

**Minutes of the Open Session of the**  
**Quality, Patient Care and Patient Experience Committee Meeting of the**  
**El Camino Hospital Board**  
**Monday, April 30, 2018**  
**El Camino Hospital, Conference Rooms A&B**  
**2500 Grant Road, Mountain View, California**

**Members Present**

Dave Reeder,  
 Jeffrey Davis, MD; Peter Fung, MD;  
 Katie Anderson, Ina Bauman,  
 Julie Kliger, and Melora Simon

**Members Absent**

Nancy Carragee,  
 Mikele Epperly  
 Wendy Ron

**Members Excused**

\* Melora Simon joined via teleconference at  
 5:32pm

\* Jeffrey Davis, MD joined via teleconference at  
 5:50pm

A quorum was not met at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 30<sup>th</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 5:33 p.m.	<i>None</i>
<b>2. ROLL CALL</b>	<p>Chair Reeder asked Michele Lee to take a silent roll call. Dr. Jeffrey Davis and Melora Simon joined the meeting via teleconference. Nancy Carragee, Mikele Epperly, and Wendy Ron were absent.</p> <p>Chair Reeder introduced the new Interim Chief Medical Officer Dr. Mark Adams to the Committee. Dr. Adams gave a brief introduction about his work and personal life.</p>	<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>The open minutes of the April 2, 2018 Quality Committee were not approved due to lack of quorum and deferred to next meeting, June 4, 2018.</p>	<i>The open minutes of the April 2, 2018 Quality Committee were not approved.</i>
<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 action item regarding the approval of a Resolution Delegating Authority to the Executive Compensation Committee to approve	<i>None</i>

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	annual salary ranges, annual base pay adjustments, individual incentive goals and incentive payment for executives other than the CEO.	
<b>6. SEPSIS UPDATE</b>	Kelly Nguyen, Manager Sepsis Quality, provided an update on the Sepsis program at ECH expanding on the metrics included in the monthly Quality Dashboard. Compliance with the sepsis (SEP-1) core measure has hovered around 60% which is better than the national average. While sepsis cases are increasing, mortality from sepsis is decreasing at ECH. Special emphasis has been directed toward obstetric sepsis. In addition, Kelly briefly went over the internal and external accomplishments.	
<b>7. FY18 QUALITY DASHBOARD</b>	Cheryl Reinking, Chief Nursing Officer, reported that ECH Falls remain low for 4 months, CAUTI trend is down with institution of new nurse protocol for removal of catheters, CLABSI remains at 0, and C. Diff rate reflects 1 case in March. The LOS index remains above 1 at 1.14 related to severe flu season for the months of Dec-Jan. Mortality index is stable at .93 YTD and HCAHPS are just below goal.	
<b>8. REVIEW COMMITTEE CHARTER</b>	<p>Chair Reeder asked the Committee about their opinion and feedback regarding the Committee's Charter. Some minor changes were noted:</p> <ul style="list-style-type: none"> <li>• Page 3: (2<sup>nd</sup> bullet point) – Align should be Aligning</li> <li>• Page 3: (1<sup>st</sup> bullet point) – remove PaCT and replace with Performance Improvement &amp; Patient Safety Plan</li> </ul> <p>The Committee thinks the Charter is too broad and may need to be rewritten based off the Watson Health (Truven Top 100) and be more in line with the Organizational Strategic Plan.</p> <p>Chair Reeder asked the Committee Members to review over for more feedback at a later time.</p>	
<b>9. PROPOSED FY19 COMMITTEE GOALS</b>	Chair Reeder reviewed over the Proposed FY19 Committee Goals stating they are very similar to the ones for FY18. He asked the members about their thoughts regarding the timeline for reviewing Quality, Patient Care, and Patient Experience Committee Reports and Dashboards. The Committee decided to review two times a year on CDI, Core Measure, PSI-90, Readmission, Pt. Experience (HCAHPS), ED Pt. Satisfaction. While FY19 Quality Dashboard are moved to monthly under informational section on the Consent Calendar and Quarterly for group discussion. He reminded the members that the goals would need to be approved by the next meeting on June 4 <sup>th</sup> , so it can go to the Board.	
<b>10. PROPOSED FY19 ORGANIZATIONAL GOAL</b>	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	



