

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee Meeting of the
El Camino Hospital Board
Monday, May 1, 2017
El Camino Hospital, Conference Rooms E&F
2500 Grant Road, Mountain View, California

Members Present

Dave Reeder;
 Peter Fung, MD;
 Jeffrey Davis, MD; Diana Russell, RN;
 Nancy Carragee, Mikele Bunce, Wendy Ron,
 Katie Anderson, and Melora Simon.

Members Absent

Alex Tsao
 Robert Pinsker, MD

Members Excused

None

**Melora Simon joined the meeting at 5:41pm*

**Wendy Ron joined the meeting at 5:43pm*

**Mikele Bunce left the meeting at 6:55pm*

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 1st of May, 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 5:36 p.m.	
2. ROLL CALL	Chair Reeder asked Michele Lee to take a silent roll call. Mick Zdeblick, Chief Operating Officer, introduced Michelle Gabriel, Director of Performance Improvement	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Reeder asked if any Committee member may have a conflict of interest with any of the items on the agenda. No conflict of interest was reported.	
4. CONSENT CALENDAR ITEMS	Chair Reeder asked if any Committee member wished to remove any items from the consent calendar for discussion. No items were removed. <u>Motion:</u> To approve the consent calendar: Minutes of the Open Session of the Quality Committee Meeting (April 3, 2017). <u>Movant:</u> Davis <u>Second:</u> Anderson <u>Ayes:</u> Anderson, Bunce, Carragee, Davis, Fung, Reeder, Russell <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Pinsker, Ron, Simon, Tsao <u>Excused:</u> None	<i>Consent Calendar approved</i>

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	<u>Recused:</u> None	
5. REPORT ON BOARD ACTIONS	<p>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:</p> <ul style="list-style-type: none"> • The Board and Leadership Team are revising the Strategic Plan with the help of a consultant. • CEO interviews will be occurring this week for anticipated permanent CEO selection. • The District Board will consider revising the Hospital Board structure and adding additional subject matter experts at a Special Meeting on May 15th. Public comment is encouraged. 	
6. QUALITY PROGRAM UPDATE: VASCULAR SURGERY	<p>Tej Singh, MD, Medical Director, Vascular Surgery, updated the Committee on the accomplishments of the Vascular Surgery program. Dr. Singh reported that El Camino Hospital provides an excellent facility and nursing care to the community. He highlighted that the program's safety on aortic and cost control of AAA (Abdominal Aortic Aneurysm) surgery is recognized nationally as pioneering. He explained our newly expanding Wound Care Services program as an important community resource.</p> <p>Dr. Singh asked for feedback and questions from the Committee and a brief discussion ensued.</p>	
7. FY17 QUALITY DASHBOARD	<p>Catherine Carson, RN, Sr. Director of Quality Improvement and Patient Safety reviewed the newly annotated FY17 quality dashboard with the committee. Ms. Carson discussed the ongoing challenge of falls prevention and highlighted a new initiative to provide patients with pajamas that have cuffs to prevent tripping. Cheryl Reinking, RN, CNO, explained that nursing staff is receiving ongoing education around remaining with patients at high risk for falls while toileting. Ms. Carson reported that pain reassessment scores are improving and an enterprise-wide pain management pharmacist will be added to the staff this summer. Other Metrics: med errors are well under baseline; length of stay is below benchmark and has stayed under control for the last 3-4 months; the readmission rate is the lowest in the community; we are above goal for the sepsis metric due to operationalization of a new ED protocol. The Committee had a lengthy discussion about surgical site infections and asked the team to bring back comparator groups to provide some context for developing a reasonable goal. Ms. Carson also reported that HCHAPS scores are better for February (communication with nurses = 80.9; staff responsiveness = 73.6; pain management = 79.2; and</p>	

