

Title: 2025 Annual Risk Management Report to the Lake County Health Department and Community Health Center Governing Council

Report Period: January 1, 2025 to December 31, 2025

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Introduction

The purpose of this report is to provide an account of Lake County Health Department and Community Health Center's (LCHD/CHC) annual performance related to the clinical risk management plan and to evaluate the effectiveness of risk management activities aimed at mitigating risks and responding to identified areas of high risk. Topics presented include quarterly risk assessments, adverse event reporting, risk management training, risk and patient safety activities, and claims management. Each topic area includes a combination of the following:

- 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 at maintaining or improving performance throughout the year.
- A conclusion to summarize findings at year-end.
- Proposed future activities to respond to identified areas of high organizational risk.

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. 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
# Quarterly risk assessments	The health center conducts one focused risk assessment quarterly. Risk assessments are focused on patient safety and agreed upon by the Director of Healthcare Operations in conjunction with the Risk Manager, and Clinical Risk and Patient Safety (CRPS) Committee. Topics are chosen based on identified opportunities within the health system. Opportunities are identified through clinical audits, review of the incident reporting system (Healthcare SafetyZone portal (HCSZ)), and discussion with leadership.

<p>% Open action items related to quarterly risk assessments</p>	<p>Quarterly risk assessments have an Intervention Strategies and Action Planning section. Action items are detailed within the risk assessment and a get well date is identified for applicable action items. Action plans contain meaningful risk reduction strategies to improve overall patient safety and are meant to be implemented in a timely manner.</p> <p>All action items are monitored by the CRPS Committee for further discussion and intervention as needed. The CRPS Committee has not set a threshold for open action items past their initial get well date. The Committee will continue to identify and monitor open action items on a case by case basis to determine barriers, needs, and escalation measures.</p>
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Data Summary

See the dashboard below for a status of the health center’s performance related to completed risk management activities including quarterly risk assessments and action items identified during the action planning process.

Person Responsible	Measure/Key Performance Indicator	Threshold / Goal	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Annual Total
Risk Manager	# Completed quarterly risk assessments	4/yr	Medical Emergency Preparedness	Referrals and Utilization Management	Sterilization	Lab/ POCT	4
Risk Manager	% Open action items	Not Yet Identified	0	0	2	6	8

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
<p>The Risk Manager implemented a new risk assessment tool developed by ECRI and endorsed by HRSA in Q3 2025. The template includes well defined sections for identifying and rating risks and documenting associated action items.</p>	<p>The health center received a warning letter during the 2025 FTCA Deeming year that indicated our risk assessments did not meet HRSA requirements for documentation of completed risk assessment.</p>	<p>The Risk Manager followed up with HRSA for clarification as our risk assessment process was approved during CY 2024; no response from HRSA. The Risk manager will continue working to align with HRSA expectations and will attend HRSA training in March 2026.</p>	<p>The HRSA contact who sent the warning letter did not follow up, even after multiple attempts for clarification. Potential loss of funding and staff due to current political and economic trends could affect clinical risk and patient safety.</p>

Follow-up Actions

Q1 [2025]: The primary follow-up actions for the Q1 2025 risk assessment focused on enhancing the response to medical emergencies as this was identified as a high-risk area in the assessment. These actions, categorized under risk mitigation and control, involved retraining clinical staff on emergency response, revising emergency drill checklists and workflows, creating new scenarios based on incident data, and implementing post-drill huddles and reporting processes. Monitoring and review strategies are ongoing and include conducting routine mock medical emergency drills at various health center locations, sharing feedback with leadership and the CRPS Committee, and an annual review and risk assessment process to maintain continuous improvement and regulatory compliance.

Q2 [2025]: The follow-up action items outlined in the Q2 2025 risk assessment centered on transitioning the "closing the loop" responsibilities for external medical and dental specialty referrals to the dedicated Referral and Utilization Management team. Key actions involved hiring and training two new program assistants, establishing a formal workflow and a revised strategy for the process, and conducting ongoing monitoring through monthly quality audits and reports shared with leadership and the CRPS Committee. The plan also included an annual review and risk assessment to mitigate risks associated with delayed patient care and potential negligence.

Q3 [2025]: To address identified sterilization risks, the follow-up action plan focused on immediate corrections, updated training, and technical data improvements. The Infection Preventionist performed on-the-spot corrections for immediate safety issues like improper PPE and instrument handling, while also incorporating these reminders into a larger in-person training session held on January 2026. Simultaneously, the Associate Director of Dental spearheaded the modernization of training materials within the Relias training system and coordinating with Health Information Technology to resolve sterilization backlogs and improve the accuracy of the autoclave cycle data on our information dashboard, Tableau. Open action items have a target completion date of March 31, 2026.

