Risk Management Report to Board: Sample Report and Dashboard

This sample report is intended as an example. Health centers should refer to Chapter 21: Federal Tort Claims Act (FTCA) Deeming Requirements and Chapter 10: Quality Improvement/Assurance in the Health Center Program Compliance Manual for standards that must be met in order to meet FTCA deeming requirements related to risk management.

How to use this tool. Health centers can work within the format of this report to input their own data and information. The dashboards and SWOT (Strengths, Weaknesses, Opportunities, Threats) analyses referenced in this tool are examples of ways to present the information; however, health centers may choose other formats (e.g., graphs, charts, narrative) depending on their needs and preferences. The sample information provided within this tool is not all-inclusive; health centers should provide specific information that is both accurate and sufficient to inform the board and key management staff on all health care risk management activities and progress related to follow-up actions that have been implemented as well as next steps.

DISCLAIMER

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Title: [YEAR] Annual Risk Management Report to the [Name of Health Center] Governance Board

Date: January 1, [YEAR] to December 31, [YEAR]

Submitted by: Jim Roads, Risk Manager

Reviewed/approved by: Matt Vega, MD, Medical Director

Date submitted to the board: January 09, [YEAR]

Date recorded in the board minutes: February 12, [YEAR]

Introduction

The purpose of this report is to provide an account of [Name of Health Center's] annual performance relative to the risk management plan and evaluate the effectiveness of risk management activities aimed to mitigate risks and respond to identified areas of high risk. Topics presented include high-risk and quarterly risk assessments, adverse event reporting, risk management training, risk and patient safety activities, and claims management. Each topic includes:

- An introduction to explain the relevance of the topic

- A data summary to highlight performance relative to established goals

- A SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to identify additional factors related to performance

- Follow-up actions to note activities aimed to maintain or improve performance throughout the year

- A conclusion to summarize findings at year-end

- Proposed future activities to respond to identified areas of high organizational risk

See the attached Risk Management Dashboard for a complete data summary of all topics presented.

High-Risk and Quarterly Risk Assessments

Introduction

The Health Center Program Compliance Manual requires quarterly risk assessments focused on patient safety. A risk assessment is a structured process used to identify potential hazards within the organization's operations, departments, and services. Risk assessment tools include self-assessment questionnaires, FMEA, and safety walkrounds—in which members of leadership walk around the building and ask employees about potential risks and concerns while observing processes in action. Collecting data on practices, policies, and safety cultures in various areas generates information that can be used to proactively target patient safety activities and prioritize risk prevention and reduction strategies.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
# High-risk assessments	The health center has determined that the following areas are at high clinical risk: dental, obstetrics, pharmacy, and tracking (tests, referrals, hospital admissions). The health center's goal is to conduct a comprehensive risk assessment on two high-risk areas annually. For [YEAR], pharmacy and obstetrics were selected for comprehensive risk assessment. The health center conducted the assessment using A Brief Case For Safety: Addressing Pharmacy-Related Medication Errors checklist addressing three targets: promoting a culture of safety, taking proactive systems approach to medication errors, and engaging patients and families as partners. The health center planned to conduct a second high-risk assessment on obstetrics to meet the goal; however, this assessment was not conducted.
# Quarterly risk assessments	The health center at minimum conducts one risk assessment quarterly. Each department manager or designee completes one of the following checklists as appropriate to their respective department: Managing Risks in Ambulatory Care: Clinical Management Managing Risks in Ambulatory Care: Office Administration Managing Risks in Ambulatory Care: Human Resources The checklist is forwarded to the risk management committee for review no later than seven days after the end of the quarter. The checklists are reviewed for opportunities for improvement by the RM committee. Concerns may be elevated to the CMO, senior leadership, and/or the board as appropriate. Additional quarterly risk assessments are conducted as new risks are identified.
% Open action plans	Action plans are created in response to high-risk assessments, quarterly risk assessments, and other risk activities. Each action plan is assigned a deadline upon creation. Action plans contain meaningful risk reduction strategies to improve overall patient safety and should be implemented in a timely manner. The health center's goal is to have no more than 75% of action plans open past their initial deadline. Any action plan open past the deadline is elevated to the CMO, senior leadership, and/or the board as appropriate for further discussion and intervention.

