



**AGENDA**  
**Special Meeting**  
**Friday, May 31, 2024, at 1:00 p.m.**

Item #1 **ACTION**..... Consider for Approval 2023 Annual Risk Management Report Submitted by Wendy Jones

**ADJOURNMENT**

*Next Regular Scheduled Meeting: June 27, 2024*



**2023  
Annual Risk Management Report  
to the  
Coastal Health & Wellness Governing Board**

Board Members,

Please accept this annual report on the overall Risk Management activities of Coastal Health & Wellness ("CHW") reporting period for the calendar year of 2023. Much of the information provided herein represents a summary of the activities and assessments (including risk management assessments) occurring throughout the year and which have been previously reported to the Board on a quarterly basis, including through Coastal Health & Wellness' Governing Board risk management reports, and through its Governing Board Quality Assurance Committee.

Although much of the information contained in this report has been discussed with the Board throughout the year, the annual report is meant to provide a comprehensive review of risk management activities, including but not limited to Coastal Health & Wellness' progress in reaching its goals, incidents, and patient satisfaction information.

The report also includes a summary of patient grievances and complaints received for the 2023 reporting period, along with Coastal Health & Wellness' adherence to meeting its risk management goals during this timeframe.

**Quality Assurance /Quality Improvement Report**

Although this report is meant to provide an overview of Coastal Health & Wellness' risk management activities, the idea of risk management works concurrently with and is a component of its Quality Assurance Performance Improvement activities and intersects with many of CHW's Environment of Care and Infection Control initiatives as required by The Joint Commission.

Coastal Health & Wellness' Quality Assurance Performance Improvement ensures the collection and interpretation of data directly related to the effectiveness of services afforded to Coastal patients. Furthermore, this data is used and relied upon by key personnel and Governing Board members to make informed decisions related to improving work performed at Coastal Health & Wellness and ensuring an optimal environment of safety for both patients and employees.

Over the course of the year, the Quality Assurance Performance Improvement Committee systematically compiled relevant data to assess the effectiveness of health care delivery rendered at Coastal.

The sources of information for this data include but are not limited to:

- Quality assessments conducted on a monthly or quarterly basis (depending upon the metric);
- Review of patient complaints/grievances;

- Patient satisfaction survey material;
- Review of patient safety incidents and nearmisses;
- Provider driven peer reviews; and
- Performance measure data.

### **Quality Assessments**

Quality Assessments were completed on at least a quarterly basis. The Quality Assessments evaluate provider adherence to current evidence based clinical guidelines, standards of care, and standards of practice in the provision of services, and identification of any patient safety and adverse events and implementation of follow-up.

Coastal Health & Wellness medical and dental providers conduct peer reviews monthly during the organization’s in-service sessions, at which time they assess provider obedience to clinical guidelines, standards of care and standards of practice. Results of peer reviews are analyzed and shared with providers during Coastal Health & Wellness’ monthly in-service sessions. Please note that in accordance with Section 161 et seq. of the *Texas Health and Safety Code*, peer review notes are deemed privileged and confidential under state law and are therefore not presented to the Governing Board.

### **Risk Management Activities**

#### **Infection Control**

As mentioned, infection control and environment of care are major focuses for Coastal Health & Wellness. The Coastal Health & Wellness QAPI (Quality Assurance Performance Improvement) Committee, led by the Director of Innovation and Clinical Quality, met monthly to discuss prominent risk and safety measures paramount to Joint Commission accreditation – notably infection control and environment of care. Infection control initiatives and activities undertaken by Coastal Health & Wellness during this time included, but were not limited, to the following:

- The Infection Control Plan was updated and approved by the Governing Board in February of 2023 as part of the CHW Infection Prevention and Control Program (the “ICP”). The ICP provides guidelines, procedures, and practices to reduce the risk of spreading infection, promoting safe work practices, and assisting staff in conforming to standards, evidence-based rules to minimize the spread of infectious disease.
- Training on hand hygiene, bloodborne pathogens and personal protective equipment is conducted for all employees at the time of hire and annually thereafter.
- Infection control surveys and hand hygiene audits have been streamlined and are conducted monthly, with results being shared and reviewed by staff during monthly Compliance Committee meetings to identify both strengths and weaknesses.
- Ongoing assessments performed by the CHW Infection Control Nurse, with input from other members of Coastal’s leadership team, were also reviewed monthly.
- Dental procedures and sterilization protocols continued to be reviewed to ensure they remained consistent with guidelines set forth by the Association for the Advancement of Medical Instrumentation (“AAMI”), and staff training on the use of PRIME SCAN, an intraoral scanner, that expands the digital impressions capabilities enabling better patient care and clinical outcomes.
- Additionally, CHW management worked steadily towards building and improving innovative

services to the community by hiring a Medical Director, a Director of Innovation and Clinical Quality, and an Enabling Services Manager. These positions bring talent and skills that are helping to promote health management and risk management services for an increase in healthcare services for the community.

