

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.
Quality Assurance/Quality Improvement Committee Meeting Minutes
June 15, 2022, 12:00 PM

PRESENT: Emily Drick, Chief Quality Officer; Jackie Oliva Strus, Community Engagement and Grants Manager; Barb Wool, Director of Clinical Operations; Matt McLaughlin, Chief Operating Officer; Max Houseknecht, Jr., Chief Financial Officer; Jim Yoxtheimer, President & Chief Executive Officer (ex-officio); Karla Sexton, Compliance Officer; Dr. Ralph Kaiser, Board Member; and Barb Vanaskie, Board Member

Excused: Dr. Kayla Richardson, Angie Houseknecht; and Mindy Diggan

I Policies for Review

Emily reported that all Reproductive Health policies were updated to reflect a title change to Director of Clinical Operations. Policies which were reviewed with no changes recommended, other than the title change, were 3.0.01, 3.0.02, 3.0.04, 3.0.05, 3.0.08, 3.0.09, 3.0.10, 3.0.11, 3.0.14, 3.0.15, 3.0.17, 3.0.18, and 3.0.19.

Reproductive Health policies which had changes recommended are as follows:

3.0.03 Adolescent Services: Removed the word “Procedure” as the section is part of the policy.

3.0.06 Confidential Services: Change the word “Provision” to “Policy”

3.0.07 Contraceptive Drugs: Title changes throughout the policy to reflect the change to Director of Clinical Operations.

3.0.12 Human Trafficking and Referral: Removed definitions to simplify the policy.

3.0.13 Male Services: Updated where males are referred to.

3.0.16 Preconception Health Services: The layout of the policy was changed, but the content remains the same.

Motion #1 Dr. Ralph Kaiser made the motion to recommend changes to policy 3.0.03, 3.0.06, 3.0.07, 3.0.12, 3.0.13, and 3.0.16. Max Houseknecht, Jr. seconded the motion. The motion passed unanimously.

There was one policy from the Patient Flow chapter that needed to be reviewed and updated.

12.0.06 Patient Failed Appointment Policy: The policy content did not change. The procedure was pulled from the policy and a separate procedure was made.

Motion #2 Matt McLaughlin made the motion to recommend changes to policy 12.0.06. Jim Yoxtheimer seconded the motion. The motion passed unanimously.

Emily then reviewed the procedures which were sent to the committee for their review. She reminded the committee that procedures do not need board approval; however, they were brought up for discussion and to recommend any changes which can be done at any time. The

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procedures reviewed were Failed Appointment Procedure, Medical Masking Exemption Procedure, and Nitrous Oxide Procedure. All procedures were discussed, and all questions were answered.

Karla indicated she would need to review the Patient Rights and Responsibilities since the Patient Failed Appointment/Procedure has changed.

II FTCA

Jackie reported she has been working through the application process which has changed somewhat this year. Risk Management and Quality documentation is to be submitted by quarter rather than annually. Submission is planned for the week of June 27, after the full board meeting.

III PCMH

Emily reported the PCMH application will be submitted in July. She has been working on the application and there are no areas for concern.

IV Credentialing/Re-Credentialing

Karla reported there were no providers in need of credentialing this month. She has worked on three clinical staff members to include Brenda Mitchell, Serena Chapman, and Abigail Helm. Two of the three are complete. The first three staff members indicated the process was easy for them and it is hoped to continue to go well as all clinical staff members are credentialed. Karla indicated she will report each month who has been credentialed since the last meeting for informational purposes.

V Dental QA/QI Reports

a. Peer Review: Emily reported that there were 20 charts reviewed for the second quarter which showed one fallout. There were no radiographs ordered and no reason documented as to why they were not. Mindy followed up with provider education.

b. Patient Concerns: There were no patient concerns for the month.

VI Medical/Reproductive Health/Behavioral Health QA/QI Reports

a. Peer Review: Emily reported that two charts per provider were reviewed. Fourteen out of 18 providers received a score of 80% or higher. Of the four charts that scored below 85% deficiencies were found in history, health care maintenance, and problem lists. Dr. Richardson will review the deficiencies with the providers individually. Reviews in Behavioral Health, Reproductive Health, Express Care, and COVID-19 testing/triage all scored above 85%.

b. Patient Concerns: There were no patient concerns for the month.

