



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
Monday, October 1, 2018
El Camino Hospital | Conference Rooms A&B
2500 Grant Road, Mountain View, CA 94040**

Members Present

Katie Anderson
Ina Bauman
Jeffrey Davis, MD
Julie Kliger
David Reeder, Chair
Wendy Ron
Melora Simon

Members Absent

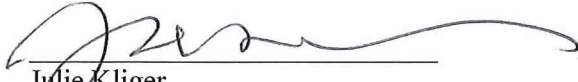
Peter C. Fung, MD

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Quality, Patient Care and Patient Experience Committee of El Camino Hospital (the "Committee") was called to order at 5:33pm by Chair Reeder. Ms. Anderson participated via teleconference. A verbal roll call was taken. Dr. Fung was absent and Ms. Ron arrived at 5:40pm during Agenda Item 6: FY19 Quality Dashboard. All other Committee members were present at roll call.	
2. POTENTIAL CONFLICT OF INTEREST	Chair Reeder asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. INTRODUCTIONS	Committee Members and staff present introduced themselves. Chair Reeder commented that, due to his upcoming departure from the Board, Ms. Kliger will be taking over as Chair of the Committee beginning in November. He also thanked the staff for all of their efforts supporting the Committee.	
4. CONSENT CALENDAR	<p>Chair Reeder asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Quality Committee Meeting (August 6, 2018); Minutes of the Open Session of the Quality Committee Meeting (September 5, 2018); and for information: Patient Story; FY19 Pacing Plan; and Progress Against FY19 Committee Goals.</p> <p>Movant: Simon Second: Bauman Ayes: Anderson, Bauman, Davis, Kliger, Reeder, Simon Noes: None Abstentions: None Absent: Fung, Ron Recused: None</p>	<i>Consent Calendar approved</i>
5. REPORT ON BOARD ACTIONS	Chair Reeder reviewed the Report on Board Actions as detailed in the packet.	
6. FY19 QUALITY DASHBOARD	Mark Adams, MD, CMO, reviewed the Quality Committee FY19 Dashboard, reporting CAUTIs are up 5%, no new CLABSI, and 2 new cases of C. Diff. He also reported there has been a steady drop in the observed/expected mortality index since May. Dr. Adams noted the readmissions observed/expected index FYTD column should read n/a since the graph ends in June 2018 and later data is not yet available. He also explained that LOS has been trending well since March and was at target in	

	<p>June and July, but there is a lot more work to do on ED Throughput because the organization is not near target yet. Both sepsis mortality rate and index are down since May.</p> <p>Dr. Davis commented that dealing with sepsis is so important and asked if this data gets to the front line staff and how it is discussed. Ms. Kliger commented that it is important to personalize the data and show staff how the work to decrease sepsis mortality applies to their work. In response, Catherine Carson, RN, Sr. Director, Quality Improvement and Patient Safety, commented that there are nurses on the Sepsis Committee (which meets monthly) and take this information back to the units. Cheryl Reinking, RN, CNO, reported that perhaps less than 100% of units are talking about sepsis. Ms. Bauman commented that the nursing staff is extremely busy and needs to be able to prioritize. Dr. Davis suggested taking advantage of educational forums already in place to avoid additional burden. Shreyas Mallur, MD, Associate CMO, commented that improvement in this area also requires physician education,</p>	
7. MEDICAL STAFF CREDENTIALING PROCESS	<p>Chair Reeder explained that the Committee's Charter provides for oversight of the Medical Staff Credentialing Process. Dr. Adams reviewed the entire process with the Committee as presented in the packet including the essential criteria for admission to the Medical Staff, verifications, references, background checks, and malpractice claims history. He explained that once a practitioner has satisfied requirements for admission to the Medical Staff, privileges or "what the practitioner can do" must also be approved. Board Certification in a specialty allows for core privileges to be granted, but if specialized privileges are requested further information and sometimes proctoring, is required. The Hospital provides ongoing professional practice evaluations (OPPEs) to each active member every 8 months that includes core competencies. The Committee discussed whether there is or should be a structural way to evaluate fitness and competency of aging physicians. Dr. Davis and Ms. Kliger suggested it would be good for the Committee to get anonymized data showing how medical quality is measured and more information about the core competencies.</p>	
8. EMERGENCY DEPARTMENT SATISFACTION	<p>Cheryl Reinking, RN, CNO, reported monthly data for ED Patient Satisfaction ranged from the 22nd percentile nationally in July 2017 to as high as the 81st percentile in May 2018. July and August 2018 were at the 43rd and 24th percentiles respectively. Ms. Reinking reported on improvement milestones and the emotional stressors ED patients face as well as staff interventions that can improve the patient experience.</p>	
9. HOSPITAL UPDATE	<p>Mark Adams, MD, CMO, answered questions from the Committee members about the hospital update.</p>	
10. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:06pm.</p> <p>Movant: Ron</p> <p>Second: Simon</p> <p>Ayes: Anderson, Bauman, Davis, Kliger, Reeder, Ron, Simon</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Fung</p> <p>Recused: None</p>	<p><i>Adjourned to closed session at 7:06pm.</i></p>
11. AGENDA ITEM 17: RECONVENE OPEN SESSION/ REPORT OUT	<p>Open session was reconvened at 7:14pm. Agenda Items 11-16 were covered in closed session.</p> <p>During the closed session, the Committee approved the Minutes of the Closed Session of the Quality Committee Meeting (August 6, 2018), the</p>	

	Minutes of the Closed Session of the Quality Committee Meeting (September 5, 2018) and the Annual Safety Report by a unanimous vote of all members present, (Anderson, Bauman, Davis, Kliger, Reeder, Ron, Simon) Dr. Fung was absent.	
12. AGENDA ITEM 18: ADJOURNMENT	Chair Reeder adjourned the meeting at 7:15pm.	<i>Meeting adjourned at 7:15pm.</i>

Attest as to the approval of the foregoing minutes by the Quality, Patient Care and Patient Experience Committee of El Camino Hospital:


Julie Kliger
Chair, Quality Committee