



Chief Medical Officer's Report

Prepared for Board meeting May 19, 2025

Quality Metrics



Clinical Measure	Where we are	Where we were	Change	Goal	At Goal?	Comment
Uncontrolled Diabetes	18.2%	17.9%	Worsening	18%	FALSE	Small increase - again
Hypertension Control	76.1%	75.3%	Improving	75%	TRUE	Nice increase - again
Cervical Cancer Screening Rate	52.5%	52.4%	Improving	50%	TRUE	Tiny increase - again
Breast Cancer Screening Rate	61.7%	60.4%	Improving	60%	TRUE	Large increase
Colorectal Cancer Screening Rate	51.6%	51.5%	Improving	55%	FALSE	Tiny increase - again
2 Year Old Vaccination Rates	9.1%	9.5%	Worsening	12%	FALSE	Small decrease - again
Well Child Visit 3-21	57.8%	58.9%	Worsening	55%	TRUE	Moderate decrease
Well-Child Visits, 30 months	54.3%	52.1%	Improving	45%	TRUE	Big increase - again
Depression Screening Rates	78.5%	78.4%	Improving	80%	FALSE	Tiny increase
Diabetic Eye Exams	33.5%	33.4%	Improving	40%	FALSE	Tiny decrease
Diabetic Kidney Screening	71.6%	74.6%	Worsening	90%	FALSE	Large decrease - again
HIV screening	61.7%	61.5%	Improving	60%	TRUE	Small increase - again

Mixed results again
Pediatric provider vacancies probably affecting access
Will investigate diabetic kidney screening

Quality Improvement Committee

Last meeting –

April 29, 2025 – minutes submitted

Next meeting -

June 24, 2025

Ongoing Outcomes:

Roster management (PCP panels)

Flu shot initiative

Provider Enhancement Program





Risk Management

Risk Management Committee

Last Meeting

April 22, 2025 – minutes submitted

Next meeting –

June 17, 2025

Outcomes:

Labels for sample meds

Colorectal cancer screening primer and review of workflows

Investigating electronic incident report system



Risk Management Goals



- Risk Management Plan ✓
- Risk Management Training plan in place ✓
- Training completion rate >95% (met for 2024)
- Quarterly risk assessments – Q1 2025 ✓
- Annual Risk Management Report – April ✓

