

**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee Meeting of the
El Camino Hospital Board
Monday, October 2, 2017
El Camino Hospital, Conference Rooms A&B
2500 Grant Road, Mountain View, California**

Members Present

Dave Reeder,
Jeffrey Davis, MD; Katie Anderson,
Ina Bauman, Mikele Bunce,
Wendy Ron, and Melora Simon

Members Absent

Nancy Carragee
Peter Fung, MD

Members Excused

**Melora Simon joined the meeting at 5:36pm*

**Mikele Bunce left the meeting at 7:05pm*

**Ina Bauman left the meeting at 7:25pm*

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 2nd of October, 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 5:33 p.m.	<i>None</i>
2. ROLL CALL	Chair Reeder asked Michele Lee to take a silent roll call. Nancy Carragee and Dr. Peter Fung were absent. Melora Simon joined the meeting at 5:36pm and all other committee members were present during roll call. Chair Reeder welcomed Dan Woods, CEO, and a roundtable of introductions ensued.	<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	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 the Quality Committee Meeting (August 28, 2017) <u>Movant:</u> Ron <u>Second:</u> Davis <u>Ayes:</u> Anderson, Bauman, Bunce, Davis, Reeder, Ron, Simon <u>Noes:</u> None	<i>The Open Session Minutes of the August 28, 2017 meeting were approved.</i>


Agenda Item	Comments/Discussion	Approvals/Action
	<p><u>Abstentions:</u> None <u>Absent:</u> Carragee, Fung <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"> • Appointment of new Board Member Neysa Fligor to the Executive Compensation Committee, the Corporate Compliance/Privacy and Internal Audit Committee, and elected to the El Camino Hospital Board of Directors. 	<p><i>None</i></p>
<p>6. QUALITY PROGRAM UPDATE: ROBOTICS</p>	<p>Alpert Pisani, MD, Co-Medical Director of Gyn/Robotics Surgery, updated the Committee on the Gynecologic Oncology Robotic surgery at ECH and reported that this program is the busiest in Northern California, with more than 6,500 cases done here yearly. He further highlighted that the Gyn mortality rate is recorded at 0 with one exception in August 2016; while SSI Rate is recorded at 1 at MV campus and 0 at LG campus and no CAUTIs are identified from July 2016 to Jan 2017. He also noted Gyn/Gyn Oncology 30 day procedure readmission is relatively low.</p> <p>Dr. Pisani explained that ECH is one of only two hospitals from the Bay area to offer bariatric robotic surgery. He described the advantages of Robotic-Assisted Operative Laparoscopy which 33% of patients are less likely to be readmitted, 64% are less likely to experience complications, and financially economical when compared to open direct cost.</p> <p>Dr. Pisani further updated the Committee of the FY17 goals of decrease TPN usage and the goal for FY 18: decrease post-operative opioid use after ERAS (Enhanced Recovery After Surgery) protocol and utilizing order set in iCare.</p> <p>Dr. Pisani asked for feedback and questions from the Committee and a brief discussion ensued.</p>	<p><i>None</i></p>
<p>7. COMMITTEE MEMBER RECRUITMENT</p>	<p>Chair Reeder informed the Committee of vacant positions available on the committee but not necessary to be filled and of two potential candidates: Dr. Carol Somersille (independent physician) and Julie Kriger (program director).</p> <p>A brief discussion ensued regarding the type of expertise and competencies needed for the Committee. The Committee asked to revisit the topic at the next meeting.</p>	<p><i>Agenda item to be added for next meeting on October 30th, 2017</i></p>

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8. FY18 QUALITY DASHBOARD	<p>Catherine Carson, Sr. Director/Chief Quality Officer, reviewed the FY18 Quality Dashboard with the Committee. Ms. Carson discussed that the trend is near or at goal for falls in Jan 2017 and this data will be shared with the Falls team. A standardized infection rate from NSHN will be reported quarterly or every 6 months for CAUTI, CLABSI, CDI and SIR. No CLABSI were reported in July and 1 C.Diff infection was reported at the MV campus. Arithmetic Observed LOS Average/Geometric LOS Expected for Medicare Population is now part of daily huddle. Sepsis Core Measure is based off Early Management Bundle: 1) Sepsis 3-hour window - initial lactate, antibiotic, and blood cultures, 2) Sepsis 6-hour window – repeat lactate, 3) Septic Shock 3-hour window – crystalloid fluids, and 4) Septic Shock 6 hour window – septic shock assessment. She further reported that the ED Physicians are more consistent in ordering fluid resuscitation for Sepsis patients. The Mortality Rate FY18 goal is based on the July 2016 to May 2017 top docile performers, the comparison is not yet available by Premier, and the rate is risk adjusted. The Rate the Hospital HCHAPS score for August exceeds maximum, maintaining that level will be the challenge. Due to the quarterly nature of the Infection metric, this last metric is not reported. Ms. Carson reported that through August, ECH has had 4 occurrences of CAUTI, 0 occurrences of CLABSI, and 4 occurrences of C-Diff.</p> <p><i>*Items of Note: Catherine Carson will reset Falls Goal to CALNOC top 10% docile and readjust chart to view one year data. Next meeting to provide all Falls data and all Falls data with Harm to the Committee and provide an overview of Medicare's criteria and coverage.</i></p>	
9. UPDATE ON PATIENT AND FAMILY CENTERED CARE	<p>Michelle Gabriel, Director of Performance Improvement, informed the committee on the status of hiring the Patient Experience Manager of which 17 applicants have applied with 3 potential candidates. She explained that the patient experience governance committee had their first meeting in September and is currently reviewing patient experience data to identify opportunities for improvements and piloting a dashboard.</p> <p>She asked the Committee members for feedback and a brief discussion ensued.</p>	<p><i>None</i></p>
10. FY 17 ORGANIZATIONAL GOAL ACHIEVEMENT	<p>Mick Zdeblick, Chief Operating Officer, shared the final outcomes of FY 17 Organizational Goals. Pain Reassessment has done very well at 89%, Pain Patient Satisfaction reached maximum goal at 76%, and LOS did</p>	<p><i>None</i></p>

