

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**Quality Assurance/Quality Improvement Committee Meeting Minutes**  
**May 18, 2022 12:00 PM**

**PRESENT:** Emily Drick, Chief Quality Officer; Max Houseknecht, Jr., Chief Financial Officer; Jackie Oliva Strus, Community Engagement and Grants Manager; Barb Wool, Director of Medical Operations; Matt McLaughlin, Chief Operating Officer; Jim Yoxtheimer, President & CEO; and Dr. Ralph Kaiser, Board Member

Excused: Karla Sexton; Barb Vanaskie; Mindy Diggan; Angie Houseknecht; and Kayla Richardson

**I Policies for Review**

Emily reported the Operational policies were reviewed for the month. All operational policies had a title change for the policy owner to Director of Medical Operations.

Policies reviewed with no changes (except the policy owner title) are as follows: 5.0.02 Illness & Injury Prevention Policy; 5.0.03 Recycling Policy; 5.0.04 Safety and Security Policy; 5.0.06 Respiratory Protection Plan; 5.0.09 TB Exposure Control Plan; 5.0.10 Internal Emergency Response; 5.0.12 Risk Management Plan; 5.0.13 Pandemic Preparedness Plan; and 5.0.15 Maintenance Records Policy: This policy was a new policy which was created in February 2022, no review needed.

The following policies had changes recommended: 5.0.01 Emergency Preparedness Plan: Added the COO to functions of the plan. 5.0.05 Staffing Plan: Changed the Saturday Hours for Express Care. Corrected hours for dental. 5.0.07 Work Related Injury Policy: Added a second person to escort employee to the Work Center in the event of a work-related injury. Replaced CEO to COO for injury report. 5.0.08 Workplace Violence Policy: Removed Clinical Team Lead verbiage. 5.0.11 Active Shooter Response: Changed office names that have locked doors throughout the Center. 5.0.14 COVID-19 Policy: This policy was deleted and moved to the Personnel section which will be reviewed next month.

**Motion #1 Dr. Ralph Kaiser made the motion to approve changes to policy 5.0.01; 5.0.05; 5.0.07; 5.0.11. Max Houseknecht, Jr. seconded the motion. The motion passed unanimously.**

A new Clinical Policy was brought to the committee for their approval. 10.0.10 Nitrous Oxide Administration. This policy was created to remain in compliance. Dr. Dan Bozza reviewed the policy. Questions were answered about the proper procedures being in place for staff training, etc. Barb indicated she would review the procedure to be sure all concerns were acknowledged.

**Motion #2 Max Houseknecht, Jr. made the motion to approve new policy 10.0.10. Jim Yoxtheimer seconded the motion. The motion passed unanimously.**

**II FTCA**

Jackie reported that the application has been received and is due by July 8. She will be working on the application and sending requests to staff members for items needed for submission.

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**Quality Assurance/Quality Improvement Committee Meeting Minutes**  
**May 18, 2022 12:00 PM**

**III PCMH**

Emily reported that the Center did receive the Notice of Award from HRSA for approval payment. The application will be due in July.

**IV Credentialing/Re-Credentialing**

**a. Dr. Charles Lamade:** Matt reported that Dr. Lamade was due for his two-year recredentialing.

Based on Dr. Richardson's review of the application for reappointment of Dr. Charles Lamade to the River Valley Health and Dental staff and results of the credentialing verification process, she would recommend that he be granted reappointment to the medical staff.

**Motion #3 Dr. Ralph Kaiser made the motion to recommend approval of recredentialing and repriviliging of Charles Lamade, M.D. to the staff of River Valley Health and Dental by Full Board. Jim Yoxthaimer seconded the motion. The motion passed unanimously.**

**V Dental QA/QI Reports**

**a. Peer Review:** Emily reported that charts have been sent to providers for the peer review and will be reported back to the committee in June.

**b. Patient Concerns:** Emily reported that there were no patient concerns for the month.

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

**a. Peer Review:** Emily reported that charts have been sent to providers for the peer review and will be reported back to the committee in June.

**b. Front Office Chart Audits:** Jackie reported that audits were completed for Call Center, Check-In, and Check-Out. There were 6 fallouts for the Call Center where staff did not introduce themselves on the call. There was one fallout where staff did not request a discharge summary while scheduling a hospital follow-up. All staff members have been re-educated. Audits for Check-In staff produced 7 fallouts where staff did not introduce themselves and staff members were re-educated. Two staff members received 8/8. Audits for Check-Out produced 5 fallouts where staff did not ask to collect balances due. Staff were re-educated.

