

**SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.**  
**QA/QI Committee Meeting Minutes**  
**February 16, 2022 12:00 PM**

**PRESENT:** Dr. Ralph Kaiser, Board Member; Barb Vanaskie, Board Member; Max Houseknecht, Jr., CFO; Angie Houseknecht, Front Office Manager; Karla Sexton, Compliance Officer; Jackie Oliva Strus, Community Engagement/Grants Manager; Mindy Diggan, Director of Dental Operations; Matt McLaughlin, COO; Barb Wool, Director of Medical Operations; and Emily Drick, Chief Quality Officer

Excused: Dr. Kayla Richardson and Jim Yoxtheimer

Emily welcomed Matt McLaughlin to the QA/QI Executive team.

**I Policies for Review**

Emily reported there were policies reviewed for IT, Operational, and OSHA.

Max reported that the IT policies for review this month are the first of many changes over the next several months. Significant policy changes are coming due to the HIPAA risk assessment that he and Karla have been working on. The risk assessment looks at IT policies and procedures. Some of the areas of weakness found are procedures the Center currently practices, but it has not been in a written policy/procedure. The policies were updated to bring the Center into compliance.

1.0.04 Information Systems/Application Change Management Policy: If approved, the policy name will change to IT System Security Evaluation Frequency Policy. The language changed in the policy was taken directly from the company who provided the risk assessment so we know for certain it will meet HIPAA needs. A lot of information added making sure if there are changes within our systems that we have the appropriate processes documented. The biggest change would be the need for the Center to institute what we will be calling a change committee that will involve senior leadership as well as department managers. All information is regarding the safety and protection of the EPHI on our systems.

1.0.05 Information Systems Audit Controls Policy. If approved, the policy name will change to Information Systems Security Management Policy to be more self-encompassing. It is imperative that we are protecting the network, which we currently do. This policy will add the requirement that we do risk analysis annually, this will be the responsibility of CFO and Compliance Officer. This policy also discusses if weaknesses are found on annual reviews that there is a detailed process of a mitigation plan. Max explained that if HIPAA were to perform a site visit tomorrow, there would be no findings as there is a plan in place to mitigate the findings from the annual review. The risk assessment in this policy is not to be confused with the risk management that Barb Wool handles.

1.0.07 Malicious Code Policy: This policy ensures that the Center has antivirus and malware systems in place. There was an area of weakness found which was the Center does not have antivirus on the kiosk tablets or survey tablets or for employee cell phones for outreach. That will soon be corrected.

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The committee asked if Max could comment on the type of risks found and if they were major risks. Discussion ensued that risks found from the assessment were not high-risk fallouts but rather areas of weakness for which we have correction plans in place.

5.0.15 New Policy: Maintenance Records Policy: Max explained that this policy is also related to the recent HIPAA risk assessment. The Center is required to have a log for anything that is related to security in the building. For example, if a door is fixed, changing a lock, or fixing a broken window. This is currently done although we do not have a formal policy with explanation that it is done. This policy indicates that any security related orders need to be maintained for 6 years to assure there was no vulnerability.

16.0.01 Bloodborne Pathogen Exposure Policy: This policy was reviewed and felt no changes were needed at this time.

16.0.02 Hazard Material Waste Management Policy: Barb Wool indicated she recommended to add that the Safety Data Sheets are now available on the intranet as well as still be available at each nursing station. She also recommended deleting information regarding the mercury process or kit as that is no longer needed.

**Motion #1 Angie Houseknecht made the motion to approve policy changes to policies 1.0.04, 1.0.05, 1.0.07, and 16.0.02 and approve new policy 5.0.15. Dr. Ralph Kaiser seconded the motion. The motion passed unanimously.**

## **II FTCA**

Jackie reported the new application for next calendar year should be released in June. Otherwise, nothing to report.

## **III PCMH**

Emily reported that she completed the annual assessment with AmeriHealth which showed no fallouts.

## **IV Credentialing/Re-Credentialing**

**a. Sabina Mushtaq, M.D.:** Karla reported that Dr. Mushtaq is due for her re-credentialing which occurs every two years.

Based upon Dr. Richardson's review of the application for reappointment as designated above to the River Valley Health and Dental staff by the referenced provider and the results of the credentialing verification process, she would recommend that the above be granted re-appointment to the medical staff. Her request for practice privileges was also reviewed and found suitable for the granting of the privileges as requested.

