

**Minutes of the Open Session of the**  
**Quality, Patient Care and Patient Experience Committee Meeting of the**  
**El Camino Hospital Board**  
**Monday, April 2, 2018**  
**El Camino Hospital, Conference Rooms A&B**  
**2500 Grant Road, Mountain View, California**

**Members Present**

Dave Reeder,  
 Jeffrey Davis, MD,  
 Ina Bauman, Julie Kliger,  
 Wendy Ron, and Melora Simon.

**Members Absent**

Peter Fung, MD;  
 Katie Anderson,  
 Nancy Carragee,  
 Mikele Epperly

**Members Excused**

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 2<sup>nd</sup> of April, 2018 meeting.

<b>Agenda Item</b>	<b>Comments/Discussion</b>	<b>Approvals/Action</b>
<b>1. CALL TO ORDER</b>	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 5:34 p.m.	<i>None</i>
<b>2. ROLL CALL</b>	Chair Reeder asked Michele Lee to take a silent roll call. Dr. Peter Fung, Katie Anderson, Nancy Carragee, and Mikele Epperly are absent.	<i>None</i>
<b>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	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>
<b>4. CONSENT CALENDAR ITEMS</b>	<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><b><u>Motion:</u></b> To approve the consent calendar: Minutes of the Open Session of the Quality Committee Meeting (March 5, 2018).  <b><u>Movant:</u></b> Ron  <b><u>Second:</u></b> Simon  <b><u>Ayes:</u></b> Bauman, Davis, Kliger, Reeder, Ron, and Simon.  <b><u>Noes:</u></b> None  <b><u>Abstentions:</u></b> None  <b><u>Absent:</u></b> Anderson, Carragee, Epperly, Fung  <b><u>Excused:</u></b> None  <b><u>Recused:</u></b> None</p> <p>Chair Reeder reviewed over the results of the questionnaire that was given to the members at the last meeting for rating the value and importance of agenda items. He also noted that there won't be a clinical program reporting for a while since the committee would rather have more discussion and less presentation during the meeting.</p>	<i>The open minutes of the March 5, 2018 Quality Committee were approved.</i>

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<b>5. REPORT ON BOARD ACTIONS</b>	Chair Reeder briefly reviewed the Board Report as further detailed in the packet with the Committee. He highlighted the Periodic Review of the District's Bylaws was completed with minor changes, FY18 YTD Financial Report is doing quite well, and the Community Benefit Mid-year Metrics were reviewed and approved.	<i>None</i>
<b>6. PATIENT STORY</b>	<p>Committee member Ina Bauman shared her patient experience with the Committee as an overall positive experience with some learning opportunities within her 3 hospital visits. She noted some communication problems between the staff, patient and family. She also highlighted a major factor of receiving delayed pain medication after 2.5 hours from surgery.</p> <p>Mrs. Bauman asked for feedback and questions from the Committee and a brief discussion ensued.</p>	<i>Ashlee F to follow up if there is a data limit when filing an online compliant</i>
<b>7. FY18 QUALITY DASHBOARD</b>	<p>Mrs. Reinking reported that ECH has zero new HAI's for February in CAUTI, CLABSI, and C. Diff, Falls have declined over 3 months, Average LOS recovered after increase in pt. volume and acuity in January, and mortality data not available yet in Quality Advisor due to delayed data refresh.</p> <p>The Committee discussed Sepsis Core Measure and it was requested to bring back the mortality rate/ratio into the data being provided. Catherine Carson explained to The Committee that our mortality rate is low between 10-12%.</p> <p>The Committee inquired about IVF Bolus admin time target and Mrs. Carson stated that admin time target varies case by case. She furthered explained how there are no changes in CMS regarding patient physiology which can help with our data.</p> <p><i>The Committee requested to review a spreadsheet with percentage data of QRRs reported and the categories sorted by compliant.</i></p>	<i>Committee requested to review a spreadsheet with percentage data of QRRs reported and the categories sorted by compliant.</i>
<b>8. CAUTI DEEP DIVE</b>	<p>Mrs. Carson reported on the work of the HAI Teams to address each HAI in the Quality Goal and the results to date. Highlighting some key accomplishments taken in FY2018 by the HAI CAUTI Team:</p> <ul style="list-style-type: none"> <li>• Daily monitoring of Foley catheter justification</li> <li>• CAUTI Event reviews</li> <li>• Staff Education on CAUTI prevention measures</li> <li>• Foley usage including urine culture ordering</li> <li>• Nurse Driven Protocol for Foley removal (2017-2018)</li> </ul> <p>She provided information regarding CAUTI and best practices for reduction of these infections.</p> <p>Mrs. Carson asked for feedback and questions from the Committee and a brief discussion ensued</p>	



