

Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
Meeting of the El Camino Hospital Board
Monday, June 4, 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
 Julie Kliger,
 and Melora Simon.

**Dr. Peter Fung left the meeting @*
7:22pm

Members Absent

Nancy Carragee,
 Jeffrey Davis, MD,
 Wendy Ron and
 Mikele Epperly.

Members Excused

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 4th of June, 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 5:36 p.m.	<i>None</i>
2. ROLL CALL	Chair Reeder asked Michele Lee to take a silent roll call. Wendy Ron was absent for the meeting.	<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 (April 2, 2018 and April 30, 2018).</p> <p><u>Movant:</u> Kliger</p> <p><u>Second:</u> Simon</p> <p><u>Ayes:</u> Anderson, Bauman, Fung, Kliger, Reeder, and Simon.</p> <p><u>Noes:</u> None</p> <p><u>Abstentions:</u> None</p> <p><u>Absent:</u> Carragee, Davis, Epperly and Ron.</p> <p><u>Excused:</u> None</p> <p><u>Recused:</u> None</p>	<i>The open minutes of the April 2, 2018 and April 30, 2018 Quality Committee were approved.</i>

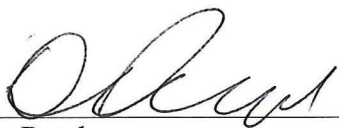
Agenda Item	Comments/Discussion	Approvals/Action
5. REPORT ON BOARD ACTIONS	Chair Reeder briefly reviewed the Board Report as further detailed in the packet with the Committee. He highlighted the action items regarding the approval of the Medical Executive Committee's Recommendation to Uphold Medical Staff Bylaws and approval physicians' contracts.	<i>None</i>
6. LEAN PRESENTATION	<p>Dr. Mark Adams, Interim Chief Medical Officer, provided an overview of our strategic framework in implementing Lean as our operating system to execute strategy, and further disclosed that The Incito Consulting Group has been retained to help ECH further its Lean journey by instilling a management system that will support connecting improvement activities to strategy and deliver the results needed to achieve our vision.</p> <p>The Committee discussed the oversight of Lean Management to be within the scope of the Quality Committee and asked that they view the Strategic Deployment Room at the next meeting. They further discussed the use of A3's, how the committee can stay informed, in what matter, and how best to be useful in this deployment.</p>	<i>None</i>
7. APPROVE FY19 COMMITTEE GOALS	<p>Chair Reeder reviewed the Proposed FY19 Committee Goals and reminded The Committee of their decision to review CDI, Core Measure, PSI-90, Readmission, Pt. Experience (HCAHPS), ED Pt. Satisfaction twice a year and move the FY19 Quality Dashboard to a monthly review and group discussion if needed.</p> <p>The Committee asked for the following revisions: Goal #2 – Alternatively (every other year) review peer review process and medical staff credentialing process. Monitor and follow through on the Medical Staff Department peer review and credentialing process, Goal #4 - Oversee Execution of the Patient and Family Centered Care Plan, Lean Management and Cultural Transformation Work.</p> <p><u>Motion:</u> To approve FY19 Committee Goals with the above noted revisions. <u>Movant:</u> Kliger <u>Second:</u> Anderson <u>Ayes:</u> Anderson, Bauman, Fung, Kliger, Reeder, and Simon. <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Carragee, Davis, Epperly and Ron. <u>Excused:</u> None <u>Recused:</u> None</p>	<i>The FY19 Committee Goals with the requested revisions were approved.</i>

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8. APPROVE FY19 PACING PLAN	<p>Chair Reeder reviewed the proposed FY19 Pacing Plan. Feedback from the Committee included reduction of items included in the Quality Committee agendas in order to allot more time for discussion of key items.</p>	<p><i>None</i></p>
9. PROPOSED FY19 ORGANIZATIONAL GOAL	<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). She further reviewed the new people goal and the updated metrics associated with each goal.</p> <p>Mrs. Reinking asked for feedback and questions from the Committee and a brief discussion ensued. Dr. Teagle noted the lack of Physician Engagement goal on the FY19 organizational goals and Dr. Adams agreed to address this at a later date.</p> <p><u>Motion:</u> To approve FY19 Organizational Goals for recommendation for Board approval. <u>Movant:</u> Kliger <u>Second:</u> Fung <u>Ayes:</u> Anderson, Bauman, Fung, Kliger, Reeder, and Simon. <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Carragee, Davis, Epperly and Ron. <u>Excused:</u> None <u>Recused:</u> None</p>	<p><i>The FY19 Organizational Goals were approved for recommendation to the Board.</i></p>
10. FY18 QUALITY DASHBOARD	<p>Cheryl Reinking, Chief Nursing Officer, provided the Committee with a snapshot of the monthly metrics/trends and compared these actual results from FY2017 to the FY 2018 goal. She further noted that we have had 5 consecutive months of zero CLABSI (Jan-April 2018), 2 of last 3 months of zero CLABSI (Jan. & March), Sepsis Core measure compliance improved to 88%, and HCAHS Top Box improved to 80.7.</p>	<p><i>None</i></p>
11. DRAFT FY19 QUALITY DASHBOARD	<p>Dr. Adams presented the draft FY19 Quality Dashboard to the Committee and noted that the dashboard reflects all of hospital's FY 2019 Quality, Efficiency and Service Goals to include a continuation of the FY 2018 HAI Quality and Efficiency Goal metrics, and that the sepsis metric has been changed to Sepsis Mortality Index.</p> <p>Dr. Adams asked for feedback and questions from the Committee and a brief discussion ensued.</p>	<p><i>The FY19 Quality Dashboard was approved.</i></p>

