



**DESERT HEALTHCARE DISTRICT  
HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE MEETING  
June 21, 2018  
9:30 A.M.**

Jerry Stergios Building, 2<sup>nd</sup> floor  
Arthur H. "Red" Motley Boardroom  
1140 N. Indian Canyon Drive, Palm Springs, California 92262  
***This meeting is handicapped-accessible***

<b>Page(s)</b>	<b>AGENDA</b>	<b>Item Type</b>
	<b>I. Call to Order</b> - Vice-President/Secretary Carole Rogers, RN, Committee Chairperson	
	<b>II. Introductions</b>	
	<b>III. Approval of Agenda</b>	<b>Action</b>
	<b>IV. Public Comments</b> At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action	
2-5	<b>V. Approval of Meeting Minutes</b> 1. May 8, 2018	<b>Action</b>
	<b>VI. Old Business</b> 1. Facility Condition Assessment Update	Information/Discussion
	<b>VII. New Business</b> 1. Hospital Safety Presentation, Debra Karam, Patient Safety Officer, Desert Regional Medical Center	Information/Discussion
	<b>VIII. Adjournment</b>	



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<b>Directors Present</b>	<b>District Staff Present</b>	<b>Absent</b>
Chair, Carole Rogers, RN President, Les Zendle, MD	Herb K. Schultz, CEO Lisa Houston, COO Chris Christensen, CFO Andrea S. Hayles, Clerk of the Board	

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	The meeting was called to order at 10:00 a.m. by Chair Rogers	
<b>II. Introductions</b>	Chair Rogers invited all in attendance to introduce themselves.	
<b>III. Approval of Agenda</b>	Chair Rogers asked for a motion to approve the agenda.	<b>Moved and seconded by President Zendle and Chair Rogers to approve the agenda.</b> <b>Motion passed unanimously.</b>
<b>IV. Public Comment</b>	<p>Guests from the hearing-impaired community provided their adverse experiences of family members and as patients at Desert Regional Medical Center. Examples include delays for up to two hours for an interpreter upon arrival to the Emergency Room, Video Relay Interpretation (VRI), Telewriter (TTY), and patient safety requesting that Desert Regional Medical Center establish an Advisory Committee, including cultural sensitivity and competency training for staff.</p> <p>Hank Goodrow, RN, Desert Regional Medical Center, explained the new practice of the District for Action Minutes with the audio recording available on the website that he feels would impede the hearing-impaired community.</p>	



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	<p>Ezra Kaufman, District Resident, inquired on the regulatory requirements for translation services at a trauma center level.</p> <p>A medical student with hearing-impaired parents explained encounters with individuals in patient’s rooms that are inexperienced and providing an orientation to personnel and staff concerning hearing-impaired interpreters would assist with appropriate communication.</p> <p>Lisa Price, Director, Center for Deafness, Riverside, described the work of the organization and her experience with the agency providing other facilities with effective sensitivity training for the deaf.</p>	
<p><b>V. Approval of Meeting Minutes</b></p>	<p>Chair Rogers requested approval of the March 14, 2018 Meeting Minutes.</p>	
<p><b>VI. Old Business</b></p>	<p>None</p>	
<p><b>VII. New Business</b></p> <p><b>VII.1. Patient Satisfaction Survey presented by Steed McCotter, Director of Patient Experience, Desert Regional Medical Center</b></p>	<p>Steed McCotter, Director of Patient Experience, Desert Regional Medical Center provided a presentation on the Patient Experience Council. Mr. McCotter explained the Interactions; Culture; Perceptions; Across the Board Continuum of Care; Daily Huddles; Rounding; Validation; and explained the Patient and Family Council. The Patient Experience goal of 75 was described based on the dashboards and huddles. Additional portions of the</p>	



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	<p>presentation included an explanation of the whiteboards (AIDET) communicating the story of the patients; bedside handoffs with hand hygiene; setting expectations; updating information; patient and family member wishes; safety checks; engaging with and thanking the patient. Hourly Rounding was detailed including the 4P's – Pain, Personal Need, Positioning, and Proximity, and Ask 3 Teach 3 questions concerning medications. Effective Nurse Leader Rounding was detailed such as tracking and trending.</p>	
<p><b>Public Comment</b></p>	<p>An individual of the hearing-impaired community described his experience with the Video Relay Interpretation (VRI) system that does not work correctly when a live interpreter is necessary; thus, it is ineffective. Technology issues are often a concern such as connections. A live interpreter provides for visual and facial expressions; therefore, the VRI is not a positive patient experience.</p> <p>Hank Goodrow, RN, Desert Regional Medical Center, stated that a matter not addressed in the patient experience presentation is the opening and closing of units. Although fully staffed, units are closed at night between 9 p.m. – 12 a.m. and patients are moved to other units to reduce staffing requirements. Mr. Goodrow explained that three different patients – one with special needs did not want to relocate within</p>	



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	<p>the hospital; as a result, the patient became highly emotional. Mr. Goodrow also described maintenance issues such as proper lighting.</p> <p>Ezra Kaufman, District Resident, explained that based on the Patient Experience presentation, nurses have a significant role in the patient experience. Mr. Kaufman explained that based on the statistics Desert Regional submits to the state, of the 351 available beds, 270 beds are staffed. Mr. Kaufman further explained that the staff occupancy rate for the first 3 months of 2017 was 99.81%; the second three months of the year was 99.99%, and the percentage decreased the latter part of the year. Mr. Kaufman inquired if the patients awaiting beds obtain a whiteboard and rounding.</p>	
<p><b>VIII. Adjournment</b></p>	<p>Chair Rogers adjourned the meeting at 11:14 a.m.</p>	<p><b>Audio recording available on the website at <a href="http://dhcd.org/Hospital-Governance-Oversight-Committee">http://dhcd.org/Hospital-Governance-Oversight-Committee</a></b></p>

ATTEST: \_\_\_\_\_  
 Carole Rogers, Chair/Vice-President/Secretary  
 Hospital Governance and Oversight and Committee

*Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board*