

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee Meeting of the
El Camino Hospital Board
Monday, August 7, 2017
El Camino Hospital, Conference Rooms A&B
2500 Grant Road, Mountain View, California

Members Present

Dave Reeder
 Robert Pinsker, MD; Jeffrey Davis, MD;
 Nancy Carragee, Wendy Ron,
 Katie Anderson, Mikele Bunce,
 and Melora Simon

Members Absent

Peter Fung, MD;

Members Excused

**Nancy Carragee joined the meeting at 5:41pm*

**Rober Pinsker, MD left the meeting at 6:50pm*

**Mikele Bunce left the meeting at 7pm*

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 7th of August, 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 Chair Dave Reeder at 5:35 p.m.	<i>None</i>
2. ROLL CALL	Chair Reeder asked Michele Lee to take a silent roll call.	<i>None</i>
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.	<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. No items were removed.</p> <p><u>Motion:</u> To approve the consent calendar: Minutes of the Open Session the Quality Committee Meeting (May 1, 2017) and Minutes of the Open Session of the Quality Committee Meeting (June 5, 2017)</p> <p><u>Movant:</u> Anderson</p> <p><u>Second:</u> Ron</p> <p><u>Ayes:</u> Anderson, Bunce, Davis, Pinsker, Reeder, Ron, Simon</p> <p><u>Noes:</u> None</p> <p><u>Abstentions:</u> None</p> <p><u>Absent:</u> Fung, Carragee</p> <p><u>Excused:</u> None</p> <p><u>Recused:</u> None</p>	<i>The Open Minutes of the May 1, 2017 and June 5, 2017 meetings were approved.</i>

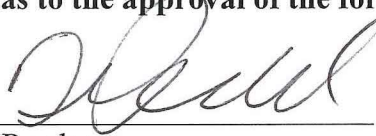
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5. APPOINTMENT VICE CHAIR	Chair Reeder asked if Jeffrey Davis, MD if he would be Vice Chair and he agreed.	
6. REPORT ON BOARD ACTIONS	<p>Chair Reeder briefly reviewed the Board Report as further detailed in the packet with the Committee and briefly highlighted the Board's current priorities to include:</p> <ul style="list-style-type: none"> • Dan Woods official start date is August 31st, 2017 • District Board decided to add two additional subject matter members to be part of the hospital board making the total number of members of 10 (5 district board members and 5 subject matter members) • One member from the Board has resigned due to new work obligations in Napa. 	<i>None</i>
7. QUALITY PROGRAM UPDATE: CARDIO THORACIC SURGERY	<p>Pei Tsau, MD, Cardio Thoracic Surgeon updated the Committee on the cardiac surgery volume, STS outcomes and benchmarking, and the FY2017 process improvement projects. Dr. Tsau reported that El Camino Hospital participates in the STS Registry and is the only program to earn 3-stars in any quality domain for Isolated CABG procedures. She further reported that El Camino's overall score in quality of AVR program is 97.8% which places our program in the top 5% of the country. Our readmission rate is 4%, nationally it is 9.8%. Our CVS Program is amongst the highest rated programs in the San Francisco bay area.</p> <p>Dr. Tsau asked for feedback and questions from the Committee and a brief discussion ensued.</p>	<i>None</i>
8. FY17 QUALITY DASHBOARD	Catherine Carson, RN, Sr. Director/Chief Quality Officer reviewed the newly annotated FY17 quality dashboard with the committee. Ms. Carson discussed the ongoing challenge of falls prevention noting that 1/3 of falls were assisted to the floor and highlighted the focus on bed alarms. She reported Pain Reassessment has a continuous improvement, no trends in Medication Error despite a slight increase in in near miss reporting, LOS has dropped over the past 3 months while our Readmission Rate remains below the goal, and SMART phrases for bolus documentation usage has increased.	<i>None</i>
9. COMMITTEE RECRUITMENT	Cheryl Reinking, RN, Chief Nursing Officer recommended that Ina Bauman be appointed to join the committee. She provided a brief summary of Ina stating she was registered nurse for 14 years and then worked in outside sales. Ina opened her own recruiting practice which specialized in clinical (MD) recruiting for the biotech industry. She is now retired and currently serving as a board member of North Tahoe Hebrew Congregation in Tahoe Vista, CA. Ina is actively involved with the Bonnie Addario Lung Cancer	<i>Recommended appointment of Ina Bauman to the Committee</i>

