



Chief Medical Officer's Report

Prepared for Board meeting April 28, 2025

Quality Metrics



Clinical Measure	Where we are	Where we were	Change	Goal	At Goal?	Comment
Uncontrolled Diabetes	17.9%	17.5%	Worsening	18%	TRUE	Moderate increase - again
Hypertension Control	75.3%	74.9%	Improving	75%	TRUE	Nice increase
Cervical Cancer Screening Rate	52.4%	52.3%	Improving	50%	TRUE	Tiny increase - again
Breast Cancer Screening Rate	60.4%	61.6%	Worsening	60%	TRUE	Moderate decrease
Colorectal Cancer Screening Rate	51.5%	51.1%	Improving	55%	FALSE	Nice increase - again
2 Year Old Vaccination Rates	9.5%	9.5%	Worsening	12%	FALSE	Tiny decrease
Well Child Visit 3-21	58.9%	58.9%	Improving	55%	TRUE	Tiny increase - again
Well-Child Visits, 30 months	52.1%	50.7%	Improving	45%	TRUE	Big increase
Depression Screening Rates	78.4%	78.9%	Worsening	80%	FALSE	Small decrease - again
Diabetic Eye Exams	33.4%	33.5%	Worsening	40%	FALSE	Tiny decrease
Diabetic Kidney Screening	74.6%	74.9%	Worsening	90%	FALSE	Small decrease
HIV screening	61.5%	60.9%	Improving	60%	TRUE	Nice increase - again
Mixed results, but most decreases are small						

Quality Improvement Committee

Last meeting –

February 25, 2024 – minutes submitted

Next meeting -

April 29, 2025

Ongoing Outcomes:

Roster management (PCP panels)

Flu shot initiative

Provider Enhancement Program





Risk Management

Risk Management Committee

Last Meeting

April 22, 2025 – minutes pending

Next meeting –

June 17, 2025

Outcomes:

Labels for sample meds

Colorectal cancer screening primer and review of workflows

Investigating 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 2025 ✓
- Annual Risk Management Report – report tonight

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 underway				0
CMO	# Completed high risk assessments	1	0				0
CMO	% Open action plans		31%				30.8%
	Adverse Events/ Incident Reports						
Center staff	# Adverse events	Total #/qtr	pending				0
Center staff	# Near misses	Total #/qtr	pending				0
Center staff	# Unsafe conditions	Total #/qtr	pending				0
Center staff	# Serious reportable events/Sentinel events	Total #/qtr	pending				0
Key staff	# RCAs completed per qtr.	Total #/qtr	pending				0
CMO	# Peer review audits completed (10/provider twice per year)	80%	-				#DIV/0!
	Training and Education						
RM	# Other specialty clinical training	4	1				1
CMO	Annual training completion rate	95%	49.6%				49.6%
CMO	Obstetrics training completion rate	90%	0.0%				0.0%
	Risk and Patient Safety Activities						
QI	Patient satisfaction top score rate	80%	-				0.0%
Appropriate staff	Referral completion rate	75%	73.2%				73.2%
	Claims Management						
CM	# Claims submitted to HHS	0	1				1
CM	# Claims settled or closed	0	0				0
CM	# Claims open	0	1				1
CM	# Lawsuits filed	0	0				0
CM	# Lawsuits settled	0	0				0
CM	# Lawsuits litigated	0	0				0



Risk Management

Annual Report 2025

Risk Management Annual Report 2025 CY2024



Quarterly Risk Assessments*

Person responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total
CMO	# Completed quarterly assessments	4	0	0	1	1	2
CMO	# Completed high risk assessments	1	0	0	0	1	1
CMO	% Open action plans	50%			50%	38%	29.0%

Strengths	Weaknesses	Opportunities	Threats
<p>Regular meeting of the RM Committee has led to valuable changes in our organization and processes.</p> <p>Revamped assessments started after HRSA notification mid-year.</p> <p>High-risk assessment completed.</p>	<p>Assessments completed this year were not acceptable to HRSA until notification mid-year.</p> <p>Significant staffing issues have led to delay of hire of RM position.</p>	<p>A fully committed RM position will make possible increased focus on the function of the RM Committee and RM requirements to better satisfy FTCA concerns and better fulfill the RM Program.</p> <p>Revamp implemented but RM position still needed.</p>	<p>Not complying with HRSA requirements for FTCA deeming puts CHC's deeming status at risk.</p>

