

TITLE: Performance Improvement and Compliance Committee Regular Meeting
DATE/TIME: September 12, 2023, 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 7:02 a.m. by Anita Taylor.

Board Member Attendance: Anita Taylor – Committee Chair; Lisa Resinkin – Board Member; Brad Turpen – CEO

Staff/Guest Attendance: Stephanie Neys – Quality Manager; Kathy Prindle – Executive Director Clinical Services; Matt Godfrey – Executive Director Physician Services; Roger Folwell – Facilities Manager; Michael Groessinger – Pharmacy; Danica Hinkle – Executive Assistant; Christopher Giambruno – Respiratory Therapy; Briana Steele – Risk/Compliance; Renee McDaniel – Emergency Department Manager

Absent: Dr. Trevor Tredennick – Medical Staff; Victoria Mendoza – Executive Assistant/Med Staff Coordinator

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.

MOTION: Lisa Resinkin 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. Stephanie Neys seconded the motion. The motion was approved.

Roll Call:

- ✓ Anita Taylor
- ✓ Lisa Resinkin
- ✓ Stephanie Neys
- ✓ Brad Turpen
- ✓ Matt Godfrey
- ✓ Michael Groessinger
- ✓ Briana Steele
- ✓ Kathy Prindle – Entered executive session late.
- ✓ Dr Tredennick – Entered executive session late.
- ✓ Roger Folwell – Entered executive session late.

Committee Chair Anita Taylor adjourned the executive session and regular session resumed at 7:30 am.

Open Session

B. Mission Appreciation

1. Patient Experience of Care Voices – Kathy Prindle

- Kathy Prindle shared some information about the SANE (Sexual Assault Nurse Examiner) training that three Valor nurses recently received following a request by a community advocate to provide the service. One nurse was recently able to help a patient in the emergency department. To be able to provide that service was fulfilling

for the nurse and the patient. It solidified how amazing that resource is for the community.

- A patient recently contacted Administration to request a face-to-face meeting with Brad. The patient wanted to let Brad know how much he appreciates the care team. He recently moved to the area and reported that across the board, everyone at Valor has been professional and provided care in a compassionate way.

C. Action Items

1. Consent Agenda
2. Approval of Minutes – PICC 8/8/2023
 - Section 2G1 has two bullets that are repeated in 2G2.
 - Matt Godfrey provided clarification that cards are being developed to provide patients to help direct them as to where/how to provide feedback. The clinic does not conduct additional surveying beyond Press Ganey.

MOTION: Stephanie Neys moved to approve the minutes as corrected. Anita Taylor seconded. No objections. The motion passed.

3. Controlled Document Approvals per revision tracker
 - Anita requested to have controlled documents reviews moved later in the agenda in future meetings.
 - The Compliance Management Plan and Code of Ethics need to go forward with the Board for approval (once approved by PICC). Anita requested these documents be pushed to the October PICC meeting, so the committee has adequate time to review the extensive changes to the documents.

MOTION: Brad Turpen moved to approve the controlled document revisions as presented with the exception of the Compliance Management Plan and Code of Ethics. Lisa Resinkin seconded. No objections. The motion passed.

D. Public Commentary – Anita Taylor

1. No members of the public were present.

E. Department Review

1. Cardiorespiratory Services – Kathy Prindle and Christopher Giambruno
 - Chris has recently taken over management of the Respiratory Therapy and Sleep Services team. He was not the manager when the audit was conducted.
 - Policies and procedures are being updated.
 - Documentation for ventilator therapy – the new job aid developed by Informatics worked as intended. The team will continue to track future encounters to make sure no revisions are needed.
 - Credentialing will be handled by the Medical Executive Committee.
 - The equipment that needs service dates has been removed from the floor.
 - After reviewing, it appears everyone on the team has completed all their Relias training.
 - Kudos – several areas are in green and in good standing. Great performance on the EKG time of arrival.
2. Emergency Care Services – Renee McDaniel
 - 4 out of the 5 non-conformities from last year were closed.
 - Room 4 does not have a bed with a scale, which makes obtaining weights challenging for some patients.
 - Biomed has added stickers to the ultrasound machines.
 - Documentation clarity is needed.
 - The vent order and management process is being worked out with Respiratory Therapy.

