

Minutes of the Open Session of the Quality, Patient Care and Patient Experience Committee Meeting of the El Camino Hospital Board Monday, August 6, 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, Mikele Epperly, Wendy Ron and Melora Simon. Members Absent

Ina Bauman, Julie Kliger **Members Excused**

*Mikele Epperly joined via teleconference at 5:52pm

*Mikele Epperly left the conference at 6:57pm

A quorum was present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 6^{th} of August, 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 5:52 p.m.	None
2.	ROLL CALL	Chair Reeder asked Michele Lee to take a silent roll call. Ina Bauman and Julie Kliger was absent for the meeting. Mikele Epperly joined via teleconference. Chair Reeder gave a brief introduction to Erica Osborne, who is a consultant attending the meeting.	None
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.	None
4.	CONSENT CALENDAR ITEMS	Chair Reeder asked if any Committee member wished to remove any items from the consent calendar for discussion. No items were removed.	The open minutes of the June 4, 2018 Quality Committee were approved.
		Motion: To approve the consent calendar: Minutes of the Open Session of the Quality Committee Meeting (June 4, 2018). Movant: Fung Second: Anderson Ayes: Anderson, Davis, Epperly, Fung, Reeder, Ron, and Simon. Noes: None Absent: Bauman, Kliger Excused: None Recused: None	

Minutes: Quality Patient Care and Patient Experience Committee August 6, 2018 Page \mid 2

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5.	REPORT ON BOARD ACTIONS	Chair Reeder briefly reviewed the Board Report as further detailed in the packet with the Committee.	None
6.	FY18 QUALITY RESULTS	Dr. Mark Adams, Interim Chief Medical Officer, provided an overview of the nine metrics as they reflect the Hospital's FY18 Quality, Efficiency and Service Goals. Zero new CAUTIs for June, one new CLABSI after 6 months with none, and average LOS below FY17 average since February 2018, which continues to improve.	None
	4	Data for July is still pending to complete the fiscal year report. So far, goal achievement is assured for CLABSI, CDI, Sepsis IVF bolus. Goal achievement is close for ALOS/GMLOS and HCAHPS Rate Hospital. CAUTI, SEP-1, Falls, and Mortality Index did not meet goal. Mortality Index was the only metric showing a declining trend.	
7.	FY19 QUALITY DASHBOARD	Dr. Adams presented on the FY19 Quality Dashboard to the Committee, noting the Sepsis metric has been changed to Sepsis Mortality Index. Data presented for trends over time, Dashboard is effective with July 2018 data.	
		Dr. Adams reviewed over the HAI A3 work in FY18 and their accomplishments: CAUTI were reduced but did not meet goal, CLABSI were reduced and did meet goal, and C Diff were also reduced and exceeded the goal.	
8.	APPROVE COMMITTEE CHARTER	Chair Reeder reviewed over the revised Committee Charter with the Committee members. Dr. Adams noted the two additions under Specific Duties: Review and approve an annual "Quality Dashboard" for tracking purpose and Physician Satisfaction Surveys.	
		Motion: To approve the Committee Charter Movant: Fung Second: Anderson Ayes: Anderson, Davis, Epperly, Fung, Reeder, Ron, and Simon. Noes: None Abstentions: None Absent: Bauman, Kliger Excused: None Recused: None	
9.	CULTURE OF SAFETY DISCUSSION	Dr. Adams provided an overview of the culture of safety as defined by AHRQ to the Committee. He explained current state and reviewed our progress toward becoming a high reliability organization. He requested the engagement of the Committee to support ECH's advancement in our culture of safety.	
		Dr. Adams asked for feedback and questions from the Committee and a robust discussion ensued.	
10.	LEAN PROGRESS	Dr. Mark Adams, Interim Chief Medical Officer, provided a	None

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REPORT	progress report on the application of lean management by noting specific examples of lean management in action: Auditing of ED standard work supporting flow, Analysis of EVS transport data, Defining target process metrics for Door to Floor, and Analysis of ED operational data.	
	Afterwards, he gave a brief tour of the Strategic Deployment room located in the administration suite.	
11. HOSPITAL UPDATE	Chair Reeder asked the committee members if they had any questions on the Hospital Update and none was noted. He stated that further details were provided in the packet.	None
12. PUBLIC COMMUNICATION	Former patient expressed her concerns to the Committee regarding her hospital stay at El Camino Hospital. She stated that she asked for a patient advocate/care coordinator while admitted to the unit but never got one. She felt she was wrongly discharged and disappointed with our Patient Experience Department on handling her complaint.	Committee will follow up on her concern.
13. ADJOURN TO CLOSED SESSION	Motion: To adjourn to closed session at 7:32 pm. Movant: Fung Second: Anderson Ayes: Anderson, Davis, Fung, Reeder, Ron, and Simon. Noes: None Abstentions: None Absent: Bauman, Epperly, Kliger Excused: None Recused: None	Adjourned to closed session at 7:32 pm.
14. AGENDA ITEM 20: ADJOURNMENT	The meeting was adjourned at 7:37pm. Motion: To adjourn at 7:37 pm. Movant: Fung Second: Anderson Ayes: Anderson, Davis, Fung, Reeder, Ron, and Simon. Noes: None Abstentions: None Absent: Bauman, Epperly, Kliger Excused: None Recused: None	Meeting adjourned at 7:37 pm

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