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<b>9. UPDATE ON PATIENT AND FAMILY CENTERED CARE</b>	<p>Mrs. Reinking provided an overview of the patient care experience roadmap for the next 18 months. She explained the crosswalk of the patient care experience roadmap to the eight principles of Patient Centered Care:</p> <ul style="list-style-type: none"> <li>• Respect for patient's preference</li> <li>• Coordination and integration of care</li> <li>• Information and education</li> <li>• Physical comfort</li> <li>• Emotional Support</li> <li>• Involvement of family and friends</li> <li>• Continuity and transition</li> <li>• Access to care</li> </ul> <p>Mrs. Reinking asked for feedback from the Committee and a brief discussion ensued.</p> <p><i>The Committee requested a spreadsheet to be presented at a later meeting to include the amount of grievance letters received and sorted by type of compliant.</i></p>	<p><i>The Committee requested a spreadsheet to be presented at a later meeting to include the amount of grievance letters received and sorted by type of compliant.</i></p>
<b>10. PROPOSED FY19 COMMITTEE GOALS</b>	<p>Cindy Murphy, Director of Governance Services, reviewed over the Proposed FY19 Committee Goals stating they are very similar to the ones for FY18. She reminded the members that the goals would need to be approved by the next meeting on April 30<sup>th</sup>, so it can go to the Board. Dave Reeder asked the Committee to review and address any concerns before the next meeting.</p>	
<b>11. PROPOSED FY19 COMMITTEE MEETING DATES</b>	<p>Cindy Murphy, Director of Governance Services reviewed the proposed FY19 meeting dates and asked if there were any conflicts. One was noted for September 10, 2018 because it is Rosh Hashanah. The Committee decided to adjust the date to September 5<sup>th</sup>, 2018.</p>	
<b>12. PROPOSED FY19 ORGANIZATIONAL GOAL</b>	<p>Mrs. Reinking provided an overview of the proposed FY19 organizational goals to the Committee. She explained how the goals are aligned directly with the strategic objectives in consumer alignment (quality and patient experience goals), and high performing organization (affordability/efficiency goal). The metrics have not yet been established because the baseline data is not yet ready.</p> <p>Mrs. Reinking asked for feedback and questions from the Committee and a brief discussion ensued.</p>	
<b>13. VALUE BASE PURCHASING</b>	<p>Mrs. Reinking reviewed on how ECH is performing on the most recent Value Based Purchasing. She explained that ECH will have \$1,584,818 withheld in October 2018 and based on these metrics, is predicted to earn back \$1,351,057. Net impact is a loss of \$233,761 or 0.31%. She further explained that 30% loss is due to MSPB-1 (Medicare Spend per Beneficiary): totals dollars spent per Medicare pt. from 3 days</p>	

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	<p>prior to admission to 30 days after discharge.</p> <p>Mrs. Reinking asked for feedback and questions from the Committee and a brief discussion ensued.</p>	
<b>14. CORE MEASURE</b>	<p>Mrs. Reinking discussed the Core Measure Status Report which is data submitted to CMS on the cores measures determined by CMS. She provided an overview of Core Measure Performance at ECH and areas for improvement with identified efforts to improve highlighted these areas:</p> <ul style="list-style-type: none"> <li>• PC-PCM Perinatal Perfect Care Mothers; PC-02 Primary C/Section rate at Mountain View</li> <li>• ED 1b: ED arrival to Departure for Admitted Pts. – this measure involves the entire process from patient presentation to the ED to disposition on an inpatient unit. There are many factors affecting this measure.</li> <li>• PC-OP Stroke: CT/MRE results within 45 min. of ED arrival.</li> <li>• PC-HBIPS: In-patient Psychiatric Services. Improvement in justification for more than 1 anti-psychotic meds at discharge.</li> </ul> <p>Mrs. Reinking asked for feedback from the Committee and a brief discussion ensued.</p>	
<b>15. HOSPITAL UPDATE</b>	<p>Dan Woods, Chief Executive Officer provided a brief hospital update to the committee members highlighted the following areas in Quality and Safety, Patient Experience, Facilities, and Auxiliary.</p> <ul style="list-style-type: none"> <li>• The Joint Commission (TJC) new safer matrix of “see one cite one” that began January 2017.</li> <li>• Encouraging staff to have patient download MyChart and MyChart Bedside to their mobile phone.</li> <li>• Behavioral Health Services (BHS) building with 36 beds is underway along with the Integrated Medical Office (IMOB) building which laid down their steel base.</li> <li>• Acknowledging the contributed 7,154 volunteer hours provided by the Auxiliary staff.</li> </ul>	
<b>16. PUBLIC COMMUNICATION</b>	None.	<i>None</i>
<b>17. ADJOURN TO CLOSED SESSION</b>	<p><b><u>Motion:</u></b> To adjourn to closed session at 7:28 pm.  <b><u>Movant:</u></b> Simon  <b><u>Second:</u></b> Ron  <b><u>Ayes:</u></b> Bauman, Davis, Kliger, Reeder, Ron, and Simon.  <b><u>Noes:</u></b> None  <b><u>Abstentions:</u></b> None</p>	<i>Adjourned to closed session at 7:28 pm.</i>

Agenda Item	Comments/Discussion	Approvals/Action
	<b><u>Absent:</u></b> Anderson, Carragee, Epperly, Fung <b><u>Excused:</u></b> None <b><u>Recused:</u></b> None	
<b>18. AGENDA ITEM 22: RECONVENE OPEN SESSION/REPORT OUT</b>	Open Session was reconvened at 7:30 pm. <i>Agenda Items 18 – 20 were addressed in closed session.</i>	
<b>19. AGENDA ITEM 23: ADJOURNMENT</b>	The meeting was adjourned at 7:30pm.  <b><u>Motion:</u></b> To adjourn at 7:30 pm. <b><u>Movant:</u></b> Ron <b><u>Second:</u></b> Simon <b><u>Ayes:</u></b> Bauman, Davis, Kliger, Reeder, Ron, and Simon. <b><u>Noes:</u></b> None <b><u>Abstentions:</u></b> None <b><u>Absent:</u></b> Anderson, Carragee, Epperly, Fung <b><u>Excused:</u></b> None <b><u>Recused:</u></b> None	<i>Meeting adjourned at 7:30 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