

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee Meeting of the
El Camino Hospital Board
Monday, February 5, 2018
El Camino Hospital, Conference Rooms A&B
2500 Grant Road, Mountain View, California

Members Present

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

Members Absent

Jeffrey Davis, MD

Members Excused

**Katie Anderson joined the meeting at 5:40pm*

**Melora Simon joined the meeting at 5:41pm*

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

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 5th of February, 2018 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 5:32 p.m.	<i>None</i>
2. ROLL CALL	Chair Reeder asked Michele Lee to take a silent roll call. Dr. Jeffrey Davis was absent. Katie Anderson joined the meeting at 5:40pm and Melora Simon joined the meeting at 5:41pm.	<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 (December 4, 2017). <u>Movant:</u> Fung <u>Second:</u> Ron <u>Ayes:</u> Anderson, Bauman, Bunce, Carragee, Fung, Reeder, Ron, Simon <u>Noes:</u> None <u>Abstentions:</u> None</p>	


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	<p><u>Absent:</u> Davis <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. He highlighted:</p> <ul style="list-style-type: none"> • Two new members to the El Camino Hospital Board of Directors: Gary Kalbach and Julie Kliger. • Mr. Kalbach has more than 30 years of experience in finance/entrepreneurship, strategic planning and partnership formation and served on more than 50 technology-based companies as a venture capital investor. He has served on the Governance Committee of the El Camino Hospital Board of Directors since 2012 and the Investment Committee of the Board of Directors since 2015. Prior to this, Mr. Kalbach was the Founding President and Chair of the Board of the Fogarty Institute of Innovation at El Camino Hospital. Additionally, since his retirement from a venture capital firm in 2006, he has served on numerous not-for-profit organizations. • Ms. Kliger is Managing Director of management consulting firm Alvarez & Marsal and is a key member of their West Coast Health Care Practice. She has more than 25 years of experience in leading large-impact care model redesign, strategic conversions, restructuring, corporate governance, and change management implementation. Prior to her work in strategic consulting, Ms. Kliger worked as a nurse at Stanford Children's Hospital and Highland Hospital in Oakland California. Ms. Kliger is a Fellow of the California Health Care Foundation. 	<p><i>None</i></p>
<p>6. QUALITY PROGRAM UPDATE: INTERVENTIONAL RADIOLOGY</p>	<p>Dr. Fabio Komlos and Dr. Bart Dolmatch presented an overview of El Camino's Interventional Radiology Services, which have grown by approximately 15% per year for the past ten years, resulting in 3,186 procedures in 2017 accounting for more cath lab activity than even Interventional Cardiology at ECH. Through the use of radiographically guided, minimally invasive techniques (chiefly intravascular catheters) these specialists decrease morbidity, mortality and hospitalization days by coiling bleeders, placing chemotherapy specifically where it is needed, obtaining biopsies in areas not accessible through other techniques, and avoiding many open</p>	<p><i>None</i></p>

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	<p>surgeries that would have longer and more painful recoveries. Over 99 percent of their patients have no complications at two months post-procedure.</p> <p>Both physicians asked for feedback and questions from the Committee and a brief discussion ensued.</p>	
7. WENDY RON'S STORY	<p>Committee member Wendy Ron relayed her own personal story of multiple hospitalizations at ECH related to a life-threatening illness. She gave the committee special insight into the sometimes-unanswered questions of patients, the boredom a chronic patient may encounter, the unanticipated impacts her illness had on her life, and the ways in which ECH effectively addressed her needs.</p>	
8. 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. She highlighted several tactics ECH is now deploying to address known deficits identified through HCAHPS, including the use of Thank You cards given to patients at discharge, increased bedside handoffs and hourly rounding and the establishment of the Joy Committee.</p> <p>Ms. Fontenot asked the Committee members for feedback and a brief discussion ensued.</p>	<i>None</i>
9. FY18 QUALITY DASHBOARD	<p>Catherine Carson, Sr. Director/Chief Quality Officer, reviewed the quality dashboard with the committee. Ms. Carson reported that there were no new CLABSI or C.Diff but 2 new CATUI's in December that were related to hygiene.</p> <p>Ms. Carson further detailed the goal from the geometric LOS Expected for Medicare Population has lower ALOS through Epic banner usage, while CDI continues to improve GMLOS through better documentation of co-morbidities.</p> <p>She further explained the O/E mortality rate is 0.63 and we are approaching our goal of the top decile of western US hospitals due to the work of the CDI team. Ms. Carson also noted we are now at 78.7%, close to the maximum goal achievement of 79% for HCAHPS Rate The Hospital since the data is now by "received date".</p>	