Q4 [2025]: Follow-up action items for the Q4 2025 risk assessment focused on implementation of point of care testing (POCT) oversight and auditing, clear updated policies that define approved waived tests, testing locations, staff requirements/ documentation requirements, as well as a review of the training and competency procedure. The primary risks associated with POCT include incorrect test results due to operator error, inadequate training or competency assessment, poor quality control, and failure to adhere to manufacturer instructions. Regulatory risks are also present, including non-compliance with accreditation standards, inadequate documentation, insufficient audit trails, and unclear accountability for device management, quality assurance, and result interpretation. With appropriate auditing, training, and staff competency, the risks associated with CLIA-waived point-of-care testing can be effectively mitigated. Open action items have target completion dates throughout Q1, Q2, and Q3 2026.

Conclusion

The follow-up actions for the 2025 risk assessments focused on high-risk clinical and operational areas, starting in Q1 with enhanced medical emergency response through staff retraining, revised drill workflows, and the implementation of post-drill huddles. In Q2, the organization mitigated care delays by transitioning specialty referral "loop-closing" to a dedicated Referral and Utilization Management team, supported by new program assistants and monthly quality audits. Q3

addressed sterilization risks through immediate Infection Preventionist corrections, modernized Relias training materials, and improved Tableau data tracking for autoclave cycles. Finally, Q4 focused on CLIA-waived POCT oversight by updating policies and competency procedures to eliminate operator error and ensure compliance with Joint Commission standards.

Proposed Future Activities

Risk assessments will continue to be conducted on a quarterly basis. All risk assessments will be reviewed and monitored by the CRPS committee. The Committee will continue to monitor action items and prioritize open items past their get well date in 2026.

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 for reporting 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 applicable leadership and staff, is responsible for conducting follow-up investigations. The investigation process is a form of self-critical analysis to determine the cause of the incident, analyze the current process, and make improvements.

Risk Activity Focus Area/ Measure	Summary Description of Assessment/Methodology/Indicators
# Adverse Events (Incident)	<p>An adverse event or incident is a patient safety event that reached the patient, whether or not the patient was harmed.</p> <p>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.</p>
#Near Miss	<p>A near miss is an unplanned event that by chance did not result in injury, illness or fatality but has the potential to do so in the future if left unaddressed.</p> <p>The health center monitors the number of near misses reported per quarter. Near misses are viewed as opportunities for learning and developing preventive strategies and actions. No minimum nor maximum threshold is set.</p>
#Unsafe Condition	<p>An unsafe condition is a circumstance that increases the probability of a patient safety event occurring such as a potentially hazardous condition, circumstance, or event that has the capacity to cause injury, accident, or healthcare error.</p>

	<p>The health center monitors the number of unsafe events per quarter. Reporting unsafe conditions can prevent an event from occurring. No minimum nor maximum threshold is set.</p>
#Serious Reportable Event/Sentinel Event	<p>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”.</p> <p>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 the patient and results in death, permanent harm, or severe temporary harm. Sentinel events may also be known as “serious events”</p> <p>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.</p>
#RCAs Completed per Quarter	<p>Root-cause analysis (RCA) is a process for identifying the reasons why variation in performance and or policy occurred. The RCA focuses on systems and processes by investigating, reviewing, and developing an action plan to improve and or prevent further harm or injury within LCHD/CHC programs, or determine after review and analysis that no opportunities for improvement exist. The Joint Commission tool, Framework for Root Cause Analysis and Corrective Actions, is used for conducting RCAs.</p> <p>The health center monitors the number of RCAs conducted per quarter. No minimum threshold is set.</p>

