



Chief Medical Officer's Report

Prepared for Board meeting September 22, 2025



Quality Metrics

Clinical Measure	Where we are	Where we were	Change	Goal	At Goal?	Comment
Uncontrolled Diabetes	18.0%	18.0%	Improving	18%	TRUE	Tiny decrease - again
Diabetic Eye Exams	37.0%	36.8%	Improving	40%	FALSE	Small increase - again
Diabetic Kidney Screening	74.0%	76.1%	Worsening	80%	FALSE	Moderate decrease
Hypertension Control	78.1%	77.9%	Improving	75%	TRUE	Nice increase - again
Cervical Cancer Screening Rate	53.7%	53.1%	Improving	50%	TRUE	Nice increase - again
Breast Cancer Screening Rate	62.6%	62.3%	Improving	60%	TRUE	Mild increase - again
Colorectal Cancer Screening Rate	53.7%	53.1%	Improving	55%	FALSE	Nice increase - again
Depression Screening Rates	81.6%	80.9%	Improving	80%	TRUE	Nice increase - again
HIV screening	63.5%	62.9%	Improving	60%	TRUE	Nice increase - again
2 Year Old Vaccination Rates	8.4%	8.6%	Worsening	12%	FALSE	Small decrease - again
W30 0-14 months	31.2%	29.2%	Improving	30%	TRUE	Nice increase
W30 15-30 months	42.9%	43.0%	Worsening	45%	FALSE	Tiny decrease
Well Child Visit 3-21	58.2%	58.1%	Improving	55%	TRUE	Tiny increase
Mild decrease in Diabetic Kidney Screening Lots of improvements (if small) Otherwise, decreases were small						

Quality Improvement Committee

Last meeting –

August 26, 2025 – minutes submitted

Next meeting -

October 28, 2025

Ongoing Outcomes:

Roster management (PCP panels)

Flu shot initiative for the Fall

Quality Care Manager in Saluda





Risk Management

Risk Management Committee

Last Meeting

August 19, 2025 – minutes submitted

Next meeting –

October 21, 2025

Outcomes:

Major revision to Infectious Disease policy

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 done
Q3 2025 underway
- Annual Risk Management Report – April ✓

