



# Kansas Risk Management Survey 101

## KDHE Risk Management Team | May 2, 2024

## Introduction

**Cecilia Sherraden, RN, BSN**

Program Manager, Risk Management

[Cecilia.Sherraden@ks.gov](mailto:Cecilia.Sherraden@ks.gov)

[KDHE.RiskManagement@ks.gov](mailto:KDHE.RiskManagement@ks.gov)



## Introduction

**Kelly Rivera, CPTA**

Risk Management Program Coordinator

[Kelly.Rivera@ks.gov](mailto:Kelly.Rivera@ks.gov)

[KDHE.RiskManagement@ks.gov](mailto:KDHE.RiskManagement@ks.gov)



## Introduction

**Yolonda Johnson, LPN**

Health Facility Surveyor

[Yolonda.Johnson@ks.gov](mailto:Yolonda.Johnson@ks.gov)





## Introduction

**Dennina (Dee) Collins, LPN**

Health Facility Surveyor

[Dennina.Collins@ks.gov](mailto:Dennina.Collins@ks.gov)



## Additional KDHE Contacts

**Bureau Director:** Jerry Smith | [Gerald.Smith@ks.gov](mailto:Gerald.Smith@ks.gov)

**Deputy Bureau Director:** Marilyn St. Peter | [Marilyn.St.Peter@ks.gov](mailto:Marilyn.St.Peter@ks.gov)

**Program Manager – Hospital Division:** Angela Jirik | [Angela.Jirik@ks.gov](mailto:Angela.Jirik@ks.gov)

**Program Manager – Ambulatory Surgery Center:** Ramona Scott | [Ramona.Scott@ks.gov](mailto:Ramona.Scott@ks.gov)

## Objectives

1. Discuss the recent trends in Risk Management reporting and survey results in order to prepare for a Risk Management survey.
2. Understand the Risk Management survey process.
3. Identify the five key elements of a Risk Management Plan of Correction.

## Trends in Risk Management Reporting

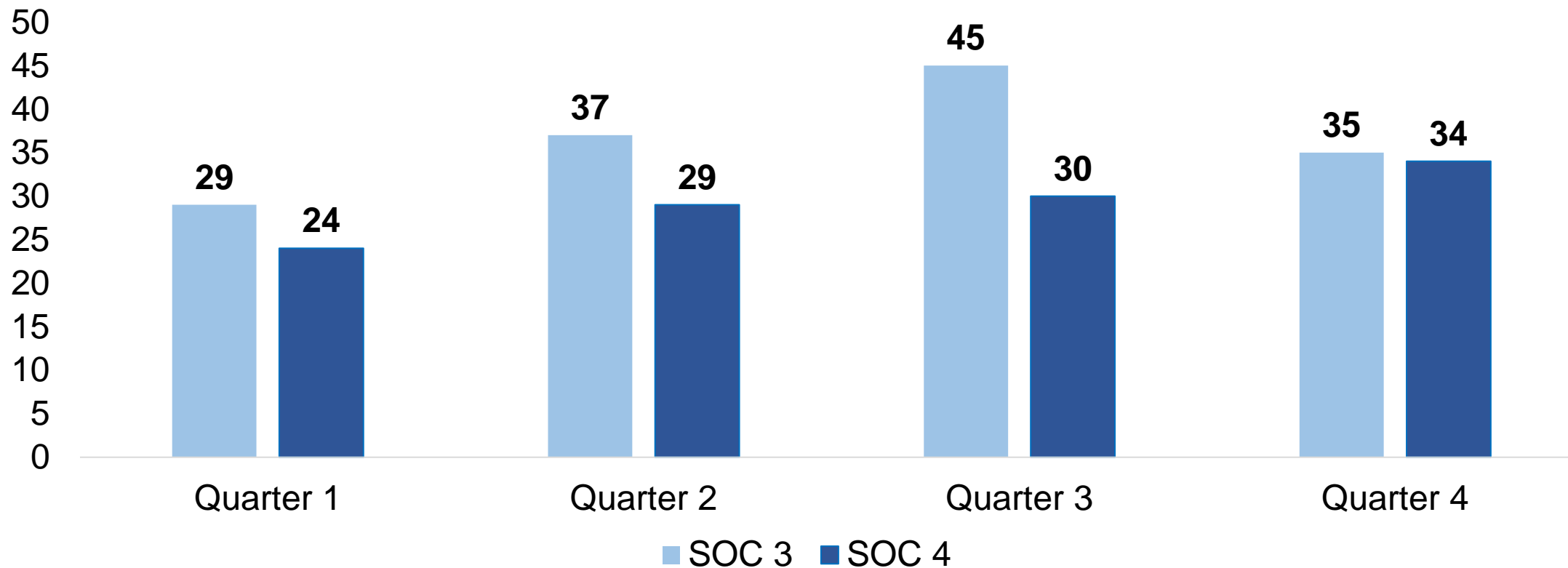


## Trends in Risk Management Reporting

- First Quarter 2023: 32 out of 226 reports included reportable incidents
- Second Quarter 2023: 31 out of 227 reports included reportable incidents
- Third Quarter 2023: 33 out of 229 reports included reportable incidents
- Fourth Quarter 2023: 38 out of 230 reports included reportable incidents

## 2023 Quarterly Reporting

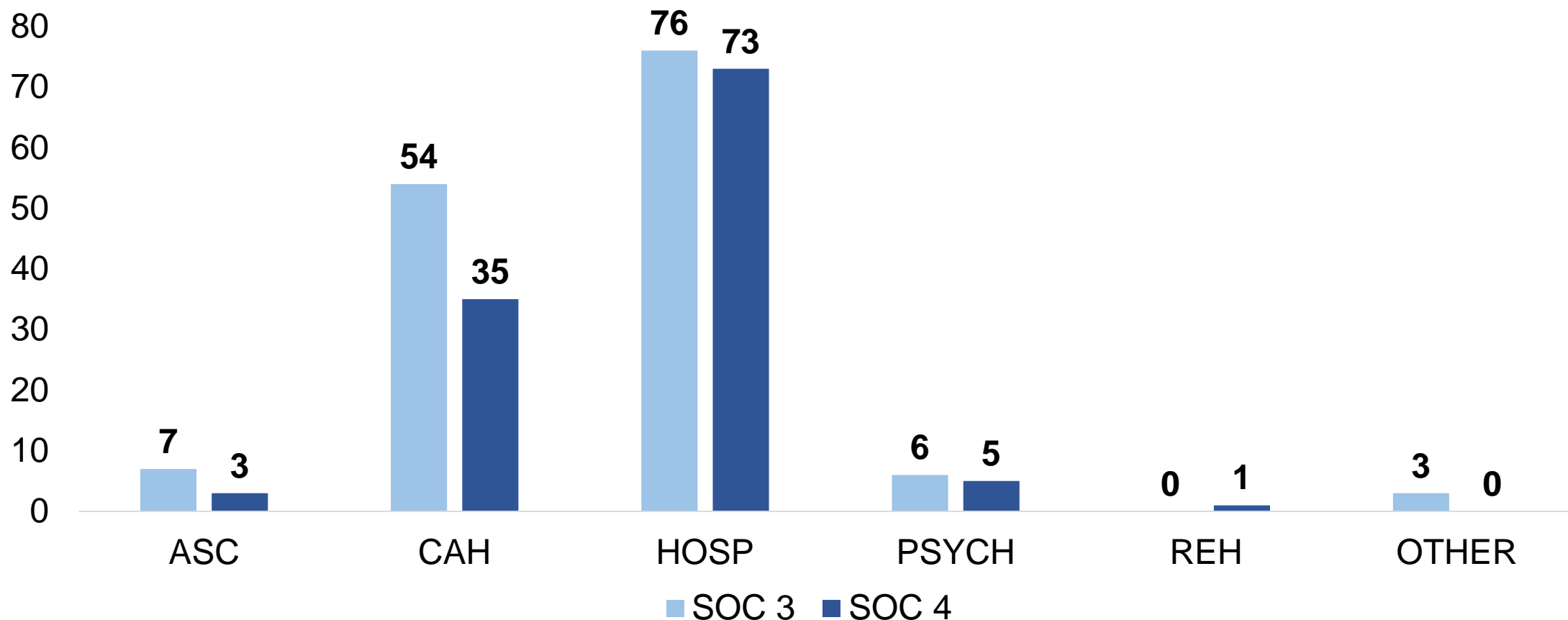
### Final SOC Determinations Reported in 2023



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## 2023 Quarterly Reporting

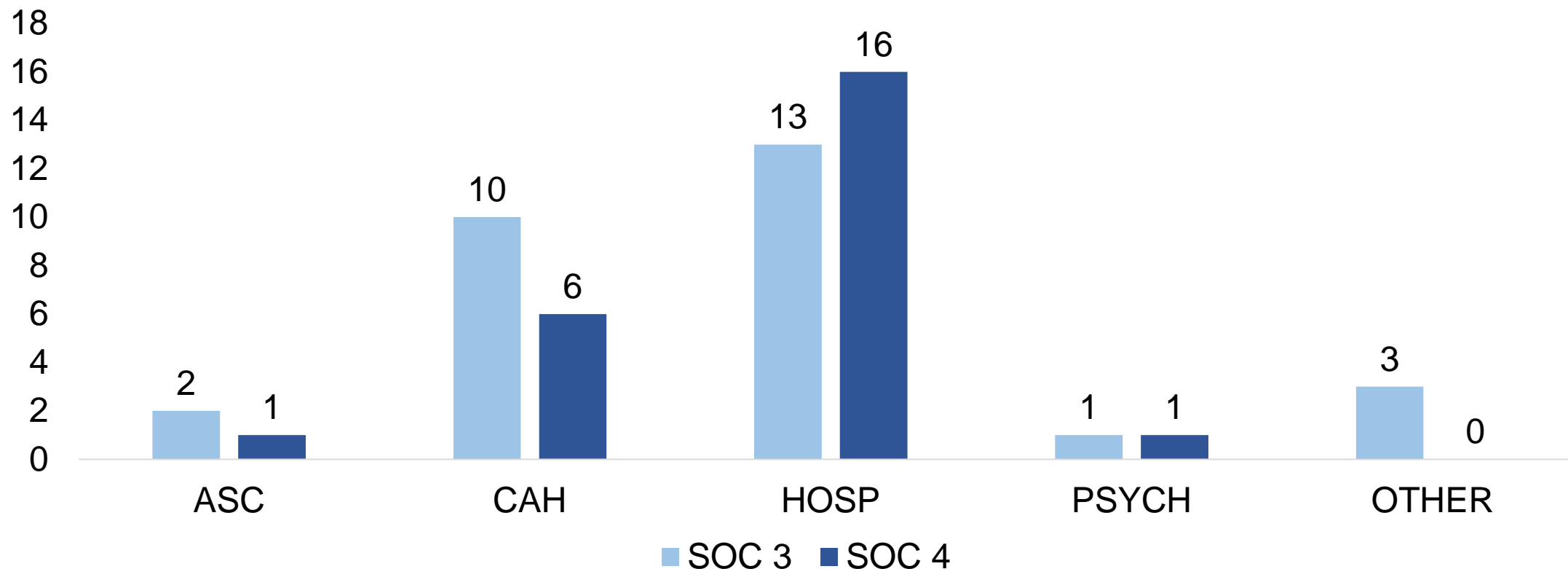
### Final SOC Determinations Reported by Facility Type in 2023



