TITLE: **Performance Improvement and Compliance Committee**
Meeting: **September 8, 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; Angie Phillips – Committee Board Member; Brad Turpen – CEO.

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

Staff/Guest Attendance:

Absent: Victoria Mendoza – Executive Assistant/Med Staff Coordinator.

II. STANDING AGENDA

A. Action Items

1. Consent Agenda
2. Approval of Minutes - PICC 8/11/2026
    - Content and grammatical corrections made.

MOTION: Dave Shaw made a motion to approve the consent agenda with corrections to the minutes. Brad Turpen 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 Quality Assurance Workgroup will meet today to finalize its charter.
    - The Quality Improvement workgroup met on August 25 and reviewed project goal statuses to identify next steps.
    - Press Ganey undeliverable rates are gradually increasing. Sara met with Yaquelin Arteaga, PAS Operations Supervisor, to review the undeliverable list and address patient demographic accuracy during registration.
    - The contract implementation / transition is nearing completion. Sara will continue to have individual meetings with department leaders and executives for support and training.

D. DNV Progress Tracking – 2026

1. NC1-1 Review of Contracts – Green – Department Head training was provided July meeting. Sara will be having individual training and support sessions scheduled with leaders and executives.
2. NC1-1 – Listing of Contracted Services – Green - Staci Carr is finalizing the website and flyers to ensure services, locations, and hours of services are captured.
3. NC1-2 – Restraints – Green – There were no restraints in August.
4. NC1-3 – Fire Sprinkler Head Maintenance – Green – The fire sprinkler heads were ordered and should be installed within 5-6 weeks. Testing will be completed following installation.
5. NC2-1 – Medical Staff Performance Data – Green – Documents have been

created to incorporate performance metrics into the Peer Review process.

6. NC2-1 – Medical Staff Performance Data – Green – Medical Executive Committee (MEC) reviewed the policy and recommended revisions to the Governing Board. The Board approved the revised Policy at the July Board of Trustees meeting.
7. NC2-2 – Patient Grievance Acknowledgement Letters – Green – Acknowledgement letters for August grievances were sent.
8. NC2-3 – Negative/Positive Air Pressure – Green – Contractors and engineers will be onsite at Valor Health to begin implementing corrective measures to address airflow issues in Medical-Surgical and Laboratory areas.

E. Patient Experience

1. Compliments & Opportunities
   - Compliments
     - Dr. Morgan Ruiz received multiple recognitions for her attentiveness and thorough care.
     - Valor Health Center staff were recognized for being thorough, kind, and reassuring.
     - Dr. Trever Martin and Dr. Zachary Bastian were recognized for providing excellent care and offering multiple treatment options tailored to patients' care plans.
   - Opportunities for improvement
     - Primary care providers were described as having limited availability and delays in communication.
   - Press Ganey
     - The Emergency Department's "Definitely Recommend" top-box score reached a low point in July and August, with low survey response rates noted as a contributing factor.
     - Ambulatory Surgery and Family Medicine reached high points in July.
     - Undeliverable rates decreased to 4.8%.
     - August survey results included 72 total comments: 51 positive, 7 mixed, 5 neutral, and 9 negative.

F. MCN Compliance Report – Sara Otto

- Competency completion increased to 82%, up from 69% the previous month.
- There are 49 documents due for review by the end of September, with 357 documents currently due for review overall, including September's.
- The average number of documents due for review over a three-month period is approximately 300.

G. Patient Safety & Experience – *Jessica Mackey*

1. **August**
   - Complaints – 5 patient complaints and 1 grievance for the month of August. 3 complaints were for the Emergency Department, 1 for Family Medicine, and 2 for Urgent Care.
   - Medication Variances – 50 medication variances for August, with 12 of them being controlled substances.
   - Patient Occurrence – 4 – Patient Occurrence event reports were discussed in depth including investigation review, plan of improvement, and corrective action plans.
   - HIPAA – 0
   - Employee Incidents – 1
   - Process/Procedure – 6 – Process / Procedure event reports were discussed in depth including investigation review, plan of improvement, and corrective action plans. 2 of the process / procedures were discussed in Executive

Session.

- Google Reviews are averaging at 4.2. There were 4 new reviews this month, all 5 stars.