*changed from submitted report

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Quarterly Risk Assessments Follow-up Actions (see report)

Conclusion

- Should be meeting HRSA expectations from mid-year
- 2 regular assessments and a high-risk assessment completed
- New risk manager position will ensure ongoing compliance
- Assessments were helpful in identifying and addressing issues

Proposed Future Activities

- Continue current assessment strategy
- Hire Risk Manager
- Complete action items from assessments, including clinical staff competency, info gathering on refused delivered meds, and CRC screening training

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Adverse Event Reporting (includes Peer Review)

Person responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total
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 appropriate staff	# RCAs completed per qtr.	Total #/qtr	3	1	8	6	18
CMO	# Peer review audits completed (10/provider twice per year)	90%	-	100%	-	100%	100%

Strengths	Weaknesses	Opportunities	Threats
<p>Certain sites do a very good job of reporting incidents.</p> <p>Peer review notification and reminder process has improved compliance rates.</p>	<p>Some sites report very few incidents – probably not because they aren't happening but because they don't know or don't feel comfortable reporting.</p>	<p>Further training on incident reports – what they are and how to file would improve reporting rates, especially from those locations that currently report very little.</p>	<p>If incidents go unreported, they remain unknown, untracked, and no training or education can prevent future occurrences.</p>

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Adverse Event Reporting (includes Peer Review) Follow-up Actions

Continue to plan for staff training on incident reporting, including near-miss and good catch events.

Conclusion

- No near misses reported
- Some sites reporting no incidents
- Peer review seems adequate, but process not evaluated recently

Proposed Future Activities

- Event reporting training, including near misses
- Review current incident report process, investigate electronic platform for submission and reporting
- Review current Peer Review process, compare to ECRI recommendations

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Risk Management Training

Person Responsible	Measure/ Key Performance Indicator	Threshold/ Goal	Q1	Q2	Q3	Q4	Annual Total
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%

Strengths	Weaknesses	Opportunities	Threats
<p>Online training sessions were easy to access and convenient for staff.</p> <p>Regular specialty clinical training done and reported.</p>	<p>Some staff very hard to get trained due to role or PRN status.</p>	<p>Hiring dedicated Risk Manager position will allow for better planning, training and overall quality of the program throughout the year.</p>	<p>Training rates will decrease without persistent effort.</p>

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Risk Management Training

Follow-up Actions – none, satisfied with this year's rates

Conclusion

- Training occurred as desired and needed
- More specialized training would be beneficial, or better tracking of training occurring already

Proposed Future Activities

- Risk Manager position will help focus on training needs, training requirements and reporting
- Investigate how HealthStream can track in-house trainings
- Allowing time and/or resources for staff to complete training will be considered to improve training rates

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Risk and Patient Safety Activities

Person responsible	Measure/ Key Performance Indicator	Threshold/ Goal	Q1	Q2	Q3	Q4	Annual Total
QI	Patient satisfaction top score rate	80%	-	-	-	91.7%	91.7%
Appropriate staff	Referral completion rate	75%	76.3%	77.0%	73.0%	73.0%	74.8%

Strengths	Weaknesses	Opportunities	Threats
<p>Patient satisfaction survey is done by the Quality Department via telephone calls to patients. This results in timely and comprehensive results.</p> <p>New focus on referral completion has improved rates.</p>	<p>Reporting on referral closure rates was flawed last year. Correction made this year.</p>	<p>Analyzing data to focus in on the lowest rated providers or sites may shed light on why the scores are lower.</p> <p>EHR add-on is available for better document tracking and naming conventions. Implementing this solution might greatly increase referral closure rates.</p>	<p>Poor patient satisfaction correlates with higher legal risk. Lack of referral completion increases risk of missed results or diagnoses.</p>

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Risk and Patient Safety Activities

Follow-up Actions

- Investigating 3rd party solution for AI-assisted document management for help with referral workflow
- Will dive into patient satisfaction results by site and provider and look for negative trends