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total
RM	# Completed annual high-risk assessments	≥ 2/yr		1: Pharmacy			1***
RM	# Completed quarterly assessments	Min 1/qtr	1	1	1	1	4*
RM	% Open action plans	<75%	80%	80%	80%	80%	80%**

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Managers have been collaborating with the risk manager to complete quarterly risk assessments in their respective areas.	One high-risk assessment was not conducted this year. Barriers to completion include unexpected changes in key leadership. Pharmacy high-risk assessment revealed gaps in labeling/packaging processes, need for medication safety leader, and need for separate physical space between pharmacy drop-off and pick-up areas.	N/A	N/A

Follow-up Actions

Q1 [YEAR]: High-risk pharmacy assessment completed; an audit identified packaging and labeling issues that may lead to medication errors. Pharmacy staff were trained during the second quarter. An annual threshold for <5% medication error rate was achieved. Please see information under the Risk and Patient Safety Activities section of this report for additional details.

Q2 [YEAR]: CMO nominated [Name] as potential medication safety leader on [DATE] in response to the pharmacy high-risk assessment. Nomination approved by Board on [DATE]. [Name] accepted role on [DATE].

Q3 [YEAR]: Met with chief medical officer (CMO) to draft new high-risk assessment procedure.

Q4 [YEAR]: Construction started for separate pharmacy drop-off and pick-up areas. Construction to be finished by [DATE].

Conclusion

Although the number of quarterly risk assessments exceeded the threshold, the plan was to complete two high-risk assessments per year. One high-risk assessment was not conducted this year and is discussed in detail under proposed future activities. The high-risk assessment on pharmacy-related medication errors revealed a need for a medication safety champion which has been finalized as of [DATE] as well as an additional construction project to separate prescription drop-off and pick-up. The construction is expected to end on [DATE].

Proposed Future Activities

The number of quarterly risk assessments that were completed exceeded the threshold. Due to the demonstrated success identifying risks, the threshold will be increased to a minimum of two risk assessments per quarter.

Only one high-risk assessment (pharmacy) was completed this year. High-risk assessments are one of the most proactive activities in managing risk. The plan for 2020 is to revise the risk assessment process to ensure completion. Key changes to the procedure include the following:

- Formation of high-risk assessment team to include champion from senior leadership

- High-risk assessment progress to be reported at monthly risk management meeting and to the board quarterly

Adverse Event Reporting

Introduction

Event reporting is an essential component of the risk management program and is considered part of the performance and quality improvement process. Each provider, employee, or volunteer is responsible to report all adverse events, including sentinel events, incidents, and near misses at the time they are discovered to his or her immediate supervisor and/or the risk manager. The risk manager, in conjunction with the manager of the service (as applicable), is responsible for conducting follow-up investigations. The manager's investigation is a form of self-critical analysis to determine the cause of the incident, analyze the process, and make improvements.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
# Adverse events	An adverse event or incident is defined as an undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services. The health center monitors the number of events reported per quarter. Low volumes of reports may indicate barriers to reporting, such as fear of personal blame for events. The goal is to report all events so no minimum nor maximum threshold is set.
# Near misses	A near miss is defined as an event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention (e.g., a procedure almost performed on the wrong patient due to lapse in verification of patient identification but caught at the last minute by chance). The health center monitors the number of near misses reported per quarter. Near misses are viewed as opportunities for learning and for developing preventive strategies and actions. No minimum nor maximum threshold is set.
# Unsafe conditions	Unsafe conditions are potentially hazardous conditions, circumstances, or events that have the capacity to cause injury, accident, or healthcare error. The health center monitors the number of unsafe reported per quarter. Reporting unsafe conditions can prevent an event from occurring. No minimum nor maximum threshold is set.
# Serious reportable events/Sentinel events	Serious reportable events (SREs) are serious, largely preventable, and harmful clinical events. The National Quality Forum has defined a set of SREs by event type. SREs may also be known as "never events". A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in death, permanent harm, or severe temporary harm. Sentinel events may also be known as "serious events". Both serious reportable and sentinel event types are serious and result in severe harm to the patient, warranting thorough investigation. The health center monitors the number of serious reportable/sentinel events reported per quarter. No minimum nor maximum threshold is set.
# RCAs completed per qtr	Root-cause analysis is a process for identifying the basic or causal factor(s) that underlie the occurrence or possible occurrence of an adverse event or error. A root-cause analysis is conducted for all events or errors with a harm severity category of "E" or above, or near misses with the potential for an event or error with a harm severity category of "E" or above per the health center's event reporting and investigation policy. The health center monitors the number of RCAs conducted per quarter. No minimum nor maximum threshold is set.
# Peer review audits completed (5/provider/qtr)	The health center's quality improvement program includes a peer review audit process to monitor and manage the quality of care and documentation to comply with health center standards, state and federal regulations, and accreditation standards. The health center's goal is to conduct a minimum of 5 peer review audits per provider per calendar quarter.

