

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.
QA/QI Committee Meeting Minutes
January 14, 2021 12:00 PM

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

Excused: Barb Wool

I Policies for Review

a. Policy Review Schedule: Kayla reported there were no policies for review for the month, but the policy review schedule was presented for review. The committee was given the opportunity to discuss any concerns they might have with the review schedule. Max pointed out that billing and procurement policies are reviewed twice per year in June and December and asked if those sections could be moved, respectively. Those policies are approved by the Finance and Audit Committee and will be moved as requested.

II FTCA

Jackie reported that she and Karla are working on the training plan for the new year. The goal is to present it to the committee next month. Karla reported she has started working on the year-end compliance report.

III PCMH

Emily reported she participated in a survey with Amerihealth which should produce more quality money per month.

IV Credentialing/Re-credentialing

There were no credentialing needs for the month of January. Karla reported next month Dr. Conner, the new family practice physician will be on the agenda for approval.

V Dental QA/QI Reports

a. Peer Review: Mindy reported there were 8 dental charts reviewed for the month of December which produced 4 fallouts. One chart showed the PHQ-2 was not completed. One chart showed the blood pressure screening was not completed. One chart showed the pathology from a positive soft tissue exam was not documented. One chart showed a missing progress note.

Individual fallouts were discussed with the team members involved. An update to the Soft Tissue Exam portion of the hygiene note template was completed to prompt for more detailed oral pathology documentation.

b. Patient Satisfaction: There were no patient complaints for the month of December.

VI Medical/Reproductive/Behavioral Health QA/QI Reports

a. Peer Review: Kayla reported the peer review meetings are scheduled with the providers for quarter 4. Within the next month the charts for 2021 quarter 1 will be distributed to the providers.

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Kayla indicated the audit tool for Reproductive Health continues to be worked on. Emily reported she has been working with a provider from Reproductive Health and it she felt two different audit tools should be used: one for annual exams and one for problem exams.

Kayla reported she reviewed 2 charts for Behavioral Health and there were no fallouts to report.

b. Patient Satisfaction: Emily reported there was one patient concern for the month of December. There was a miscommunication with nursing and scheduling. Barb reviewed the concern with the nursing staff and called the patient to inform them of the actions being taken. The patient appreciated the call and is happy with the steps being taken to prevent the miscommunication issues in the future.

VII Patient Satisfaction Survey

Emily reported there have been no new responses to the Patient Satisfaction Survey. Patients are still reluctant, due to COVID-19. It is still available for patients to fill out if they would like. Discussion was held on different ways to facilitate the patients in completing the survey with less contact. It was suggested to ask IT to work on a campaign to text/email patients after their appointment and ask them to complete it that way. Emily will work with IT to have this completed.

VIII Performance Measures

Emily reviewed the clinical quality measures for the month of December indicating there was not a lot of change from previous months. There is, however, a small dip in the depression screen and childhood weight assessment. She reported she will look into those measures to be sure there is nothing more that should be done. Kayla indicated that she received an email from a pediatric provider that may help with the childhood weight assessment measure. Kayla and Emily will get together to discuss the options available. The uncontrolled diabetes measure continues to do well. Medication reconciliation continues to improve.

IX Risk Management

a. Legal: Nothing to report.

b. Incident Reports: There were four incident reports for the month of December as follows:

1. A patient fell in the parking lot due to ice. The ice was removed, and the area was salted. The patient indicated they were okay and refused treatment.
2. One employee with a needle stick. The patient moved as they were administering a shot. The employee was sent to the Work Center and the patient was sent to the lab for appropriate blood work.
3. There were two specimens left at the Center on New Year's Eve. The patients were called and asked to report to the lab for another specimen collection. A new protocol was set in place to assign a staff member to be responsible for transporting specimens on holidays.

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X Care Coordination Team

Emily reported there are 103 patients on the care team list now. And H3C has 145 patients. Emily reported that ER visits were up for the month at 270 visits. 115 were urgent, 113 were probable urgent, and 42 nonurgent. It was asked if there are times listed on the face sheets so it might be possible to track for any trend and anything the Center might be able to do to decrease ED usage. Emily indicated the face sheets no longer have times on them since UPMC has switched to a new computer system. The Care Team has had another meeting with UPMC to discuss the ED usage which showed no response from UPMC. After discussion it was decided to reach out to UPMC management to see if there might be any reasons why the nursing team can not meet regarding ED usage.

XI EHR Update

Max reported that the Center is waiting on the new version of eCW to be installed. It has been released, but there is no time frame yet for installation. There are some good enhancements in the system, but the users are reluctant to go ahead with the update due to everything they are working through right now with the pandemic. Max reported there is reporting training next week, although he indicated he was not sure how helpful it will be as we do not have the updates yet. After discussion, it was decided to try for an update in approximately one month. Max indicated he would follow up with eCW.

XII Special Projects

a. Behavioral Health/Dental Integration: Mindy reported the program continues to do well. For the month of December there were 37 positive screens for which 8 patients are receiving services and 6 were referred for behavioral health. There were 2 negative screens, but patient still requested services. 8 transportation needs were filled.

b. Customer Care Roundtable: There are no updates to be given.

c. Collaboration with Community Acupuncture: Kayla indicated she would remind the providers of the Acupuncture service available for patients at the next provider meeting. Jim reported that the issue with no shows to Dr. Reidy appointments has been resolved.

d. Hypertension Collaboration with Quality Insights: Emily reported she has a pilot list of patients that will be involved with the project. Some of the blood pressure/scale kits have been delivered with approximately 50 more to deliver. She is working on the logistics of how often patients will be calling with the blood pressure readings. Educational material will be finalized for the program soon.

e. Peer Chart Audits: Peer chart audits were discussed previously under Medical QA/QI Report.

XIII Open Discussion

Next Meeting Date: Thursday, February 11, 2021 at 12:00 PM Community Room