



2025 Q1 Quarterly Risk Management Report

- FTCA requires one risk assessment to be completed each quarter.
- The one required risk assessment for Q1 is complete, making the requirement at 100% compliance through Q1.
- The tool used for the Q1 Risk Assessment is called the ECRI Managing Risks in Ambulatory Care: Clinical Management Tool
 - 140 Criteria Audited
 - 126/140 compliant (90%)
 - Action Plan to correct other 14 criteria done and under way.

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Risk Assessments			
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1
RM	# Completed annual high-risk assessments	$\geq 2/\text{yr}$	
RM	# Completed quarterly assessments	Min 1/qtr	1
RM	% Open action plans	$\leq 75\%$	100%

Q1 2025 Incident Reporting and Peer Reviews

- FTCA requires SNCHC to track the quantity and level of severity of all incidents.
- Last year 70 incidents were reported
- Q1 of 2025 there were 18 incidents reported, 0 of which were sentinel events, and 1 of which was high risk.
- 5/18 incidents required root cause analysis and follow up.
- The average score for Provider Peer Reviews in Q1 was 95%.

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.	15
Center staff	# Low Risk Incidents/Near Misses	Total /qtr.	2
Quarterly Incident Totals		Prior Year - 70	18
RM	# Root Cause Analyses (RCA) completed per qtr.	Total /qtr.	5
Medical Director	# Peer review audits completed (5/provider/qtr)	80%	95%

Q1 2025 FTCA Required Annual Training Compliance

- There are five FTCA required trainings that all clinical staff MUST participate in each year.
- By the end of Q1, 88.1% of SNCHC's clinical staff had completed the annual required trainings for FTCA.
- FTCA requires that the Risk Manager take two FTCA risk related trainings each year.
- The Risk Manager, Dave Kahananui, has already completed his two annual trainings.

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	97.30%
FQHC Leadership	Planning , review and completion of annual High Risk Area (Safe Injection) training.	≥90% by year-end	89.33%
FQHC Leadership	Planning , review and completion of annual High Risk Area (Hand Hygiene) training.	≥90% by year-end	84.26%
FQHC Leadership	Planning , review and completion of annual HIPAA training.	≥90% by year-end	81.51%
FQHC Leadership	Planning , review and completion of annual Infection Prevention (BBP) training.	≥90% by year-end	86.90%
RM	Annual Training Completion Rate Goal of 90%	≥90% by year-end	88.10%
RM	Required Risk Manager Annual Training	2 Required FTCA trainings by End of Year	100.00%

Q1 2025 Risk and Patient Safety Activities

- Patient satisfaction score averaged 98%.
- 2 grievances filed and resolved.
- No pharmacy packaging and labeling errors.
- No HIPAA breaches.
- All referrals ordered were processed and sent.
- 41.51% of Pts eligible for Pregnancy Intention Screening were screened.
- No pregnant patients have documentation of which trimester they were in when first seen.
- No SNCHC patients who have had a baby this year have birthweight/race data documented for their newborn.
- 97% of LIP/OLCPs were credentialed 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%
QI/MD/Ops Mgrs/RM	# Grievances	Avg/qtr	2
QI/MD/Ops Mgrs/RM	# Grievances resolved	100%	100%
QI/Phar Mgr	Pharmacy packaging and labeling error rate	<5%	0%
Compliance/RM	HIPAA breaches	Total # of breaches	0
QI/MD/Ops Mgrs/RM	Referral completion rate	>90%	100%
QI/MD/Ops Mgrs/RM	# of Pts eligible for Pregnancy Intention Screening	Total #	1325
QI/MD/Ops Mgrs/RM	# of Pts Screened for Pregnancy Intention	Total #	550
QI/MD/Ops Mgrs/RM	% of Pts Screened for Pregnancy Intention	>75%	41.51%
QI/MD/Ops Mgrs/RM	# of Pregnant Pts Seen	Total #	18
QI/MD/Ops Mgrs/RM	# of Prenatal pts referred out for prenatal care	# of Prenatal Pts Referred	18
QI/MD/Ops Mgrs/RM	# of Prenatal Pts w Documented Trimester of Pregnancy When First Seen	# of Prenatal Pts Referred	0
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%	97%

Q1 2025 Claims Management

- 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?