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## 2023 Quarter 1 Reporting

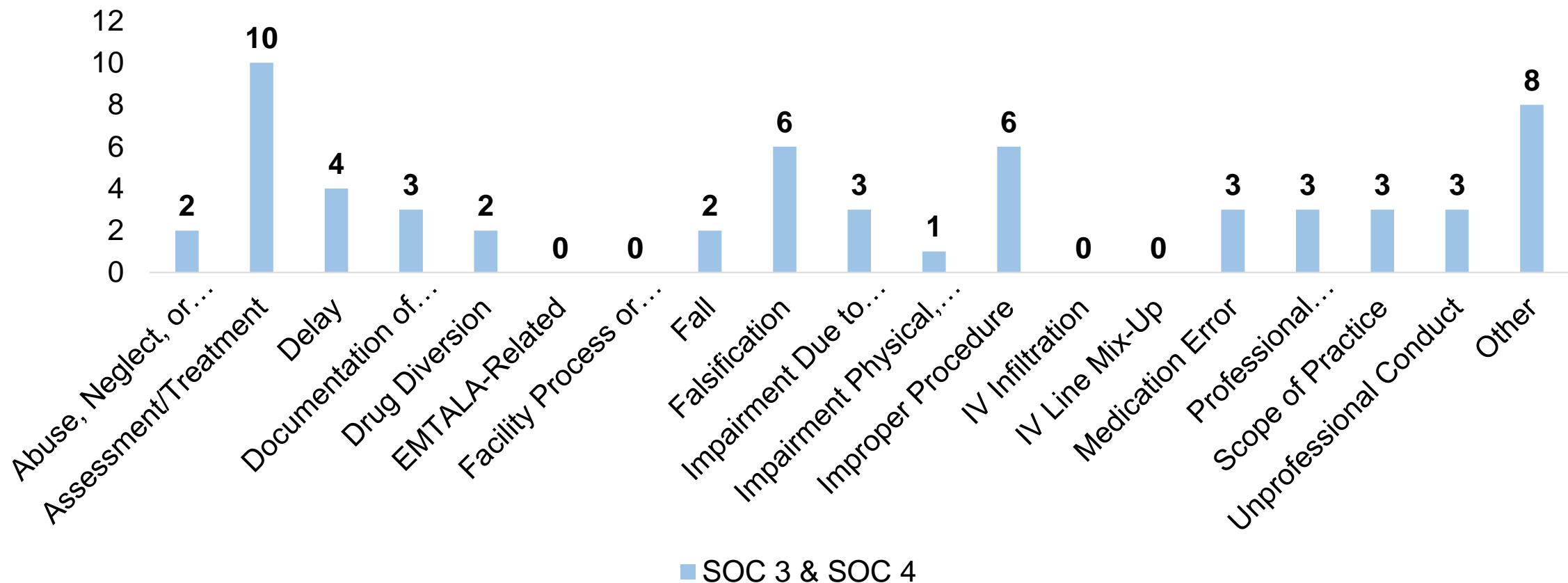
### Final SOC Determinations Reported in Q1 2023



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## 2023 Quarter 1 Reporting

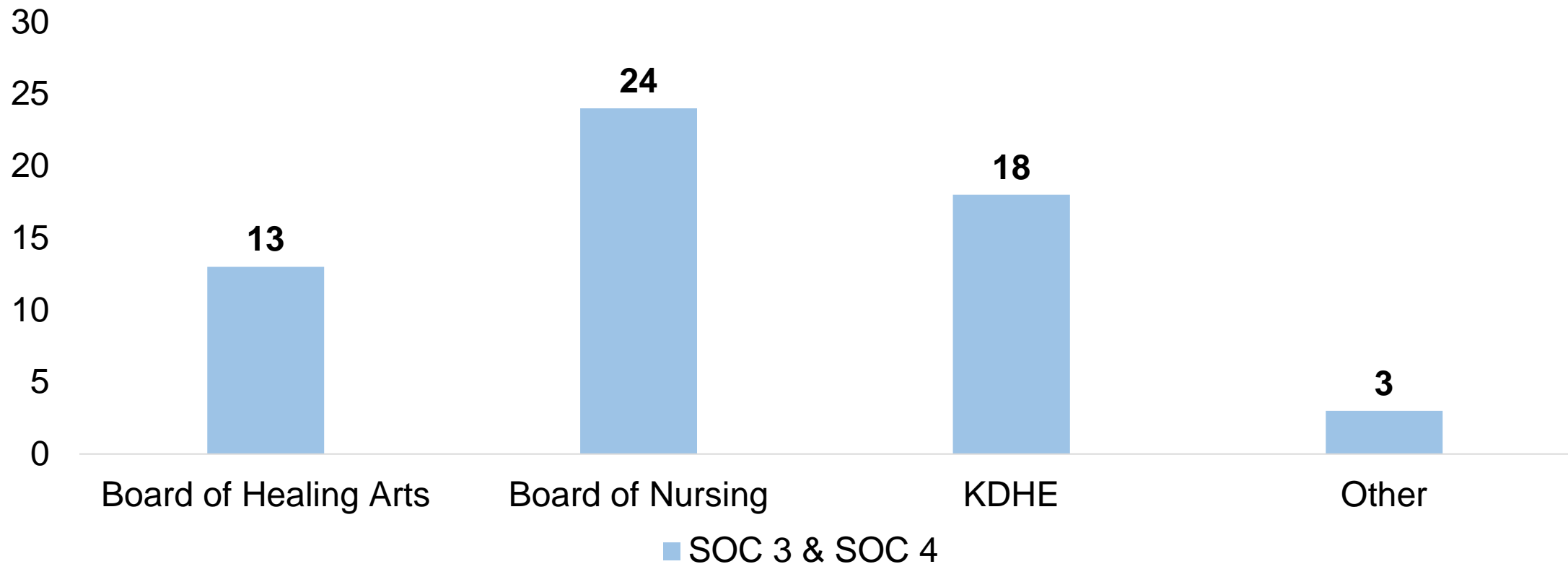
Incident Category Types Reported Q1 2023