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total
Center staff	# Adverse events	Total #/qtr	12	14	10	16	52
Center staff	# Near misses	Total #/qtr	0	0	2	5	7
Center staff	# Unsafe conditions	Total #/qtr	4	0	3	7	14
Center staff	# Serious reportable events/Sentinel events	Total #/qtr	2	1	3	1	7
RM	# RCAs completed per qtr	Total #/qtr	2	0	2	0	4
CMO	# Peer review audits completed (5/provider/qtr)	80%	65%	75%	80%	80%	75%**

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Increased near miss and unsafe conditions reporting after staff training completed.	Event reporting could decrease if staff does not see systematic improvements as a result of reporting. Peer review audit completion has been below goal through first half of year; many assigned providers state they do not have time to complete peer audits.	N/A	N/A

Follow-up Actions

- Q2 [YEAR]: Met with new CMO and implemented new process for completing peer review audits.

Conclusion

Adverse event reporting has been stable during the year. There was an increase in the number of near misses and unsafe conditions reported following the culture-of-safety and responding-to-events trainings. New process for completing peer review audits has increased rate of completion.

Proposed Future Activities

In addition to continuing culture-of-safety and responding to events trainings for new staff, a refresher course will be created and added to the annual training course bundle in the learning management system. A "good catch" program will also be initiated to encourage and reward staff for identifying near-miss events and unsafe conditions through event reporting.

Risk Management Training

Introduction

The Health Center Program Compliance Manual requires risk management training for all staff members and documentation that all appropriate staff complete training at least annually. Risk management education and training are critical for clinical and nonclinical staff to improve safety and mitigate risk related to patient care. The risk manager identifies areas of highest risk within the context of the health center's risk management plan and selects risk management training topics.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
# RM education sessions/all staff trainings (in-person)	The health center provides annual mandatory training to all health center staff on the following topics: event reporting, basic infection control and prevention issues, medical record confidentiality requirements, and the Health Insurance Portability and Accountability Act (HIPAA). This training is offered at minimum once a year as instructor-led training. The training is also offered online through the year for those who cannot attend in person.
# RM education sessions/clinical staff trainings (in-person)	The health center provides annual mandatory training to all clinical staff on equipment sterilization and advanced infection control and prevention issues. This training is offered at minimum once a year on an administrative day as instructor-led training. The training is also offered online throughout the year for those who cannot attend in person.
# Other specialty clinical training (in-person)	The health center identified that Obstetrics, Dental, and Pharmacy should be trained on the following specialty topics: responding to events, managing visitors, and culture of safety. The health center's goal was to provide one in-person session training per quarter. This training is in addition to all other required training. The training is also offered online through the year for those who cannot attend in person.
Annual training completion rate	The annual training completion rate is reported as a cumulative total quarterly. Each staff member must complete all mandatory training (all staff training, clinical staff training, and other specialty clinical staff training) as assigned based on role. The goal is to have 95% of all staff complete annual training by the end of the calendar year. Training is offered in-person and online.
Obstetrics EFM training completion rate	The health center identified that clinical staff working in Obstetrics should complete three introductory and three case study courses on electronic fetal monitoring (EFM). This training is in addition to all other required training. This training is available online. This measure is new for [YEAR] and is reported as a cumulative total quarterly. The goals is to have 60% of all obstetrics staff complete this training by the end of the calendar year.

