

**TITLE:** Performance Improvement and Compliance Committee Regular Meeting  
**DATE/TIME:** November 14, 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 7:01 a.m. by Anita Taylor.

**PICC Member Attendance:** Anita Taylor – Committee Chair; Lisa Resinkin – Board Member; Brad Turpen – CEO; Stephanie Neys – Quality Manager; Briana Steele – Risk & Compliance Coordinator

**Staff/Guest Attendance:** Victoria Mendoza – Executive Assistant/Med Staff Coordinator; Billie Osterhoudt – Acute Care Manager, Jenni Kohl – Surgical Services Manager, Malerie Bettfreund – Social Worker/Case Management

**Absent:** Roger Folwell – Facilities Manager; Dr. Trevor Tredennick – Medical Staff; 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:** Anita Taylor 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. No objections, the motion was approved.

Roll Call:

- ✓ Anita Taylor
- ✓ Lisa Resinkin
- ✓ Stephanie Neys
- ✓ Brad Turpen
- ✓ Kathy Prindle
- ✓ Matt Godfrey
- ✓ Briana Steele

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

Open Session

**C. Mission Appreciation**

**1. Patient Experience of Care Voices – Stephanie Neys**

- Stephanie gave kudos to Becky Thompson, on our dietary team, for the positive feedback received by a patient. The patient stated Becky personally went out of her way to see what the patient would be interested in eating, since the patient had not been eating. The patient also acknowledged providers, Dr. Beatty, Dr. Claussen, Dr. Hines as well as the care nurses and stated, “You can see all the work Valor has done to turn things around and it is very nice to see.”
- Stephanie also shared Billie Osterhoudt, Acute Care Manager, received a “we want to hear from you form” that shared a patient’s stay was great. The nurses were professional, efficient, and extremely supportive.

- Stephanie shared other positives comments across the clinics and hospitals and noted it seems to be the small things that make a big difference to patients.

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

1. Consent Agenda
2. Approval of Minutes – PICC 10/10/2023
  - Briana Steele needs added to the attendance. Anita requested the PICC minutes attendance to show “PICC Member Attendance” rather than “Board Member Attendance.”
  - The 9/12/2023 PICC minutes will be brought to the Board again for approval to reflect the members that entered Executive session late.
3. Controlled Document Updates (per revision tracker) including PICC Charter – 2024 updates.

**MOTION:** Brad Turpen moved to approve the minutes with the changes above. Briana Steele seconded. No objections. The motion passed.

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

1. Surgical Services – Jenni Kohl
  - Stephanie gave kudos to Jenni, who has hit the ground running since starting with Valor Health. The good work Jenni is doing with her team is evident on patient surveys, patient outcomes, volumes, all elements related. Kudos to Jenni and the team including Kathy Prindle.
  - There is one PIAP (performance improvement action plan) in progress which is to hire a first assist for orthopedic total joint cases.
  - All non/conformities from last year are closed. There is one new opportunity this year which is to capture the humidity of the OR for each case in the event there is an infection trend, the data of the temperature/humidity can be reviewed.
  - There is progress on team cohesion in deciding whether we can care for patients in a safe environment or if the patient would need to be transferred, determining that they would need better resources to have a better outcome.
  - There is quite a bit of aging documents that Jenni and Briana will work on offline. It is mainly due to the turnover in the last years as well as most documents having taken the back seat to patient care.
  - Jenni is working on an SBAR for funding to have access to AORN, the gold standard for surgical guidelines.
  - The last report pulled for Relias was in mid-September for routine training due to some internal issues. There have already been great improvements towards those completions.
  - Kudos to the cleanliness in the OR. There has been great feedback from January to September highlighting the cleanliness of the facility.
  - There are 16 total events reported in ActionCue. This also reflects the multiple documentation entered for one report.
  - A guided checklist has been created for pre op, inter op and post op to improve charting.
  - There is an SBAR submitted to better equip OR 2 for more utilization.
  - Kudos to Briana and Corey Minton for their work on the audit and environment of care rounding.
2. Case Management – Billie Osterhoudt
  - There has been excellent partnership from the nursing team and social services.
  - All non-conformities have been closed since last year. This included discharge planning assessment being completed within 24 hours of admission.
  - No new N/C's for this year.

- Malerie is working on additional training and expansion of Telehealth for social services to support weekend/holidays and unexpected volume needs. At the time caseload is manageable for one person.
- The team is doing a fantastic job with routine chart review and tracking of key performance measures.
- There are no controlled documents up for approval.
- Billie Osterhoudt gave kudos to Malerie Bettfreund for all the post-acute care resources that are given to patients. It seems like the discharge planning program has greatly improved with having social work available.
- Anita agreed and extended her gratitude for the team and their hard work. Brad added his gratitude and all the amazing work that is being done.

#### **F. Reference Materials – Anita Taylor**

##### **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 Next committee meeting in December.
- Antimicrobial Stewardship Week – Plan of Activities and other updates within Summary report
  - o Sydney will share the events planned for each day next week, starting on Friday. Anita asked if Sydney could also share with the Board.
- Nursing/Ancillary Clinical Leadership – *Kathy Prindle*
  - o October materials submitted\*
- Pharmacy Review – Mike Groessinger
  - o Pharmaceutical and Therapeutics Committee minutes submitted.
- Safety Committee – Roger Folwell
  - o Next committee meeting in December.
- Utilization Review – Stephanie Neys
  - o October meeting minutes submitted.

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

##### **1. General updates per BOD Executive Summary**

- Valor Health Family Medicine has exceeded the goal by 93%. The goal for FY24 is 94%.
- Surgical Medicine and Specialty Clinic had all 3 of the surgeons called out in the patient comments and surveys. Podiatry and General surgery are currently at 100% for positive comments.
- The Environmental Services team has drastically increased cleanliness.
- There are new performance measures for Medicare Beneficiary Quality Improvement Program (MBQIP) that is included in the packet. We will need to take these new measures to continue to receive FLEX and SHIP grants.
- There are 33 active performance improvement action plans being monitored in ActionCue.
- The MIPS (Merit-based Incentive Payment System) status was included in the packet. Some opportunities for improvement were the PDMP (Prescription Drug Monitoring Program) query, Immunization Registry Reporting and Syndromic Surveillance Reporting.
  - o Brad asked if there is education provided to the Medical Staff in ensuring PDMP checks. Stephanie noted Dr. Vetter as the physician champion is facilitating awareness.
- Stephanie gave kudos to Maggie Geer and Lisa Mayerhoffer for all that the work and

processes they are doing for the Value Based Care program.

**H. Administration – Executive Leadership**

**1. General Update**

- Brad was unable to give the report due to a conflicting meeting.

**2. PFAC Update**

- Brad was unable to give the report due to a conflicting meeting.

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**I. Chair Lead Discussion – *Anita Taylor***

**1. Future PICC Agenda items**

- None noted.

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

- Anita reported the PICC Charter, Code of Ethics, Compliance Management will need to go into the Board packet for approval and acknowledgment. Anita would also like to include the BOD Executive Summary in the Board Packet.

**J. Open Items – *Anita Taylor***

**1. Open Items from PICC Meeting**

- No open items.

**III. OTHER BUSINESS**

**IV. ADJOURNMENT**

Being no further business, the meeting was adjourned at 9:01am.