



Chief Medical Officer's Report

Prepared for Board meeting November 24, 2025



Quality Metrics

Clinical Measure	Where we are	Where we were	Change	Goal	At Goal?	Comment
Uncontrolled Diabetes	17.7%	18.0%	Improving	18%	TRUE	Nice decrease
Diabetic Eye Exams	39.6%	39.0%	Improving	40%	FALSE	Nice increase
Diabetic Kidney Screening	73.7%	76.6%	Worsening	80%	FALSE	Large decrease - probably settling
Hypertension Control	76.3%	77.1%	Worsening	75%	TRUE	Moderate decrease - again
Cervical Cancer Screening Rate	53.8%	53.8%	Worsening	50%	TRUE	Tiny decrease
Breast Cancer Screening Rate	63.6%	62.0%	Improving	60%	TRUE	Large increase
Colorectal Cancer Screening Rate	55.5%	54.5%	Improving	55%	TRUE	Nice increase - again
Depression Screening Rates	83.2%	82.2%	Improving	80%	TRUE	Nice increase - again
HIV screening	64.1%	63.8%	Improving	60%	TRUE	Nice increase - again
2 Year Old Vaccination Rates	8.8%	8.8%	Worsening	12%	FALSE	The tiniest of decreases
W30 0-14 months	28.0%	29.4%	Worsening	30%	FALSE	Moderate decrease - again
W30 15-30 months	42.1%	42.5%	Worsening	45%	FALSE	Small decrease - again
Well Child Visit 3-21	58.4%	57.9%	Improving	55%	TRUE	Nice Increase

**Diabetic Kidney Screening report probably balancing out from last month
Pediatric measures decreased in general - again**

Quality Improvement Committee

Last meeting –

October 28, 2025 – minutes submitted

Next meeting -

December 30, 2025

Ongoing Outcomes:

Roster management (PCP panels)

Flu shot initiative going on!

Quality Care Manager in Saluda





Risk Management

Risk Management Committee

Last Meeting

October 21, 2025 – minutes submitted

Next meeting –

December 16, 2025

Outcomes:

Risk Manager in place

Electronic platform for Peer Review

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, Q3 done
Q4 2025 and high risk selected
- Annual Risk Management Report – April ✓

Risk Management Risks



Identified Risk	Actions to take to reduce risk
Incorrect or inaccurate coding	<ul style="list-style-type: none">- Provider and staff training- Chart audits- Coding habits revealed
Power failure	more generators if/when funding available, other failsafe procedures
Epidemic/Pandemic	Emergency Epidemic Infection Control Policy
Security	Consider panic button issue Make sure no security "work-arounds" in place (e.g. rock in door)
Suicidal/homicidal statements by patients	Policy and procedures to address the statements made and risks imposed including duty to warn. Regular screening of patients.
Network outage	Redundancy in network connectivity

Risk Management Risks



Identified Risk	Actions to take to reduce risk
Network outage	Redundancy in network connectivity
Patient crisis management	Implement Trauma-Informed Care policies. Having behavioral health professional(s) on staff or readily available. Publishing list of resources.
Medication errors	Bar-code scanning would be nice, but probably pricey. Might need to research other options.
Safety indoors	Periodic checks - is this on the monthly inspection reports?
Vehicle accidents	track driving offenses, accidents, etc?
Barriers to care	When was last cultural training? Certification for translators has been looked into - what were implications?
340b noncompliance	Training, education, audits, reporting.
Passwords stolen,shared	Reduce need for passwords, staff training, strategies for better retention of passwords.

Risk Management Risks



Identified Risk	Actions to take to reduce risk
Flood/storm damage	Maintain external facilities
HIPAA violation	Consider "tough as possible" access to EPIC charts. Make audits more regularly scheduled and reviewed, if not already. All employee re-education.
Pt demog document errors	Are there more efforts we can take to update info?
Corporate document errors	Continue to maintain proper documentation and follow procedures
Safety outdoors	Maintain facilities externally, monitor for potential dangers.
Accessing files	Audits? "Public" vs "private" areas?
Scams, phishing, malware	Policies, software protection, firewall protection, limiting access.
Employee injury	has policy and procedure been reviewed lately, still up to date?

Risk Management Risks



Identified Risk	Actions to take to reduce risk
Medical diversion	Increased employee education
Tornado	All sites with weather radios, always on
Clinical billing errors	More focused education and training for specific groups based on issues that are observed.
Company card misuse	Continue to monitor company card use.
Fire	Maintain fire alarm and extinguishing devices.
Payroll errors	Continue to use the Employee Maintenance Email group to communicate payroll adjustments
HRSA grant fund errors	Conduct internal audits periodically to insure proper use of funds
Equipmt to personal	Changes need to be made, new policy regarding approval of purchases?

