

**RIVER VALLEY HEALTH AND DENTAL CENTER**  
**Quality Assurance/Quality Improvement Committee Meeting Minutes**  
**January 18, 2023, 12:00 PM**

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

Excused: Barbara Parker

**I Policies for Review**

Emily reported that there was only one policy for review for this month. It is policy 15.0.10 Rapid Response to Medical Emergency. There were only minor verbiage changes to clarify who specifically is required to have BLS certification.

**Motion #1 Dr. Ralph Kaiser made the motion to recommend approval of changes to policy 15.0.10 Rapid Response to Medical Emergency. Dr. William Bartlow seconded the motion. The motion passed unanimously.**

**II FTCA**

Nothing to report.

**III PCMH**

Nothing to report.

**IV Credentialing/Recredentialing**

- a. **Daniel Conner, DO:** Dr. Conner is in need of recredentialing/privileging.
- b. **Laura Farr, PHDHP:** Laura Farr, PHDHP is in need of recredentialing/privileging.
- c. **Eula Doering, CRNP:** Eula Doering is in need of initial credentialing/privileging.

Based upon the review of the applications reappointment/appointment to River Valley Health and Dental staff of the above named providers and the results of the credentialing verification process, Dr. Bartlow has recommended that they be granted reappointment/appointment to the staff. Their requests for practice privileges were also reviewed and found suitable for the granting of the privileges requested.

**Motion #2 Max Houseknecht, Jr. made the motion to recommend reappointment to the staff at River Valley Health and Dental for Dr. Daniel Conner, Laura Farr, PHDHP, and Eula Doering, CRNP. Jim Yoxtheimer seconded the motion. The motion passed unanimously.**

- d. **Linda Davis, CRNP:** Karla indicated that Linda's privileges were reviewed due to her working in both Express Care and Reproductive Health. Her privileges are now current and up to date.

**Motion #3 Dr. Ralph Kaiser made the motion to recommend approval of privileges for Linda Davis, CRNP. Emily Drick seconded the motion. The motion passed unanimously.**

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**January 18, 2023, 12:00 PM**

**V Dental QA/QI Reports**

- a. Peer Review:** Emily reported that charts will be assigned next month, and the results will be reported back to this committee in March 2023.
- b. Patient Concerns:** Matt reported that there were no dental patient concerns for the month.

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

- a. Peer Review:** Emily reported that charts will be assigned next month, and the results will be reported back to this committee in March 2023.
- b. Patient Concerns:** Matt reported that there were no medical patient concerns for the month.

Emily reported there was an audit performed for Office Assistants. 20 charts were reviewed which produced 98% compliance. There were two fallouts, one household assessment was not completed and the second showed the PCP was not updated. Staff involved were re-educated in the process.

**VII Patient Satisfaction Survey**

Emily reported there were 119 total survey responses for 2022. She has updated the survey for 2023 and has new QR codes to place in Express Care, Specialty Care, as well as the Center for medical and dental. It has come to her attention that the tablets for dental are not currently working. IT has been notified to resolve the issue. Updated survey links have been added to the website as well. Staff was reminded to encourage patients to complete the satisfaction survey following a visit.

**VIII Performance Measures**

Emily reviewed in detail the 2022 QM Workplan. Of the 16 metrics which were focused on for 2022 there were 6 goals met. However, there was improvement in every metric. Workgroup continues to strategize on ways to improve metrics and meet goals specifically for 2023 workplan metrics.

**IX Safety**

Nothing to report.

**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 was a specimen sent to the lab with an incorrect date of birth. The lab could not process the specimen. The parent was made aware, and the patient denied additional symptoms, no further symptoms were reported. Upon investigation incorrect date of birth was entered on the patient chart. All staff involved were re-educated. The second incident was with a specimen that was not taken to the lab on a day the Center had an early closure. The patient had already been started on an antibiotic and was called to return to the center for a follow up specimen collection. Staff was re-educated on proper procedure to ensure lab specimens are transported to the lab if the courier is not picking up.

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**XI Care Management Team**

Emily reported that the month of December produced 109 face-to-face visits. There were 90 patient goals met and 247 care plans created or updated. Emily indicated that there were 3,104 SDOH completed for 2022. Increased stress continued to be the largest barrier followed by unemployment and transportation.

Suggestion was made from the committee to consider inviting representative from Career Link to be in the waiting room and send out CareMessage to invite patients as a way to help with the unemployment barrier.

**XII EHR Update**

Max reported that eCW V12 was set to update this coming Tuesday. Managers have been communicating with their staff to be sure to keep all laptops on site Tuesday when leaving for the day. Emails will be sent out as a reminder on Monday and Tuesday as well.

**XIII Special Projects**

- a. Aledade:** Emily reported that Aledade officially kicked off January 1. Rachel, the project manager was on site earlier this month. CMS will not input attribution data into the Aledade app until the end of the first quarter. Aledade reports will be brought to QA meetings in the future to include wellness visits and transition of care follow up. Emily reminded the team that there are a lot of resources available for all staff. Emily is in the process of registering additional staff in the app.
- b. Balance Score Card CY23 Update:** Matt indicated that he and Emily would like to change the Medical Quality metric from Cervical Cancer Screening to A1C control. Emily indicated that the Cervical Cancer Screening would stay on the work plan for interventions throughout the year. Many factors influence cervical cancer screening rates outside the Center's scope of control (patient compliance, receipt of results from outside offices, etc.). The A1C metric is a UDS measure as well as HEDIS measure that carries weight. The committee showed support for changing the metric to A1C control. Interventions will be discussed and planned through QA workgroup including potential for diabetes education classes.

**XIV Open Discussion**

**Next Meeting: Wednesday, February 18, 2023, at 12:00 PM**