### **Claims Management**

There are currently no pending cases.

### **Patient Management - Access to Care and “No Shows”**

Coastal Health & Wellness tracks on a quarterly basis patient access to care and “no show” rates (patients who fail to present for a scheduled appointment), to maximize appointments made available to the community. The information tracked includes the number of available appointments during the quarter in question, percentage of appointments kept, scheduled and unfilled, and the percentage of “no- shows” by clinical department and site. A cumulative “no-show” rate of 20% or less was established as an organizational goal in January 2023. Between January 1, 2023, and December 31, 2023, the cumulative “no show” rate average was 24% - and Coastal fell short of meeting its goal for this measure.

### **Patient Satisfaction**

Coastal Health & Wellness utilizes a patient satisfaction survey to determine the level of consummation with the services provided. Patient satisfaction survey results are reported to the Board on a quarterly basis. The patient satisfaction survey questions, offered in both English and Spanish, were modified to capture additional data during the 2023 survey period., Coastal set a goal of achieving cumulative patient satisfaction scores of at least 4.8. Over the course of this reporting period, Coastal Health & Wellness received 1,873 survey responses, with a cumulative score total of 4.77 -- .03 points from its goal, and .01 point lower than the organization saw in the previous year. During this timeframe, most survey comments were overwhelmingly favorable, and many respondents rated services received as “excellent.” Patients requesting follow-up after their visit were contacted and any concerns were addressed. Most unfavorable comments issued during the period stemmed from stricter protocols implemented at check- in and in waiting areas, which were employed to mitigate the spread of COVID. Again, the new administration instituted more patient-centric means to address these issues in April Of 2021, yielding a last quarter satisfaction score of 4.84.

Enrollment in the patient portal continues to be promoted as a way for patients to communicate with Coastal staff more efficiently. Patient portal enrollment numbers continued to increase during the January 2023 – December 2023 timeframe.

### **Patient Grievances**

During the calendar year of 2023, Coastal Health & Wellness received 0 formal complaints, a decrease of over 100% from the prior year’s reporting period. Below is a table outlining the types of grievances/complaints received, and the respective periods during which they were filed.

**PATIENT GRIEVANCE/COMPLAINTS**

<b>Grievance/ Complaint Topic</b>	<b>Jan – Mar 2023</b>	<b>Oct – Dec Apr -June 20232023</b>	<b>Jan – Mar July -Sept 20233</b>	<b>Apr-June Oct - Dec 2023</b>	<b>Total</b>
Medical	2	1	3		6
Dental	-	-	1	-	1
Lab	-	-	-	-	0
Patient Services		1-		-	1
Medical Records	-	-		-	
Billing	1		-	-	1
Other		2			2
	<b>3</b>	<b>4</b>		<b>1</b>	<b>17</b>

Clinical complaints are handled by their respective department heads, and by the Nursing or Dental Director if the claim is of a clinical nature. After investigation of the complaint and when appropriate, staff are retrained on the execution of the applicable policy for patient care. Grievances are reviewed during the CHW Administration Quality Assurance and Performance Improvement Session to help better identify risk management needs. The proposed risk management goal for 2023 was to continue stressing to staff a better patient experience through improved customer service to further decrease complaints/grievances and to increase CHW patient population. Coastal Health & Wellness achieved Patient Centered Medical Home (PCMH) accreditation in 2021, and in 2023 the clinic continued demonstrating a focus on team-based care, communication, and coordination of services to improve *the entirety* of the patient experience.

**Summary of Trainings**

- Risk management training is determined upon review of incidents, grievances, regulatory or other requirements, the nature of the services provided, and inherent risk involved in provided services.
- The Risk Management Training Plan outlines such required training.
- Staff undergo risk management training pertinent to all aspects of their duties upon hire and at least annually thereafter in accordance with the Coastal Health & Wellness’ Risk Management Training Plan, which covers topics including, but not limited to, HIPAA and patient confidentiality; infection control (including hand hygiene and eye wash procedures); OSHA requirements relevant to acute care settings; and fire, safety, and emergency operations plans. Coastal Health & Wellness also provides specific training for groups of providers that perform various services which may lead to potential malpractice risks.
- In 2023 two new training courses were introduced to the plan to help staff meet training requirements as identified by the Joint Commission. Obstetrics and Pain and Pain management were introduced and will become a part of the training plan going forward.
- Staff completion of training is monitored by Risk Management and the Healthcare Compliance Specialist, in collaboration with department managers and Human Resources.

