

2026 Q1  
Quarterly Risk  
Management  
Report



# 2026 Q1 Quarterly Risk Management Report

- Grading Scale
- FTCA program requirements mandate that quarterly risk assessments, quarterly risk management reports, and the annual risk management report be presented to the Board for review and approval.

Color Coding Key
Not Compliant
Approaching Compliance
Compliant

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- Q1 Risk Assessment was completed on 3/9/2026, meeting the expectation of a risk assessment being completed during Q1.
- ECRI Clinical Risk Management Self-Assessment Questionnaire - Informed Consent was conducted by the medical director, Dr. Robin Carter.
- Open action plan items for the year are at 64%.

Risk Assessments			
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1
RM	# Completed annual high-risk assessments	$\geq 2/\text{yr}$	0
RM	# Completed quarterly assessments	Min 1/qtr.	3/9/2026
RM	% Open action plans	$\leq 75\%$	64%

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- FTCA requires SNCHC to track the quantity and level of severity of all incidents.
- Last year 87 incidents were reported
- Q1 of 2026 there were 14 incidents reported, 0 of which were sentinel events, and 1 was high risk.
- 3/14 incidents required root cause analysis and follow up.
- The average score for Provider Peer Reviews in Q1 was 96%.

Adverse Events/ Incident Reports			
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1
Center staff	# Sentinel Incidents	Total /qtr.	0
Center staff	# High Risk Incidents	Total /qtr.	1
Center staff	# Medium Risk Incidents	Total /qtr.	12
Center staff	# Low Risk Incidents/Near Misses	Total /qtr.	1
Quarterly Incident Totals		Prior Year - 87	14
RM	# Root Cause Analyses (RCA) completed per qtr.	Total /qtr.	3
Quarterly Peer Review Audit			
Medical Director	# Peer review audits completed (5/provider/qtr.)	80%	96%

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- There are five FTCA required trainings that all clinical staff MUST participate in each year.
- By the end of Q1, 92.81% of SNCHC's clinical staff had completed 2026's annual required trainings for FTCA.
- FTCA requires that the Risk Manager take two FTCA risk related trainings each year.
- The Risk Manager, Dave Kahananui, completed the two required annual trainings in March of 2026.

Training and Education			
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1
FQHC Leadership	Planning, review and completion of annual OB training.	≥90% by year-end	93.75%
FQHC Leadership	Planning, review and completion of annual High Risk Area (Safe Injection) training.	≥90% by year-end	92.11%
FQHC Leadership	Planning, review and completion of annual High Risk Area (HIPAA Privacy) training.	≥90% by year-end	92.59%
FQHC Leadership	Planning, review and completion of annual Infection Prevention (BBP) training.	≥90% by year-end	91.25%
FQHC Leadership	Planning, review and completion of annual High Risk Area (Basics of Hand Hygiene for Healthcare Settings) training.	≥90% by year-end	94.37%
<b>Average Completion Rate of Mandatory FTCA Trainings</b>			
RM	Annual Training Completion Rate Goal of 90%	≥90% by year-end	92.81%
<b>Risk Manager Annual Training Requirement</b>			
RM	Required Risk Manager Annual Training	2 Required FTCA trainings by End of Year	100.00%

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- Patient satisfaction score averaged 98.5% for Q1.
- 0 grievances filed in Q1.
- No pharmacy packaging and labeling errors.
- 1 HIPAA breach during Q1.
- 71% of all referrals ordered were processed and sent.
- 45% of Pts eligible for Pregnancy Intention Screening were screened.
- 11 pregnant patients were referred out for OB care to contracted providers, 1 of whom has trimester data documented. Manual process tracking this measure.
- 0 patients who had a baby this quarter have birthweight/race data documented for their newborn.
- 100% of LIP/OLCPs had current credentialing at the end of Q1.

Risk and Patient Safety Activities			
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1
QI/MD/Ops Mgrs/RM	Patient satisfaction score	90%	98.5%
QI/MD/Ops Mgrs/RM	# Grievances	Avg/qtr	0
QI/MD/Ops Mgrs/RM	# Grievances resolved	100%	NA
QI/Phar Mgr	Pharmacy packaging and labeling error rate	<5%	0%
Compliance/RM	HIPAA breaches	Total # of breaches	1
QI/MD/Ops Mgrs/RM	Referral completion rate	>90%	71%
QI/MD/Ops Mgrs/RM	% of Pts Screened for Pregnancy Intention	>50%	45.0%
QI/MD/Ops Mgrs/RM	# of Pts Screened for Pregnancy Intention	Total Screened	919
QI/MD/Ops Mgrs/RM	# of Pts eligible for Pregnancy Intention Screening	Total Eligible	2041
QI/MD/Ops Mgrs/RM	# of Pregnant Pts Seen	Total #	16
QI/MD/Ops Mgrs/RM	# of Prenatal pts referred out for prenatal care	# of Prenatal Pts Referred	16
QI/MD/Ops Mgrs/RM	# of Prenatal Pts w Documented Trimester of Pregnancy When First Seen	# of Prenatal Pts Referred	1
QI/MD/Ops Mgrs/RM	% of Prenatal Pts w Documented Trimester of Pregnancy When First Seen	>75%	0%
QI/MD/Ops Mgrs/RM	# of Birthweights by Race Captured	Total #	0
RM/HR	Credentialing and privileging file review rate	100%	100%

# 2026 Q1 Quarterly Risk Management Report

- No claims were reported or filed in Q1.

Claims Management			
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1
CM	# Claims submitted to HHS	NA	0
CM	# Claims settled or closed	NA	0
CM	# Claims open	NA	0
CM	# Lawsuits filed	NA	0
CM	# Lawsuits settled	NA	0
CM	# Lawsuits litigated	NA	0

Questions?

