

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee Meeting of the
El Camino Hospital Board
Monday, October 30, 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,
 And Nancy Carragee

Members Absent

Peter Fung, MD,
 Mikele Bunce, Wendy Ron,
 and Melora Simon

Members Excused

**Jeffrey Davis, MD joined the meeting at 5:35pm
 via teleconference*

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 30th 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 5:36 p.m.	<i>None</i>
2. ROLL CALL	Chair Reeder asked Michele Lee to take a silent roll call. Peter Fung, MD, Mikele Bunce, Wendy Ron, and Melora Simon were absent. Jeffrey Davis, MD joined the meeting via teleconference.	<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 of the Quality Committee Meeting (October 2, 2017). <u>Movant:</u> Anderson <u>Second:</u> Carragee <u>Ayes:</u> Anderson, Bauman, Carragee, Davis, Reeder <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Bunce, Fung, Ron, Simon <u>Excused:</u> None <u>Recused:</u> None</p>	<i>A vote was taken to approve the Open Session Minutes of the October 2, 2017 meeting, but will be presented for approval again at the next meeting due to lack of a quorum within the geographic boundaries of the El Camino Healthcare District.</i>

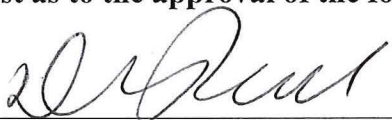
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5. REPORT ON BOARD ACTIONS	Chair Reeder briefly reviewed the Board Report as further detailed in the packet with the Committee.	<i>None</i>
6. QUALITY PROGRAM UPDATE: ELECTROPHYSIOLOGY	<p>Shaun Cho, MD, Co-Medical Director for Electrophysiology, provided an overview of El Camino's Electrophysiological ("EP") Services. These services address, both diagnostically and therapeutically, the increasingly prevalent problems of atrial fibrillation and other electrical conduction diseases of the heart. Volume for EP services has increased 173% since 2013 with over 340 procedures now done at ECH per year, with excellent outcomes reported on several registries. Dr. Cho explained that as the outpatient procedures increase, the contribution margin and net income continue to increase as well; therefore, obtaining excellent reimbursement.</p> <p>Dr. Cho reported that ECH is part of ACC/NCDR registries for the in-patient setting. In addition, ECH has joined the EP Registry Suite along with 69 other hospitals that submitted their quarterly discharge data.</p> <p>Dr. Cho further updated the Committee on the new innovations, left atrial appendage closure and leadless pacemakers currently used in their procedures.</p> <p>Dr. Cho asked for feedback and questions from the Committee and a brief discussion ensued.</p>	<i>None</i>
7. COMMITTEE MEMBER RECRUITMENT	Chair Reeder asked the Committee to revisit this topic at the next committee meeting scheduled for December 4, 2017. He asked the committee members to consider the type of expertise and competencies needed for potential Committee recruits.	
8. FY18 QUALITY DASHBOARD	Catherine Carson, Sr. Director/Chief Quality Officer, reviewed the new quality dashboard with the committee and there were no negative trends. With regards to Hospital Acquired Infections (HAIs), our area of intense organizational focus, we have had no CLABSI during the first quarter of FY18 but are running slightly above target on CAUTIs, and slightly below target for C. difficile. Ms. Carson also shared ECH's performance on Core Measures from CMS Hospital Compare. Ms. Carson further detailed that the new goal from CALNOC is at 0.74 (top decile) and a trial for new toilet seat sensor alarm will begin to help address bathroom related falls. There were 2 CAUTIs in August and 2 in September were reported; therefore, HAI A3 actions are nurse-driven protocol for foley removal; competency for new	

