

Susquehanna Community Health & Dental Clinic, Inc.
QA/QI Committee Meeting Minutes
March 9, 2017

ATTENDEES: Dr. Kaiser, Chairman; Emily Miller, QA/QI Manager; Dr. Coyner, Dental Director; James Yoxtheimer, CEO; Angie Houseknecht, Office Manager; Sally Wentzler, Manager, Reproductive Health; Jackie Oliva, Grants & HR Manager and Karla Sexton, Compliance Officer.

Policy Review: The final draft of the Chaperone Policy was presented to the committee for approval. Dr. Kaiser made one change to revert back to a previous draft giving the provider the discretion to require a formal chaperone when in his/her discretion it would be necessary to ensure the quality of patient care. The committee then approved the policy to go to the Board of Directors for approval.

FTCA: Reapplication for FTCA coverage is forthcoming.

PCMH: Emily Miller reported that training will be proceeding with a pre-site call scheduled for March 23rd and onsite training scheduled for April 24th – 27th to focus on improved workflows. Review of QA policies will begin as may be required for the upcoming PCMH re-certification.

Credentialing: The committee reviewed the results of the credentialing or reapplication of the following providers and recommended their reappointment and staff privileges be granted upon approval by the Board:

- A. Dr. Yekalo Beyene
- B. Dr. Ingrid Ockenhouse
- C. Barbara Vanaskie, LCSW

Dental QA/QI Reports: Dr. Coyner reported that 10 charts were reviewed with one fallout related to lack of insurance verification. He also reported no complaints were reported..

Medical QA/QI Reports: Dr. Kaiser reported that 10 charts were reviewed, 8 adults and 2 pediatric patients with the following fallouts: six (nursing/MA) fallouts – one chart no vitals, LMP, tobacco screening and PHQ2 follow up not completed; one chart temperature wasn't documented; one chart PMH wasn't reviewed and height wasn't entered; one chart reason for visit wasn't documented and no height was documented; one chart PMH was reviewed and one chart no vitals were entered and depression screening not documented. The fallouts involved two of the same staff (one nurse and one MA); two (provider) fallouts – one chart no review of systems and Two charts appropriate follow up questioned (one of which was cleared) and four (MOA) fallouts for prepayment that wasn't collected. All items were addressed with staff and training was given as needed.

Emily reported that the team is working to refine the templates used for the chart reviews and to track the fallouts and frequent issues. From the first review of the charts to include clinical

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measures the issue of adult weight assessments was noted and the team will be considering how to incorporate the documentation into the Nurse/MA workflow.

Sally Wentzler reported on the review of 10 Reproductive Health charts with two fallouts: one chart the blood pressure was not recorded and one chart the return appointment was not scheduled. She raised the question on the process needed for review of systems when the appointment does not necessitate a physical exam. She also reported that no complaints had been received.

Clinical Performance Measures: Emily reported that she hopes to be able to run the measures tomorrow. The system has been unable to run the measures since the first of the year.

Risk Management: No update

Safety: No update

Care Coordination Team: Emily reported that ER visits were down in February and the Care team is working with 94 patients. The Care Team is continuing to review its processes and has updated the High-Risk Patient Policy. Updated policies will be reviewed at April QA.

Success EHS Update: Dr. Kaiser stated that he believes the CBC issue may be resolved. Efforts continue to look at the deployment of the Care Plan module and to clean up patient histories/develop better workflows.

The next QI/QA Committee Meeting is scheduled for Thursday, April 13th at Noon.