

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.
Quality Assurance/Quality Improvement Committee Meeting Minutes
September 21, 2022 12:00 PM

PRESENT: Jim Yoxtheimer, President & CEO; Max Houseknecht, Jr., CFO; Matt McLaughlin, COO; Emily Drick, CQO; Barb Wool, Director of Clinical Operations; Karla Sexton, Compliance Officer; and Dr. Ralph Kaiser, Board Member

Excused: Dr. William Bartlow; Jackie Oliva; and Barb Vanaskie

I Policies for Review

Emily reviewed the policies which were reviewed with recommendations for title changes of the owner to include policies 10.0.01, 10.0.02, 10.0.03, 10.0.05, 10.0.06, 10.0.08, and 10.0.09.

Motion #1 Dr. Ralph Kaiser made the motion to recommend approval of policies 10.0.01, 10.0.02, 10.0.03, 10.0.05, 10.0.06, 10.0.08, and 10.0.09. Max Houseknecht, Jr. seconded the motion. The motion passed unanimously.

Emily reviewed the changes for Nitrous Oxide Administration, Dental Patients, and Dental Radiographs. Title changes were made to all three policies. It was also recommended that these policies be transferred to a Dental Chapter; Chapter 9 in the policy manual.

Motion #2 Matt McLaughlin made the motion to recommend approval of changes to policies 10.0.10, 10.0.11, and 10.0.12 and change policy chapter to Chapter 9—Dental Policies. Karla Sexton seconded the motion. The motion passed unanimously.

Barb reviewed that there is a new policy and a new procedure being recommended to the new dental chapter. The policy is a standing order policy. The procedure follows clinical guidelines according to American Dental Association (ADA) criteria. There is also a new addition of a radiation safety manual. This is being recommended following an inspection by Department of Environmental Protection. They recommend the manual to have documentation of how the Center keeps the staff to the least amount of radiation exposure.

Motion #3 Max Houseknecht, Jr. made the motion to recommend approval of the new Radiology Safety Manual, Dental Radiograph Standing Order, and the procedure attached to Dental Radiograph Standing Order. Matt McLaughlin seconded the motion. The motion passed unanimously.

Emily reviewed the changes recommended with the Behavioral Health Manual. It was noted that one of the changes recommended was redundant, indicating that a patient can request a visit either face to face or in person. The line should read face to face or televisit.

Motion #4 Jim Yoxtheimer made the motion to recommend approval of the changes to the Behavioral health Manual with the contingency of changing the verbiage to add that a patient may request a visit either face to face or televisit. Max Houseknecht, Jr. seconded the motion. The motion passed unanimously.

Emily reviewed the recommended changes for 10.0.53 Telepsychiatry. It was recommended to change the attendance policy for new evaluations. The reason for the change is to minimize the high rate of no-show for new evaluations and to be sure that patients enrolled in telepsychiatry are active in

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their enrollment in primary care with the center. It was discussed that the Patient Rights and Responsibilities Policy will need to be reviewed to ensure the change in this policy reflects in that policy as well.

Motion #5 Matt McLaughlin made the motion to recommend approval of policy 10.0.53. Jim Yoxthimer seconded the motion. The motion passed unanimously.

Emily reported that policies 12.0.01 and 12.0.05 were reviewed and a change in policy owner was requested to Front Office Manager for both. 12.0.01 showed a change in new patient process, added that no more than two siblings can be scheduled consecutively per provider and included new processes for new patient registration. 12.0.05 included updated process for new patient registration and added that clinical staff will notify front staff three days prior to any appointment that does not have records. The message will be listed as a high priority with follow up required. Changes to these policies attempt to ensure receipt of records prior to new patient appointments without limiting access to care.

Motion #6 Dr. Ralph Kaiser made the motion to recommend approval of policies 12.0.01 and 12.0.05. Barb Wool seconded the motion. The motion passed unanimously.

II FTCA

Nothing to report.

III PCMH

Emily reported she received the approval for the annual recognition from NCQA.

IV Credentialing/Recredentialing

a. Michelle Dangle, CRNP

Based upon the review of the application for reappointment to River Valley Health and Dental Center staff by Michelle Dangle and the results of the credentialing verification process, Dr. Dan Conner has recommended that she be granted reappointment to the staff. Her request for practice privileges were also reviewed and found suitable for the granting of the privileges requested.

Motion #7 Barb Wool made the motion to recommend approval of reappointment for Michelle Dangle, CRNP. Dr. Ralph Kaiser seconded the motion. The motion passed unanimously.

Based on the application for appointment to River Valley Health and Dental Center staff by Tia O'Brien, PA-C and the results of the credentialing verification process, Dr. Dan Conner has recommended that she be granted appointment to the staff with any required conditions that the committee may deem appropriate.

Motion #8 Matt McLaughlin made the motion to recommend approval of initial appointment for Tia O'Brien, PA-C with the receipt the required satisfactory references needed. Jim Yoxthimer seconded the motion. The motion passed unanimously.