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## 2023 Quarter 1 Reporting

### Q1 2023 Incidents Reported to Licensing Agencies

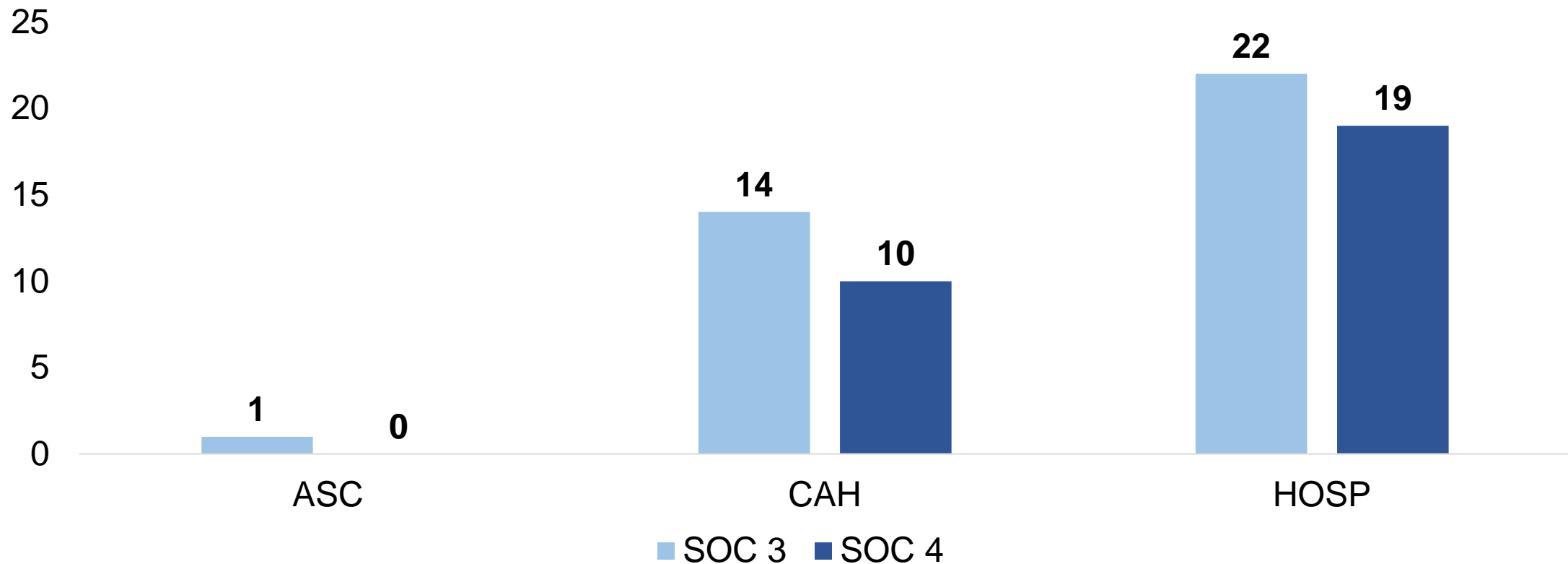




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## 2023 Quarter 2 Reporting

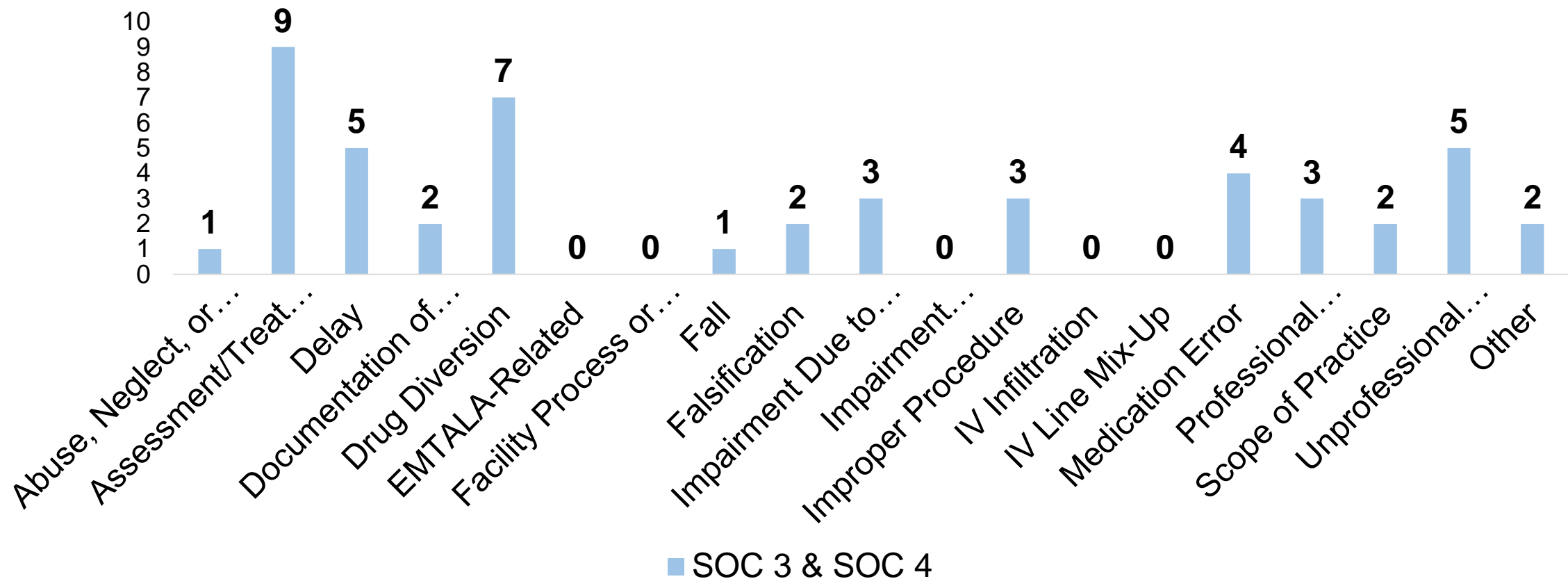
### Final SOC Determinations Reported in Q2 2023



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## 2023 Quarter 2 Reporting

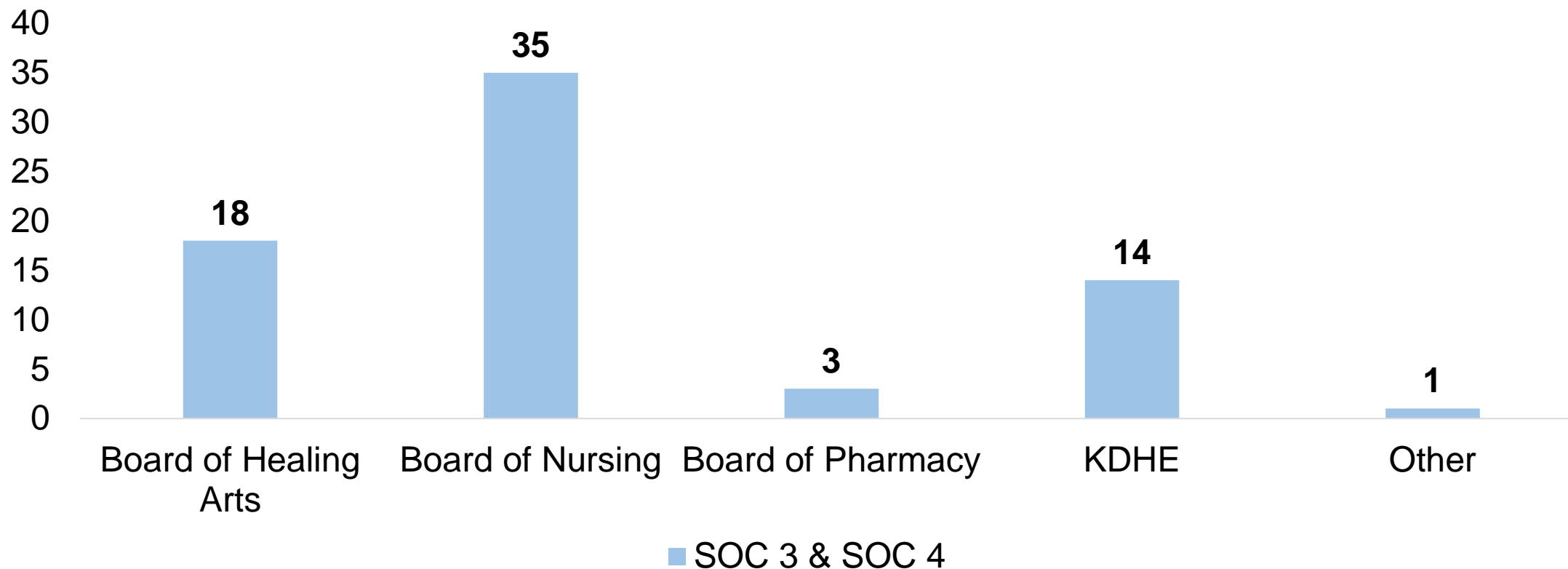
Incident Category Types Reported Q2 2023



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## 2023 Quarter 2 Reporting

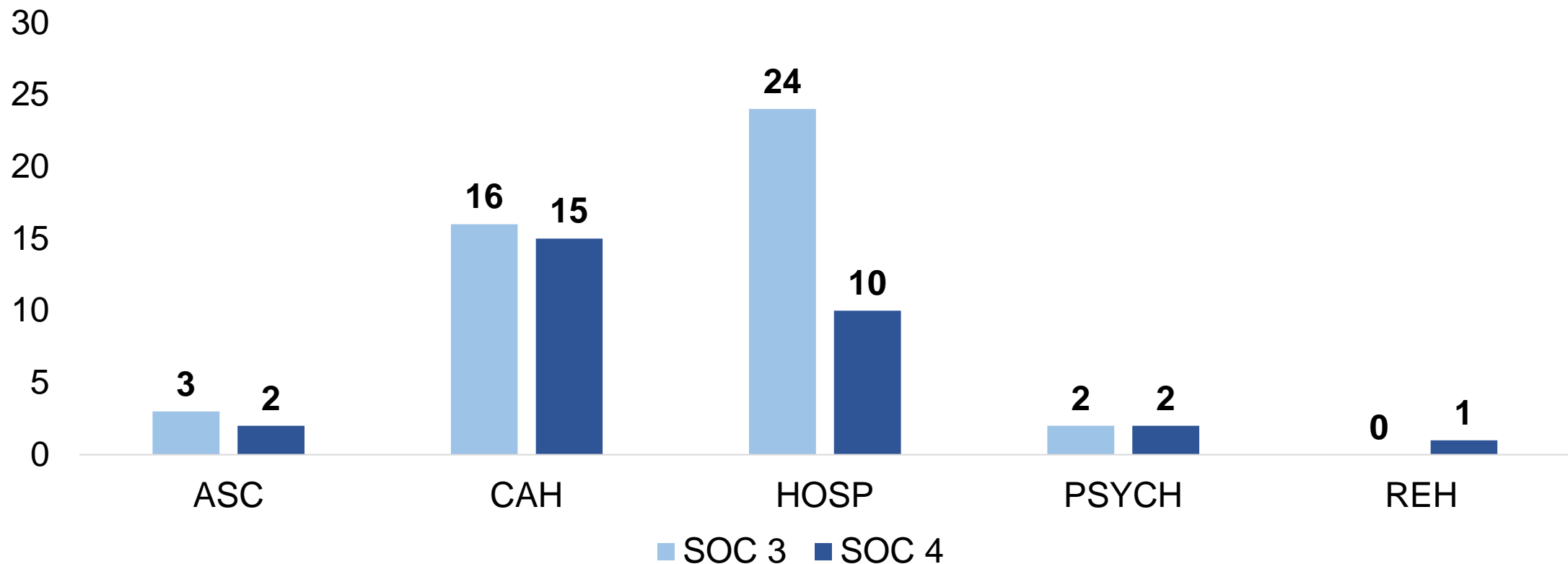
### Q2 2023 Incidents Reported to Licensing Agencies



