

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.

QA/QI Committee Meeting Minutes

April 15, 2020 12:00 PM

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

I Policies for Review

Dr. Richardson reviewed all policies as noted below:

a. IT Policies

- **1.0.01 Disposal of External Media Hardware:** This policy has been reviewed and felt no changes were needed at this time.
- **1.0.04 Information Systems Application Change Management Policy:** Under policy 1.a changed “Application Management Form” to “Cayzu Ticketing System”
- **1.0.05 Information Systems Audit Controls Policy:** This policy has been reviewed and felt no changes were needed at this time.
- **1.0.06 Information Systems Identification and Authentication Policy:** This policy has been reviewed and felt no changes were needed at this time.
- **1.0.07 Malicious Code Policy:** In the Process section, 2.a—Added “USB to the possible software installation methods.
- **1.0.09 Acceptable Use of Information Technology:** Changed Greenway Health’s SucessEHS platform to eClinicalWorks. Also changed Greenway Health Contract to eClinicalWorks Contract. Also changed to indicate storage to be in multiple locations in the USA.

Motion #1 Barb Wool made the motion to approve policies 1.0.04, 1.0.07, 1.0.09 with changes recommended. Angie Houseknecht seconded the motion. The motion passed unanimously.

b. Principles of Practice

- **7.0.01 Principles of Practice:** Information was added to the facilities to include Pharmacy as well as being added to Core services. Cleaning services vendor was changed to Maxworks. Hours of Operation were updated to a broader term of “generally provided”.

Motion #2 Max Houseknecht, Jr. made the motion to approve policy 7.0.01 with the changes recommended. Karla Sexton seconded the motion. The motion passed unanimously.

c. Health Management by Age

- **9.0.01 Age Specific Patient Care:** This policy was reviewed and felt no changes were needed at this time. No motion is needed for no changes in policy.

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d. Reproductive Health

Dr. Richardson indicated there are 19 Reproductive Health policies which are technically new as they had previously been recorded as protocols. All policies were sent to the committee to review prior to today's meeting.

Motion #3 Angie Houseknecht made the motion to recommend approval from Full Board of Reproductive Health policies 3.0.01 – 3.0.19. Barb Wool seconded the motion. The motion passed unanimously.

e. Clinical

- **10.0.09 Photo/Video Recording for Clinical Purposes:** This is a new clinical policy which was needed as the Center is performing telemedicine for most visits right now. This is to facilitate compliance with the HIPAA guidelines. This has also been integrated into our regular consent form.

Motion #4 Dr. Boll made the motion to recommend approval from Full Board of new Clinical policy 10.0.09. Angie Houseknecht seconded the motion. The motion passed unanimously.

f. Training Plan 2020

- The Training Plan 2020 was provided to the committee to review prior to today's meeting. Karla reviewed a few changes which include changing dates for training to be completed due to challenges with staffing due to the COVID-19 pandemic.

Motion #5 Emily Drick made the motion to recommend approval from Full Board for the Training Plan 2020. Angie Houseknecht seconded the motion. The motion passed unanimously.

II FTCA

Jackie reported the due date for the FTCA application has been moved to July due to the COVID-19 pandemic. The Compliance Report will be submitted to this committee next month for approval to go to Full Board.

III PCMH

Emily reported she has started the process for the PCMH application and is currently pulling data for a questionnaire to be completed. She had her initial call with the NCQA rep, Beth. Beth will be the contact for the Center for any questions on standards and documentation. All documentation being submitted will be reviewed by the PCMH content expert with the Health Federation. The Center completed the contract for 2020 with Amerihealth to participate in the PCMH collaborate for Northeast PA. This provides additional payment as we are recognized as a PCMH.

IV Credentialing/Recredentialing

- a. **Credentialing: Dr. William Bartlow, Dr. Michael Jones, Patricia Green, CRNP, and Heather McCormick, CRNP**

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- Based on Dr. Richardson's review of the applications for reappointment to the River Valley Health and Dental Center Medical staff by the referenced staff and the results of the credentialing verification process, she is recommending that they be granted reappointment to the medical staff. Furthermore, Dr. Richardson is recommending continuation of medical practice privileges.