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

1. QI Workgroup Update

- Briana reviewed the minutes from the last QI meeting.
  - Project 1: Annual Wellness Visits - A monthly monitoring process has been established to ensure accurate and reliable data are available to measure outcomes by payer.
  - Project 2: A medication variance tracking spreadsheet will be developed to support trend identification and will be distributed to department leaders monthly. Michael will collaborate with Sara to develop a progressive framework for addressing medication variances and recurring noncompliance.

2. IQC Dashboard

- Yellow
  - Medical Staff Peer Review – Quarterly monitoring continues to ensure providers are moving towards 90% completion or greater by end of 2026.
  - Infusion Documentation & Coding – July ended at 89% resulting in coding delays being the primary contributor.
  - Cash Handling – Once competency rate for updated policies on cash handling is at 100%, this IQC will close. Currently, competency rate is at 36% as of 8/6/2026.
  - ED Patient Callbacks – July patient discharge call back rate was 34%. Briana and Kathy will meet offline to follow up on Clinical Liaison SBAR that was submitted for additional support of this process.
  - Medical Records Releases – Medical Record Release form was uploaded on the Valor Health website for patient accessibility. Updated policies and forms are waiting on final approval.
  - Emergency Responses in Radiology – Installation on emergency response equipment is underway for Radiology and Lab. Implementation of annual MRI safety education and annual staff screening process is underway.
- Red
  - Restraint Log – Competency and education continue to be addressed during provider meetings. The EHR currently lacks a chemical restraint order pathway, requiring additional clarification of criteria for therapeutic treatment versus behavioral control.
  - Patient Status Orders – Order discrepancies and workflow concerns are being referred to IT and Briana for review and any necessary changes with the EHR host. Case Management will provide targeted InterQual education to Emergency Department providers before patient status orders are placed. A Performance Improvement Action Plan (PIAP) has been developed for continued monitoring.
  - Blood Culture Contaminations – Continued monitoring underway to sustain improvement for 3 consecutive months.
- Green
  - Undeliverable Press Ganey's – Sara continues to monitor undeliverable rates and collaborate with Yaquelin Arteaga, Patient Access Operations Supervisor, to improve registration accuracy. A list of undeliverable surveys was provided for demographic correction. A follow-up meeting is scheduled for October to reassess the target completion date.

- Lab Outreach Task Force – Meetings have transitioned to a bi-weekly cadence with continued implementation and monitoring for identified areas of improvements.
- Safe Use of Opioids – MBQIP data was reviewed and Q1 / Q2 chart audits were completed for 2026 with Kathy as the Director of Clinical Services. There will be a meeting held in October to review Q3 data to complete and close this IQC.
- HIM Provider Task Queue – Stratified data is being provided to Matt Godfrey, Executive Director of Physician Services for targeted provider follow up on any past due documentation / charting. The next meeting will be focused on establishing a goal for continued monitoring to be able to close this IQC.

- Upcoming IQCs
  - ATP (adenosine triphosphate) testing in OR – Opening meeting will be focused on investigating processes for failed testings.
  - Communication between UC/ED – Opening meeting will look at communication processes for Urgent Care patients sent to Emergency Department.
- Quality Improvement Workgroup Project Summary
  - Medication Variances are currently in the Study phase of the Plan Do Study Act (PDSA) cycle.
    - 2026 Baseline has been established
    - Nursing education is initiated.
    - Key medication-practice and policy opportunities were identified.
    - Next steps include studying variance trends while continuing targeted education and policy / workflow revisions.
    -
  - Annual Wellness Visits are currently in the Do phase of the PDSA cycle.
    - 1,062 patients due for their wellness were identified
    - Payer responsibilities were assigned
    - Blue Cross outreach has improved completion from approximately 13% to 30%.
    - Next Steps include completing payer-specific monitoring to then study baseline results and the select the next PDSA intervention.

I. Administration Update

1. General Update
- Updates were given in Executive Session.

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 – 8:20am

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. Sara Otto seconded the motion.

Roll Call

- ✓ Dave Shaw
- ✓ Angie Phillips
- ✓ Brad Turpen
- ✓ Kathy Prindle
- ✓ Dr. Zachary Bastian
- ✓ Sara Otto
- ✓ Briana Steele
- ✓ Jessica Mackey
- ✓ Michael Groessinger

Committee Chair Dave Shaw adjourned the Executive Session, and the regular session resumed at 8:32am.

IV. ADJOURNMENT

Being no further business, the meeting was adjourned at 8:33am