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person Responsible	Measure/ Key Performance Indicator	Threshold/ Goal	Q1	Q2	Q3	Q4	Annual Total
RM	# RM education sessions/all staff trainings (in-person)	1x/year	completed				1 completed*
RM	# RM education sessions/clinical staff trainings (in-person)	1x/year		completed			1 completed*
RM	# Other specialty clinical training (in-person)	Min 1/qtr	completed	completed	completed	completed	4 completed*
RM	Annual training completion rate	≥95% by year-end	10%	35%	60%	77.5%	77.5%***
RM	Obstetrics EFM training completion rate	≥60% by year-end	10%	20%	30%	60%	60%*

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
In-person and online risk management training sessions were highly rated for content and ease of implementation. Staff appreciated having both options for training.	Some staff and providers not completing training. Cannot hold staff and providers accountable to complete training currently.	Vendor can upgrade online e-learning to manage staff/provider reminders as well as provide more online content.	Vendor e-learning upgrade may be cost prohibitive.

Follow-up Actions

- Q3 [YEAR]: The risk management training survey revealed that the most significant barrier to completion was staff and providers not having dedicated work time available for training. A majority of survey respondents agreed that automated e-learning reminders would be helpful and that more content should be presented via e-learning. Clinical staff (including providers) did not realize that they needed to complete both the mandatory training for all staff as well as training for clinical staff.

- Q4 [YEAR]: Met with human resources and the CMO to discuss annual training completion rate and full results of staff training survey.

Conclusion

Specialty clinical training was completed for the three health center-specific risk areas identified: responding to events, managing visitors, and culture of safety.

Obstetrical providers and staff completed required training and met the threshold. However, because obstetrics continues to be a high-risk area, the threshold for training will be increased to 95% participation for next year.

Risk management training sessions were highly rated for content and ease of implementation for both in-person and online modalities.

We completed annual risk management training with a staff and provider attendance rate of 77.5%, which is below threshold. The risk management training survey identified that dedicated training hours are needed to complete training, as well as improved electronic reminders that highlight what specific training bundle(s) are due and when they are due for each individual staff member. Attendance rates are discussed in proposed future activities below.

Proposed Future Activities

The training plan for next year will include policy changes from human resources and allocation of training hours into the staffing plan. The e-learning vendor will provide a cost estimate for a system upgrade to address reminders and expansion of online content.

