Title: 2025 Annual Risk Management Report to the Carolina Health Centers Governance Board

Dates Covered: January 1, 2024 to December 31, 2024

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Introduction

The purpose of this report is to provide an account of the annual performance relative to the risk management plan and evaluate the effectiveness of risk management activities aimed to mitigate risks and respond to identified areas of high risk. Topics presented include high-risk and quarterly risk assessments, adverse event reporting, risk management training, risk and patient safety activities, and claims management. Each topic includes:

- An introduction to explain the relevance of the topic
- A data summary to highlight performance relative to established goals
- A SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to identify additional factors related to performance
- Follow-up actions to note activities aimed to maintain or improve performance throughout the year
- A conclusion to summarize findings at year-end
- Proposed future activities to respond to identified areas of high organizational risk

See the attached Risk Management Dashboard for a complete data summary of all topics presented.

Quarterly Risk Assessments

Introduction

The Health Center Program Compliance Manual requires at least quarterly risk assessments focused on patient safety. A risk assessment is a structured process used to identify potential hazards within the organization's operations, departments, and services. Collecting data on practices, policies, and safety cultures in various areas generates information that can be used to proactively target patient safety activities and prioritize risk prevention and reduction strategies.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
# Quarterly risk assessments	The health center at minimum conducts one risk assessment quarterly. Topics for these assessments are determined by the Risk Management Committee and are based on perceived risks to the clinical practice of the health center. Concerns may be elevated to senior leadership and/or the board as appropriate. Additional risk assessments may be conducted as new risks are identified.
# High-risk assessment	The health center will identify certain areas or topics as high-risk throughout the year and will complete an assessment. The health center's objective is to conduct a thorough risk assessment on at least one high-risk area annually. For 2024, the colorectal cancer screening workflow has been selected for a comprehensive risk assessment. The health center conducted the assessment through chart review, evaluation of workflows, and root cause analysis of errors identified.
% Open action plans	Action plans are created in response to quarterly risk assessments and other risk activities. Action plans contain meaningful risk reduction strategies to improve overall patient safety and should be implemented in a timely manner. The health center's goal is to have no more than 50% of action plans open at any time for a specific time frame. Any action plan open for a prolonged period is evaluated and if needed elevated to senior leadership and/or the board as appropriate for further discussion and intervention.

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure/Key Performance Indicator	Threshold/ Goal	Q1	Q2	Q3	Q4	Annual Total
CMO	# Completed quarterly assessments	4	1	1	1	1	4
CMO	# Completed high risk assessments	1	0	0	0	1	1
CMO	% Open action plans	50%			50%	38%	29.0%

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Regular meeting of the RM Committee has led to valuable changes in our organization and processes. Revamped assessments started after HRSA notification mid-year. High-risk assessment completed.	Assessments completed this year were not acceptable to HRSA until notification mid-year. Significant staffing issues have led to delay of hire of RM position.	A fully committed RM position will make possible increased focus on the function of the RM Committee and RM requirements to better satisfy FTCA concerns and better fulfill the RM Program. Revamp implemented but RM position still needed.	Not complying with HRSA requirements for FTCA deeming puts CHC's deeming status at risk.

Follow-up Actions

Q1 2024: No HRSA-acceptable clinical risk assessment performed.

Q2 2024: No HRSA-acceptable clinical risk assessment performed.

Q3 2023: Assessment performed on clinical management, based on an ECRI questionnaire. As a result, the Infection Control Policy was edited to include a process for reporting results to public health, procedures for

cleaning clinical space as well as administrative space, and infection prevention. A policy was created prohibiting pre-signed and post-dated prescriptions. A system for clearly labeling samples given out in the office was developed and sticky labels distributed. Items not completed from this assessment include incident report and near-miss training to staff and a process for assessing staff competency with critical skills.

