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CAROLINA HEALTH CENTERS
Risk Management Committee
April 22, 2025
MINUTES

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MEMBERS PRESENT (√), ABSENT EXCUSED (A), SICK (S):

√	Kim Anderson, Financial Analyst/Project Manager	√	Lisa Gilmer, Revenue Cycle Manager
√	Tim Anderson, Chief Information Officer	√	Jessica Jacobs, Director of Behavioral Health
√	Derek Bannister, Family Medicine Practice Manager	√	Natasha Johnson, Director of Quality and Population Health
√	Jessica Brock, Pediatric Practice Manager	√	Bonnie Lee, Director of Pediatric Clinical Support Services
	Erika Dorn, Pediatric Practice Clinical Coordinator	√	Nikki Richard, Director of Family Medicine Clinical Support Services
√	Joe Eiland, Facilities Manager	√	Amy Satterwhite, Pharmacy Operations Manager
√	Miriam Ferguson, Chief Operations Officer	√	Locke Simons, Chief Medical Officer, chair

I.   The meeting was called to order by Simons at 8:30am.

II.   Minutes from February 18, 2025, meeting approved by motion from K. Anderson and seconded by Lee.

III.   **Incident report review/summarization with noted trends or issues since last meeting:** State of incident reports disrupted due to key staffing change. Reorganizing and getting back on track. Dashboard updated through Q4 2024.

IV.   **Current state assessment**

    1. Quarterly and high-risk management assessment –
        a. One standard assessments done for 2025 to be discussed today.
        b. No high-risk assessment completed yet for 2025.
    2. Annual report – Presented to board and QI Committee in August, 2024. Will be presented earlier this year to be available for the FTCA application, anticipated for next week's board meeting.
    3. Setting and tracking progress regarding annual risk management goals –
        Risk Management Goals –
        (1) **Fully established RM plan** - Done
        (2) **RM training plan** – Done and implemented, including OB training requirement. Need to review plan for 2025.
        (3) **Annual staff training completion rate greater than 95% by end of year** – Completion rate for 2024 was 98.8%, surpassing our goal of 95%. YTD rate is 56.5%. Need to assign OB training to staff.
        (4) **Risk Management Assessments** – current
    4. Annual risk management training plan – Still need trainings for specific groups – ECRI recommendation for FTCA.

V.   **Old business**

    1. E&M coding. Billing department staff are now performing regular audits for compliance, now planning on every provider twice per year, reporting to providers and copying CMO for review. Have had a few Lunch and Learn sessions with staff. Will continue to pursue basic Coding 101 sessions with each site to lay basics of coding. External audit completed but results not shared yet – will try to summarize results and share. Aledade training is helping as well.
    2. Timely encounter closure. CMS recommends 24-48 hours. New contract term and new bonus calculation item in place. Dashboard for providers to show their progress. A couple of strategies were implemented to help the few offenders. Dr. Braye is getting involved with FM providers.
    3. Meeting HRSA FTCA expectations. Facktor consultants have reviewed and prepared report. Currently on track for expectations. Will disseminate to committee.
    4. Incident reports. Johnson suggested investigating platforms for creating, submitting, reviewing and reporting on incident reports. Lee and Ferguson investigating Performance Health as a platform. It also does

compliance functions. Pharmacy implemented PQC system for incident reporting but only built for pharmacy. Looking into reporting or exporting, also someone else to have access.

5. Electronic submission of screenings/forms for peds to mitigate risk of misfiling, missing completely, or erroneous results in the chart. Welcome Tablets are being implemented to go live May 5, so this can be done on site and sent directly into the chart.

6. Scanning/chart entry error – Erroneous chart entry seen by patients before correction. Email sent out by T. Anderson. Quality developed a reporting mechanism for finding and reporting clinical/quality issues seen in EHR and those entries have been entered. Johnson to review data and get with clinical and operations team to review. Item scanned into the wrong chart should result in an incident report. Centralized scanning might be a help in reducing errors. Might want to change workflow of these specific incident reports.

