

CAROLINA HEALTH CENTERS

Risk Management Committee

June 15, 2021

MINUTES

MEMBERS PRESENT(✓), ABSENT EXCUSED (A), SICK (S):

✓	Kim Anderson, Financial Assistant	✓	Brooke Holloway, Chief Development and Corporate Compliance Officer
✓	Derek Bannister, Family Medicine Practice Manager	✓	Jessica Jacobs, Behavioral Health Coordinator
✓	Steven Bradberry, System Administrator		Nikki Richard, Director of Clinical Support Services
	Jessica Brock, Pediatric Practice Manager	A	Amy Satterwhite, Pharmacy Operations Manager
✓	Erika Dorn, Pediatric Practice Clinical Coordinator	✓	Locke Simons, Chief Medical Officer, chair
✓	Joe Eiland, Facilities Manager	✓	Terri Woodrome, Director of Quality Improvement and Population Health
✓	Lisa Gilmer, Revenue Cycle Manager		

- I. The virtual meeting was called to order by Simons at 9:05am.
- II. Minutes from April 20, 2021 meeting approved by motion from Holloway and seconded by Jacobs.
- III. **Incident report review/summarization with noted trends or issues since last meeting:** Summary of significant incident since last meeting: Agitated patient (against SRH, reported to TimeDoc incidentally), fire alarm (false alarm), threatening patient at home, domestic dispute in office, expired Tylenol samples given in office, threatening patient (dismissed), possible vaccine reaction at vaccine clinic x2, Rx error by CSR (wrong patient), Rx error by same pharmacist x2 (wrong dose; wrong patient), vaccine error x2 (only partial dose; 6 month vaccines repeated due to not having information in chart). Reviewing the one pharmacist's errors via incident reports: 3 in 2021 (through 5/21/21), 7 (one half responsible) in 2020. Another pharmacist had exact same number in 2020 but none in 2021. Other pharmacists had 1-3 incidents in 2020. Discussion ensued and suggestion of resurrecting previous policy of standardizing after 3 incidents in time period.
- IV. **Two grievances from MCOs** – Patient grievances brought to payor's attention: provider asking inappropriately about the identity of a child's father; LGBTQ patient offended due to use of wrong pronouns from specific provider and generally unhappy that the office is unable to help her get surgeries approved for her transitioning. MCO process involves reporting to state then a certain timeframe to get resolution from practice.
- V. **Current state assessment**
 1. Periodic and regular risk management assessment –
 - a. Two for 2021. Last assessment done 4/20/2021.
 - b. Continue to monitor for need for edits to process and reporting
 2. Annual report to the board – Done for 2020, presented to board and QI Committee. Scheduled for board presentation in July 2021.
 3. Setting and tracking progress regarding annual risk management goals –
Risk Management Goals –
 - (1) **Fully established RM plan** - Done
 - (2) **RM training plan** – HealthStream is now our training and tracking platform. Training implemented for new employees, but assignments to existing employees has not occurred yet. Will plan on annual safety training in the coming few months. Reporting now functional.
 - (3) **Regular bimonthly meetings** – done
 - (4) **Risk Management Assessments** – current
 4. Developing and implementing an annual risk management training plan – HealthStream now implemented, but need to roll out trainings to current employees and start regular reporting.
- VI. **Old business**
 1. HTP vaccine temperature issue – This issue is now resolved. Medical grade equipment purchased, all affected children have been re-vaccinated, data loggers on all storage units, backup generator installed.
 2. *Refrigerators and freezers in general - All CHC med refrigerators are medical grade, RSFP now with med grade as well. AccuVax units are installed at TCC and HTP. Pharmacies have medical grade refrigerators and freezers for vaccines, but still have two non-medical grade refrigerators in each pharmacy for drugs requiring refrigeration. No data loggers for the non-medical grade units.

3. E&M coding changes for 2021. Simons distributed documents to providers. Consider a follow-up training option. Billing department to perform regular audits for compliance.
4. *Power outage monitors connected to cellular. This issue is now resolved. Have a monitor for every medical refrigerator and freezer and now tracking temperatures for each unit.

VII. New business

VIII. Risk Management Assessment – Tool opened and reviewed with comments and edits added

Action items/information:

1. Need a general “how and when to code physicals” handout. Gilmer working on.
2. Continue E11.9 education and training
3. *Consider medical grade refrigerators for pharmacies for refrigerated meds. TCC and HTP both with an extra med fridge. One other unit (larger) at TCC, but it is having trouble maintaining temps.
4. *Consider larger medical grade refrigerator for Bethany (Kulhanek’s recommendation from email). Best to consider after move to new location.
5. Report to Director of Pharmacy the number of incidents of the two pharmacists. May need additional monitoring.

*contains information obtained after the meeting date

Next RMC meeting: August 17, 2021 – 9:00am

The meeting was adjourned at 10:02am.

Locke E. Simons, MD
Chief Medical Officer