

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee Meeting of the
El Camino Hospital Board
Monday, August 28, 2017
El Camino Hospital, Conference Rooms A&B
2500 Grant Road, Mountain View, California

Members Present

Dave Reeder,
 Jeffrey Davis, MD; Peter Fung, MD;
 Katie Anderson, Ina Bauman,
 Nancy Carragee, Wendy Ron,
 and Melora Simon

Members Absent

Mikele Bunce

Members Excused

**Jeffrey Davis, MD joined the meeting via teleconference*

**Jeffrey Davis, MD left the meeting at 7:15pm*

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 28th of August, 2017 meeting.

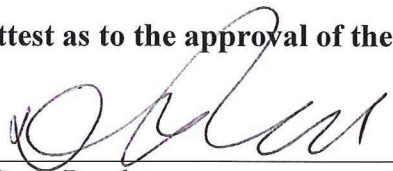
Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER	The meeting of the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital (the "Committee") was called to order by Chair Dave Reeder at 5:36 p.m.	<i>None</i>
2. ROLL CALL	<p>Chair Reeder asked Michele Lee to take a silent roll call. Dr. Jeffrey Davis joined the meeting via teleconference and Mikele Bunce was absent, but all other Committee Members were present.</p> <p>Chair Reeder welcomed new member Ina Bauman to the Committee and she provided a brief background about herself.</p>	<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 (August 7, 2017)</p> <p><u>Movant:</u> Carragee</p> <p><u>Second:</u> Simon</p> <p><u>Ayes:</u> Anderson, Bauman, Carragee, Davis, Fung, Reeder,</p>	<i>The Open Session Minutes of the August 7, 2017 meeting were approved.</i>

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	<p>Ron, Simon <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Bunce <u>Excused:</u> None <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 following:</p> <ul style="list-style-type: none"> • All Board and Committee members are invited and encouraged to attend the Estes Park Institute Conference in San Francisco October 29 – November 1, 2017 • Neysa Fligor was appointed to serve as District Board Director until after the November 2018 District General Election • Dr. Robert Pinsker has resigned from the Quality Committee 	<p><i>Meeting on October 30th will be held as scheduled. Chair Dave Reeder will travel from Estes Park Institute Conference to Chair the meeting.</i></p> <p><i>The Committee will consider replacing Dr. Pinsker.</i></p>
<p>6. QUALITY PROGRAM UPDATE: INFECTION CONTROL</p>	<p>Carol Kemper, MD, Medical Director of Infection Prevention, updated the Committee on the infection control highlights of FY17: 6 enterprise hospital-onset cases of MRSA, 1 enterprise hospital-onset case of MDRO and the lowest rate ever of <2.0 of C. difficile. She further explained the use of tracers that is required by the Joint Commission. Dr. Kemper emphasized the ongoing efforts to monitor and prevent surgical site infections. She described a new policy and a more aggressive procedure resulted in a successful prevention of XDRO transmission in the hospital. Dr. Kemper identified gaps in care and processes for improvement such as Infection Control team reviewing Foley justification with floor managers every weekday and reviewing every aspect of any suspect case and communicating back to managers and the CAUTI Task Force. Also, she briefly discussed the CLABSI prevention strategies such as: Curox protectors for all Central lines on all units, any nurse accessing a PICC or CVC is trained, immediate retraining and annual competencies for nursing staff accessing lines, daily bathing of patients and sheet changes.</p> <p>Dr. Kemper asked for feedback and questions from the Committee and a brief discussion ensued.</p>	<p><i>None</i></p>
<p>7. FY17 QUALITY DASHBOARD</p>	<p>Catherine Carson, RN, Sr. Director/Chief Quality Officer, reviewed the newly annotated FY17 Quality Dashboard with the Committee. Ms. Carson discussed the decreased number of falls in June which maybe attributable to increased</p>	<p><i>None</i></p>

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	<p>concurrent audit of fall risk, signage, arm bands, non-skid socks, and use of bed and chair alarms by a light duty nurse. She reported Pain Reassessment has a continuous improvement, reporting increased in June for errors that reach the patient and near miss, LOS has increased due to several long stay patients, and a significant improvement in ED physician ordering of fluid bolus within 2 hours of time of presentation.</p> <p><i>* The Committee suggested adding a footnote on the bottom of the Dashboard about deviation.</i></p>	
8. PT. EXPERIENCE (HCAHPS)	<p>Michelle Gabriel, Director of Performance Improvement, explained the HCAHPS data that was provided by Press Ganey. There is a sampling methodology in selecting patients for surveying to gather the data. The information was presented in quarterly format showing how ECH is progressing with 50% and 75% lines indicating certain domains for improvement. Our overall HCAHPS performance is just under target for FY2017 with quietness of the hospital being our lowest component score. She asked the Committee if the data being presented was in a format that was easily understood or if any changes were needed. No changes were requested.</p>	None
9. ED PT. SATISFACTION (PRESS GANEY)	<p>Michelle Gabriel, Director of Performance Improvement, shared for the first time the ED specific HCAHPS scores. Our ED performance is under the 50th percentile on all components with areas of opportunities for improvement. She indicated the Patient Experience team will put together a plan of action to address these findings.</p>	None
10. ECH STRATEGIC FRAMEWORK	<p>William Faber, MD, Chief Medical Officer, shared the refined ECH Mission, Vision and Values with the committee members. He explained how the vision requires ECH to look to a future as a health services provider caring for consumers, patients, and families across the care continuum. Therefore, linking ECH vision to the three strategic goals: High Performance Operating Model, Consumer, Payer & Employer Alignment, and Physician Integration. Dr. Faber further described how ECH's mission and values are the foundation, while the strategic goals are the building blocks which all are held underneath our vision to lead the transformation of healthcare delivery in Silicon Valley which creates the Strategic Framework.</p> <p><i>*The Committee's consensus was that quality and safety should be called out more in the final strategic plan.</i></p>	None

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11. PUBLIC COMMUNICATION	None.	<i>None</i>
12. ADJOURN TO CLOSED SESSION	<p><u>Motion:</u> To adjourn to closed session at 7:03 p.m. <u>Movant:</u> Anderson <u>Second:</u> Simon <u>Ayes:</u> Anderson, Bauman, Carragee, Davis, Fung, Reeder, Ron, Simon <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Bunce <u>Excused:</u> None <u>Recused:</u> None</p>	<i>Adjourned to closed session at 7:03 p.m.</i>
13. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT	Open Session was reconvened at 7:48 pm. <i>Agenda Items 13 – 16 were addressed in closed session.</i>	
14. AGENDA ITEM 19: ADJOURNMENT	<p>The meeting was adjourned at 7:48 pm. Jeffrey Davis, MD left the meeting at 7:15pm</p> <p><u>Motion:</u> To adjourn at 7:48 p.m. <u>Movant:</u> Ron <u>Second:</u> Carragee <u>Ayes:</u> Anderson, Bauman, Carragee, Fung, Reeder, Ron, Simon <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Bunce, Davis <u>Excused:</u> None <u>Recused:</u> None</p>	<i>Meeting adjourned at 7:48 pm</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