



**Minutes of the Open Session of the
Quality, Patient Care and Patient Experience Committee
Monday, November 5, 2018
El Camino Hospital | Conference Rooms A&B
2500 Grant Road, Mountain View, CA 94040**

Members Present

Katie Anderson
Ina Bauman
Jeffrey Davis, MD (via teleconference)
Julie Kliger, Chair
David Reeder
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 Kliger. A verbal roll call was taken. Dr. Davis participated via teleconference. Dr. Fung was absent and Ms. Anderson arrived during Agenda Item 5: FY19 Quality Dashboard. All other Committee members were present at roll call.	
2. POTENTIAL CONFLICT OF INTEREST	Chair Kliger asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. CONSENT CALENDAR	<p>Chair Kliger 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 (October 2, 2018); Safety Report for Environment of Care; and for information: Patient Story; FY19 Pacing Plan; and Progress Against FY19 Committee Goals.</p> <p>Movant: Simon Second: Reeder Ayes: Bauman, Davis, Kliger, Reeder, Simon Noes: None Abstentions: None Absent: Fung, Anderson Recused: None</p>	Consent Calendar approved
4. REPORT ON BOARD ACTIONS	In response to Ms. Simon's question, Cindy Murphy, Director of Governance Services and Director Reeder clarified the Bylaws amendment as reported.	
5. FY19 QUALITY DASHBOARD	Mark Adams, MD, CMO, reviewed the quality metrics on the Committee's FY19 dashboard and Cheryl Reinking, RN, CNO, reviewed the HCAHPS scores. Ms. Reinking described actions in place to improve the scores and reported that the October results, which will be brought forward next month, are showing marked improvement. Chair Kliger suggested that the staff bring forward a couple examples of predictions of what our November results will be based on a particular action we are taking now. Ms. Reinking suggested that one or two actions related to ED throughput might be useful examples.	

6. CDI DASHBOARD	Dr. Adams reported on the Clinical Documentation Improvement (CDI) dashboard as presented in the materials, noting that Medicare is moving toward measuring mortality by physician.	
7. CORE MEASURES	Dr. Adams explained the CY18 Core Measure Summary Report as presented in the materials. He explained that what are reported as Core Measures changes over time and some are represented in the Summary Report. In response to a question, Imtiaz Qureshi, MD, Enterprise Chief of Medical Staff, explained that it is important to obtain CT or MRI results quickly for acute stroke patients so that appropriate treatment decisions can be made. Dan Woods, CEO, requested that staff provide an explanation and action plans in the materials for those items in “red.”	
8. PERFORMANCE IMPROVEMENT – PHYSICIAN MANAGEMENT	Daniel Shin, MD, Medical Director, Quality & Physician Services, reported on performance improvement activities involving physicians in the areas of antibiotic stewardship, patient blood management, and management of alerts to physicians related to order entry in iCare. Staff was asked to provide the Committee with the paper “Ironies of Automation.”	
9. HOW DOES ECH DEFINE QUALITY	Dr. Adams explained that the purpose of tonight’s discussion is to introduce the topic, that Quality is often in the eye of the beholder, and there are a lot of lenses to examine this through. He also referred to various “Quality” definitions of other organizations provided in the materials. Chair Kliger commented that she would like the Committee to answer the questions: 1) what does good quality look like at ECH? 2) where is ECH performing? and 3) where does it want to be performing? Chair Kliger noted that the quality maturity model would be distributed to the Committee and others (staff and physicians) present to provide responses.	
10. PUBLIC COMMUNICATION	There were no comments from the public.	
11. HOSPITAL UPDATE	Mark Adams, MD, CMO, answered questions from the Committee members about the hospital update.	
12. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:15pm.</p> <p>Movant: Reeder</p> <p>Second: Simon</p> <p>Ayes: Anderson, Bauman, Davis, Kliger, Reeder, Simon</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Fung</p> <p>Recused: None</p>	<i>Adjourned to closed session at 7:15pm.</i>
13. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT	<p>Open session was reconvened at 7:24pm. Agenda Items 13-17 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 (October 1, 2018) a unanimous vote of all members present, (Anderson, Bauman, Davis, Kliger, Reeder, Ron, Simon: Director Fung absent).</p>	
14. AGENDA ITEM 18: ADJOURNMENT	<p>Motion: To adjourn at 7:25pm.</p> <p>Movant: Ron</p> <p>Second: Reeder</p> <p>Ayes: Anderson, Bauman, Davis, Kliger, Reeder, Simon</p> <p>Noes: None</p> <p>Abstentions: None</p> <p>Absent: Fung</p>	<i>Meeting adjourned at 7:25pm.</i>

	Recused: None	
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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