Conclusion

- Patient Satisfaction Survey results met goal
- Completion of referrals has always been a challenge, but increased focus has improved rates

Proposed Future Activities

- Analyze the data for negative trends in any provider, site, or question area, consider other sources of information
- Consider add-on to Epic that would help close referrals and make scanned documents more consistent
- Continue focus on referral workflow and systems to improve completion rates

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Claims Management

Person responsible	Measure, Key Performance Indicator	Threshold	Q1	Q2	Q3	Q4	Annual Total
CM	# Claims submitted to HHS	NA	0	0	0	0	0
CM	# Claims settled or closed	NA	0	0	0	0	0
CM	# Claims open	NA	0	0	0	0	0
CM	# Lawsuits filed	NA	0	0	0	0	0
CM	# Lawsuits settled	NA	0	0	0	0	0
CM	# Lawsuits litigated	NA	0	0	0	0	0

Strengths	Weaknesses	Opportunities	Threats
N/A	N/A	N/A	N/A

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Claims Management Follow-up Actions – none

Conclusion

- No new claims were noted in 2024

Proposed Future Activities

- Continue current process

Risk Management Dashboard

CY2024

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Risk Assessments							
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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
Dashboard Key – Performance Threshold							
	Improved/exceeded expectations (green shading)						
	Acceptable/needs improvement (yellow shading)						
	Not meeting target, action needed (red shading)						

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Questions?



Annual Reappointment of Provider Staff

Per credentialing policy:

It is the responsibility of the Board of Directors to appoint and reappoint appropriately licensed and qualified individuals to the medical staff and to grant such individuals specific clinical privileges.



Reappointment and Privileging Renewal FY2026

Medical and Pharmacy Staff

Anderson, Matthew, PA	Seagraves, Sydney, PA	Monson, Gail, RNC WHNP
Batson, Ashley, PharmD	Edison, Parker, MD	Morris, Elizabeth, FNP
Beasley, John, MD	Ehney, Anna Grace, PA	O'Dell, Angela, FNP
Beckett-Lowe, Lynn, FNP	Fields, Angela, FNP *new	Parks, Mikayla, FNP
Benson, John, MD	Gary, Shavonda, PharmD	Patterson, Jennifer, FNP
Best, Lavonnda, FNP	Griggs, Rachel, FNP	Peeples, Alison, FNP
Bissette, Rachel, PA	Hale, Allyson, PA	Pope, Jessica, FNP
Bonetti, Juan, MD	Hammett, Jo, FNP	Price, Laura, PharmD
Bowen, David, MD	Hinkle, Veronica, FNP	Robinson, Sanquantra Monique, PharmD
Braye, Lance, MD	Hulsey, Katherine, PA	Rodriguez, Alice, FNP
Bridges, David S., MD	Irons, Christy, FNP	Rudder, Sarah, FNP
Buchanan, Taylor P., PharmD	Jenkins, Ashley, MD	Saunders, Cassandra, MD
Carson, Megan, PA	Lapp, Daniel, MD	Simons, Locke, MD
Casey, Hunter, PA	McDaniel, Ashley, PNP	Sutherland, Arthur, RPh
Castellone, Chelsea, PA	McGarity, Brandy, PNP	Watkins, Leanne, FNP
Gray, Christine, MD	Mellette, Dominic, PharmD	Wiggins, Ashley, MD
Cooper, John "Jack", PharmD	Milford, Devin, PharmD	Witt, James, RPh
Dahlberg, Jason, MD	Minick, Sarah L., PharmD	Young-Rizk, Emilee, DO
		Zimik, Elcy, MD

Reappointment and Privileging Renewal FY2026

Behavioral Staff

Brant, Joseph Nathan, LISW-CP – RSFP and SFP

Browning, Ashley, LMSW – HTP and LP

Brunson, Molly, LPC-A – UFP and BC

Clark, Shannon, MHC – CFFP, **pending licensure**

Jacobs, Jessica, LPC-A – admin

Kimberly, Jeremy, LMSW – TCC

Lane, Victoria, LMSW – TCC

Little, Kim, LPC – TCC (half-time)

Smith, Ashley, LMSW – TCC (ECS)