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## 2023 Quarter 3 Reporting

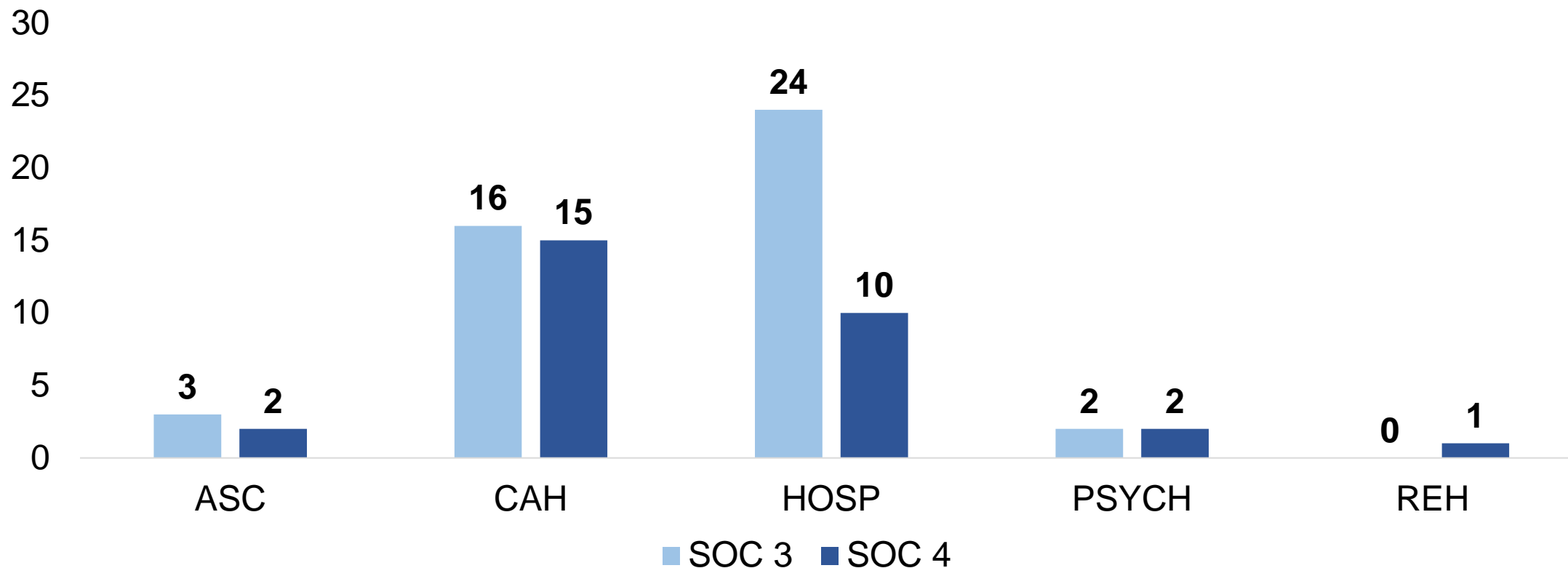
### Final SOC Determinations Reported in Q3 2023



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## 2023 Quarter 3 Reporting

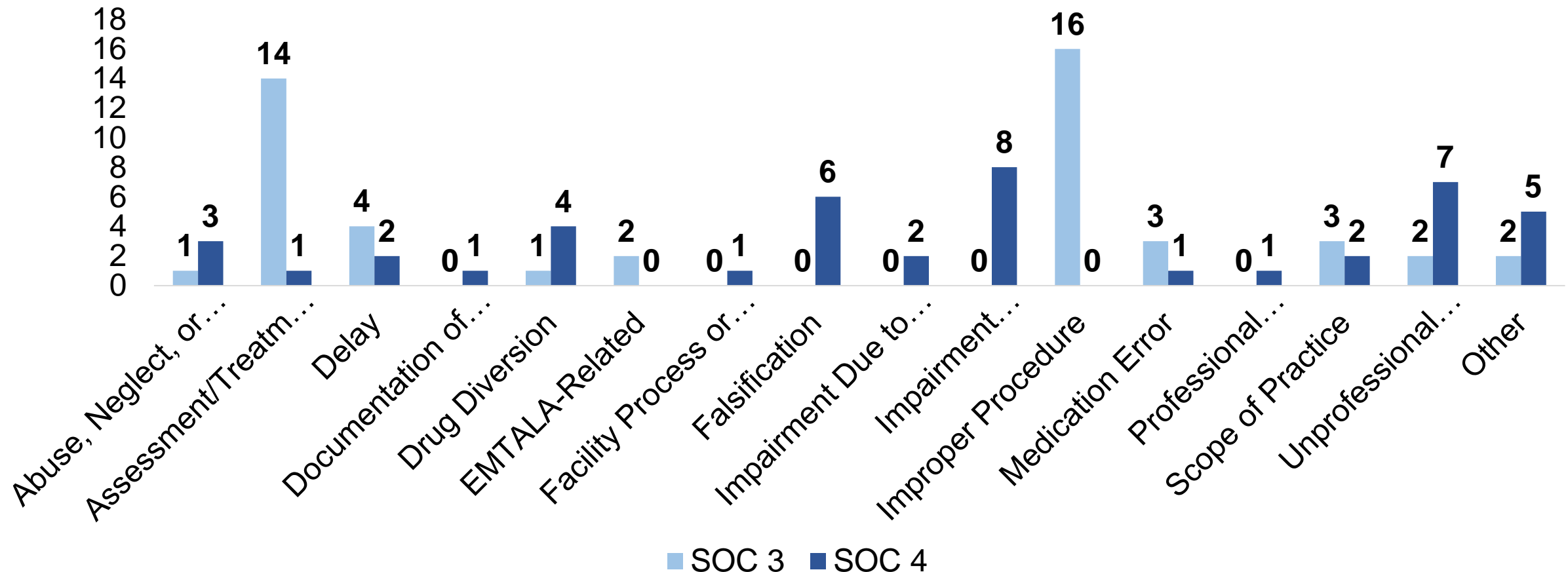
### Final SOC Determinations Reported in Q3 2023



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## 2023 Quarter 3 Reporting

### Incident Category Types Reported Q3 2023

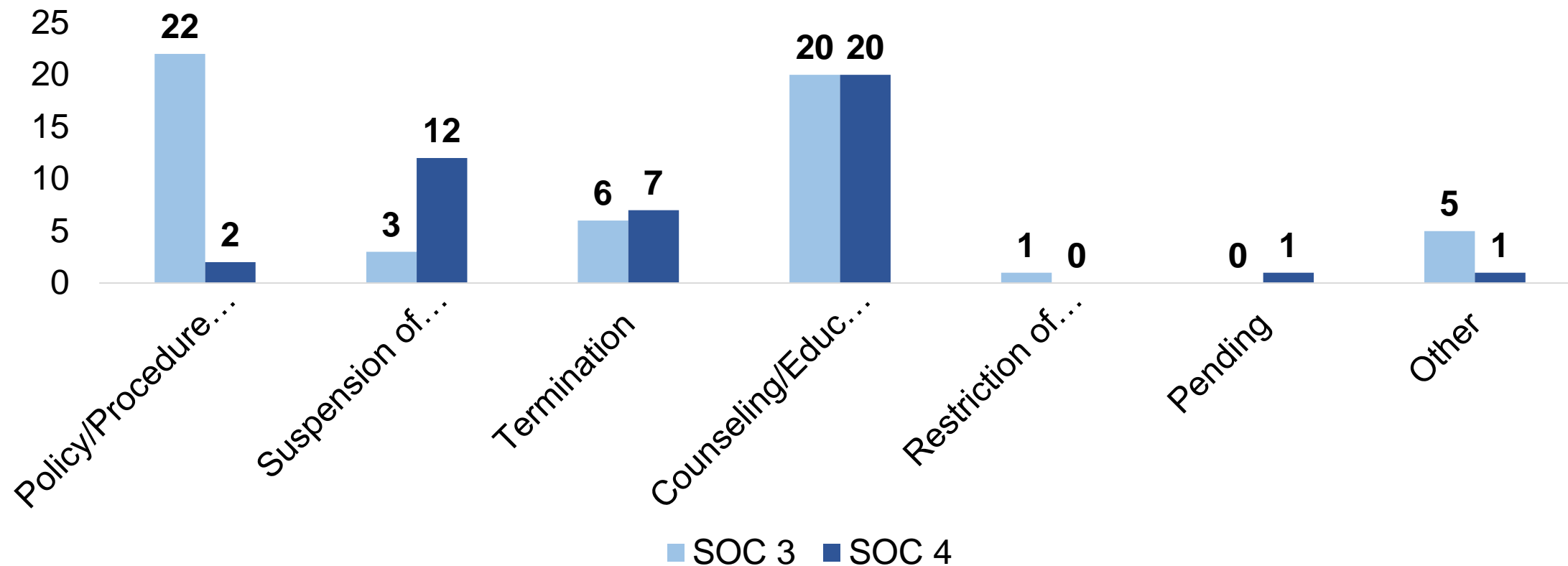




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## 2023 Quarter 3 Reporting

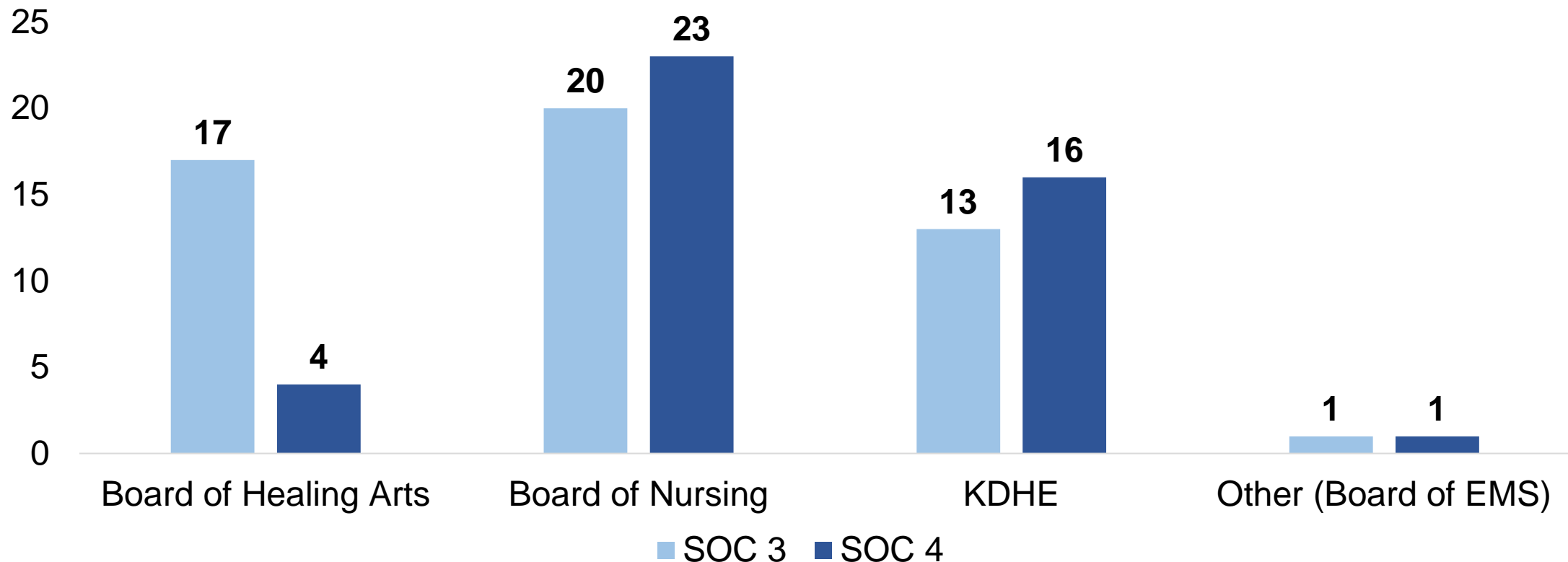
### Q3 2023 Corrective Actions for Reportable Incidents



