

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

**PRESENT:** Emily Drick, QA/QI Manager; Dr. Kayla Richardson, Medical Director; Dr. Chris Coyner, Dental Director; Max Houseknecht, Jr., CFO; Barb Wool, Clinical Operations Manager; Jackie Oliva Strus, HR Manager and Grants Manager; Karla Sexton, Compliance Officer/Business Development; Angie Houseknecht, Medical Office Manager; and Jim Yoxtheimer, President & CEO

Excused: Dr. John Boll

**I Policies for Review**

**a. Non-Physician Supervision**

- **8.0.01: Non-Physician Supervision for PA:** This policy was reviewed with no changes needed.

**Motion #1 Jim Yoxtheimer made the motion to approve policy 8.0.01 with no changes being needed. Emily Drick seconded the motion. The motion passed unanimously.**

- **8.0.02: Non-Physician Supervision for CRNP:** This policy was reviewed with no changes needed.

**Motion #2 Max Houseknecht, Jr. made the motion to approve policy 8.0.02 with no changes being needed. Karla Sexton seconded the motion. The motion passed unanimously.**

**b. Clinical Information & Tracking**

- **13.0.01: Chart Review Protocol:** After review, an error was found in the policy. The current policy indicates medical chart reviews are performed monthly. They are now performed quarterly, so that change will be made.

**Motion #3 Max Houseknecht, Jr. made the motion to approve policy 13.0.01 with changes as above. Dr. Chris Coyner seconded the motion. The motion passed unanimously.**

- **13.0.02: Records Storage:** This policy was reviewed with no changes needed.

**Motion #4 Max Houseknecht, Jr. made the motion to approve policy 13.0.02 with no changes being needed. Karla Sexton seconded the motion. The motion passed unanimously.**

- **Medical Peer Review Audit Tool:** There were changes made to the tool to help clarify the point system with the auditor/provider.

**Motion #5 Barb Wool made the motion to approve the changes in the Medical Peer Review Audit Tool. Max Houseknecht seconded the motion. The motion passed unanimously.**

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**II FTCA**

Jackie reported the FTCA application will be out in April and is due in May. Karla indicated the Training Plan will need reviewed as well as the Compliance Report will need completed.

**III PCMH**

Emily reported the Center is enrolled in QPASS which is NCQA's platform for uploading documentation and reports. We will move to an annual reporting process moving forward. Emily has scheduled training with eCW for the remaining PCMH reports.

**IV Credentialing/Recredentialing**  
**a. Linda Davis, CRNP**

Karla reported that Linda Davis, although is not currently with the Center, has been credentialed in the past and is not overdue for any credentialing. She has left employment with the Center but will be returning. Since she is not overdue for any credentialing standpoint this will be handled as a recredentialing process. Karla did indicate that there is only one item pending at this time and that is her scriptive authority. The Center has reached out to PACHC to help with expedited response on that issue.

Based on Dr. Richardson's review of the application for reappointment by Linda Davis, CRNP to the River Valley Health and Dental Center medical staff and the results of the credentialing verification process, she would recommend that Linda Davis be granted reappointment to the medical staff. Linda's request for medical practice privileges was also reviewed and found to be suitable for the granting of privileges as requested.

**Motion #6 Max Houseknecht, Jr. made the motion to recommend approval of recredentialing and reprivilinging of Linda Davis, CRNP to the medical staff of River Valley Health and Dental Center pending the granting of scriptive authority. Jim Yoxtheimer seconded the motion. The motion passed unanimously.**

**V Dental QA/QI Reports**

Dr. Coyner reported there were 10 charts reviewed for the month of February with four fallouts. Two charts with smoking status and blood pressure not documented. One chart with medical history not updated and one chart with appropriate radiographs survey not taken. There were no patient complaints for the month of February.

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

Dr. Richardson reported 2 charts per provider were reviewed for the first quarter of 2020. All results were returned except for one provider. There were no results below 20/25. The common theme of fallouts was problem lists not being updated. All reviews will be discussed during the provider meeting. Dr. Richardson will provide re-education on how to complete the peer review and use the peer review forms. There were 2 behavioral health charts reviewed by Dr. Richardson which showed no fallouts. The Center did receive a quarterly review from Insight for Dr. Michel. There were 5 charts reviewed, they use a point system of 1-4. Anything in the

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2.9 – 4 level **meets** expectations. Dr. Michel’s charts ranged from 3.14 – 4. The Center still has not received chart review from Chiropractic services.

