

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**QA/QI Committee Meeting Minutes**  
**January 19, 2022 12:00 PM**

**PRESENT:** Dr. Kayla Richardson, Chief Medical Officer; Emily Drick, Chief QA/QI Manager; Barb Wool, Clinical Operations Manager; Mindy Diggan, Dental Operations Manager; Max Houseknecht, Jr., CFO; Jackie Oliva Strus, Community Engagement and Grants Manager; Angie Houseknecht, Front Office Manager; Dr. Ralph Kaiser, Board Member; and Barb Vanaskie, Board Member

Excused: Jim Yoxtheimer

**I Policies for Review**

Dr. Richardson reviewed the policies which were reviewed with no changes recommended. They are the Governance policies to include 19.0.02 Conflict of Interest Policy and 19.0.03 Standards of Conduct Policy. These policies were reviewed and only made corrections to grammatical errors. The Committee offered no discussion for the Governance policies reviewed.

Dr. Richardson reviewed the policies which were reviewed with changes recommended as follows: Reproductive Health Policies:

3.0.03 Adolescent Services: Language was updated to be in compliance with the Health Council

3.0.08 Contraceptive Services: Language updated to be in compliance with the Health Council

3.0.11 HIV Risk and Risk Reduction Counseling: Language updated to be in compliance with the Health Council

3.0.17 Pregnancy Testing and Counseling: Language updated to be in compliance with the Health Council.

The committee discussed possibly updating the policies for inclusive purposes. It was pointed out that the Health Council is very specific on what verbiage is needed in each policy. After discussion it was decided to no change any further than recommended and the following motion was made.

**Motion #1 Angie Houseknecht made the motion to approve policy 3.0.03, 3.0.08, 3.0.11, and 3.0.17 as recommended. Max Houseknecht, Jr. seconded the motion. The motion passed unanimously.**

Dr. Richardson reviewed the clinical policy which was reviewed with changes recommended. Policy 10.0.50 Changing Primary Care Providers Policy was reviewed. Information was added indicating the change request can be from a patient or provider. The process for patient request and provider requests were updated.

**Motion #2 Dr. Ralph Kaiser made the motion to approve policy 10.0.50. Jackie Oliva Strus seconded the motion. The motion passed unanimously.**

Jackie reviewed the 2022 Training Plan, indicating it is required to have an annual plan with sample courses available by FTCA. There were additional courses added this year. Of note, no courses were removed.

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**Motion #3 Barb Wool made the motion to approve the 2022 Training Plan. Barb Vanaskie seconded the motion. The motion passed unanimously.**

**II FTCA**

Nothing to report.

**III PCMH**

Nothing to report.

**IV Credentialing/Re-Credentialing**

There were no credentialing needs for the month.

**V Dental QA/QI Reports**

**a. Peer Review:** Mindy reported charts were sent to providers to perform the peer review. The review will be complete and reported in the February meeting.

**b. Patient Concerns:** Mindy reported there were two patient concerns for the month. They were both patient/provider relationship concerns. Both resulted in the patient being transferred to a different provider at the Center.

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

**a. Peer Review:** Dr. Richardson reported medical charts will be selected next month for reporting in March.

**b. Patient Concerns:** Barb Wool reported there was one patient concern for the month which resulted from a pharmacy error. The patient did not receive the wrong dose as it was caught before the medication was given to the patient. Barb has not had the opportunity to discuss this error with the appropriate staff but will do so.

**VII Patient Satisfaction Survey**

Emily reported there have been 24 responses to date for 2022. As more data has been collected, she will have information to share. The survey questions have not changed for 2022. Links have been updated on the website and tablets. Raffle drawings will continue for completed surveys.

**VIII Performance Measures**

The final 2021 metrics were included in the packet. Through a lot of staff education and the beginning of the expanded rooming process the Center was able to meet 7 of the goals set by Workgroup. The 2021 Annual Summary was reviewed.

This month, workgroup focused on the HTN measure. They are working on educational materials for patients and staff for the month of February. Workgroup is also researching a pilot program using our Community Health Worker (CHW) to assist patients with a self-monitoring blood pressure (SMBP) program.

Emily was asked if there was a particular reason for the dip in the weight assessment for children. She indicated she has not had the chance to review that information but plans to do so and will bring any pertinent information to the next meeting.

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**IX Safety Committee**

Barb reported that the Safety Committee has requested additional security to include the morning hours. Currently security arrives at 11 am. They are requesting security at 8 am when the Center opens. Senior Management is currently evaluating that request. The Center is currently in the process of ordering more walkie talkies to be able to communicate with the security guard in a timelier fashion.

**X Risk Management**

**a. Legal:** Nothing to report.

**b. Incident Reports:** Emily reported there were 6 incident reports for the month of December as follows:

- One patient fell as they were walking to the check out area. The patient did not have any injury. There were no hazards noted.
- One temperature excursion in the vaccine refrigerator due to an autoclave malfunction. The vaccines were not affected.
- Two incidences where strep tests were sent to the lab with an incorrect order. The specimens were discarded. There is now a new process for a second staff member to check orders before they are sent out.
- One medication error where an incorrect dose was administered. The patient ordered oral form of medication to obtain correct dosing. Staff was re-educated on rights of medication administration.
- One instance where a lab result was never received from the lab. A culture was collected during a patient visit and sent to the lab. The patient came in for a follow up visit and the provider realized the Center did not receive the results. The patient was treated, but there was a delay in treatment. The order was not old enough for it to flag in order tracking follow up. Staff has reached out to the lab to trouble shoot where the problem may have occurred. The Center has not heard back from the lab to date.

**XI Care Management Team**

Emily reported there are currently 174 patients being followed by Care Management. Devon, the Community Health Worker, manages 25 of those patients. 41 patients have met their goals and 2 patients have been released from the Care Management Team. For the month of December, there were 65 visits between the care management team. 25 home visits were completed. Devon will begin his certification training next month.

**XII EHR Update**

Max reported that it was decided to resume the monthly eCW meetings.

**XIII Special Projects**

**a. Dental Integrated Care (Dental A1C Integration):** No changes in the project.

**b. Make Control the Goal: Hypertension/Diabetes Management:** Emily reported there are good educational materials for at home blood pressure monitoring and medication adherence available. After discussion, it was decided this item could be removed from the agenda.

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**c. UPMC Nurse Triage eCW Access:** Dr. Richardson indicated there is now a signed agreement with UPMC for the access. There will be eCW training scheduled for the UPMC nurses.

**d. Expanded Rooming Process:** Barb reported the Yellow Team has a meeting this coming week for training on expanded rooming. The Blue and Green Teams will meet in approximately 2 weeks for their training.

**e. DNP Capstone Project:** Emily reported she is in the process of pulling additional reports for Alex. Dr. Richardson indicated Alex will graduate in March, so February will be focused on analysis and reporting. Emily indicated Alex was also working on risk stratification to have more concrete information on high-risk patients. Emily will look forward to seeing what the risk of re-admission would be for our patients.

**XIV Open Discussion**

Dr. Richardson discussed expanding Risk Management to include regulatory/compliance updates. This topic will be further discussed, and information will be brought back to the committee.

**Next Meeting: February 16, 2022 @ 12:00 PM Community Room**