

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

**PICC Member Attendance:** Anita Taylor – Committee Chair; Lisa Resinkin – Board Member; Brad Turpen – CEO Stephanie Neys – Quality Manager; Kathy Prindle- Exec Dir. Clinical Svcs; Matthew Godfrey – Exec Dir of Phys Svcs.; Briana Steele – Risk & Compliance Coordinator; Roger Folwell – Facilities Manager; Dr. Trevor Tredennick – Medical Staff.

**Staff/Guest Attendance:** Victoria Mendoza – Executive Assistant/Med Staff Coordinator; Susan Morgan – Board Member

**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:** Anita Taylor 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. Stephanie Neys seconded the motion. The motion was approved.

Roll Call:

- ✓ Anita Taylor
- ✓ Lisa Resinkin
- ✓ Stephanie Neys
- ✓ Brad Turpen
- ✓ Kathy Prindle
- ✓ Matt Godfrey
- ✓ Dr Tredennick
- ✓ Briana Steele
- ✓ Susan Morgan
- Roger Folwell – Did not attend Executive Session

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

Open Session

**C. Mission Appreciation**

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

- Stephanie shared the positive comments and experiences that patients shared via Press Ganey that is included in the BOD packet.
- The positive comments are highlighting Dr. Hines, Lisa Vandeburgh, Jenni Kohl in Surgery, Dr. Martin in Podiatry, Lisa Mayerhofer, Dr. Claussen and Dr. Beatty at the Valor Health Family Medicine Clinic (VHFM).

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

1. Consent Agenda
2. Approval of Minutes - PICC 11/14/2023
3. Controlled Document Updates

**MOTION:** Brad Turpen moved to approve the minutes as presented. Lisa Resinkin seconded. No objections. The motion passed.

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

1. Maternal Health Child Services – Billie Osterhoudt
  - Stephanie noted that Erika Perez would present next month for Maternal Health Child Services in the VHFM clinic.
  - Billie shared that there are 5 overdue documents currently in progress with the help of Kathy Prindle and Briana Steele.
  - Hospital and Clinic teams are building strong interdepartmental collaboration, including clinical meetings weekly at VHFM.
  - It was found there are charting inconsistencies in the Emergency Department. So far there have been two precipitous deliveries in the ED, and some nurses did not have access to newborn charting within Cerner. Billie and Renee are working on this with Informatics to gain access for the nurses and providers in ED.
  - There is also work being done to create a standardized process to track maternal-child health services within ActionCue.
  - Dr. Tredennick gave kudos to Dr. Sebastian and Billie Osterhoudt for the help involved in last week's good outcome precipitous delivery.
2. Information Technology – Mitch Walter
  - This has been moved to next month's meeting.

#### **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.
    - o Antimicrobial Stewardship Week – UW-TASP recognized our content! (included addendum in summary report) \*
  - Nursing/Ancillary Clinical Leadership – *Kathy Prindle*
    - o November materials submitted\*
  - Pharmacy Review – *Mike Groessinger*
    - o Pharmaceutical and Therapeutics Committee
  - Safety Committee – Roger Folwell
    - o Next committee meeting in December.
  - Utilization Review – Stephanie Neys
    - o November meeting minutes submitted\*

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

1. General Updates per BOD Executive Summary
  - The different departments continue to make progress towards the FY24 goals. Inpatient care is 10% away from their goal.
  - Survey response rates have been trending down.
  - MIPS update
    - o Stephanie gave kudos to Dr. Tredennick for the documentation he completed for PDMP (Prescription Drug Monitoring Programs).

- There has been 21% improvement for VTE (Venous-Thrombolytic Event Prophylaxis)
- Hospital Harm is at 0% (lower rate is better)
- Opioid Safe Use has decreased by 5% (lower rate is better), there possibly could still be room for improvement in this area.
- Performance Improvement Action Plans (PIAP)
  - There are currently 42 active PIAP out of the 57 total in ActionCue.
  - Kudos to the ED care team, their admit-discharge time is currently 41 minutes compared to the 106 minutes nationally.
  - Kudos to the IT team being at no risk for non-compliance of the systems audited in the security risk assessment.
  - Kudos to Briana for all the work she has done for Controlled Documents across the organization. Currently there are 139 controlled documents up for review/approval across the organization.
  - Overall, we are at 78% for completed competencies.
  - Beth Sutton has done great work monitoring illness across Gem County. There are some positive Flu and Covid, but not enough to meet the threshold for Red-response Category.
  - ActionCue currently has 10 open events. There are 136 total events over last rolling 12-months.
- The Stewardship Reference Committee is currently awaiting integration of patient status orders. The plan is to go live in late January or early February. This will help align clinician orders directly to the patient's status to allow the organization to request and retain appropriate reimbursement.
- There are about a total of 2000 patients associated with VBC (Value Based Care) programs consisting of several payers (Stellar Health, Blue Cross, Optum).
  - Optum is not at 3.75 minimum threshold, but at 2.96. This is not believed to increase due to Dr. Mumford's patient panel being frozen with him moving to independent practice. There is still opportunity to get credit for any care they receive, but it does decrease the likelihood of reaching our goal. Regardless, this is still a higher rate than the prior year.

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

### **1. General Update**

- There was a recent HIPAA Security Risk Analysis completed. There will be action plans for improvement underway, but it was determined Valor Health has better controls than industry average.
- Matt and Stephanie are working on EOY quality incentives.

### **2. PFAC Update**

- PFAC will meet next week.
- Brad met with a PFAC member to address a grievance. PFAC member noted that the letter that Valor Health sent out was fantastic. Brad added Valor Health acknowledges mistakes and will always strive for improvement.

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

### **1. Future PICC Agenda items**

- No items addressed.

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

- Dr. Tredennick will share IQA, UW-TSAP recognition, VBC, information regarding Emergency Department, St. Alphonsus' and St. Lukes are quickly filling up for inpatient care.

- Anita would like to include the BOD and IQA in the Board of Trustee's meeting 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 8:12 a.m.