**Motion # 2 Max Houseknecht, Jr. made the motion to recommend approval of recredentialing/reprivileging of Dr. Sabina Mushtaq to the staff of River Valley Health and Dental Center by Full Board. Matt McLaughlin seconded the motion. The motion passed unanimously.**

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**V Dental QA/QI Reports**

Mindy reported there were no charts reviewed for the month. The quarterly chart review will be available at next month's meeting. There were no patient concerns for the month.

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

Emily reported there were no charts reviewed for the month. The quarterly chart review will be available at next month's meeting. Emily indicated she has reached out for results of telepsychiatry chart review. There were no patient concerns for the month.

**VII Patient Satisfaction Survey**

Emily reported that there were not a lot of responses for the new year yet. This was discussed at workgroup last week and since then the medical responses have increased. There are currently 58 responses for the calendar year.

**VIII Performance Measures**

Workgroup has been working on education and intervention for patients when they are in the office for their hypertensive follow up. The Community Health Worker has helped getting blood pressure monitors to patients and giving them instructions on use. Looking ahead, March is colorectal cancer awareness month. CareMessage should be up and running by then and will trial a campaign to patients in the correct age group. Workgroup also brainstormed on EPSDT's and ways to increase visits. One of the options discussed was the possibility of a Saturday clinic to be held quarterly. This would cater to those parents who cannot get their children in due to school or work.

Emily reported that, included in the packet, was the UDS comparison from 2020 to 2021. In 2021 the Center reached goals in seven metrics. The committee expressed that it was remarkable to have so many increases from such a challenging year. The committee asked what was changed that the breast cancer screening number had such a drastic improvement. Emily explained that there was a standing order placed in the chart that the nursing staff could order if it were due.

Emily explained she was concerned about the Ischemic Vascular Disease measure and her and Dr. Richardson will be taking a closer look. Apparently when patients are deceased or transfer out of the office it automatically places that patient as noncompliant. After discussion, it was decided Emily would place a ticket in with eCW to see if that can be corrected as well as check with the Health Data Analyst to see if there is a report to be able to help.

**IX Safety**

Nothing to report.

**X Risk Management**

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

**b. Incident Reports:** There was one incident report for the month of January. A contracted employee fell on ice near the dumpster. Soreness was reported, denied pain or

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evaluation at the time of the fall. MaxWorx sent the individual to Midstate Occupational Health and was placed off work until cleared by Midstate. The area was salted, and the individual has since returned to work.

**XI Care Management Team**

The Care Management Team is following 178 patients. There were 6 new referrals for the month and 4 patients completed the program. There were 42 face to face visits and 13 home visits completed. The contract with H3C will be ending soon, working on transitioning those into our in-house care management team.

**XII EHR Update**

Max reported that there will be a new feature with eCW called PRISMA that will enhance the Center's ability to connect to other providers such as Geisinger or UPMC to obtain patient records that should be rolling out in a few weeks.

Max also reported that there will be a system upgrade coming soon. He just downloaded the 71-page document for review. It appears the upgrade will fix bugs. Once completely reviewed Max will get the information out to managers well in advance of the notice of update.

**XIII Special Projects**

**a. Dental Integrated Care (Dental A1C Integration):** Mindy reported that there were two patients added to the program.

**b. UPMC Nurse Triage eCW Access:** Emily reported that the credentialing for approximately 40 UPMC employees were received last week. Forty employees was more than anticipated. There were also Office Assistant requests which will not be completed at this time as their access will be different than nurses. Once all information has been sent to IT, they will create access for the nursing staff. Training will then begin. Once all training has been completed, they will be provided with a link to access the records.

**c. Expanded Rooming Process:** Emily reported that the Yellow team completed their training last week. Blue and Green team will have training this week. There have been issues with some of the templates and a ticket will be sent to eCW.

**d. DNP Capstone Project:** Emily reported there were educational modules provided by Alex regarding transition of care and care management. This information will be passed on to staff.

**e. Adult Vaccine Provision:** The initial discussion for this project was discussed in Senior Management last week. The dilemma was discussed as follows: When an adult patient is in the office for an appointment and vaccines are recommended by the provider but not covered under pharmacy benefits the patient ends up not getting the needed vaccine. Barb provided pricing and the team will be working on ways to get this paid for so the patient can receive their vaccines needed.

**XIV Open Discussion**

No further business was brought for discussion.

**Next Meeting: March 16, 2022 at Noon Community Room or via Zoom**