Q4 2024: A medication safety self-assessment was performed, based on ECRI materials. As a result, a new platform for pharmacy incident reports was implemented, a call center within the pharmacy was implemented and regular huddles or other targeted meetings were implemented in the pharmacy to increase staff awareness of errors made in the pharmacy. Incomplete is an effort to gain information from patients at the sites when delivered medications were not picked up (and therefore had to be destroyed). A high-risk assessment was completed regarding colorectal cancer screening. Issues were found around the ordering, the resulting and the follow-up of the various screening tests. Action items resulting from the assessment completed was the development of a colorectal cancer screening primer that was distributed to provider and clinical staff. Incomplete items from the assessment are reviewing the Health Maintenance topic documentation workflow involving clinical staff and reviewing and training on the workflow with document staff to ensure more accurate labeling of tests.

Conclusion

After notification from HRSA of the inadequacy of our assessments mid-year, we fell back to ECRI's suggestions for the remaining assessments for the year. Two ECRI-based assessments and a self-produced high-risk assessment were completed. This will be explained to HRSA on the FTCA application as was suggested during FTCA training. A new risk manager position has been created with the goal of meeting all HRSA requirements for FTCA deeming in the future, but due to staffing issues, the posting of the position was delayed and is currently on hold. Regular recommended assessments will be conducted quarterly.

The completed assessments were informative and useful in identifying workflow and documentation needs in the clinical and pharmacy areas. Most action items were completed, but a few remain, most in progress to be completed soon.

Proposed Future Activities

1. Continue the quarterly risk assessments based on those recommended by HRSA (via ECRI). Regular assessments will remain quarterly and high-risk assessments will be initiated as needed, to be done at least once per year.
2. As soon as possible, post and hire Risk Manager position to focus on requirements of the FTCA application but also needed general risk management activities.
3. Complete process for documenting clinical staff competency with critical skills.
4. Improve information gathering from patients who fail to pick up delivered medications from sites. This will be a collaboration between pharmacy and Practice Managers.

5. Train and evaluate competency on the knowledge of colorectal cancer screening, including the different modalities of screening, the recommended follow-up time frames and the accurate identification of the different tests.

Adverse Event Reporting

Introduction

Event reporting is an essential component of the risk management program and is considered part of the performance and quality improvement process. Each provider, employee, or volunteer is responsible for reporting all adverse events, including sentinel events, incidents, and near misses at the time they are discovered to his or her immediate supervisor and/or the risk manager. The risk manager, or appropriate staff, in conjunction with the manager of the service (as applicable), is responsible for conducting follow-up investigations.

The manager's investigation is a form of self-critical analysis to determine the cause of the incident, analyze the process, and make improvements.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
# Adverse events	An adverse event or incident is defined as an undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services. The health center monitors the number of events reported per quarter. Low volumes of reports may indicate barriers to reporting, such as fear of personal blame for events. The goal is to report all events so no minimum, nor maximum threshold is set.
# Near misses	A near miss is defined as an event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention (e.g., a procedure almost performed on the wrong patient due to lapse in verification of patient identification but caught at the last minute by chance). The health center monitors the number of near misses reported per quarter. Near misses are viewed as opportunities for learning and for developing preventive strategies and actions. No minimum nor maximum threshold is set.
# Unsafe conditions	Unsafe conditions are potentially hazardous conditions, circumstances, or events that have the capacity to cause injury, accident, or healthcare error. The health center monitors the number of unsafe reported per quarter. Reporting unsafe conditions can prevent an event from occurring. No minimum nor maximum threshold is set.
# Serious reportable events/Sentinel events	Serious reportable events (SREs) are serious, largely preventable, and harmful clinical events. The National Quality Forum has defined a set of SREs by event type. A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in death, permanent harm, or severe temporary harm. Sentinel events may also be known as "serious events". Both serious reportable and sentinel event types are serious and result in severe harm to the patient, warranting thorough investigation. The health center monitors the number of serious reportable/sentinel events reported per quarter. No minimum nor maximum threshold is set.

