Risk Management Program (Risk Management Plan)

POLICY:

The Center maintains a comprehensive Risk Management Program in accordance with federal, state, local, and accrediting body regulations and guidelines.

PURPOSE:

A. To provide a safe environment for patients, visitors, volunteers, employees, and medical staff, and to thereby minimize injury and loss

B. To improve the quality of services provided by identifying the causes of adverse care events and by instituting corrective actions to minimize and/or eliminate the recurrence of untoward events

C. To minimize claims against the Center

D. To comply with all applicable regulations, laws, standards, and guidelines regarding the reporting and documentation of adverse events or other incidents involving patients, visitors, volunteers, employees, and medical staff

SCOPE:

The Risk Management Program applies to all members of the center staff, all members of the medical staff, contracted personnel, and students (if applicable).

RISK MANAGEMENT COMPONENTS:

The Risk Management Program incorporates the following components:

A. Risk Identification from:

- rL6 Incident Report reports (The Online Incident Reporting System), including reports of near misses
- Quality Assessment Performance Improvement (QAPI)/e-Incident data analysis
- High risk/High volume/problem prone procedures
- Patient Request for record records
- ASC Industry Quality measures
- State, federal, and accreditation surveys
- Clinical records and reviews
- Patient grievances/complaints

B. Risk Control and Analysis through:

- Root Cause Analysis (RCA)
- Corrective Action Plans, including development, implementation and monitoring
- Trending Risk management/QAPI variances
- Peer review
- Process Improvement
- In-servicing and staff education
- Orientation of new staff
- Policies and procedures to include, but not limited to:
    - Infection control
    - Credentialing and peer review
    - Compliance Program
    - Confidentiality HIPAA program
    - Employee health
    - Risk Management
    - QAPI
    - Emergency Preparedness
    - Patient Rights

C. Claims Management

Claims management is coordinated by the Corporate Insurance Department in conjunction with the Center Leader. Following initial review of potentially reportable events by Corporate Clinical Risk Management staff, the Corporate Insurance Department maintains responsibility for documentation and timely notification to the insurance carrier. The Insurance Department manages and directs all matters regarding:

Claims (actual and potential) reporting and management of the following:

- Professional Liability (Malpractice)
  General Liability (Premises Liability), Property Damage
- Workers' Compensation – Claims are reported by the Center, Insurance Department is a resource in regard to benefit and claims questions.

Litigation Matters

- Subpoenas/complaints/legal monetary demands are handled per the Processing of Legal Documents Policy.
- All requests patient monetary demands, waiver of co-pays or deductibles involving patients or visitors' bills from the Center or other healthcare facilities are submitted as an incident and then referred to the Insurance Department for handling.
- Periodic review of all litigation involving the organization and its staff and health care professionals.

RESPONSIBILITY:

It is the ultimate responsibility of the Governing Board to ensure compliance with the Risk Management Program at the Center. The Governing Board has appointed the QAPI Committee to review and analyze Risk Management data and to make recommendations. The Board designates an individual who is responsible for implementation, ongoing management, and consistent application of the Risk Management Program. The designated Risk Manager is responsible for ensuring that the following Risk Management duties are undertaken on a continuous basis: *(Edit as needed, i.e., Florida, Kansas)*

- Review, investigate and complete follow-up on all incident reports
- Coordinate analysis of data for potential trends and outliers
- Coordinate the analysis of all serious incidents
- Ensure that incidents are completed and submitted in the online system within 24 hours
- Present quarterly and annual reports on incidents and Risk Management activities to the QAPI Committee and Governing Board
- Coordinate the implementation of all action plans developed to reduce risk and improve quality of car
- Ensure timely completion of all staff Risk Management orientation and training
- Provide risk data summaries for credentialing purposes
- Submit reports as required by the State (if applicable)
- Immediately contact the Corporate Clinical Director for any serious/sentinel event
- Incorporate Risk Management findings/reports with the QAPI program and initiatives
- Collaborate with all resources including legal counsel as applicable to coordinate the investigation, processing, and defense of claims against the Center
- Ensure that the Disclosure Policy is followed regarding serious events

- Ensure staff participation in incident follow-up including RCA
- Ensure annual evaluation of the Risk Management Program, including establishment and assessment of annual goals

Employees' duties:Copy Link

In the interest of quality and overall patient safety, employees are responsible to comply with all policies, procedures, and regulations. Each employee has a duty to act on behalf of patients to identify and to report incidents and near misses in a timely manner to the Center Leader and to actively participate in and support the QAPI and Risk Management Programs.

