

**WILL COUNTY COMMUNITY HEALTH CENTER
QUALITY IMPROVEMENT COMMITTEE MEETING MINUTES
May 6, 2026**

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MEMBERS PRESENT

Vernice Warren – Chairperson
Paul Lauridsen
Nicole Luebke
Matthew Glowiak
Dr. Julia Koklys, 4:30pm

MEMBERS ABSENT

Frank Sandoval
Tracy Metcalf

WCCHC STAFF PRESENT

Stacy Baumgartner, Chief Executive Officer
Phil Jass, Quality Improvement/Risk Mgmt. Coordinator

June Reisner, Administrative Assistant to the CEO

OTHERS PRESENT

Elizabeth Bilotta, Executive Director
Armando Reyes, Director of Compliance

CALL TO ORDER

- Ms. Warren called the meeting to order at 4:26pm

ROLL CALL AND DETERMINATION OF QUORUM: Quorum met 4:26pm

APPROVAL OF MINUTES

- A **motion** was made by Mr. Lauridsen **seconded** by Ms. Luebke for the approval of the minutes from the February 4, 2026, meeting, **Motion** carried.

INCIDENT REPORTS:

- The transition to electronic critical incident reports has led to a significant increase in reported incidents due to ease of use via SharePoint and an established reporting culture.
- Protected Health Information incidents are being reported more consistently. The response is ongoing retraining and completing root causes often the cause is "rushing" by staff and issues with shared copy machines.
- The follow-up process requires managers to address completed incident reports within 48 hours, with an automated email reminder at 72 hours, to ensure swift corrective actions and prevent recurrence.

KEY PERFORMANCE INDICATOR REPORT

- Significant challenges exist with Key Performance Indicator (KPI) reporting, including missing or inaccurate data, particularly for deliveries/early pregnancy, breast cancer screening, adolescent screening, and dental measures.
- New initiatives include Phil running UDS data quarterly to identify problems early and creating individual quality measure dashboards for each provider.

PATIENT SATISFACTION SURVEY

- The CHC is transitioning to electronic patient satisfaction surveys via kiosks and iPads, though paper surveys still outnumber electronic submissions.
 - A significant issue was identified with OB patients receiving surveys **before** services, which is not valid as surveys should evaluate Women's Health Services already rendered.
- Patient wait times are a top complaint.
- Accurately measuring patient cycle time is challenging due to patients not checking out, varying patient needs, the need for interpreter services, and occasional interpreter shortages.

PROVIDER PERFORMANCE & BONUSES

- Individual performance reports have been completed for all providers, detailing their name, target goals, and current standing for all included measures.

- A suggestion was made to partner high-yielding providers, with low-yielding providers for mentorship. 4
- Provider bonuses will be presented for approval from the Governing Council based on a recommendation from the Quality Committee.
- Bonuses are tied to specific performance measures, with the first met measure earning \$1000 and subsequent met measures earn \$500 This is built into the budget each year.

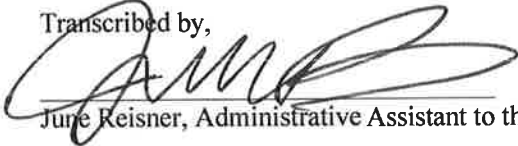
ACTION

- None

ADJOURNMENT

- There was a motion by Dr. Glowiak **seconded**. By Dr. Koklys to adjourn 5:01pm, **motion** carries.

Transcribed by,



June Reisner, Administrative Assistant to the CEO, WCCHC

QUALITY COMMITTEE MEETING WILL BE: Wednesday, August 5, 2026, 4:15pm