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## 2023 Quarter 3 Reporting

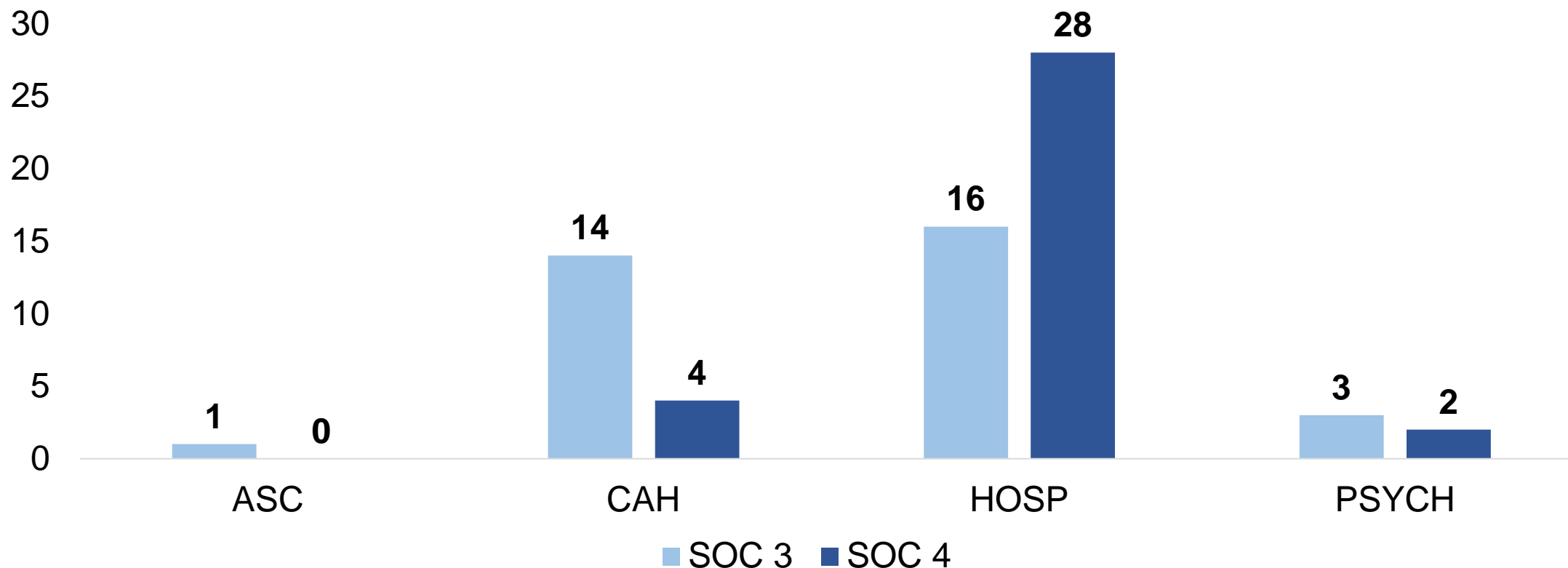
### Q3 2023 Incidents Reported to Licensing Agencies



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## 2023 Quarter 4 Reporting

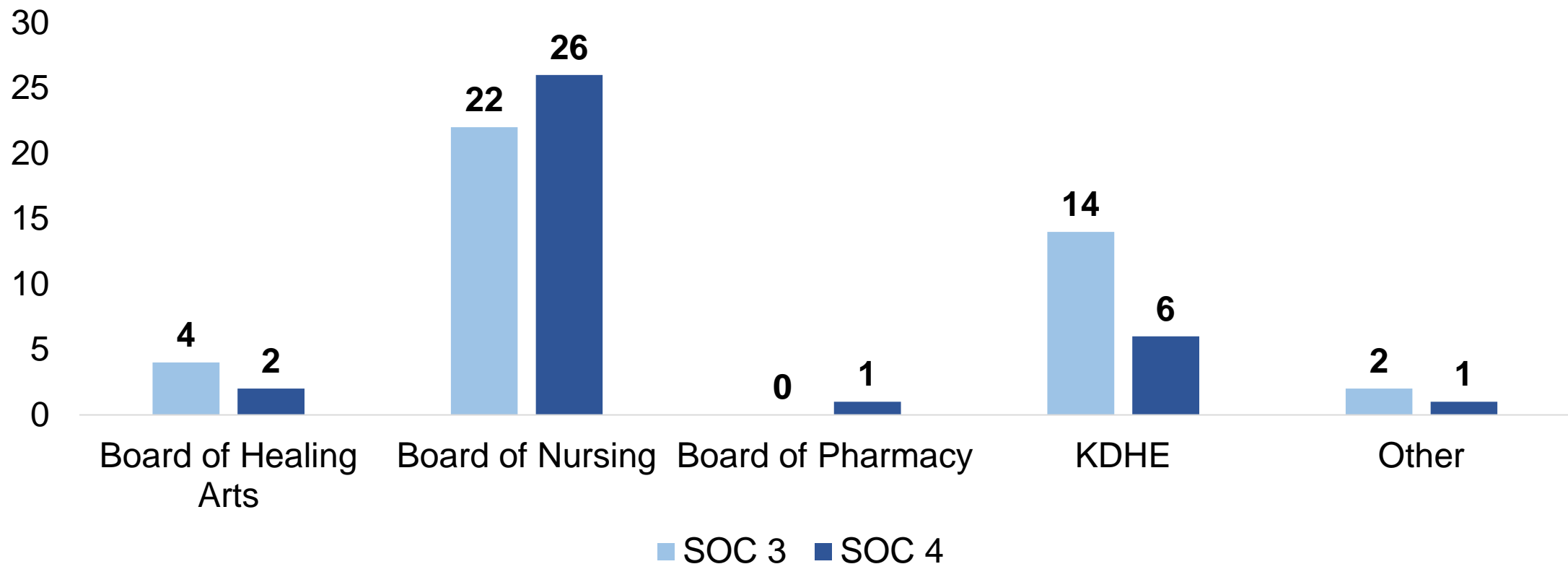
### Final SOC Determinations Reported in Q4 2023



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## 2023 Quarter 4 Reporting

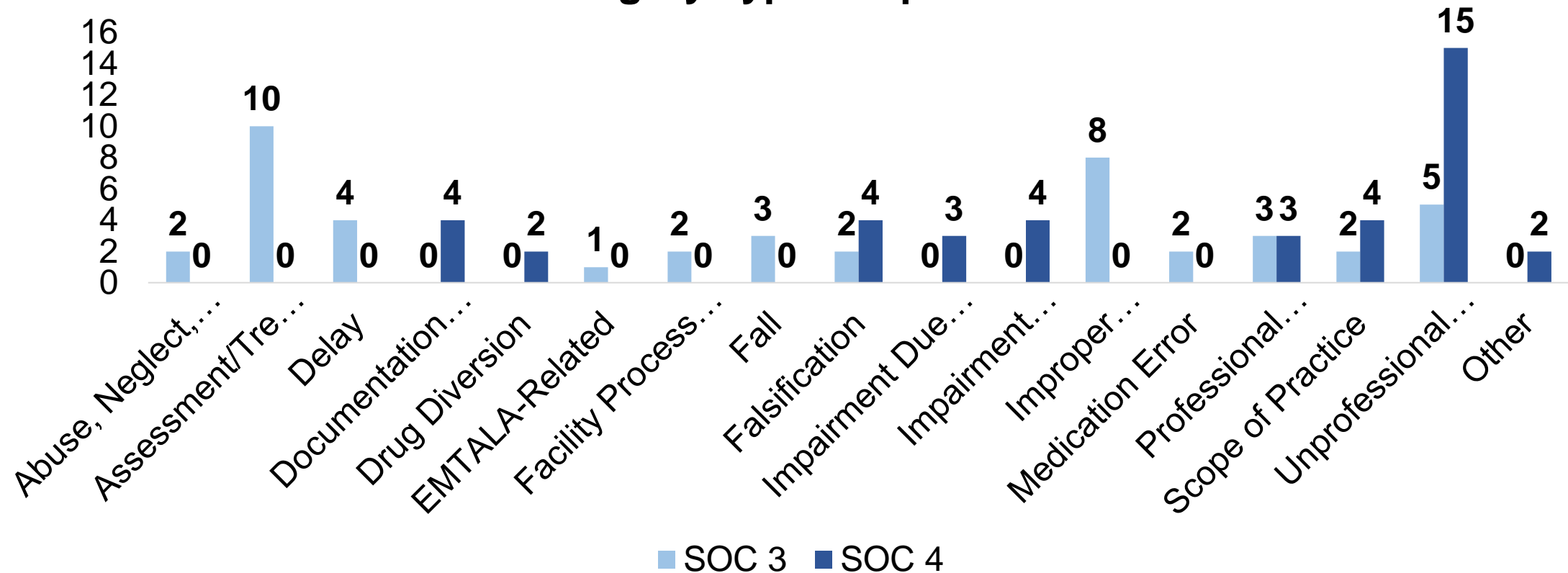
### Q4 2023 Incidents Reported to Licensing Agencies