## **Risk Management Quarterly Assessments**

Risk management is a component of the CHW Administration Compliance Committee and the QAPI Committee. On a monthly basis, risk management issues were discussed with each of these committees, and quarterly during Governing Board Quality Assurance Committee meetings. Risk management activities and areas are assessed for the purpose of evaluating effectiveness of risk mitigation plans, how effectively defined procedures are reducing the risk of adverse outcomes, and any incidents or trends occurring which merit investigation. The risk management quarterly assessments, facilitated by the Compliance Officer, provide detailed information about the organization's risk and safety plan to the Governing Board's Quality Assurance Committee.

## **Additional Risk Management Activities Completed**

In addition to the information provided herein, the following risk management activities were completed during the 2023 reporting period:

- Financial screening audits were performed monthly to ensure accurate completion of financial applications/documentation.
- Peer reviews were conducted monthly by the Medical Director to ensure services were provided that met current evidence-based guidelines, standards of care and standards of practice.
- The Dental Director coordinated monthly peer review chart audits for the dental providers focusing on all types of procedures, Title V and Ryan White requirements to ensure services were provided that met current evidence-based guidelines and standards of care.
- The Medical Director leads monthly Grand Rounds. Grand Rounds are presented at each month's in-service gatherings, at which time a different specialty provider offers education to all providers on their respective specialty. Providers then educate colleagues about updated standards and best practices for treating the respective condition.
- The Medical Director or Assistant Medical Director also coordinated peer reviews for medical providers focusing on patient care, treatment plans and follow-up care.
- Medication audits were conducted monthly, including 340B and sample medication audits which are reviewed by the Nursing Director for appropriate logging and to ensure billing accuracy.
- Environmental, Risk and Safety Compliance Assessment was performed at the three clinic site locations monthly by the Healthcare Compliance Specialist. Each assessment reviews sixty-four (64) different elements derived from the Joint Commission's Environment of Care standards to determine potential safety issues and/or security threats.
- A fifty-six (56) point infection control audit which highlights organizational adherence to infection control guidelines including, but not limited to, sterilization processes, handling of infectious and hazard waste, and hand hygiene was performed monthly at both clinic locations by the Infection Control Nurse, who reports results to both the CHW Administration Compliance and Governing Board Quality Assurance Committees.
- All clinical staff are educated about identifying, treating, and reporting patients suspected of being trafficked, abused, or neglected.
- All staff complete an annual HIPAA and privacy training, which reviewed administrative, technical, and physical safeguards implemented by Coastal Health & Wellness for protection of patient data and other proprietary information.
- Know Be 4, an HHS state approved web-based security training platform is used by the Health

District to educate and train staff on how to mitigate the chances of a systems breach. All staff watched a brief tutorial weekly and are subsequently trained about cybersecurity attacks and how to prevent them.

- In accordance with Section 2054.5192, Government Code, staff completed a mandatory Texas Department of Information Resources (DIR) certified cybersecurity course to be in compliance with the governing body of a local government.
- During each monthly in-service session, the Public Health Preparedness and Emergency Operations Manager reviewed with staff how they should respond to different plausible emergency situations such as hurricanes and adverse weather threats, refinery/plant explosions, and active shooter scenarios.
- Through the Public Health Preparedness and Emergency Operations department, an active shooter training was also established to train and educate staff on procedural actions to take should such an even occur.
- CHW also partnered with Gulf Coast Center to provide training sessions for clinic staff to understand and rightly interact with patients with mental health challenges.

### **Status of Coastal Health & Wellness' Performance Relative to its Established 2023 Risk Management**

#### **Goals**

The following risk management goals were approved by the Governing Board Quality Assurance Committee and results were measured at the conclusion of the calendar year.

**Goal:** Promote positive patient service experience with all staff, with a particular emphasis on treating patients in a courteous manner.

**Performance Measure (PM):** Reduce grievances by 30% from the previous year.

**Result:** **MET** – Complaint reduction of 34% from the prior year.

**Goal:** Offer optimal care for all patients throughout the entirety of their visit.

**PM:** Increase weighted results of patient satisfaction survey to 4.3.

**Result:** **MET** – 4.59% cumulative score.

**Goal:** Promote patient appointment confirmations.

**PM:** Reduce the cumulative patient no-show rate to 20%.

**Result:** **MET** – Cumulative total of 24.00%.

**Goal:** For safety and customer service purposes, ensure staff always wear their Coastal Health & Wellness issued identification cards in a readily visible manner.

