TITLE: **Performance Improvement and Compliance Committee**
Meeting: **May 12, 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: Michael Groessinger – Pharmacy; Kathy Prindle – Executive Dir. Clinical Services

II. STANDING AGENDA

A. Action Items

1. Consent Agenda
2. Approval of Minutes - PICC 4/14/2026

MOTION: Brad Turpen made a motion to approve the consent agenda with corrections to the minutes. Sara Otto 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:
    - Only 41 employees received the influenza vaccine during the previous flu season. Increasing employee influenza vaccination rates will be an area of focus for Infection Prevention and Employee Health as part of their 2026 goals.
    - Quality continues to prepare for their annual Quality Assurance Performance Improvement (QAPI) review through the Idaho Hospital Association (IHA).

D. Patient Experience

1. Compliments & Opportunities
    - Compliments
        - Patients shared positive feedback regarding their experience, from registration through discharge.
        - Dr. John Epperson Jr. and Dr. Trever Martin were recognized for providing kind and compassionate care.
        - Overall patient comments reflected highly positive experiences across the organization.
    - Opportunities for Improvement
        - A billing issue was identified for a patient who received an X-ray in the Emergency Department.
    - Press Ganey
        - Emergency Department scores decreased significantly compared to the previous month, primarily due to a lower survey response rate.

- Ambulatory Surgery and Inpatient increased.
- A substantial increase in surveys was distributed for Valor Health Center following completion of site mapping for the new location.

E. DNV Progress Tracking

1. NC-1-1: Chart vitals during blood transfusions per policy – Green – There were 2 transfusions in April in the Emergency Department. Ongoing audits will be completed to ensure compliance.
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 April.
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 April. 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 – Risk ratings have been added to the headers in the contract portal. The review of documents schedule has been created. Jessica and Sara are training on this new software to begin user training for department leaders.
9. NC-2-3: Fit Testing for N-95 masks – Yellow – Current testing is at 13/14 employees. Christina Ostrem, Infection Preventionist, continues to work with providers to ensure annual testing is completed. For the quarter, we are at 42 of 46 completed.

F. Risk & Compliance Report

- Total completion rate for competencies is 85.2%. Many policies were recently updated following the EMTALA survey.
- A total of 35 documents are due for review by the end of May, with 334 documents currently pending review organization wide.

G. Patient Safety & Experience – *Jessica Mackey*

1. **April**
   - Complaints – There were 7 complaints for April with 2 grievances.
   - Med Variances – 14 total medication variances, all being documentation errors with 6 of them being controlled substances.
   - Employee Incidents –1 – an employee injured their finger during a surgery procedure they were assisting with. There was no patient harm or impact with the procedure.
   - Process/Procedure – 5 process/procedures identified in April. Improvement opportunities were reviewed with the PICC to support ongoing compliance.
   - Google Reviews – Several 5-star Google reviews submitted in the last month. An additional 3 5-star ratings have been submitted since Friday.

H. Quality Improvement (QI) – *Briana Steele*

1. QI Workgroup Update
   - QI continues working to establish consistent Value-Based Care (VBC) goals; however, this remains challenging due to continually evolving payer requirements.
   - Briana is developing a high-level summary of Value Based Care best

practices for each payer group.
    - Efforts to reduce medication variances remain in the planning phase. While an overall reduction goal has been established, the initial area of focus is still being determined.
2. IQC Dashboard
    - Physical Access/Security Tracking – Closed following implementation of an effective tracking and ticketing system.
    - PCMH Data – Re-Certification was received. Ongoing monitoring process has been established with clinic leadership.
    - Outpatient Registration Accuracy IQC – Patient Access leadership met and finalized audit process. Auditors have been assigned by location. Manual audits are underway until an automated solution is established.
    - Restraint Logs/Monitoring – There will be ongoing education provided at the skills fair each year.
    - Patient Status Orders – meeting was held last Friday. There was good progress made in implementing workflows.
    - Cash Handling – there was a new policy uploaded in MCN awaiting leadership approval. A quarterly cadence has been established for cash audits.
    - Accreditation Coaching – this IQC opened this month to begin DNV preparation.
    - IQC's that are in monitoring processes are:
        - Employee Health screenings – reporting's have been transitioned to Christina Ostrem, Infection Preventionist.
        - Good Faith Estimates – target completion is set for June 2026
        - Med Staff Peer Review – Peer Review policy updated to ensure OPPE and FPPE procedures were aligning with DNV and RHC requirements. Provider completion rates will be monitored through 2026.
        - Infusion Documentation and Coding – nursing documentation template has been implemented.

I. Administration Update

1. General 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 would like to have the Quality packet included in the Board packet.

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 8:21 am