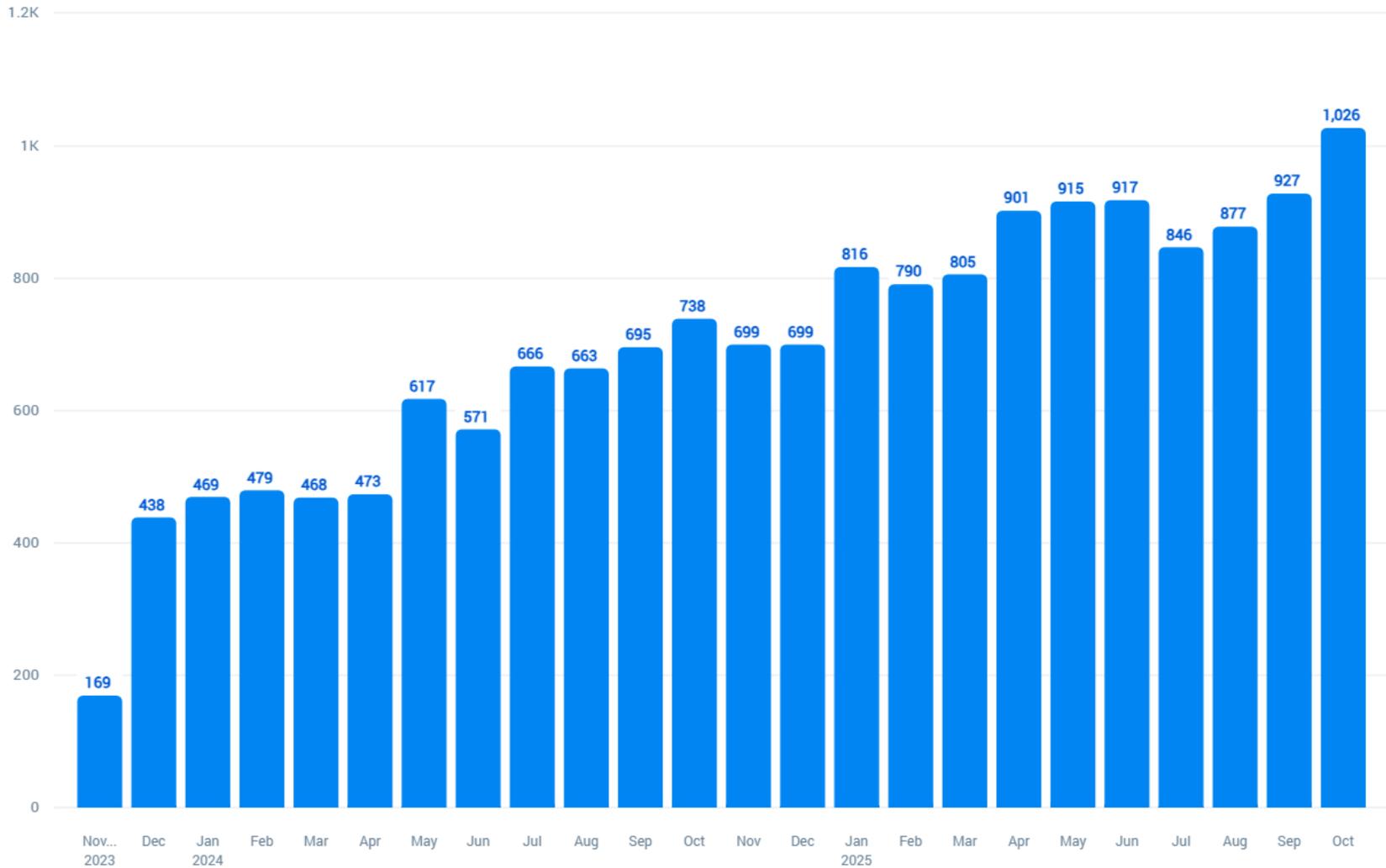
Risk Management Dashboard - 2025

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	1		3
CMO	# Completed high risk assessments	1	0	0	0		0
CMO	% Open action plans	50%	50%	42.9%	30%		40.8%
	Adverse Events/ Incident Reports						
Center staff	# Adverse events	Total #/qtr	20	66	44		130
Center staff	# Near misses	Total #/qtr	2	23	1		26
Center staff	# Unsafe conditions	Total #/qtr	3	7	1		11
Center staff	# Serious reportable events/Sentinel events	Total #/qtr	0	1	0		1
Key staff	# RCAs completed per qtr.	Total #/qtr	1	3	0		4
CMO	# Peer review audits completed (10/provider twice per year)	90%	-	100%	-		100%
	Training and Education						
RM	# Other specialty clinical training	4	1	0	0		1
CMO	Annual training completion rate	95%	56.5%	79.3%	93.2%		93.2%
CMO	Obstetrics training completion rate	90%	0.0%	62.1%	69.4%		69.4%
	Risk and Patient Safety Activities						
QI	Patient satisfaction top score rate	80%	-	-			0.0%
Appropriate staff	Referral completion rate	75%	73.6%	71.8%	75.5%		73.6%
	Claims Management						
CM	# Claims submitted to HHS	0	1	0	1		2
CM	# Claims settled or closed	0	0	0	0		0
CM	# Claims open	0	1	0	1		2
CM	# Lawsuits filed	0	0	0	0		0
CM	# Lawsuits settled	0	0	0	0		0
CM	# Lawsuits litigated	0	0	0	0		0

