

RIVER VALLEY HEALTH AND DENTAL CENTER
Quality Assurance/Quality Improvement Committee Meeting Minutes
February 15, 2023, 12:00 PM

PRESENT: Emily Drick, CQO; Jim Yoxtheimer, President & CEO (ex-officio); Dr. Ralph Kaiser, Board Member; Jackie Oliva, Director of Community Engagement/Grants Manager; Max Houseknecht, Jr., CFO; Matt McLaughlin, COO; Dr. William Bartlow, CMO; and Karla Sexton, Compliance Officer

PRESENT VIA ZOOM: Barb Parker, Director of Clinical Operations and Barb Vanaskie, Board Member

I Policies for Review

Emily indicated that there was only one policy reviewed for the month which was the 2023 Training Plan. Jackie reported that the 2023 Training Plan and the courses offered were sent to the committee last week for their review. There were new additions this year. More emphasis was placed on security awareness. There were 340b healthcare fraud trainings added. There was also OB training and Human Trafficking training added this year.

Motion #1 Max Houseknecht, Jr. made the motion to recommend approval of the 2023 Training Plan. Karla Sexton seconded the motion. The motion passed unanimously.

II FTCA

Jackie reported it is required by FTCA to annually approve the Training Plan above.

III PCMH

Emily reported that that was an upcoming training through PACHC for advanced training of standards and recommendations for workflows.

IV Credentialing/Recredentialing

- a. **Crystal Harrison, PHDHP:** Crystal Harrison is a Public Health Dental Hygienist who was in need of her recredentialing to the staff of River Valley Health and Dental Center.
- b. **Lisa McClintock, PharmD:** Lisa McClintock is a pharmacist in need of her recredentialing to the staff of River Valley Health and Dental Center.
- c. **Sadaf Islam, M.D.:** Dr. Islam is a telepsychiatrist in need of her initial credentialing to River Valley Health and Dental Center.
- d. **Gretchen Henson, DDS:** Dr. Henson is a dentist in need of her initial credentialing to River Valley Health and Dental Center.

Motion #2 Matt McLaughlin made the motion to approve Crystal Harrison, PHDHP and Lisa McClintock, PharmD for reappointment to the staff and Sadaf Islam, M.D. and Gretchen Henson, DDS for initial appointment to the staff of River Valley Health and Dental Center. Emily Drick seconded the motion. The motion passed unanimously.

V Dental QA/QI Reports

- a. **Peer Review:** Emily reported that charts have been assigned for peer review and are due back to her the end of the month. Results will be reported next month.
- b. **Patient Concerns:** There were no patient concerns reported for the month.

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VI Medical/Reproductive/Behavioral Health QA/QI Reports

- a. Peer Review:** Emily reported that charts have been assigned for the peer review and are due back to her the end of the month. Results will be reported next month.
- b. Patient Concerns:** There were no patient concerns for the month.

Emily reported that there were 22 Office Assistant audits which produced a 99% success rate. The fallout was from specialty care checkout where it was requested that a patient return twice a week for four weeks and that was not completed. This could have been at the request of the patient and ways to document were discussed and the staff member will be re-educated on scheduling process.

VII Patient Satisfaction Survey

Emily reported there were five responses for the month for medical and nine for Express Care. 0 responses received for dental and specialty care. Workgroup had a lengthy discussion on ways to increase participation in the surveys. Google reviews were 4.5 out of 5 for the month. Emily shared a very positive and meaningful comment from a patient. She will send the information to Amy so it can be added to the next newsletter for staff to see.

- a. Sliding Fee Survey:** Emily reviewed the results of the Sliding Fee Discount Survey. She indicated that the Center only received 25 responses. Of the 25 responses, 11 patients were from medical, 13 patients from dental, and 1 from pharmacy. The medical and pharmacy responses showed that 100% of the patients are able to pay their sliding fee when receiving services and only 83.3% of the patients are able to pay for dental services at the time of service. The sliding fee scale does not stop any of the patients from scheduling an appointment. Max reported that this information will go to the Executive/Finance Committee next month as they are tasked with reviewing this information every three years.

VIII Performance Measures

Emily reminded the team that this is the first month reporting for 2023. The results are much lower in the beginning of the year. Metrics making a strong start at diabetes poor control, controlled hypertension, ED utilization, Med Rec Post discharge, and documentation of current medications.

Emily reported that workgroup focused on the ADHD follow up metric this month and brainstormed ways to get the patient scheduled for return appointment within the 30-day window. This metric will be started in the PDSA process for improvement.

IX Safety

Barb reported there was a fire drill on January 25 which went well. The Safety Committee has been working on a mass casualty education which should be rolled out to supervisors soon.

The process for overhead paging has been reviewed recently due to the new phone system. There is some concern from the dental team as the pages now go through all phones. The dental team does not have their own phone in each operatory. That will be discussion for the upcoming safety meeting.

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There was an incident a few weeks ago with a possible armed shooter in the vicinity of the Center. The Center was on lockdown until everything was cleared. There were several issues which will be discussed at the next safety meeting for improvement in the future. Safety committee will ensure changes and training is completed for all staff.

X Risk Management

a. Legal: Nothing to report.

b. Incident Reports: Emily reported that there were two incident reports for the month. The first incident report was when a patient had to return to the office to have a lab slip reprinted. When the lab slip was reprinted all testing was not included. The patient had to return to the hospital for another lab draw to complete their testing. The staff member was re-educated on the process to print a lab slip that includes all patient orders.

The second report was a 17-year-old receiving the incorrect dose of a COVID vaccine. Patient was given bivalent booster instead of 2nd primary dose. A new process has been set for a second double check from nurse before the vaccine is given. Both the clinical staff member administering the vaccine and the nurse double checking it is correct will be documented in the patient chart.

XI Care Management Team

Emily reported that there were 177 patients enrolled in the Care Management Program which produced 90 goals being met. The largest barrier continues to be transportation. There were 342 SDOH screenings completed for the month with 4 enabling services provided. The largest barrier continued to be increased stress followed by unemployed seeking work and then transportation.

Workgroup had a lengthy discussion regarding SDOH documentation and warm hand offs to social services for positive screens. Phil plans to review with clinical staff at upcoming staff meetings. Emily has developed structured documentation fields for social services staff to utilize to capture referrals following positive SDOH screenings and outcomes from those referrals. Improved documentation will lead to improved data collection for SDOH.

XII EHR Update

Max reported he and the IT team continue to work through issues with the V12 update. There are currently five cases open. Most of them have workarounds in place, although not a great workaround. Max indicated the V12 roll out went fairly well compared to those in the past.

XIII Special Projects

a. Aledade: Emily reported that she has begun receiving ED and hospital discharge notifications within the app. Amber has been working that process to outreach patients for follow up care. She will complete questionnaires with patients to determine if they knew we have Express Care services, after hours access, etc. Emily indicated that she had a meeting scheduled with the Aledade representative later in the week.

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XIV Open Discussion

Nothing further was brought to the committee for discussion.

Next Meeting: March 15, 2023 @ 12:00 PM Community Room