

**TITLE: Performance Improvement and Compliance Committee Regular Meeting**

**DATE/TIME: March 12, 2024, at 7:00 AM**

**LOCATION: Zoom and Executive Board Room**

**I. CALL TO ORDER**

The Valor Health Performance Improvement and Compliance Committee meeting was called to order at 7:01 a.m. by Dave Shaw.

**Board Member Attendance:** Dave Shaw– Committee Chair; Susan Morgan – Board Member; Brad Turpen – CEO

**Staff/Guest Attendance:** Stephanie Neys – Quality Manager; Briana Steele – Quality/Compliance Coordinator; Dr. Zachary Bastian – Medical Staff; Matthew Godfrey- Exec Director Phys Services; Roger Folwell – Facilities Manager; Victoria Mendoza – Executive Assistant/Med Staff Coordinator

**Absent:** Kathy Prindle – Exec Director of Clinical Services; Michael Groessinger – Pharmacy

**II. STANDING AGENDA**

**A. Executive Session - Standing monthly executive session for as-needed discussion.**

Idaho Code §74-206(1)(d) – Records Exempt from Public Disclosure.

Idaho Code §74-206(1)(i) - Communicate with Risk Manager/Insurer regarding claims.

**B. MOTION:** Stephanie Neys moved to go into Executive Session, per Idaho Code Idaho Code §74-206(1)(d) – Records Exempt from Public Disclosure and Idaho Code §74-206(1)(i) - Communicate with Risk Manager/Insurer regarding claims. Dave Shaw seconded the motion. The motion was approved.

Roll Call:

- ✓ Dave Shaw
  - ✓ Susan Morgan
  - ✓ Stephanie Neys
  - ✓ Brad Turpen
  - ✓ Matt Godfrey
  - ✓ Dr Zachary Bastian
- Michael Groessinger – absent and did not attend Executive Session.  
Roger Folwell – did not attend Executive Session.  
Kathy Prindle – absent and did not attend Executive Session  
Briana Steele – did not attend Executive Session

Committee Chair Dave Shaw adjourned the executive session and regular session resumed at 7:14 am.

Open Session

**C. Mission Appreciation**

1. Patient Experience of Care Voices – Stephanie Neys
  - Stephanie gave a report on the community comments this past month, both positive and negative.
  - PFAC advisor mentioned she had a painless lab draw.
  - Brad recently did a tour with the Teacher’s Sorority group, Alpha Delta Kappa, and they were very impressed by all the services we offer.
  - Negative comments included a patient waiting in the lab for over 45 minutes and not realizing they needed to have checked in with the front registration before getting

their lab work done. Stephanie noted there will be investigation on adding further signage for awareness for patients to see they need to check in before receiving services.

- A PFAC advisor has needed to visit the Family Medicine clinic frequently and has observed that half the time she is there, the patients that come in either have the wrong appointment or day. Stephanie added that the informatics team is researching if the registration team is relying on a printed report, it could be a Cerner issue with having the wrong times since they operate in a UTC time zone.

#### **D. Action Items**

1. Consent Agenda
2. Approval of Minutes - PICC 2/13/2024
3. Controlled Document Updates
  - Dave mentioned it would be helpful to receive documents ahead of time to ask for comments and changes. Brad noted in the past when that was done, there were multiple comments being sent out with not the best tracking system in place.
  - Stephanie added her and Briana work on the bulk of revisions/summary of changes to present to PICC for approval and would not be opposed in adding another step to allow for tracking changes and add in extra time for review.
  - Dave noted it would be helpful to see at least a redline version. Stephanie noted MCN does not preserve the track changes, but she will work with Briana to leave the policies out of MCN until approved.
4. 7 Management Plans for Life Safety Annual Evaluation 2023 – Roger Folwell
  - Roger briefly reviewed the 7 Management Plans for Life Safety Annual Evaluation for 2023. This mainly consists of a tracking process that is required by the Centers for Medicaid & Medicare Services (CMS) to ensure management processes are working well.
  - Dave noted “staff food away from patient food” on the element pass/fail table is listed twice. Dave added it wouldn’t be a bad idea to refer to the organization as one term for consistency rather than use “Valor”, “Valor Health”, or “the hospital”.
  - Roger noted the recommended changes and will make the updates offline.

**MOTION:** Brad Turpen moved to approve the minutes as presented. Dave Shaw seconded. All in favor, no objections, the motion carried.

**MOTION:** Dave Shaw moved to approve the controlled documents with changes made for grammar accuracy and clarity. Brad Turpen seconded. All in favor, no objections, motion carried.

**MOTION:** Dave Shaw moved to approve 7 Management Plans for Life Safety Annual Evaluation 2023. Brad Turpen seconded. All in favor, no objections, motion carried.

