

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**QA/QI Committee Meeting Minutes**  
**January 15, 2020 12:00 PM**

**PRESENT:** Dr. Ralph Kaiser; Medical Director; Dr. Kayla Richardson, Associate Medical Director; Dr. Christopher Coyner, Dental Director; Angie Houseknecht, Medical Office Manager; Karla Sexton, Business Development/Compliance Officer; Jackie Oliva Strus, HR Manager and Grants Manager; Emily Drick, QA/QI Manger; and Jim Yoxtheimer, President & CEO (via phone conference)

Excused: Dr. John Boll; Max Houseknecht, Jr.; and Barb Wool

**I Policies for Review**

Dr. Kaiser reviewed the policies which were sent to the committee prior to todays meeting as follows:

5.0.01 Emergency Preparedness Policy: Information was added to the evacuation procedure and details on how to announce a fire.

**Motion #1 Emily Drick made the motion to recommend approval of the changes to policy number 5.0.01 to Full Board. Dr. Coyner seconded the motion. The motion passed unanimously.**

5.0.08 Workplace Violence Policy: The verbiage “code purple” was removed from the policy.

**Motion #2 Emily Drick made the motion to recommend approval of the changes to policy number 5.0.08 to Full Board. Karla Sexton seconded the motion. The motion passed unanimously.**

5.0.10 Internal Emergency Response: Added rally point information and how to announce a fire.

5.0.11 Active Shooter Situation Response: Added evaluation procedure and that the front door will be locked for any external threats.

**Motion #3 Dr. Coyner made the motion to recommend approval of the changes to policy numbers 5.0.10 and 5.0.11 to Full Board. Karla Sexton seconded the motion. The motion passed unanimously.**

QM Plan 2020: Additional verbiage was added to reflect how the Center will share peer review results with the providers.

**Motion#4 Karla Sexton made the motion to recommend approval of the changes to the QM Plan 2020 to Full Board. Angie Houseknecht seconded the motion. The motion passed unanimously.**

**II FTCA**

Nothing to report.

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**QA/QI Committee Meeting Minutes**  
**January 15, 2020 12:00 PM**

**III PCMH**

Emily reported she continues with training with eCW for PCMH workflows and reports. She indicated she has reviewed a few of the PCMH reports. The medication verification report for medical providers rate is 51%, which PCMH requires 50%. She had a call with Emily Nichols with the Health Federation and provided details on our recognition process. There will be less reporting and documentation required with the renewal. Emily Nichols will review all our documentation before submission. Emily Nichols also provided an assessment tool that she will complete to see where the Center is with the standards and if anything needs changed before renewal. The Center is due for renewal in August, but it is Emily's goal to submit by the end of May.

**IV Credentialing/Re-credentialing**

Karla reported that there is a dentist, Dr. Earl Waters, requesting new credentialing and privileging to the Dental Staff.

Based on Dr. Coyner's review of the application for appointment to the River Valley Health and Dental Center, by Dr. Earl Waters and the results of the credentialing verification process, he would recommend that Dr. Earl Waters be granted appointment to the dental staff. Dr. Waters' request for dental practice privileges was also reviewed and found suitable for the granting of his privileges as requested.

**Motion #5 Angie Houseknecht made the motion to recommend Dr. Earl Waters appointment and privileges to the dental staff of River Valley Health and Dental Center to the Full Board. Dr. Kaiser seconded the motion. The motion passed unanimously.**

**V Dental QA/QI Reports**

Dr. Coyner reported there were 10 dental charts reviewed showing 5 fallouts. There were 5 charts where the smoking status/BP not documented. There was 1 chart where there was no treatment plan in the dental record. There was 1 chart where there were no findings documented for the soft tissue/perio findings. All staff were educated on the process. There were 5 charts from registration that did not have the household assessments completed. Those charts were sent to Angie for review and follow up with her staff. There were no patient complaints.

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

The medical and reproductive health chart reviews will be initiated this month as the reviews are now performed quarterly. Emily reported there was discussion in Work Group to see if Sarah Bower can review Sue King's charts. Dr. Richardson reviewed the tools used for BH chart review and it was decided that Sarah Bower could review Sue King's charts.

