


**A Practical Approach
to Coordinating
Quality/Patient Safety,
Risk Management, and
Compliance**

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Objectives:

- “Silo Thinking” replaced with “Organizational Coordination”
- Practical methods of integrating Quality, Risk Management and Compliance
- Proactive approaches in coordinating risk assessments that improve patient care and compliance activities
- Response to and development of processes for “Never Events”

Presentation Outline:

- *Then and Now*
 - Traditional silos
 - Development of integration and infrastructure
 - Benefits / Barriers and Challenges
 - Issue specific
 - Creating environments
- *Next Frontier*
 - Operationalizing enterprise risk management

Intermountain Healthcare

Nonprofit health system based in Salt Lake City. Serving the health care needs of Utah and southeastern Idaho residents

- Over 30,000 employees
- 21 hospitals, 150 clinics
 - Opening 2 new hospitals in 2009
- Intermountain Medical Group
 - Physician group of over 750 doctors and clinicians
 - 5 ExpressCare Clinics (located within neighborhood stores)
 - InstaCare (urgent care, extended hours) and
 - KidsCare (urgent after-hours pediatric care)
 - 13 WorkMed Clinics
- 6 Community Clinics
 - (financial support to 13 independent community clinics)
- Health insurance plan (SelectHealth)
- HomeCare
- Hospice



“Then” Traditional Accountabilities

- Traditional Silos
- Defensive, reactive approach
- Limited coordination and transparency

“Then”



Compliance

Traditional Approach:

Facility / System

- Regulatory risk focus
- Reactive
- Defensive
 - Posture for external agencies

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Risk Management

Traditional Approach:

- *Facility*
 - Collected Event Reports
 - Department-specific response to adverse events (mostly education)
 - Limited benchmarking
 - Every facility unique

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Risk Management

Traditional Approach:

- *System*
 - Provided claim/litigation support
 - Limited system oversight of local accountability
 - Education as only proactive component
 - Limited interaction with Quality, Compliance or Clinical Operations management
 - Compliance viewed as the local facility's responsibility

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Quality and Patient Safety

Traditional Approach:

- *Facility/System*
 - Received no "confidential" Risk Management event/claim information
 - Led to decreased ability to trend or improve
 - Limited transparency intra- and inter-facility
 - Focused on traditional process improvement and accreditation
 - Limited system-wide learning

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Scenario: Traditional Approach -- Delay of Treatment /Inappropriate Transfer

- *Patient presents at emergency room with degloved hand from a farm accident.*
- *Facility does not have the capability to treat – requires a transfer to a facility with the appropriate capability.*
- *Appropriate transfer made via air ambulance.*
- *Patient arrives at receiving facility – no hand surgeon can be found.*
- *Patient is transferred via air ambulance again to another trauma center.*

Clinical Outcome:

- *Decreased functionality of hand with loss of digits.*

Compliance

Traditional Approach:
Delay of Treatment / Inappropriate Transfer

- *Risks*
 - EMTALA obligations
 - Appropriate transfer
 - Delay of treatment
 - On-call specialists
- *Actions Initiated*
 - Event Response - Investigation team

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Risk Management

Traditional Approach: Delay of Treatment / Inappropriate Transfer

- **Risks**
 - Focused on potential negligence in the care process
 - Was there appropriate coordination prior to transfer?
 - Was there a true delay due to the multiple transfers?
 - EMTALA was only an issue to the extent the plaintiff's attorney made it one
- **Actions Initiated**
 - Event Response - Investigation team

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Quality and Patient Safety

Traditional Approach: Delay of Treatment / Inappropriate Transfer

- **Risks**
 - Patient Care
 - Focus on "bad apple"
 - Potential finger-pointing
 - Individual person/unit/department/facility focus
- **Actions Initiated**
 - Event Response - Investigation team

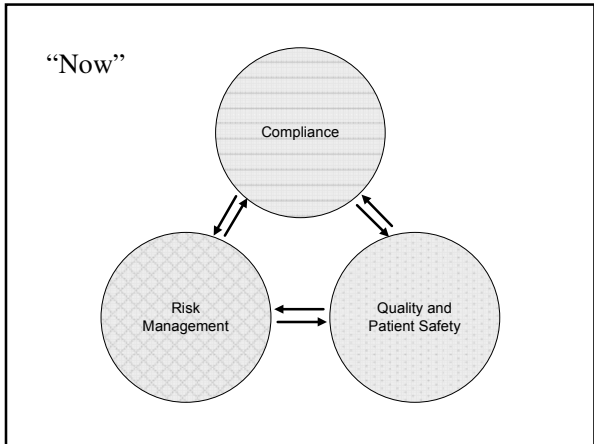
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Motivation for Collaboration

"The inescapable conclusion is that compliance has moved from the arena of reimbursement regulation to a new venue that encompasses regulation, quality, and risk as critical components of a combined process."