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## 2023 Quarter 4 Reporting

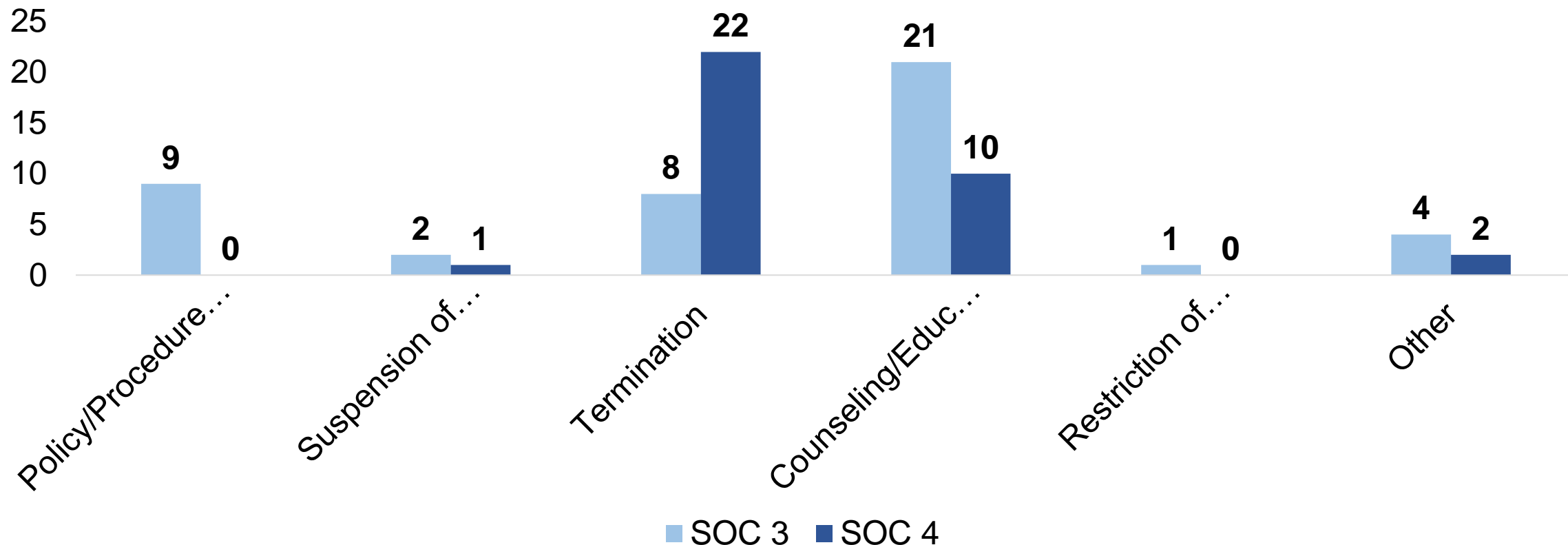
Incident Category Types Reported Q4 2023



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## 2023 Quarter 4 Reporting

### Q4 2023 Corrective Actions for Reportable Incidents

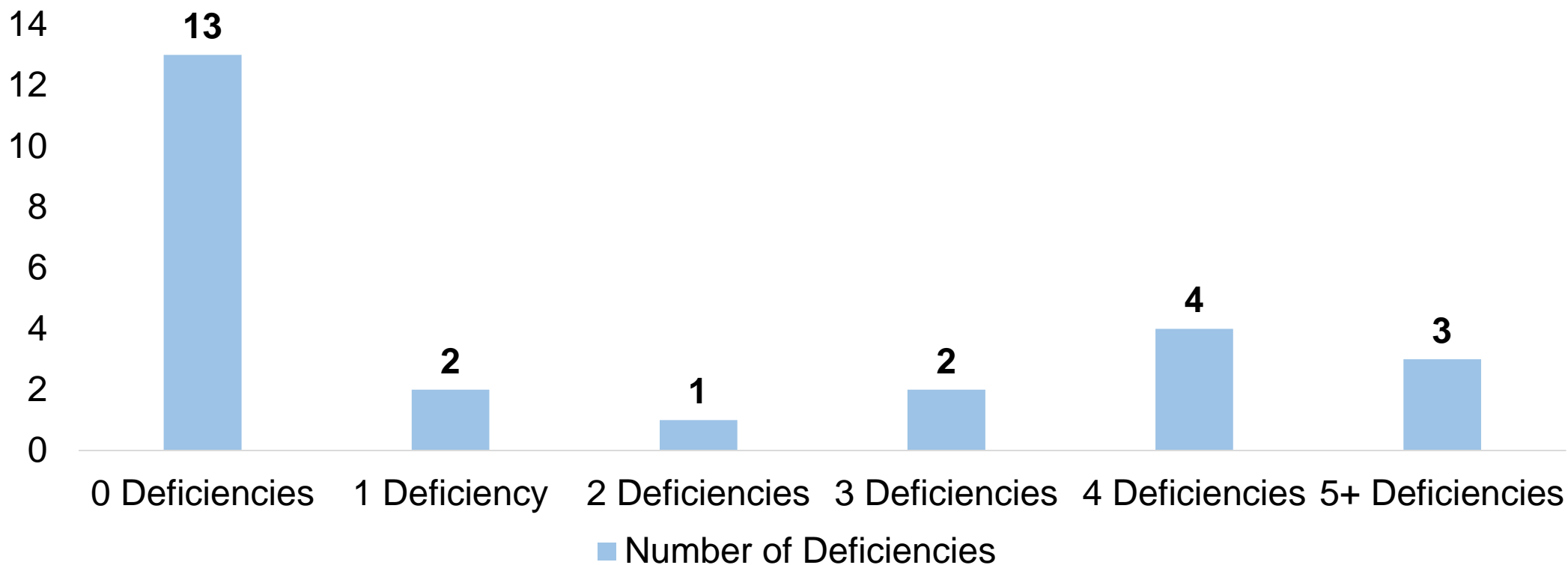




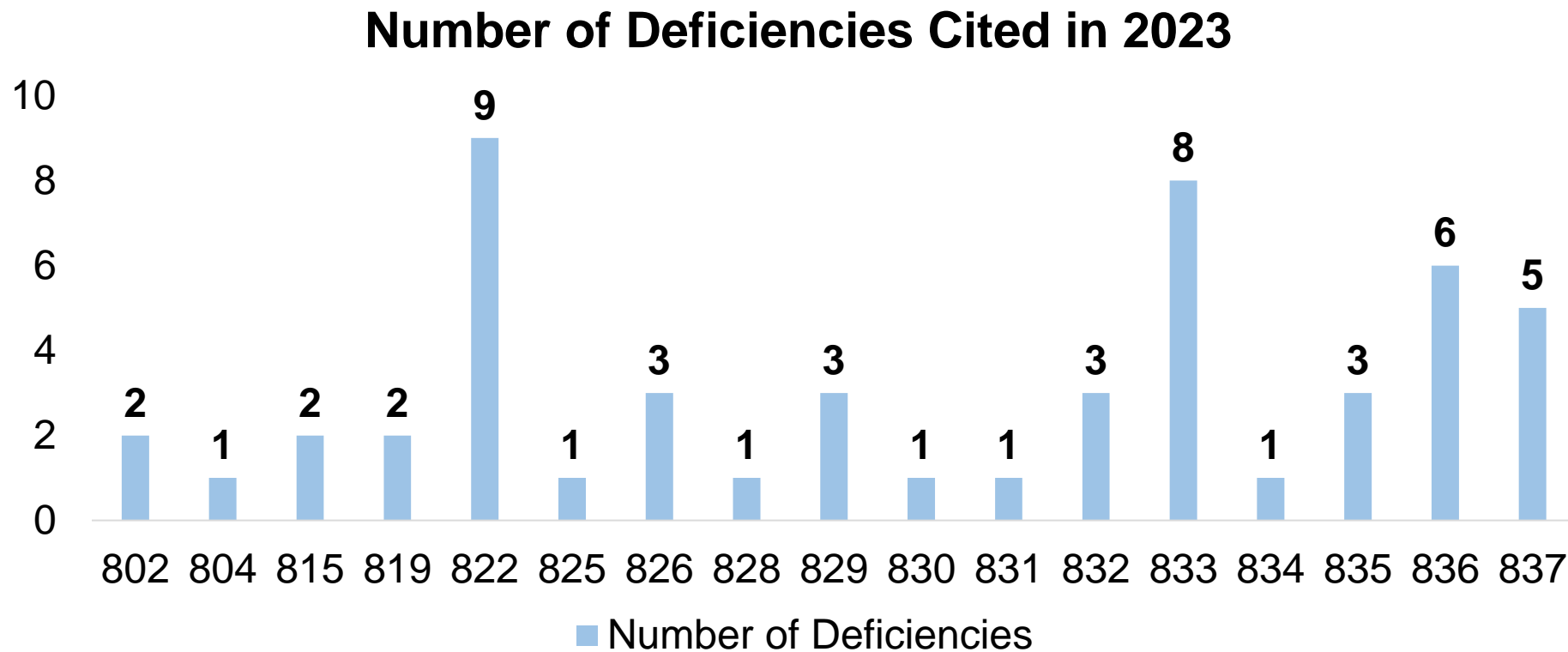
## Trends in Risk Management Surveys

## 2023 Risk Management Survey Results

**Number of Deficiencies Per Survey**



## 2023 Risk Management Survey Results



## 2023 Risk Management Survey Results

- Tag Number: R 802
- Number of Citations in 2023: 2
- Corresponding regulation: KAR 28-52-1(c)
- Regulation verbiage: “Findings, conclusions, recommendations, actions taken, and results of actions taken shall be documented and reported through procedures established within the risk management plan.”

## 2023 Risk Management Survey Results

- Tag Number: R 804
- Number of Citations in 2023: 1
- Corresponding regulation: KAR 28-52-1(e)(1)
- Regulation verbiage: “Section I- A description of the system implemented by the facility for investigation and analysis of frequency and causes of reportable incidents within the facility.”

## 2023 Risk Management Survey Results

- Tag Number: R 815
- Number of Citations in 2023: 2
- Corresponding regulation: KAR-28-52-1(i)
- Regulation verbiage: “The plan shall be disseminated to personnel in accordance with the plan.”

