

**TITLE:** Performance Improvement and Compliance Committee  
**Meeting:** January 13, 2026 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.

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

**Absent:** Kathy Prindle – Executive Dir. Clinical Services; Michael Groessinger – Pharmacy.

## II. STANDING AGENDA

### A. Action Items

1. Consent Agenda
2. Approval of Minutes - PICC 12/09/2025

**MOTION:** Dave Shaw made a motion to approve the consent agenda with the minutes as presented. Michael Sokolowski 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 Quality Assurance (QA) Work Group held its second meeting and discussed initiatives for the Quality Improvement (QI) Work Group. Focus areas include reducing medication variances and strengthening the Value-Based Care program by increasing annual wellness visits.
  - Monthly Antibiotic Resistance reporting for December data is due January 31.
  - The NTracts contract implementation has been delayed due to the holidays and is now anticipated to go live toward the end of January.

### D. Patient Experience

1. Compliments & Opportunities
  - Compliments
    - Ambulatory Surgery, Emergency Department, and Dietary Services were recognized by patients for providing excellent care and positive experiences.
    - Family Medicine and Specialty Clinics were recognized for exceptional staff and efficient waiting times.
  - Opportunities for Improvement
    - A wheelchair in the main hospital lobby was missing foot pedals. The wheelchair has been removed to prevent future safety concerns.
    - A patient received outdated lab results during an annual wellness visit rather than the most recent results.
  - Press Ganey

- Sara is working on setting meetings with department managers to provide greater insight and understanding of Press Ganey surveys.
- The response rate increased to 6.6% where previously it was at 5.7%.
- There are still a significant number of undeliverable surveys. Work is underway to focus on this in an IQC.
- Overall performance for each service line in 2025 was:
  - Ambulatory Surgery – 80%
  - Emergency Department – 73%
  - Inpatient – 74%
  - Family Medicine/Surgical Specialty Clinics – 87%
- There were 40 total comments submitted in December with 27 being positive and 6 being negative.

#### **E. DNV Progress Tracking**

1. NC-1-1: Chart vitals during blood transfusions per policy – Green – There was one transfusion in December and vitals were charted accordingly.
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 December.
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 December. 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 – Comprehensive data and metric analysis related to IQCs was conducted in December and is being tracked in ActionCue.
  - Outpatient Registration Accuracy – Red - Continued data tracking and follow-up monitoring are needed.
  - Walkaway Patients – Red - Follow-up is needed to transition metrics and education to the Emergency Department. The ActionCue scorecard has been shared with ED staff.
  - Physical Access/Tracking – Green - Brian Churchill, IT Manager, will provide training at Department Head regarding new security metrics.
  - Durable Medical Equipment (DME) & Prescription Refills – Green - Continuous monitoring remains in place to ensure three consecutive quarters without grievances related to DME ordering or prescription refills.
  - Employee Health Screening – Green - With recent leadership transitions, Dani Bickford is implementing health screening tracking within Relias.
  - Good Faith Estimates - Challenges updating the Chargemaster continue. Michael is working with an outside vendor for support.
8. NC-2-2: Contract Services – Yellow – Contract transition has been delayed due to the holidays. The new go-live date is tentatively set for January 27.
9. NC-2-3: Fit Testing for N-95 masks – Green – Fit Testing will start being tracked in Relias. Providers that are due for fit testing will receive notifications and new providers onboarding will receive their fit testing during orientation.

#### **F. Risk & Compliance Report**

- Overall competency review completion for January is at 75.2%.
- Total documents due by the end of January is 59.
- Departments recognized for their efficiency in policy and procedure review were:
  - Human Resources reviewed and updated over 10 policies last month.

- Laboratory updated and reviewed over 35 policies last month.
- Pharmacy continues consistent monthly review efforts, decreasing overdue policies by 15 in the last month.

*Discussion:* Dave asked if it's typical to see this number of documents overdue. Brad reported ongoing discussion is being held with department managers. Staffing challenges and working managers balancing operational responsibilities have limited dedicated time for policy review. Michael added that many policies are interrelated, requiring simultaneous review of multiple documents, which increases complexity and time requirements.

#### **G. Patient Safety & Experience – Jessica Mackey**

1. Complaints – 4 complaints and 0 grievances were submitted in December. All complaints were reviewed in depth with PICC, including investigations, corrective action plans, and resolutions. No grievances exceed 30 days.
2. Med Variances – 10 total medication variances for the month of December including 7 that are controlled substances. All were documentation errors.
3. HIPAA – 1 – One incident occurred involving patient information left in a desk drawer. Corrective action and staff education were completed to reinforce secure record handling.
4. Walkaway – There was a patient that left their appointment due to not having active insurance and patient access notified the patient that the visit would be self-pay. The patient did end up rescheduling their appointment after their insurance was reactivated.
5. Process/Procedure – 8 events related to failed processes or procedures were reported in ActionCue. Each was reviewed in depth with PICC. CAPs were implemented, staff education provided, and process improvements initiated.
6. Google Reviews – all Google reviews submitted in the last month were 5-stars recognizing our prompt and thorough services.

#### **H. Quality Improvement – Briana Steele**

1. January's Internal Quality Collaboration is focused on Press Ganey Undeliverable Surveys. The work group held their first meeting last week.
2. February's IQC will focus on Medical Staff Peer Reviews. The opening meeting will be held on February 5.
3. 2025 IQC Effectiveness Review
  - The Outpatient Registration IQC has been completed. This IQC started in February 2025.
    - Briana will follow up with Michael regarding continuation of manual registration accuracy audits.
    - Medical claim denial rates will continue to be monitored and uploaded into ActionCue.
    - A standard operating procedure and registration workflow guide has been developed and is pending review in MCN.
    - The Good Faith Estimates improvement plan has been assigned to an outside vendor to support Chargemaster updates.
  - PCMH Data
    - Briana is working with Misty Martinez, MA Supervisor, and providing education on pulling reports through Discern (reporting tool linked to our EHR). Once the clinic owns this process, quarterly reports will be able to be pulled for easier access during PCMH re-certification.

*Discussion:* Dave asked whether PCMH data would reflect any impact from the new clinic location opening. Briana clarified that PCMH data follows the clinician rather

than the location and therefore, no data disruption is anticipated.

**I. Administration Update**

1. General Update
  - No new updates.
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 – None.**

**IV. ADJOURNMENT**

Being no further business, the meeting was adjourned at 8:55 am