MEMBERS PRESENT
Vernice Warren – Chairperson
Paul Lauridsen
Nicole Luebke
Matthew Glowiak
Dr. Julia Koklys
Tracy Metcalf, 4:35pm

MEMBERS ABSENT
Frank Sandoval

WCCHC STAFF PRESENT
Stacy Baumgartner, Chief Executive Officer
Phil Jass, Quality Improvement/Risk Mgmt. Coordinator
June Reisner, Administrative Assistant to the CEO

WCHD STAFF PRESENT:
Elizabeth Bilotta, Executive Director

OTHERS PRESENT
Noemi Mora

CALL TO ORDER
- Ms. Warren called the meeting to order at 4:27pm

ROLL CALL AND DETERIMINATION OF QUORUM: Quorum met at 4:27pm

APPROVAL OF MINUTES
- A **motion** was made by Dr. Koklys **seconded** by Dr. Glowiak for the approval of the minutes from the May 6, 2026, meeting, **Motion** carried.

INCIDENT REPORTS:
- It was reported that the center had twenty – three incident reports reported, the majority being code blues.
- Other incidents include technology and Protected Health Information (PHI). Steps have been taken to rectify and improve the PHI incident reporting to reduce the occurrence.
- It was noted that PHI incidents are not always reported in the month they occur, sometimes they are discovered later, then reported immediately.

PATIENT COMPLAINTS REPORT:
- The center had two complaints from April, May and June, both related to Behavioral Health, (lack of medication).
    - Both incidents were investigated and rectified immediately.

KEY PERFORMANCE INDICATOR REPORT:
- The senior management meet regularly to identify key performance measures, assign target goals, and consider HRSA expectations and FQHC benchmarks.
- The management are working with GBS, the NextGen server host on workflow measures.
- They also meet weekly with IT, and the clinical team to identify proper workflows and ensuring exact steps for NextGen documentation. Fifteen of the twenty – six workflows have been tested and completed in the relevant departments.
- A depression screen workflow has been rolled out and is leading to increased compliance.

PATIENT SATISFACTION SURVEY:
- It was reported the bulk of surveys are still being turned in via paper, which require manual entry. April through June 2026 the center received 310 in paper and 15 via Kiosk.

- Ms. Jass is meeting with IT to extract how referral data is captured, the goal is to mov towards electronic surveys by possibly posting QR Codes behind exam room doors, and around the clinic.

QUARTERLY RISK ASSESSMENT:

- Philip Jass, the Quality Improvement and Risk Management Coordinator presented Quarter 1 - 2026.
- The committee focused on the centers 2026 goals which are:
    - Continue to reevaluate 2025 risks and maintain a reduced risk score
    - Develop risk reduction plans for other identified risk areas from CQI meetings.
    - Monitor workflows supporting performance improvement, indicators, and quality measures
    - Train, retrain, and report all outcomes to the Quality Committee and Governing Council
    - Work with GBS regarding data concerns to ensure correct mapping and avoid UDS reporting complications.
    - Monitor adherence to PDSA's and risk assessments, including new items like nutrition assessments
    - Address any improvement projects identified by the Quality Committee or Governing Council
    - The managers' duties are being expanded to create a coordinated care service. This will track and monitor patients needing pap smears, mammograms, colonoscopies, etc.. This is expected to help achieve goals by managing care in a more structured way.

ANNUAL 2025 RISK ASSESSMENT:

- Mr. Jass also presented and reviewed the 2025 Annual Risk Assessment Report which included:
    - 2025 Quarterly Risk Assessments
    - 2025 Performance Report/Quality Indicators
    - 2025 Patient Satisfaction Surveys (Electronic, Paper and School-Link Health Center)
    - 2025 Incident Report Data, Risk and Patient Safety Activities (Complaints/Grievances)
    - Other Risk Management Activities (Plan, Do, Study, Act)
    - Risk Management Training
    - Claims Management
    - Findings/Quality Improvement
    - 2026 Performance Goals.
- Discussion on the 2025 Report followed. Mr. Jass explained the FTCA requirements regarding the Full 2025 Annual Risk Assessment Report needed to be reviewed and approved by the Governing Council. Dr. Warren mentioned this was on the Governing Council agenda for approval later in the meeting.

ADJOURNMENT:

- The was a motion by Dr. Glowiak **seconded**. By Mr. Lauridsen to adjourn 5:04pm, **motion** carries.

Transcribed by,

June Reisner, Administrative Assistant to the CEO, WCCHC

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