

RISK MANAGEMENT



Annual Review 2017
[Company Name]

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Objectives

Participants will be able to:

- ▶ Define risk management
- ▶ Explain employee responsibility for risk management
- ▶ Complete an incident report

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What is Risk Management?

- ▶ Active effort of avoiding negative results, eliminating problems that may result in harm to patients, staff, guests and the organization
- ▶ Process to improve the quality of patient care and maintain a reasonably safe environment
- ▶ Proactively reviewing practices in every department throughout the organization to eliminate risk events
 - ▶ This includes you, as you go about your daily work routine you should be alert to seeing what is around you that could create a hazard
 - ▶ Proactive includes reporting the “near misses” and being a part of the action plan to improve the process

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*Everyone's
Responsibility*

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What is Required by Law?

- ▶ In 1986, Kansas enacted a Risk Management Law to reduce risks to patients and reduce the occurrence of medical malpractice lawsuits

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What is Required by Law? (continued)

- ▶ Pursuant to K.S.A. 65-4922: Hospitals shall maintain an internal risk management program that consists of:
 - ▶ System for investigation and analysis of reportable incidents
 - ▶ Measures to minimize the occurrence of reportable incidents and the resulting injuries

Kansas Department of Health and Environment (2001). *Kansas Hospital and Risk Management 2001 Statutes and Regulations.*

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What is Required by Law? (continued)

- ▶ Pursuant to K.S.A. 65-4922: All health care providers, including medical staff members, agents and employees involved in the delivery of health care services are required to report “reportable incidents” to the Risk Manager, Chief of Staff, or the Chief Administrative Officer (CEO, Administrator).
- ▶ A “reportable incident” is defined in K.S.A. 65-4921 as: “an act by a health care provider which:
 - ▶ Is or may be below the applicable standard of care AND has a reasonable probability of causing injury to a patient; or
 - ▶ May be grounds for disciplinary action by the appropriate licensing agency”

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What Incidents Should Be Reported?

- ▶ Any abnormal or unusual event that harmed a patient/visitor or potentially could have harmed a patient/visitor
- ▶ Any process variation that carries a significant chance of serious adverse outcome
- ▶ When a complaint is made regarding care provided or other issues that involve a patient or visitor

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What Incidents Should Be Reported? (continued)

▶ Sentinel Events

- ▶ “Unexpected occurrence involving death or serious physical or psychological injury, loss of limb or function, or psychological injury, or the risk thereof”

(http://www.jointcommission.org/sentinel_event.aspx)

▶ Near Misses

- ▶ Process variation which did not affect the outcome, but for which a recurrence carries a significant chance of harm
- ▶ Incident caught prior to reaching the patient

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Purpose of Incident Reports

- ▶ Ensure timely, appropriate and complete attention to all accidents, injuries, safety hazards, and other unusual, unexpected or adverse incidents or events
- ▶ To minimize or eliminate the chance of recurrence
- ▶ To take advantage of all opportunities to improve performance and conditions

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Examples of Incidents

Patient Fall
With or Without
Injury

Medication
Related
Event

Any Patient
Injury

Treatment
Omission or
Delay

Patient
Altercations

Physician
Behavior
Issues

Visitor
Incident

Property Loss
or Damage

Unexpected
Transfers to
ICU

Unexpected
Returns to OR

Mislabeled
Lab
Specimens

Wrong
Dietary Tray
Passed

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Examples of Near Misses

Wrong Medication Caught Prior to Administration

Wrong Procedure Caught During Timeout Process

Physician Order Written on Incorrect Patient Record Caught Prior To Order Being Placed

Asking a Patient Their Name and DOB Prior to Drawing Blood and Discovering Wrong Patient

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Examples of Sentinel Events

Wrong Site Surgery

Discharge of Infant to Wrong Family

Unanticipated death, not related to the natural course of the patient's illness or condition

Patient Suicide

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Who Should Report?

- ▶ Any employee aware of the incident or near miss should report
- ▶ Those with knowledge of the issues leading to the incident should contribute to the report

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When Should You Report?

- ▶ Incidents should be reported ASAP, or within 24 hours after they occur or are identified
- ▶ Make every effort to submit as much information as you have before your shift is over

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What To Do When an Incident is Identified?

- Make sure patients, visitors and employees are safe
- Document your assessments and interventions in the medical record
 - Do not refer to or mention the incident report in the medical record
 - Do not point blame in the medical record
- Notify appropriate leadership (depending on the type of incident, include the physician caring for the patient and their family)

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What To Do When an Incident is Identified? (continued)

- Collect any evidence that may have contributed to the incident:
 - Actual bags of solution
 - Packaging
 - Equipment
- Gather the facts of the incident:
 - What went on before, during and after the incident
 - Who was involved and/or had knowledge of incident
 - What impact the incident has had
- Complete an incident report

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Where Should Incidents Be Reported?