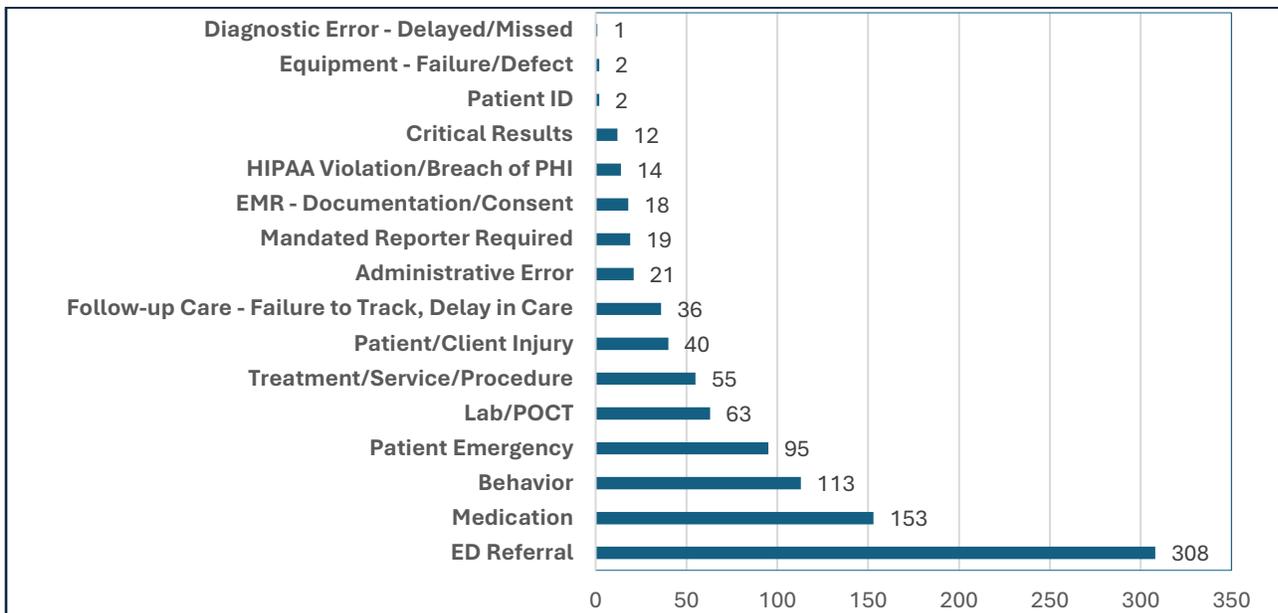
Data Summary

See below for a breakdown of events and event types /reported during each quarter of CY2025

Person Responsible	Measure/Ket Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total
Health Center Staff	# Adverse events	Total #/qtr	216	187	205	178	786
Health Center Staff	# Near miss	Total #/qtr	35	20	29	29	113

Health Center Staff	# Unsafe conditions	Total #/qtr	15	7	12	19	53
Health Center Staff	# Serious reportable events/Sentinel events	Total #/qtr	0	0	0	0	0
Risk Manager	# RCAs completed	Total #/qtr	0	0	0	0	0

2025 Patient Reporting Summary



SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
<p>A total of 952 events were entered in CY2025 showcasing staff commitment to reporting adverse events, near misses and unsafe conditions.</p> <p>A culture of safety survey is planned for fall of 2026.</p>	<p>Staff turnover, inconsistent training methods, an outdated reporting system and competing priorities make it challenging to address events in a consistent manner.</p>	<p>A workgroup was created to review each event type in the incident management system to make appropriate updates and create training for the most common event types.</p>	<p>The health center is transitioning to a new enterprise resource planning (ERP) system that may affect our current workflow for reporting events. This change could impact timely reporting and follow-up of events.</p>

Follow-up Actions

Q1 [2025]: It was noted that reported behavior incidents and reported workplace violence incidents overlap in terms of Joint Commission's definition of workplace violence; both incident types will be included in the annual workplace violence analysis. After review of bloodborne pathogen (BBP) incidents; a safety story was created to highlight BBP and needlestick prevention and follow up protocols.

Q2 [2025]: It was noted that an average of 28 medical emergencies are reported across the agency per month. To address this high risk area the Associate Director of Healthcare Operations retrained staff on medical emergency procedures and a workgroup was formed to update mock emergency drill workflows for several medical emergency scenarios.

Q3 [2025]: The 2024 Annual Risk Management Report was presented to the CRPS Committee. There was a focus on closing the loop on urgent and emergent referrals and reminders went to providers about the importance of scheduling assistance and patient outreach following referral generation for external specialty care services.

Q4 [2025]: A new Accreditation Regulatory Specialist started in November 2025. The agency shifted to a focus on preparing for our Joint Commission survey with an expected survey date between May 2026 and November 2026. A Sterilization workgroup was formed to focus on the high risk area of medical and dental sterilization.

Conclusion

Adverse event reporting has been stable during CY2025. Staff and leadership are engaged in event reporting and follow up. Timely follow up and documentation continue to be a focus area for improving patient safety.

Proposed Future Activities

In addition to culture of safety survey planning and incident report training for staff, a new clinical risk and patient safety leader rounding tool was developed and presented to leadership.

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 non clinical staff to improve safety and mitigate risk related to patient care. The areas of highest risk within the health center were determined to be Obstetrics and Dental. Staff within these areas complete specific risk management training within the context of their associated risks.

The Risk Manager, in conjunction with the Learning and Development Manager, Associate Director, Healthcare Operations, and Director, Healthcare Operations, are responsible for developing and implementing the health center's annual risk management training plan.

Training topics are selected based on HRSA regulatory requirements and according to the areas of highest risk, as well as available data and information collected during risk management activities.

