



## *Ambulatory Clinic Policy and Procedure*

Title: <b>RISK MANAGEMENT PROGRAM PLAN</b>	Policy Number: <b>EP 8.3</b>
Regulation: Joint Commission, CMS Reference:	Effective Date: <b>11/2017</b>

### **Policy Statement:**

The purpose of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) Risk Management Program is to reduce and eliminate, when possible, the risk of injury to patients through risk identification, evaluation, and control; thereby contributing to the quality of care and protecting the financial assets of the institution and the physicians. The program, through the Risk Management Committee, also provides for peer/process review based on information received from the risk identification procedures.

### **Scope and Distribution:**

This policy is to be reviewed at least every three years by November 30. Reviewers include: Director of Professional Liability Division, Director of Clinical Operations, Director of Quality Improvement and Occupational Health, Director of Claims Management, and the Chair of the Risk Management Committee. This policy applies to all TTUHSC El Paso providers, residents, students, and staff clinical activities and will be distributed to all Texas Tech Physicians of El Paso ambulatory clinics.

### **Procedure:**

1. Director-Claims Management: The Director-Claims Management is an employee of the Office of General Counsel and reports directly to the Professional Liability Division Director, under the direction of the General Counsel. The Director of Claims Management is responsible for the daily implementation of the Risk Management Program and coordination of activities with the professional liability division of the Office of General Counsel and the chairperson of the Risk Management Committee, and the Senior Director of Quality Improvement/Occupational Health.
2. Risk Management Committee: The Risk Management Committee is authorized to evaluate the quality of medical and health care services, identify areas of potential risk management and patient safety concerns, and make recommendations regarding any needed corrective action.

a. Committee Membership:

- i. Chairperson appointed by the School of Medicine Dean;
- ii. Associate Dean for Clinical Affairs;
- iii. Chair, faculty, nursing and/or administrative representatives from each clinical area;
- iv. Representative of the Office of General Counsel, Professional Liability Division;
- v. The Dean or designee;
- vi. Director-Claims Management;
- vii. Senior Director of Quality Improvement/ Occupational Health;
- viii. Representative from Compliance;
- ix. Other members as determined by the Chair with approval of the Dean.

b. Duties include:

- i. Evaluating the quality of the medical and health care services provided by the TTUHSC El Paso providers, residents, students and staff through the awareness of sentinel events, incident or



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occurrence reports, unexpected patient outcomes, and patient grievances.

- ii. Enhance opportunities for interactions with committees and clinics by being aware of any trends in unexpected or unanticipated outcomes (QI/PI Committee reports), risks related to preventable injury and harm, or the impairment of patient safety (various committee reports – Clinic Operations Committee, Safety Committee, Nurse Manager Committee, etc.).
- iii. Make sure faculty and staff are aware of and in compliance with policies.
- iv. Identify areas of potential risk management and patient safety concerns and make recommendations regarding any needed corrective action.
- v. The committee members are responsible for disseminating information from the committee meeting to their departments.

### 3. Program Components:

- a. Educational Programs – The Director-Claims Management, in conjunction with the Risk Management Committee and the Professional Liability Division and Senior Director of Quality Improvement/Occupational Health will evaluate the risk management educational needs for the clinical areas of TTUHSC El Paso and will provide and arrange the needed programs.
- b. Risk Identification Program – The Director-Claims Management, in conjunction with the Risk Management Committee and the Professional Liability Division, and Senior Director of Quality Improvement/ Occupational Health will develop and implement a system for identifying:
  - i. Unexpected or unanticipated outcomes.
  - ii. Risks which may be related to preventable injury or the impairment of patient safety.
  - iii. This system may use and include, but is not limited to, the following:
    1. Physician input;
    2. Criteria based outcome studies;
    3. Monitoring systems based on objective criteria;
    4. Incident or occurrence reports;
    5. Patient complaints/grievances;
    6. Committee reports and minutes;
    7. Notice letters and lawsuits;
    8. Medical record review trends and issues;
    9. Sentinel events/root cause analysis;
    10. Cases referred to the medical examiner/coroner.
- c. Assistance to Professional Liability Division Attorneys
  - i. The Director-Claims Management is authorized to investigate occurrences as the attorneys' agent. This investigation may include, but is not limited to the following



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elements:

1. Review of the medical record;
  2. Interviews of the involved physicians, staff, or other individuals with knowledge of the event;
  3. Accumulation of applicable research and data related to the occurrence, including textbook, journal or practice guides.
- ii. The attorneys will be provided the obtained information for potential lawsuits.
- d. Integration with Performance Improvement/Quality Improvement – Information that is received through risk management activities and that involves quality of care or patient safety issues will be provided to the Senior Director of Quality Improvement/ Occupational Health.
- e. Confidentiality – Any and all documents and records that are part of the risk management process shall be privileged and confidential medical peer review records and/or proceedings. Unless authorized or required by law, disclosure of any information submitted to or generated by or at the direction of the Risk Management Committee to any person other than an authorized TTUHSC El Paso employee, representative, or affiliate, shall require execution of a written waiver by the Risk Management Committee chairperson and approval by the Professional Liability Director.

Policy Number: <b>EP 8.3</b>	Original Approval Date: <b>10/2015</b>
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Signatory approval on file by: Juan Figueroa, M.D. Director of Clinical Operations Clinic Operations Committee, Chair Paul L. Foster School of Medicine	