CAROLINA HEALTH CENTERS

Risk Management Committee

June 17, 2025

MINUTES

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

A	Kim Anderson, Financial Analyst/Project Manager	√	Lisa Gilmer, Revenue Cycle Manager
A	Tim Anderson, Chief Information Officer	A	Jessica Jacobs, Director of Behavioral Health
√	Derek Bannister, Director of Family Medicine Operations	√	Natasha Johnson, Director of Quality and Population Health
A	Jessica Brock, Director of Pediatric Operations	√	Bonnie Lee, Director of Pediatric Clinical Support Services
A	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 Locke Simons at 8:32am.

II. Minutes from April 22, 2025, meeting approved by motion from B. Lee and seconded by A. Satterwhite.

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. The overall trend so far this year is a large number of patients being referred to the ED. There have been some documentation errors reported and a pt fall at one of the locations. Overall, the volume of incidents reported is low.

IV. **Current state assessment**

1. Quarterly and high-risk management assessment –
   a. Two assessments done for the first two quarters of 2025. Q2 assessment to be discussed today.
   b. No high-risk assessment completed yet for 2025.
2. Annual report – Presented to board on April 28, 2024. Presented earlier this year to be available for the FTCA application, accepted and approved by the board of directors.
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 89.3%. OB training has not yet been assigned to staff.

   (4) **Risk Management Assessments** – current

4. Annual risk management training plan – Still need trainings for specific groups – ECRI recommendation for FTCA.

   (1) There was discussion regarding the need to provide education that is role specific as well as annual competencies.

   (2) N. Johnson stated that Fraud, Waste and Abuse (FWA) training has been added to the providers and billing staff. B. Lee mentioned that this is important for all staff and that we need to review what training we are providing for annual training to all staff for the upcoming 2026 training expectations from a compliance perspective including enhancing HIPAA education. N. Johnson also mentioned a training on sex trafficking that is available but not provided to all staff.

   (3) N. Richard and B. Lee continue to work on onboarding and annual competency training for clinical staff that should be ready for fall. This was delayed due to policies and procedures requiring updates.

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 to 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. There are currently two providers at a decreased salary due to timely note closure and another on an improvement program.
3. Meeting HRSA FTCA expectations. Facktor report was shared with the committee after the last meeting. Currently on track for expectations. We did not meet the FTCA expectations for 2024 related to completion of risk assessments therefore Dr Simons is meeting with FTCA this week to review due to the upcoming submission of our application to ensure that they will accept our plan.
4. Incident reports. Performance Health will be implemented as an electronic platform for incident reports and compliance functions. Will develop for all organization to use, including pharmacy, so that we are on one unified system. The current go-live for implementation is mid-July to early August 2025. There will need to be solid education provided to staff related to incident reporting to shift the mindset to patient and staff safety.
5. Electronic submission of screenings/forms for peds to mitigate risk of misfiling, missing completely, or erroneous results in the chart. Welcome Tablets implementation is currently on hold due to errors encountered by J Strutton when testing the new WCC note with the screenings. This will decrease errors in screening entries.
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.
7. Vaccine and med admin errors - TriNet wand scanner went live at the Lakelands Peds site today. The goal of this is to reduce medication errors and improve documentation of immunizations and other medications administered in the office

VI. New business

VII. Assessments –

1. High-risk assessment not yet done for this year, need to consider options.
2. Q1 and Q2 2025 assessments have been done, Q2 assessment discussed today. Need action plan.
    a. B. Lee completed a Risk Assessment for Infection Control for Q2. The results were reviewed with the committee today and an action plan for the results is forthcoming

VIII. Action items: attached

IX. Risk Management Dashboard: attached

Next RMC meeting: August 19, 2025 – 8:30am

The meeting was adjourned at 9:23am.

Locke E. Simons, MD
Chief Medical Officer

Bonnie J. Lee, MSN, RN
Interim Director of Compliance/ Pediatric Director of Clinical Support Services

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	9/1/2025	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 Lee	9/1/2025	in progress	pending approval of policies and procedures
12/30/2024	Are colonoscopies with polyps mistakenly followed-up with Cologuard or FIT tests?	Review Health Maintenance topic documentation workflow	med	Richard	9/1/2025	not started	
12/30/2024	Are items labeled as “colonoscopies” truly colonoscopies?	Review workflow with document staff for accurate labeling	med	Bannister	9/1/2025	in progress	Working on additional training. 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. Will work on getting better info.
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	9/1/2025	in progress	Lisa working on - just needed more details on what is needed.
3/31/2025	# 23 &24 Moc Codes and other drills should be routine, documented and post drill assessment	Schedule mock codes at sites, meet with the leadership team afterwards to discuss successes, failures, etc.	med	Brock Bannister Richards Lee	10/1/2025	in progress	Fire drill at Lakelands and HTP.
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	10/1/2025	in progress	Brock in discussions with SLED. 1.5hr training for all peds staff. Consider motivational interviewing training.
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	10/1/2025	in progress	Will disseminate policy and form for patient complaints.

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			2
CMO	# Completed high risk assessments	1	0	0			0
CMO	% Open action plans	50%	50%	42.9%			46.5%
	Adverse Events/ Incident Reports						
Center staff	# Adverse events	Total #/qtr	pending	pending			0
Center staff	# Near misses	Total #/qtr	pending	pending			0
Center staff	# Unsafe conditions	Total #/qtr	pending	pending			0
Center staff	# Serious reportable events/Sentinel events	Total #/qtr	pending	pending			0
Key staff	# RCAs completed per qtr.	Total #/qtr	pending	pending			0
CMO	# Peer review audits completed (10/provider twice per year)	90%	-	pending			#DIV/0!
	Training and Education						
RM	# Other specialty clinical training	4	1				1
CMO	Annual training completion rate	95%	56.5%	89.3%			89.3%
CMO	Obstetrics training completion rate	90%	0.0%	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%	72.1%			**72.9%**
	Claims Management						
CM	# Claims submitted to HHS	0	1	0			1
CM	# Claims settled or closed	0	0	0			0
CM	# Claims open	0	1	0			1
CM	# Lawsuits filed	0	0	0			0
CM	# Lawsuits settled	0	0	0			0
CM	# Lawsuits litigated	0	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