

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee Meeting of the
El Camino Hospital Board
Monday, June 5, 2017
El Camino Hospital, Conference Rooms E&F
2500 Grant Road, Mountain View, California

Members Present

Jeffrey Davis, MD;
 Nancy Carragee, Alex Tsao
 and Melora Simon

Members Absent

Katie Anderson, Mikele Bunce,
 Peter Fung, MD;
 Robert Pinsker, MD;
 Dave Reeder, Wendy Ron, and
 Diana Russell, RN

Members Excused

A quorum was not present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 6th of June, 2017 meeting.

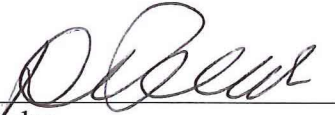
Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER	The meeting of the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital (the "Committee") was called to order by Vice Chair Jeffrey Davis, MD at 5:33 p.m.	
2. ROLL CALL	Vice Chair Davis asked Michele Lee to take a silent roll call. Katie Anderson, Mikele Bunce, Peter Fung, MD; Robert Pinsker, MD; Dave Reeder, Wendy Ron, and Diana Russell, RN were absent. All other Committee Members were present.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Vice Chair Davis 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	<p>Vice Chair Davis asked if any Committee member wished to remove any items from the consent calendar for discussion. No items were removed.</p> <p>Since a quorum was not present approval of the Minutes of the May 1, 2017 meeting was deferred to the August 7, 2017 meeting.</p>	
5. REPORT ON BOARD ACTIONS	<p>Vice Chair Davis 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"> • Expanded Hospital Board membership to add 2 additional appointed/subject matter experts. Also voted to change CEO to a non-voting member of the Board. • The District Board appointed Robert Rebitzer to the El Camino Hospital Board of Directors • Biennial Board Officer Election (for a two year term, effective July 1, 2017): <ul style="list-style-type: none"> ○ Hospital Board Chair – Lanhee Chen 	

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	<ul style="list-style-type: none"> ○ Hospital Board Vice Chair – John Zoglin ○ Hospital Board Secretary/Treasurer – Julia Miller ● Committee structure will remain the same 	
6. QUALITY PROGRAM UPDATE: NICU	<p>Dharsi Sivakumar, MD, Medical Director, NICU, updated the Committee on the accomplishments of the Level III NICU program. Dr. Sivakumar reported that El Camino Hospital provides high tech respiratory technology in the NICU: Inhaled Nitric Oxide, Drager Baby Log Ventilators, Vapotherm and SiPAP. She highlighted that the program's safety on Central Line Associated Blood Stream Infections. She explained the future goals of the NICU program with various research and quality improvement projects, subspecialty services, implementing delayed cord clamping, neurological monitoring, and designing a new 31 bed hybrid NICU with private rooms.</p> <p>Dr. Sivakumar 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 reported that the numbers of falls has stabilized right around the goal. She is looking more into data surrounding falls related to bed exit and toileting. She also reported that pain reassessment scores continue to improve, med errors are up, near misses are down, sepsis is above goal and there were zero SSI's for March enterprise-wide. Meanwhile, Average Length of Stay (LOS) trended upwards in April due to 3 long stay patients. But the overall Readmission rate remains below goal. Ms. Carson also reported that some HCHAPS scores are trending upward in March.</p>	
8. PATIENT AND FAMILY ADVISORY COUNCIL UPDATE	<p>Cheryl Reinking, RN, Chief Nursing Officer briefly went over the Patient and Family Advisory Council background: currently has 8 members of patients and deciding about rotating membership of two year engagement. Ms. Reinking informed the committee about the 3 meetings the PFAC held since January 2017 and the topics that were on the agendas. In the January meeting, infection control and hygiene were discussed. In the March meeting, standardized uniform for hospital staff and lost patient belongings process were topics and valuable feedback was obtained. In the May meeting, emergency department redesign process and MOON notice feedback was conversed.</p>	
9. PROPOSED FY18 PACING PLAN	<p>Vice Chair Davis discussed the proposed FY18 Pacing Plan with the committee members.</p> <p>The Committee members participating in the meeting reviewed the recommendation and no objections were stated</p>	
10. UPDATE ON FY18 QUALITY	<p>The Committee briefly discussed the updated FY18 Committee Goals. William Faber, MD, Chief Medical</p>	

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COMMITTEE GOALS	Officer explained the minor changes are due to adding metrics for the goals.	
11. DRAFT FY18 ORGANIZATIONAL GOALS	<p>Mick Zdeblick, COO, explained the proposal to change the measurement for the threshold goal to 95% of budgeted operating margin proposed for FY18 per the Finance Committee recommendation, and the Executive Compensation Committee's recommendation to decrease the delta between target and maximum. The Committee discussed the newly proposed quality goal to reduce Hospital Acquired infections. A robust discussion around using the SIR (standardized infection rate) to statistically normalize measurement, specifically whether the SIR may be too volatile to use as a fair and reliable measure of achievement, but ultimately the committee supported the staff recommendation. The Committee discussed the relationship between a length of stay goal and affordability to the patient. Staff will come back next year with information that may lead to a different efficiency goal in FY19 around total cost of care.</p> <p>The Committee members participating in the meeting reviewed the three specific quality, service, and affordability goals and no objections were stated.</p>	
12. PUBLIC COMMUNICATION	None.	
13. ADJOURN TO CLOSED SESSION	<p><u>Motion:</u> To adjourn to closed session at 6:56 p.m. <u>Movant:</u> Simon <u>Second:</u> Tsao <u>Ayes:</u> Carragee and Davis <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Anderson, Bunce, Fung, Pinsker, Reeder, Ron, Russell <u>Excused:</u> None <u>Recused:</u> None</p>	<i>Adjourned to closed session at 6:56 p.m.</i>
14. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT	Open Session was reconvened at 7:21 pm. <i>Agenda Items 14 – 18 were addressed in closed session.</i>	
15. AGENDA ITEM 17 ADJOURNMENT	<p>The meeting was adjourned at 7:22pm.</p> <p><u>Motion:</u> To adjourn at 7:22 p.m. <u>Movant:</u> Carragee, <u>Second:</u> Tsao <u>Ayes:</u> Davis and Simon <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Anderson, Bunce, Fung, Pinsker, Reeder, Ron, Russell <u>Excused:</u> None</p>	<i>Meeting adjourned 7:22pm</i>

Agenda Item	Comments/Discussion	Approvals/Action
	<u>Recused:</u> None	

Attest as to the approval of the foregoing minutes by the Quality Committee of El Camino Hospital:



Dave Reeder
Chair, ECH Quality, Patient Care and
Patient Experience Committee