

# CAROLINA HEALTH CENTERS

## Risk Management Committee

February 18, 2025

### MINUTES

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

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

- I. The meeting was called to order by Simons at 8:31am.
- II. Minutes from December 17, 2024 meeting approved by motion from Johnson and seconded by Jacobs.
- III. **Incident report review/summarization with noted trends or issues since last meeting:** Verbal review of incident report items. No worrisome trends, no action items needed. Dashboard updated through Q4 2024.
- IV. **Current state assessment**
  1. Quarterly and high-risk management assessment –
    - a. Four standard assessments done for 2024, including a high risk assessment. Last assessment done 12/31/24.
    - b. High-risk assessment completed around colorectal cancer screening results.
  2. Annual report – Presented to board and QI Committee in August. Will be presented earlier this year to be available for the FTCA application.
  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. Have adding OB training requirement.
    - (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%.
    - (4) **Risk Management Assessments** – completed
  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 now performing regular audits for compliance, now planning on every provider twice per year, reporting to providers and copying CMO for review. Will once again try Lunch and Learns with billing staff. Will 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 implemented to help the few offenders. Dr. Braye getting involved with FM providers.
  3. Meeting HRSA FTCA expectations. Facktor consultants have reviewed and prepared report. Currently on track for expectations.
  4. Incident reports. Johnson suggested investigating platforms for creating, submitting, reviewing and reporting on incident reports. Paylocity may work – finance staff looking into it. Pharmacy implemented PQC system for incident reporting but only built for pharmacy.

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, so this can be done on site and sent directly into the chart. Need to confirm peds development screening to proceed.

**VI. New business**

1. Scanning/chart entry error – Reports of erroneous chart entry on our side, seen by SRH patient. Was redacted, but not before patient saw it (now that we have instant chart viewing and notification). Now it gets shared before a correction can be made. Email to be sent out by T. Anderson. Quality is developing a reporting mechanism for finding and reporting clinical/quality issues seen in EHR. Item scanned into the wrong chart should result in an incident report.

**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.
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 but need action plan.
4. Q1 2025 assessment will be penetration assessment through IT. Should be done by end of March. After completing FTCA training, realized this needs to be a clinical assessment, so will do ECRI's Office Administration assessment as Q1 2025.

**VIII. Action items: attached**

**IX. Risk Management Dashboard: attached**

**Next RMC meeting: April 15, 2025 – 8:30am**

The meeting was adjourned at 9:29am.

Locke E. Simons, MD  
Chief Medical Officer

## Action Items (Not completed)

Assessment Issue or Question (if applicable)	Tasks Required	Priority	Assigned to	Deadline	Status	Comments
Are sample medications labeled with the name, dose, and instructions for patient use?	Will distribute simple sticky labels for samples given out. Will check with pharmacy staff to ensure the minimum information is included before creating.	med	Simons	3/1/2025	in progress	Information obtained. Simons to implement and distribute.
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	Holloway	3/1/2025	not started	Updated deadline – Facktor – maybe ECRI material in time being?
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 Lee and immediate supervisors	4/1/2025	in progress	Deadline updated – policies being completed and sent out for review. Equipment ordered for testing.
Are colonoscopy follow-ups assigned correctly, e.g., 10 years vs. 5 years vs. 3 years?	Clinical and provider staff review of methods and follow-up intervals	med	Simons	4/1/2025	in progress	
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	
Are items labeled as “colonoscopies” truly colonoscopies?	Review workflow with document staff for accurate labeling	med	Bannister	4/1/2025	not started	Solarity Pro implementation should help greatly with this

Person Responsible	Measure/ Key Performance Indicator	Threshold	Q1 (Jan-Mar)	Q2 (Apr-Jun)	Q3 (Jul-Sep)	Q4 (Oct-Dec)	Annual Total
	<b>Risk Assessments</b>						
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%
	<b>Adverse Events/ Incident Reports</b>						
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%
	<b>Training and Education</b>						
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%
	<b>Risk and Patient Safety Activities</b>						
QI	Patient satisfaction top score rate	80%	-	-	-	95.80%	95.80%
Appropriate staff	Referral completion rate	25%	76.33%	76.99%	72.96%	72.98%	74.82%
	<b>Claims Management</b>						
CM	# Claims submitted to HHS	0	0	0	0	1	1
CM	# Claims settled or closed	0	0	0	0	0	0
CM	# Claims open	0	0	0	0	1	1
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