Risk Activity Focus Area/Measure	Summary Description Assessment/Methodology/Indicators
<p># Risk management education required by HRSA</p>	<p>The health center provides mandatory training to all health center staff on the following topics: Health Insurance Portability and Accountability Act (HIPAA), medical record confidentiality requirements, basic infection prevention and control issues, event reporting, and culture of safety.</p> <p>This training is mandated upon hire and annually. Training is provided electronically through Relias, our training management system.</p>
<p># Other risk management education</p>	<p>The health center mandates other selected risk management training as part of the annual risk management training plan on the following topics: health equity, using data to drive continuous quality improvement, sexual harassment and misconduct in healthcare, corporate compliance, identifying and reporting critical incidents (OIG), security awareness training, and cultural sensitivity.</p> <p>This training is mandated either upon hire and/or annually. Training is provided electronically through Relias, our training management system.</p>
<p># Other specialty services and areas of high risk</p> <p>Clinical specialties: Obstetrics and Dental</p>	<p>The health center identified Obstetrics and Dental as areas of high risk which require several additional trainings outlined here:</p> <p>Obstetrics: Diabetes and other chronic conditions in pregnancy and sensitive encounters.</p> <p>All other clinical and non clinical staff are required to take training on postpartum depression.</p> <p>Dental: Instrument reprocessing and infection control for sterilization, vistapure water filtration system, and statclave G4 chamber autoclave.</p> <p>This training is in addition to all other training required and is offered annually.</p>

Data Summary

Training completion rates are monitored through the Relias training system. The completion status of risk management training is detailed in our annual FTCA deeming application and not this report.

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
The Relias training system makes it easy to assign and track completed trainings. We can create and modify trainings in this system allowing us the ability to tailor trainings to our specific needs.	We have had challenges with staff completing training in the allotted timeframe.	We learned that more communication with leadership and carving out more time during work helped to increase compliance.	The health center is transitioning to a new enterprise resource planning (ERP) system that may affect our current workflow for assigning and tracking training.

Follow-up Actions

Q3 [2025]: The Risk Manager and Manager of Learning and Development meet regularly to monitor training plan progress. The Manager of Learning and Development created a new report in the learning management system to easily track staff compliance.

Conclusion

The risk management training plan was closely followed, and all applicable staff were assigned the appropriate risk management trainings. Obstetrical trainings were discussed and decided upon based on the level of care provided by LCHD/CHC Obstetrical staff.

Proposed Future Activities

We will continue to communicate with leadership regarding training compliance and encourage supervisors to give staff time to complete trainings during their workday. The risk management training plan will be reviewed and updated annually.

Risk and Patient Safety Activities

Introduction

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

The Clinical Risk and Patient Safety Committee has chosen several focus areas including immunizations, contract lab services, ED referrals, BBP exposures/needlesticks, and sterilization. These focus areas have been identified based on their clinical risk and are monitored by the Clinical Risk and Patient Safety committee on a periodic basis; some have been the focus of quarterly risk assessments. These focus areas are highlighted below:

- **Contract Lab Services:** Incidents involving mislabeled specimens, specimens not sent, two patient identifiers not used, and incorrect tubes for STI/State labs make this a high risk focus area. Actions to reduce the occurrence of these incidents include staff training and modifying lab workflows.
- **ED Referrals:** Inconsistent documentation demonstrating a standardized process for closing the loop on referrals makes this a high risk focus area. Actions to address these incidents include routine ED referral incident and chart audits, modified workflows and staff training.
- **BBP Exposures/Needlesticks:** The serious nature of bloodborne pathogen exposures and potential for disease transmission make this a high risk focus area. Actions to reduce the occurrence of these incidents include standardizing the post exposure follow-up process, educating staff and ensuring follow-up of all staff by occupational health and safety.
- **Sterilization:** The potential for disease transmission and healthcare acquired infection due to improperly reprocessed medical and dental devices and instruments make this a high risk focus area. Actions to address this focus area include updating staff training, conducting in person training, and increasing the use of single use disposable instruments and devices.

Conclusion

The high risk focus areas described above will continue to be monitored by the CRPS Committee for progress on current action plans and to propose future patient safety activities. The committee will continue to monitor event reports, clinical audits, leadership concerns and trends to make decisions about future high risk focus areas.

Claims Management

Introduction

The health center's process for addressing any potential or actual health or health-related claims includes notification of the Lake County Risk Management Department, the LCHD/CHC Compliance Officer, Director of Healthcare Operations, Risk Manager, and the Board of Health. The Lake County Risk Management Department holds the primary responsibility for notification and coordination of information with the United States Department of Health and Human Services (HHS). The health center, in turn, works with the County Risk Management Department in securing any necessary documentation and additional information required to address the claim.

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 of 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.

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	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Annual Total
Compliance Officer	# Claims submitted to HHS	0	0	0	0	0
Compliance Officer	# Claims settled or closed	0	0	0	0	0
Compliance Officer	# Claims Open	0	0	0	0	0

Report Submission

The 2025 Annual Risk Management Report to the Lake County Health Department and Community Health Center Governing Council 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.