

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**Quality Assurance/Quality Improvement Committee Meeting Minutes**  
**October 19, 2022, 12:00 PM**

**PRESENT:** Emily Drick, CQO; Karla Sexton, Compliance Officer; Max Houseknecht, Jr., CFO; Matt McLaughlin, COO; and Jackie Oliva, Director of Community Engagement/Grants Manager

**PRESENT VIA ZOOM:** Barb Vanaskie

Excused: Angie Houseknecht; Dr. Ralph Kaiser; Jim Yoxtheimer; and Dr. William Bartlow

**I Policies for Review**

Emily reported that there were several policies which were reviewed that only needed title changes for policy owner and throughout the policy itself. Those policies included: 10.0.15, 10.0.16, 10.0.20, 10.0.21, 10.0.22, 10.0.24, 10.0.25, 10.0.26, 10.0.27, 10.0.28, and 10.0.29.

**Motion #1 Max Houseknecht, Jr. made the motion to approve the changes to the above policies for title changes throughout. Karla Sexton seconded the motion. The motion passed unanimously.**

Emily indicated that the remaining policies had minor changes recommended as follows: 10.0.17: Title changes for policy owner and throughout the policy. Also separated the procedure from the policy. 10.0.18: Title changes for policy owner and throughout the policy. Also separated the procedure from the policy. 10.0.19: Title change for policy owner and throughout the policy. Removed irrelevant and repetitive information. 10.0.23: Title changes for policy owner and throughout the policy. Removed verbiage about beepers as they are no longer utilized. Remaining not a whole lot of changes.

**Motion #2 Matt McLaughlin made the motion to approve the changes recommended for policies 10.0.17, 10.0.18, 10.0.19, and 10.0.23. Max Houseknecht, Jr. seconded the motion. The motion passed unanimously.**

Karla presented the Corporate Compliance Plan for informational purposes only at this time. It was felt that this policy should be presented to the Executive Committee but will continue to come to this committee from time to time as it pertains to this committee.

Karla explained that she will be looking at more periodic compliance audits. She will report to Senior Management on a quarterly basis on a progress of ongoing monitoring. She will have a work plan that will fall in line with the risk management audit as well. Staff will continue to complete training at least annually to educate staff on their responsibilities.

**II FTCA**

Nothing to report.

**III PCMH**

Nothing to report.

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**Quality Assurance/Quality Improvement Committee Meeting Minutes**  
**October 19, 2022, 12:00 PM**

**IV Credentialing/Recredentialing**

There were no credentialing needs for this month. Karla, however, did report that Tia O'Brien, PA-C who was approved by this committee last month did not have all information needed to take to Full Board in September. Since then, all information has been received and satisfactory and will be presented to Full Board in October's meeting.

**V Dental QA/QI Reports**

**a. Peer Review:** Emily reported that charts will be pulled in November and distributed to the providers. The results will be reported in the December meeting.

**b. Patient Concerns:** There were no patient concerns for the month of September.

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

**a. Peer Review:** Emily reported that charts will be pulled in November and distributed to the providers. The results will be reported in the December meeting.

**b. Patient Concerns:** There were two patient concerns for the month of September. Both were related to medication management and prescriptions. After review, it was decided to change providers for each patient.

**VII Patient Satisfaction Survey**

Emily reported that there were 116 responses to the patient satisfaction survey, evenly distributed between dental and medical. There was a concern with the wait time on the phone with an 80% satisfactory rate. Management has been aware of this concern and have been working on ways to remedy. Of note, was the fact that management has just executed a contract with a new phone system which should be implemented in January 2023. Max indicated that the opening message has been shortened with the COVID vaccine information being removed. There are new Office Assistants beginning employment in the coming weeks which should help with wait times on the phones once they are trained. Also, Specialty Care will be helping to answer phones.

Discussion was had regarding ways to improve satisfaction survey completion. It was noted that there are now tablets in the Express Care and Specialty Care areas for patients to complete the surveys. Workgroup will be reviewing the survey and processes for completion at next months meeting for annual evaluation and update.

Google review performance reported 4.6/5 stars.

**VIII Performance Measures**

Emily reviewed the performance measures for the month indicating that the Breast Cancer screening was above goal for the year, largely due to staff following through with the standing orders and the front desk staff scheduling the appointment for the patient at discharge. Controlled HTN was at goal for the year. Statin use in patients with Diabetes was on the curve to be at goal by the end of the calendar year. Caries Risk assessment was well above goal at 65%. No Shows have decreased to below goal at 13%.

**a. Provider Scorecard:** Matt presented the Provider Scorecard that has been implemented with the providers. They receive this report monthly and it shows individual as well as team assessments. Matt reviewed the scorecard in detail with

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

### **Quality Assurance/Quality Improvement Committee Meeting Minutes**

**October 19, 2022, 12:00 PM**

the committee. Improvements to the scorecard to be implemented for future distribution include adding trend lines for individual comparison month over month. Data shared with providers includes individual and center wide patient experience data, clinical quality data, and financial data.

#### **IX Safety**

Emily reported that the Safety Committee has completed a Hazard Vulnerability Assessment. They are working on having a fire drill as well as a mass casualty drill.

Max reported that the security assessment prepared by Vulnerability Solutions Group (VSG). He and Jim have been fleshing through the 50–60-page document and plan to report to this committee in November or December.

It was brought up for discussion the fact that the lighting in the side parking lot was not fully operational as there are several lights out. Max reported that this issue was reported to the city approximately three weeks ago and unfortunately it is up to them to complete the work. Recommendations were made for temporary solutions in the meantime such as having security walk employees to their cars or employees moving their vehicles to the front parking lot if they are working late to provide better lighting. Max also noted that Darryl checks on this issue weekly and has been told they are working on getting the light poles in working order.

#### **X Risk Management**

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

**b. Incident Reports:** There were no incident reports for the month of September.

#### **XI Care Management Team**

Emily reported that there were 150 patients unrolled in the Care Management program for the month of September which produced 53 visits. Of note, there was one staff member on vacation which is why the face-to-face visits decreased for the month. There were 78 goals met as well as 158 care plans created. There were 257 SDOH screenings completed for the month with a cumulative total of 2,501.

#### **XII EHR Update**

Max reported there was a minor update with eCW last week which had minor issues that have been resolved. There will be another update expected in January. Max indicated he would send out the release notes as soon as they are available to him.

Max indicated an email was sent out this morning regarding VPN network issues. There will be a small window of downtime this evening approximately 7 pm. There should be visible improvement once with more stable connection.

#### **XIII Special Projects**

Emily reported that the Azara implementation has been scheduled for November 1. Azara needs one final report before the implementation, which is currently being worked on. It was discovered during the annual PACHC conference that Azara is compatible with CareMessage.

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**Quality Assurance/Quality Improvement Committee Meeting Minutes**  
**October 19, 2022, 12:00 PM**

Emily reported that there has been a training scheduled for Aledade with the providers. She will keep this committee updated as things progress.

Max reported that Healthicity was near completion of their external chart audit. They have one provider to finish. His goal was to bring the results to the next QA/QI Committee meeting.

**XIV Open Discussion**

Nothing to report.

**Next Meeting Date: November 14, 2022, at Noon Community Room**