Risk and Patient Safety Activities

Introduction

The objective of the health center's patient safety and risk management program is to continuously improve patient safety and minimize and/or prevent the occurrence of errors, events, and system breakdowns leading to harm to patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
Patient satisfaction top score rate	The health center routinely analyzes patient satisfaction surveys as part of its quality assurance/quality improvement (QA/QI) program. The health center's goal is to receive an overall top score of 5 out of 5 on at least 90% of all returned patient satisfaction surveys during the calendar year.
# Grievances – open	A patient grievance is a formal written or verbal complaint filed by a patient that cannot be resolved promptly by staff present. All grievances are investigated and reviewed for opportunities for improvement. The health center monitors the number of grievances opened per quarter. No minimum nor maximum threshold is set.
Grievances – resolved rate	The health center responds to and resolves grievances in a timely manner. In order to resolve the grievance, the health center provides the patient with written notice of the health center contact person writing the letter, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion as described in the health center's complaint and grievance policy. The health center's goal is to resolve a grievance within 10 business days from initial receipt of notification.
Dental device sterilization competency rate	The health center has determined that dental infection control processes, including dental device sterilization are high-risk. The health center has implemented dental sterilization procedures, staff training, and a competency checklist based on best practices from the Centers for Disease Control and Prevention (CDC), the American Dental Association (ADA), the Joint Commission, and manufacturers for dental instrument sterilization in order to reduce risks associated with inadequate infection control. The health center's goal is to conduct at minimum two random staff competency checks per month in order to validate training effectiveness.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
Pharmacy packaging and labeling error rate	During the first quarter of [YEAR], the high-risk pharmacy assessment identified packaging and labeling issues that may lead to medication errors. Pharmacy staff were trained during Q2 in response to identified issues. The health center investigates all medication errors, including near misses, as part of event reporting and investigation processes. Additionally, a pharmacy medication error rate is calculated every quarter as the # pharmacy medication errors divided by the # total prescriptions filled during the reporting period. No minimum nor maximum threshold was set at the beginning of the year; however, at the end of Q2, after pharmacy training, an annual pharmacy medication error rate threshold of <5% was established.
HIPAA breaches – wrong visit handouts	The health center encourages all staff to report suspected HIPAA breaches. After visit summary handouts, which contain protected health information, have been unintentionally be given to the wrong patient historically. This year the health center continues to work on process improvements as identified from last year's RCA associated with these types of breaches. The health center monitors the number of HIPAA breaches involving visit handouts per quarter. No minimum nor maximum threshold is set.
Referral completion rate	Routine specialty referrals are tracked by the health center for timely completion in order to reduce the risk of missed or delayed diagnosis. The health center's goal is to complete at minimum 90% of all routine referrals ordered within 90 days.
Timely prenatal record submission rate	Prenatal record forwarding to the patient's delivery site is tracking by the health center for timely submission in order to facilitate obstetric care coordination. The health center's goal is to forward the patient's prenatal record by 36 weeks gestation 100% of the time.
Timely annual RM goal and plan submission	The annual risk management goal and plan report is submitted timely to the board for comprehensive review and approval. The health center's goal is to have the report submitted during Q4 of the year (with additional finalization of any Q4 data completed no later than 10 business after the end of the CY).
Credentialing and privileging file review rate	The health center maintains files for all clinical staff that contain documentation of licensure, credentialing verification, and applicable privileges, consistent with the health center's operating procedures as required by the Health Center Program Compliance Manual. The health center monitors for timely renewal of privileges. The goal is to complete all renewals within the month they are due 100% of the time.

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure/ Key Performance Indicator	Threshold/ Goal	Q1	Q2	Q3	Q4	Annual Total
QI	Patient satisfaction top score rate	90%	70%	70%	70%	70%	70%***
RM	# Grievances – open	Avg/qtr	3	4	4	5	4 avg.
RM	Grievances – resolved rate	100%	70%	90%	100%	100%	90%**
IC designee	Dental device sterilization competency rate	≥2/mo	6	6	6	7	25*
QI	Pharmacy packaging and labeling error rate	<5%	0%	7%	4%	0%	< 5%*
Compliance	HIPAA breaches – wrong visit handouts	Avg/qtr	3	1	2	0	1.5 avg.
RM	Referral completion rate	>90%	50%	34%	40%	50%	43.5%***
RM	Timely prenatal record submission rate	100%	100%	100%	100%	100%	100%*
RM	Timely RM goal and plan submission	Q4				submitted	Completed*
RM	# Credentialing and privileging files reviewed	100%	100%	100%	100%	100%	100%*

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Infection control competency checks were completed on all dental staff. Medical records continue to use an automated prenatal record report to identify and send records.	Patient satisfaction continues to be below threshold – small number of surveys are being returned, which makes it hard to track and trend themes. Provider referral completion has significantly decreased when compared to 2018 (historically, majority of provider referrals were completed within 45 days or less).	Implementing a patient advisory group may be helpful in determining patient satisfaction needs. Vendor suggested increasing number of online satisfaction surveys. EHR add-on available for provider referral tracking.	Some external specialty providers have been refusing to reschedule referred patients if they cancel a new patient appointment within 48 hours.