**VII Patient Satisfaction Survey**

Emily reported there are currently 795 (429 medical and 329 dental) total surveys received since January 1. It is felt the Center is seeing better results with the increased volume of surveys received. Workgroup has been focusing on questions in medical and dental. For medical when asked “I know how to get medical advice when the office is closed” 77.25% answered yes, the goal is 95%. Interventions that have been put in place are education on monitors, mailing information to patients who respond “no”, if their name is provided, and creating a tear pad/flyer specifically for afterhours access. For dental, 92% answered “yes” when prompted “wait time on the phone is satisfactory”, with the goal being 98%. Emily indicated there were no other major outliers in the survey responses. Workgroup has discussed utilizing the messenger feature in eCW to text patients the survey following appointments. Emily will request a training time with eCW for more information on using the messenger campaigns.

**VIII Performance Measures**

Emily was happy to report that most performance measures are available. The information provided is February 2020 data only, so the populations are smaller since it only one month of data as compared to overall 2019 UDS rates. The workgroup focus is on the Pneumonia vaccine. To date there have been 116 Pneumo 23 given and 92 Prevnar given. The goal is to have given 100 of each by March 31.

Accurate information was unable to be pulled regarding Cervical Cancer screening because of migrated orders. This report will not pull accurately unless the migrated orders are re-entered to include the accurate LOINC codes the report is looking for. Medication metrics are also not pulling correctly, and Emily is working with eCW to identify the issues.

Colorectal Cancer Screening: Results are around the normal, the Center is currently at 43% with a goal of 50%. The Outreach Department continues to contact patients who are overdue for screening. The representative for Cologuard has reached out to the Center to see if we could schedule a lunch and learn for the nursing staff to make sure they are comfortable explaining the testing to patients.

Diabetes/A1C: There is a smaller population for February, so the rate is a bit higher than our average. Emily indicated she reviewed the population and found 54 results were received through the interface but did not pull on the report. She has a ticket into eCW on this issue.

Referrals for positive PHQ: This metric was created to monitor for warm hand offs and increasing behavioral health visits. The depression screen metric has dropped in February. Emily reported she reviewed the fallouts, 34 of the 79 positives had no intervention documented. Additional education will be completed for the nursing staff and Barb will review the fallouts as well.

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Medication Reconciliation was 52.79%. No-show rate center-wide was 27%. 75.1% of patients had their visit with their PCP as opposed to a covering provider. 60% of patients are seen within 7-14 days of hospital discharge with the goal being 75%.

**IX Risk Management**

**a. Legal:** Nothing to Report

**b. 2019 Quarter 4 Risk Management Report:** Barb reported there were nine incident reports for the fourth quarter of 2019. There was a fire drill completed in December. The Safety Committee will be doing a debrief and additional training on Emergency Preparedness Plan and Internal Emergency Response.

eCW training was completed and the implementation of the new EHR software was successful. High risk areas were identified with action plans in place.

**c. Incident Reports:** There were no incident reports for the month of February.

**X Care Coordination Team**

Emily reported the social determinants of health smart form has been deployed in eCW. Emily reported she has a call with the Health Federation early next week to review use and then the Center will be able to start using it for screening starting with the care team patients that are in the Center for office visits. Care team currently has 96 patients they are following. H3C has 134 patients enrolled with about 700 eligible for services. ER visits were down in February with a total of 340 compared to 371 in January.

**XI EHR Update**

Max reported a group from the Center went to Philadelphia last week for eCW day. Overall the group felt it was very beneficial. There was not dental representation to the conference, however there was no dental information in the program for the day.

The Center is working on eCW mobile for providers which will hopefully roll out this month. The challenge is the risk associated with bringing their own device and what might happen if the provider leaves the organization.

Max indicated there is an implantation call with KeyHie for next week.

It has been decided the monthly eCW meetings will be resurrected. If all are in agreement there are no issues to discuss it may be cancelled.

Angie reported the portal seems to be going well. There have been 54 log-ins. The girls at the front desk are asking every patient if they would like to register for the portal. If an email is provided the patient will be enabled. Reminder, patients aged 11-18 can not have portal access due to RH issues.

Angie indicated the work on the self-check in kiosks is going slowly. The idea of working with one provider first to work out the kinks and then add additional providers as fit. There will be a

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message on the kiosk if a patient is late for an appointment that they need to report to the front desk. It will not allow them to complete the check in process.

A lot of health centers are using the combo check-in process. It seems to be the line along quicker. Also, studies are shows that when patients are going through a self-check in process, they are more likely to pay an old balance as opposed to a staff member asking them to pay.

Jim has asked if there are timelines available on some of the things that are being worked on.

**XII Open Discussion**

There was no further business brought before the Committee.

With no further business to be brought before the Committee, Dr. Richardson adjourned the meeting.

**Next Meeting: Wednesday, April 15 at 12 noon in the Conference Room**