#### **E. Department Review**

1. Emergency Management and Environmental Services – Roger Folwell
  - The non-conformities from the last audit have been closed. N/Cs from last audit closed.
  - The SMSC (Surgical Medicine & Specialty Clinic) is pending budget approval for parking lot repairs. There are temporary solutions until a permanent solution is decided in the next year.
  - Facility and Life Safety Compliance continue to get improved processes throughout the year.
  - There was another position approved for EVS (Environmental Services) to provide PTO and as needed coverage. There has been a great state of cleanliness throughout the facility.
  - Stephanie is pleased with the work Margaret Romiti, the Emergency Preparedness Coordinator, and Roger have done this year for Incident Command and Emergency Preparedness.
  - Dave noted the Foundation was able to receive volunteers for the Festival of Trees planting event. They may be able to help for certain construction/maintenance

solutions.

#### **F. Reference Materials – Dave Shaw**

##### 1. Sub-Committee Key Activities and/or Reference Material\*

###### General Updates on Outputs Tracking Log\*

- Infection Control & Prevention – Beth Sutton, and Antimicrobial Stewardship – Sydney Higginbotham
  - o 2023 Antibigram included in the packet.
  - o Next committee meeting 3/8/2024, materials will be available April.
- Nursing/Ancillary Clinical Leadership – Kathy Prindle
  - o Dream Team Nursing Leadership meeting agenda February
- Pharmacy Review – Mike Groessinger
  - o Pharmaceutical and Therapeutics Committee, verbal report at meeting.
- Safety Committee – Roger Folwell
  - o Next Safety committee meeting 3/8/2024, materials will be available April.
- Utilization Review – Stephanie Neys
  - o February meeting minutes submitted
  - o Utilization review will be handed to the Revenue Cycle team moving forward.

#### **G. Quality, Safety, Performance Improvement, Risk Management and Compliance – Stephanie Neys**

##### 1. General Updates per BOD Executive Summary

- Stephanie shared kudos to Med/Surg for their increase of 7% in definitely recommend category.
- Positive comments included in the Definitely Recommend highlighted Dr. Robin Sebastian, Michelle Edwards, and Jorge Rivera.
- There were some improvement opportunities regarding a provider not providing the greatest bedside manner.
- There was a recent downtime in refill requests due to cybersecurity threats.
  - o Dave noted there could be further cybersecurity hacks and it would be helpful if a public notification could be sent out in those instances or alerts via phone messaging.
- Survey response rates remain steady. Stephanie will investigate the Swing Bed survey send outs to see if there are less surveys being sent out.
- There is Patient Service training available via Brainshark that is provided by United Healthcare. The training offers 10 different modules that span the spectrum of patient interaction. You can find the training on the Valor Health ICenter homepage.
- The Priority Index of Opportunity for Improvement to offer a percentile rank on the most important items to work and improve on.
  - o Dave asked what the best way to understand the correlation and percentile rank is. Stephanie noted it helps with the Top Box score and the relationship between low rank and overall satisfaction of the patient.
- There are currently 40 PIAPs in place with comments shown on where the issue stands. Outpatient is currently the highest category, which is not unusual to see large amounts in that area since they have high volumes.
- The Value Based Care report for February was included in the packet. At the beginning of CY24, everything reset at zero performance. Currently there are 1000 live members, the contract could be at risk with low volumes.

#### **H. Administration – Executive Leadership**

##### 1. General Update

- Stephanie's last day is April 12. Sara Otto will be the Interim Quality Manager and will begin on March 18.
- Brad recently did his CEO Day in Scrubs event in the OR this year. It was great to see the teamwork and efficiency.
- There is a Customer Service Experience team that is currently reading Disney, Be Our Guest, book to provide consistency on quality care and customer service throughout the organization.

2. PFAC Update

- Amy Burr, the counselor coordinator attended the January PFAC meeting to determine if it was the best way to collaborate the school and organization. Brad plans to follow up with her and Craig Woods to determine if she will be a continued member.

**I. Chair Lead Discussion – *Dave Shaw***

1. Future PICC Agenda items

- Stephanie will finalize the April agenda by April 3. The March BOD summary will be included in the board packet.

2. Items to be reported to Medical Staff and the Board

- Stephanie will check with Dr. Bastian for items to include in the Medical Staff meeting and will follow up on the 2023 Valor Antibigram.

**J. Open Items – *Dave Shaw***

1. Open Items from PICC Meeting

- No open items

**III. OTHER BUSINESS**

**IV. ADJOURNMENT**

Being no further business, the meeting was adjourned at 8:45 a.m.