



Chief Medical Officer's Report

Prepared for Board meeting June 23, 2025

Quality Metrics



Clinical Measure	Where we are	Where we were	Change	Goal	At Goal?	Comment
Uncontrolled Diabetes	18.1%	18.2%	Improving	18%	FALSE	Small decrease
Hypertension Control	76.6%	76.1%	Improving	75%	TRUE	Nice increase - again
Cervical Cancer Screening Rate	52.6%	52.5%	Improving	50%	TRUE	Tiny increase - again
Breast Cancer Screening Rate	63.0%	61.7%	Improving	60%	TRUE	Large increase - again
Colorectal Cancer Screening Rate	51.8%	51.6%	Improving	55%	FALSE	Small increase - again
2 Year Old Vaccination Rates	8.6%	9.1%	Worsening	12%	FALSE	Moderate decreas
Well Child Visit 3-21	57.6%	57.8%	Worsening	55%	TRUE	Small decrease - again
Well-Child Visits, 30 months	55.5%	54.3%	Improving	45%	TRUE	Big increase - again
Depression Screening Rates	79.2%	78.5%	Improving	80%	FALSE	Nice increase - again
Diabetic Eye Exams	33.7%	33.5%	Improving	40%	FALSE	Small increase
Diabetic Kidney Screening	74.1%	71.6%	Improving	80%	FALSE	Large increase
HIV screening	62.1%	61.7%	Improving	60%	TRUE	Nice increase - again

Most all improving
Pediatric measures stable or improving - except immunizations

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

June 17, 2025 – minutes submitted

Next meeting –

August 19, 2025

Outcomes:

Labels for sample meds

Colorectal cancer screening primer and review of workflows

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 & Q2 2025 ✓
- Annual Risk Management Report – April ✓