Strong, Patrick, LPC – MFP

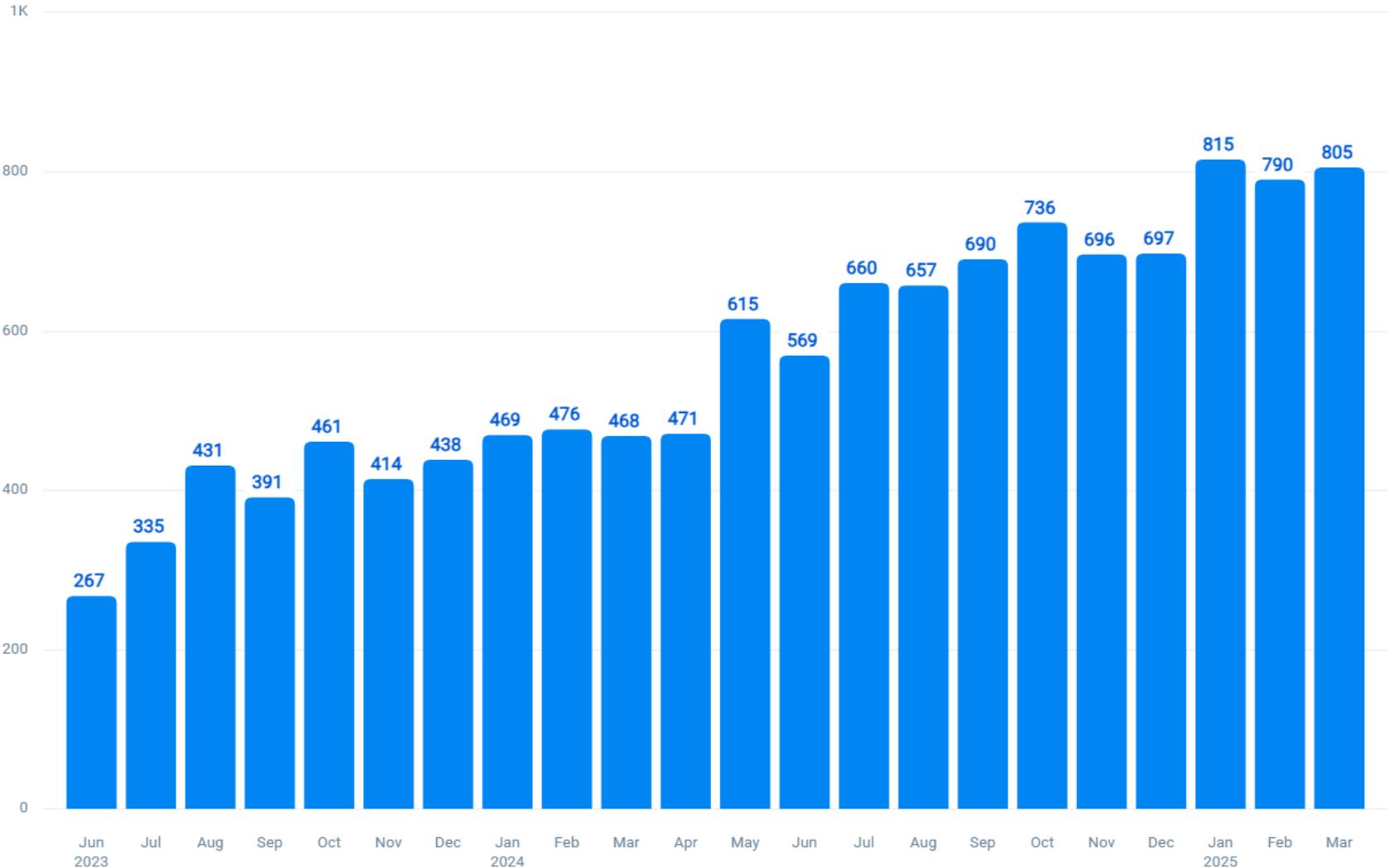
Thomas, Trieneke, LMSW – LC4



Behavioral Health

Visits by BH staff

Between 6/1/2023 and 3/31/2025 by month





Action Items

Appointment and granting of privileges

Entire presented list, including:

Angela Fields, FNP, Uptown FP to PFHC

Documents for Board Approval

Risk Management Annual Assessment
and Report to the Board