To: Hospital Member CEOs and Administrators  
    Kansas Association of Risk and Quality Management (KARQM)  
    Kansas Organization of Nurse Leaders (KONL)

From: Deborah Stern, Vice President Clinical Services & General Counsel  
    Terry Schirk, President, Kansas Association of Risk and Quality Management

Date: November 19, 2013

Re: Meeting with KDHE Regarding Standard of Care Issues

As you may recall, KHA has received information from member hospitals stating that KDHE risk management surveyors were assigning numerous deficiencies related to standard-of-care determinations. Recently, Terry Schirk, president of the Kansas Association of Risk and Quality Management and I met with KDHE staff, Joyce Smith, director of health facilities and Angela Jirik, manager of surveys, risk management and the OASIS program to discuss these concerns.

As a result of our meeting, the following issues have been clarified.

1. **Standard of Care (SOC) Determinations** – Hospitals and other medical care facilities will no longer be required by KDHE to change an assigned SOC level. KDHE surveyors are permitted to question the appropriateness of a SOC determination and may choose to document on survey form 2567 that they disagreed with the assigned SOC level, but a facility will not be required to change the SOC.

2. **Reporting SOC determinations to KDHE** – Only the number of events given an SOC 3 or 4 should be reported to KDHE. The number of SOC 1 and 2 events is not required to be reported. It is recommended that SOC Level 1 and 2 events be looked at internally, especially if patient harm resulted. Near misses should be reviewed internally and not reported to KDHE.

3. **Who is an “involved provider?”** – It was agreed that an involved provider to whom a SOC is assigned is the person or provider who, or the entity which caused the event, committed the error, or had the potential to significantly impact the outcome of the event. The person who did not make the error, or contribute to the event, but discovers and reports the error or event should not be assigned a SOC. In addition, the person who is merely notified of the event, namely the physician, nursing supervisor, etc. should not typically receive a SOC determination.

4. **Does the event get a separate SOC?** No. Events do not need a separate SOC assigned. It was agreed that one SOC determination shall be made for each provider involved in that clinical event.

KHA and KARQM are proud of their strong relationship with KDHE and would like to thank Joyce Smith and Angela Jirik for their willingness to meet and address our concerns. If you have any questions, please contact Deborah Stern at dstern@kha-net.org or at 785-276-3124.