CAROLINA HEALTH CENTERS
Risk Management Committee
December 17, 2024
MINUTES

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

√	Kim Anderson, Financial Analyst	√	Brooke Holloway, Chief Development and Corporate Compliance Officer
√	Derek Bannister, Family Medicine Practice Manager	√	Jessica Jacobs, Director of Behavioral Health
√	Tim Anderson, Chief Information Officer	A	Nikki Richard, Director of Clinical Support Services
√	Jessica Brock, Pediatric Practice Manager	√	Amy Satterwhite, Pharmacy Operations Manager
√	Erika Dorn, Pediatric Practice Clinical Coordinator	√	Locke Simons, Chief Medical Officer, chair
√	Joe Eiland, Facilities Manager	√	Natasha Johnson, Director of Quality and Population Health
	Lisa Gilmer, Revenue Cycle Manager	√	Bonnie Lee, Director of Pediatric Clinical Support Services

I.   The meeting was called to order by Simons at 8:35am.

II.   Minutes from October 15, 2024 meeting approved by motion from Holloway and seconded by K. Anderson.

III.   **Incident report review/summarization with noted trends or issues since last meeting:** Verbal review of incident report items. No worrisome trends, no action items needed. Dashboard updated through Q2 2024.

IV.   **Current state assessment**

1. Quarterly and high-risk management assessment –
   a. Three for 2024, although only one meeting HRSA standard per application process. Last assessment done 8/31/24.
   b. No high-risk assessment completed yet. Helene debrief/post-mortem will be scheduled.
2. Annual report – Presented to board and QI Committee in August.
3. Setting and tracking progress regarding annual risk management goals –
   Risk Management Goals –
   (1) **Fully established RM plan** - Done
   (2) **RM training plan** – Done and implemented. Have adding OB training requirement.
   (3) **Annual staff training completion rate greater than 95% by end of year** – Completion rate for the last 12 months was 96.1%, surpassing our goal of 95%.
   (4) **Risk Management Assessments** – ECRI assessment done in August for Q3
4. Annual risk management training plan – Still need trainings for specific groups – ECRI recommendation for FTCA.

V.   **Old business**

1. E&M coding. Billing department staff now performing regular audits for compliance, reporting to providers and copying CMO for review. Billing department starting back up Lunch and Learn sessions with sites. Plan is to visit every site. Will pursue basic Coding 101 sessions with each site to lay basics of coding. External audit completed but results not shared yet – will try to summarize results and share. Aledade training is helping as well.
2. Timely encounter closure. CMS recommends 24-48 hours. New contract term and new bonus calculation item in place. Dashboard for providers to show their progress. A couple of strategies to be implemented to help the few offenders. Dr. Braye getting involved with FM providers.
3. Meeting HRSA FTCA expectations. Facktor consultants coming in to review our program and make recommendations. Currently on track for expectations.
4. Incident reports. Johnson suggested investigating platforms for creating, submitting, reviewing and reporting on incident reports. HealthStream, Contract Logix and Paylocity were investigated (we use all three currently), but none have a pre-built program in place. Paylocity might work but would have to be built.

VI. New business
1. Electronic submission of screenings/forms for peds to mitigate risk of misfiling, missing completely, or erroneous results in the chart. Next step is to schedule a Welcome Tablet call, so that these can be done on site and sent directly into the chart.

VII. Assessments –
1. Security Risk Assessment was done Q2 of 2024. Have documentation to serve as RM assessment for that quarter, with an Action Plan.
2. High-risk assessment for this year will be our Hurricane Helene post-mortem assessment. Simons and Holloway to organize and document.
3. Q4 assessment shall be pharmacy program, using ECRI-developed material, in process.

VIII. Action items: attached
IX. Risk Management Dashboard: attached

Next RMC meeting: December 17, 2024 – 8:30am
The meeting was adjourned at 9:26am.