# RCAs completed per qtr	Root-cause analysis is a process for identifying the basic or causal factors that underlie the occurrence or possible occurrence of an adverse event or error. A root-cause analysis is conducted for all events or errors with potential for harm, or near misses with the potential for harm. The health center monitors the number of RCAs conducted per quarter. No minimum nor maximum threshold is set.
# Peer review audits completed (10/provider twice per year)	The health center's quality improvement program includes a peer review audit process to monitor and manage the quality of care and documentation to comply with health center standards, state and federal regulations, and accreditation standards. The health center's goal is to conduct a minimum of 10 peer review audits per provider twice per calendar year.

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total
Center staff	# Adverse events	Total #/qtr	47	46	54	33	180
Center staff	# Near misses	Total #/qtr	3	0	1	4	8
Center staff	# Unsafe conditions	Total #/qtr	12	12	13	5	42
Center staff	# Serious reportable events/Sentinel events	Total #/qtr	0	0	0	0	0
Key appropriate staff	# RCAs completed per qtr.	Total #/qtr	3	1	8	6	18
CMO	# Peer review audits completed (10/provider twice per year)	90%	-	100%	-	100%	100%

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Certain sites do a very good job of reporting incidents. Peer review notification and reminder process has improved compliance rates.	Some sites report very few incidents – probably not because they aren't happening but because they don't know or don't feel comfortable reporting.	Further training on incident reports – what they are and how to file would improve reporting rates, especially from those locations that currently report very little.	If incidents go unreported, they remain unknown, untracked, and no training or education can prevent future occurrences.

Follow-up Actions

Continue to plan for staff training on incident reporting, including near-miss and good catch events.

Conclusion

Adverse event reporting has been stable during the year. Near misses reporting is low so new training about these incident types is needed. The peer review process seems to be adequate but hasn't been reviewed for compliance in some years.

Proposed Future Activities

Evaluation of the current event reporting training will occur to ensure new employees undergo training and existing employees have an adequate refresher course. Training on near misses is needed as well to increase those reporting rates. Review of the current incident report form would be helpful to ensure adequate information is captured.

Peer review process appears adequate, but process has not been reviewed and evaluated in years. Reviewing ECRI's recommended process would be beneficial to ensure CHC's process is similar in nature and scope.

Risk Management Training

Introduction

The Health Center Program Compliance Manual requires risk management training for all staff members and documentation that all appropriate staff complete training at least annually. Risk management education and training are critical for clinical and nonclinical staff to improve safety and mitigate risk related to patient care. The risk manager identifies areas of highest risk within the context of the health center's risk management plan and selects risk management training topics.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
# RM trainings - HIPAA and others	The health center provides annual mandatory training to all health center staff on the following topics: basic infection control and prevention issues, medical record confidentiality requirements, and the Health Insurance Portability and Accountability Act (HIPAA). This training is offered online through the HealthStream platform.
# RM trainings - infection control	The health center provides annual mandatory training to all clinical staff on equipment sterilization and advanced infection control and prevention issues. This training is offered online through the HealthStream platform.
# Other specialty clinical training	The health center identified that Obstetrics, Dental, and Pharmacy should be trained on the following specialty topics: responding to events, managing visitors, and culture of safety. The health center's goal was to provide one in-person session training per quarter. This training is in addition to all other required training. The training is also offered online through the year for those who cannot attend in person.
Annual training completion rate	The annual training completion rate is reported as a cumulative total quarterly. Each staff member must complete all mandatory training (all staff training, clinical staff training, and other specialty clinical staff training) as assigned based on role. The goal is to have 95% of all staff complete annual training by the end of the calendar year.
Obstetrics training completion rate	The health center is notified that staff who provide services to pregnant individuals or individuals of reproductive age should complete obstetrics training. This training is in addition to all other required training. This training is available online in the HealthStream platform. This measure is new for 2023 and is reported as a cumulative total quarterly. The goals is to have 90% of all obstetrics staff complete this training by the end of the calendar year.