Motion #6 Max Houseknecht, Jr made the motion to recommend approval of recredentialing and reprivilaging of Dr. William Bartlow, Dr. Michael Jones, Patricia Green, CRNP, and Heather McCormick, CRNP to the medical staff of River Valley Health and Dental Center. Angie Houseknecht seconded the motion. The motion passed unanimously.

b. Recredentialing: Dwight Goodrich, RPH

- Based on Dr. Richardson's review of the application for appointment to the River Valley Health and Dental Center Medical staff of Dwight Goodrich, RPH and the results of the credentialing verification process, she is recommending that he be granted appointment to the medical staff. Furthermore, Dr. Richardson is recommending granting of privileges.

Motion #7 Jim Yoxtheimer made the motion to recommend approval of credentialing and privileging to Dwight Goodrich, RPH to the medical staff of River Valley Health and Dental Center. Karla Sexton seconded the motion. The motion passed unanimously.

V Dental QA/QI Report

Dr. Coyner reported there were 10 charts reviewed for the month which returned no fallouts and there were no patient complaints for the month.

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

Barb reported the quarterly chart reviews were not due at this time. Charts will be sent out within the next few weeks for the second quarter.

Barb reported there was one patient complaint where a patient was concerned about a possible mix up with their prescription. A thorough chart review was completed to try to determine where the mix up was. It was decided to bring the patient in for an appointment to review their medicines. The patient did not show for the appointment and has since blocked our number and will not accept calls from the Center. After discussion, it was decided a letter will be sent to the patient to attempt to close the loop.

VII Patient Satisfaction Survey

Emily reported there are now 826 responses for the patient satisfaction survey. Work Group continues to monitor all questions, but in particular if patients know how to get medical advice when the Center is closed. They also continue to monitor the wait time on the phone for dental patients. Emily indicated she also has reviewed the Google reviews for March. All reviews were ranged from 3-5 with 5 being the best score. When asked if they would recommend the Center all were answered "yes".

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VIII Performance Measures

Emily reported there are dips in some of the metrics as the Center started telehealth visits. The diabetes measure increased a bit, which that is one we want to be lower. The possibility with the diabetes measure is that is the beginning of the year and possibly patients have not had their labs done yet in 2020. Emily reported the Center has met the goals for the pneumonia vaccine project. There were 150 Pneumovax and 121 Prevnar given from October 2019 – March 2020. Cervical screening is not shown on this month's report as the data is not entered into the system correctly. MA's have begun to input this information and since they have started Emily has seen the report pull from 8% - 14%. Workgroup is also monitoring referrals to BH for positive depression screens. 29% of positive PHQ screenings were referred to BH. Fallouts for screenings were sent to Barb for additional follow up and education with the staff. Hospital follow up appointments seen within 14 days of discharge increased to 80%.

IX Risk Management

a. Legal: Nothing to report

b. Incident Report: Emily reported there were two incident reports for the month, one was actually in February, but not reported until March. The first incident report was an employee administered 2 immunizations which were not ordered by the provider.

Education was completed with the staff member that an RN is to check any medication or immunization administration. The staff member was pulled from pediatrics. The next report was blood was drawn during an office visit but was not spun and sat on the counter overnight. The specimen was sent to the lab which, of course, needed to be discarded as it was not spun. A message was left for the patient to come back in to redraw lab work. Both incidents were from the same employee whom is no longer working at the Center.

X Care Coordination Team

Emily reported ER visits decreased for the month of March, however she is unsure if the Center has received all the face sheets. There were 281 total ER visits for the month of March which is down from 340 in February. 99 were emergent visits, 128 possible emergent visits, and 54 non emergent visits.

The Care Team is following 99 patients and H3C is following 134 patients enrolled in their services. Emily and Sarah Bower are currently outreaching care team patients to complete the Social Determinants of Health Screening. This screening will be completed annually. Codes will be added to non-billable encounters for now until back in the office and seeing patients face to face when billable codes can be used.

XI EHR Update

Max reported the group continues to meet monthly to discuss challenges encountered with eCW. Karla and Max continue to work on eCW mobile; there will be more to come on the eCW next month. There have been quite a lot of patients web enabled to do telehealth. A lot of patients are embracing the new options.

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XII Open Discussion

There was no further business to be discussed.

With no further business to be brought before the committee, Dr. Richardson adjourned the meeting at 12:32 pm.