Locke E. Simons, MD
Chief Medical Officer

Action Items

Assessment Issue or Question (if applicable)	Tasks Required	Priority	Assigned to	Deadline	Status	Comments
Is staff competency with critical skills assessed on at least an annual basis? Complete document, and maintain record of assessment of critical skills.	Complete document, and maintain record of assessment of critical skills.	high	Richard and immediate supervisors	4/1/2025	in progress	deadline updated
Do the policies and procedures address: Reporting results to public health or other authorities, when appropriate?	Reportable diseases process will be added to infection control (IC) policy.	med	Simons	10/7/2024	complete	Infection Control Policy edited
Do the cleaning procedures address the following for treatment rooms: a. Cleaning before use? b. Cleaning between patients?	Procedures will be added to the IC policy.	high	Simons	10/7/2024	complete	Infection Control Policy edited
Are infection control systems implemented that address: Preventing infection?	Procedures are in Epidemic Infection Control policly. Do they need to be in the IC policy?	low	Simons	11/4/2024	complete	Infection Control Policy edited
Do the cleaning procedures address common areas including: a. Waiting rooms? b. Staff and public bathrooms? c. Front office? d. Break room? e. Practitioner offices? f. Key high-use items such as door handles, light switches, telephones, computer keyboards, and mice?	Checked with Joe and we do have procedures for cleaning services. They do have most of these areas listed but IC policy edits complete the list.	high	Simons	10/7/2024	complete	Infection Control Policy edited
Are sample medications labeled with the name, dose, and instructions for patient use?	Will distribute simple sticky labels for samples given out. Will check with pharmacy staff to ensure the minimum information is included before creating.	med	Simons	3/1/2025	in progress	Information obtained. Simons to implement and distribute.
Do policies prohibit the use of presigned and/or postdated prescription forms?	Prescription policy will be created, prohibiting both pre-signed and postdated prescriptions.	high	Simons	1/6/2025	complete	Policy created and distributed to providers on 10/7/24.
Is there a definition of a near-miss or good-catch event? Are staff educated on the process to report a near-miss event?	Incident report and near-miss education needed	med	Holloway	3/1/2025	not started	Updated deadline – Facktor – maybe ECRI material in time being?

Person Responsible	Measure/ Key Performance Indicator	Threshold	Q1 (Jan-Mar)	Q2 (Apr-Jun)	Q3 (Jul-Sep)	Q4 (Oct-Dec)	Annual Total
	Risk Assessments						
CMO	# Completed quarterly assessments	4	1	1 IT assessment	1		2
CMO	# Completed high risk assessments	1	0	0	0		0
CMO	% Open action plans				50%	38%	43.8%
	Adverse Events/ Incident Reports						
Center staff	# Adverse events	Total #/qtr	47	46			93
Center staff	# Near misses	Total #/qtr	3	0			3
Center staff	# Unsafe conditions	Total #/qtr	12	12			24
Center staff	# Serious reportable events/Sentinel events	Total #/qtr	0	0			0
Key staff	# RCAs completed per qtr.	Total #/qtr	3	1			4
CMO	# Peer review audits completed (10/provider twice per year)	80%	-	100%	-		100%
	Training and Education						
RM	# Other specialty clinical training	4					0
CMO	Annual training completion rate	95%	72.85%	76.79%	83.40%	96.10%	96.1%
CMO	Obstetrics training completion rate	90%	24.47%	44.30%	59.07%	94.40%	94.40%
	Risk and Patient Safety Activities						
QI	Patient satisfaction top score rate	80%	-	-	-		0.00%
Appropriate staff	Referral completion rate	25%	12.00%	10.60%	6.80%		**9.80%**
	Claims Management						
CM	# Claims submitted to HHS	0	0	0	0	0	0
CM	# Claims settled or closed	0	0	0	0	0	0
CM	# Claims open	0	0	0	0	0	0
CM	# Lawsuits filed	0	0	0	0	0	0
CM	# Lawsuits settled	0	0	0	0	0	0
CM	# Lawsuits litigated	0	0	0	0	0	0
	Dashboard Key – Performance Threshold						
	Improved/exceeded expectations (green shading)						
	Acceptable/needs improvement (yellow shading)						
	Not meeting target, action needed (red shading)						