

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.
QA/QI Committee Meeting Minutes
March 11, 2021 12:00 PM

PRESENT: Jackie Oliva Strus, HR/Grants Manager; Max Houseknecht, Jr., CFO; Jim Yoxtheimer, President & CEO (ex-officio); Karla Sexton, Compliance Officer/Business Development; Barb Wool, Clinical Operations Manager; Dr. Kayla Richardson, Chief Medical Officer; Emily Drick, QA/QI Manager; Angie Houseknecht, Front Office Manager; and Mindy Diggan, Dental Operations Manager

I Policies for Review

a. Patient Confidentiality:

- **6.0.01 Consent Documentation Policy:** Karla reported that since sending out the policy to the committee for review it was brought to her attention that consents are obtained from patients every three years, not yearly. That information was changed in the policy.
- **6.0.02 Notice of Privacy Practices:** It was suggested to place this notice on new logo. Karla indicated she would take care of transferring all information to the current branding for the Center. It was also asked how the new Jersey Shore site would fit it. Karla indicated she would have to do a separate one with that address, which would not be a problem.
- **6.0.03 Unassigned Policy**
- **6.0.04 Patient Rights & Responsibilities:** Karla indicated there was a section added for the addition of video and telephone monitoring.
- **6.0.05 Patient Confidentiality:** This policy was reviewed with no changes recommended.

Motion #1 Barb Wool made the motion to recommend approval of the Patient Confidentiality policies subject to the change in logo for the Notice of Privacy Practices. Max Houseknecht, Jr., seconded the motion. The motion passed unanimously.

b. Clinical:

- **10.0.20 Lab and Diagnostic Tracking Policy:** there was a change in protocol on how critical results should be communicated within the Center and how it is documented.

Motion #2 Angie Houseknecht made the motion to recommend approval of the Clinical Policy 10.0.20. Emily Drick seconded the motion. The motion passed unanimously.

c. Clinical Info & Tracking:

- **13.0.01 Chart Review Protocol:** Updated review and tool added to policy to replace the old review tool, to include dental chart review.
- **13.0.02 Records Storage:** Deleted #2, boxes do not need to be purchased from Williamsport Moving Company and changed #7 to name the Administrative Assistant to keep the master copy of all storage items.

Motion #3 Angie Houseknecht made the motion to recommend approval of the Clinical Info & Tracking policies. Mindy Diggan seconded the motion. The motion passed unanimously.

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.
QA/QI Committee Meeting Minutes
March 11, 2021 12:00 PM

d. Compliance Report

Karla reviewed, in detail the 2020 Compliance Report. This is a review of all activities from the year 2020 and the goals for 2021.

Motion #4 Max Houseknecht, Jr. made the motion to recommend approval of the 2020 Compliance Report. Angie Houseknecht seconded the motion. The motion passed unanimously.

II FTCA

Nothing to report.

III PCMH

Nothing to report.

IV Credentialing/Re-credentialing

a. Lisa McClintock, RPh: Karla reported that Lisa McClintock needs her two-year recredentialing.

b. Crystal Harrison, PHDHP: Karla reported that Crystal needs her initial credentialing for PHDHP.

Based on Dr. Richardson's review of the applications for reappointment/appointment as designated above to the River Valley Health and Dental Center staff by the referenced providers and the results of the credentialing verification process, she recommends that they be granted appointment to the staff.

Motion # 5 Jim Yoxtheimer made the motion to recommend approval of the recredentialing and reprivileging of Lisa McClintock, RPh and the credentialing and privileging of Crystal Harrison, PHDHP to the staff of River Valley Health and Dental Center. Emily Drick seconded the motion. The motion passed unanimously.

c. David Uhrik, DDS: Karla reported that Dr Uhrik is a locums tenens dentist who plans to start at the Center the end of March.

d. Norma Cruz-Luna, MD: Karla reported that Dr. Cruz is a psychiatrist hired for telepsychiatry.

Based on Dr. Richardson's review of the applications for appointment as designated above to the River Valley Health and Dental Center staff by the referenced providers and the results of the credentialing verification process, she recommends that they be granted appointment to the staff.

Motion #6 Barb Wool made the motion to recommend approval of the credentialing and privileging of Dr. Davide Uhrik and Dr. Norma Cruz-Luna to the staff of River Valley Health and Dental Center. Mindy Diggan seconded the motion. The motion passed unanimously.

