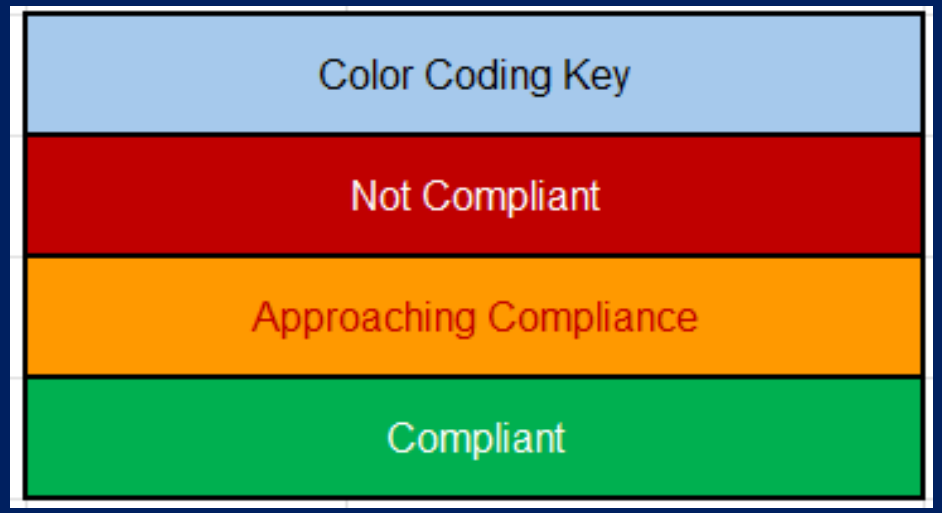
Quarterly Risk Management Report for Q2 2026

SOUTHERN NEVADA Community HEALTH CENTER

2026 Q2 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.



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- Q2 Risk Assessment was completed on 5/4/2026, meeting the expectation of a risk assessment being completed during Q2.
- ECRI Risk Assessment and Mitigation Tool: Infection and Prevention and Control (IPC) was conducted by the medical director, Dr. Robin Carter.
- Open action plan items from CY2026 Risk Assessments are at 26.1% (17/23 findings resolved through Q2).

Risk Assessments				
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2
RM	# Completed annual high-risk assessments	≥ 2/yr	0	1
RM	# Completed quarterly assessments	Min 1/qtr.	1	1
RM	% Open action plans	≤75%	64.0%	26.1%

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- FTCA requires SNCHC to track the quantity and level of severity of all incidents. Last year 87 incidents were reported.
- 37 incidents have been reported year to date.
- Q2 of 2026 there were 23 incidents reported, 0 of which were sentinel events, and 1 was high risk.
- 1/23 incidents required root cause analysis and follow up.
- The average score for Provider Peer Reviews in Q2 was 97%.

Adverse Events/ Incident Reports				
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**	**Q2**
Center staff	# Sentinel Incidents	Total /qtr.	0	0
Center staff	# High Risk Incidents	Total /qtr.	1	1
Center staff	# Medium Risk Incidents	Total /qtr.	12	22
Center staff	# Low Risk Incidents/Near Misses	Total /qtr.	1	0
Quarterly Incident Totals		Prior Year - 87	14	23
RM	# Root Cause Analyses (RCA) completed per qtr.	Total /qtr.	3	1
Quarterly Peer Review Audit				
Medical Director	# Peer review audits completed (5/provider/qtr.)	80%	96%	97%

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- There are five FTCA required trainings that all clinical staff MUST participate in each year.
- By the end of Q2, 92.39% 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**	**Q2**
FQHC Leadership	Planning, review and completion of annual OB training.	≥90% by year-end	93.75%	93.75%
FQHC Leadership	Planning, review and completion of annual High Risk Area (Safe Injection) training.	≥90% by year-end	92.11%	88.61%
FQHC Leadership	Planning, review and completion of annual High Risk Area (HIPAA Privacy) training.	≥90% by year-end	92.59%	94.44%
FQHC Leadership	Planning, review and completion of annual Infection Prevention (BBP) training.	≥90% by year-end	91.25%	93.98%
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%	91.18%
Average Completion Rate of Mandatory FTCA Trainings				
RM	Annual Training Completion Rate Goal of 90%	≥90% by year-end	92.81%	92.39%
Risk Manager Annual Training Requirement				
RM	Required Risk Manager Annual Training	2 Required FTCA trainings by End of Year	100.00%	100.00%

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- Patient satisfaction score averaged 98.4% for Q2.
- 1 grievances filed in Q2.
- No pharmacy packaging and labeling errors.
- 4 HIPAA concerns reported during Q2.
- 31% of all referrals ordered were processed and sent.
- 47.1% of Pts were screened for Pregnancy Intention
- 30.3% of Pregnant Pts report receiving prenatal care.
- 100% of LIP/OLCPs had current credentialing at the end of Q2.

Risk and Patient Safety Activities				
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2
QI/MD/Ops Mgrs/RM	Patient satisfaction score	90%	98.5%	98.4%
QI/MD/Ops Mgrs/RM	# Grievances	Avg/qtr	0	1
QI/MD/Ops Mgrs/RM	# Grievances resolved	100%	NA	100%
QI/Phar Mgr	Pharmacy packaging and labeling error rate	<5%	0%	0%
Compliance/RM	HIPAA concerns	Total # of concerns	1	4
QI/MD/Ops Mgrs/RM	Referral completion rate	>90%	71%	31%
QI/MD/Ops Mgrs/RM	% of Pts Screened for Pregnancy Intention	>50%	45.0%	47.1%
QI/MD/Ops Mgrs/RM	# of Pts Screened for Pregnancy Intention	Total Screened	919	943
QI/MD/Ops Mgrs/RM	# of Pts eligible for Pregnancy Intention Screening	Total Eligible	2041	2004
QI/MD/Ops Mgrs/RM	# of Pregnant Pts Seen	#	32	33
QI/MD/Ops Mgrs/RM	# of Prenatal Pts who report receiving prenatal care	#	9	10
QI/MD/Ops Mgrs/RM	% of Prenatal Ptsreporting they are receiving prenatal care	25%	28.1%	30.3%
RM/HR	Credentialing and privileging file review rate	100%	100%	100%

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- No claims were reported or filed in Q2.

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

Questions?