

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**

**QA/QI Committee Meeting Minutes**

**April 8, 2021 12:00 PM**

**PRESENT:** Max Houseknecht, Jr., CFO; Angie Houseknecht, Front Office Manager; Jackie Oliva Strus, HR/Grants Manager; Barb Wool, Clinical Operations Manager; Emily Drick, QA/QI Manager; Mindy Diggan, Dental Operations Manager; and Karla Sexton, Compliance Officer/Business Development

Excused: Dr. Ralph Kaiser; Dr. Kayla Richardson; and Jim Yoxtheimer

**I Policies for Review**

**a. IT**

- **1.0.06:** Information Systems Identification and Authentication Policy: Final sentence under process #3 was changed. The information systems manager no longer receives the form, it is now sent to the IT Support Specialist.

**b. Reproductive Health**

- **3.0.03:** Adolescent Services: Added updated information regarding the mandatory reporting process. Added information about documenting education and family involvement.
- **3.0.17:** Pregnancy Testing and Counseling: Added that counseling is provided by CRNP or physician. Added that termination concerns are handled by CRNP or physician.
- **Protocols/Process Changes:**
  - RHS Referral Resources: Updated old and new resources
  - RHS Educational Materials Process: Process changed that educational materials are approved by the board and consumers.

**c. Principles of Practice**

- **7.0** Principles of Practice: Added one Dental Navigator Operatory and changed medical procedure rooms to one. Added that Express Care is using approximately 2,000 square feet of the Administration space. Added Express Care hours of operation.

**d. Health Management by Age**

- **9.0.1:** Age Specific Patient Care: There were no changes in the policy, however, there as an attachment added of the clinical competency.

**e. Quality Management**

- **15.0.01:** Abuse Policy: Added information on how to make a report on suspected abuse either by phone or online. Added that the policy is in compliance with the Commonwealth of PA Notification Laws. Added where to find the definition of child abuse. Added that all reports of abuse are tracked by the Clinical Operations Manager.

**Motion #1 Max Houseknecht, Jr. made the motion to recommend approval for changes for policies 1.0.06, 3.0.03, 3.0.17, 7.0, 9.0.1. and 15.0.01 and the protocols/process RHS Referral Resources and RHS Educational Materials Process. Angie Houseknecht seconded the motion. The motion passed unanimously.**

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**II FTCA**

Jackie reported that FTCA opens on April 23, 2021 and is due June 25, 2021. She indicated she would begin working on that application soon.

**III PCMH**

Emily reported that the Center is due for renewal in July so she will begin working on that process the beginning of May. Nothing has changed, so it should be a fairly routine process. Angie has volunteered her staff to help track appointments.

**IV Credentialing/Re-Credentialing**

Karla reported there were no credentialing/re-credentialing needs for the month of April.

**V Dental QA/QI Reports**

- a. Peer Review:** Mindy reported that there were no charts for review for the month.
- b. Patient Concerns:** Mindy reported that there were no patient concerns for the month.

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

- a. Peer Review:** Barb reported that the quarterly review was just completed and reviewed last month. The next review is due in June.
- b. Patient Concerns:** Barb reported that there were no patient concerns for the month.

**VII Patient Satisfaction Survey**

Emily reported that she has a meeting scheduled with IT to push out the new survey since the eCW update is now complete. IT is waiting for protective cases to place on the tablets to avoid damage if they were to be dropped. The tablets have been tested and it seems easy. IT has the tablets blocked so the patient can not use it for any other purpose than the survey.

**VIII Performance Measures**

Emily reported the measures look very similar to last month. She indicated that she is still working with the IT department on the Eye Exam measure as well as the Childhood Immunization reports as they are not accurate, they are working on a solution. The Medication Reconciliation, No-Show rates, and Hospital Follow Up appointments continue to improve. After discussion it was decided to place these measures in the newsletter as staff is doing a fantastic job and they will be able to see the result of their hard work.

**IX Risk Management**

- a. Legal:** Nothing to report.
- b. Incident Reports:** Emily reported there were five incident reports for the month as follows:
  - COVID vaccines were given to three individuals under the age of 18. They were all 17 years of age. Barb reached out to the Department of Health for instruction. The DOH advised they should finish the series. Barb submitted a VAERS report. There was staff education given to the clerical and clinical staff.

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- An individual presented to the ED after receiving their vaccine with a complaint of a “frozen shoulder”. The individual felt the immunization was given too high. There were no complaints from the individual as they waited the required 15 minutes in the waiting area. The nurse involved was re-educated on the proper technique of vaccine administration, which was used in this instance. Barb submitted a VAERS report.
- A Penn College nursing student was administering a Varicella vaccine when the patient moved and did not receive the full dose. The patient was brought back to the clinic for a full dose. The instructor was asked to instruct the student on the need to obtain help from a staff member instead of asking a parent to hold the child.

#### **X Care Coordination Team**

Emily reported there are 112 patients on the Care Coordination Team. H3C was following 145 patients. Emily indicated that ED visits increased to 309 for the month.

#### **XI EHR Update**

Max reported there was a recent monthly meeting which revealed a few issues, but nothing major. There was a recent major update with eCW which went smooth. IT will continue to work through the few challenges.

#### **XII Special Projects**

**a. Behavioral Health/Dental Integration:** Mindy reported an update on the Behavioral Health/Dental Integration. She reported that in March 36 patients were seen by the Dental Patient Navigator. There were 7 positive screens. There were 9 behavioral health referrals. Two of the positive screens declined to see Makenzie, but the providers felt follow up was needed so Sue King, LCSW followed those patients.

**b. Collaboration with Community Acupuncture:** Barb reported she reached out to Dr. Reidy for an update on how things were going with the referrals. He was very pleased and felt everything was going well. Max reported the accounting department is still struggling to receive bills from Dr. Reidy. Barb indicated that Dr. Richardson reminds the providers in their monthly provider meetings.

**c. Hypertension Collaboration with Quality Insights:** Emily indicated she felt the collaboration program is going well. There are still approximately 15 patients who have not received their blood pressure monitors, scales, and thermometers. The transportation driver is still working on delivery to those patients. She and Jana are working on their monthly calls to the patients. This programs ends in June and a summary will be provided to this Committee as well as the board of directors.

It was asked if there were plans to hand out the rest of the devices that are currently in storage. Emily reported there are plans and some were just transferred to her office for distribution to patients.

#### **XIII Open Discussion**

There were no items for open discussion.

**Next Meeting: Thursday, May 13, 2021 at Noon**