TITLE: **Performance Improvement and Compliance Committee**
Meeting: **August 11, 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; Michael Sokolowski – CFO; 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 7/14/2026
    - Grammatical changes were requested to modified to the July 14th PICC minutes with no content changes.

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:
    - Briana has been working with managers on DNV Corrective Action Plans (CAPs) dashboards to develop monitoring and report tracking for the action plans that DNV approved.
    - Sara provided training and gave department leaders resources related to NTracts at the last Department Head meeting.
    - Press Ganey goals of increasing response rates are ongoing. Sara is working with Staci Carr, Marketing and Community Engagement Manager, to create signage for facilities including patient rooms to enhance survey responses.

D. DNV Progress Tracking – 2026

1. NC1-1 Review of Contracts – Green – Department Head training held at the July meeting. Virtual sessions will be scheduled in upcoming weeks for ongoing training and support.
2. NC1-1 – Listing of Contracted Services – Green - Staci Carr is working on updating website and flyers to ensure services, locations, and hours of services are captured.
3. NC1-2 – Restraints – Green – There were no restraints in July.
4. NC1-3 – Fire Sprinkler Head Maintenance – Green – Roger obtained quote for fire sprinkler heads including 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 – 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 letter template has been created. The first letter with this new implementation has been sent.
8. NC2-3 – Negative/Positive Air Pressure – Green – Quote requested for positive and negative air pressure. This is on track to be completed and to provide objective evidence within 60 days of CAP approval per DNV requirement.

E. Patient Experience

1. Compliments & Opportunities
   - Opportunities for Improvement
     - There was a negative comment provided on an Emergency Department provider that is currently being investigated with Matt Godfrey, Executive Director of Physicians Services.
   - Press Ganey
     - Ambulatory Surgery and Family Medicine clinics were at their highest top box scores for July in the Definitely Recommend category.
     - Emergency Department decreased in July.
     - There were no Inpatient surveys completed in July resulting in no data for Top Box score.
     - Response rate increased to 8.2, previously at 6.1. Nationally, the trend is at 14% response rate, with Valor Health's average being 11%.
     - Positive and Negative comments were sent to service line leaders for celebration and service recovery.
     - There were 84 total comments in July, with 54 of them being positive and 15 being negative. The remaining 15 were mixed positive/neutral comments.

F. Risk & Compliance Report

- Competencies are at 69.3% completion rate. Laboratory currently has a little over 300 competencies assigned to their staff; Shelly Wisniewski (Lab Manager) is reviewing to ensure all competencies are appropriate assignments and providing staff with education to complete competencies. Kathy will follow up with Shelly before the end of August to ensure competencies are being completed.
- There are 34 total documents due by the end of August. Total documents due overall are 334 across the organization.

G. Patient Safety & Experience – *Jessica Mackey*

1. **July**
   - Complaints – 5 patient complaints and 1 grievance for the month of July. 3 of them were in ED, 1 in Family Medicine, and 2 in Urgent Care.
   - Medication Variances – 34 medication variances for July with 16 of them being controlled substances.
   - Patient Occurrence – 3 patient occurrences for July. Jessica reviewed all patient occurrences in depth with PICC including investigation and ongoing improvement efforts.
   - HIPAA – 1
   - Employee Incidents – 1
   - Process/Procedure – 4 – Process / Procedure event reports were discussed

in depth with PICC 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 many positive Google reviews in the last month, many of them recognizing Jennifer King, DNP.