## 2023 Risk Management Survey Results

- Tag Number: R 819
- Number of Citations in 2023: 2
- Corresponding statute: KSA-65-4923(a)(2)
- Statute verbiage: “(a) If a health care provider, or a medical care facility agent or employee who is directly involved in the delivery of health care services, has knowledge that a health care provider has committed a reportable incident, such health care provider, agent, or employee shall report such knowledge as follows: (2) If the reportable incident occurred within a medical care facility, the report shall be made to the chief of the medical staff, chief administrative officer, or risk manager of the facility. The chief of the medical staff, chief administrative officer or risk manager shall refer the report to the appropriate executive committee or professional practices peer review committee which is duly constituted pursuant to the bylaws of the facility. The committee shall investigate all such reports and take appropriate action, including recommendation of a restriction of privileges at the appropriate medical care facility. In making its investigation, the committee may also consider treatment rendered by the health care provider outside the facility. The committee shall have the duty to report to the appropriate state licensing agency any finding by the committee that a health care provider acted below the applicable standard of care which action had a reasonable probability of causing injury to a patient, or in a manner which may be grounds for disciplinary action by the appropriate licensing agency, so that the agency may take appropriate disciplinary measures.”

## 2023 Risk Management Survey Results

- Tag Number: R 822
- Number of Citations in 2023: 9
- Corresponding statute: KSA-65-4925(a)
- Statute verbiage: “(a) The reports and records made pursuant to K.S.A. 65-4923 or 65-4924, and amendments thereto, shall be confidential and privileged, including: (1) Reports and records of executive or review committees of medical care facilities or of a professional society or organization; (2) reports and records of the chief of the medical staff, chief administrative officer or risk manager of a medical care facility; (3) reports and records of any state licensing agency or impaired provider committee of a professional society or organization; and (4) reports made pursuant to this act to or by a medical care facility risk manager, any committee, the board of directors, administrative officer, or any consultant. Such reports and records shall not be subject to discovery, subpoena, or other means of legal compulsion for their release to any person or entity and shall not be admissible in any civil or administrative action other than a disciplinary proceeding by the appropriate state licensing agency.”



## 2023 Risk Management Survey Results

- Tag Number: R 825
- Number of Citations in 2023: 1
- Corresponding regulation: KAR-28-52-2(a)
- Regulation verbiage: “The original or complete copy of the incident report shall be sent directly to the risk manager, chief of staff, or administrator, as authorized in the facility's risk management plan.”

## 2023 Risk Management Survey Results

- Tag Number: R 826
- Number of Citations in 2023: 3
- Corresponding regulation: KAR-28-52-2(b)
- Regulation verbiage: “The risk manager, chief of staff, or administrator shall acknowledge the receipt of each incident report in writing. This acknowledgment may be made in the following manner: (1) file stamping each report; (2) maintaining a chronological risk management reporting log; (3) signing or initialing each report in a consistent fashion; or (4) entering pertinent information into a computer database.”

## 2023 Risk Management Survey Results

- Tag Number: R 828
- Number of Citations in 2023: 1
- Corresponding regulation: KAR-28-52-3 (a)
- Regulation verbiage: “Each medical care facility shall designate one or more executive committees responsible for making and documenting standard-of-care determinations with respect to each incident report, pursuant to K.A.R. 28-52-2. The jurisdiction of each risk management committee shall be clearly delineated in the facility's risk management plan, as approved by the facility’s governing body.”

## 2023 Risk Management Survey Results

- Tag Number: R 829
- Number of Citations in 2023: 3
- Corresponding regulation: KAR-28-52-3 (b)
- Regulation verbiage: “The activities of each risk management committee shall be documented in its minutes at least quarterly, and this documentation shall demonstrate that the committee is exercising overall responsibility for standard- of-care determinations delegated by the committee to individual clinical reviewers and subordinate committees.”

## 2023 Risk Management Survey Results

- Tag Number: R 830
- Number of Citations in 2023: 1
- Corresponding regulation: KAR-28-52-4(a)
- Regulation verbiage: “Each facility shall assure that analysis of patient care incidents complies with the definition of a "reportable incident" set forth at K.S.A. 65-4921.”

## 2023 Risk Management Survey Results

- Tag Number: R 831
- Number of Citations in 2023: 1
- Corresponding regulation: KAR-28-52-4(a)(1) thru (4)
- Regulation verbiage: “Each facility shall use categories to record its analysis of each incident, and those categories shall be in substantially the following form: (1) Standards of care met; (2) standards of care not met, but with no reasonable probability of causing injury; (3) standards of care not met, with injury occurring or reasonably probable; or (4) possible grounds for disciplinary action by the appropriate licensing agency.”

## 2023 Risk Management Survey Results

- Tag Number: R 832
- Number of Citations in 2023: 3
- Corresponding regulation: KAR-28-52-4(b)
- Regulation verbiage: “Each reported incident shall be assigned an appropriate standard-of-care determination under the jurisdiction of a designated risk management committee.”

## 2023 Risk Management Survey Results

- Tag Number: R 833
- Number of Citations in 2023: 8
- Corresponding regulation: KAR-28-52-4(b)
- Regulation verbiage: “Separate standard-of-care determinations shall be made for each involved provider and each clinical issue reasonably presented by the facts.”



## 2023 Risk Management Survey Results

- Tag Number: R 834
- Number of Citations in 2023: 1
- Corresponding regulation: KAR-28-52-4(b)
- Regulation verbiage: “Any incident determined by the designated risk management committee to meet category (a) (3) or (a) (4) shall be considered a “reportable incident” and reported to the appropriate licensing agency in accordance with KSA 65-4923.”

## 2023 Risk Management Survey Results

- Tag Number: R 835
- Number of Citations in 2023: 3
- Corresponding regulation: KAR-28-52-4(c)
- Regulation verbiage: “Each standard-of-care determination shall be dated and signed by an appropriately credentialed clinician authorized to review patient care incidents on behalf of the designated committee.”

## 2023 Risk Management Survey Results

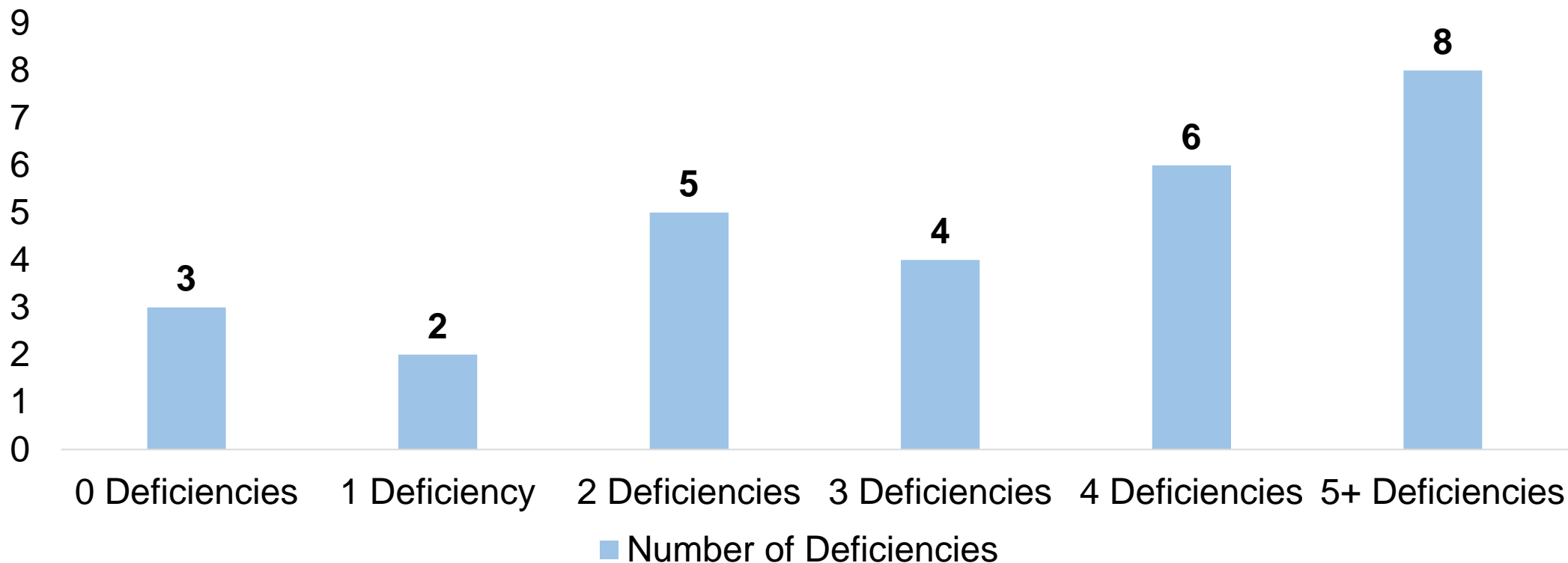
- Tag Number: R 836
- Number of Citations in 2023: 6
- Corresponding regulation: KAR-28-52-4(c)
- Regulation verbiage: “In those cases in which documented primary review by individual clinicians or subordinate committees does not occur, standard-of-care determinations shall be documented in the minutes of the designated committee on a case-specific basis.”

## 2023 Risk Management Survey Results

- Tag Number: R 837
- Number of Citations in 2023: 5
- Corresponding regulation: KAR-28-52-4(c)
- Regulation verbiage: “Standard-of-care determinations made by individual clinicians and subordinate committees shall be approved by the designated risk management committee on at least a statistical basis.”

