

2025 Q4
Quarterly
Risk
Management
Report



2025 Q4 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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- Q4 Risk Assessment was completed on 10/27/2025, meeting the expectation of a risk assessment being completed during Q4.
- Clinical Risk Management Program Self-Assessment Questionnaire for Bloodborne Pathogens was conducted by the medical director, Dr. Robin Carter, in consultation with the operations manager, Merylyn Yegon.
- Open action plan items for the year are at 33%.

Risk Assessments			
Person responsible	Measure/ Key Performance Indicator	Threshold	Q4
RM	# Completed annual high-risk assessments	≥ 2/yr	1
RM	# Completed quarterly assessments	Min 1/qtr.	1
RM	% Open action plans	≤75%	33%

2025 Q4 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
- Q4 of 2025 there were 19 incidents reported, 0 of which were sentinel events, and 4 of which were high risk.
- 6/19 incidents required root cause analysis and follow up.
- The average score for Provider Peer Reviews in Q4 was 96%.

Adverse Events/ Incident Reports			
Person responsible	Measure/ Key Performance Indicator	Threshold	Q4
Center staff	# Sentinel Incidents	Total /qtr.	0
Center staff	# High Risk Incidents	Total /qtr.	4
Center staff	# Medium Risk Incidents	Total /qtr.	10
Center staff	# Low Risk Incidents/Near Misses	Total /qtr.	5
Quarterly Incident Totals		Prior Year - 70	19
RM	# Root Cause Analyses (RCA) completed per qtr.	Total /qtr.	6
Quarterly Peer Review Audit			
Medical Director	# Peer review audits completed (5/provider/qtr.)	80%	96%

2025 Q4 FTCA Required Annual Training Compliance

- There are five FTCA required trainings that all clinical staff MUST participate in each year.
- By the end of Q4, 100% 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, completed the two required annual trainings in May of 2025.

Training and Education			
Person responsible	Measure/ Key Performance Indicator	Threshold	Q4
FQHC Leadership	Planning, review and completion of annual OB training.	≥90% by year-end	100.00%
FQHC Leadership	Planning, review and completion of annual High-Risk Area (Safe Injection) training.	≥90% by year-end	100.00%
FQHC Leadership	Planning, review and completion of annual High-Risk Area (HIPAA Privacy) training.	≥90% by year-end	100.00%
FQHC Leadership	Planning, review and completion of annual Infection Prevention (BBP) training.	≥90% by year-end	100.00%
FQHC Leadership	Planning, review and completion of annual High-Risk Area (Basics of Hand Hygiene for Healthcare Settings) training.	≥90% by year-end	100.00%
Average Completion Rate of Mandatory FTCA Trainings			
RM	Annual Training Completion Rate Goal of 90%	≥90% by year-end	100.00%
Risk Manager Annual Training Requirement			
RM	Required Risk Manager Annual Training	2 Required FTCA trainings by End of Year	100.00%

2025 Q4 Risk and Patient Safety Activities

- Patient satisfaction score averaged 97% for Q4.
- 0 grievances filed in Q4.
- No pharmacy packaging and labeling errors.
- 0 HIPAA breaches during Q4.
- 97% of all referrals ordered were processed and sent.
- 56% of Pts eligible for Pregnancy Intention Screening were screened.
- 5 pregnant patients were referred out for OB care to contracted providers. 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 Q4.

Risk and Patient Safety Activities			
Person responsible	Measure/ Key Performance Indicator	Threshold	Q4
QI/MD/Ops Mgrs/RM	Patient satisfaction score	90%	97%
QI/MD/Ops Mgrs/RM	# Grievances	Avg/qtr	0
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%	97%
QI/MD/Ops Mgrs/RM	% of Pts Screened for Pregnancy Intention	>75%	56.0%
QI/MD/Ops Mgrs/RM	# of Pts Screened for Pregnancy Intention	Total Screened	646
QI/MD/Ops Mgrs/RM	# of Pts eligible for Pregnancy Intention Screening	Total Eligible	1154
QI/MD/Ops Mgrs/RM	# of Pregnant Pts Seen	Total #	0
QI/MD/Ops Mgrs/RM	# of Prenatal pts referred out for prenatal care	# of Prenatal Pts Referred	5
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%	100%

2025 Q4 Claims Management

- No claims were reported or filed in Q4.

Claims Management			
Person responsible	Measure/ Key Performance Indicator	Threshold	Q4
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?

