



Chief Medical Officer's Report

Prepared for Board meeting January 27, 2025

Quality Metrics



Clinical Measure	Where we are	Where we were	Change	Goal	At Goal?	Comment
Uncontrolled Diabetes	17.3%	17.2%	Worsening	18%	TRUE	Tiny increase
Hypertension Control	75.6%	74.8%	Improving	75%	TRUE	Nice increase - to goal
Cervical Cancer Screening Rate	52.1%	51.4%	Improving	50%	TRUE	Nice increase - again
Breast Cancer Screening Rate	59.9%	57.8%	Improving	60%	FALSE	Nice increase - again
Colorectal Cancer Screening Rate	50.6%	50.3%	Improving	55%	FALSE	Small increase - again
2 Year Old Vaccination Rates	10.7%	10.5%	Improving	12%	FALSE	Small increase - again
Well Child Visit 3-21	58.9%	54.9%	Improving	55%	TRUE	Huge increase
Well-Child Visits, 30 months	48.4%	46.8%	Improving	45%	TRUE	Large increase
Depression Screening Rates	83.2%	81.9%	Improving	80%	TRUE	Nice increase - again
Diabetic Eye Exams	32.2%	31.7%	Improving	40%	FALSE	Nice increase - again
Diabetic Kidney Screening	74.6%	77.5%	Worsening	90%	FALSE	Moderate decrease – maybe reporting issue
HIV screening	60.2%	59.4%	Improving	60%	TRUE	Nice increase - again

Nice improvements, some large, most everywhere
One measure with small decrease
One measure with large decrease (but may be reporting artifact)

Quality Improvement Committee

Last meeting –

December 31, 2024 – minutes pending

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 – currently
83.4% → 98.8% YTD

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	53		146
Center staff	# Near misses	Total #/qtr	3	0	1		4
Center staff	# Unsafe conditions	Total #/qtr	12	12	13		37
Center staff	# Serious reportable events/Sentinel events	Total #/qtr	0	0	0		0
Key staff	# RCAs completed per qtr.	Total #/qtr	3	1	8		12
CMO	# Peer review audits completed (10/provider twice per year)	80%	-	100%	-		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%	12.10%	10.70%	8.50%	6.30%	9.40%
	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



Action Items

Appointment and granting of privileges

Joseph “Nate” Brant, LISW-CP – new Mental Health Counselor at Saluda Family Practice and Ridge Spring Family Practice

Documents for Board Approval

none