

TITLE: Performance Improvement and Compliance Committee
Meeting: February 10, 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.

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

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

Absent: Brad Turpen – CEO.

II. STANDING AGENDA

A. Action Items

1. Consent Agenda
2. Approval of Minutes - PICC 1/13/2026

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 Quality Dashboard:
 - The final meeting for the contract transition to Ntracts will be this Thursday. Sara and Jessica will serve as system administrators and will begin setting up training meetings with Department leaders.
 - The Quality Improvement Committee met last month. Briana provided a toolkit and training materials based on the Harvard Improvement Science course for attendees. Current quality initiatives focus on increasing wellness visits and reducing medication variances.
 - Press Ganey efforts remain focused on increasing response rates. While response rates have decreased, fewer surveys were distributed over the past month.
 - Internal Quality Collaborations will focus on Peer Review, Infusion Documentation and Restraint Monitoring for February.
 - The Annual QAPI (Quality Assurance Performance Improvement) with the IHA (Idaho Hospital Association) review is upcoming with the deadline to submit all reporting's by April 20.
 - Quality is working on gathering data to submit the MBQIP OP-22 Reporting by May 15. This report focuses on patients that have left without being seen.

D. Patient Experience

1. Compliments & Opportunities
 - Compliments
 - There were many positive comments submitted from the Emergency

- Department in the last month.
 - Other departments highlighted were Inpatient, Swing Bed, and Dr. TJ Martin at the Surgical Medicine and Specialty Clinic.
- Opportunities for Improvement
 - There were two negative comments submitted in the last month.
 - One patient felt that their pain procedure wasn't explained thoroughly and the patient was uncertain of what to expect. Kathy and Quality are monitoring pain cases for additional education and guidance.
- Press Ganey
 - CMS (Centers of Medicaid and Medicare Services) has discontinued overall reporting for the Inpatient service line.
 - Last month there were 386 surveys sent out, representing a decrease from the previous month.
 - Additional analysis is underway regarding the Valor Health Center location, as current system mapping is not capturing this site in survey data.

E. DNV Progress Tracking

1. NC-1-1: Chart vitals during blood transfusions per policy – Green – There were no blood transfusions in January.
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 January. In the last quarter there was 1 restraint patient that was charted accordingly.
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 January. 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 – the CAPs were reviewed in depth in December. Quality will continue to connect with departments that have CAPs still being monitored.
8. NC-2-2: Contract Services – Yellow – Contract transition has been delayed, but final sessions are being held with the implementation team in Ntracts. Department trainings are tentatively set for the week of February 16.
9. NC-2-3: Fit Testing for N-95 masks – Yellow – Currently testing is at 18/19 employees. There will be a new Infection Prevention Manager that will begin on February 16.

F. Risk & Compliance Report

1. Total completion rate for competencies is at 75.4%.
2. There is a total of 64 documents due for review by the end of February. Overall, there are 336 total overdue documents due for review.
3. Departments recognized for their efficiency in policy and procedure review were:
 - Laboratory
 - Dietary
 - Surgical Services
 - Acute Care
 - Laboratory

Discussion: Kathy asked if additional reporting can be provided by department to narrow down on where underlying issues of overdue competencies are.

G. Patient Safety & Experience – Jessica Mackey

1. Complaints – 6 complaints and 0 grievances were submitted in January. All complaints were reviewed in depth with PICC, including investigations, corrective action plans, and resolutions. No grievances exceed 30 days.
2. Med Variances – 8 total medication variances for the month of January including 7 that are controlled substances. All were documentation errors.
3. Patient Occurrence – A patient had a grand mal seizure. Investigation confirmed an ED referral to neurology had been made; however, the patient was not in a mental state to coordinate follow-up care.
4. Employee Incidents – 1 – One needle-stick injury occurred. Infection Prevention and the Clinic Manager were notified.
5. Process/Procedure – 1 – One inpatient fall occurred while attempting to use the restroom. Investigation determined the bed alarm had been turned off. Corrective actions included staff re-education and reinforcement of safety protocols.
6. Google Reviews – There were 6 5-star reviews submitted last month. 6 5-star Google reviews submitted in the last month. There was a 1-star Google review related to complaints on Imaging prices compared to other facilities.

H. Quality Improvement – Briana Steele

1. IQC Dashboard

- Outpatient Registration Accuracy IQC - There are still action items being monitored to develop consistent monitoring processes with clinical PAS leadership.
- Physical Access/Security Tracking – Biran Churchill, IT Manager, will collaborate with Briana to ensure appropriate documentation and metrics for closure.
- Med Staff Peer Review – Initial meeting has been held, with current focus on Peer Review policy review and updates. Additional investigation will be conducted into creating a SharePoint for centralized assignment gathering and status. Yellow in monitoring stages.
- Infusion Documentation & Coding – Briana conducted observational review of infusion workflows, including coding and charge capture. Additional evaluation of prior authorization processes is planned to establish metrics and goals.

I. Notice of Privacy Practices* (*for reference only*)

1. Updates have been made to align with federal regulation (45 CFR Part 2), strengthening protections for the confidentiality of substance use disorder (SUD) patient records from federally assisted programs.

J. Administration Update

1. General Update

- No new updates.

2. PFAC Update.

- Kathy will collaborate with PFAC Advisor Suzi Morgan (RN nurse with Emmett Middle School) to develop programs on supporting immunizations and coordination with school nurses.

K. 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.

L. 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 8:33 am