**PM:** Biennial audits should yield at least 95% of identification cards being worn appropriately.

**Result:** **MET** – 100% of audited staff wore badges.

**Goal:** Minimize preventable injuries to all staff, patients, and visitors.

**PM:** Incur zero preventable injuries at all CHW locations.

**Result:** **NOT MET** – Two preventable needlestick injuries occurred during the year.

**Goal:** Train staff on appropriate responses for different emergency scenarios.

**PM:** Facilitate at least six non-required emergency preparedness drills during the year.

**Result:** **MET** – Six (6) non-required emergency preparedness drills were facilitated

**Goal:** All staff are trained on SDS material pertinent to his/her work area and responsibilities. All staff are trained on equipment critical to his/her job performance.

**PM:** Ensure documented training rate of 100% within 30 days of hire.

**Result:** **MET** – All staff hired during the reporting period were trained in critical equipment and applicable SDS materials within thirty (30) days of new-hire.

**Goal:** Train staff regarding detection of and follow-up actions for suspected human trafficking victims.

**PM:** Provide training to 100% of employees about how to report suspected human trafficking.

**Result:** **MET** – 100%. All employees hired by Coastal during the reporting quarter completed the new-hire human trafficking training. Annual all-staff training is being conducted in November 2023.

**Goal:** Staff receive safety and incident reporting training.

**PM:** Documentation exhibiting 100% of staff received risk management and safety training.

**Result:** **MET** – 100%. All employees hired by Coastal during the reporting quarter completed the new-hire safety and incident reporting training. Annual all-staff training is being conducted in October 2023.

**Goal:** Continue to promote staff knowledge of hand-hygiene practices and policies.

**PM:** Maintain cumulative hand-hygiene score of at least 95%

**Result:** **MET** – 97%. Data captured by Infection Control Nurse, who performs hand hygiene audits monthly.

***DATA FOR THE NEXT SEVEN CATEGORIES WERE CAPTURED MONTHLY BY THE HEALTHCARE COMPLIANCE SPECIALIST DURING MONTHLY ENVIRONMENTAL, RISK, SAFETY AND COMPLIANCE AUDITS.***

**Goal:** Protect patients and staff by ensuring incidents and adverse events are promptly reported.

**PM:** 100% of incident reports should be made within two business days of the incident's occurrence.

**Result:** **MET** – 100%.

**Goal:** Protect staff and patients by promptly reporting issues requiring landlord attention.

**PM:** Report 100% of building and/or maintenance related issues to applicable landlord within 24 business hours of discovery.

**Result:** **MET** – 100%.

**Goal:** Maintain staff and patient safety by keeping equipment properly tested and maintained.

**PM:** 95% of equipment (100% of critical equipment) documented in Equipment Inventory Log should be inspected and calibrated in accordance with manufacturer's recommendations.

**Result:** **MET** – 100%.

**Goal:** Continue to promote staff knowledge of hand-hygiene practices and policies.

**PM:** SDS binders were complete and up to date in Medical and Lab; however, three sheets for chemicals no longer used were found in the Dental binder during the Q4 audit.

**Result:** **MET** – 95%. SDS audits were performed in the second and fourth quarters of each year.



### **Proposed Risk Management Activities for the next 12-month period**

Coastal Health & Wellness has implemented a robust and effective Risk Management Plan. Coastal Health & Wellness performs and will continue to perform risk management activities, including but not limited to the following during the next 12-month period:

- Continuing to monitor incidents and near misses to determine whether there are issues and/or trends that need to be addressed through system improvements to reduce the probability of future related events.
- Review training requirements and make any changes as needed to reflect new or revised requirements and determine if new training should be added based upon incidents or grievances reported or updated best practice protocols.
- Continue stringent infection control training, auditing, and monitoring.
- Ensure patient management activities are implemented, including, but not limited to, continuing to assess whether there is appropriate access to same day appointments and rate of no shows; whether staff appropriately triages patients; whether staff remains in accordance with Infection Control Plan when applicable; that PCMH standards are established; and those medical records be maintained in a confidential manner.

### **2024 Risk Management Goals**

Coastal Health & Wellness' specific risk management goals for 2024 will continue to be monitored and reported quarterly to the Governing Board Quality Assurance Committee. Additions or changes to the training schedule will be made based on trends and identified areas of improvement as deemed needed by the QA Board Committee and/or by the QAPI committee.

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