

TITLE: Performance Improvement and Compliance Committee
Meeting: December 9, 2025 at 7:30 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 7:30 a.m. by Dave Shaw.

Board Member Attendance: Dave Shaw – Committee Chair; Brad Turpen – CEO.

Committee Attendance: Sara Otto – Quality Manager; Michael Sokolowski – CFO; Briana Steele – Quality Improvement Specialist; Jessica Mackey – PSEC; Dr. Zachary Bastian – Medical Staff; Kathy Prindle – Executive Dir. Clinical Services; Michael Groessinger – Pharmacy.

Staff/Guest Attendance: Victoria Mendoza – Executive Assistant/Med Staff Coordinator.

Absent:

II. STANDING AGENDA

A. Action Items

1. Consent Agenda
2. Approval of Minutes - PICC 11/11/2025
 - Grammatical and clarifications corrections completed.

MOTION: Sara Otto made a motion to approve the consent agenda with corrections to the minutes. Dave Shaw seconded the motion. All in favor, no objections. The motion carried.

B. Public Commentary – *Dave Shaw*

1. No public comments

C. Quality Department Summary – *Sara Otto*

1. Sara reviewed the Department Summary including the completed, ongoing and upcoming items. Some key takeaways are:
 - The Safe Medical Devices and PCMH (Patient Centered Medical Home) Data Collection Internal Quality Collaborations (IQC) have been completed.
 - Objective evidence addressing the non-conformities identified during the 2025 DNV audit was submitted on November 13. DNV has accepted the submitted objective evidence and the associated Corrective Action Plans (CAPs).
 - The Ntracts contract transition is ongoing, with a proposed go-live date of January 13. Sara is currently working on assigning attributes and meeting weekly with Ntracts. Once data transfer is complete, training sessions will be scheduled with department leaders.
 - Antibiotic Resistance (AU/AUR) data validation has been submitted to NHSN (National Healthcare Safety Network).

D. Patient Experience

1. Compliments & Opportunities
 - Compliments
 - There were many positive comments submitted by patients via Press Ganey that recognized ED, Med Surge, Family Medicine, and Surgical Medicine and Specialty Clinic.
 - Clinical staff were recognized for their procedural knowledge and attentive care during a period of internet downtime.

- Opportunities for Improvement
 - A patient commented via a Press Ganey survey that our Electronic Health Record patient portal was not updated with reports and results.
- Press Ganey
 - Top-Box “Definitely Recommend” scores have decreased across all service lines; The Emergency Department is closest to meeting its Q4 goal.
 - Undeliverable rate decreased to 5.1%.
 - Overall, response rate for surveys declined significantly. The 12-month rolling for response rate is trending at 6.7%, which is considered significantly low. Sara is exploring increased utilization of electronic surveys across additional service lines.
 - There were 68 total comments for the month of November with only 8 being negative comments.

Discussion: Brad asked whether service line leaders are aware of the low Top-Box “Definitely Recommend” scores. Sara reported that reports are currently shared with department leaders and stated she will provide additional education to support understanding and interpretation of Press Ganey data. Dave asked whether Press Ganey provides national benchmark response rates for comparison. Sara indicated she would follow up with Press Ganey to explore additional reporting and benchmarking capabilities.

E. DNV Progress Tracking

1. NC-1-1: Chart vitals during blood transfusions per policy – Green – there were no blood transfusions for the month of November.
2. NC-1-2: Resolutions in patient grievance process – Green – There are no grievances over 30-days.
3. NC-1-3: Restraints – Green – There were no restraints for November or October.
4. NC-1-4: Life Safety Code – Completed
5. NC-1-5: Hazardous Material Management – Tracking of documentation and labeling has been completed in 10/10 instances for November. Biohazard during transport is being labeled correctly.
6. NC1-5: Medical Equipment Management – Green – Weekly disassembly and cleaning of sterilization equipment is being completed and logged into ActionCue 4/4 weekly instances.
7. NC-2-1: Corrective Action Plans (CAPs) – Green – while there are no CAPs tested yet, as IQCs are finalized, there will be data to be able to track. Deep data analysis is set for December IQC.
8. NC-2-2: Contract Services – Yellow – The contract transition is not moving as fast as we would like. Sara continues to work with Ntracts to see the project to completion.
9. NC-2-3: Fit Testing for N-95 masks – Green

F. Risk & Compliance Report

- Competency completion rate is 83.2% for November. There will be 408 total documents due by the end of December.
- The Executive team and Quality department will spend the next month reviewing underlying issues related to competency completion and policy reviews.

G. Patient Safety & Experience – Jessica Mackey

1. One 1-star Google review was received within the last month. An investigation was initiated; however, the review was removed prior to resolution.
2. Complaints – 4 complaints and 0 grievances submitted in the month of November. The complaints were discussed in depth with PICC including ongoing

investigation, corrective action plans, and resolutions.

3. Med Variances – 16 total medication variances for the month of November; 7 in Surgery, 5 in ED, 3 in Med Surge and 1 in Pharmacy. Matt Godfrey and Dr. Bastian will meet to determine underlying contributing factors.
4. Process/Procedure – 1 – One process-related incident involved an inmate patient brought in by EMS without an escort. The patient was agitated and aggressive toward staff. An investigation is ongoing, with plans to provide education to clinical staff regarding appropriate processes and procedures.

H. Quality Improvement – Briana Steele

1. The first IQC workgroup meeting has been scheduled for January. Briana is preparing materials to support data and metric collection.
2. The Outpatient Registration IQC is nearing completion. Briana met with Beth Guest, Business Office Supervisor, to identify insurance denials. A monthly claims report will be distributed to track denial trends and root causes. Undeliverable survey rates will continue to be monitored and shared with registration leadership.
3. IQC Proposal Form
 - Briana developed an IQC Proposal Form to assist the Quality Assurance Workgroup (QAW) in prioritizing projects and understanding IQC background and scope.
 - Beginning in 2026, the Plan and Report form will transition to a PDSA (Plan-Do-Study-Act) summary format.

I. Administration Update

1. General Update
 - Brad reported that the Medical Executive Committee (MEC) recently conducted a formal investigation related to an external peer review. The matter will be discussed in Executive Session
2. PFAC Update.
 - No new updates.

J. Chair Lead Discussion – *Dave Shaw*

1. Future PICC Agenda Items
 - Sara requests any PICC agenda items be given to her the week before the PICC meeting.
2. Identify outputs to be reported to Medical Staff and Board.
 - Dave and Dr. Bastian requested the PICC packet be included in the Board and Med Staff meeting packets.

K. Open Items – *Dave Shaw*

1. No open items.

III. NEW BUSINESS

A. Executive Session – 8:24 a.m.

MOTION: Brad Turpen 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. Dave Shaw seconded the motion.

Roll Call Vote:

- ✓ Dave Shaw – Yes
- ✓ Brad Turpen – Yes
- ✓ Michael Groessinger – Yes

- ✓ Kathy Prindle – Yes
- ✓ Michael Sokolowski – Yes
- ✓ Sara Otto – Yes
- ✓ Jessica Mackey – Yes
- ✓ Dr. Zachary Bastian – Yes
- ✓ Briana Steele – Yes

Committee Chair Dave Shaw adjourned the Executive Session, and the regular session resumed at 8:29 am.

IV. ADJOURNMENT

Being no further business, the meeting was adjourned at 8:30 am