

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.

QA/QI Committee Meeting Minutes

February 11, 2021 12:00 PM

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

I Policies for Review

a. OSHA: It was reported that Barb Wool reviewed the OSHA policies and felt no changes were needed at this time.

b. 2021 Training Plan: Karla reported that she initiated the training plan and then the Team finished the process. It was felt that Relias provides a large selection for training courses for all-staff.

Motion #1 Karla Sexton made the motion to recommend approval of the 2021 Training Plan by Full Board. Barb Wool seconded the motion. The motion passed unanimously.

II FTCA

Jackie reported the new PAL (Public Assistance Letter) has been distributed and is due in June. She will be reaching out to staff members for documentation to facilitate that submission.

III PCMH

Nothing to report.

IV Credentialing/Re-Credentialing

a. Daniel Conner, D.O.: Karla reported that Dr. Conner is a family physician in need of initial credentialing. He plans to start with the Center in April.

b. Melinda Flick, PHDHP: Karla reported that Melinda Flick needs her two-year re-credentialing.

Based on Dr. Richardson's review of the applications for initial appointment and reappointment to the medical and/or dental staff and the results of the credentialing verification process, she would recommend that they be granted appointment to the staff. Their requests for practice privileges were also reviewed and found suitable for the granting of the privileges as requested.

Motion #2 Jim Yoxtheimer made the motion to recommend approval of the recredentialing and reprivileging of Melinda Flick, PHDHP and the credentialing and privileging of Daniel Conner, D.O. to the staff of River Valley Health and Dental Center. Max Houseknecht, Jr. seconded the motion. The motion passed unanimously.

V Dental QA/QI Reports

a. Peer Review: Mindy reported there were 8 charts reviewed for the month of January which showed one fallout. One chart showed non-diagnostic radiographs were obtained. The proper radiographic technique and diagnostic quality radiographs were reviewed with the team member.

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b. Patient Concerns: Mindy reported there were no patient concerns for the month of January.

VI Medical/Reproductive/Behavioral Health QA/QI Reports

a. Peer Review: Kayla reported charts were distributed to providers for the first step of the quarterly peer review. Charts are to be returned next month.

b. Patient Concerns: Barb reported there was one patient complaint for the month of January. The complaint was related to provider/patient communication related. The patient requested to transfer care which was granted. Kayla indicated she will be speaking with the provider involved.

VII Patient Satisfaction Survey

Emily reported she and the IT team has been working on a campaign to get the satisfaction surveys to patients electronically. They now have a ticket into eCW to assist in this project. Of note is the fact that Emily has learned of another FQHC through the eCW campaign. Emily has reached out to that facility for their feedback on the campaign and will report back to the committee.

VIII Performance Measures

Emily reviewed the performance measures indicating that overall, they look good. Colorectal cancer screening is at 57% with the state average being 45.77%. There is a ticket out with eCW for the Childhood Immunizations measure as it has not been pulling reports accurately for this measure. Depression screening and follow up has been doing well at 91% with the state average at 71.98%.

Emily reported the 2020 UDS results were completed. A copy of the results was provided to the committee along with comparison to 2019 results. Emily also provided the committee the Annual QA/QI Evaluation Report for 2020. This form explains the purpose of the Quality Management Program, what the group focuses on, and goals that were set for the year. This form also identified ongoing areas of improvement and challenges encountered for the year, mostly related to COVID.

IX Risk Management

a. Legal: Nothing to report.

b. Incident Report: Emily reported there was one incident report for the month of January. An employee reached their hand into a water basin in soiled utility and punctured their finger with a pair of tweezers. The employee was sent to the Work Center. Education was given to the employee.

X Care Coordination Team

Emily reported the Center currently has 97 patients on the Care Coordination Team. HC3 currently with 145 patients. HC3 reports their top conditions are HTN, Type II DM, GERD, and COPD.

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ER visits for the month of January were 274 visits with 120 being possible emergent, 90 emergent, and 64 non-emergent. The Center still does not receive a face sheet from UPMC which would show the time of the ER visit. If patients present to the ER with a non-emergent problem the Care Team will call the patient and give them education on the Center's hours and how to reach someone after hours and make them aware of our Walk-In service.

XI EHR Update

Max reported that Dave placed the request for the upgrades with eCW as discussed in last month's meeting. The Center has not heard back on when that upgrade will be taking place.

XII Special Projects

a. Behavioral Health/Dental Integration: Mindy reported that in January there were 8 patients requesting resources for food insecurity, dental appointment anxiety, help applying for medical assistance, and a negative screen but the provider was still concerned.

b. Customer Care Roundtable: No update available.

c. Collaboration with Community Acupuncture: No update available. Karla did bring up that the Communications Workgroup had suggested that a resource manual be put together so staff would know what programs are available for patients and who they should direct them to to obtain more information.

d. Hypertension Collaboration with Quality Insights: Emily reported that all patients have been recruited for the program. There were 59 patients signed up for the program. The HTN bags with scales, blood pressure cuffs, and thermometers as well as folders with health education are being provided to patients when they are here for appointments. If they do not have an upcoming appointment the Center's delivery driver will be delivering the bags to the patients soon. Each month the patient will receive a phone call from the Center to check in and report on weight and blood pressure readings.

e. Peer Chart Audits: Kayla reported that this project had to be terminated as the audit tool for documentation changed. This will no longer be a formal QI project, however, will still be used to do evaluation of performance.

XIII Open Discussion

Jim announced the Center is still awaiting the date of the OSV, it should be later this year.

Mindy reported that Penn College hygiene students made posters for National Children's Dental Health Month. The posters are hanging in the waiting room. There will be pictures in the upcoming newsletter.

Next Meeting: Thursday, March 11, 2021 12:00 PM 431 Community Room or via Zoom