

Susquehanna Community Health & Dental Clinic, Inc.
QA/QI Committee Meeting Minutes
February 20, 2018

ATTENDEES: Dr. Ralph Kaiser, Chairman and Medical Director; Dr. Christopher Coyner, Dental Director; James Yoxheimer, President & CEO; Max Houseknecht, Jr., CFO; Angie Houseknecht, Office Manager; Barbara Wool, Clinical Operations Manager; Karla Sexton, Business Development and Compliance Manager; Emily Miller, QA/QI Manager; and Jackie Oliva, Grants Manager & HR Manager

Excused: Sally Wentzler, Reproductive Health Manager

I Policies for Review

a. TB Exposure Plan—This is a new policy. The Department of Health indicates annual PPD's are no longer necessary. Only upon hire which would be a 2-step PPD, unless there is an exposure or outbreak. Annual risk assessments need to be done.

Motion #1 Angie Houseknecht made the motion to approve TB Exposure Plan to go to the full Board meeting for approval to add to the policy manual. Motion was seconded by Emily Miller. Motion passed unanimously.

b. Lead Level—Verbiage was changed to delete some programs which were no longer in effect. Also in #1 under Policy "Children at low risk" was changed to "All Children" and also changed to indicate blood lead levels are checked at age 9 month and again at 24 months.

Motion #2 Max Houseknecht, Jr. made the motion to approve the changes to the Lead Level policy. Barb Wool seconded the motion. The motion passed unanimously.

II FTCA

Nothing to report at this meeting

III PCMH

Nothing to report at this meeting.

IV Credentialing/Re-Credentialing

There is one provider in need of new credentialing. Marsha Person, PHDH. Marsha is a Public Health Dental Hygienist. After all due diligence was performed in background checks, etc. Dr. Coyner recommends appointment to the River Valley Health and Dental, Dental Staff.

Motion #3 Motion was made by Dr. Coyner to approve Marsha Person, PHDH appointment to the Dental Staff at River Valley Health & Dental Center. Barb Wool seconded the motion. The motion passed unanimously.

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V Dental QA/QI Reports

Dr. Coyner reported there were 10 charts reviewed this month with 3 fallouts. Two charts showed the next visit was not reported/documented. And lastly, there was no progress note available for one chart. Dr. Coyner feels the clinical measures are doing well. One complaint for the month of January. This was a situation where the parent wanted to go in the exam room with a minor child. Policy was explained to mother.

VI Medical QA/QI Reports

Dr. Kaiser reported there were 10 charts reviewed, 8 adults and 2 pediatric which showed a few fallouts as follows. Irrelevant pop-ups are not being removed. One chart showed an MA added a medicine from an outside provider but did not use a start date. This was addressed with the individual and proper re-education was given. Another showed a Provider did not address Chronic Disease Management with a new patient. However, upon further review this was an urgent appointment and the patient was in respiratory distress and an ambulance was called to transport the patient to the ER. Another chart showed no documentation of communication on lab results. Patient was outreached and followed up regarding lab results. MOA's showed no fallouts. Registration showed 3 fallouts where the insurance was not verified. This was addressed with each individual and they were re-educated. Barb reported there were 5 complaints this month. Three of the complaints are Provider attitude related. Each Provider was made aware. One was a mental health patient who did not feel their provider helped. This Provider was educated on different options we have available including referral to Behavioral Health. The last was a patient was in for hospital follow up from GMC and we had no records available from their hospital stay. Scrubbing guidelines were reviewed with nursing/MA.

VII Reproductive Health QA/QI Reports

Emily reported, on behalf of Sally's absence, that 10 charts were reviewed and there were no Provider fallouts. Nursing/MA fallouts are as follows. 3 charts indicated patients were smokers but no education was given. 2 charts show depression screen was not documented. 1 chart shows BMI information was not documented. 1 chart shows the Social History was not completed. 3 charts show the medication list was not reconciled. All were reviewed with the nursing/MA staff and re-educated in all areas. Charge nurse reviewed proper workflow with Reproductive Health staff. No MOA fallouts.

VIII Clinical Performance Measures

Emily reported on the Clinical Measures indicating there were issues with Greenway and pulling the information needed. She used the UDS information reported from 2016 and 2017. Emily reported there is still a lot of improvement and feels the Providers and Nursing/MA's are making very good efforts for continued improvement.

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Emily indicated Work Group has been brain storming on ways to improve our Clinical Measures. Ideas have included Staff/Provider education and more outreach programs for the waiting room and informational handouts to give to patients. Workgroup has reviewed 14 measures have and started PDSA cycles to implement tests of change.

IX Risk Management

a. Legal—Nothing to report.

b. Incident Reports—Emily reported there were 11 incident reports this month. Six were employee related. 3 employees fell in the parking lot due to ice. There were either seen here by Lenny in triage or sent to the Work Center. 1 nurse with a finger stick from a dirty flu shot needle. 1 dental employee was poked with dirty instrument. 1 was from RH where acid was spilled. 1 patient fell and hit their face on a chair. 1 patient had a seizure in the waiting room. Dr. Jones tended to the patient and 911 was called for transport to the ER. 1 patient was late for an appointment and then spent 2 hours in the bathroom. When the patient came out of the bathroom the provider had left. This patient also filed a complaint. Other incidents included 1 from Reproductive Health where the visits were to be confidential and parents received bills from ProPath. A plan has been created with a check list of all things that need to be filled out on the ProPath forms so they are aware it is a confidential visit. Another was a minor applied for Select Insurance so their regular insurance will not be billed. When the Social Worker at the assistance office registered the minor, she signed them up for full Medical Assistance and the mom received insurance card in the mail. In the future, Amber E. will be following up with social worker to be sure Select Plan is the only thing applied so the parent will not find out about the confidential visit. Action plan has been implemented to reduce confidentiality/billing errors. Barb and Sally have come up with different ways to try to prevent this from happening again including “Confidential” stamps in red. Using the Centers address for patient address. A log and checklist has been created to ensure no errors occur.

X Safety

Barb reported there is a Safety Committee Meeting this week. Things they will be discussing is a lockdown procedure and spill response. An employee had an acid spill in Reproductive Health however the MSDS was in the South Nursing Station. Reproductive Health now has an MSDS manual at their nursing station.

XI Care Coordination Team

Emily reported for the Care Coordination Team. They are trying to do some staff education so everyone is aware of who is eligible and why. The Care Coordination Team is trying to see all their patients when they are here for an appointment. ER visits were at 409 for the month of January with 52% of them being after hours.

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XII SuccessEHS Update

Greenway Community is not yet up and running. The interface between Greenway Community and Success EHS is not functioning. The data in Greenway Community is also not valid. There is an opportunity to become a Beta Test site for the upgrade that would allow data validation. We would only agree to be test sites as long as there is no impact on day to day Success use with all users. Pending the agreement, beta testing will roll out the first week of March for Greenway Community.

The next meeting will be March 20, 2018 @ 12 pm in the Conference Room.

ADDENDUM: 02/22/2018 Due to circumstances beyond our control the necessary credentialing information was not available at the regular QA/QI Committee Meeting for Ivy Eldred, LCSW. However, based on the need to expedite approval of the Committee before next month's regular meeting of the Board, an electronic meeting and vote was taken of all members of the QA/QI Committee on 02/22/2018. Of the responses received (representing a quorum of the Committee) a majority voted approval to the Board of the initial credentialing and privileging of Ivy Eldred, LCSW, who will be providing behavioral health services at the Center under contract with Community Services Group.