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VII Patient Satisfaction Survey

Emily reported there were 101 responses from patient satisfaction survey with mostly positive responses. “Would you refer your friends and family to RVHDC” returned a 100% yes response from dental and 98% yes from medical.

It was discussed to come up with surveys specific for Express Care and Jersey Shore dental. Emily indicated she would take that back to workgroup and come up with suggestions.

A suggestion was made to explore options of a place on the website where the public can post a review without having to do a Google review or complete the survey. For May data, overall Google review rating was 4/5 stars.

VIII Performance Measures

Emily reported that there were improvements in several metrics from last month to include Chlamydia screening, statin use in patients with diabetes, caries risk assessment, follow up care in ADHD, depression remission, EPSDT visits, hospital follow up visits. Medication Reconciliation was down 1% from last month, but still above the 60% goal. Dental treatment plan completion rate decreased from last month and the dental team has been working on an action plan for this metric. Emily reported that a CareMessage outreach was completed for patients overdue for their Cervical Cancer screening. Thirteen visits were completed through Amerihealth’s outreach with patients who came in for the appointment receiving a gift card from Amerihealth.

Workgroup discussed the diabetes control metric and ways to combat the fallouts occurring. They will continue to brainstorm in subsequent meetings. To start, Emily and Barb will review fallouts of this population to determine where interventions should be targeted. Workgroup also discussed the ED utilization metric with the ongoing concern of receipt of the face sheets to know which patients are presented to the ED. The idea of a card or flyer to be made to hand out to patients which would include the Center hours, EC hours, and how to receive care or advice after hours.

Emily reported the Call Center has been monitoring new patient appointments for the month to determine the number percentage of patients requesting new patient appointments which are offered appointments within 30 days. This rate will be reported in the next QA/QI meeting.

IX Safety

Barb reported the committee was still working on education for bomb threat and infant abduction. Those drills should be held in July. Barb reported that she will be transitioning the chair of this committee to Philip Waltz. She will be helping him over the next few months while in transition.

X Risk Management

a. Legal: Nothing to report.

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b. Incident Reports: There was one incident report for the month where a patient had an ear irrigation completed and fell upon standing up. They were evaluated by their provider at the time with no injuries noted. The provider followed up with a phone call the following day with no injury reported at that time. It was suggested to have a protocol where the patient should wait approximately 5 minutes before standing after the procedure. Barb will follow up with clinical support staff on following proper procedure for ear irrigation.

XI Care Management Team

Emily reported there were 148 care plans created for the month. The team provided 33 face-to-face visits. There were 63 patients who met their goal. The biggest resources provided to patients were support/counseling and community resources such as referral to STEP, ARW, and YWCA. The biggest barrier identified was lack of social support to include living alone, single parent, widow/widower, or strained family relationships.

Emily indicated that the Social Determinants of Health (SDOH) continue to be completed during routine office visits. In May there were 253 screenings completed which produced 44 Community Navigator referrals. Increased stress continues to be the largest barrier with transportation second. Emily will follow up with Behavioral Health team to brainstorm interventions for patients reporting elevated stress and interested in resources.

XII EHR Update

Emily reported that the KLAS EHR survey will be closed June 21. The Center partnered with the health federation for feedback on EHR. The survey was sent to 44 staff members with 30 respondents, 10 of whom were providers. The Health Federation will then analyze the data collected and request a meeting to review the information. This project will inform training interventions to improve EHR workflows.

XIII Special Projects

- a. Expanded Rooming Process:** Barb indicated there was nothing new to report. The Expanded Rooming Process has been in place. There will be periodic audits. This item can be removed from the Special Projects list.

XIV Open Discussion

There was nothing further brought before the committee for discussion.

Next Meeting: Wednesday, July 20, 2022, at 12:00 PM Community Room