Behavioral Health

Visits by BH staff

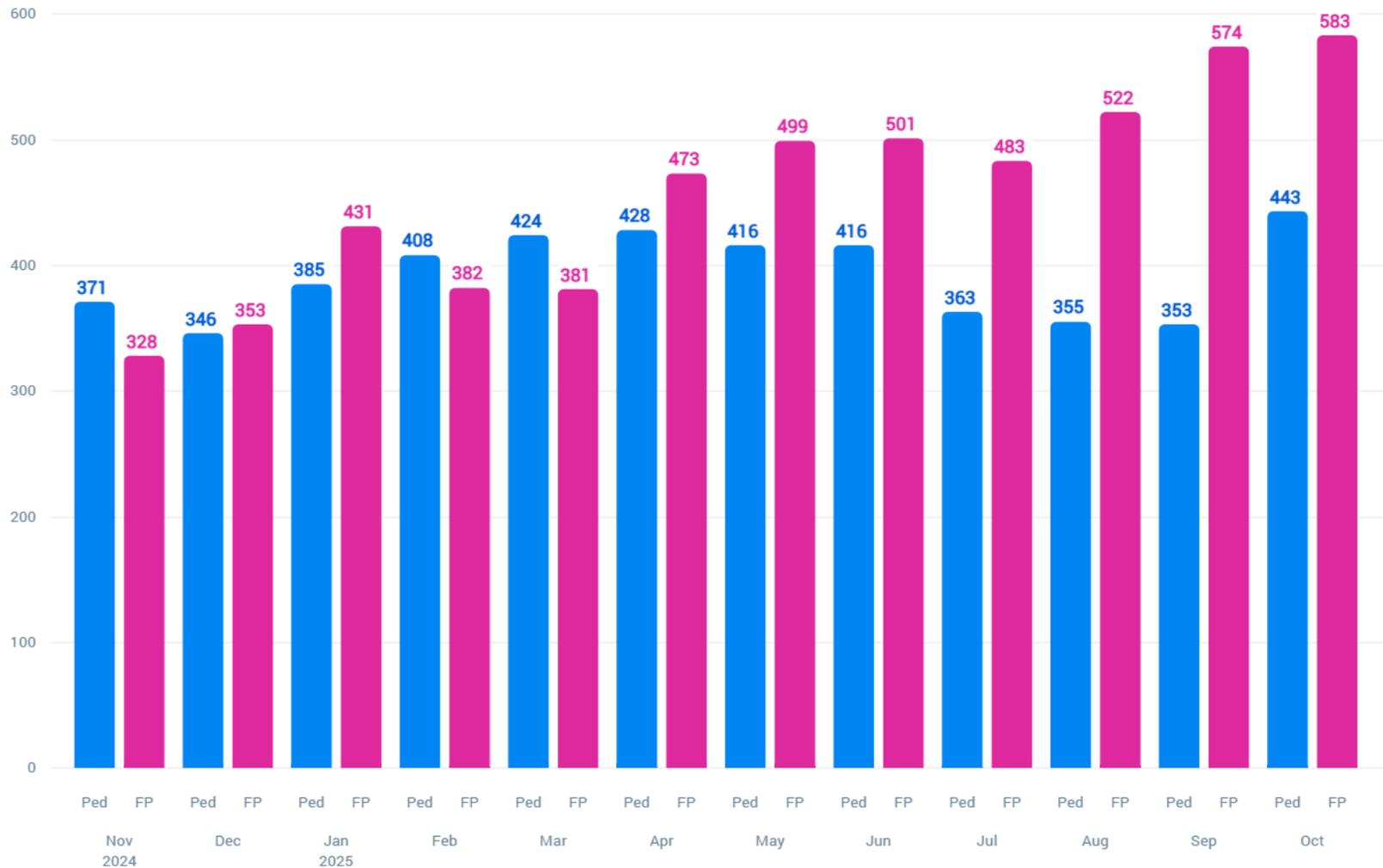
Between 11/19/2023 and 10/31/2025 by month



Behavioral Health

Visits by BH staff

Between 11/1/2024 and 10/31/2025 by month





Action Items

Appointment and granting of privileges

Steven Gause – Greenwood County Peer Support Specialist –
funded by the Greenwood County Opioid Response Fund

Documents for Board Approval

none