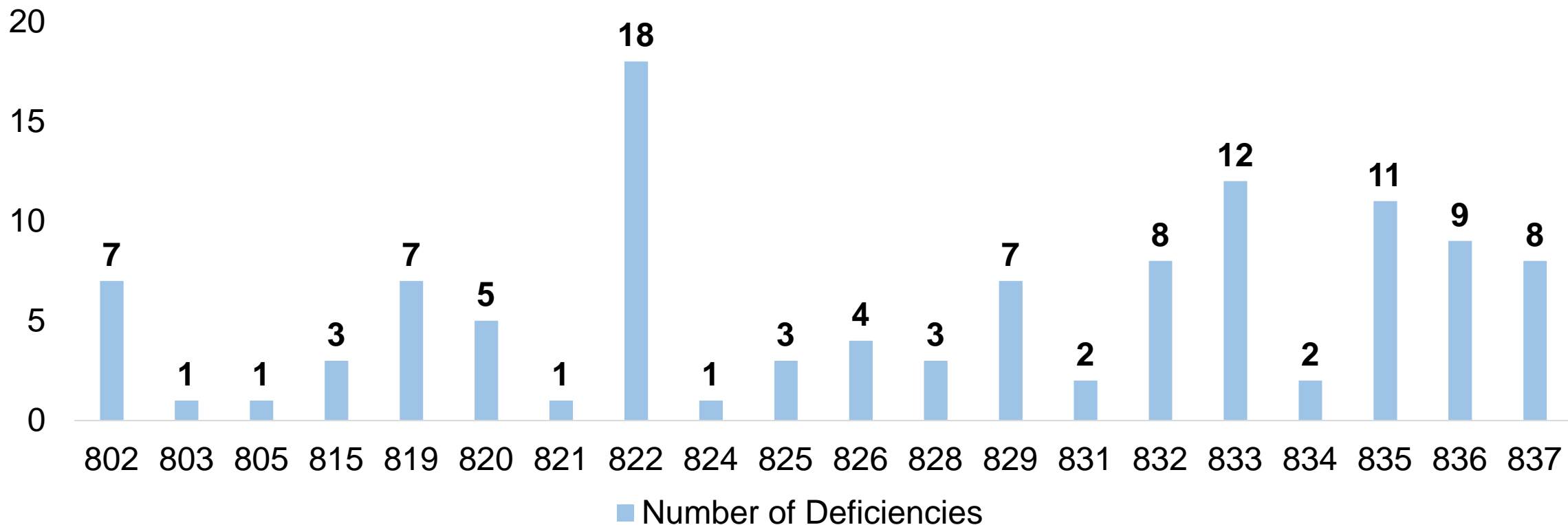
## 2024 Risk Management Survey Results

Number of Deficiencies Per Survey



## 2024 Risk Management Survey Results

Number of Deficiencies Cited in 2024



## Risk Management Survey

## Risk Management Survey

- KSA 65-4922(c):
  - The department shall make or cause to be made such inspections and investigations as it deems necessary to reasonably assure that each medical care facility is implementing the internal risk management program required by this section. In making such inspections and investigations, the department may review and copy the reports and records of all executive committees designated to investigate reportable incidents under this act.
- All surveys are unannounced



## Risk Management Survey

### Survey Entrance:

- The surveyor(s) will enter the facility, introduce themselves with business cards, and ask for the Risk Manager or Administrator
- The surveyor(s) will ask for a space to conduct the survey
- The surveyor(s) will complete an entrance conference to:
  - Present a letter authorizing the survey
  - Explain the survey process
  - Provide a list of documents that are needed from the facility

## Risk Management Survey

**Documents requested but are not limited to:**

- Current RM Plan
- Documentation of KDHE approval of plan
- Date of last revision (if any)
- Risk Management Log
- Identify any 3 or 4 SOC's
- Identification between Physician, Contractor and Staff issues
- Employee ID list
- Risk management meeting minutes
- Evidence of last RM in-service
- Recent quarterly reports

## Risk Management Survey

### Risk Management Log

IRN	Date of Occurrence	Pract. Code	Event Description	Primary SOC	Date Primary Review Sent	Primary Reviewer	Committee	Meeting Date	Final SOC	Report to Licensing Agency	Date Complete

## Risk Management Survey

### Investigation Reviews:

- Surveyors will select ~20 incidents from the log for further review
- Incident reviews include verifying that:
  - The incident was reported to the Risk Manager, Administrator, or Chief of Staff
  - The incident was acknowledged as received
  - Individuals involved have been identified and assigned separate SOC determinations
  - Each SOC determination is signed and dated by an appropriately credentialed clinician
  - Final SOC determinations were approved by the Risk Management Committee
  - Documentation is complete (findings, conclusions, recommendations, actions taken, and results of actions taken)
  - Final SOC 3 and 4 determinations were reported to the appropriate licensing agencies and included on the facility's quarterly report

## Risk Management Survey

### Tips For Avoiding Common Deficiency Citations:

- Ensure all Risk Management records, reports, and documentation are marked as confidential
- Follow the processes described in the facility's Risk Management Plan
- Use the SOC categories to record the analysis of each incident
- Assign separate SOC determinations to each involved provider and each clinical issue for every incident

## Risk Management Survey

### Tips For Avoiding Common Deficiency Citations Continued:

- Ensure all clinicians are reviewed by an appropriately credentialed clinician – make sure to include credentials for involved providers and reviewers
- Maintain accurate Risk Management Committee meeting minutes at least quarterly that include documentation of final SOC determinations
- Submit quarterly reports by the due date (Q1 - January 30, Q2 - April 30, Q3 - July 30 and Q4 - October 30)
- Maintain documentation of Risk Management education

## Risk Management Survey

### Tips For How to Assess Whether Your Facility is Prepared for a Survey:

- Review of Risk Management statutes and regulations
  - KSA 65-4921 through 65-4930
  - KAR 28-52-1 through KAR 28-52-4
- Mock survey focusing on:
  - Review of the Risk Management log
  - Review the investigation and analysis of frequency and causes of reportable incidents along with the measures used to minimize the occurrence of reportable incidents
  - Review of investigations and documentation with the commonly cited deficiencies in mind

## Plans of Correction



## Plan of Correction

- Facilities must demonstrate compliance with Risk Management requirements, demonstrate an ability to remain in compliance continually, and implement corrective actions and follow-up measures to ensure that the deficient practice does not recur
- There are five key elements for each Plan of Correction

## Plan of Correction

### Element 1: The Corrective Action

- Facilities must state what they have done to address the deficient practice for the identified incidents or practices.
- The POC must address each instance of noncompliance individually and all evidence identified.
- If the deficiency was corrected while on-site, the POC must still address it.

## Plan of Correction

### Element 1: The Corrective Action

- Example Citation
  - The facility failed to assign separate standard-of-care (SOC) determinations to each involved provider and each clinical issue for 3 of 20 incidents reviewed (Incidents 5, 12, and 16).
  - Review of Incident 5 showed that the facility failed to assign separate SOC determinations to the RN and the PA identified in the incident.
  - Review of Incident 12 showed that the facility failed to assign separate SOC determinations to the CNA and the PTA involved in the incident.
  - Review of Incident 16 showed that the facility failed to assign separate SOC determinations to the MD, the RN, and the Pharmacist involved in the incident.

## Plan of Correction

### Element 1: The Corrective Action

- Example POC
  - Incident 5 was re-reviewed by the Medical Director and the Director of Nursing on March 21, 2024. Initial SOC determination assigned to the RN identified in the incident: SOC 1. Initial SOC determination assigned to the PA identified in the incident: SOC 1.
  - Incident 12 was re-reviewed by the Director of Nursing and the Physical Therapist on March 21, 2024. Initial SOC determination assigned to the CNA identified in the incident: SOC 1. Initial SOC determination assigned to the PTA identified in the incident: SOC 2.
  - Incident 16 was re-reviewed by the Medical Director, the Director of Nursing, and the Pharmacy Director on March 21, 2024. Initial SOC determination assigned to the MD identified in the incident: SOC 1. Initial SOC determination assigned to the RN identified in the incident: SOC 1. Initial SOC determination assigned to the Pharmacist identified in the incident: SOC 3.

## Plan of Correction

### Element 2: Identification of Other Incidents

- The facility must address how it evaluated or will evaluate other incidents that may be affected by the deficient practice;
- and what actions it has taken or will take to identify other incidents that may be affected by the same deficient practice.

## Plan of Correction

### Element 2: Identification of Other Incidents

- Example POC:
  - All incidents were audited by the Risk Manager on March 19, 2024 and it was confirmed that this is a systemic issue. Several incidents have been flagged for re-review to ensure separate SOC determinations are assigned to each provider involved in each incident.

## Plan of Correction

### Element 3: Systemic Changes

- The facility must address what measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not happen again.
- Measures may include for example, staff education/training and or policy/procedure review, revision and or development. We want to see what the facility is going to do to ensure the deficient practice does not reoccur and the corrections are lasting.

## Plan of Correction

### Element 3: Systemic Changes

- Example POC:
  - The Administrator reviewed the Risk Management Plan on March 18, 2024 to ensure the plan properly addressed assigning separate SOC determinations for each involved provider. The plan was revised to include the direct language from KAR 28-52-4(b). The Administrator educated the Risk Management Committee during the 2024 Q1 meeting on March 21, 2024. The education included 1) the SOC categories and 2) the requirement to assign the separate SOC determinations to each involved provider and each clinical issue. The Risk Manager will lead an in-service training for all staff by April 5, 2024 to educate staff regarding the update to the Risk Management Plan regarding separate SOC determinations.



## Plan of Correction

### Element 4: Monitoring & Measuring Performance

- The facility must address how it will monitor and measure its performance to make sure solutions are sustained and integrated into the facility's QAPI program.
- This should include the title of who will monitor the corrective action, how the actions will be monitored, when the monitoring will occur (frequency), and how the results will be evaluated.
- This should also include how will the plan be integrated into the QAPI program.

## Plan of Correction

### Element 4: Monitoring & Measuring Performance

- Example POC:
  - The following QAPI goal has been added to the agenda: separate SOC determinations will be assigned to each involved provider and each clinical issue for every incident. The Risk Manager will perform quarterly audits of the Risk Management log and all Risk Management incident reports to ensure separate SOC determinations are being assigned to each involved provider and each clinical issue. The results of the audits will be reported to the QAPI committee at the quarterly meetings. This goal will be monitored for four quarters or until 100% compliance is achieved for four consecutive quarters. If any instances of noncompliance are identified, the incident will be sent back to the appropriate primary reviewer(s) for re-review.

## Plan of Correction

### Element 5: The Completion Date

- The completion date depends upon the nature of the deficiency and the State Agency's judgement as to the capabilities of the facility to provide adequate and safe care.
- The completion date is the date the overall action will be in place.
- Usually, the expectation for the compliance date is within 30 days of receipt of the State Statement of Deficiencies or within 60 days of the survey date.
- There should only be one completion date and it should be listed in Element 5. If any other actions are completed prior to the final completion date, the date should be noted body of the corresponding element.

## Plan of Correction

### Element 5: The Completion Date

- Example POC:
  - Completion Date: April 30, 2024

# Kansas Risk Management Survey 101

## Thank you / Questions

