

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.
QA/QI Committee Meeting Minutes
June 11, 2020 12:00 PM

PRESENT: Max Houseknecht, Jr., CFO; Jim Yoxtheimer, President & CEO; Karla Sexton, Compliance Officer/Business Development; Dr. Christopher Coyner, Dental Director; Dr. Kayla Richardson, Medical Director; and Barb Wool, Clinical Operations Manager

PRESENT VIA ZOOM: Jackie Oliva Strus, HR Manager/Grants Manager

Excused: Emily Drick; Dr. John Boll and Angie Houseknecht

I Policies for Review

a. 17.0.01 Credentialing Policy

Dr. Richardson reported that there was only one policy for review by the QA/QI Committee for this month. It was the Credentialing policy which was reviewed with no changes being recommended for this year. The committee was provided a copy of the policy for review prior to today's meeting.

II FTCA

Jackie reported she is wrapping up things for FTCA submission by the end of next week.

Dr. Richardson questioned who does the annual report at the provider meeting and asked if they would be able to present to the providers at next week's meeting. Karla indicated she is the one that presents that information and would be able to have a presentation ready by next Thursday.

III PCMH

In Emily's absence, Barb reviewed the annual reporting information which is a list of items the Center attested to on their submission. The committee reviewed the reporting form. Barb indicated she would try to help anyone with any questions they may have. If she is unable to answer their questions she could reach out to Emily.

IV Credentialing/Recredentialing

a. Recredentialing for Medical Providers: Leonard Weber, PA-C and Dr. Charles Lamade

Karla reported there were two providers who are in need of their two-year recredentialing. Leonard Weber, PA-C and Dr. Charles Lamade. Based upon Dr. Richardson's review of the applications for reappointment to the River Valley Health and Dental Center and the results of the credentialing verification process she would recommend that they be granted reappointment to the medical staff. Their requests for continuation of medical practice privileges were also reviewed and found to be suitable for the granting of the privileges as requested.

Motion #1 Max Houseknecht, Jr. made the motion to recommend approval of recredentialing and reprivilinging of Leonard Weber, PA-C and Dr. Charles Lamade to the medical staff of River Valley Health and Dental Center. Jim Yoxtheimer seconded the motion. The motion passed unanimously.

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V Dental QA/QI Reports

- a. Peer Review:** No charts were reviewed for the month due to the COVID pandemic.
- b. Patient Satisfaction:** No patient complaints for the month due to no patients being seen due to the COVID pandemic.

VI Medical/Reproductive/Behavioral Health QA/QI Reports

a. Peer Review: Dr. Richardson reported on the medical chart reviews for the quarter. Overall the scores are 94 or above excluding Lenny Weber who has not been working through the pandemic, Dr. Gwen Martin, who has been working in the Mobile Unit and concentrating on the patients needing testing for COVID, and Linda Davis who recently started. There were two unreturned peer reviews. The chart review for Behavioral Health looks low, however the review form looks a little different than the tool the Center uses. The only deficiency is that it does not tell if it is an initial visit or follow up visit. It is felt the review form may need attention to reflect more accurately the quality of care.

Barb reviewed the chart audit from Insight for Dr. Michel and Dr. Mushtaq which was just received on Tuesday. Barb feels this is more of a chart audit and not a peer review. They reviewed 5 charts, one initial visit and four follow up visits. Barb has reached out to Insight for guidance on how to review the audit and clarification on the fallouts they are seeing. It was decided to wait and see what the next audit looks like and perhaps at that time we can look at doing internally with our own peer review form.

b. Patient Satisfaction

Barb reported there were three patient complaints for the month, and they were all provider attitude related. All providers involved have appointments with Dr. Richardson to review the complaints.

VII Patient Satisfaction Survey

Barb reported there were no patient surveys received for the month due to the lack of face-to-face visits with the COVID pandemic.

VIII Performance Measures

Barb reviewed the clinical quality measures for the month. The weight assessment for children and adult are improving as there are now mandatory boxes the provider must click which helps increase the results. The cervical cancer screening is still not pulling correctly. There is a ticket in with eCW for help with that measure. The uncontrolled diabetes measure continues to increase, that is one measure that needs to be lower. It is felt this number has increased due to telehealth visits. If a patient presents to the Center without a recent A1C, one can be performed while they are at their appointment. Obviously, this can not be obtained through a telehealth visit. It is hoped this number will improve with increased visits being at the Center.

IX Risk Management

- a. Legal:** Nothing to report.
- b. Incident Reports:** No incident reports for the month.

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X Care Coordination Team

Nothing to report.

XI EHR Update

Max reported that Dave has been working with eCW regarding the issue providers have been having with the tele-video visits. There is a challenge getting results from providers when the issues are occurring. eCW indicates it is not an issue if it is intermittent as it would be a patient issue. Dr. Richardson indicated that she and Dave have a test visit scheduled to see if they can duplicate the issues providers are having.

XII Open Discussion

There was no further information to be brought before the committee for discussion.

Next Meeting: Wednesday, July 15 @ 12 PM