



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

Members Present

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

Members Absent

Members Excused

** Ina Bauman attended the meeting via teleconference.*

**Mikele Epperly left the meeting at 6:56pm.*

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 5th of March, 2018 meeting.

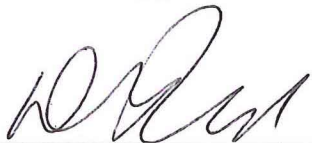
Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER	The meeting of the Quality, Patient Care, and Patient Experience Committee of El Camino Hospital (the "Committee") was called to order by Chair Dave Reeder at 5:35 p.m.	<i>None</i>
2. ROLL CALL	Chair Reeder asked Stephanie Iljin to take a silent roll call. Chair Reeder further announced that Cheryl Reinking, CNO will be the executive sponsor for the Quality Committee going forward, as well as further support from Drs. Shin and Mallur.	<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 (February 5, 2018).</p> <p><u>Movant:</u> Fung</p> <p><u>Second:</u> Anderson</p> <p><u>Ayes:</u> Anderson, Bauman, Carragee, Davis, Epperly, Fung, Kliger, Reeder, Ron, and Simon.</p> <p><u>Noes:</u> None</p> <p><u>Abstentions:</u> None</p> <p><u>Absent:</u> None</p> <p><u>Excused:</u> None</p>	<i>The open minutes of the February 5, 2018 Quality Committee were approved.</i>

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	<p><u>Recused:</u> None</p> <p>Chair Reeder referred to the patient story included as information in the materials and detailed the story as well as the corrective actions now in place. The Committee discussed the letter written by a family member of an elderly Medicare patient who spent five days at ECH on “outpatient observation” as opposed to “admitted in-patient” status. In the letter, the family member commented that the patient had not received an adequate explanation of the implications of outpatient observation status. Cheryl Reinking, RN, CNO explained that the Grievance Committee reviewed the complaint and (1) work is being done with Care Coordination team to ensure that all patients on outpatient observation status understand the implications and (2) ECH wrote off the patient’s portion of the bill, which was much higher than it would have been had the patient been on admitted in-patient status. The Committee discussed the Two-Midnight Rule which, if ECH had adopted it, would have caused the patient to automatically be switched to in-patient after Two Midnights in the hospital.</p>	
5. REPORT ON BOARD ACTIONS	<p>Chair Reeder briefly reviewed the Board Report as further detailed in the packet with the Committee. He highlighted the use of the new cover sheet format that is currently used in Board meetings and asked the Committee for feedback. The consensus of the Committee was general agreement with the use of cover sheets going forward to clearly direct committee discussion items.</p>	<p><i>None</i></p>
6. COMMITTEE SELF-ASSESSMENT	<p>Chair Reeder presented the committee self- assessment to the members. The Committee engaged in a detailed discussion of the Committee Self-Assessment and how to address gaps in performance. Comments focused on the following areas:</p> <ol style="list-style-type: none"> 1) The Committee would like a deep understanding of where the organization is trying to go strategically so it can structure its meetings to connect its work back to governance. The Committee also wants to understand the thinking behind some Board decisions. 2) A desire to have less reporting out by staff and committee materials structured so that it is clear what staff wants the Committee to focus on so that the Committee can engage in dialogue that benefits the organization. 3) The Committee wants more focus on patients and families. Two ideas that surfaced were (a) for the Committee to invite members of the “re-booted” PFAC to get current patient perspectives and (b) for the Committee to revisit the “Big Dot” concept to reassess whether “Patient and Family Centered Care” should be ECH’s “Big Dot” and get confirmation from the Board. 4) A desire to understand quality, patient safety, and patient experience considerations that go into the capital budgeting process. 5) Decreasing the number of agenda items (decrease 	<p><i>None</i></p>

