Chief Medical Officer's Report

abbreviated for virtual meeting

AUGUST 24, 2020

Recruitment and Staffing

Announcements and Updates

Current vacancies

- Saluda – filled with Dr. Grate (2 days per week), Dr. Holmes (Wed) and floaters
- LC4 – filled for now with Elizabeth Morris, FNP (hired as a floater)

Upcoming Vacancies/Resignations

Recruiting/Plans

- Matt Anderson, PA, hired as a floater
- Interviewing physicians, NP and PAs for positions
- Residents interested from MCFM; 1-2 for 2021
- Regular FP and Peds recruitment meetings

Clinical Measure	Where we are	Where we were	Change	Goal	At Goal?	Comment
Controlled Diabetes	62.6%	66.2%	Worsening	60%	*TRUE*	Large change - error in reporting from standard Epic
Uncontrolled Diabetes	25.4%	21.8%	Worsening	20%	FALSE	Large change - error in reporting from standard Epic
Hypertension Control	60.5%	59.9%	Improving	60%	*TRUE*	Small increase
Cervical Cancer Screening Rate	38.9%	39.2%	Worsening	35%	*TRUE*	Small decrease
Breast Cancer Screening Rate	53.3%	53.8%	Worsening	60%	FALSE	Small decrease
Colorectal Cancer Screening Rate	46.2%	46.6%	Worsening	47%	FALSE	Small decrease
2 Year Old Vaccination Rates	21.9%	18.4%	Improving	30%	FALSE	Corrected report - population and combo vaccine
Adolescent Well-Care Visits	46.7%	46.8%	Worsening	50%	FALSE	Slight decrease
Well-Child Visits, Age 3-6 yrs	58.5%	57.3%	Improving	60%	FALSE	Nice increase
Well-Child Visits, 6 before 15 months	60.2%	61.4%	Worsening	55%	*TRUE*	Moderate decrease
Depression Screening Rates	49.1%	49.8%	Worsening	30%	*TRUE*	Small decrease
Diabetic Eye Exams	18.9%	18.1%	Improving	30%	FALSE	Moderate increase
Diabetic Kidney Screening	65.9%	63.1%	Improving	80%	FALSE	Moderate increase
HIV screening - NEW MEASURE	11.3%	0.0%	Improving	20%	FALSE	new measure - will be baseline

One reporting problem fixed, two more found
Appearance of some normalization
Still some effects of decreased utilization

Quality Improvement Committee

Meeting May 26, 2020

Approval of previous meeting minutes – November 26, 2019

Simons presented Peer Review report to the committee with opportunity for questions and discussion

Woodrome discussed Medicare Incentive Initiatives, including:

- Need for completion of Suspect Condition Sheets

- Review of material presented to most clinical staff by United HealthCare

Next meeting, August 25, 2020

Peer Review

Methods

- ◦ Completed twice per year
- ◦ Every provider reviews 10 charts of a peer provider
- ◦ Specialty reviews specialty (FM→FM, Peds→Peds)
- ◦ 10 charts in the same general time frame
- ◦ Reviews and results are kept 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 2020

Results

35 providers reviewed, 1 not reviewed due to extended leave of reviewer

Providers non-compliant with standards of care and documentation = 0

Providers with no issues found at all = 8

Providers with comments regarding coding = 14

Peer Review – Spring 2020

Issues found from most prevalent to least:

1. Coding issues – over, under and other

2. Missing documentation of patient education

3. Med and allergy lists not obviously up to date

4. History not adequate or not correlating with PE and/or Dx

5. Documenting medical decision-making

6. Follow-up plan not plainly documented

7. System and/or EHR template issues

8. Specific clinical issues/recommendations

9. Documenting full, standard, appropriate physical exams

Peer Review – Spring 2020

Action items:

- No increased rate of review for any provider
- *Every provider* will receive an email with the summary of PR findings, including any specific clinical items that were identified
- General email will go out, addressing most common findings
- Will continue to work on providing coding resources and feedback

Risk Management

Meeting June 23, 2020

Incident reports noted to have no significant trends

Reviewed current state assessment – annual training completion remaining unchanged in MedTrainer, but starting process of transition to HealthStream.