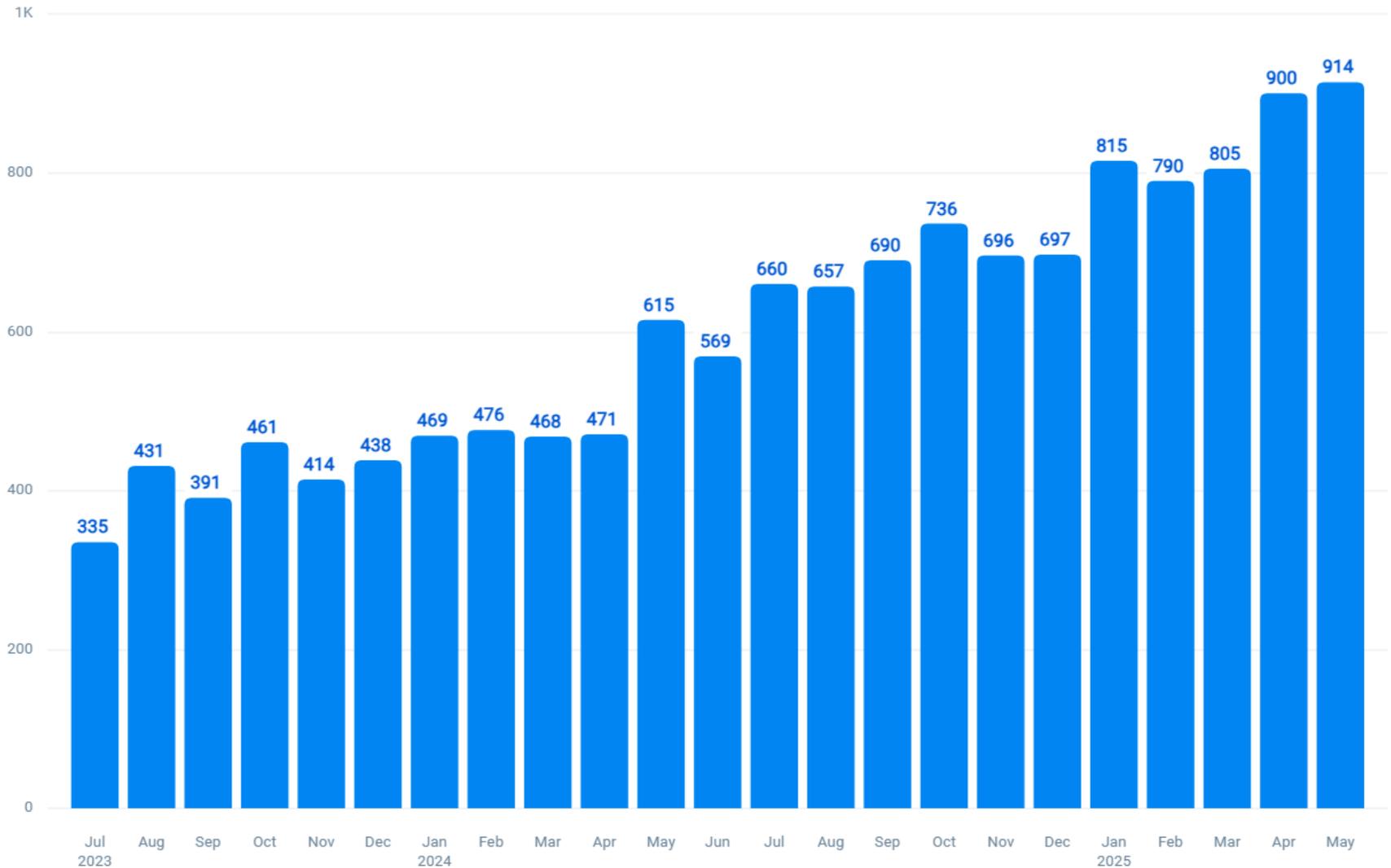
Risk Management Dashboard - 2025

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	1			2
CMO	# Completed high risk assessments	1	0	0			0
CMO	% Open action plans	50%	50%	42.9%			46.5%
	Adverse Events/ Incident Reports						
Center staff	# Adverse events	Total #/qtr	pending	pending			0
Center staff	# Near misses	Total #/qtr	pending	pending			0
Center staff	# Unsafe conditions	Total #/qtr	pending	pending			0
Center staff	# Serious reportable events/Sentinel events	Total #/qtr	pending	pending			0
Key staff	# RCAs completed per qtr.	Total #/qtr	pending	pending			0
CMO	# Peer review audits completed (10/provider twice per year)	90%	-	pending			#DIV/0!
	Training and Education						
RM	# Other specialty clinical training	4	1				1
CMO	Annual training completion rate	95%	56.5%	89.3%			89.3%
CMO	Obstetrics training completion rate	90%	0.0%	0.0%			0.0%
	Risk and Patient Safety Activities						
QI	Patient satisfaction top score rate	80%	-	-			0.0%
Appropriate staff	Referral completion rate	75%	73.6%	72.1%			72.9%
	Claims Management						
CM	# Claims submitted to HHS	0	1	0			1
CM	# Claims settled or closed	0	0	0			0
CM	# Claims open	0	1	0			1
CM	# Lawsuits filed	0	0	0			0
CM	# Lawsuits settled	0	0	0			0
CM	# Lawsuits litigated	0	0	0			0

Behavioral Health

Visits by BH staff

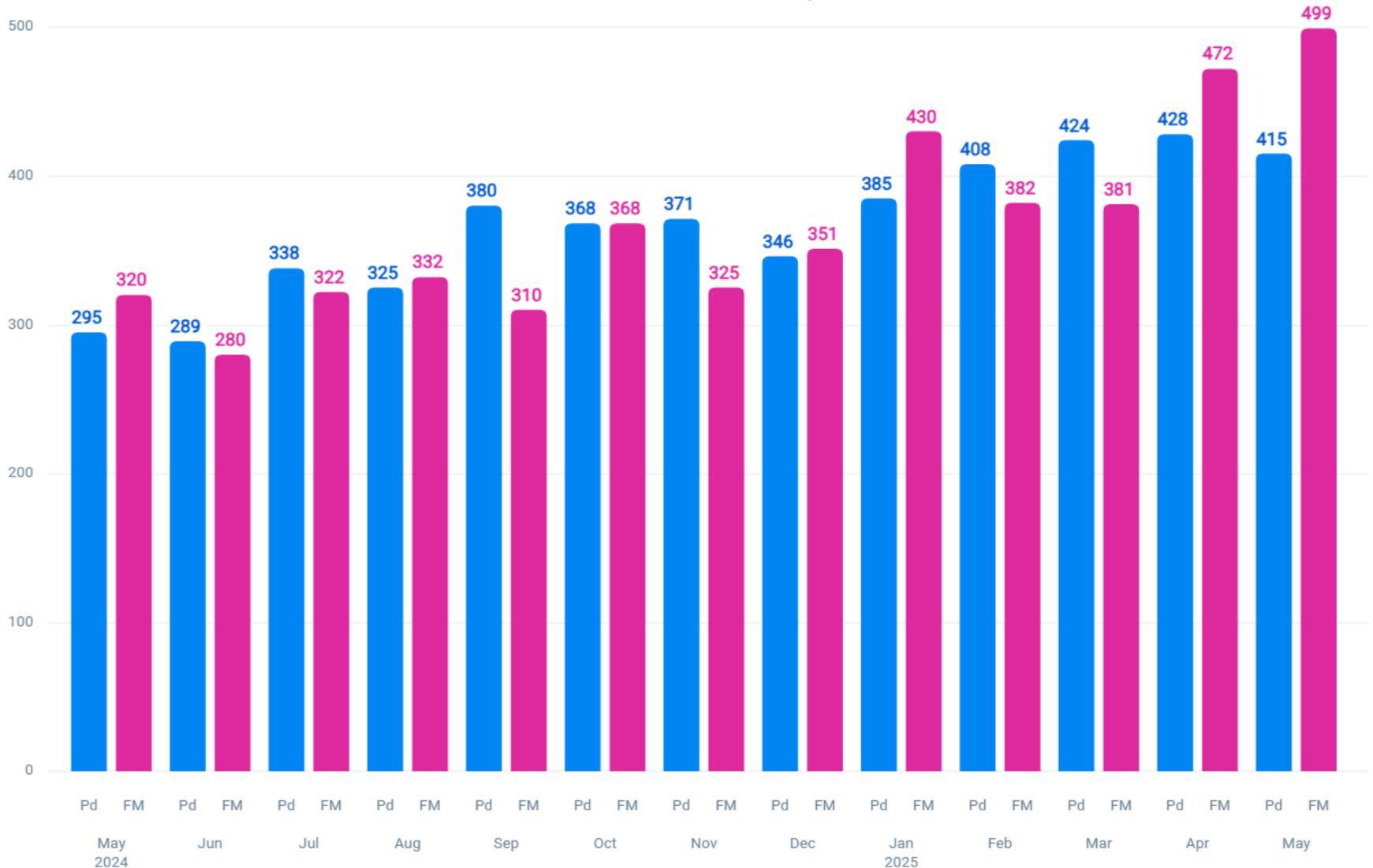
Between 7/1/2023 and 5/31/2025 by month



Behavioral Health

Visits by BH staff

Between 5/1/2024 and 5/31/2025 by month





Action Items

Appointment and granting of privileges

none

Documents for Board Approval

none