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	<p>The Committee asked for exception reporting of both good and bad outcomes.</p> <p><u>Motion:</u> To approve FY19 Quality Dashboard <u>Movant:</u> Simon <u>Second:</u> Bauman <u>Ayes:</u> Anderson, Bauman, Fung, Kliger, Reeder, and Simon. <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Carragee, Davis, Epperly and Ron. <u>Excused:</u> None <u>Recused:</u> None</p>	
<p>12. UPDATE ON PATIENT AND FAMILY CENTERED CARE</p>	<p>Mrs. Reinking provided an overview of the Nursing Communication Toolkit that has been executed per the Patient Experience Roadmap. She shared the Nursing Communication--Listening Carefully HCAHPS scores and explained the results in comparison to the implementation of the Nursing Communication Toolkit.</p> <p>Mrs. Reinking asked for feedback from the Committee and a brief discussion ensued.</p>	<p><i>None</i></p>
<p>13. READMISSION DASHBOARD</p>	<p>Dr. Adams presented the readmission dashboard to the Committee and noted that through the ACA, CMS applies a readmission penalty to DRG reimbursement according to the expected Readmission rates for 7 diagnosis categories of up to 3%, if any the observed readmission rate is higher than the expected readmission rate for any of the diagnosis categories. He further explained the methodology of the dashboard and asked the Committee for feedback. A brief discussion ensued.</p> <p>The Committee asked to review the Service Line Quality Dashboards at the next meeting.</p>	<p><i>None</i></p>
<p>14. PERFORMANCE IMPROVEMENT & PATIENT SAFETY PLAN</p>	<p>Dr. Adams provided the Performance Improvement & Patient Safety Plan which provides an overview of how quality assessment and performance improvement is organized at ECH, the approaches to both patient safety and performance improvement work and the organizational structure that supports these processes to the Committee and asked for feedback. Dr. Adams asked for feedback and questions from the Committee and a brief discussion ensued.</p> <p><u>Motion:</u> To approve the Performance Improvement & Patient Safety Plan for recommendation to the Board of</p>	<p><i>The Performance Improvement & Patient Safety Plan was approved for recommendation to the Board of Directors.</i></p>

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	<p>Directors. <u>Movant:</u> Simon <u>Second:</u> Anderson <u>Ayes:</u> Anderson, Bauman, Fung, Kliger, Reeder, and Simon. <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Carragee, Davis, Epperly and Ron. <u>Excused:</u> None <u>Recused:</u> None</p>	
15. HOSPITAL UPDATE	Dr. Adams provided a brief hospital update to the committee members as further detailed in the packet with the Committee.	<i>None</i>
16. PUBLIC COMMUNICATION	None.	<i>None</i>
17. ADJOURN TO CLOSED SESSION	<p><u>Motion:</u> To adjourn to closed session at 7:30 pm. <u>Movant:</u> Anderson <u>Second:</u> Simon <u>Ayes:</u> Anderson, Bauman, Kliger, Reeder, and Simon. <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Carragee, Davis, Epperly, Fung and Ron. <u>Excused:</u> None <u>Recused:</u> None</p>	<i>Adjourned to closed session at 7:30 pm.</i>
18. AGENDA ITEM 20: ADJOURNMENT	<p>The meeting was adjourned at 7:31pm. <u>Motion:</u> To adjourn at 7:31 pm. <u>Movant:</u> Kliger <u>Second:</u> Simon <u>Ayes:</u> Anderson, Bauman, Kliger, Reeder, and Simon. <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Carragee, Davis, Epperly, Fung and Ron. <u>Excused:</u> None <u>Recused:</u> None</p>	<i>Meeting adjourned at 7:31 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