Follow-up Actions

Q2 [YEAR]:New grievance resolution process initiated with significant increase in timely resolution.

Q2 [YEAR]: The high-risk assessment regarding pharmacy services identified labeling and packaging issues, which resulted in medication errors. Prompt training led to a decrease in errors and impacted the attainment of the threshold error rate of <5%.

Conclusions

Risk and patient safety activities described in last year's risk management plan were implemented as written.

High-risk activities (dental infection control, pharmacy, and HIPAA) were assessed and actions were taken. During the first quarter, a pharmacy audit identified packaging and labeling issues that may lead to

medication errors. Pharmacy staff were trained during the second quarter. An annual threshold for <5% medication error rate was achieved.

The patient satisfaction survey results did not meet the threshold and are discussed in detail under proposed future activities.

The completion of patient referrals within 90 days has significantly decreased and is discussed in detail under proposed future activities.

Proposed Future Activities

Prenatal records achieved 100% compliance for the third year in a row. We plan to drop this focus from the next year's plan.

The patient satisfaction survey results were 70% for the set goal of 5 out of 5, which did not meet the 90% threshold. There is a strong relationship between patient satisfaction and medical malpractice. We will revise the action plan for next year to include a failure mode and effects analysis process to identify gaps and ways to improve satisfaction. Considerations will be given to opportunities such as increasing online survey volumes for higher return rates and the possibility of starting a patient advisory group.

Tracking referrals is a growing problem and an identified area of high risk for missed and delayed diagnoses. We will convene a multidisciplinary team, including external providers and telehealth users, to address this risk area. The possibility of using an EHR tracking module will be considered only after a comprehensive gap analysis is completed. External providers refusing to reschedule patients will also be discussed by the multidisciplinary team.

An annual threshold for <5% medication error rate involving pharmacy packing and labeling was achieved this year, however we propose that we continue to monitor this measure throughout next year.

Claims Management

Introduction

The Health Center Program Compliance Manual requires health centers to have a claims management process for addressing any potential or actual health or health-related claims. The health center identifies risk areas most likely to lead to claims based on previous claims activity, claims prevention guidance from professional organizations, and published research.

Claims Management Focus Area/ Measure	Summary Description of Assessment/Methodology/Indicators
# Claims submitted to HHS	The health center immediately sends court complaints or notices of intent to the HHS Office of the General Counsel. The health center monitors the number claims sent per quarter. No minimum nor maximum threshold is set.
# Claims settled or closed	The health center monitors the number of claims settled or closed per quarter. No minimum nor maximum threshold is set.
# Claims open	The health center monitors the number of claims opened per quarter. No minimum nor maximum threshold is set.
# Lawsuits filed	The health center monitors the number of lawsuits resulting from a claim are filed per quarter. No minimum nor maximum threshold is set.
# Lawsuits settled	The health center monitors the number of lawsuits settled per quarter. No minimum nor maximum threshold is set.
# Lawsuits litigated	The health center monitors the number of lawsuits litigated per quarter. No minimum nor maximum threshold is set.

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure, Key Performance Indicator	Threshold	Q1	Q2	Q3	Q4	Annual Total
CM	# Claims submitted to HHS	NA	4	0	0	3	7
CM	# Claims settled or closed	NA	3	0	1	0	4
CM	# Claims open	NA	1	0	0	0	1
CM	# Lawsuits filed	NA	2	0	0	0	2
CM	# Lawsuits settled	NA	2	0	0	0	2
CM	# Lawsuits litigated	NA	0	0	0	0	0

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
N/A	Two dental claims (both settled this year) alleged failure to use rubber dam resulting in ingestion of endodontic instruments (screws).	N/A	N/A

Follow-up Actions

- N/A

Conclusion

All new claims were investigated, and there were no emerging concerns or unexpected claims noted in [YEAR]

Two settled dental claims, which were initially identified through event reporting and investigated by the health center last year, alleged failure to use a rubber dam resulting in ingestion of endodontic instruments. In both cases, the patient was emergently transferred to a higher level of care to rule out instrument aspiration. The health center requires the use of dental dams for all endodontic procedures

and provides training on the use of rubber dams to all dental providers annually. The risk manager continues to audit dental dam use through a combination of direct observation, staff interview, and chart review as part of the health center's QA/QI and peer review processes. Last year's RCA on these events identified additional process improvement opportunities involving emergency event response and mandatory annual training on this topic continues for dental staff.