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	<p>foley insertion tray and procedure for ED, Critical Care, and OR; and emphasis on daily bath and frequent peri-care for patients with foley catheters. The 2 C.Diff infections noted in September related to long or multiple antibiotic usage. The geometric LOS Expected for Medicare Population has improved from 4.08 to 4.19 in September and Arithmetic Observed LOS Average also improved to 4.63 which improved our ratio to below target goal.</p> <p>She further explained that Sepsis Core Measure compliance increased to 67% whereas other core measure hospitals are at 50%. IVF Bolus compliance is at 80% for ordering bolus received within 2 hours of TOP. CDI has increased the reported Expected Mortality rate due to more co-morbid conditions being documented. The data for August was preliminary for HCAHPS and the nursing team will be addressing nurse communication results.</p>	
<p>9. PEER REVIEW PROCESS CHANGES IMPLEMENTATION UPDATE</p>	<p>Catherine Carson, Sr. Director/Chief Quality Officer, updated the committee on the OPPE process which will be much more robust in November than ever before due to the implementation of new data extraction software and staffing to create metrics, with ongoing evaluations within the organization. She further explained that the profiles for all providers will include: Mortality Data , Review of outcome data: Clinical Complications/AHRQ Patient Safety Indicators, 30 Day Readmissions , Length of Stay Patterns, Pattern of Medication Usage, Antibiotic Usage compared to Peer Group, Pattern of Blood Usage, Documentation Metric, Behavioral Trends, Number of Peer Review Cases, and Custom Profiles for Specialties.</p> <p>She informed the committee of the future state of the Peer Review Process to contain 2 Peer Review Coordinators (RNs) to support all 13 Peer Review meetings and Peer Review committees, and a New Peer Review Manager software module will be implemented to support the new process.</p>	
<p>10. CDI DASHBOARD</p>	<p>Jessica Hatala, Interim Manager of Clinical Documentation Improvement, shared significant advances in our clinical documentation program over the past year, with the addition of three concurrent clinical reviewers. This has resulted in millions of dollars of added revenue to the hospital, but just as importantly, our mortality index and expected length of stay have improved because the severity of patient conditions is being captured more completely and accurately.</p>	

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11. CORE MEASURE	Catherine Carson, Sr. Director/Chief Quality Officer, explained CMS Core Measure results CMS for quarter 1 and quarter 2 required for inpatient and outpatient as further detailed in the submitted materials. Ms. Carson further explained that the goal for most measures is 100% and the color coding shows any measure below 90% as Red. The PC-IMM result for Q2 is not applicable because it is only collected in Flu Season: Oct. 1- March 31 st .	
12. UPDATE ON CULTURE OF SAFETY RESULTS	<p>Catherine Carson, Sr. Director/Chief Quality Officer, updated the Committee on the engagement survey results. She reported that a key driver for both employees and physicians to be: The Organization makes every effort to provide safe, error-free care to patients. This statement was selected as the enterprise-wide action which created action items under consideration and in process to address this statement:</p> <ul style="list-style-type: none"> • Analysis of specific department behavior regarding reporting events • Patient Safety Newsletter – quarterly • Patient safety staff and Quality Medical Directors are providing direct feedback to submitters of QRRs • Crucial Conversation training for senior leaders, directors and managers. This will also include key staff leaders in 2018 • Re-starting Executive Rounding • Patient Safety Committee: consider splitting apart the enterprise Quality Improvement/Patient Safety Committee as it is focused on quality reporting and not safety reporting • Nurse Communication (as measured in HCAHPS) is a nursing goal • Addressing nursing concerns regarding staffing • Use of a nurse driven protocol regarding appropriateness of telemetry and facilitating discontinuation when the patient no longer clinically qualifies • Addressing Nurse to Physician Communication 	
13. UPDATE ON PATIENT AND FAMILY CENTERED CARE	<p>Cheryl Reinking, RN, Chief Nursing Officer, informed the committee on the Patient Centeredness Tactics which are: bedside handoff report, patient centered discharged rounds, empathy building exercises, expansion of the getting to know you program, and improved discharge instruction methodology.</p> <p>Ms. Reinking asked the Committee members for feedback and a brief discussion ensued.</p>	<i>None</i>

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14. PUBLIC COMMUNICATION	None.	<i>None</i>
15. ADJOURN TO CLOSED SESSION	<p><u>Motion:</u> To adjourn to closed session at 7:16 p.m. <u>Movant:</u> Carragee <u>Second:</u> Anderson <u>Ayes:</u> Anderson, Bauman, Carragee, Davis, Reeder <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Bunce, Fung, Ron, Simon <u>Excused:</u> None <u>Recused:</u> None</p>	<i>Adjourned to closed session at 7:16 p.m.</i>
16. AGENDA ITEM 21: RECONVENE OPEN SESSION/ REPORT OUT	<p>Open Session was reconvened at 7:29 pm. <i>Agenda Items 15 – 19 were addressed in closed session.</i></p>	
17. AGENDA ITEM 22: ADJOURNMENT	<p>The meeting was adjourned at 7:29 pm.</p> <p><u>Motion:</u> To adjourn at 7:29 p.m. <u>Movant:</u> Carragee <u>Second:</u> Anderson <u>Ayes:</u> Anderson, Bauman, Carragee, Davis, Reeder <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Bunce, Fung, Ron, Simon <u>Excused:</u> None <u>Recused:</u> None</p>	<i>Meeting adjourned at 7:29 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