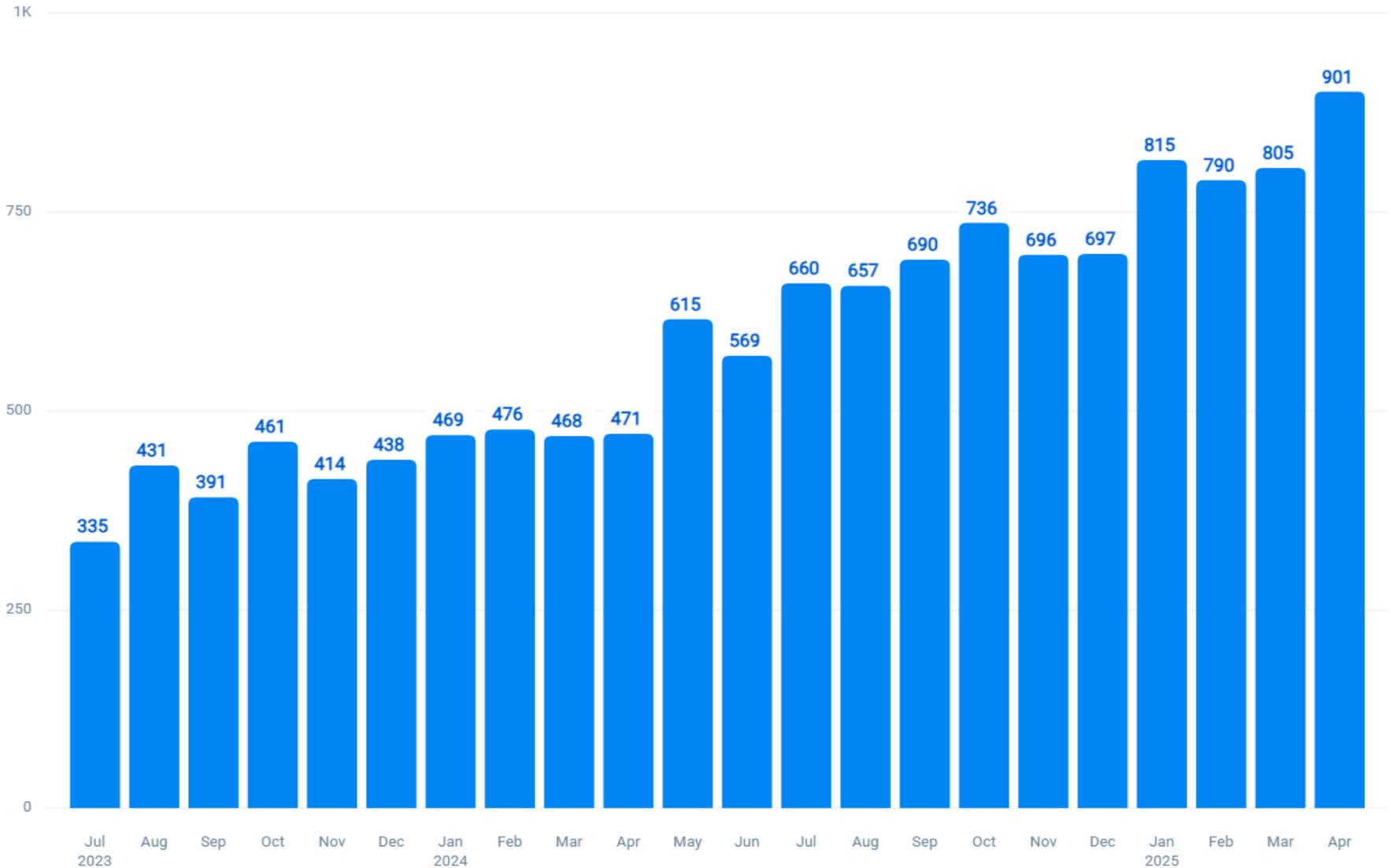
Risk Management Dashboard - 2025

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 underway				0
CMO	# Completed high risk assessments	1	0				0
CMO	% Open action plans		31%				30.8%
	Adverse Events/ Incident Reports						
Center staff	# Adverse events	Total #/qtr	pending				0
Center staff	# Near misses	Total #/qtr	pending				0
Center staff	# Unsafe conditions	Total #/qtr	pending				0
Center staff	# Serious reportable events/Sentinel events	Total #/qtr	pending				0
Key staff	# RCAs completed per qtr.	Total #/qtr	pending				0
CMO	# Peer review audits completed (10/provider twice per year)	80%	-				#DIV/0!
	Training and Education						
RM	# Other specialty clinical training	4	1				1
CMO	Annual training completion rate	95%	49.6%				49.6%
CMO	Obstetrics training completion rate	90%	0.0%				0.0%
	Risk and Patient Safety Activities						
QI	Patient satisfaction top score rate	80%	-				0.0%
Appropriate staff	Referral completion rate	75%	73.2%				73.2%
	Claims Management						
CM	# Claims submitted to HHS	0	1				1
CM	# Claims settled or closed	0	0				0
CM	# Claims open	0	1				1
CM	# Lawsuits filed	0	0				0
CM	# Lawsuits settled	0	0				0
CM	# Lawsuits litigated	0	0				0