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UPDATE	improve and didn't affect negatively on readmission. While Smart Growth was on target at 96.5%.	
11. READMISSION DASHBOARD	Catherine Carson, Sr. Director/Chief Quality Officer, shared the new format for FY 2018 Medicare 30 Day All-Cause, Unplanned Readmission Dashboard with the committee. She explained how Hospital Readmission Reduction Program will reduce reimbursement for 2,573 hospitals for fiscal year 2018 by Medicare according to CMS data. The latest penalties are based on readmission between July 2013 and June 2016 which affects Medicare payments that CMS makes to hospitals between October 1, 2017 and September 30, 2018. Ms. Carson further reported that CMS withholds up to 3% of regular reimbursement if a hospital has a higher-than-expected number of readmission within 30 days of discharge for 6 conditions: Chronic Lung Disease, Coronary Artery Bypass Graft Surgery, Heart Attacks, Heart Failure, Hips and Knee Replacements, and Pneumonia. The penalties which most affect ECH are for Acute Myocardial Infarction (AMI), Coronary Artery Bypass Graft (CABG), and Total joints.	<i>None</i>
12. PSI-90 ST SAFETY INDICATORS	<p>Catherine Carson, Sr. Director/Chief Quality Officer, explained that the PSI-90 Total Inpatient report is pulled from July 2016 to May 2017. The facility composite value was 0.668412 which is lower than the Premier PSI-90 score at 0.80 but ECH still has room for improvement to meet Premier PSI-90 top decile score of 0.57. She noted 3 out of 8 Patient Safety Indicators had an uptick: Perioperative PE or DVT, Postop Sepsis, and Accidental Puncture or Laceration. The Sepsis Committee reviewed each case for further details, and found a contributing factor due to lack of information from physician notation in medical records cause the uptick for accidental puncture or laceration scores and no trends were noted on Perioperative PE or DVT cases.</p> <p><i>*The committee noted that PSI-90 Composite graph's data value was not correct, Catherine will recalculate to generate accurate graph.</i></p>	<i>None</i>
13. CULTURE OF SAFETY SURVEY RESULTS	<p>William Faber, MD, Chief Medical Officer, updated the Committee on the Press Ganey Culture of Safety questions and results. The employee and medical staff's scores were tabulated separately and both aggregate scores were slightly below the national average but showed multiple areas of improvement. Dr. Faber asked the Committee for feedback on specific areas of concern to include:</p> <ul style="list-style-type: none"> • When a mistake is reported, the focus is on solving the problem, not writing up the person. 	

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	<ul style="list-style-type: none"> • My work unit works well together. • My work unit is adequately staffed. • Senior management provides a work climate that promotes patient safety. • I feel free to raise workplace safety concerns. • I can report patient safety mistakes without fear of punishment. <p>The committee's feedback included providing a breakdown of the results by physician to the department chair in order to improve scores through working together with unit management.</p>	
14. PUBLIC COMMUNICATION	None.	<i>None</i>
15. ADJOURN TO CLOSED SESSION	<p><u>Motion:</u> To adjourn to closed session at 7:05 p.m. <u>Movant:</u> Davis <u>Second:</u> Simon <u>Ayes:</u> Anderson, Bauman, Bunce, Davis, Reeder, Ron, Simon <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Carragee, Fung <u>Excused:</u> None <u>Recused:</u> None</p>	<i>Adjourned to closed session at 7:05 p.m.</i>
16. AGENDA ITEM 21: RECONVENE OPEN SESSION/ REPORT OUT	<p>Open Session was reconvened at 7:26 pm. <i>Agenda Items 16 – 20 were addressed in closed session.</i></p>	
17. AGENDA ITEM 22: ADJOURNMENT	<p>The meeting was adjourned at 7:26 pm.</p> <p><u>Motion:</u> To adjourn at 7:26 p.m. <u>Movant:</u> Anderson <u>Second:</u> Ron <u>Ayes:</u> Anderson, Davis, Reeder, Ron, Simon <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Bauman, Bunce, Carragee, Fung <u>Excused:</u> None <u>Recused:</u> None</p>	<i>Meeting adjourned at 7:26 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