- ▶ Incidents are reported in [name of software]
- ▶ [Name of software] is accessed [describe where to access, such as the icon is located on your desktop]
- ▶ Downtime paper forms are available [describe where to access]
- ▶ Anyone can call the Risk Manager to report a concern and/or discuss a concern

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What Should Be Included in an Incident Report?

- ▶ Report only factual information
- ▶ Report what was said (in quotes), seen, or heard
- ▶ Do not add interpretation
- ▶ Do not add what should have been done

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How Do You Make the Report

- ▶ [describe how to complete an incident report or insert print screens of your software system] (will be multiple slides)

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Key Points to Reduce Risk

- ▶ Be proactive
- ▶ Create a positive climate
- ▶ Use professional expertise
- ▶ Communicate effectively
- ▶ Follow policies and procedures
- ▶ Document accurately and completely

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Key Points to Reduce Risk

(continued)

- ▶ Anticipate potential clinical problems and initiate preventative action
- ▶ Never walk away from a hazard that could cause an incident for the next person
- ▶ Label defective equipment and remove it from service
- ▶ Think through the process before completing
- ▶ Anticipate adverse actions of medications

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Key Points to Reduce Risk (continued)

- ▶ Ask questions if you do not understand a request given to you, including:
 - ▶ Physician order
 - ▶ Supervisor request
- ▶ Listen to patient's and their families' concerns and take ownership to correct the problem and improve the trust of patients and their families
- ▶ Apologize for what happened on another shift or another area of the hospital, but then state, "How can I make this better for you?"

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Key Points to Reduce Risk (continued)

- If you are in a clinical area and see a patient that looks unsteady or is somewhere they probably do not belong, take the initiative to ensure that the patient is safe
- If you see something that looks out of place, investigate and/or report up

The #1 Issue That Impacts Risk Events

Communication

"The greatest problem in communication is the illusion that it has been accomplished."

George Bernard Shaw

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Questions

- ▶ If you have questions or problems, please call the Risk Management Staff

[Name of risk manager]

[Name of risk management coordinator]

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***TEST YOUR
KNOWLEDGE***

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Question 1

Who is responsible for risk reduction at {Name of organization}?

1. The Medical Staff
2. CEO
3. Risk Manager
4. Employees
5. All of the above

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Question 2

A healthcare facility is required by law to provide employees a method to report incidents to be investigated. [Name of organization] utilizes what system to comply with this law?

1. Quantros
2. [Insert your software product]
3. RL Solutions
4. Verge Solutions

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Question 3

When trying to determine whether you should submit an incident report, the key criteria would be:

1. An abnormal event
2. Performance that was below the standard of care
3. A process variation that carries a significant chance of serious adverse outcome
4. All of the above

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Question 4

When completing an incident report, you should not:

1. Describe the incident in words
2. Provide my opinion because I know what “actually” happened
3. Make every effort to record the information prior to leaving my shift
4. Give facts of the incident

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Question 5

The [name of software] reporting process is used for what type of incident:

1. Patient injury
2. Visitor injury
3. Near Miss
4. All of the above

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Question 6

A patient is complaining about a provider from the shift before yours. Your response could be. "I am sorry that they were not able to meet your expectations, what can I do that will make the shift better for you"?

1. True
2. False

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Question 7

You are walking off of a patient care unit and you see that there is a large puddle of water coming from the soiled utility room. You just passed the housekeeper and should assume that the housekeeper will come and clean it up.

1. True
2. False

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Question 8

You are getting ready to do a procedure that is complicated. You were oriented in how to do the procedure but it has been over a year since you last did the procedure. Appropriate actions would be:

1. Proceed and do the procedure
2. Pull the policy and refresh your memory
3. Ask another provider to assist you that has done the procedure recently
4. Options (1) and (2)
5. Options (2) and (3)

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Question 9

You have found out about an incident that you think may put the hospital at risk. You want to talk to someone about it. Who would be appropriate for you to discuss the incident with?

1. Co-worker, Director, Chaplain
2. Director, CEO, Risk Manager
3. The patient's wife, the housekeeper, Vice President
4. Keep the information to yourself

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Question 10

Kansas law requires all employees at [Name of your facility] to report “reportable incidents”.

1. True
2. False

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References

1. Kansas Department of Health and Environment (2001). *Kansas Hospital and Risk Management 2001 Statutes and Regulations*.
2. The Joint Commission (2013).
http://www.jointcommission.org/sentinel_event.aspx