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person Responsible	Measure/ Key Performance Indicator	Threshold/ Goal	Q1	Q2	Q3	Q4	Annual Total
RM	# Other specialty clinical training	4	1	1	1	1	4
CMO	Annual training completion rate	95%	72.9%	76.8%	83.4%	98.8%	98.8%
CMO	Obstetrics training completion rate	90%	24.5%	44.3%	59.1%	98.3%	98.3%

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Online training sessions were easy to access and convenient for staff. Regular specialty clinical training done and reported.	Some staff very hard to get trained due to role or PRN status.	Hiring dedicated Risk Manager position will allow for better planning, training and overall quality of the program throughout the year.	Training rates will decrease without persistent effort.

Follow-up Actions

Discussed year-end training rates with Risk Management Committee and plan kept basically the same as last year. Satisfied with CY2024 rates.

Conclusion

The plan is to hire a dedicated Risk Manager position that will focus more on requirements and strategies like in-person training and documentation.

Proposed Future Activities

HealthStream has been a valuable training and tracking platform, but it doesn't yet track in-house and in-person training for HRSA purposes. Investigate feasibility of this strategy. Addition of Risk Manager position will most likely produce a lot of changes in the Risk Management Training Plan and training.

Allowing time, or resources, to complete training will be implemented to help encourage OB (and all other) training completion rates.

Risk and Patient Safety Activities

Introduction

The objective of the health center's patient safety and risk management program is to continuously improve patient safety and minimize and/or prevent the occurrence of errors, events, and system breakdowns leading to harm to patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
Patient satisfaction	The health center annually analyzes patient satisfaction surveys as part of its quality assurance/quality improvement (QA/QI) program. The health center's goal is to receive an average score of 4.5 out of 5 on at least 80% of questions asked on patient satisfaction surveys during the calendar year.
Referral completion rate	Referrals are tracked by the health center for timely completion in order to reduce the risk of missed or delayed diagnosis. The health center's goal is to complete at minimum 75% of all routine referrals ordered within 90 days.

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure/ Key Performance Indicator	Threshold/ Goal	Q1	Q2	Q3	Q4	Annual Total
QI	Patient satisfaction top score rate	80%	-	-	-	91.7%	91.7%
Appropriate staff	Referral completion rate	75%	76.3%	77.0%	73.0%	73.0%	74.8%

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Patient satisfaction survey is done by the Quality Department via telephone calls to patients. This results in timely and comprehensive results. New focus on referral completion has improved rates.	Reporting on referral closure rates was flawed last year. Correction made this year.	Analyzing data to focus in on the lowest rated providers or sites may shed light on why the scores are lower. EHR add-on is available for better document tracking and naming conventions. Implementing this solution might greatly increase referral closure rates.	Poor patient satisfaction correlates with higher legal risk. Lack of referral completion increases risk of missed results or diagnoses.

Follow-up Actions

Q3 2024: Director of IT investigating add-on to Epic to help with document filing, naming and referral closure. Implementation of solution may greatly help with referral closure and bring more consistency to document titles, but there is a financial cost.

Q3 2024: CMO along with Quality Department staff will deeply analyze the patient satisfaction survey data to look for trends and issues. Low scoring providers and/or sites will be investigated and reported to the QI Committee to look for solutions.

Conclusions

The patient satisfaction survey results did meet goal.

The completion of patient referrals has improved, though not quite meeting goal. Workflow needs to be confirmed and trained.

Proposed Future Activities

The patient satisfaction survey results were 91.7% for the set goal of an average of 4.5 out of 5, which exceeded the 80% threshold. There is a strong relationship between patient satisfaction and medical malpractice. We will analyze the data for negative trends in any provider, site, or question area. Considerations will be given to opportunities such as incorporating the online survey results for more information opportunity and the possibility of starting a task force or workgroup if a particular site tends to trend more negatively.

