



Chief Medical Officer's Report

Prepared for Board meeting February 17, 2025

Quality Metrics



Clinical Measure	Where we are	Where we were	Change	Goal	At Goal?	Comment
Uncontrolled Diabetes	16.8%	17.3%	Improving	18%	TRUE	Nice decrease
Hypertension Control	75.2%	75.6%	Worsening	75%	TRUE	Small decrease
Cervical Cancer Screening Rate	52.3%	52.1%	Improving	50%	TRUE	Small increase - again
Breast Cancer Screening Rate	58.0%	60.1%	Worsening	60%	FALSE	Moderate decrease
Colorectal Cancer Screening Rate	50.6%	50.8%	Worsening	55%	FALSE	Tiny decrease
2 Year Old Vaccination Rates	9.9%	10.7%	Worsening	12%	FALSE	Moderate decrease
Well Child Visit 3-21	58.8%	58.9%	Worsening	55%	TRUE	Tiny decrease
Well-Child Visits, 30 months	49.7%	48.4%	Improving	45%	TRUE	Large increase - again
Depression Screening Rates	79.8%	83.2%	Worsening	80%	FALSE	Moderate decrease
Diabetic Eye Exams	32.6%	32.2%	Improving	40%	FALSE	Nice increase - again
Diabetic Kidney Screening	73.9%	74.6%	Worsening	90%	FALSE	Small decrease
HIV screening	60.5%	60.2%	Improving	60%	TRUE	Small increase - again
<p align="center">Mixed results - some up, some down Maybe "new year" issues</p>						

Quality Improvement Committee

Last meeting –

December 31, 2024 – minutes submitted

Next meeting -

February 25, 2025

Ongoing Outcomes:

Correct PCP assignment in Peds project

Diabetic retinal exams

Childhood immunization rates (with prizes)





Risk Management

Risk Management Committee

Last Meeting

December 17, 2024 – minutes submitted

Next meeting –

February 18, 2025



Outcomes:

Some revamping done – assessments, action items

“Two sets of eyes” med admin procedure

Improved training completion rate – **final 2024
course completion rate 98.66%**

Risk Management Goals



- Risk Management Plan ✓
- Risk Management Training plan in place ✓
- Training completion rate >95% ✓
- Quarterly risk assessments – 4 completed for 2024 ✓
- Annual Risk Management Report – August 2024 ✓

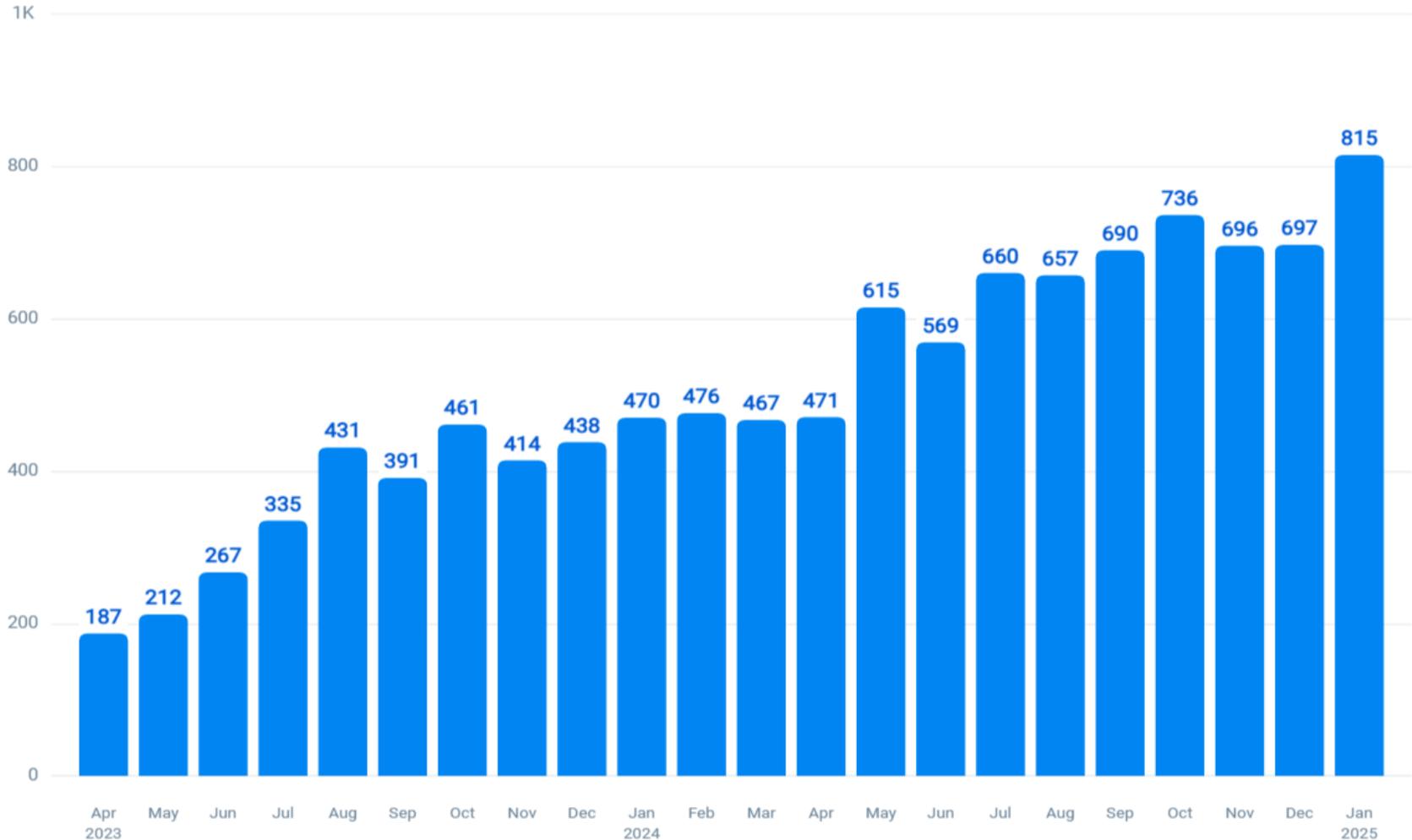
Risk Management Dashboard

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%	38%	43.8%
	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)	80%	-	100%	-	100.00%	100%
	Training and Education						
RM	# Other specialty clinical training	4					0
CMO	Annual training completion rate	95%	72.85%	76.79%	83.40%	98.82%	98.8%
CMO	Obstetrics training completion rate	90%	24.47%	44.30%	59.07%	98.27%	98.3%
	Risk and Patient Safety Activities						
QI	Patient satisfaction top score rate	80%	-	-	-	95.80%	95.80%
Appropriate staff	Referral completion rate	25%	76.33%	76.99%	72.96%	72.98%	74.82%
	Claims Management						
CM	# Claims submitted to HHS	0	0	0	0	1	1
CM	# Claims settled or closed	0	0	0	0	0	0
CM	# Claims open	0	0	0	0	1	1
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

Behavioral Health

Visits by BH

Between 4/1/2023 and 1/31/2025 by month





Action Items

Appointment and granting of privileges

Alice Rodriguez, FNP – pediatric provider at
Hometown Pediatrics

Shannon Clark, MSW – MHC for Calhoun Falls
Family Practice

Documents for Board Approval

none