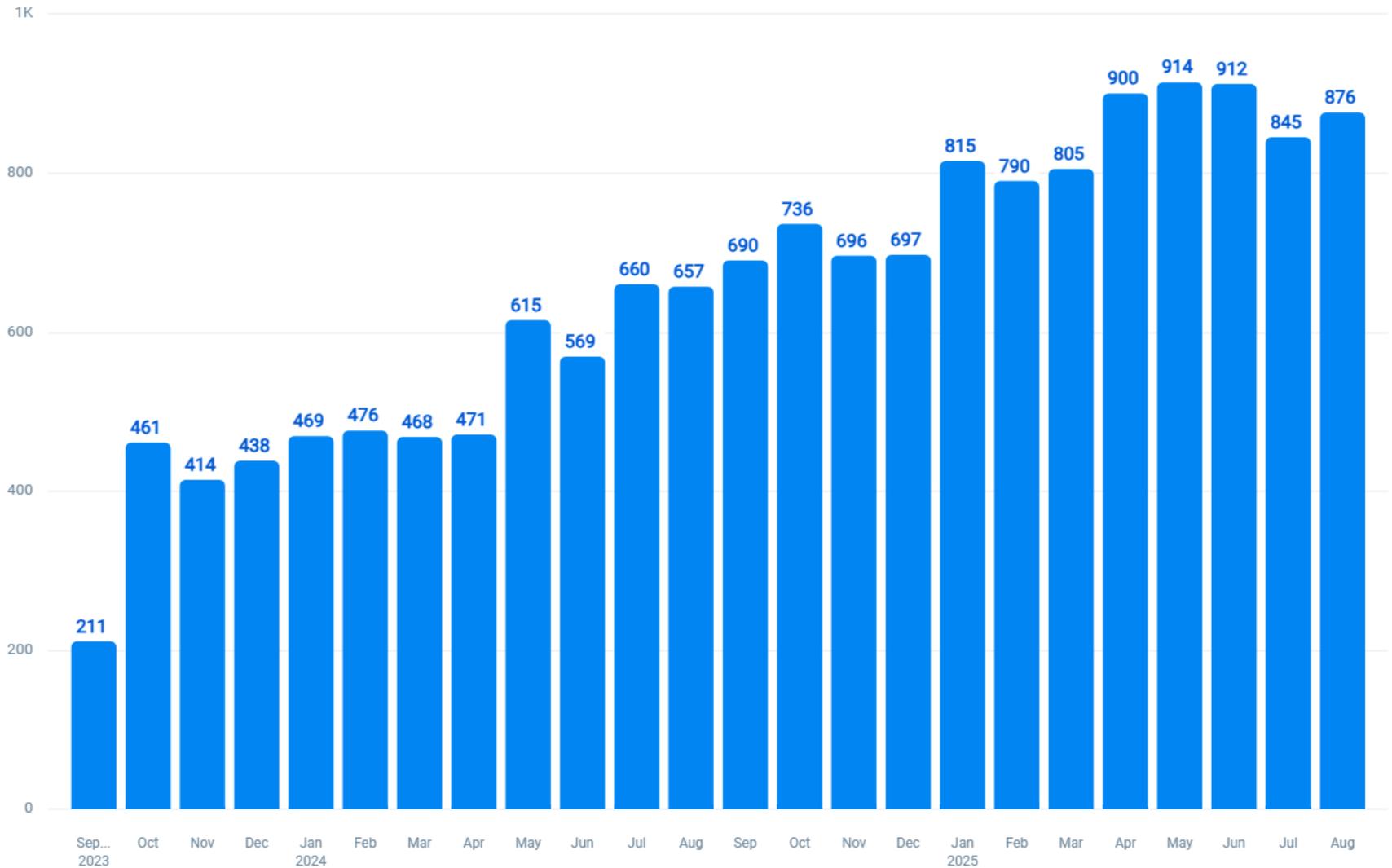
Risk Management Dashboard - 2025

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	0		2
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			86
Center staff	# Near misses	Total #/qtr	2	23			25
Center staff	# Unsafe conditions	Total #/qtr	3	7			10
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%	-	pending			#DIV/0!
	Training and Education						
RM	# Other specialty clinical training	4	1	0	0		1
CMO	Annual training completion rate	95%	56.5%	79.3%	90.7%		90.7%
CMO	Obstetrics training completion rate	90%	0.0%	62.1%	61.7%		62.1%
	Risk and Patient Safety Activities						
QI	Patient satisfaction top score rate	80%	-	-			0.0%
Appropriate staff	Referral completion rate	75%	73.6%	71.8%	73.3%		72.9%
	Claims Management						
CM	# Claims submitted to HHS	0	1	0	0		1
CM	# Claims settled or closed	0	0	0	0		0
CM	# Claims open	0	1	0	0		1
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

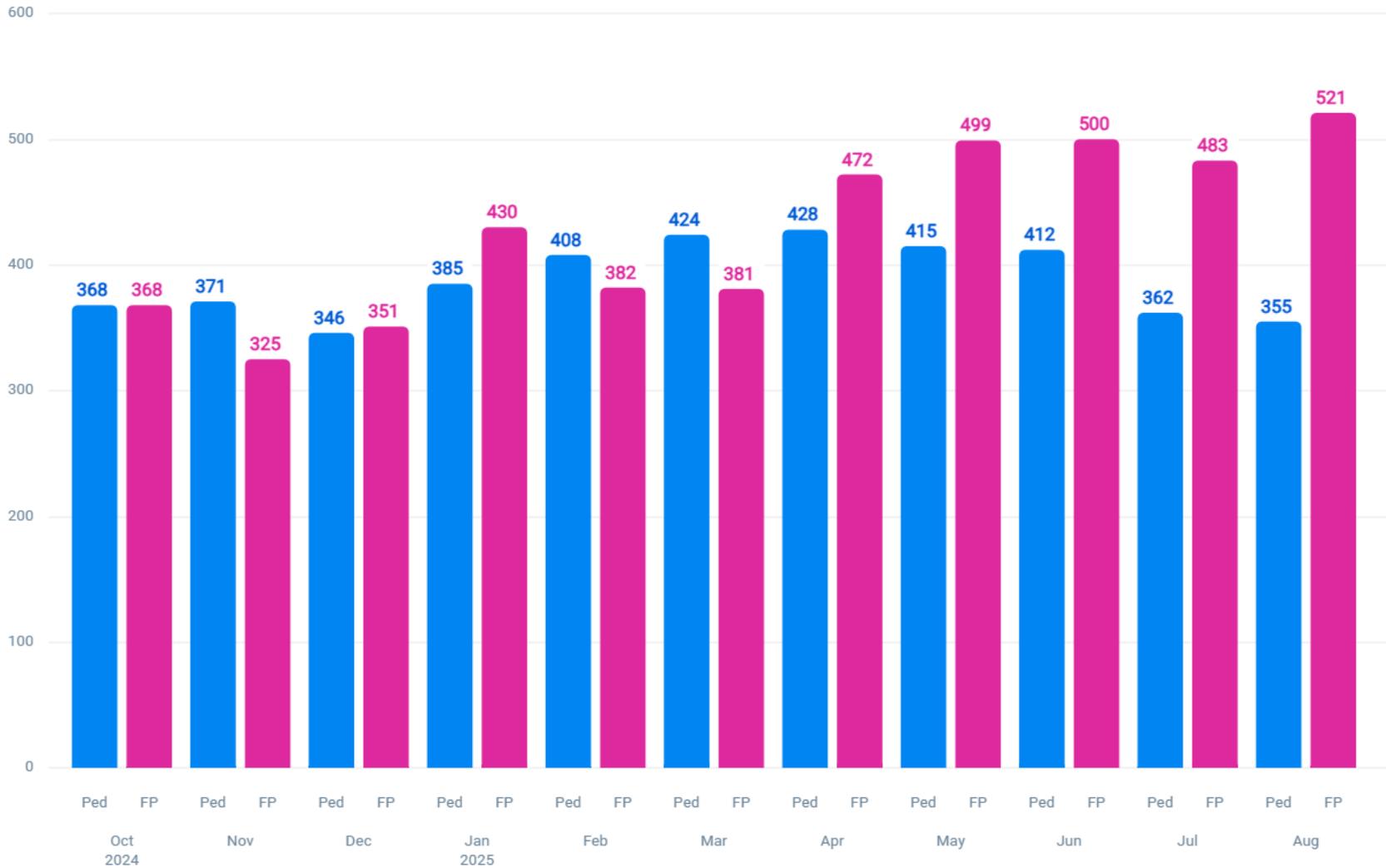
Between 9/18/2023 and 8/31/2025 by month



Behavioral Health

Visits by BH staff

Between 10/1/2024 and 8/31/2025 by month





Action Items

Appointment and granting of privileges

none

Documents for Board Approval

none