

Susquehanna Community Health and Dental Clinic, Inc.
QA/QI Committee Meeting Minutes
January 10, 2019 12:00 PM

PRESENT: Jim Yoxtheimer, President & CEO; Jackie Oliva Strus, HR Manager and Grants Manager; Angie Houseknecht, Medical Office Manager; Ralph Kaiser, M.D., Medical Director; Emily Drick, QA/QI Manager; Karla Sexton, Compliance Office and Business Development; Barbara Wool, Clinical Operations Manager; Sally Wentzler, Reproductive Health Office Manager; Max Houseknecht, Jr., CFO

EXCUSED: Dr. Christopher Coyner and Dr. John Boll

I Policies for Review

There were no policies for review for the month of January.

II FTCA

Nothing to report.

III PCMH

Nothing to report.

IV Credentialing/Re-Credentialing

There were two providers in need of new credentialing this month as follows:

1. Dr. Eileen Studders—Dr. Studders has requested privileges to augment the dental staff. All references have been checked. Dr. Patty Bozza has recommended to the Committee to approve credentialing and privileging to River Valley Health and Dental Center Dental Staff.
2. Sonya Miles, CRNP—Sonya Miles has requested privileges and credentialing to join River Valley Health and Dental Center Medical Staff. Her references have been checked. Dr. Kaiser has recommended to the Committee appointment to the Medical Staff.

Motion #1 Max Houseknecht, Jr. made the motion to recommend to the Full Board Dr. Eileen Studders for appointment to the dental staff and Sonya Miles, CRNP to the medical staff. Jackie Oliva Strus seconded the motion. The motion passed unanimously.

V Dental QA/QI Reports

Jackie Oliva Strus reported the dental QA/QI reports in Dr. Coyner's absence. She reported ten charts were reviewed with no fallouts. There were two patient complaints for the month of December. The first complaint was about appointment reminders. The patient had given their landline phone for appointment reminders and stated they were not receiving reminders. After further investigation, the patient admits to not checking his landline messages. The patient has now given the Center their cell phone number, so the issue should be resolved. The second complaint was regarding a mix up with prescription that did not go to the pharmacy. The patient had to go to the ER to get the antibiotic needed as it was a weekend and did not have the antibiotic. The patient is now scheduled to see a dentist. A ticket has been opened with Greenway to investigate the nature of the problem and why the prescription did not get delivered to the pharmacy.

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VI Medical QA/QI Reports

Dr. Kaiser reported the medical QA/QI reports for the month of December. He reported there were 10 charts reviewed, 7 adults and 3 pediatric. The following fallouts were noted. For nursing/MA one chart where the child nutrition/exercise counseling was not checked. One chart where colon cancer screening was not addressed. One chart where an overdue A1C was not completed. All nursing/MA staff was educated on the process. The following fallouts were found under provider completeness. Two charts with the problem list not up to date. One chart with an overdue colonoscopy/fit kit that was not ordered. One med rec was not done. These were discussed with the providers. There were no MOA fallouts. There were two patient complaints for the month of December. One patient had a complaint of a lump in their neck and they felt the provider did not take it seriously as no testing was ordered. Barb reached out to the patient to try to get her back in to their provider, however, the patient wanted to switch providers within the Center. The second complaint was the patient felt their provider was dismissive and did not want to listen to their problems. Providers were made aware of the complaints.

VII Reproductive Health QA/QI Reports

Sally Wentzler reported the reproductive health QA/QI reports for the month of December, indicating there were 10 charts reviewed and 3 charts had fallouts. One chart showed a colonoscopy and mammogram was not ordered as it should have been. One chart showed the depression screen was not completed and PMH, FH, SH, and meds/allergies were not reviewed. The last chart showed the BMI was 61 and no dietary counseling was documented, however it was addressed in an October 2018 visit. There were no MOA fallouts. There were no patient complaints.

VIII Patient Satisfaction Survey

Emily reported on the patient satisfaction surveys, indicating they are looking really good. To date there has been 190 responses from the regular survey and 21 responses to the Sliding Fee survey. From the sliding fee survey there are seven responses which show patients still think services are too expensive, but they did not explain why. This will be monitored throughout the year. Emily also indicated thoughts are in place to initiate a BH survey.

IX Clinical Performance Measures

- a. 2018 QA/QI Summary Report:** Emily indicated there are two quality measures which are not running properly. IT has a ticket in with Greenway and is following up daily with them. Tobacco cessation and depression screening. Emily reported a summary of QA/QI Evaluation for 2018. All the goals were met for the clinical quality measures except for colorectal screening which came in at 47% and the goal was 50%.
- b. 2019 Initiatives:** Workgroup discussed “parking” measures and only focusing on two. All measures will continue to be checked monthly, however the focus will be on Uncontrolled DM and HTN. Members of workgroup were asked to brainstorm before next month’s meeting and come back with ideas for improvement.

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Workgroup also decided two charts will be reviewed per provider monthly. The providers will be broken into two groups, alternating monthly reviews.

X Risk Management

a. Legal: Nothing to report

b. Incident Reports: There were two incident reports for the month of December; both involving employees. The first employee fell in a dental operatory. The employee was sent to the Work Center for evaluation. The second employee sustained a needle stick. The stick was from a newborn who the baby and mother just had all appropriate lab work completed and it was negative.

XI Safety

Nothing to report.

XII Care Coordination Team

Emily reported the Care Team currently has 76 patients. Liz, the GHP nurse, manages 128 patients. H3C billed 65 patients last month. Emily reported the ER visits were up in December, however 56% of the visits occurred after hours.

XIII SuccessEHS Update

Max reported that he, Karla, and Emily have a call with the attorney. The Center is currently working on sending a letter to Greenway as they are not providing the Center with the services which were promised. Max reported Dave has been sending reports weekly on any ticket which is open for more than three days. Max indicated that management is currently working with other health care centers about software platforms in which they are using. A lot of centers are using eClinicalWorks

XIV Open Discussion

Discussion was held regarding possibly moving the date of this meeting to the third Tuesday of each month. Pros and cons were discussed for both dates. After discussion it was decided to keep the meeting on the 2nd Thursday of each month.

Next Meeting February 14, 2019 @ 12 PM in the Conference Room at the Center