VI.   New business

VII.   Assessments –
1. Security Risk Assessment was done Q2 of 2024. Have documentation to serve as RM assessment for that quarter, with an Action Plan. After attending Risk Management training, this probably won't suffice for FTCA application.
2. High-risk assessment for this year was colorectal cancer screening results and follow-up.
3. Q4 assessment was pharmacy program, using ECRI-developed material. Assessment done with action plan.
4. Q1 2025 assessment was ECRI's Office Administration assessment, completed with action plan, discussed today.

VIII.   Action items: attached
IX.   Risk Management Dashboard: attached

Next RMC meeting: June 17, 2025 – 8:30am
The meeting was adjourned at 9:28am.

Locke E. Simons, MD
Chief Medical Officer

Action Items (Not completed)

Date Created	Assessment Issue or Question (if applicable)	Tasks Required	Priority	Assigned to	Deadline	Status	Comments
8/31/2024	Is there a definition of a near-miss or good-catch event? Are staff educated on the process to report a near-miss event?	Incident report and near-miss education needed	med	Risk Manager	3/1/2025	not started	Updated deadline – Facktor – maybe ECRI material in time being?
8/31/2024	Is staff competency with critical skills assessed on at least an annual basis? Complete, document, and maintain record of assessment of critical skills.	Complete, document, and maintain record of assessment of critical skills.	high	Richard and immediate supervisors	4/1/2025	in progress	deadline updated
12/30/2024	Are colonoscopies with polyps mistakenly followed-up with Cologuard or FIT tests?	Review Health Maintenance topic documentation workflow	med	Richard	4/1/2025	not started	
12/30/2024	Are items labeled as "colonoscopies" truly colonoscopies?	Review workflow with document staff for accurate labeling	med	Bannister	4/1/2025	in progress	Solarity Pro implementation should help greatly with this
12/31/2024	What barriers are preventing patients from picking up their medications	Obtain information from the patient-has the med been discontinued, cost, transportation, etc.	high	Satterwhite Bannister		in progress	Information asked of PSRs to provide if patient does not pick up meds requested to be delivered to sites. Options: B-fund request, cheaper medication, home delivery or site delivery, manufacturer coupons, etc. Is the information being gathered?
12/31/2024	Reduce interruptions within the pharmacy area at CCP Village	Implement a call center to help answer and filter phone calls regarding Rx refill requests	high	Satterwhite Batson		in progress	The call center will be staffed with 2-3 techs during peak hours of 9am-4pm Monday-Friday.
12/31/2024	Staff awareness of error(s) made in the pharmacy	Educate staff by having huddles or other specific group meetings	high	Satterwhite Batson Cooper		in progress	Discuss with staff any errors or potential errors that occur within the pharmacy to bring awareness and provide educational opportunities.
3/31/2025	#5 Post a list of our fees for service for patients	Get an up to date list of our most frequent services and fees from Lisa Gilmer	low	Brock	4/30/2025	in progress	

3/31/2025	# 23 &24 Moc Codes and other drills should be routine, documented and post drill assessment	Schedule moc codes at sites, meet with the leadership team afterwards to discuss successes, failures, etc.	med	Brock Bannister Richards Lee		not started	
3/31/2025	#26 elevated training for staff on deecaslation on the phone and in person	Research training materials and incorporate those into our onboarding and annual training, bring in BH to help assist with this training	med	Brock Bannister	5/31/2025	in progress	
3/31/2025	#62 & 63 Documentation and tracking of complaints & grienvances	Create a written process/policy on documentation and tracking of patient complaints	med	Brock	5/31/2025	not started	

2025 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
CMO	# Completed high risk assessments	1	0				0
CMO	% Open action plans		50%				50.0%
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%	56.5%				56.5%
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%	73.6%				**73.6%**
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

2024 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	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	25%	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