Proposed Future Activities

Continue current claims management processes that include monitoring for emerging concerns, preserving claims-related documentation, and promptly communicating with HHS Office of the General Counsel, General Law Division regarding any actual or potential claim or complaint.

Report Submission

The [YEAR] Annual Risk Management Report to the [Name of Health Center's] Governance Board is respectfully submitted to demonstrate the ongoing risk management program to reduce the risk of adverse outcomes and provide safe, efficient, and effective care and services.

Risk Management Dashboard

Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2	Q3	Q4	Annual Total
	Risk Assessments						
RM	# Completed annual high-risk assessments	≥ 2/yr		1: Pharmacy			1***
RM	# Completed quarterly assessments	Min 1/qtr	1	1	1	1	4*
RM	% Open action plans	<75%	80%	80%	80%	80%	80%**
	Adverse Events/ Incident Reports						
Center staff	# Adverse events	Total #/qtr	12	14	10	16	52
Center staff	# Near misses	Total #/qtr	0	0	2	5	7
Center staff	# Unsafe conditions	Total #/qtr	4	0	3	7	14
Center staff	# Serious reportable events/Sentinel events	Total #/qtr	2	1	3	1	7
RM	# RCAs completed per qtr	Total #/qtr	2	0	2	0	4
CMO	# Peer review audits completed (5/provider/qtr)	80%	65%	75%	80%	80%	75%**
	Training and Education						
RM	# RM education sessions/all staff trainings (in-person)	1x/year	completed				1 completed*
RM	# RM education sessions/clinical staff trainings (in-person)	1x/year		completed			1 completed*
RM	# Other specialty clinical training (in-person)	Min 1/qtr	completed	completed	completed	completed	4 completed*
RM	Annual training completion rate	≥95% by year-end	10%	35%	60%	77.5%	77.5%***
RM	Obstetrics EFM training completion rate	≥60% by year-end	10%	20%	30%	60%	60%*
	Risk and Patient Safety Activities						
QI	Patient satisfaction top score rate	90%	70%	70%	70%	70%	70%***
RM	# Grievances – open	Avg/qtr	3	4	4	5	4 avg.
RM	Grievances – resolved rate	100%	70%	90%	100%	100%	90%**
IC designee	Dental device sterilization competency rate	≥2/mo	6	6	6	7	25*
QI	Pharmacy packaging and labeling error rate	<5%	0%	7%	4%	0%	< 5%*
Compliance	HIPAA breaches – wrong visit handouts	Avg/qtr	3	1	2	0	1.5 avg.
RM	Referral completion rate	>90%	50%	34%	40%	50%	43.5%***
RM	Timely prenatal record submission rate	100%	100%	100%	100%	100%	100%*
RM	Timely annual RM goal and plan submission	Q4				submitted	Completed*
RM	Credentialing and privileging file review rate	100%	100%	100%	100%	100%	100%*

Risk Management Dashboard (continued)

Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2	Q3	Q4	Annual Total
	Claims Management						
CM	# Claims submitted to HHS	NA	4	0	0	3	7
CM	# Claims settled or closed	NA	3	0	1	0	4
CM	# Claims open	NA	1	0	0	0	1
CM	# Lawsuits filed	NA	2	0	0	0	2
CM	# Lawsuits settled	NA	2	0	0	0	2
CM	# Lawsuits litigated	NA	0	0	0	0	0
	Dashboard Key – Performance Threshold						
	*Improved/exceeded expectations (green shading or *)*						
	*Acceptable/needs improvement (yellow shading or **)*						
	*Not meeting target, action needed (red shading or ***)*						

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