

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**Quality Assurance/Quality Improvement Committee Meeting Minutes**  
**August 17, 2022 12:00 PM**

**PRESENT:** Max Houseknecht, Jr., CFO; Matt McLaughlin, COO; Jim Yoxtheimer, President & CEO; Karla Sexton, Compliance Officer; Emily Drick, CQO; Barb Parker, Director of Clinical Operations; Jackie Oliva, Community Engagement/Grants Manager; Dr. William Bartlow, CMO; Dr. Ralph Kaiser, Board Member; and Barb Vanaskie, Board Member

Excused: Angie Houseknecht

**I Policies for Review**

Emily reviewed the policies for review for the month of August. She indicated that all Quality Assurance policies change the title of owner to Director of Clinical Operations.

15.0.01, 15.0.03, and 15.0.10 presented changes of title of the policy owner. The committee recommended a change to policy 15.0.07 to include Behavioral Health to share responsibility of the break room door in the event of an infant abduction. 15.0.02, 15.0.04, 15.0.11 are unassigned policy numbers.

**Motion #1 Dr. Ralph Kaiser made the motion to recommend approval of policies 15.0.01; 15.0.03; 15.0.10 and 15.0.07 with the addition of Behavioral Health to be added for responsibility of the back breakroom door. Jim seconded the motion. The motion passed unanimously.**

Policy 15.0.12 Weapons Policy: Was recommended to be changed to an Operational Policy. Otherwise, title changes were suggested throughout.

**Motion #2 Max Houseknecht, Jr. made the motion to recommend approval of changing policy 15.0.12 to an Operational Policy 5.0.14 and the suggested title changes throughout. Dr. Ralph Kaiser seconded the motion. The motion passed unanimously.**

**II FTCA**

Nothing to report.

**III PCMH**

Emily reported that she has not heard back from the submission in July

**IV Credentialing**

**a. Amanda Wood, CRNP**

Based upon the review of the application for appointment as designated above to the River Valley Health and Dental staff by the referenced provider and the results of the credentialing verification process, summarized on the checklist provided, Dr. William Bartlow recommended that Amanda Wood, CRNP be granted appointment to the staff of River Valley Health and Dental. Her request for practice privileges was also reviewed and found suitable for the granting of the privileges as requested.

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**Motion #3 Max Houseknecht, Jr. made the motion to recommend initial approval of credentialing/ privileging of Amanda Wood, CRNP to the staff of River Valley Health and Dental by Full Board. Matt McLaughlin seconded the motion. The motion passed unanimously.**

**V Dental QA/QI Reports**

- a. Peer Review:** Emily reported that charts were assigned to the dental staff and results have been coming in. The results will be reviewed in the September meeting.
- b. Patient Concerns:** There were no patient concerns for the month of July.

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

- a. Peer Review:** Emily reported that charts were assigned to the medical staff and results have been coming in. The results will be reviewed in the September meeting.
- b. Patient Concerns:** There were no patient concerns for the month of July.
- c. Office Assistant Audits:** Jackie reported that there were twenty audits performed which showed three fallouts from check-in and Express Care staff. There were no fallouts from check-out or call center. Angie has counseled the staff affected and has offered suggestions for improvement.

**VII Patient Satisfaction Survey**

Emily reported that there has been no change in the satisfaction survey. She reported that Workgroup has been brainstorming on ways to improve the overall number of surveys completed. Workgroup has been hesitant to send out another text message with the start up of Care Message in fear patients will feel overwhelmed with texts and not respond to any. This group liked the idea of providing QR codes to patients to complete the survey. It was also suggested that a statement stuffer could be completed with billing statements with the QR code.

**VIII Performance Measures**

Emily reported metrics which showed improvement from last month in the Chlamydia screening, Breast cancer screening, Diabetes Poor Control, Controlled HTN, Statin Use in Patients with Diabetes, Dental Treatment Plan Completion, Caries Risk Assessment, Follow up care for ADHD, Depression remission, Hospital follow up appointments, and EPSDT visits.

**IX Safety**

Barb reported that there was a bomb threat drill and infant abduction drill performed in July. The infant abduction drill went well, and the bomb threat drill showed a few areas which need improvement. The Safety Committee has suggested different ideas, one included a sticker to place on the back of employee badges which would distinguish what each code color is.

**X Risk Management**

- a. Legal:** Nothing to report.
- b. Incident Report:** Emily reported there was one incident report where a child was running in the waiting area without shoes and slid on the floor as it went from carpet to tile. No injuries were noted. The parent/guardian was advised to be sure shoes were worn at all times.

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**XI Care Management Team**

Emily reported that for the month of July there were 159 patients enrolled in the Care Management Program with 120 patients in Chronic Care Management. There were 67 face-to-face visits for the month. 209 Care Plans were created or updated, and 66 goals were met. The largest resource provided was still support and counseling. There were 264 SDOH screenings completed for the month which produced 66 Community Navigator referrals. The largest barrier identified through the SDOH screenings was increased stress. Emily is working with Sue King, BHC to discuss resources for stress and documentation of most frequently utilized community resources.

**XII EHR Update**

Max reported that PA SIIS is now active; this has been a work in progress since 2012. The downfall is that the state can not handle the increasing COVID vaccine numbers. The Center has successfully submitted through PA SIIS.

**XIII Special Projects**

There were no items for discussion.

**XIV Open Discussion**

Max reported that the Center has received some of the data from the external coding audit and should receive the completion of the report by the end of the month. Max reported the information will be shared with leadership to determine how to roll out to the providers.

Matt reported implementation of the procedure committee to develop standardized procedures available through medical/Express Care services. The committee will be responsible for staff education/training for in house procedures. Matt/Barb will update on progress of this committee at future meetings.

**Next Meeting: September 21, 2022 at Noon Community Room**