

TITLE: Performance Improvement and Compliance Committee Regular Meeting

DATE/TIME: May 14, 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: Sara Otto – Interim Quality Manager; Kathy Prindle – Executive Dir. Clinical Services; Briana Steele – Risk Compliance Coordinator; Victoria Mendoza – Executive Assistant/Med Staff Coordinator.

Absent: Michael Groessinger – Pharmacy; Roger Folwell – Facilities Manager; Dr. Zachary Bastian – Medical Staff

II. STANDING AGENDA

A. Executive Session – None

B. Action Items

1. Consent Agenda
 - Dave proposed to move Executive Session to the last item on the agenda.
2. Approval of Minutes - PICC 4/9/2024
3. Controlled Document Updates (per revision tracker)
 - Dave would like the Statement of Scope to differentiate between those who have discretionary responsibilities such as the Board, Executive Leadership, Physicians and those who do not such as other staff.

MOTION: Dave Shaw made a motion to approve the consent agenda and minutes as presented. Susan Morgan 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.

C. Quality Department Summary

1. Sara reviewed the Department Summary including the completed, ongoing and upcoming items.
 - Completed items included:
 - The EDTC (Emergency Department Transfer Criteria data submission to the Idaho Department of Health & Welfare (IDHW) and confirmation was sent that it was received.
 - Sleep Lab and Clinical Lab Internal Quality Audits were completed. This was the Sleep department's first audit, and they did phenomenal. The laboratory color coding monitor for pending labs has been programmed.
 - Ongoing
 - Briana and Sara are splitting the workload for the MCN policy library. Briana provides training to the Department Leaders for contracts.
 - There is the possibility of moving back to Contract Safe depending on budgeting.
 - Sara and Mitch Walter, IT Manager, are working on the clinical IT remote desktop platforms. They are currently investigating different platforms that offer more capabilities than the normal ticketing system.

- Upcoming
 - The Valor Health Family Medicine Internal Quality Audit will be done later this month.
 - There will be ongoing Quality Restructuring meetings to revamp the PICC meetings and other processes to focus on priority items and have a better flow.
 - Quality Occurrence Dashboard
 - Sara created this dashboard to track injuries, compliance items and process/procedures variance per quarter.
2. Compliments & Opportunities
- There were plenty of compliments provided from patients and staff highlighting Human Resources, Emergency Department, Surgery and Specialty Clinics.
 - There was an opportunity for improvement regarding billing issues. The patient was frustrated that they received minimal care, and the bill was significantly higher compared to other facilities.
 - Dave noted it is hard to see any difference in the Press Ganey charts and they are hard to read. Sara noted she will suggest other charting methods to Press Ganey to see if there is another chart that shows differences and is easier to read.

D. DNV Progress Tracking

- Sara created a table to track the non-conformities from the DNV survey. The total non-conformities from the last survey were 6, including 1 N/C level 1 and 5 N/C level 2. These N/C's have had action plans made and are now closed.
- We are currently in the DNV window, and they are expected to arrive any day between March-June.
- Moving forward there will be deeper discussion regarding these surveys to track the action plans and progress associated with the non-conformities.

E. Risk & Compliance Report

1. Document Summary by Department

- Policies are being reviewed at about 30%. There is an increase in overdue documents.
- Contracts have been increasing above the 50% benchmark, which is great. The goal is to stick at around 80%.

F. 2024 Internal Quality Audit

1. Sleep Lab

- Non-Conformities
 - Dr. Plummer and Dr. Claussen are departing Valor Health. There will need to be a Sleep Lab Medical Director that is a Diplomate of the American board of Sleep Medicine (ABSM) or American Osteopathic Association (AOA)
 - There are no hours of operation included in the Scope of Services policy. Lab will work to add hours of operation and limitations to the scope of service document.
 - There needs to be written policies and procedures established and implemented to address access, storage, removal and retention of client/patient records and information. Initially Respronics was purchased but will need to be kept safe and HIPAA compliant. Sara is working with IT, and Sleep department to get the policy approved. It will then be tracked in the action plan to keep it ongoing.
- Recommendations
 - Accounting for time when staff is assisting patients on after call hours.
 - Keep a monthly education binder.
 - Recommended to have the cardiopulmonary supervisor getting certified in sleep medicine for consistency.

- Prior authorization process and collection of copays/coinsurance prior to scheduling or upon registration.
 - Visual flag or queue for other personnel when there is an in-house sleep patient to reduce noise and/or sound machine purchase.
 - Dave asked how difficult it will be to find a replacement for the providers responsible as Sleep Medical Directors. Brad noted Matt is working on contracting for replacement. Matt is also looking into cardiopulmonary and Dr. Box with West Valley has expressed interest.
 - Strengths
 - Jenetta Law, the lead Sleep Lab Tech displays great progress and control over improvements on items such as patient surveys, team training, collaboration with medical oversight and charting consistency.
 - Sleep rooms are comfortable and relaxing for patients.
- 2. Laboratory**
- Non- Conformities
 - Temperature monitoring of the Darby fridge was out of range. The Lab department will work on ensuring temperature monitoring.
 - There is no consistent process in place to ensure licenses or certification are valid prior to scheduling lab staff. Shelly Wisniewski will work with Briana to ensure all licenses and certifications are uploaded into Paylocity.
 - There were items stored under sinks. There will need to be repairs and added cabinetry to aid in doors hanging/closing properly.
 - Recommendations
 - The MedTox Scan and Chemistry Freezer are out of date for service. Shelly Wisniewski is working with facilities for resolution.
 - There are few documents that still show “Walter Knox” Shelly Wisniewski will work with Briana to get them uploaded into MCN to get them Valorized.
 - The formaldehyde policy needs updated as it mentions use of “formaldehyde badge”, which is not used or ordered.
 - Strengths
 - There were great improvements from last year’s evaluation on temperature monitoring.
 - Kudos to Robert Thomas and Shelly Wisniewski for the color-coding pending lab list. Sydney Higgenbotham has been a great support from Informatics for this change.
 - Shelly Wisniewski and the team continue to make steady progress with quality and compliance issues.

G. Administration Update

1. General Update

- Brad will meet with Sara, Dr. Vetter and a few provides from the Sages group to obtain feedback for Quality restructuring.
- Staci Carr has helped put together a program for good experiences to be on Google. In the fall the Google star rating was at 2.9 and just recently has improved to a 3.6- star rating. There are QR codes included in all recent flyers to encourage more voices.

H. Chair Lead Discussion – *Dave Shaw*

1. Future PICC Agenda Items

- Dave and Suzi would like to include the DNV audit at the next meeting.

2. Identify outputs to be reported to Medical Staff and Board.

- Dave would like to include the complete PICC packet on the board this month.

I. 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 8:08 a.m.