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	<p>metrics have not yet been established because the baseline data is not available until Mid-May. ECH needs 3 full quarters of benchmark data to complete the FY19 Organizational Goals. In addition, another goal was added: Employee Engagement – which is part of Lean.</p> <p>Mrs. Reinking explained that the Watson Health (Truven Top 100) measures Efficiency, Experience, and Quality which aligns with our organizational goals.</p> <p>Mrs. Reinking asked for feedback and questions from the Committee and a brief discussion ensued.</p>	
<b>11. UPDATE ON PATIENT AND FAMILY CENTERED CARE</b>	<p>Mrs. Reinking provided an overview of the number grievances FYD as it relates to total and nature of the grievances received from the patients served. She explained Grievances compared to Discharges and ED Visits for the past 9 months and by campus (MV and LG). Overall incidence was 0.19%. The most common grievance category was clinical care concern followed by staff behavior/respect.</p> <p>Mrs. Reinking asked for feedback from the Committee and a brief discussion ensued.</p>	
<b>12. QUARTERLY QUALITY AND SAFETY REVIEW</b>	<p>Sheetal Shah, Director, Risk Management &amp; Patient Safety, reviewed over the incident report activity (QRRs), RCA activity for fiscal year, and performance improvement activity related to adverse events. Serious safety events for FY18 were reviewed with 4 reportable never events, 2 adverse events with harm, and 2 near misses. FY18 Total number of enterprise QRRs is trending upwards. The top theme in QRRs for both campuses is Clinical Treatment.</p> <p>Mrs. Shah asked for feedback from the Committee and a brief discussion ensued.</p>	
<b>13. PT. EXPERIENCE (HCAHPS) AND ED PT. SATISFACTION (PRESS GANEY)</b>	<p>Mrs. Reinking provided an update on the most recent HCAHPS and ED patient experience survey scores from Press Ganey. ECH improved in all domains for FY18 Inpatient HCAHPS in March except for pain management; due to, change in questions that was placed in effect in January 2018. Lots of improvement in ED Pt. Satisfaction (Press Ganey) but not in all domains. It was noted that ECH is higher than others in the Bay area yet compared to national standards there is room for improvement.</p> <p>Mrs. Reinking asked for feedback from the Committee and a brief discussion ensued.</p>	
<b>14. HOSPITAL UPDATE</b>	<p>Dr. Mark Adams, Interim Chief Medical Officer, provided a brief hospital update to the committee members highlighted the following areas in Information Services, Government and</p>	

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	<p>Community Relations, Philanthropy, and Auxiliary.</p> <ul style="list-style-type: none"> <li>Interventional Radiology procedural areas is converting to the Epic Cupid platform to improve physicians and patient workflows</li> <li>We hosted over 100 participants from City Leadership programs from Los Altos/Los Altos Hills, Cupertino, Santa Clara, and Sunnyvale.</li> <li>ECH Foundation secured \$103,320 of its fundraising goal</li> <li>Auxiliary contributed 6,787 volunteers hours in February 2018</li> </ul>	
<b>15. PUBLIC COMMUNICATION</b>	None.	<i>None</i>
<b>16. ADJOURN TO CLOSED SESSION</b>	The Committee decided not to adjourn to closed session due to lack of quorum and deferred items under consent calendar to next meeting, June 4, 2018.	<i>The Committee decided not to adjourn to closed session due to lack of quorum</i>
<b>17. AGENDA ITEM 22: ADJOURNMENT</b>	<p>The meeting was adjourned at 7:29pm.</p> <p><b><u>Motion:</u></b> To adjourn at 7:29 pm.  <b><u>Movant:</u></b> Anderson  <b><u>Second:</u></b> Kliger  <b><u>Ayes:</u></b> Anderson, Bauman, Davis, Epperly, Fung, Kliger, Reeder,  <b><u>Noes:</u></b> None  <b><u>Abstentions:</u></b> None  <b><u>Absent:</u></b> Carragee, Ron, and Simon  <b><u>Excused:</u></b> None  <b><u>Recused:</u></b> 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

  
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 Dave Reeder  
 Chair, ECH Quality, Patient Care and  
 Patient Experience Committee