Russell Reynolds Firm • New Board Member Search with Witt Kieffer Firm 	<p><i>None</i></p>
<p>6. QUALITY PROGRAM UPDATE: INTERVENTIONAL PULMONOLOGY</p>	<p>Dr. Ganesh Krishna, Medical Director of Interventional Pulmonology Services gave an overview of the training program, IP registry, featured publications, and clinical trials of Interventional Pulmonology as further detailed in the packet. He further highlighted that we provide one of the widest spectrums of minimally invasive pulmonary procedures in the world, experience high volume, have several clinical trials and grants, feature publications in reputed journals, are a model program for academic institutions, are performing better than neighborhood academic hospitals, have referrals from out of state, and provide an immersion program for outside physicians in several areas.</p> <p>Dr. Krishna asked for feedback and questions from the Committee and a brief discussion ensued.</p>	<p><i>None</i></p>
<p>7. PROPOSED FY18 QUALITY COMMITTEE GOALS</p>	<p>Dr. Will Faber, Chief Medical Officer, reviewed the Proposed FY18 Committee Goals to include:</p> <ol style="list-style-type: none"> 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. 2. Alternately review peer review process and medical staff credentialing process. Monitor & Follow through on the recommendations made through the Greeley peer review process 3. Develop a plan to review the new Quality, Patient Care, and Patient Experience Committee Dashboard and ensure operational improvements are being made to respond to outliers. 4. Oversee recruitment of a leader, development of a plan with specific tactics, and monitor the HCAHPs scores for Patient and Family Centered Care. 	

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	<p>5. Monitor the impact of the Culture of Safety Campaign with QRR reporting as an improvement metric.</p> <p>Dr. Faber asked the Committee for questions and feedback and discussion ensued.</p> <p><i>*The Committee asked that goal #4 be revised to state "Oversee development of a plan with specific tactics, and monitor the HCAHPs scores for Patient and Family Centered Care", for further discussion of goal #5 and the Patient and Family Centered Theme at the next Committee meeting, and that the QRR Process be added to the pacing plan for FY18.</i></p>	
<p>8. FY17 QUALITY DASHBOARD</p>	<p>Catherine Carson, Senior Director of Patient Safety and Quality Assurance presented the FY17 Quality Dashboard to the Committee with the addition of annotations of initiatives in correlation with improvements. She reported that seven metrics remain stable; the exceptions being:</p> <ul style="list-style-type: none"> • Length of Stay possibly due to severe flu season w/88 flu admissions of which many with underlying disease developed organ failure • Patient Falls; Of the 15 falls in December - 2 were assisted, and 7 falls related to policy lapses. Falls Team is reviewing Fall Risk Assessment in use. • Responsiveness of Staff may have been due to increased responsibilities within Patient Experience Dept due to the current turnover within the department. <p>Ms. Carson further reported on the CMS Hospital Compare Report to include our 4 star rating, of which the only local hospitals to receive that rating include El Camino, Stanford and Sequoia hospitals. The common rating is 3 stars nationwide.</p> <p>Ms. Carson asked for feedback and questions from the Committee and a brief discussion ensued.</p> <p><i>*The Committee asked to add Sepsis to the FY18 Dashboard.</i></p> <p><i>*Mikele Bunce left the meeting @ 6:54pm.</i></p>	<p><i>None</i></p>
<p>9. GREELEY UPDATE</p>	<p>Dr. Dave Francisco, Chairman of the Greeley Subcommittee Greeley, reviewed the final report and proposed changes of Peer Review with the Committee</p>	<p><i>None</i></p>

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	<p>as further detailed in the packet. He reported the identified deficits, process redesign, practitioner performance expectations, revised peer review model, department level action items, and administrative level actions.</p> <p>Dr. Francisco asked for feedback and questions from the Committee and a brief discussion ensued.</p> <p>Chairman Reeder thanked the Subcommittee members for their commitment and follow through with this assignment from the Board.</p> <p><i>*Item of note to address: How will we know if the revised process really works?</i></p>	
10. PUBLIC COMMUNICATION	None	<i>None</i>
11. ADJOURN TO CLOSED SESSION	<p><u>Motion:</u> To adjourn to closed session at 7:37 p.m. <u>Movant:</u> Simon <u>Second:</u> Anderson <u>Movant:</u> Fung <u>Second:</u> Simon <u>Ayes:</u> Reeder, Fung, Simon, Anderson, Carragee, Ron, and Pinsker. <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Davis, Bunce, Russell, and Tsao. <u>Excused:</u> None <u>Recused:</u> None</p>	<i>A motion to adjourn to closed session at 7:37 p.m. was approved.</i>
12. AGENDA ITEM 17 RECONVENE OPEN SESSION/ REPORT OUT	<p><i>Agenda Items 11 – 16 were reported in closed session.</i></p> <p>Chair Reeder reported that Closed minutes of the January 30, 2017 Quality Committee Meeting were approved. Chair Reeder also noted the upcoming Quality Committee Meeting dates.</p>	<i>None</i>
13. AGENDA ITEM 18 ADJOURNMENT	There being no further business to come before the Committee, the meeting was adjourned at 7:44 p.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