



Chief Medical Officer's Report

Prepared for Board meeting October 27, 2025



Quality Metrics

Clinical Measure	Where we are	Where we were	Change	Goal	At Goal?	Comment
Uncontrolled Diabetes	18.0%	18.0%	Worsening	18%	FALSE	Tiny increase
Diabetic Eye Exams	39.0%	37.0%	Improving	40%	FALSE	Large increase - report modificaton
Diabetic Kidney Screening	76.6%	74.0%	Improving	80%	FALSE	Large increase - report modificaton
Hypertension Control	77.1%	78.1%	Worsening	75%	TRUE	Moderate decrease
Cervical Cancer Screening Rate	53.8%	53.7%	Improving	50%	TRUE	Tiny increase - again
Breast Cancer Screening Rate	62.0%	62.6%	Worsening	60%	TRUE	Mild decrease
Colorectal Cancer Screening Rate	54.5%	53.7%	Improving	55%	FALSE	Nice increase - again
Depression Screening Rates	82.2%	81.6%	Improving	80%	TRUE	Nice increase - again
HIV screening	63.8%	63.5%	Improving	60%	TRUE	Small increase - again
2 Year Old Vaccination Rates	8.8%	8.4%	Improving	12%	FALSE	Small increase
W30 0-14 months	29.4%	31.2%	Worsening	30%	FALSE	Moderate decrease
W30 15-30 months	42.5%	42.9%	Worsening	45%	FALSE	Small decrease
Well Child Visit 3-21	57.9%	58.2%	Worsening	55%	TRUE	Small decrease - report modification
Decrease in Diabetic Kidney Screening again Pediatric measures decreased in general						

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

October 21, 2025 – minutes submitted

Next meeting –

December 16, 2025

Outcomes:

Risk Manager hired!

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

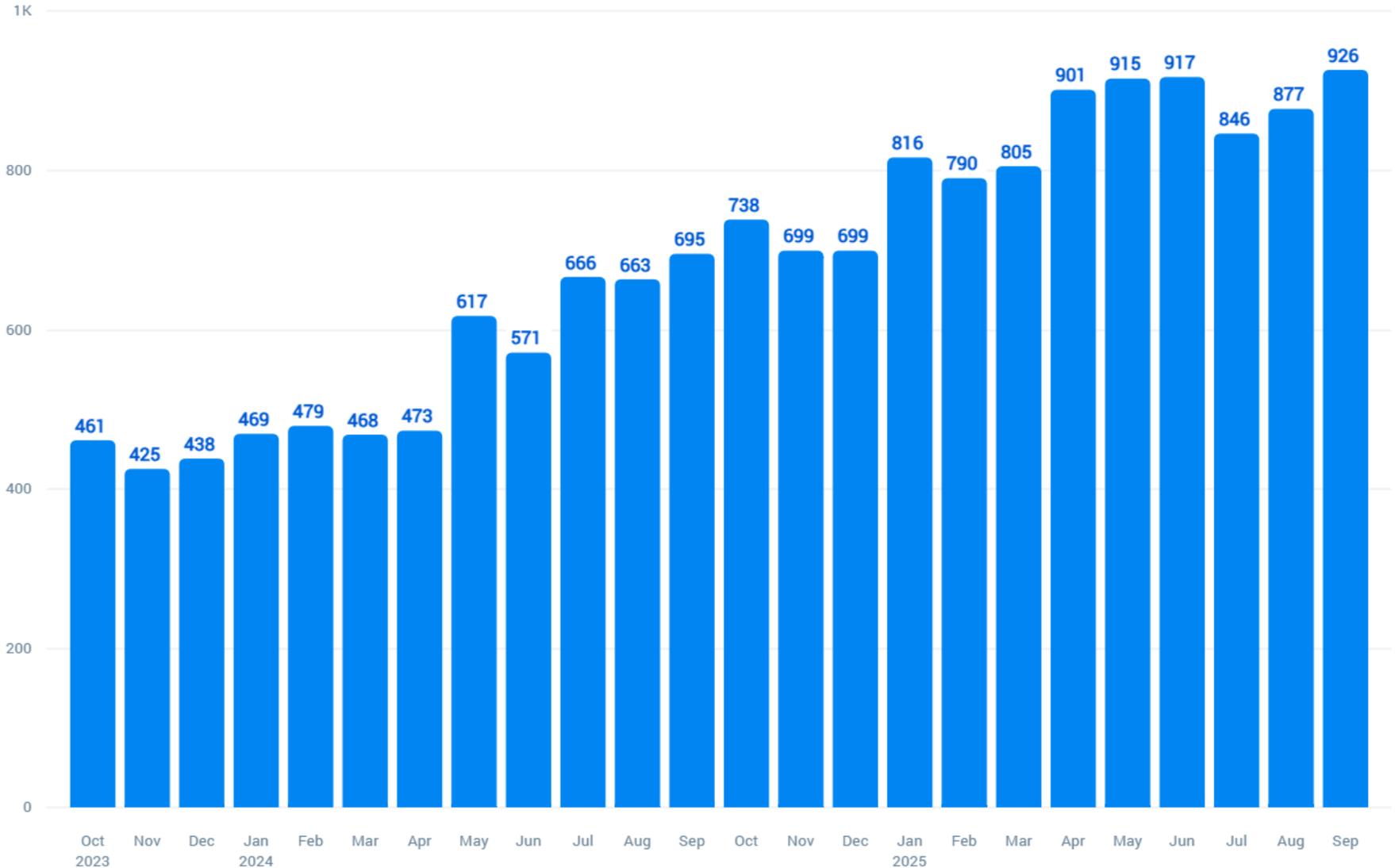
Risk Management Dashboard - 2025

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	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