Tracking referrals is a constant challenge and an identified area of high risk for missed and delayed diagnoses. The possibility of using an EHR add-on to the tracking module will be considered only after a benefit to cost analysis is completed.

Claims Management

Introduction

The Health Center Program Compliance Manual requires health centers to have a claims management process for addressing any potential or actual health or health-related claims. The health center identifies risk areas most likely to lead to claims based on previous claims activity, claims prevention guidance from professional organizations, and published research.

Claims Management Focus Area/ Measure	Summary Description of Assessment/Methodology/Indicators
# Claims submitted to HHS	The health center immediately sends court complaints or notices of intent to the HHS Office of the General Counsel. The health center monitors the number claims sent per quarter. No minimum nor maximum threshold is set.
# Claims settled or closed	The health center monitors the number of claims settled or closed per quarter. No minimum nor maximum threshold is set.
# Claims open	The health center monitors the number of claims opened per quarter. No minimum nor maximum threshold is set.
# Lawsuits filed	The health center monitors the number of lawsuits resulting from a claim filed per quarter. No minimum nor maximum threshold is set.
# Lawsuits settled	The health center monitors the number of lawsuits settled per quarter. No minimum nor maximum threshold is set.
# Lawsuits litigated	The health center monitors the number of lawsuits litigated per quarter. No minimum nor maximum threshold is set.

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure, Key Performance Indicator	Threshold	Q1	Q2	Q3	Q4	Annual Total
CM	# Claims submitted to HHS	NA	0	0	0	0	0
CM	# Claims settled or closed	NA	0	0	0	0	0
CM	# Claims open	NA	0	0	0	0	0
CM	# Lawsuits filed	NA	0	0	0	0	0
CM	# Lawsuits settled	NA	0	0	0	0	0
CM	# Lawsuits litigated	NA	0	0	0	0	0

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
N/A	N/A	N/A	N/A

Follow-up Actions

- N/A

Conclusion

No new claims were noted in 2024.

Proposed Future Activities

Continue current claims management processes that include monitoring for emerging concerns, preserving claims-related documentation, and promptly communicating with HHS Office of the General Counsel, General Law Division regarding any actual or potential claim or complaint.

Report Submission

The 2024 Annual Risk Management Report to the Carolina Health Centers Governance Board is respectfully submitted to demonstrate the ongoing risk management program to reduce the risk of adverse outcomes and provide safe, efficient, and effective care and services.

Risk Management Dashboard

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	1	1	4
CMO	# Completed high risk assessments	1	0	0	0	1	1
CMO	% Open action plans	50%			50%	38%	29.0%
	Adverse Events/ Incident Reports						
Center staff	# Adverse events	Total #/qtr	47	46	54	33	180
Center staff	# Near misses	Total #/qtr	3	0	1	4	8
Center staff	# Unsafe conditions	Total #/qtr	12	12	13	5	42
Center staff	# Serious reportable events/Sentinel events	Total #/qtr	0	0	0	0	0
Key staff	# RCAs completed per qtr.	Total #/qtr	3	1	8	6	18
CMO	# Peer review audits completed (10/provider twice per year)	90%	-	100%	-	100.00%	100%
	Training and Education						
RM	# Other specialty clinical training	4	1	1	1	1	4
CMO	Annual training completion rate	95%	72.9%	76.8%	83.4%	98.8%	98.8%
CMO	Obstetrics training completion rate	90%	24.5%	44.3%	59.1%	98.3%	98.3%
	Risk and Patient Safety Activities						
QI	Patient satisfaction top score rate	80%	-	-	-	91.7%	91.7%
Appropriate staff	Referral completion rate	75%	76.3%	77.0%	73.0%	73.0%	**74.8%**
	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)						