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.
QA/QI Committee Meeting Minutes
March 11, 2021 12:00 PM

V Dental QA/QI Reports

a. Peer Review: Mindy reported there were 8 charts reviewed with 2 fallouts noted. The first fall out was a soft tissue exam not noted. Second was tobacco status not documented. Team members were re-educated on the importance of being comprehensive with clinical documentation.

b. Patient Concerns: Mindy reported there was one patient concern for the month where a patient felt the assistant working with them did not use proper PPE when setting up the exam room and was concerned the supplies used with her were not sterile. Mindy explained to the patient that we do not work in a sterile environment and discussed the steps taken to ensure the safety of our patients and staff to mitigate contamination of equipment and materials. Patient was satisfied with the outcome of the discussion. A same day meeting was scheduled with the entire dental team to discuss the incident. Proper PPE and infection control was reviewed. Mindy indicated the employee was following proper PPE guidelines and it was a perception of the patient.

VI Medical/Reproductive/Behavioral Health QA/QI Reports

a. Peer Review: Dr. Richardson reported on the medical chart review. Two providers did not return the charts that were assigned to them. She indicated that she has been trying to instill in the providers, that the charts should be so as if they were to be out another provider can just jump right in and continue management. It was felt the providers reviewed each other quite liberally. Dr. Richardson indicated she reviewed them after each provider with only a differential of 1-2 points.

b. Patient Concerns: Barb reported there was one patient concern for the month which was provider/patient relations. Barb indicated this information was sent to Dr. Richardson to review with the provider.

VII Patient Satisfaction Survey

Emily reported that she has been working with IT to send text messages to patients with a link to complete a survey. However, they have a ticket open with eCW as they have had issues with their sessions “timing out”. Emily also indicated she has been working with Angie for a different approach with tablets to be placed in the check out area for patients to complete the survey. They will have screen protectors on them so they can be sanitized after patient use.

VIII Performance Measures

Emily reported the results of the performance measures are very similar to last month. Clinical staff just completed training on the A1C measure. Workgroup has been brainstorming on the SDOH screening.

IX Risk Management

a. Legal: Nothing to report.

b. Incident Reports: Emily reported there were two incident reports for the month. One report was an employee related with moving boxes. The second, a patient was found down on one knee across the street from the Center on their way for an appointment. They were assisted to the Center and evaluated by their provider.

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.
QA/QI Committee Meeting Minutes
March 11, 2021 12:00 PM

Barb reported the Safety Committee has been discussing hazard vulnerability assessment and has identified areas for improvement. The committee will be having education and training on the infant abduction procedure as well as bomb threat education.

It was requested to have the active shooter training completed at the 431 Hepburn Street location. Barb indicated she will have the training scheduled.

X Care Coordination Team

Emily reported the care coordination team is following 108 patients. ED visits were up for the month of February. Dr. Richardson would like to survey the patients who report to the ED to discuss how they came to the decision to report to the ED as well as make the patients aware of our services.

XI EHR Update

Max reported the Center is still waiting on the update. He indicated the IT department sends weekly emails to check on the status of our update.

XII Special Projects

a. Behavioral Health/Dental Integration: Mindy reported 21 patients were assisted in Behavioral Health/Dental Integration program. 32 patients declined services, however the dental patient navigator reached out to three due to provider concerns. Five patients screened negative but still asked to speak with the navigator regarding available resources.

b. Customer Care Roundtable: It was decided to remove this item from the special projects until staffing is a little more stable.

c. Collaboration with Community Acupuncture: Nothing new to report or new issues. Dr. Richardson indicated she has had several patients who attended and were very satisfied with the services and outcomes. Max reported that the Center has not received invoices from Dr. Reidy, Barb will reach out to their office for assistance.

d. Hypertension Collaboration with Quality Insights: Emily reported there are a few patients who have not received their bag with the scales, blood pressure monitors, and thermometer. The transportation driver will be working on delivering those soon. Most patients are set for a follow up phone call to check in to see how their blood pressure readings are. There is a template in eCW to be used for this service.

e. Peer Chart Audits: After discussion, it was decided to remove this item from the list.

XIII Open Discussion

It was reported that phone calls from the center are coming through as “potential spam”. It is felt this may be one of the reasons why patients are not answering their phones to schedule the covid vaccine. After discussion, Jim asked Karla to reach out to her peers to see if they may have any insight.

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.
QA/QI Committee Meeting Minutes
March 11, 2021 12:00 PM

Karla reported she participates in a communications group with PACHC and they are working to perform research on perception of community health centers statewide. They will be asking RVH&DC to come up with 5-10 patients they can reach out to for discussion/survey. Dr. Richardson indicated she would speak with providers to see if there are any suggestions from them.

Next Meeting: April 8, 2021 at 12:00 PM