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V Dental QA/QI Reports

a. Peer Review: Emily reported there were 24 charts reviewed for the quarter (2 charts per provider). Of note, no provider scored below 85%. There were 10 fallouts to include 6 caries risk assessments not completed. 2 charts where radiographs were not documented, and 2 charts where findings were not documented on the treatment plan. All fallouts were sent to Dr. Dan Bozza for review and provider follow up.

b. Patient Concerns: Barb reported there was one patient concern for the month from a patient who was in for a routine cleaning. They felt the hygienist was “grinding” and then the next day a tooth broke off. Dr. Dan Bozza reviewed the chart and found nothing as to why this would happen. The patient was brought in with Dr. Dan Bozza for exam and discussed with the patient. The patient had no further concerns after the visit.

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

a. Peer Review: Emily reported that there were 20 charts reviewed in the medical department for the quarter (2 charts per provider). Of note, no provider scored below 85%. Areas of fallout across different providers are assessment and plan, histories, objective, and problem list. No single provider had the same fallouts in both charts reviewed. All fallouts were sent do Dr. Bartlow for review and provider follow up. Discussion continued regarding importance of managing problem lists. Barb, Emily, and Matt plan to follow up on improvements needed.

Reproductive Health had 4 charts reviewed for the quarter (2 per provider). There were no fallouts in the peer review.

Express Care had 4 charts reviewed for the quarter (2 charts per provider) with no fallouts in the peer review.

Behavioral Health had 2 charts reviewed with no fallouts.

Telepsychiatry had 3 cases reviewed scoring average of 3.3/4

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

VII Patient Satisfaction Survey

Emily reported that there have been 111 cumulative surveys completed. Workgroup has discussed ways to increase survey completion. There is now a QR code available to scan at the check out desk at the Center and Express Care is now equipped with a tablet for patients to complete a survey. One area of concern has been the wait time on the phone.

VIII Performance Measures

Emily reviewed the performance measures indicating there has been improvement in most of the measures. Areas of continued improvement are chlamydia screening in women, breast cancer screening, controlled HTN, dental treatment plan completion, and caries risk assessment. The no-shows have decreased center wide.

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Matt reported that providers receive personal data each month so they can see where they stand with their own personal data. He felt this was helping to drive more accountability. The committee has asked for a “blind copy” at the next meeting to see the information they receive.

Barb indicated that performance measures have been reviewed at each staff meeting. She feels staff have been more engaged in the measures, asking questions, and engaging with questions.

Workgroup is currently implementing projects around adolescent immunizations, breast cancer screenings, and EPSDTs.

IX Safety

Barb reported that there was a request from staff for a way to assist them when a code is called so they are aware of what the terms mean. Stickers have been made and have been distributed to be placed on the back of their ID badge.

X Risk Management

- a. Legal:** Nothing to report.
- b. Incident Reports:** Nothing to report.

XI Care Management Team

Emily reported for the month of August there were 151 patients enrolled in the Care Management Program with 116 patients in Chronic Care Management. There were 70 face-to-face visits for the month. There were 254 care plans created and/or updated and 75 goals were met. There were 313 SDOH screenings completed in August which produced 69 Community Navigator referrals. Stress continues to be the largest barrier identified through the screenings. Group discussed processes for repeat screenings. Emily will further research and work with Barb for future plans. Emily has discussed stress management resources with behavioral health staff for patients who request resources. Of note, the health center has completed a large number of SDOH screenings throughout the year speaking to the work of clinical support staff.

XII EHR Update

Max reported there was a minor eCW set for this evening. There will be a feature update in approximately 2 ½ weeks. IT will be reviewing the information to determine what information staff needs to be made aware of. For some reason the Center has not been on the quarterly update schedule with eCW but that has been resolved.

Max reported that the PASIIS integration has been working well.

Dave and Emily have been working on direct messaging to help solve some UPMC transition of care issues.

XIII Special Projects

There are no special projects for discussion.

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XIV Open Discussion

Jim reported that Dr. Cruz Luna will be leaving October 7. This will leave an impact on the Centers adult psychiatry patients. Providers will follow patients that are stable until another psychiatrist is found for the Center. If the patient is not stable, they will be bridged to a psychiatrist for follow up.

Jim reported that the Center has ceased providing MAT services to patients. The providers are not comfortable with continuing to provide these services. All patients have been assisted in the referral process to locate other MAT care by our care management team. This change will not affect project with Lycoming County Prison. Patients prescribed MAT from outside providers will continue to be supported by the care management program. Jim noted that he disagreed with the decision of the providers to cease the MAT care but understands that he can not dictate how providers care for their patients.

Max reported that the external chart audit reports should be available next month. This is the audit to be sure providers are coding visits appropriately. Information will be shared as it is available.

Max explained that currently the Center uses a software called MedTrainer to assist with the credentialing process. The MedTrainer software was a bit cumbersome and could not support our needs without a sizable fee increase. After researching alternatives, the Center has decided to move to a different software called Redy Doc. Specialties at a lower cost than what is being paid for through MedTrainer.

Next Meeting: Wednesday, October 19, 2022 at Noon Community Room