

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.
QA/QI Committee Meeting Minutes
May 13, 2021 12:00 PM

PRESENT VIA ZOOM: Jackie Oliva Strus, HR/Grants Manager; Dr. Kayla Richardson, CMO; Emily Drick, QA/QI Manager; Dr. Ralph Kaiser, Board Member; Max Houseknecht, Jr., CFO; Jim Yoxtheimer, President & CEO (ex-officio)

Excused: Angie Houseknecht; Barb Wool; Karla Sexton; and Mindy Diggan

I Policies for Review

a. Operational

Dr. Richardson discussed all policies which needed review. Operational policies 5.0.02, 5.0.03, 5.0.04, 5.0.05, 5.0.06, 5.0.07, 5.0.08, 5.0.09, and 5.0.12 were all reviewed with no changes recommended. The following policies had changes recommended.

- **5.0.01: Emergency Preparedness Plan:** Annex A, B, and C was added to provide specific steps for fire, bomb threat, and winter storm emergencies. Typographical error was corrected on page 17.
- **5.0.10: Internal Emergency Response:** Added 431 Hepburn Street location to the policy.
- **5.0.11: Active Shooter Policy:** Added 431 Hepburn Street location to the policy.

Motion #1 Dr. Ralph Kaiser made the motion to recommend approval for changes to policies 5.0.01, 5.0.10, and 5.0.11. Max Houseknecht, Jr. seconded the motion. The motion passed unanimously.

b. Quality Management

- **15.0.10 Rapid Response to Medical Emergencies:** This policy was reviewed with several changes recommended. The policy was updated to include a purpose statement, updated list of potential emergencies, clearly defined roles and responsibilities, process for initiating the Rapid Response Team (RRT), and review of evidence-based BLS algorithms.

Discussion ensued and it was felt that in the first paragraph of the policy it should be changed to “any staff member” may activate the RRT.

Motion #2 Max Houseknecht, Jr. made the motion to approve policy 15.0.10 with the recommended change to include “any staff member” may call the Rapid Response Team. Emily Drick seconded the motion. The motion passed unanimously.

The committee discussed the possibility of adding information to all staff badges that would assist them should an emergency happen with items such as how to perform an overhead page to activate the RRT.

II FTCA

Jackie indicated she is working through the application which is due June 25. She will be reaching out to team members for information as needed. She indicated she will need chart reviews from the last year.

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III PCMH

Emily reported the Notice of Intent (NOI) was submitted to HRSA to cover the cost for the PCMH renewal. Renewal will be submitted next month.

IV Credentialing/Re-credentialing

a. Nicole Kehoe, RDH, PHDHP: Max reported that Nicole Kehoe is in need of her two-year recredentialing.

b. Peng Shi, DMD: Max reported that Dr. Shi is in need of her initial credentialing to the dental staff.

c. Oluwatosin Tokede, DMD: Max reported that Dr. Tokede is in need of her initial credentialing to the dental staff.

Based upon Dr. Richardson's review of the applications for reappointment and initial appointment designated above to the River Valley Health and Dental Center staff by the referenced providers and the results of the credentialing verification process, she would recommend that the above be granted appointment to the staff. Their request for practice privileges were also reviewed and found suitable for the granting of the privileges as requested.

Motion #3 Dr. Ralph Kaiser made the motion to recommend approval of the recredentialing and repriviliging of Nicole Kehoe, RDH, PHDHP and the credentialing and privileging of Peng Shi, DMD and Oluwatosi Tokede, DMD to the staff of River Valley Health and Dental Center. Emily Drick seconded the motion. The motion passed unanimously.

V Dental QA/QI Reports

Emily reported on the Dental QA/QI reports for both March and April as the results for March were not available at the time of March QA/QI meeting.

a. March 2021: For the month of March there were 8 charts reviewed with 1 fallout which included radiographs not taken for a palliative exam. The team member was re-educated on the importance of comprehensive diagnostic imaging for all visits requiring such. The dentist was encouraged to request the appropriate diagnostic tool if not completed by the assistant at subsequent visits.

There were no patient concerns for the month of March.

b. April 2021: For the month of April there were 8 charts reviewed producing 4 fallouts as follows: Treatment plan/Dental Record did not have the Dental Assistant name documented in the note and next visit was not documented in same note. General Chart Information showed a blood pressure screening was not documented. Radiographs showed bitewing radiographs non-diagnostic (overlap of interproximal space). Team members were re-educated on the importance of being comprehensive with clinical documentation. The provider was re-educated on providing documentation of all staff present for dental procedures.

There were no patient concerns for the month of April.

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

Dr. Richardson indicated that charts were distributed to medical providers this month and the quarterly report will be due to the committee in June. Chart reviews have been requested from Insight and Chiropractic Group.

Emily reported that there were 2 patient concerns for the month. Both of which were provider/patient relationship issues. These concerns are being reviewed by Dr. Richardson and Barb Wool.

VII Patient Satisfaction Survey

Emily reported that 22 responses were received through the text messaging campaign. Of note, there were 70 surveys which were started but not completed. There were 50 surveys completed on the tablets during the check-out process. Overall, the surveys look good and there were a lot of positive comments made through the survey. Of note, one of the patient comments indicated they transferred to the Center due to transportation services provided through the Center.

VIII Performance Measures

Emily reported that the performance measures look very similar to last month. Included in the packet was the chart to show what measures the Workgroup has been working to improve. Some of those measures are above goal. Emily indicated the ED visits were down for the month as well as no-show visits.

The committee questioned the 10% decrease in the medication requisition measure. Emily indicated she needed to take a deeper dive into this, and she will report the information to Barb so she will have it available at the next board meeting.

IX Risk Management

a. Legal: Nothing to report.

b. Incident Reports: Emily reported there were two incident reports for the month which included:

- One employee needle stick. The employee was sent to the Work Center where lab work was performed.
- A 16-year-old inadvertently received a Moderna vaccine. A VEERS report was completed. The employee was re-educated, and the guidelines were reviewed with the employee. No adverse outcome from this incident.

Emily reported that it is in Barb's Safety workplan for an Active Shooter drill for the 431 location. It was also felt to redo the 471-location due to staffing changes.

X Care Coordination Team

Emily reported the Care Team was following 113 patients and H3C was following 145 patients. Emily reported the meetings with UPMC have resumed.

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XI EHR Update

Max asked everyone to be sure to review the email sent by Dave this morning regarding upgrade release notes. The update could come as early as this evening.

Dr. Richardson indicated that she, Emily, and Angie have been working on redoing the visit types. It is anticipated that with the change in visit types it will make reporting easier. IT is working on the visit type changes and there is potential to switch as early as the beginning of next week.

XII Special Projects

a. Behavioral Health/Dental Integration: No update available at for this meeting.

b. Collaboration with Community Acupuncture: Dr. Richardson indicated she has not heard anything negative regarding the Acupuncture referral process or outcome of visits. Max reported the billing department has still been struggling to receive information for billing. It was felt methodology was needed to evaluate the effectiveness of this program to decide if this would be a program to continue after grant dollars have been exhausted.

Of note, Jim reported that an acquaintance indicated that Dr. Reidy speaks very highly of the Center and the program.

c. Hypertension Collaboration with Quality Insights: Emily reported that all patients have received their supplies and the program is almost at goal for the final report. She indicated that she would gather information and present a report to the committee when available. Dr. Richardson discussed reviewing with staff that at home data collected by patients can be documented during telehealth calls. Emily will review with nursing staff.

XIII Open Discussion

Next Meeting: Thursday, June 10, 2021 at 12:00 PM