

**WILL COUNTY COMMUNITY HEALTH CENTER
QUALITY IMPROVEMENT COMMITTEE
November 1, 2023**

MEMBERS PRESENT

Marie Lindsey – Chairperson
Alan Dyche
Paul Lauridsen
Deborah Kornacker

MEMBERS ABSENT

Frank Sandoval

WCCHC STAFF PRESENT

Mary Maragos, Chief Executive Officer
Dr. Jennifer Byrd, Chief Medical Officer
Stacy Baumgartner, Director of Operations
Phil Jass, Quality Improve/Risk Management

OTHERS PRESENT

Elizabeth Bilotta, Executive Director
Denise Bergin, Assistant Executive Director
Mary Kilbride, Executive Assistant

Supporting documents were sent to the members prior to the meeting and were referenced during the meeting.

I. CALL TO ORDER

Ms. Lindsey called the meeting to order at 4:16p.m.

**II. ROLL CALL-Quorum present
MISSION STATEMENT-Mr. Dyche**

III. APPROVAL OF MINUTES

A **motion** was made by Mr. Dyche to approve the August 2, 2023, minutes and **seconded** by Ms. Kornacker. **Motion carried.**

IV. DISCUSSION ITEMS

A. Quarterly Risk Management Report (report of incidents & complaints)

Mr. Jass presented the July-September Quarterly Events and Incidents reports.

- We have had three (3) mandated reports for this quarter.
- Ms. Kornacker showed concern about the 9/7/23 case involving children.

B. Key Performance Indicator Report

Mr. Jass presented the Key Performance indicators and reviewed the Key Performance Indicator Report. Mr. Jass will start reaching out to the providers during the next provider meeting to start speaking about key initiatives that we want to start working on e.g., high blood pressure, diabetes, colorectal cancer, breast cancer and to make sure that the workflows in Nextgen are being followed.

Ms. Bilotta questioned how do we choose what key performance indicators are new ones to monitor and report on? Ms. Maragos stated some are required on UDS and some others are the HQM

measures. We look at the ones that are most pertinent to us. The goals are from healthy people or what the National goals are at this time.

Ms. Maragos stated that we change the goals at times to set them higher than what we currently are at.

Ms. Kornacker questioned those patients that are tested for HIV. Ms. Maragos stated that is set by UDS. Ms. Kornacker asked if a consent is required for HIV testing? Ms. Maragos stated we no longer need a consent.

C. Patient Satisfaction Survey Quarterly Report

The patient satisfaction survey report from July – September 2023 was presented in the packet for review. Only 13 electronic surveys were sent in. When we were on paper surveys, we would receive 200+ surveys. We looked into sending surveys via email or text, but our IT department is not allowing us to send those out.

Luma is a new feature on Nextgen for surveys, but it is not available until April.

Mr. Jass stated that we need to decrease the number of questions we currently have on the survey. The QI Committee will review these questions and look into this further.

Ms. Maragos is concerned that HRSA will not be happy with these results.

Mr. Jass stated we are integrating the survey with the Health Department.

- * Ms. Bilotta will check with the Health Department to determine how they are doing with their surveys.
- * Mr. Dyche suggested offering an incentive to patients to have them participate in taking a survey.

D. Clinical Risk Assessment

Mr. Jass spoke about this document that covers a lot of our responsibilities and the need of assessing our clinical procedures and processes. We need to put together action plans in order to improve these risks.

There were 21 areas that needed action plans and need to be corrected (pg. 31). We have completed 13 out of the 21 areas that needed correcting.

* Ms. Maragos asked if there is any progress on the Security Risk Assessment? Mr. Melei stated that this is done inhouse. Ms. Maragos wanted to confirm that we are able to show HRSA this. Mr. Jass stated he had met with MediStar and Mr. Melei stated it has been done. Mr. Jass has not seen this document but will be reaching out to Mr. Melei.

Mr. Dyche questioned #6? Ms. Maragos believes this may have been an error and should be marked as a “Yes”.

Ms. Lindsey questioned #116? Ms. Maragos stated when we present credentialing/recredentialing for approval to the GC, it is spoken of then.

Ms. Lindsey feels that #117 should be changed to a “Yes”, Ms. Maragos agreed.

Ms. Kornacker questioned #68a marked as N/A? This section is based on sharp injury.

V. Action Items: NA

VI. Adjournment

A **motion** was made by Mr. Dyché and **seconded** by Mr. Lauridsen to adjourn the meeting at 5:00pm. **Motion carries.**

Transcribed by,

Mary Kilbride

Mary Kilbride
Executive Assistant