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10. READMISSION DASHBOARD	Ms. Carson shared the new format for the FY 2018 Medicare 30 Day All-Cause, Unplanned Readmission Dashboard with the committee. She explained how our Hospital Readmission Reduction Program is doing very well. She briefly described the 7 diagnosis type for penalties for readmission and explained the actions that have taken place for the success such as a weekly readmission meeting and “Nose to Toes” program.	
11. PSI-90 PT. SAFETY INDICATORS	Ms. Carson explained that the PSI-90 Total Inpatient report is pulled from June 2017 to October 2017. The facility composite value was 0.686907 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 6 out of 8 Patient Safety Indicators are less than AHRQ expected: Central Venous Catheter-Related Blood Stream, Postop Hip Fracture, Perioperative PE or DVT, Postop Sepsis, Postop Wound Dehiscence, and Accidental Puncture or Laceration.	
12. QUALITY RATINGS	Ms. reviewed different quality ratings being utilized nationally. She presented a rationale for using the nine Truven quality indicators as our true north for consolidated quality metrics, as opposed to using Premier or Leapfrog as the source of our goals. By cross walking the Truven Top 100 quality metrics with our Quality Advisory database and concentrating on our areas of deficit (while holding our position with other metrics) the quality improvement team believes we can earn CMS Five Star status.	
13. OPIOIDS USAGE DISCUSSION	William Faber, MD, Chief Medical Officer, reported that opiodusage is a national crisis and described some approaches that El Camino Hospital is using: hired a Pain Pharmacist, created a pain management steering committee, utilizing the CURES program, instilling protocols with limiting the numbers of opioids prescribed in the ED, monitoring patients receiving intravenous opioids, and instituting an outpatient pharmacy on site. In addition, Dr. Peter Fung shared the statistics of an article highlighting who should be responsible for taking care of opiod addicts. Dr. Faber asked the Committee members for feedback and a brief discussion ensued.	
14. 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"> • Manager of Clinical Variation, Fran Franks, has 	

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	<p>started.</p> <ul style="list-style-type: none"> EGH Los Gatos Services was recognized as part of 111 hospitals for reducing cesarean births for first-time mothers with low-risk pregnancies by California Health and Human and on the 2017 Hospital C-Section Honor Roll. 	
15. PUBLIC COMMUNICATION	None.	<i>None</i>
16. ADJOURN TO CLOSED SESSION	<p><u>Motion:</u> To adjourn to closed session at 7:39 pm. <u>Movant:</u> Anderson <u>Second:</u> Simon <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>Adjourned to closed session at 7:39 pm.</i>
17. AGENDA ITEM 21: RECONVENE OPEN SESSION/ REPORT OUT	<p>Open Session was reconvened at 7:42 pm. <i>Agenda Items 17 – 19 were addressed in closed session.</i></p>	
18. AGENDA ITEM 22: ADJOURNMENT	<p>The meeting was adjourned at 7:42 pm.</p> <p><u>Motion:</u> To adjourn at 7:42 pm. <u>Movant:</u> Ron <u>Second:</u> Anderson <u>Ayes:</u> Anderson, Bauman, Carragee, Reeder, Ron, Simon <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Bunce, Davis, Fung <u>Excused:</u> None <u>Recused:</u> None</p>	<i>Meeting adjourned at 7:42 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