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	<p>Research Foundation and El Camino Hospital Foundation.</p> <p>She is available to join at the next meeting on August 28th, 2017. But has 2 meetings that she would need to call in for the FY 2018 dates.</p> <p><u>Motion:</u> To recommend the Board appoint Ina Bauman to the committee. Bauman <u>Movant:</u> Anderson <u>Second:</u> Simon <u>Ayes:</u> Anderson, Bunce, Carragee, Davis, Pinsker, Reeder, Ron, Simon <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Fung <u>Excused:</u> None <u>Recused:</u> None</p>	
<p>10. FY17 ORGANIZATIONAL GOAL ACHIEVEMENT UPDATE</p>	<p>Cheryl Reinking, CNO, briefly went over the FY17 Organizational goals that are updated through May. She reported all ECH organizational goals for FY17 were met and the final report is not published yet. El Camino Hospital did very well on the budget.</p>	<p><i>None</i></p>
<p>11. REVIEW PROPOSED NEW FORMAT FOR QUARTERLY QUALITY AND SAFETY REVIEW</p>	<p>Catherine Carson, RN, Sr. Director of Quality Improvement and Patient Safety proposed new format for quarterly quality and safety review to the Committee. She explained a new schema of reporting a greater number of quality indicators in a staggered fashion throughout the year, giving the committee a more complete picture of our quality, and also improving the statistical significance of data and validity of trending in doing so. The expanded reporting program will begin in August of 2017.</p> <p><i>*The Committee asked to add The Quality and Safety Dashboard to the Black April meeting content.</i></p>	<p><i>None</i></p>
<p>12. PATIENT AND FAMILY CENTERED CARE UPDATE</p>	<p>Michelle Gabriel, Director of Performance Improvement briefly discussed the Patient and Family Centered Care update. She shared plans for developing a Patient Experience Strategy through blending PaCT and their commitment to patient experience by using the organizational goal for patient satisfaction on improving experience with goal alignment and developing systems to support improving experience. Michelle proposed a governance model to improve patient, family, and/or visitor's experience. She also reported the progress in the recruitment of the manager of Patient Experience.</p>	<p><i>None</i></p>

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13. BPCI PROGRAM	<p>William Faber, MD, Chief Medical Officer provided an update on the BPCI Program. He described the new accepted responsibilities of ECH with Pneumonia and COPD and losses to our Total Joint Replacement, Hip & Femur, and Stroke. He further explained the program's learnings and competencies to help manage Medicare Losses by establishing an expanded network of high-performing post-acute providers, case management and interventions for high risk patient population, and enabling benchmarking through data capture and analytic capability.</p> <p>He reminded the committee that ECH participated in the BPCI programs as a learning lab and to develop the infrastructure to service pay-for-value reimbursement models. He reported that ECH has learned a great deal and has developed significant infrastructure that we continue to use for BPCI patients, even though we have exited some of the programs and therefore avoid over a million dollars a year in penalties. Even though pay-for-value products have not yet significantly emerged in this market, the infrastructure ECH has developed for BPCI has been redeployed successfully in the management of our sizeable Medicare losses, and at the same time has improved the quality of patient care. The fundamental reason ECH did not perform well in BPCI programs was a lack of a gain-sharing structure like a CIN to align the financial incentives of physicians with ECH. We were being compared to the performance of systems that have this means of alignment.</p> <p>Dr. Faber and Grace Benlice asked for feedback and questions from the Committee and a brief discussion ensued.</p>	<i>None</i>
14. PUBLIC COMMUNICATION	None.	<i>None</i>
15. ADJOURN TO CLOSED SESSION	<p><u>Motion:</u> To adjourn to closed session at 7:20 p.m. <u>Movant:</u> Anderson <u>Second:</u> Simon <u>Ayes:</u> Anderson, Carragee, Davis, Reeder, Ron, Simon <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Bunce, Fung, Pinsker <u>Excused:</u> None <u>Recused:</u> None</p>	<i>Adjourned to closed session at 7:20 p.m.</i>
16. AGENDA ITEM 20: RECONVENE OPEN SESSION/ REPORT OUT	Open Session was reconvened at 7:21 pm. <i>Agenda Items 16 – 19 were addressed in closed session.</i>	

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17. AGENDA ITEM 17 ADJOURNMENT	<p>The meeting was adjourned at 7:40pm.</p> <p><u>Motion:</u> To adjourn at 7:40 p.m. <u>Movant:</u> Davis <u>Second:</u> Simon <u>Ayes:</u> Anderson, Carragee, Davis, Reeder, Ron, Simon <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Bunce, Fung, Pinsker <u>Excused:</u> None <u>Recused:</u> None</p>	<i>Meeting adjourned 7:40pm</i>

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