QAPI Committee is responsible to:

- Serve as the oversight committee for the Risk Management Program and is accountable to the Governing Board for implementation.
- Review and evaluate patient care through analysis of the Risk Management reports and data, to include chart reviews, trends, current issues, and incidents.
- Review quarterly benchmarking report.
- Participate in the identification and resolution of quality or risk issues.
- Utilize risk management and quality data to compile physician performance data used in the Medical Staff credentialing process.
- Review and revise Risk Management policies and reports, including the annual Risk Management Plan, Goals and Evaluation under QAPI.
- Make recommendations to the Governing Board to address quality or risk Issues.

Governing Board has ultimate responsibility for Risk Management, and also to:

- Provide support and resources for the Risk Management Program.
- Ensure Risk Management is an integral component of the Center's objectives, plans, and management structure.
- Ensure that appropriate actions are taken based on recommendations from the QAPI Committee and the Center Leader.
- Review and approve Risk Management policies and reports, including the annual Risk Management Plan, Goals and Evaluation.
- Review all litigation involving the Center.

The Governing Board's commitment to the Risk Management Program, including allocation of human and financial resources necessary to implement and maintain the Program, is evidenced by its approval of the Risk Management Plan on an annual basis.

Insurance and Quality Department:

The Corporate Insurance Department and Quality Departments serve as advisors to the Risk Management and QAPI Programs at the Center. All Risk Management/Quality initiatives are communicated to the Board for adoption and implementation as appropriate.

EXTERNAL REPORTING:

*(if applicable in ASC state)

The Center complies with mandatory reporting to applicable federal, state and regulatory bodies, including the state of (name of state). *(Please reference your state website or office that requires mandatory reporting.)*

CONFIDENTIALITY:

- The data, reports, and committee minutes generated by Risk Management and Quality Improvement activities are confidential and statutorily privileged. They are accessible only to those individuals who participate in the process and to those agencies responsible for ascertaining the existence of ongoing and effective Risk Management and Quality Improvement Programs.
- QAPI Committee members recognize that any and all data reviewed by them shall be held in strict confidence. Any breach of confidentiality may result in disciplinary action.
- All requests and/or subpoenas from attorneys and regulatory agencies for information pertaining to patient care, Risk Management and/or Quality Improvement activities must be reviewed by the Center Leader and forwarded to the applicable Corporate contact per the Processing of the Legal Documents Policy.
- The rL6 incident reporting system is a secure website and is considered confidential.
- All incidents have the following header: "Prepared in anticipation of litigation in consultation with corporate attorneys and as a mechanism for analysis to improve quality and patient safety. Therefore, information within this document is deemed confidential and undiscoverable."

EDUCATION: Copy Link

Risk Management education is provided to staff within 30 days of employment and annually thereafter.

Topics for Risk Management education include, but are not limited to:

- Purpose and goals of Risk Management
- Employee role in Risk Management
- rL6 incident reporting system
- Chain of Command

- Root Cause Analysis
- Reporting sexual misconduct, abuse, neglect, or domestic violence
- Safe Medical Device Act (SMDA) reporting
- Advance Directives
- Informed Consent
- Confidentiality & HIPAA
- Patient Rights and Responsibilities
- Patient Grievances
- QAPI
- Infection Control
- Disclosure of medical errors
- Workers' Compensation
- Emergency Preparedness
  (See also HR in-servicing)

ANNUAL REVIEW AND GOALS:

The Governing Board reviews and approves the Risk Management policies and reports, including the annual Risk Management Plan, Goals and Evaluation.