

TITLE: Performance Improvement and Compliance Committee Regular Meeting

DATE/TIME: April 9, 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 7:00 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; Sara Otto – Interim Quality Manager; Kathy Prindle – Executive Dir. Clinical Services; Roger Folwell – Facilities Manager; Dr. Zachary Bastian – Medical Staff; Briana Steele – Risk Compliance Coordinator; Victoria Mendoza – Executive Assistant/Med Staff Coordinator.

Absent: 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: Briana Steele moved to go into Executive Session, per Idaho Code Idaho Code §74-206(1)(d) – Records Exempt from Public Disclosure.

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
 - ✓ Sara Otto
 - ✓ Brad Turpen
 - ✓ Matt Godfrey
 - ✓ Briana Steele
 - ✓ Dr Zachary Bastian
- Michael Groessinger – Absent and did not attend Executive Session
Roger Folwell – Did not attend Executive Session
Kathy Prindle – Did not attend Executive Session

Committee Chair Dave Shaw adjourned the executive session and regular session resumed at 7:12 am.

Open Session

C. Mission Appreciation

1. Patient Experience of Care Voices – Stephanie Neys

- Stephanie highlighted the positive patient comments from the Press Ganey surveys and presented some opportunities for improvement for the feedback that was negative.

D. Action Items

1. Consent Agenda
2. Approval of Minutes - PICC 03/12/2024
3. Document Tracker
 - Dave would like to see a redline version for the Disclosure of Conflict of Interest.
 - Briana and Dave will review changes and discuss the Disclosure of Conflicts of Interest and the Conflict of Interest – Board form offline to be brought to the next meeting for approval.
 - It was decided that most policies remain consistent by replacing the hospital with Valor Health.
 - Moving forward, the Cerner Job Aides do not need to go to the PICC committee for approval.

MOTION: Dave Shaw made a motion to approve the consent agenda and minutes as presented. Brad Turpen seconded the motion. All in favor, none opposed. The motion carried.

MOTION: Brad Turpen moved to approve Conflict of Interest for General Staff and Removing Accession from Queue (job aide). Dave Shaw seconded. All in favor, none opposed. The motion carried.

E. Department Review

1. Materials Management – Angie Speer
 - Angie Speer was unable to attend this meeting. The Materials Management Internal Quality Audit will be brought to the next meeting.
2. Health Information Management – Makenzie Flower
 - The release of information processes and accuracy were investigated with large improvement since the las audit. Kudos to Briana and Makenzie Flower for working together on creating a new form, making it simpler and more concise for patients and providers.
 - The office space for HIM (Health Information Management) was resolved to include a lock on the door to preserve confidential information.
 - Darlene Mangrum, the Revenue Cycle Manager, and Makenzie Flower will work on new processes to implement a better tracking process.
 - Stephanie gave kudos to Makenzie Flower for her timeliness and accuracy in her role. Makenzie Flower is a department of one and does the bulk of medical record transactions with outside entities.
 - Dave gave his appreciation to Makenzie Flower for her good efforts in her role.
3. Medical/Surgical Inpatient & Observation unit
 - Crash cart education has progressed. Checks are now made in the mornings and evenings with documentation provided.
 - There was inconsistency on Biomed cleaning bags. There will be an implementation of improvements made to address this issue.
 - There will be clarification made to policies to differentiate between settings of patient care and requirements when there is an inpatient, observation versus transitional care.
 - Billie Osterhoudt and the clinical educator have secured a process to better track licensure and required certifications for the clinical team.
 - Stephanie gave kudos to Billie Osterhoudt for the 2% increase on their willingness to recommend in Med/Surge department. There has been 9% improvement since December in that service line.

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
 - Infection Control committee meeting 3/21/2024 minutes submitted*
 - Nursing/Ancillary Clinical Leadership – Kathy Prindle

- No new reference materials for April
- Pharmacy Review – Mike Groessinger
 - Pharmaceutical and Therapeutics Committee, verbal report at meeting.
- Safety Committee – Roger Folwell
 - Safety committee meeting minutes submitted 3/8/2024*
 - Kudos to Briana for her aid with the Safety Committee in administration duties. The safety committee now meets every other month rather than quarterly.
- Utilization Review – Stephanie Neys
 - March meeting minutes submitted*
 - Moving forward, Utilization Review will be handed over to Revenue Cycle. The committee will continue to meet monthly, and the Quality department will aid when needed.

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

1. General Updates on Outputs Tracking Log

- Kudos to Podiatry and General Surgery for their increase in Definitely Recommend scores. They are on track for their FY24 goal.
- Med/Surg increased 2%. They now only need 1% to meet their FY24 goal.
- Emergency Department, Surgery, and Orthopedics are trending away from their goal. A notice was sent to each department to encourage spending time to focus on opportunities for improvement.
- Event reporting volume is down. There have been a few occurrences where disciplinary actions were needed.
- The PSO (Patient Status Order) project successfully went live on March 9. Kudos to the Acute care team, physicians, and nurses for facilitating changes on the front end and kudos to Revenue Cycle for facilitating changes on the back end. The PSO project now allows for one encounter to go through the whole admitting process. Prior to this change, there were multiple encounters needing to be made as patient transitioned statuses for billing purposes. This new PSO project does create a shift in workload for the billing and coding team to create those additional encounters for claims to be sent out correctly.
- IRIS (Idaho Registry for Immunization Status) recently launched a bidirectional data exchange with Valor Health. This will now disseminate a lot of manual work which will be a big win for patients and the care team.
- Value Based Care updates have shifted to quarterly updates. There was a 45% completion of wellnesses with United Healthcare. We achieved a high STAR rating of 3.22. This was due to improvements in breast cancer screening, medication adherence for hypertension, patient survey, care coordination, and doctor-patient conversations.

H. Administration – Executive Leadership

1. General Update

- Brad extended his gratitude to Stephanie for her many years of service and thanked her for the smooth transition. This will be Stephanie's last PICC meeting, with Sara Otto being placed into the Interim Quality Manager.

2. PFAC Update

- There continues to be good engagement from the group.
- Darlene Mangrum, the Revenue Cycle Manager, was presented at the last meeting and she was well received by PFAC. The PFAC was able to learn billing and patient payment options.

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I. Chair Lead Discussion – *Dave Shaw*

1. Future PICC Agenda items

- Dave and Suzi will discuss offline and bring any agenda items needed.

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

- Dave and Suzi will meet offline with Stephanie for essential bullet points. The BOD Executive Summary will be sent to the Board for review.
- Dave extended his gratitude and admiration to Stephanie for all the great work she did for the Quality department and PICC.

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 7:55 a.m.