

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee Meeting of the
El Camino Hospital Board
Monday, December 4, 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, Nancy Carragee,
 Wendy Ron, and Melora Simon

Members Absent

Peter Fung, MD

Members Excused

**Melora Simon joined the meeting via
 teleconference*

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 4th of December, 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. Melora Simon joined the meeting via teleconference and Dr. Peter Fung was absence.	<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 Meetings (October 2, 2017 and October 30, 2017). <u>Movant:</u> Davis <u>Second:</u> Carragee <u>Ayes:</u> Anderson, Bauman, Bunce, Carragee, Davis, Reeder, Ron, Simon <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Fung <u>Excused:</u> None <u>Recused:</u> None</p>	

Agenda Item	Comments/Discussion	Approvals/Action
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: UROLOGY	<p>David King, MD, Co-Medical Director for Urology Services, provided an overview of El Camino's Urology/Men's Health Service Line. Urological Care has a strong history of at Los Gatos Campus beginning with original HM3 Lithotripter (stones) back in 1984. The service line is an Acknowledged Center of Urology Excellence within the medical community of the South Bay Area.</p> <p>Dr. King reported that the inpatient and outpatient urology surgical volume increased year over year. ECHLG treats on average 750 stone patients per year using two different stone treatment options: Extracorporeal Shock Wave Lithotripsy (ESWL) or Intracorporeal Laser Lithotripsy (ISWL). Also stating the high volume of a non-invasive radiation therapy called Radioactive seed implants for prostate cancer.</p> <p>Dr. King briefly reviewed about the new technology being utilized: Artemis Prostate Biopsy to detect prostate cancer and Blue Light Cystoscopy for bladder tumors. ECH is the first hospital in the Bay Area doing Blue Light Cystoscopy.</p> <p>Dr. King further updated the Committee on the accomplishments by stating ECH being the busiest Center for treating kidney and urinary stones in Northern California, having the highest volume (outside Kaiser) for prostate radioactive seed implant cases, being the leading hospital for men's health surgery with the first successful Comprehensive Men's Health program in California, the facility is a Proctorship Center for prostate laser surgery, and the only medical facility in the Bay Area to have a dedicated minimally invasive room in the operating room 7 days a week, 24 hours a day.</p> <p>Dr. King asked for feedback and questions from the Committee and a brief discussion ensued.</p>	<i>None</i>
7. COMMITTEE MEMBER RECRUITMENT	Chair Reeder discussed the committee recruitment with The Committee. They reviewed the charter regarding the possibility of new member(s) from a different background aside from medical. The consensus is to not pursue the recruitment at this current time.	

Agenda Item	Comments/Discussion	Approvals/Action
8. FY18 QUALITY DASHBOARD	<p>Catherine Carson, Sr. Director/Chief Quality Officer, reviewed the new quality dashboard with the committee. The only concerning trend is some degradation of our sepsis bundle performance, though performance overall remains above comparable hospitals. Regarding Hospital Acquired Infections (HAIs), our area of intense organizational focus, we have had two CLABSI during the first half of FY18 and are running slightly above target on CAUTIs, but well below target for C. difficile. Many initiatives are under way as a result of the deep analysis that is done by our HAI subcommittees after every hospital acquired infection.</p> <p>Ms. Carson further detailed that the new goal from The geometric LOS Expected for Medicare Population has lower ALOS through Epic banner usage for nursing and care coordination to view and prioritize, while CDI continues to improve GMLOS through better documentation of co-morbidities.</p> <p>She further explained that Sepsis Core Measure compliance is 58% which represents 6 failures: 2 related to Lactate, 1 late ABX, 2 related to Crystalloid fluids, and 1 due to septic shock focused exam. IVF Bolus ordering and giving within 3 hour bundle have a positive effect on the Sepsis mortality rate of 9.3% in first quarter 2018 and at 6.35 in October. CDI has improved clinical documentation affecting the observed/expected mortality rate; as a result, O/E mortality rate is 0.89. The data for October for HCAHPS has improved to 79.5% which is above target goal of 78%.</p>	
9. UPDATE ON PATIENT AND FAMILY CENTERED CARE	<p>Ashlee Fontenot, RN, Manager of Patient Experience, updated the committee on the Patient and Family-Centered Care: Improving Patient experience through Nurse Communication Workgroups and Onsite Assessment by DTA.</p> <p>Ms. Fontenot asked the Committee members for feedback and a brief discussion ensued.</p>	<p><i>None</i></p>
10. PT. EXPERIENCE (HCAHPS)	<p>Michelle Gabriel, Director of Performance Improvement, shared the ECH Enterprise HCAHPS rate is at 76.8 for the quarter Jul-Sept 2017 with a slight decrease of last quarter rate of 77.8. Noting that we are still below our goal of 78.3. Michelle further explained that each individual question for HCAHPS all trended slightly downwards for this quarter.</p>	

Agenda Item	Comments/Discussion	Approvals/Action
11. ED PATIENT SATISFACTION (PRESS GANEY)	Michelle Gabriel, Director of Performance Improvement, explained that the quarter of Jul-Sept 2017 for Patient Satisfaction in our ED Department has increased since last quarter from Apr-Jun 2017. There is room for improvement to reach the 50% PG in our ED Enterprise Patient Satisfaction.	
12. CMO REPORT	William Faber, MD, Chief Medical Officer, reviewed his CMO report with the Committee. Items of note for the month included: <ul style="list-style-type: none"> • New Interim Chief Operating Officer, David Clark has started at ECH. • November 13, Winchester property opened with Dr. Ornelas, Dr. Squarer started on December 1 and Dr. Dudyala will start in 2018. • ECH was one of only a few bay-area hospitals to recently receive an A rating from Leapfrog. • The American Heart and Stroke Association commended ECH in October for top performance in its Get with the Guidelines program. 	
13. PUBLIC COMMUNICATION	None.	<i>None</i>
14. ADJOURN TO CLOSED SESSION	<p><u>Motion:</u> To adjourn to closed session at 7:00 p.m.</p> <p><u>Movant:</u> Anderson</p> <p><u>Second:</u> Bunce</p> <p><u>Ayes:</u> Anderson, Bauman, Bunce, Carragee, Davis, Reeder, Ron, Simon</p> <p><u>Noes:</u> None</p> <p><u>Abstentions:</u> None</p> <p><u>Absent:</u> Fung</p> <p><u>Excused:</u> None</p> <p><u>Recused:</u> None</p>	<i>Adjourned to closed session at 7:00 p.m.</i>
15. AGENDA ITEM 19: RECONVENE OPEN SESSION/ REPORT OUT	Open Session was reconvened at 7:05 pm. <i>Agenda Items 15 – 18 were addressed in closed session.</i>	
16. AGENDA ITEM 20: ADJOURNMENT	<p>The meeting was adjourned at 7:05 p.m.</p> <p><u>Motion:</u> To adjourn at 7:05 p.m.</p> <p><u>Movant:</u> Carragee</p> <p><u>Second:</u> Anderson</p> <p><u>Ayes:</u> Anderson, Bauman, Bunce, Carragee, Davis, Reeder, Ron, Simon</p> <p><u>Noes:</u> None</p> <p><u>Abstentions:</u> None</p> <p><u>Absent:</u> Fung</p> <p><u>Excused:</u> None</p>	<i>Meeting adjourned at 7:05 pm</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