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	<p>frequency of “repeat” items) to provide more time for in depth review and dialogue.</p> <p><i>*Background information on the Board decision of the Big Dot to be disclosed to Dan and aligned with the Strategic Plan. To be re-address at a later Committee meeting or educational gathering.</i></p>	
<p>7. FY18 QUALITY DASHBOARD</p>	<p>Mrs. Reinking reported that ECH is generally doing well with infection prevention, but that CAUTIs remain a challenge. She explained that a policy change to requiring two staff members to insert foley catheters in female patients and a nurse driven protocol to remove them without a physician order if certain criteria are met was recently adopted. At the suggestion of the Committee, the specific results of these efforts will be brought back to the Committee for review.</p>	
<p>8. UPDATE ON PATIENT AND FAMILY CENTERED CARE</p>	<p>Mrs. Reinking reported on enterprise wide Inpatient HCAHPS. She further described efforts in place to improve Responsiveness of Hospital Staff, Communication with Nurses, Hospital Environment, Communications about Medicines, and Discharge Information such as purposeful hourly rounding, leader rounding, and education about careful effective listening.</p> <p>She further highlighted the following implemented efforts:</p> <ul style="list-style-type: none"> • MyChart Steering Committee started 2/2 with goal of deploying MyChart Bedside enterprise wide by Dec 31, 2018. • Joy and Recognition Committee kickoff meeting on 2/28 • Patient Experience Committee has re-launched as Patient Experience Council • PFAC is re-launching on 3/8 • Thank You Discharge Cards • Monthly recognition continues for highest scoring and most improved nursing units in Nursing Communication. • Listening Carefully Toolkit • Care Team Coaching -Recruiting 9 new coaches! • Rounding - Leader rounding session on 3/13 and 3/21 for manager, Will review best practices for staff and patient rounding 	<p><i>None</i></p>
<p>9. CDI DASHBOARD</p>	<p>Shreyas Mallur, MD, Associate CMO, gave an overview of the CDI dashboard and reported that the CDI initiative is critical for several reasons. If all of a patient’s medical conditions are not fully and accurately reported in the EHR (1) Medicare assesses the patient as less complex and our case mix index is artificially low, which affects reimbursement, (2) to the outside world, our expected mortality and expected complication rates are lower, and (3) expected length of stay is lower. Dr. Mallur further reported that staff is working to improve physicians accepting and making changes to documentation based on clinical documentations specialists advice and recommendations.</p>	

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10. CORE MEASURES	Chair Reeder deferred Agenda item 10 to the next quality committee meeting.	<i>Agenda item 10 deferred to 4/2 meeting.</i>
11. JOINT COMMISSION PREPAREDNESS	Mrs. Reinking discussed the new methodology of The Joint Commission SAFER matrix effective as of January 2017 and the results of the Mock Survey that occurred on February 6-8, 2018. Mrs. Reinking noted that although mock survey results were a little higher than anticipated the executive teams has complete respect for ECH clinical management and their ability to address the concerns. She further addressed the governance structure that is now in place to address oversight and corrective actions.	
12. PUBLIC COMMUNICATION	None.	<i>None</i>
13. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:23 pm.</p> <p>Movant: Melora</p> <p>Second: Ron</p> <p>Ayes: Anderson, Bauman, Carragee, Davis, Epperly, Fung, Kliger, Reeder, Ron, and Simon.</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: None</p> <p>Excused: None</p> <p>Recused: None</p>	<i>Adjourned to closed session at 7:23 pm.</i>
14. AGENDA ITEM 17: RECONVENE OPEN SESSION REPORT OUT	Open Session was reconvened at 7:24 pm. <i>Agenda Items 14 – 16 were addressed in closed session.</i>	
15. AGENDA ITEM 18: ADJOURNMENT	<p>The meeting was adjourned at 7:25 pm.</p> <p>Motion: To adjourn at 7:25 pm.</p> <p>Movant: Fung</p> <p>Second: Anderson</p> <p>Ayes: Anderson, Bauman, Carragee, Davis, Fung, Kliger, Reeder, Ron, and Simon.</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Epperly</p> <p>Excused: None</p> <p>Recused: None</p>	<i>Meeting adjourned at 7:25 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