2025 Q3 Quarterly Risk Management Report

2025 Q2 Quarterly Risk Assessment

- Grading Scale

Color Coding Key
Not Compliant
Approaching Compliance
Compliant

2025 Q2 Quarterly Risk Assessment

- FTCA requires one risk assessment to be completed each quarter. 2 of the 4 risk assessments must cover a high-risk area.

- The one required risk assessment for Q2 is complete, making the requirement at 100% compliance through Q2.

- The tool used for the Q2 Risk Assessment is called the SNHD Annual HIPAA Risk Assessment
    - 45 Criteria Audited
    - 40/45 compliant (88.9%)
    - Action Plan to correct other 5 criteria done and under way.

- Open Action plan goal = 75% or less

HRSA Health Resources & Services Administration **ECRI**

Risk Assessment and Mitigation Tool: Safeguards for Behavioral Health Services

Risk Assessments					
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2	Q3
RM	# Completed annual high-risk assessments	≥ 2/yr	1	-	-
RM	# Completed quarterly assessments	Min 1/qtr	1	1	1
RM	% Open action plans	≤75%	100%	75%	75%

Q3 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
- Q3 of 2025 there were 25 incidents reported, 0 of which were sentinel events, and 2 of which were high risk.
- 3/25 incidents required root cause analysis and follow up.
- The average score for Provider Peer Reviews in Q3 was 94%.

Adverse Events/ Incident Reports					
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2	Q3
Center staff	# Sentinel Incidents	Total /qtr.	0	0	0
Center staff	# High Risk Incidents	Total /qtr.	1	5	2
Center staff	# Medium Risk Incidents	Total /qtr.	15	18	23
Center staff	# Low Risk Incidents/Near Misses	Total /qtr.	2	2	0
Quarterly Incident Totals		Prior Year - 70	18	25	25
RM	# Root Cause Analyses (RCA) completed per qtr.	Total /qtr.	5	1	8
Medical Director	# Peer review audits completed (5/provider/qtr)	80%	95%	95%	94%

Q3 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 Q3, 99.76% of SNCHC's clinical staff had completed 2025'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, has already completed his two annual trainings in May of 2025.

Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2	Q3
FQHC Leadership	Planning , review and completion of annual OB training.	≥90% by year-end	97.30%	100.00%	100.00%
FQHC Leadership	Planning , review and completion of annual High Risk Area (Safe Injection) training.	≥90% by year-end	89.33%	100.00%	100.00%
FQHC Leadership	Planning , review and completion of annual High Risk Area (Hand Hygiene) training.	≥90% by year-end	84.26%	99.07%	99.02%
FQHC Leadership	Planning , review and completion of annual HIPAA training.	≥90% by year-end	81.51%	99.13%	100.00%
FQHC Leadership	Planning , review and completion of annual Infection Prevention (BBP) training.	≥90% by year-end	86.90%	100.00%	100.00%
RM	Annual Training Completion Rate Goal of 90%	≥90% by year-end	88.10%	99.64%	99.76%
RM	Required Risk Manager Annual Training	2 Required FTCA trainings by End of Year	100.00%	100.00%	100.00%

Q3 2025 Risk and Patient Safety Activities

- Patient satisfaction score averaged 98.3% for Q3 and 98.1% for the year.
- 0 grievances filed in Q3.
- No pharmacy packaging and labeling errors.
- 1 HIPAA breach that was contained internally and corrected.
- All referrals ordered were processed and sent.
- 46.55% of Pts eligible for Pregnancy Intention Screening were screened.
- No pregnant patients have documentation of which trimester they were in when first seen.
- 1 patient who had a baby this year has birthweight/race data documented for their newborn.
- 100% of LIP/OLCPs had current credentialing at the end of Q3.

Risk and Patient Safety Activities					
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2	Q3
QI/MD/Ops Mgrs/RM	Patient satisfaction score	90%	98.4%	97.8%	98.3%
QI/MD/Ops Mgrs/RM	# Grievances	Avg/qtr	2	1	0
QI/MD/Ops Mgrs/RM	# Grievances resolved	100%	100%	100%	100%
QI/Phar Mgr	Pharmacy packaging and labeling error rate	<5%	0%	0%	0%
Compliance/RM	HIPAA breaches	Total # of breaches	0	0	1
QI/MD/Ops Mgrs/RM	Referral completion rate	>90%	100%	100%	100%
QI/MD/Ops Mgrs/RM	# of Pts eligible for Pregnancy Intention Screening	Total #	1766	1902	1914
QI/MD/Ops Mgrs/RM	# of Pts Screened for Pregnancy Intention	Total #	913	909	891
QI/MD/Ops Mgrs/RM	% of Pts Screened for Pregnancy Intention	>75%	51.70%	47.79%	46.55%
QI/MD/Ops Mgrs/RM	# of Pregnant Pts Seen	Total #	22	25	19
QI/MD/Ops Mgrs/RM	# of Prenatal pts referred out for prenatal care	# of Prenatal Pts Referred	18	25	19
QI/MD/Ops Mgrs/RM	# of Prenatal Pts w Documented Trimester of Pregnancy When First Seen	# of Prenatal Pts Referred	0	0	0
QI/MD/Ops Mgrs/RM	% of Prenatal Pts w Documented Trimester of Pregnancy When First Seen	>75%	0%	0%	0%
QI/MD/Ops Mgrs/RM	# of Birthweights by Race Captured	Total #	0	0	1
RM/HR	Credentialing and privileging file review rate	100%	97%	100%	100%

Q3 2025 Claims Management

- No claims were reported or filed in Q3.

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

Questions?