Emily reported workgroup discussed outreaching Chiropractic Services Corp. and Insight to inquire how we can receive a copy of their chart reviews. Emily has currently not heard back on status but will keep the Committee updated.

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**QA/QI Committee Meeting Minutes**  
**January 15, 2020 12:00 PM**

**VII Patient Satisfaction Survey**

Emily reported the new patient satisfaction survey was started on January 1. To date, there have not been many responses. Discussion was held in Work Group on ways to increase the quantity of surveys received. Work Group has decided to try giving patients a survey at check-in with a clipboard and pen and ask them to complete the survey throughout their visit and return it to check-out; that process will be implemented on Monday, January 20. Dr. Richardson indicated she will email all staff to make them aware of the new process. Other ideas from Work Group included purchasing tablets with quality monies for patients to complete the survey at check-out and offering the opportunity of winning a gift card for filling out the survey.

**VIII Performance Measures**

Emily reported she is still in training with eCW on obtaining the data for performance measures. It is Emily's hope that data will be available next month.

Emily reported she is working gathering data for the UDS reports. Emily indicated Work Group discussed ways to improve the Pneumonia Vaccine project for the year. The goal is to give 100 Prevnar and Pneumovax. Currently the Center has given approximately 50. Suggestions were to add educational information to the monitors in all the rooms as well as adding it to the chart scrubbing process.

**IX Risk Management**

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

**b. Incident Reports:** Emily reported there were 5 incident reports for the month as follows:

- A dental staff member punctured themselves with a bur when removing. All staff was re-educated on removing the bur from the hand piece and proper handling of equipment and instruments. The employee was referred to the Work Center for evaluation.
- A patient received a Flu vaccine in September, but the immunization did not migrate to eCW. The patient then received a second dose in December. All charts were reviewed from July 18, 2019 forward in eCW and all immunization records are now up to date and accurate.
- There were two incidences where a provider ordered an HSV test but did not obtain a proper specimen as the incorrect swab was used. Bacterial swabs were returned to Quest as we do not use those for any testing with Quest at this time. Staff was re-educated on correct swab use for HSV testing. The first patient was called and indicated the lesion was gone so no repeat testing was scheduled, as per the provider. The second patient has not returned phone calls from the Center.
- A provider ordered a bacterial vaginosis smear but did a proper specimen was not obtained. A urine sample was sent to the lab but was unable to complete the testing with a urine specimen. The provider was educated on the correct swab to be used for the ordered test. The testing was cancelled by the provider.

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**January 15, 2020 12:00 PM**

**X Care Coordination Team**

Emily reported that H3C will be using the chronic care management module in eCW. For now, Dr. Richardson will be reviewing all care management charts. H3C currently is serving 150 patients. The Care Team currently is taking care of 103 patients.

Emily reported she has been receiving more ED face sheets and indicated she should have better numbers to report of ED usage at next month's meeting. The Care Team continues to meet with UPMC and works very closely with them. The ED utilization report is being sent via email next day, which is a lot faster than previous.

**XI EHR Update**

Dr. Richardson reported she will be discussing tricks and tips to try to increase work flow at tomorrow's provider meeting. The providers indicate they like the new EHR other than medication refills. Dr. Richardson indicated she believes there are some shortcuts which could be utilized that they may not be aware of.

Angie reported the faxes are now caught up and are working on same day faxes, except for Monday which includes all faxes from the weekend. The scanning is almost up to date. Dr. Kaiser commended Angie on how well she was able to keep up with the lack of staff.

**XII Open Discussion**

- a. Order Tracking/Receiving Results:** Emily reported the Center continues to track issues with receiving diagnostic testing/lab reports in a timely manner. The Clinical Aide position has been filled for order tracking/follow up. All labs and diagnostic imaging orders are set to be delinquent after 60 days. She indicated she would follow up with eCW, again, on changing delinquency at the time of order.

With no further business to discuss Dr. Kaiser adjourned the meeting.

**Next Meeting: Thursday, February 13, 2020 @ 12:00 PM Center Conference Room**