**c. Patient Concerns:** Emily reported that there were no patient concerns for the month.

**VII Patient Satisfaction Survey**

Emily reported that there are 95 survey results collected with no outlying concerns. For medical, 98% of the responses indicated that they know how to get advice when the Center is closed.

When asked "would you refer your friends and family to the Center" 97.56% of medical patients answered yes and 97.62% of dental patients answered yes. Google ratings for the month of April were 4/5.

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**Quality Assurance/Quality Improvement Committee Meeting Minutes**  
**May 18, 2022 12:00 PM**

**VIII Performance Measures**

Emily reported that the performance measures remain stable.

- **Statin Use in Patients with Diabetes:** Providers have been better at documenting for this measure which, in turn, has improved the measure. Following evidence-based guidelines patients with diabetes are being prescribed statin therapy.
- **Chlamydia Screening in Women:** This measure continues to improve. Workgroup has implemented ideas for improvement to include utilizing our HRC program. Workgroup discussed using Care Message to outreach remaining patients to come in to HRC for screening.
- **Hospital Follow Up Appointments:** This measure decreased for the month of April. Emily reported that she and Barb had a meeting with representatives from UPMC to help improve the process of receiving the discharge information upon patient discharge from the hospital. They are working on a resolution and a follow up meeting has been scheduled for June. We will continue to monitor this metric.
- **EPSDT:** This measure improved some in April. Most fallouts are from ages 18-21. Workgroup has been brainstorming on ways to improve this measure. Providers have been encouraged to use the template for this age group to code correctly.
- **Depression Remission:** This measure decreased slightly for the month. A report will be run to pull patients who need follow up. Behavioral Health will work on outreach to these patients.
- **Cervical Cancer Screening:** The Center has partnered with Amerihealth to incentivize patients to visit the Center in May for their screening. Each patient that comes in for the screening will receive a gift card from Amerihealth. A Care Message campaign will be implemented to outreach patients overdue for screenings.

**IX Safety**

Barb reported that the Safety Committee has been working on Center-wide annual education; Emergency Preparedness Plan, Infant Abduction, and Bomb Threat. Barb indicated she has reached out to supervisors to present information to their staff in May/June and drills will be scheduled for July. The committee asked Barb if she or a member of the Safety Committee would be willing to attend the meetings and present their information. Barb indicated she would be able to attend staff meetings to present the trainings.

**X Risk Management**

- a. Legal:** Nothing to report.
- b. Incident Reports:** Emily reported that there were no incident reports for April.

**XI Care Management Team.**

Emily reported that there were 145 patients enrolled in the Care Management Program with 118 eligible for Chronic Care Management. There were 46 face to face visits completed with Care Management patients. There were 124 Care Plans created or updated and 57 goals were met. The largest barrier identified is the lack of social support which could include such things as help preparing meals, picking up their medications, or picking up groceries.

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**Quality Assurance/Quality Improvement Committee Meeting Minutes**  
**May 18, 2022 12:00 PM**

There were 365 screenings completed for Social Determinants of Health (SDOH) which produced 37 Community Navigator referrals. The largest barrier identified from SDOH was increased stress.

**XII EHR Updates**

Max reported there was an update available, but the Center has not received the information. The Center did receive a plug-in update which created havoc for eCW users but has been corrected. Max reported there has been an increased challenge in eCW responding to cases in a timely manner as eCW has been struggling from a staffing prospective.

Emily reported that she has pushed out the EHR survey to 44 clinical staff members and to date has received 23 responses.

**XIII Special Projects**

**a. Expanded Rooming Process:** Barb reported that the Expanded Rooming Process has been fully operational. There are audit tools being worked on and the Assistant Nurse Manager will do chart audits monthly.

**b. Adult Vaccine Provision:** Emily has started working through the guidelines for the adult vaccine provision. She indicated that the state 317 program can be used for adults without vaccine coverage, but limitations exist for patients with Medicare. Further investigation is necessary.

**XIV Open Discussion**

Matt reported that he attended a webinar several weeks ago with a representative from Unite Us. The service they can provide is similar to the work the Community Navigator does here at the Center. Unite Us acts as a clearinghouse to send referrals out to the community for services we do not provide and allows community partners to refer patients here. There is no charge for this service as this is a federally funded grant Unite Us has received.

**Next Meeting: June 15, 2022 at Noon Community Room**