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	<p>communication about medication = 77.1) than the January scores reflected in the version of the dashboard presented.</p> <p>Dr. Faber advised the committee he plans to start looking at longer trend lines in an effort to evaluate the long-term sustainability of corrective initiatives.</p>	
<p>8. PROPOSED FY18 QUALITY COMMITTEE DATES</p>	<p>The Committee discussed the proposed FY18 Committee Dates including the new dates of August 7, 2017, October 30, 2017, and April 30, 2018. Chair Reeder explained the changes are due to the time frame with the corresponding Hospital Board Meetings.</p> <p>Motion: To recommend that the Board approve the FY18 Quality Committee Meeting Dates. Movant: Fung Second: Simon Ayes: Anderson, Bunce, Carragee, Davis, Fung, Simon, Reeder, Ron, Russell Noes: None Abstentions: None Absent: Tsao, Pinsker Excused: None Recused: None</p>	<p><i>Proposed FY18 Quality Committee Dates approved</i></p>
<p>9. DRAFT FY18 ORGANIZATIONAL GOALS</p>	<p>Mick Zdeblick, COO, reviewed the Proposed FY18 Organizational Goals to include:</p> <ol style="list-style-type: none"> 1. Arithmetic Observed LOS Average/Geometric LOS expected for Medicare population (ALOS / GMLOS) 2. HCAHPS Service metric: Rate the Hospital 3. Culture of Safety: Percent improvement in staff perception of culture of safety <p>Mr. Zdeblick reviewed the proposed FY18 organizational goals which follow ECH's standard format - the first is performance to budget, the next three are modeled on the Triple Aim. For affordability/cost effectiveness, a new goal of improving inpatient utilization for Medicare patients of average length of stay over predicted length of stay (GMLOS) was proposed. This goal captures improvements in both length of stay and accuracy of clinical documentation and received the committee's support. The proposed patient service goal is improvement of HCAHPS performance on "rate the hospital." The committee also supported this goal in concept, at least in part because it brings in all departments, but asked management to bring back further information about actual measurement. The proposed quality goal would measure an improvement in the Culture of Safety, based on AHRQ survey results that will be available on May 9th. A customized methodology to measure improvement was discussed and there are technical issues to be worked out. Staff will come back with a revised goal, pending analysis of</p>	<p><i>FY18 Organizational Goals recommended for approval</i></p>

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	AHRQ survey results.	
10. COMMITTEE MEMBERSHIP	Chair Reeder asked if the Committee members wished to continue to serve on the Committee in FY18. Diana Russell is declining to serve on the committee for FY18 due to other commitments. All other members expressed that they would like to serve. The Committee is hoping to recruit 2 “patient representative” members.	<i>Committee list to be provided to the Board Chair</i>
11. PUBLIC COMMUNICATION	None.	
12. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:19 p.m.</p> <p>Movant: Carragee</p> <p>Second: Anderson</p> <p>Ayes: Anderson, Carragee, Davis, Fung, Reeder, Ron, Russell, Simon</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Bunce, Pinsker and Tsao</p> <p>Excused: None</p> <p>Recused: None</p>	<i>Adjourned to closed session at 7:19pm.</i>
13. AGENDA ITEM 16: RECONVENE OPEN SESSION/ REPORT OUT	<p>Open Session was reconvened at 7:26 pm. <i>Agenda Items 13 – 15 were addressed in closed session.</i></p> <p>Chair Reeder reported that the Closed Session Minutes of the April 3, 2017 Quality Committee Meeting were approved.</p>	
14. AGENDA ITEM 17 ADJOURNMENT	<p>The meeting was adjourned at 7:28pm.</p> <p>Motion: To adjourn at 7:28 p.m.</p> <p>Movant: Fung</p> <p>Second: Davis</p> <p>Ayes: Anderson, Carragee, Davis, Fung, Reeder, Ron, Russell, Simon</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Bunce, Pinsker and Tsao</p> <p>Excused: None</p> <p>Recused: None</p>	<i>Meeting adjourned 7:28pm</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