Training tool will be changing soon to HealthStream

Risk assessment done. Behavioral health items added to the list of risks to monitor and evaluate, working on new policies and workflows. Other risks updated with current mitigation efforts, such as addition of Epidemic Infection Control Policy, billing added to peer review, new HIPAA audit report, progress in Uptown backdoor issue.

Insurance coverage of refrigerated items in pharmacy was discussed and plan in place to determine coverage cost based on average dollar amount of inventory.

Annual Risk Assessment presented to committee for review. No edits suggested, report approved.

Next meeting date August 18, 2020

Risk Management

Annual Risk Assessment Report 2020

- Purpose – identify most serious risks and mitigating strategies

- Process – key staff from all departments provide input and the few most significant risks are targeted with specific action plans

- Reporting – report presented to the QI Committee and the Board of Directors

Risk Management

Annual Risk Assessment Report

6 most significant risks selected

Improper coding and/or documentation by providers (16 reduced to 12)

Risk: audits, financial

Mitigating actions: Provider training and education, chart audits, reporting of coding habits to providers, analysis of coding habits, peer review

Reporting/monitoring: Billing department implemented internal audit procedures to audit each provider on a regular periodic basis, finance department now reporting coding trends to all providers, biannual peer review includes review of billing codes

Risk Management

Annual Risk Assessment Report

Epidemic/Pandemic – newly listed for 2020 (12)

Risk: Patient and staff morbidity and mortality, increased expenditures, loss of revenue

Mitigating Actions: Policy and procedures to limit exposure addressing communication, supplies, patient interactions and staff preparedness. Virtual visits and meetings implemented as well as remote work policy and procedures

Reporting/Monitoring: Emergency Response Team activated, meeting from daily to twice per week (adjusted as necessary) to review latest testing data (state, patients, employees), supplies and issues.

Risk Management

Annual Risk Assessment Report

Power failure (12) – Power and Network separated in 2020

Risk: loss of patient care and pharmacy services, loss of revenue, increased hazards, communications failure

Mitigating Actions: Many strategies in place (generators, backups, emergency lighting, network outage triggers). Cellular monitoring devices being tested.

Reporting/Monitoring: Track and report on power outages regularly.

Risk Management

Annual Risk Assessment Report

Network failure (12)

Risk: loss of patient care and pharmacy services, loss of revenue, communications failure

Mitigating Actions: Redundancy in network , working on a triple redundancy solution, now in place for Admin/Uptown. Scheduling of install at outlying sites has been delayed by pandemic and other factors. Network monitoring devices already in place.

Reporting/Monitoring: Track and report on network outages regularly.

Risk Management

Annual Risk Assessment Report

Medication and vaccine errors, in-office and pharmacy (16 decreased to 8)

Risk: Patient safety, waste of resources, reputation

Mitigating Actions: Staff training and education, policy and procedures for checks and balances, two sets of eyes on every med administration fully implemented and same for vaccines is being piloted at Uptown, to be rolled out further if effective/feasible.

Reporting/Monitoring: Every error reported on incident report and tracked. Pharmacy maintaining records independently.

Risk Management

Annual Risk Assessment Report

HIPAA/confidentiality violations (12 reduced to 9)

Risk: Learning and/or divulging personal information gained without consent, punitive damages, legal actions

Mitigating Actions: Staff education and training; policies around HIPAA, electronic access and confidentiality; use of complex passwords, and routine audits. Break the Glass in place with EHR system, requiring password and reason for accessing employee charts. HIPAA education has been presented in multiple formats at multiple times.

Reporting/Monitoring: Audits are done regularly, and have been modified to be more targeted. RMC is getting audit reports on a regular basis.

Risk Management

Annual Risk Assessment Report

Other issues were identified, but with less impact or less likelihood

These other issues are still listed in report

These other issues will still be considered in quarterly assessments

Lastly, under inquiry:

MedTrainer is being phased out for mandatory annual training. HealthStream with be the new platform, to be implemented before year end.

Incident reports are being created, submitted and tracked. Will pursue more granular data from pharmacy reports.

Risk Management

Risk Management Goals

- Risk Management Plan ✓

- Risk Management Committee ✓

- Current risk assessment ✓

- Quarterly risk assessments – 3 completed for 2020 ✓

- Annual Risk Management Report presented today ✓

- Risk Management Training plan developed and implemented ✓

Action Items

Credentialing and privileging
- ◦ **Matthew Anderson, PA, for approval for work as a floater**