

WILL COUNTY COMMUNITY HEALTH CENTER
QUALITY IMPROVEMENT COMMITTEE MEETING MINUTES

February 4, 2026

MEMBERS PRESENT

Dr. Julia Koklys
Paul Lauridsen
Nicole Luebke
Matthew Glowiak (arrival 4:33pm)

MEMBERS ABSENT

Vernice Warren
Frank Sandoval
Tracy Metcalf

WCCHC STAFF PRESENT

Stacy Baumgartner, Chief Executive Officer
Phil Jass, Quality Improvement/Risk Mgmt. Coordinator
Dr. Jennifer Byrd, Chief Medical Officer

OTHERS PRESENT

Elizabeth Bilotta, Executive Director
Armando Reyes, Director of Compliance
Mary Kilbride, Executive Assistant

A. CALL TO ORDER

Mr. Lauridsen called the meeting to order at 4:21pm

B. ROLL CALL – Quorum was not met at 4:21pm

C. MISSION STATEMENT:

- Read by Mr. Lauridsen

D. Quorum was met at 4:33pm.

APPROVAL OF MINUTES

- A **motion** was made by Mr. Glowiak **seconded** by Ms. Luebke for the approval of the minutes from November 5, 2025, meeting. **Motion** carried.
Ms. Koklys **abstained**.

E. KEY PERFORMANCE INDICATOR REPORT

- Small change was made in the Dental measures. It changed from 90% to 97.92%
 - Ms. Koklys questioned how low the % of children < age 2 with appropriate immunizations documented. Ms. Baumgartner stated if a patient does not receive both vaccines, it does not count.
 - Ms. Koklys questioned what action is being taken to improve this? Mr. Jass stated the team has not started working on this indicator yet.
 - Ms. Koklys showed concern about Closing Referral Loop? Mr. Jass stated they just completed a meeting re: Closing Referral Loop and realized they were missing a step. Hopefully the numbers should look better in 2026.
 - Ms. Bilotta asked if we can have 2 lines for % of children under 2 with appropriate immunizations. One line for first immunization and 2nd line for second immunization. Possibly footnote stating a discrepancy if both immunizations are not received. Mr. Jass will check with ITT.

F. INCIDENT REPORTS:

- So far there have been fifteen (15) Incident Reports reported in 4th quarter of 2025.

G. PATIENT COMPLAINTS:

- 2 complaints were submitted from October-December.

H. PATIENT SATISFACTION SURVEY

- In 4th quarter, 92 paper surveys and 31 Kiosk surveys were completed, meaning more patients are using the Kiosk.
- Ms. Koklys stated it would be helpful if kiosk results and paper copy results were side by side on report. Mr. Jass will work on this.
- Ms. Koklys asked what are the benchmarks with Patient Satisfaction numbers? Ms. Baumgartner stated 3 and under is generally the benchmark. It will be added to this form.

I. ACTION

- Approval of CQIPM Plan.

A **motion** was made by Ms. Koklys **seconded** by Mr. Glowiak for the approval of the CQIPM Plan. **Motion** carried.

Mr. Jass spoke briefly about the CQIPM Plan. Minor changes were made to the Plan.

- * Mr. Lauridsen asked if the measures are part of this? Mr. Jass states Yes, they are included.
- * Mr. Lauridsen asked if this is a requirement per HRSA? Ms. Baumgartner stated Yes.
- * Ms. Koklys stated that she feels we are missing something in Childhood Influenza. Dr. Byrd feels that patients go elsewhere for the 2nd Influenza.

- Approval of Training Plan.

A **motion** was made by Mr. Glowiak **seconded** by Ms. Luebke for the approval of 2026 Training Plan. **Motion** carried.

J. ADJOURNMENT

- There was a motion by Ms. Luebke **seconded** by Ms. Koklys to adjourn 4:56pm. **Motion** carries.

Transcribed by,

Mary Kilbride

Mary Kilbride, Executive Assistant to the Executive Director of WCHD