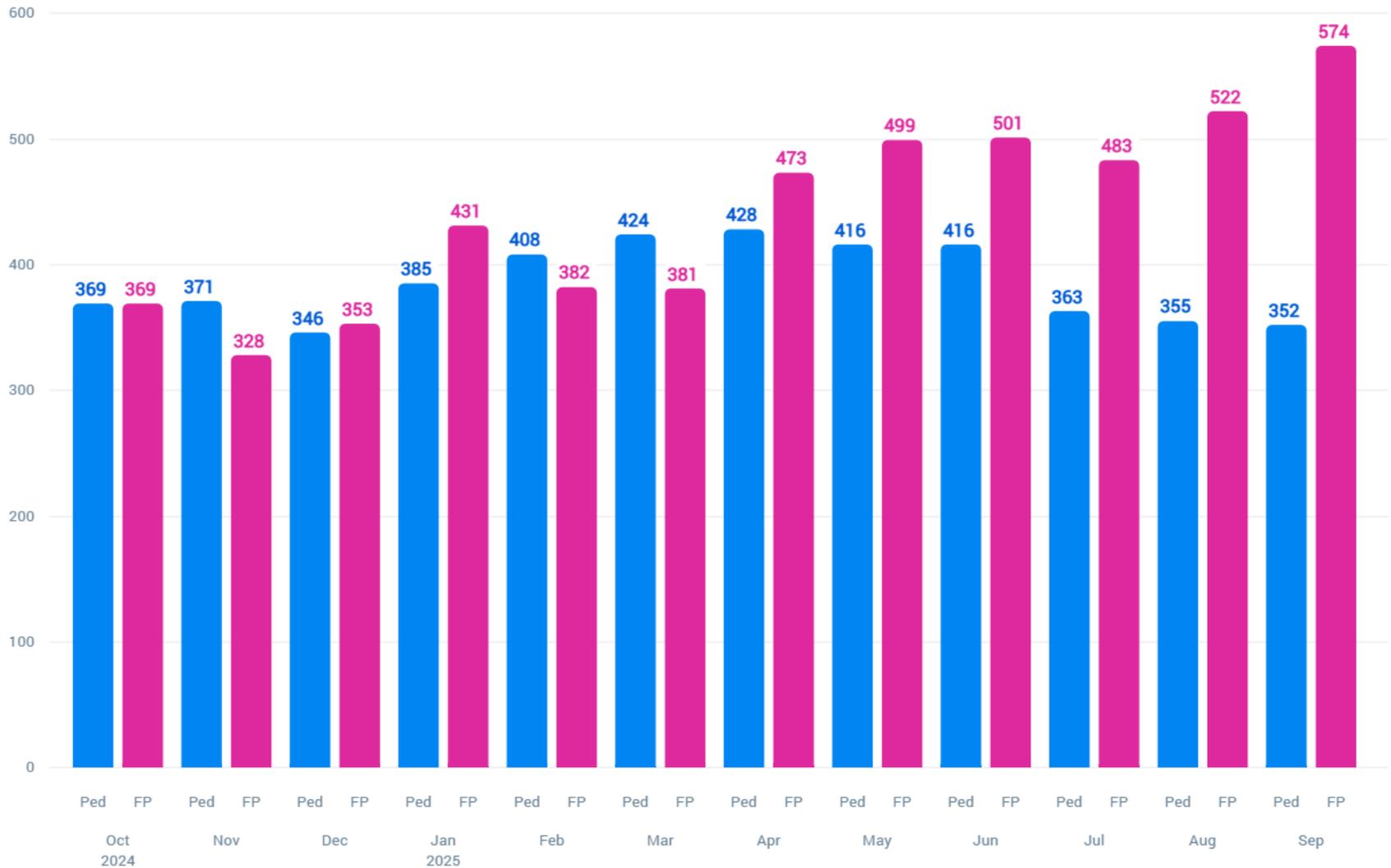
Between 10/1/2023 and 9/30/2025 by month



Behavioral Health

Visits by BH staff

Between 10/1/2024 and 9/30/2025 by month





Action Items

Appointment and granting of privileges

Jessica Segars, PA – new FM provider for UFP, past EMT,
from PC

Nicole R. Lytes, LMSW – new counselor for RSFP/SFP, used
to work for Self

Documents for Board Approval

none