

JHS- Risk Management

Jackson Health System
Clinical Orientation Program



Objectives

- Explain the term Just Culture
- Describe the role of the R.M. department
- Recognize events reportable to R.M.
- Discuss who reports events, in what time frame and where (Quantros system).

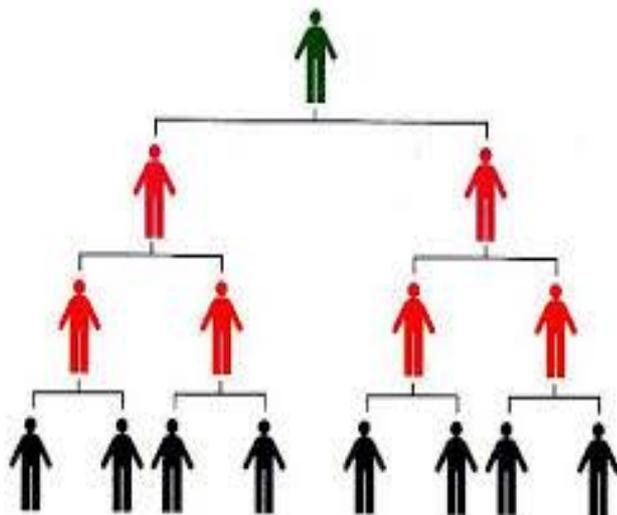
Just Culture



- Reduce harm to the next patient
- Turn adverse events into opportunities for improvement
- Allows people to acknowledge their mistakes and learn from them
- Sharing of lessons learned without fear of retribution
- Balances the need to learn from mistakes with the need to take disciplinary action

Chain of Command

- Health care professionals must communicate up through the chain of command until there is resolution of the issue



Chain of Command: Physicians

Chief Medical Officer



Chief of Service



Attending Physician



Senior/Chief Resident



Intern/Resident

Chain of Command- Nursing

CNO

Assoc. CNO

Administrator in Charge (AIC)

Director Pt Care Services

Associate Director

Nurse Manager

Associate Nurse Manager

Clinical Staff Nurse

Staff Nurse

Chain of Command: Other Professionals

Administrator



Department Director



Manager/Supervisor



Health Care Professional

Risk Management Defined



- Healthcare Risk Management is the identification, analysis and evaluation of risks.

Risk Management Functions

- Maintain an incident reporting system to track events.
- Correct, reduce or eliminate risks.
- Investigate and analyze all incidents and provide recommendations and/or measures to reduce risks and injury.



Additional Roles



- Works in conjunction with Quality Management
- Helps minimize system exposure to legal and economic loss
- Reports to regulatory agencies
- Supports the **disclosure of adverse events.**

What is the name of our reporting system?



- ❖ We are all a part of the risk team.
- ❖ Duty to report adverse events within **3 business days**

Reportable Events



What are some of the events that should be reported?

- Sexual Assault Allegations
- Death in restraints – must be reported to CMS.
- Equipment malfunction- must be reported to the manufacturer.

Types of Events

- **Near Miss** – events that could have caused harm to the patient but never reached the patient.
- **Adverse Incidents** – requires medical intervention; results in harm to the patient.

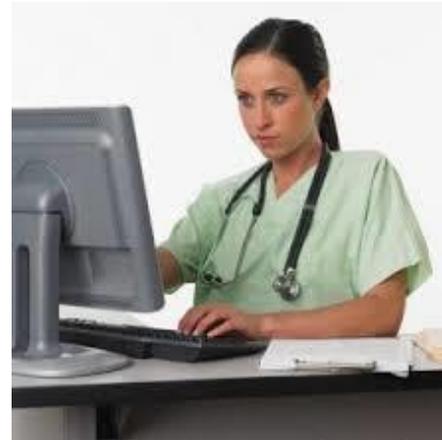


Types of Events cont'd

- **Code 15** – Result from medical intervention rather than patient condition.
 - The RM must report these to the state within **15 calendar days** of the event.
 - Death, brain or spinal injury, permanent disfigurement, fracture/dislocation of bones/joints, removal of surgical foreign objects, surgery- wrong pt, procedure, or site.



Documentation: Key Points



- Report: Who, what, when, where, and how
- Report any identified occurrence or potential occurrence.
- Reported by the person who was directly involved or witnessed the occurrence.
- Do not reference the incident report in the medical record

Documentation: Key Points



- Incident reports are confidential.
- Incident reports are not the place to provide an opinion.
- Access Quantros via the net portal or directly from the medical record.

Post Event Follow Up



- **Investigation** – Questions regarding the facts. Medical record review.
- **Review** – Clinical review; multidisciplinary. Result: Develop a risk reduction strategy.
- **Root Cause Analysis** – Find **real cause** of an event; focus on system instead of individual. Result: Action plan for improvement.



- Must disclose any adverse incident that results in serious harm.
- Disclosure must be done asap by the attending physician.
- Disclosure is not acknowledgement of liability; cannot be used as evidence in a malpractice trial.



Sexual Misconduct

- Allegations reported immediately to RM and Supervisor.
- Police notification; If the person is a vulnerable adult or child, also notify DCF
- Licensed professionals also have results of the accusation and investigation submitted to the Department of Health (DOH).
- While there is an investigation the accused is placed on administrative leave.

Restraint/Seclusion –Reporting Death

- If the patient dies while in restraints or seclusion it must be reported. This excludes the 2-point soft restraints
- Dies within 24 hours after the pt has been removed from restraints or seclusion.
- If the patient dies within a week of use of restraints or seclusion; restraint contributed directly or indirectly to the death.



Equipment Malfunction



- Report to supervisor and biomed engineering
- Remove equipment from patient care area; quarantine
- Put it in Quantros
- If the patient is harmed put it in Quantros including the harm to the patient and how managed; notify RM

PACU – 2 Person Rule

- There must be more than one person caring for patients in PACU. Except in emergencies.
- Exempt from the 2 person rule if :
 - live observation, electronic observation



A Farewell to Falls



- Staff documents Morse Fall Score per shift
- Patients should be on fall precautions as necessary
- Bed alarms must be set if applicable
- Bed must be in the low position

A Farewell to Falls



- **After a Fall:**
 - stabilize patient & notify primary team
 - Document who was notified
 - Conduct a post fall assessment and document
 - Complete a post fall huddle with staff
 - Carry out and document post fall orders
- Document all in Quantros and notify supervisor and the RM if there is an injury

Security



Contact Security (85-6111):

- If you feel threatened or are unsure of your safety or the safety of the patients
- If someone is being disruptive
- If you ask a visitor to stop taking pictures in the patient care area and they refuse

Potential Claims of Liability



- Claims for liability are managed by claims adjusters.
- Risk Management Claims section manages medical malpractice, general liability claims for the system.
- Examples: Injury, theft, fire, vandalism, property damage, auto accident, etc.

Risk Management

Main – 305.585.2900

JNMC – 305.654.3199

JSMC – 305.256.5162

Risk Manager on call 305.216.5391





Risk Management
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