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

1. QI Workgroup Update

- Briana reviewed the minutes from the last QI meeting.
  - Project 1: Annual Wellness Visits - There was a monthly monitoring process established to ensure accurate and reliable data is available for outcome measurement for each payer.
  - Project 2: Medication Variances – The medication variance tracking spreadsheet has been created to support trend and identification to begin distributing monthly to department leaders. Michael, Briana, and Sara continue to work on targeted education with respective departments trending higher with medication variances.
- 2026 EMTALA Dashboard
  - Briana created this dashboard to track ED Transfer Audits, Admission Denials, Acuity Tool Utilization, and Medication Administration Timeliness, as these items were all opportunities for improvement that CMS audited with the recent EMTALA violations that were reported to the state.
    - Billie and Kathy were able to create an acuity tool to ensure staffing is aligned depending on level of acuity with admissions.
    - Admission Denial Forms are currently at 100% completion rate for May and June. Briana is working on gathering all of July denial forms.
    - Michael G. is working on audits for med administration timeliness. The time values indicate the time between when it was given and when documentation was created to determine the lag time between pulling the medication from the Pyxis platform and administering the medication. The time values would need to be under an hour to be compliant. Briana and Kathy will meet offline to better understand time values on medication administration and establish target goals.
  - Lab Outreach Workflow Task Force Action Tracker
    - Brad informed PICC of the disconnect between the Inreach program and Valor Health. Briana is facilitating the effort as the Quality Improvement Specialist to create standardization and processes to help improve the challenges faced recently.
    - Brianna provided an overview of the Lab Outreach Action Tracker including all the action items being tracked to help improve processes and workflows.

2. IQC Dashboard

- Yellow
  - Undeliverable Press Ganey's – Sara continues to monitor undeliverable rates until we achieve 4% or lower by August 31, 2026. Briana and Sara will meet towards the end of August to reassess the undeliverable rate as currently the undeliverable average is around 10.3% for Family Medicine.
  - Medical Staff Peer Review – July OPPE completion rate is at 36% as there were no assignments sent at the beginning of June. The goal is to be above 90% by the end of 2026.
  - Infusion Documentation & Coding – May coding timeliness was 92%,

June coding timeliness was at 100%. Briana is finishing July coding timeliness report data with the most recent encounters, but the data was already averaging 96% timeliness.
    - Blood Culture Contamination Rate – July contamination rate was at 12%. There is a report tracking who processes the blood culture to determine trends. If trends are identified, there are action plans in place for ongoing education and competency. The goal is to maintain the contamination rate less than 3% for three consecutive months by December 31, 2026.
- Red
    - Restraint Log – Briana will meet with Renee McDaniel, ED Manager to develop and implement education plans that align with the CAPs created.
    - Patient Status Orders – Briana met with Katie Beevers, Revenue Cycle manager to understand the challenges still faced with patient status orders. Briana will meet with Utilization Review Committee to discuss the ordering process with providers in that committee to determine the best method to inform providers on the process for patient status orders getting submitted correctly.
    - Cash Handling – This IQC will be in closed status for the next PICC meeting. Previously it was in red status due to the new policies and forms pending leadership approval. The form and policy were approved by the Executive team yesterday.
    - ED Patient Callbacks – July callback rate was 34%. There are processes being implemented to ensure we reach the goal of 80%, but currently the report pulls over 400 patients a month needing callbacks, including patients with no primary care provider. Currently there is only one person working on this report, which drives the low rate for July.
- Green
    - Lab Outreach Task Force – the first meeting was held on June 3 to establish an action tracker and begin implementation on workflow improvements. The next meeting will be on July 22.
    - Medical Records Releases – The closing meeting will be held tomorrow. There were resources and forms implemented that give patients information related to the Radiation Exposure Compensation Act and help them acknowledge and understand our health system does not hold records from over 30 years ago.
    - Safe Use of Opioids – The Opening meeting was held on July 27. Measures are reported to CMS each quarter. We are currently averaging close to state benchmarks, but nationally we do trend higher. Ongoing monitoring will take place each quarter to ensure we are maintaining lower trends compared to state and national benchmarks.
    - Emergency Responses in Radiology – Opening meeting was held last week to implement best practices for emergency responses in imaging such as code blue. The group reviews policies and procedures to create consistent processes and work collaboratively with the Emergency Department for these instances.
- HIM Provider Task Queue IQC is underway to develop standard reports related to providers queues that show any charting and coding that needs completed. Weekly reports are currently being sent to track provider response and improvement.
- CAH Quality Inventory – This IQC is set for September. Sara will work with respective departments and review reports for the annual government survey that CMS requires all CAHs to submit by November.

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 – 8:34 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. Dave Shaw seconded the motion.

Roll Call

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

Committee Chair Dave Shaw adjourned the Executive Session, and the regular session resumed at 8:55am.

IV. ADJOURNMENT

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