

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

Members Present

Dave Reeder,
 Jeffrey Davis, MD;
 Katie Anderson,
 And Ina Bauman,

Members Absent

Wendy Ron
 Julie Kliger
 Peter Fung, MD
 and Melora Simon

Members Excused

** Jeffrey Davis, MD joined via
 teleconference at 5:30pm*

A quorum was not present at the El Camino Hospital Quality, Patient Care, and Patient Experience Committee on the 5th of September, 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 Stephanie Iljin to take a silent roll call. Wendy Ron was absent for the meeting. Jeffrey Davis, MD joined via teleconference.	<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 (August 6, 2018).</p>	<i>Deferred due to lack of quorum.</i>
5. REPORT ON BOARD ACTIONS	Chair Reeder briefly reviewed the Board Report as further detailed in the packet with the Committee. He further announced the placement of Dr. Mark Adams as our permanent Chief Medical Officer, and made special mention of the Board recognition of the Sepsis Team for their Joint Commission Certification.	<i>None</i>
6. FY18 QUALITY FINAL RESULTS	Dr. Mark Adams, Chief Medical Officer, provided the final results of nine metrics as they reflect the Hospital's FY18 Quality, Efficiency and Service Goals. He detailed each goal's final standing along with improvement plans for each	<i>None</i>

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	goal not met for FY19. Dr. Adams noted that there were zero new CAUTIs for June establishing a 3 month trend, one new CLABSI after 6 months with none, and average LOS below FY17 average since February 2018, which continues to improve.	
7. FY19 QUALITY DASHBOARD	Dr. Adams presented on the FY19 Quality Dashboard to the Committee and noted that there were 4 new CAUTIs and zero CLABSI in the month July, and that the Mortality and Readmission Index has been added to the dashboard for review. He further acknowledged the HAI A3 work in FY18 and their accomplishments: CAUTIs were reduced but did not meet goal, CLABSIs were reduced and did meet goal, and C Diff were also reduced and exceeded the goal.	<i>None</i>
8. MORTALITY AND READMISSION METRICS (FY19 QUALITY GOALS)	Dr. Adams reviewed two of the key organizational goals, including improving our mortality index and our readmission index. Dr. Adams discussed the importance of the goals, explained the derivation of the goals, and reviewed the work plan to attain the goals. The team evaluated baseline, trend, volatility, how to move the bar, attainability, and level of organizational stretch. Dr. Adams further outlined the quality readmissions and mortality committee structure and charter that includes 60 people with 15 physicians on several teams commissioned to impact a slow change.	<i>Broader discussion of what is quality to be paced at a future meeting</i> <i>FY19 dashboard to provide context for each goal not performing at target, change “goal” as currently used on the dashboard to “target,” focus on the trend, and highlight outliers outside of the expected trend.</i>
9. UPDATE ON PATIENT AND FAMILY CENTERED CARE	Cheryl Reinking, Chief Nursing Officer, provided an overview Patient Care Experience Scores for the Organizational Goals (Nurse Communication, Responsiveness, and Cleanliness) and the current efforts of the teams addressing performance improvement. She shared the Patient Care Experience scores to include the Emergency Department and presented the plan to address the ED patient care experience scores in conjunction with the ED flow work. Mrs. Reinking asked for feedback from the Committee and a brief discussion ensued.	<i>None</i>
10. 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>
11. PUBLIC COMMUNICATION	None.	<i>None</i>
12. ADJOURN TO CLOSED SESSION	<u>Motion:</u> To adjourn to closed session at 6:38 pm. <u>Movant:</u> Anderson <u>Second:</u> Bauman <u>Ayes:</u> Anderson, Bauman, Davis, and Reeder <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Fung, Kliger, Simon and Ron	<i>Adjourned to closed session @ 6:38pm.</i>

Agenda Item	Comments/Discussion	Approvals/Action
	<u>Excused:</u> None <u>Recused:</u> None	
13. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 7:02 pm. Chair Reeder disclosed that agenda items 13-17 were discussed in closed session. No actions were taken by the committee.	<i>None</i>
14. AGENDA ITEM 19: ADJOURNMENT	The meeting was adjourned at 7:03pm. <u>Motion:</u> To adjourn at 7:03 pm. <u>Movant:</u> Reeder <u>Second:</u> Bauman <u>Ayes:</u> Anderson, Bauman, Davis, and Reeder <u>Noes:</u> None <u>Abstentions:</u> None <u>Absent:</u> Fung, Kliger, Simon and Ron <u>Excused:</u> None <u>Recused:</u> None	<i>Meeting adjourned @ 7:03pm.</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