

CAROLINA HEALTH CENTERS

Risk Management Committee

August 19, 2025

Agenda

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

√	Kim Anderson, Financial Analyst/Project Manager	√	Lisa Gilmer, Revenue Cycle Manager
√	Tim Anderson, Chief Information Officer	√	Jessica Jacobs, Director of Behavioral Health
√	Derek Bannister, Director of Family Medicine Operations	√	Natasha Johnson, Director of Quality and Population Health
√	Jessica Brock, Director of Pediatric Operations	√	Bonnie Lee, Director of Pediatric Clinical Support Services
A	Chris Clem, Chief Financial Officer	√	Nikki Richard, Director of Family Medicine Clinical Support Services
√	Joe Eiland, Facilities Manager	A	Amy Satterwhite, Pharmacy Operations Manager
√	Miriam Ferguson, Chief Operations Officer	√	Locke Simons, Chief Medical Officer, chair
√	Yomi Fabiyi, Chief Human Resources Officer		

- I. The meeting was called to order by Bonnie Lee at 8:31am
- II. Minutes from June 17, 2025, meeting approved by Kim Anderson and Locke Simons
- III. **Incident report review/summarization with noted trends or issues since last meeting:** no trends since last meeting other than UFP, ED transfers.
- IV. **Current state assessment**
 1. Quarterly and high-risk management assessment –
 - a. Two assessments done for the first two quarters of 2025. Q2 assessment update to be reviewed today.
 - b. No high-risk assessment completed yet for 2025. – Q3 Assessment will be on Compliance
 2. Annual report – This was approved by the board and emailed to the committee on 4/25/25 by Dr Simons.
 3. Setting and tracking progress regarding annual risk management goals –
Risk Management Goals –
 - (1) **Fully established RM plan** – Done and updated in July by Dr Simons.
 - (2) **RM training plan** – Done and implemented, including OB training requirement. We 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 90.7%. OB training has been assigned to appropriate staff; current completion rate YTD is 61.7%.
 - (4) **Risk Management Assessments** – Need to complete Q3 Assessment and Bonnie will begin working on this within the next week.
 4. Annual risk management training plan – Still need training for specific groups – ECRI recommendation for FTCA.
 - (1) Nikki is recruiting for a new position that will work on education for the clinical staff.
 - (2) OB training for staff has been rolled out.
- 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.
 - (1) Sharon is working with providers through audits and if they have questions and additional training. She attended the last PEP meeting to provide updates. She also meets with new providers as part of their onboarding/orientation.

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. Not a lot of movement on this.
 - (1) There are two providers who are currently working at a reduced salary due to non-compliance with timely chart closure. Another provider was working with Natasha and is now caught up, no new issues noted currently however this provider is at a reduced schedule.
3. Meeting HRSA FTCA expectations- we are on track and meeting all expectations.
4. Incident reports. Performance Health Partner (PHP) Incident reporting system slated to go-live on 9/2/25. Training will be provided via HealthStream Learning and again at the annual meeting. Per Miriam we will need to work on separate pharmacy training.
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. Tablets have been tested and there is an update for Windows 11, and they should be ready to test next week at Lakeland Peds.
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. Continue to monitor this.
7. Vaccine and med admin errors - TriNet wand scanner went live at the Lakelands Peds June 17th. HTP to go live at the end of August. The system is tracking inventory and eliminating double documentation. Staff are able to scan immunizations, pend them and then complete documentation which reduces the chance of medication errors. Donny is working with Kristen to go-live for 9/2 for the HTP office.

VI. New business

1. Risk Manager Position has been posted and there are currently 5 candidates.

VII. Assessments –

1. High-risk assessment not yet done for this year, need to consider options. Can be small and limited, Bonnie to work with Dr Simons on this.
2. Q1 and Q2 2025 assessments have been done

VIII. Action items: attached

IX. Risk Management Dashboard: attached

Next RMC meeting: October 20, 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 deescalation 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 & grievances	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