

Carolina Health Centers, Inc.
Quality Improvement Committee Meeting
4/29/25
Minutes

TEAMS MEETING

Members Present:

x	Locke Simons, CMO, Chair		Jason Dahlberg MD, DSS (P)
x	Natasha Johnson, DQPH, Co-Chair	x	Christine Gray, MD-Chief of Peds (P)
x	Jessica Strutton RN, EHR CS		Sarah Rudder, FNP, CFFP
x	Nikki Richard, RN, DOCS	x	Lisa Gilmer, Revenue Cycle Mgr.(P)
x	Derek Bannister, PA of FM	x	Pam Battle, Lab Coordinator (P)
x	Jessica Brock, PA of Peds		Nicole Calhoun, RN Case Manager
x	Dr. Edison	x	Jeralynn Mills, PSR Coord, VFP
x	Sirena McCowan, CMA	x	Shulundia Moore, PSR Coord, LC4 2023
x	Amanda Salter, RN, PFHC		Amairani Correa (QI)
	Jessica Jacobs, MA, DOBH (P)		Rosario Marquez, PSR, SFP
x	NaToya Leverette, Pop Health Spec (QI)	x	Ally Hale, MMS, PA-C 2023
x	Lisa Warren, RT(r), CMA, RSFP	x	Mary Cooper, LPN (QI)
x	Jessica Moore 2024	x	Morgan Bowen 2024
x	Noelle Lowe 2024	x	Kesha Houston (QI)
x	Valerie Moore 2024	x	Ana Jaramillo (QI)
x	Brandi Beard 2024	x	Sarah Dorn (QI)
x	Denecka Agnew (QI)	x	Emily Olmstead (QI)
	Daniel Lapp MD 2024	x	Christy Irons NP, 2024
x	Lance Braye MD 2024 DIR FP (P)		Ashley Smith, 2024
x	Latitia Jones		April Hunt 2024 SFP (Going to TCC 3/3/2025)
x	Bonnie Lee Peds Clinical Director		Miriam Ferguson COO

QI Committee Strategic Planning

CHC's Quality Improvement Plan (QIP) is a comprehensive program used to assess clinical quality and risk issues on a continuous basis. The goal of the QIP is to objectively and systematically monitor and evaluate the health center's service performance, as well as potential risks incurred in the implementation of all services. This includes resolving problems, addressing deficiencies, and improving clinical care.

- 1) The meeting was called to order by: Natasha Johnson 12:19
- 2) Approval of Minutes: Jeralynn and Mary Cooper
- 3) Role was taken and is reflected above.

Topics Discussed

1. Clinical Quality Metrics Goals
 - a. Currently at goal for the company for 7 metrics in February we were at 6
 - i. Metrics do fluctuate and nothing looks like it is significantly dropping.
 1. Email was sent out to clinical director suggesting refresher training on ow to satisfy the measures in EPIC and standing order reminders.
2. Upcoming Quality Initiatives
 - a. Roster Management: Update
 - i. Working with OCHIN to track all of our CIMS patients through EPIC.
 - b. Flu Shots: Increasing vaccination rates for patients under 2 years old
 - i. Sending out more reminders to younger patients this flu season so we can try to increase this #.
 1. Will discuss more options at the next meeting closer to flu season.
3. Referral Management: Updates
 - a. The referral closures have increased by monitoring.
 - i. Nikki R. working on next steps with FM
 - ii. Jessica S, Jessica B, Kelsie, Nikki R, and Natasha working on custom dashboard
4. Progress of Current QI Projects
 - a. AWV Clinics: Continuing
 - b. Diabetic Eye Exams: Clinic days only
 - c. Project Hope: went back to every week
 - d. TCM Workgroup: Standardized triage note created, collecting baseline data
 - i. Compass Rose Training coming soon
5. Updates
6. PEP: Remind Jessica Brock and Derek Bannister to help coordinate more attendance for outlying locations.
7. Other Measures to Improve
 - a. URI Appropriate Treatment: Implementing warnings for antibiotics with URI dx
 - i. Added a BPA and it had issues how is it going now?
 1. Significant improvement is shown by data after the BPA alert was added and with provider education on coding.
 - b. Breast Cancer Screening: Scheduling mammogram bus with AWV clinics
 - i. Successful but crowded at first
 - c. Nutrition and Physical Activity Counseling:

