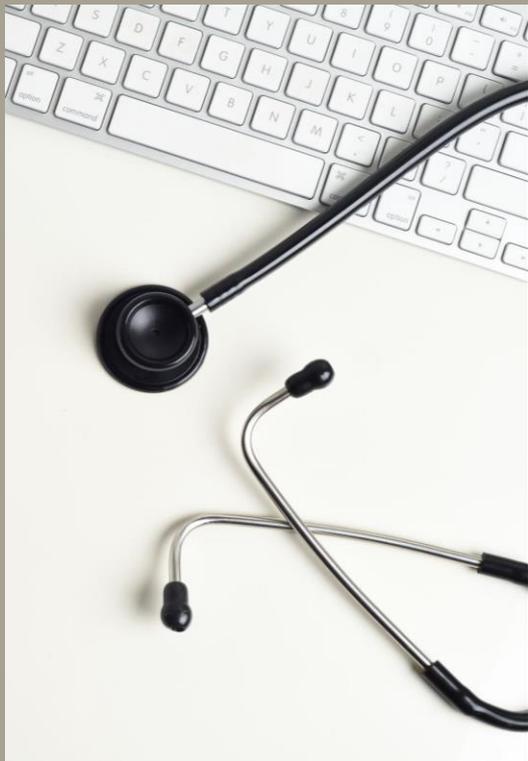


Chief Medical Officer's Report



Prepared for Board meeting
August 25, 2025



Quality Metrics

(with a few changes)

Clinical Measure	Where we are	Where we were	Change	Goal	At Goal?	Comment
Uncontrolled Diabetes	18.0%	18.4%	Improving	18%	FALSE	Nice decrease - again
Diabetic Eye Exams	36.8%	36.0%	Improving	40%	FALSE	Nice increase - again
Diabetic Kidney Screening	76.1%	74.6%	Improving	80%	FALSE	Large increase - again
Hypertension Control	77.9%	77.3%	Improving	75%	TRUE	Nice increase - again
Cervical Cancer Screening Rate	53.1%	52.7%	Improving	50%	TRUE	Nice increase - again
Breast Cancer Screening Rate	62.3%	61.9%	Improving	60%	TRUE	Mild increase
Colorectal Cancer Screening Rate	53.1%	52.6%	Improving	55%	FALSE	Nice increase - again
Depression Screening Rates	80.9%	80.1%	Improving	80%	TRUE	Nice increase - again
HIV screening	62.9%	62.5%	Improving	60%	TRUE	Small increase - again
2 Year Old Vaccination Rates	8.6%	8.6%	Worsening	12%	FALSE	Tiny decrease
W30 0-14 months	29.2%		Improving	30%	FALSE	New reporting (baseline)
W30 15-30 months	43.0%		Improving	45%	FALSE	New reporting (baseline)
Well Child Visit 3-21	58.1%	57.5%	Improving	55%	TRUE	Nice increase
<p align="center">All improved (except 2yo vaccinations) New reporting measures W30</p>						

Quality Improvement Committee

Last meeting –

June 24, 2025 – minutes submitted

Next meeting -

August 26, 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 ✓

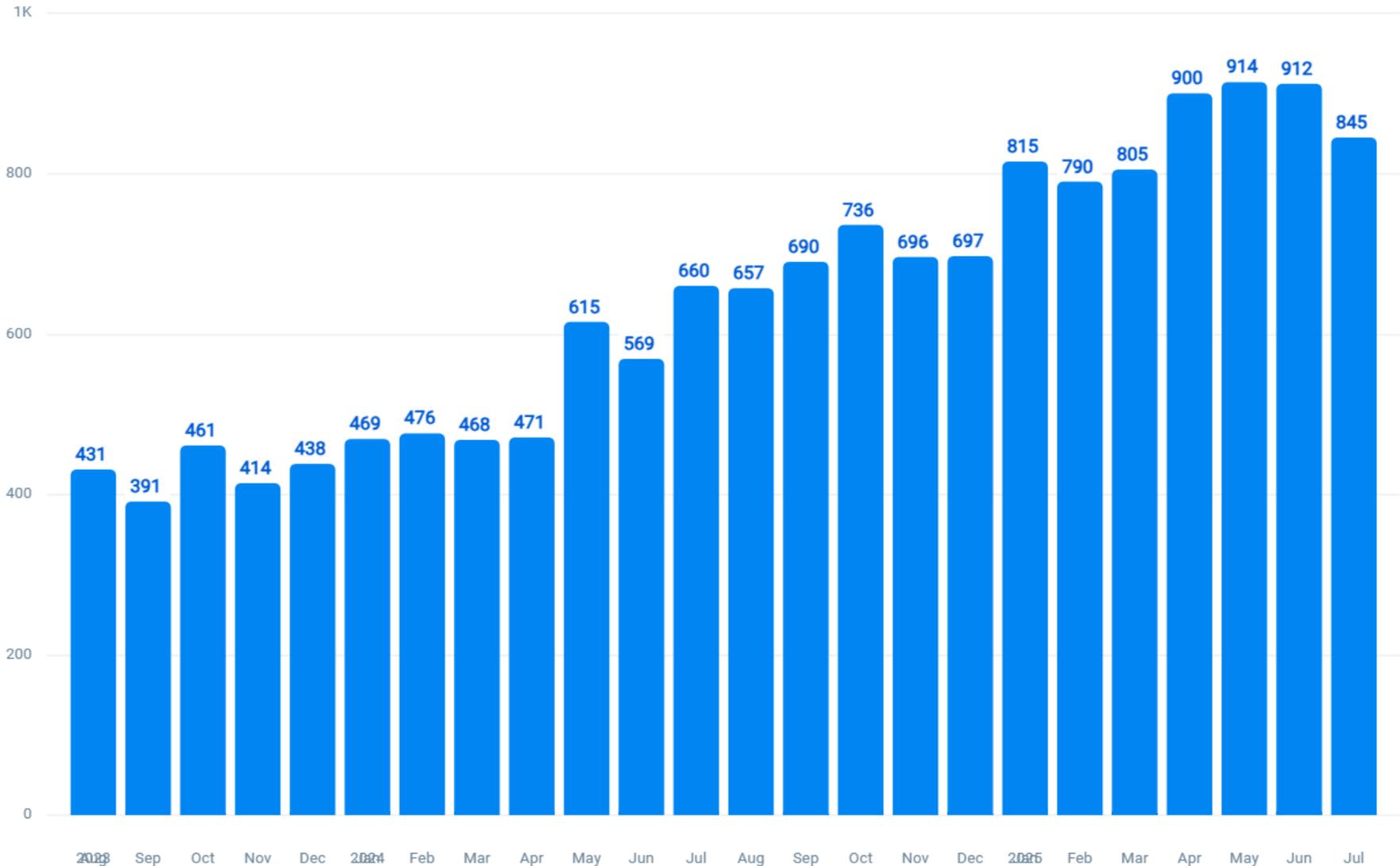
Risk Management Dashboard - 2025

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

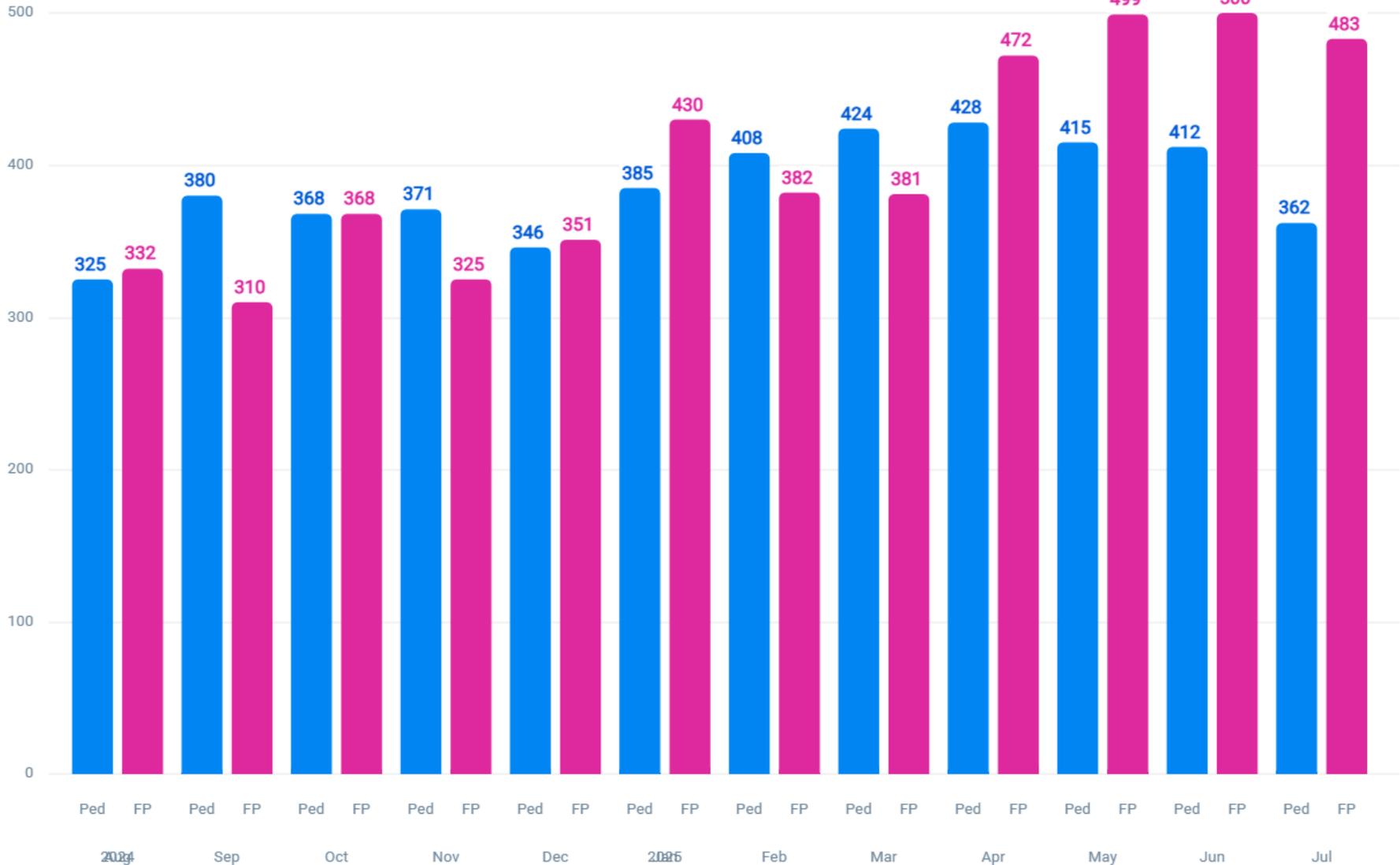
Between 8/1/2023 and 7/31/2025 by month



Behavioral Health

Visits by BH staff

Between 8/1/2024 and 7/31/2025 by month





Action Items

Appointment and granting of privileges

none

Documents for Board Approval

none