



Chief Medical Officer's Report

Prepared for Board meeting October 28, 2024

Quality Metrics



Clinical Measure	Where we are	Where we were	Change	Goal	At Goal?	Comment
Uncontrolled Diabetes	18.5%	18.5%	Improving	18%	FALSE	Tiny decrease
Hypertension Control	74.9%	74.4%	Improving	65%	TRUE	Nice increase - again
Cervical Cancer Screening Rate	49.9%	49.0%	Improving	50%	FALSE	Nice increase - again
Breast Cancer Screening Rate	57.0%	57.3%	Worsening	60%	FALSE	Small decrease - again
Colorectal Cancer Screening Rate	50.0%	49.1%	Improving	55%	FALSE	Nice increase
2 Year Old Vaccination Rates	10.8%	8.5%	Improving	12%	FALSE	Big increase - flu shots?
Well Child Visit 3-21	57.3%	57.6%	Worsening	55%	TRUE	Small decrease
Well-Child Visits, 30 months	45.4%	43.3%	Improving	45%	TRUE	Nice increase - again
Depression Screening Rates	79.7%	77.5%	Improving	73%	TRUE	Large increase - again
Diabetic Eye Exams	36.4%	26.3%	Improving	25%	TRUE	Changed report method
Diabetic Kidney Screening	91.2%	69.6%	Improving	80%	TRUE	Changed report method
HIV screening	58.2%	57.6%	Improving	55%	TRUE	Nice increase - again

Nice improvements most everywhere, only 2 measures with small decreases
 Changed reporting methods on 2 measures - using Epic Dashboard numbers

Quality Improvement Committee

Last meeting –

August 27, 2024 - minutes submitted

Next meeting -

October 29, 2024

Ongoing Outcomes:

Correct PCP assignment in Peds project

Diabetic retinal exams

Childhood immunization rates (with prizes)





Peer Review Results

Spring 2024

Peer Review



Methods

- Twice per year
- Every provider reviews 10 charts of a peer provider
- Specialty reviews specialty (FM→FM, Peds→Peds, BH→BH)
- Same general time frame
- Results are confidential and reviewed by CMO
- Results requiring action items are communicated directly to provider and director of department
- Summary of results presented to both QI Committee and to the board of directors

Peer Review



Areas of focus

- History pertinent to Chief Complaint
- Diagnosis consistent with history and exam
- Medical decision-making process apparent
- Appropriate diagnostic tests
- Standard abbreviations
- Appropriate consultations
- Appropriate treatment
- Follow-up scheduled
- Medication and allergy lists updated
- Relevant health education presented
- Billing review

Peer Review



End result of review

- Compliance with medical standards
 - Yes, No or Reservations
- Comments regarding management, outcomes, issues, concerns and general negative or positive impressions
- Chief Medical Officer review and recommendations
 - Email to every provider summarizing results
 - Directed email or conversation with department head about specific findings
 - Action items including more frequent reviews and/or additional training

Peer Review Spring 2024



Results

- 43 out of 43 providers reviewed (now BH included)
- Providers **non-compliant** with standards of care and documentation = 0
- Providers passing with **Reservation** regarding standards of care = 3
- Providers with no issues found at all = 14

Peer Review Spring 2024



Issues found from most prevalent to least:

1. Coding issues – mixed, but mostly under-coding
2. Documenting appropriate follow-up
3. Med and/or allergy lists not obviously up to date
4. Missing documentation of patient education
5. Proper diagnosis tied to history and physical
6. Ordering appropriate tests for situation

Peer Review Spring 2024



Action items:

- 3 reservation ratings: one found unsubstantiated, one terminated, increased rate of review for other
- Email to Director of Pediatrics and her supervising physician for above provider
- Email to each provider with the summary of PR findings, including any specific clinical items that were identified
- General email sent out, addressing most common findings and some easy solutions
- Will continue to work on providing coding resources and feedback



Risk Management

Risk Management Committee

Last Meeting

August 20, 2024 – minutes submitted

Next meeting –

December 17, 2024



Outcomes:

Some revamping done – assessments, action items

“Two sets of eyes” med admin procedure

Improved training completion rate – currently 76.8%
→ 83.4% YTD (reporting corrected from last report)

Risk Management Goals



- Risk Management Plan ✓
- Risk Management Training plan in place ✓
- Training completion rate >95%
- Quarterly risk assessments – 3 completed for 2024 ✓
- Annual Risk Management Report – Presented
August 2024 ✓

Risk Management Action Items

Assessment Issue or Question (if applicable)	Tasks Required	Priority	Assigned to	Deadline	Status	Comments
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 immediate supervisors	1/6/2025	in progress	
Do the policies and procedures address: Reporting results to public health or other authorities, when appropriate?	Reportable diseases process will be added to infection control (IC) policy.	med	Simons	10/7/2024	complete	Infection Control Policy edited
Do the cleaning procedures address the following for treatment rooms: a. Cleaning before use? b. Cleaning between patients?	Procedures will be added to the IC policy.	high	Simons	10/7/2024	complete	Infection Control Policy edited
Are infection control systems implemented that address: Preventing infection?	Procedures are in Epidemic Infection Control policy. Do they need to be in the IC policy?	low	Simons	11/4/2024	not started	bring up in RM Committee meeting - incorporate EIC policy into IC policy
Do the cleaning procedures address common areas including: a. Waiting rooms? b. Staff and public bathrooms? c. Front office? d. Break room? e. Practitioner offices? f. Key high-use items such as door handles, light switches, telephones, computer keyboards, and mice?	Checked with Joe and we do have procedures for cleaning services. They do have most of these areas listed but IC policy edits complete the list.	high	Simons	10/7/2024	complete	Infection Control Policy edited
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	11/4/2024	in progress	Email sent to pharmacy staff. Awaiting response. Should be quick turnaround time.
Do policies prohibit the use of presigned and/or postdated prescription forms?	Prescription policy will be created, prohibiting both pre-signed and postdated prescriptions.	high	Simons	1/6/2025	complete	Policy created and distributed to providers on 10/7/24.
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	1/6/2025	not started	bring up in RM Committee meeting

Risk Management 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 IT assessment	1		3
CMO	# Completed high risk assessments	1	0	0	0		0
CMO	% Open action plans	75%			50%		50.0%
	Adverse Events/ Incident Reports						
Center staff	# Adverse events	Total #/qtr					0
Center staff	# Near misses	Total #/qtr					0
Center staff	# Unsafe conditions	Total #/qtr					0
Center staff	# Serious reportable events/Sentinel events	Total #/qtr					0
Key staff	# RCAs completed per qtr.	Total #/qtr					0
CMO	# Peer review audits completed (10/provider twice per year)	80%	-	100%	-		100%
	Training and Education						
RM	# Other specialty clinical training	4					0
CMO	Annual training completion rate	95%	72.85%	76.79%	83.40%		83.4%
CMO	Obstetrics training completion rate	90%	24.47%	44.30%	59.07%		59.07%
	Risk and Patient Safety Activities						
QI	Patient satisfaction top score rate	80%	-	-	-		0.00%
Appropriate staff	Referral completion rate	25%	12.00%	10.60%	6.80%		9.80%
	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



Action Items

Appointment and granting of privileges

None, but, for your information -

Ms. Jessica Powell, FNP approved last month is now Ms. Jessica Pope

Documents for Board Approval

none