

**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee Meeting of the
El Camino Hospital Board
Monday, April 3, 2017
El Camino Hospital, Conference Rooms A&B
2500 Grant Road, Mountain View, California**

Members Present

Dave Reeder;
Robert Pinsker, MD;
Jeffrey Davis, MD;
Diana Russell, RN;
Nancy Carragee, Mikele Bunce,
Katie Anderson, and Melora Simon.

Members Absent

Peter Fung, MD;
Wendy Ron,
and Alex Tsao.

Members Excused

None

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 3rd of April, 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>*Katie Anderson joined the meeting @ 5:38pm, and Melora Simon joined the meeting @ 5:41pm. Mikele Bunce left the meeting at 7:00pm.</i>	<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	Chair Reeder asked if any Committee member wished to remove any items from the consent calendar for discussion. None were noted. <u>Motion:</u> To approve the consent calendar (Open Minutes of the February 27, 2017 meeting; policies). <u>Movant:</u> Carragee <u>Second:</u> Pinsker <u>Ayes:</u> Reeder, Davis, Bunce, Carragee, Russell, and Pinsker. <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Fung, Simon, Ron, Anderson, and Tsao. <u>Excused:</u> None <u>Recused:</u> None	<i>The Open Minutes of the February 27, 2017 meeting, and policies were approved.</i>
5. REPORT ON BOARD ACTIONS	Chair Reeder briefly reviewed the Board Report as further detailed in the packet with the Committee and highlighted the Board's current priorities to include: <ul style="list-style-type: none"> CEO Search with the Russell Reynolds Firm, Preliminary interviews will be occurring this weekend with expected May timeframe for anticipated permanent CEO selection. 	<i>None</i>

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6. QUALITY PROGRAM UPDATE: ORTHO/NEURO/SPINE SERVIE LINE	<p>Terry Rutledge, Executive Director of Ortho/Neuro/Spine introduced Pamela Coye RN and Debbie Smyth RN to the committee. He updated the committee on the accomplishments, programs and initiatives of the service line. Mr. Rutledge reported that El Camino Hospital provides state-of-the-art anterior hip replacement and excellent post-operative pain control. The team highlighted the program's quality metrics, which are better than national norms on hip and knee replacement, and the Joint Commission's recent recertification of our disease specific programs in Total Joint Replacement in Mountain View and Los Gatos, Hip Fracture in Mountain View and Spinal Fusion in Los Gatos.</p> <p>Terry asked for feedback and questions from the Committee and a brief discussion ensued.</p>	<p><i>None</i></p>
7. PROPOSED FY18 COMMITTEE DATES	<p>Dr. Will Faber, Chief Medical Officer, reviewed the Proposed FY18 Committee Dates with the Committee and asked for feedback. Dr. Davis mentioned a potential conflict with the November 6th date due to extended holiday travel. The general consensus of the Committee was to accept the proposed dates as detailed in the packet.</p> <p><u>Motion:</u> To approve the Proposed FY18 Committee Dates. <u>Movant:</u> Bunce <u>Second:</u> Anderson <u>Ayes:</u> Reeder, Davis, Bunce, Carragee, Russell, Anderson, Simon, and Pinsker. <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Fung, Ron, and Tsao. <u>Excused:</u> None <u>Recused:</u> None</p>	<p><i>The Proposed FY18 Committee Dates were approved.</i></p>
8. PROPOSED FY18 QUALITY COMMITTEE GOALS	<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 development of a plan with specific tactics, and monitor the HCAHPs scores for Patient and Family Centered Care. 5. Monitor the impact of the Culture of Safety Campaign with QRR reporting as an improvement metric. 	<p><i>The Proposed FY18 Quality Committee Goals were recommended for approval.</i></p>

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	<p>(Reportable Safety Event Metric, Simon – can we use both)</p> <p>Dr. Faber explained that the requested Committee corrections and feedback had been incorporated into the goals.</p> <p>Motion: To recommend that the Board approve the Proposed FY18 Quality Committee Goals.</p> <p>Movant: Simon</p> <p>Second: Anderson</p> <p>Ayes: Reeder, Davis, Bunce, Carragee, Russell, and Pinsker.</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Fung, Simon, Ron, Anderson, and Tsao.</p> <p>Excused: None</p> <p>Recused: None</p>	
<p>9. FY17 QUALITY DASHBOARD</p>	<p>Catherine Carson, Senior Director/Chief Quality Officer reviewed the newly annotated FY17 quality dashboard with the committee. Ms. Carson reported that eight metrics remain stable. Surgical Site Infections, Communication with Nurses, and Responsiveness of Staff show room for improvement. Ms. Carson presented improvement plans for these areas.</p> <p>The committee engaged in a robust conversation about the national opioid addiction epidemic and recognized that inpatient responsiveness to acute, self-limiting pain is a different matter than outpatient management of chronic pain with opioids. Measures to protect our inpatients from over-dosage were also reviewed.</p>	<p><i>None</i></p>
<p>10. FY18 CORPORATE GOALS</p>	<p>Dr. William Faber presented the Draft FY18 Organizational Goals to the Committee and reviewed each goal along with the benchmark, 2017 ECH baseline, minimum, target, and maximum metrics. Dr. Faber further detailed each goal to include:</p> <ul style="list-style-type: none"> • The proposed Efficiency goal as reduction of the ratio of average length of stay over mean length of stay, which will take the acuity of patients into account. • The proposed Patient Experience goal which will reinstitute HCAHPs metrics. • The proposed Quality goal will be focused on improving the institutional Culture of Safety, measured by a monthly focused survey. <p>Dr. Faber asked for feedback and questions from the Committee and a brief discussion ensued.</p> <p><i>*Further discussion agendized for the May 1, 2017 Quality Committee Meeting.</i></p>	<p><i>None</i></p>
<p>11. PUBLIC COMMUNICATION</p>	<p>None</p>	<p><i>None</i></p>

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12. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:15 p.m.</p> <p>Movant: Davis</p> <p>Second: Carragee</p> <p>Ayes: Reeder, Davis, Carragee, Russell, Anderson, Simon, and Pinsker.</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Fung, Bunce, Ron, and Tsao.</p> <p>Excused: None</p> <p>Recused: None</p>	<i>A motion to adjourn to closed session at 7:15 p.m. was approved.</i>
13. AGENDA ITEM 16 RECONVENE OPEN SESSION/ REPORT OUT	<p><i>Agenda Items 13 – 15 were reported in closed session.</i></p> <p>Chair Reeder reported that the Closed Session minutes of the February 27, 2017 Quality Committee Meeting were approved. Chair Reeder also noted the upcoming Quality Committee Meeting dates.</p>	<i>None</i>
14. AGENDA ITEM 17 ADJOURNMENT	<p>There being no further business to come before the Committee, the meeting was adjourned at 7:39 p.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