- Patient experience scores are up 5% in the last 16 months. Big win! Stephanie added that as of August, they are even higher.

F. Reference Materials – Anita Taylor

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

General Updates on Outputs Tracking Log

- Infection Control – Beth Sutton and Antimicrobial Stewardship – Sydney Higginbotham: No new Infection Prevention Committee reference material. Next meeting scheduled for September. AMS update submitted.
- Nursing Leadership – Kathy Prindle: August materials submitted*
- Pharmacy Review – Mike Groessinger: Trying to wrap up chemo project. Passed the \$100K mark in an internal cost savings project. The Braun pump conversion is complete.
- Safety Committee – Roger Folwell: No new Safety Committee reference material. Next meeting scheduled for September. Interim progress updates to be given at meeting.
- Utilization Review – Stephanie Neys: No new reference material; committee did not meet in August due to electronic health record (EHR) demo schedule conflicts. Next meeting scheduled for September 20, 2023.

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

1. General Updates per BOD Executive Summary (Data ending Aug.2023) *

- Definitely Recommend Scores – Kudos to the Emergency Department for exceeding their goal this month. Kudos to surgery for their increase of 2%. Some service lines are not hitting their goals yet, but overall movement is in the right direction.
- Service Line Response Rates – responses across all service lines have trended down.
- Positive comments from August responses highlights include positive attitudes, cleanliness, caring, listening, limited wait times.
- Performance Metrics – 25 meet/exceed, 4 need improvement, 7 critical/need action plan.
- Physician Order Compliance – Workflow enhancements are helping address the issue. Will continue to monitor weekly.
- Pain Treatment Plan Developed – Providers all execute the check, but not all are documenting via the required workflow consistently. Job aid provided to providers.
- AMI Transfer for Acute Coronary Intervention – Have had high trends due to bed and provider availability at transfer facilities. 2023 year-to-date times are nearly double the goal transfer time due to factors primarily out of our control.
- SCIP Prophylactic Antimicrobial Timely – The team is not quite hitting the 30-minute mark, but all definitely hit last year's goal of 60 minutes. Evidence indicates this has helped reduce infection rates.
- A1c Poor Control in Diabetes – The lower the rate the better in this measure. 18% is the national benchmark, but Valor is at 23% year to date.
- Controlling High Blood Pressure – 63% is the benchmark. Valor is currently at 52% year to date.
- VTE Prophylaxis on Admission – Consistent care is being provided, but documentation is inconsistent. Nurse leadership is working with the care team to improve documentation efforts.
- Controlled Documents – 204 contracts and policies/procedures overdue. Risk-based approach being adopted for contract management. Work is taking place to identify contracts that are lower risk and to move those to reviews every 2 or 3 years, rather than annual reviews.
- Event Reporting – 39 open events; 112 closed events in the last 12 months.

H. Administration – Executive Leadership

1. General Update

- Culturally all departments are striving to continue to get better every day.
- Continued focus on patient experience and value-based care initiatives are planned for FY24.
- DNV provided positive feedback in response to the submitted action plan.

2. PFAC Update

- The two newest PFAC members have orientation tomorrow.
- A work group is taking on the healthcare history display for the Valor Health Center waiting room.
- Board representation and connection is very valuable.

I. Chair Lead Discussion – *Anita Taylor*

1. Future PICC Agenda items

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

- Board executive summary for the Board packet.

J. Open Items – *Anita Taylor*

1. Open Items from PICC Meeting

III. OTHER BUSINESS

IV. ADJOURNMENT

Being no further business, the meeting was adjourned at 8:51 a.m.