Behavioral Health

Visits by BH staff

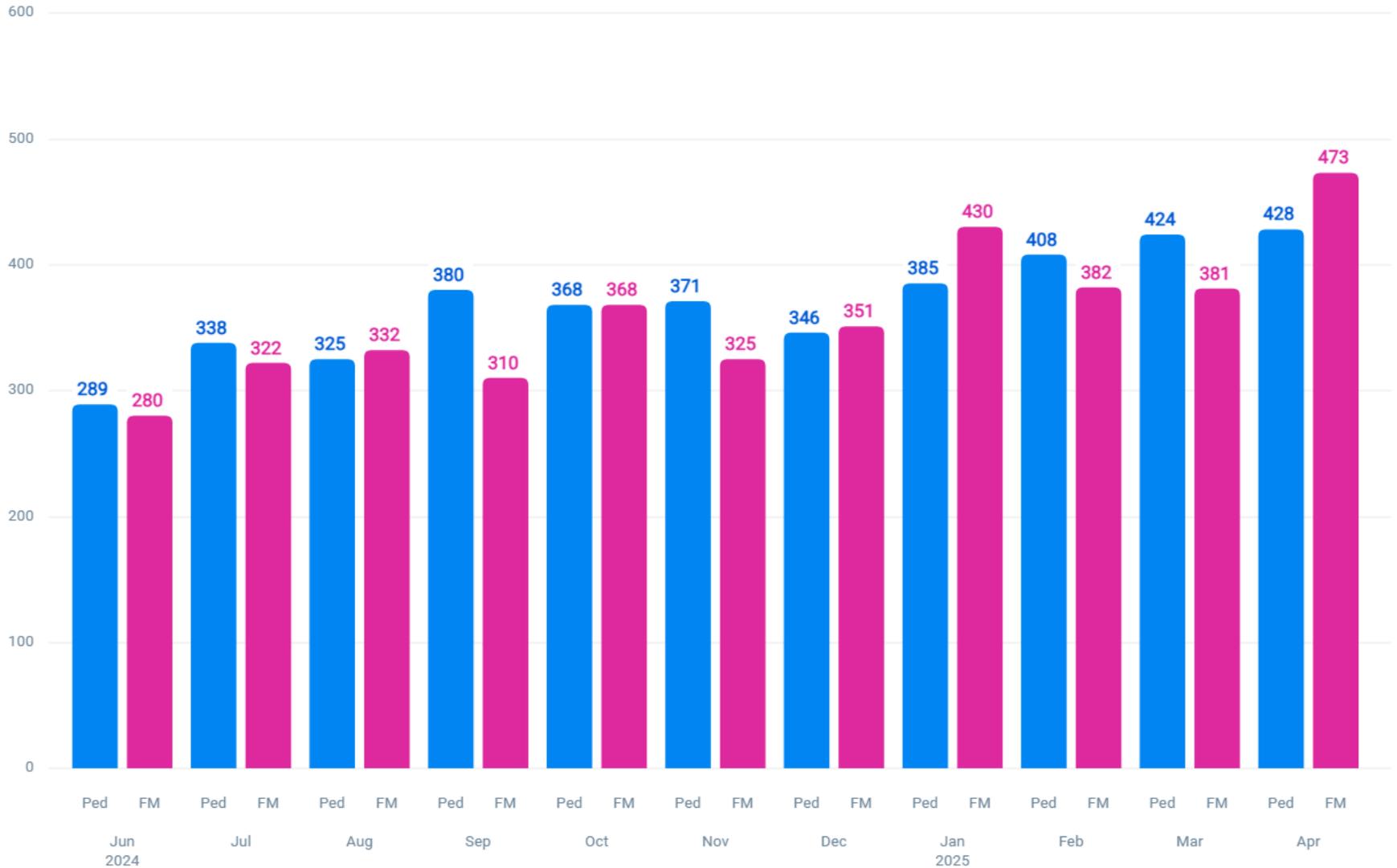
Between 7/1/2023 and 4/30/2025 by month



Behavioral Health

Visits by BH staff

Between 6/1/2024 and 4/30/2025 by month





Action Items

Appointment and granting of privileges

none

Documents for Board Approval

Quality Improvement Program 2025