Combining Disciplines: Making the Connection
Between Compliance, Risk and Quality Management
- D. Scott Jones, CHC, LHRM

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Current Strategies – “Now”

- *Board and Senior Leadership Expectations*
- *Structure*
- *Collaborative Initiatives*
- *Infrastructure*
- *Benefits / Barriers and Challenges*
- *Examples of Collaboration*

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Current Strategies – “Now”

- **Board and Senior Leadership Expectations**
 - Professional Standards Committee
 - Six Dimensions of Care
- *Structure*
- *Collaborative Initiatives*
- *Infrastructure*
- *Benefits / Barriers and Challenges*
- *Examples of Collaboration*

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Board and Senior Leadership Expectations

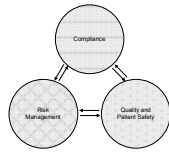
- *Professional Standards Committee*
 - Charter: Purpose
 - Focus on patient care and service outcomes
 - Review pertinent indicators within a framework of continuous improvement
 - Provide relevant status reports
 - Advise the Board on matters of clinical policy for health care delivery
 - Charter: Responsibilities
 - Review clinical performance (Patient Safety and Quality Indicator reports and sentinel events)
 - Review Risk Management program and professional liability performance
 - Review compliance laws, regulations, and accreditation standards
- *Ongoing Reports – Board Goals*

Dimensions of Care



Current Strategies – “Now”

- *Board and Senior Leadership Expectations*
- **Structure**
 - Shared Councils
- *Collaborative Initiatives*
- *Infrastructure*
- *Benefits / Barriers and Challenges*
- *Examples of Collaboration*



Shared Councils:

- *Corporate Compliance*
- *Operations Coordination*
- *Risk Management*
- *Quality, Patient Safety & Risk*
- *Risk Management Advisory*
- *Claim Settlement Authority*
- *Legal Services Review*
- *Risk Management/Patient Safety Retreat*
- *Event System Users Group*
- *Environment of Care*
- *Chairs of Patient Safety Team Leaders*
- *Patient Safety Teams*
- *CMS Guidance*

Current Strategies – “Now”

- *Board and Senior Leadership Expectations*
- *Structure*
- **Collaborative Initiatives**
 - Real-time reporting of issues involving patient safety
 - Patient Safety “Tactical Team”
 - Policy project
 - Internal quality/risk/compliance surveys
 - Response to new regulations
 - Shared projects and programs
 - Responding to potential compliance and quality issues
- *Infrastructure*
- *Benefits / Barriers and Challenges*
- *Examples of Collaboration*

Collaborative Initiatives

- *Real-Time Reporting*
 - Issues involving patient safety are immediately reported through Risk Management
 - Senior Management
 - Quality / Patient Safety
 - Compliance

Collaborative Initiatives

- *Patient Safety “Tactical Team”*
Subcommittee of Central Operating Leadership Team (COLT)
 - Representation: CMO, CNO, Risk, Quality, Patient Safety, Compliance
 - Review issues and needs
 - Sentinel events
 - Report up to COLT to hold management accountable to implement changes needed to mitigate risk
 - Regular follow-through and accountability

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Collaborative Initiatives

- *Policy Project*
 - Standardize system policies, procedures, guidelines and forms
 - Archive duplicative documents
- *Internal Quality/Risk/Compliance Surveys*
 - Support continuous readiness for Joint Commission visits
 - Shared staffing to achieve readiness

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Collaborative Initiatives

- *Response to New Regulations*
 - Enforcement Response Operating Council
 - CMS Guidance
 - CMS Present on Admission
 - Patient Safety Organization
 - State reporting of sentinel events and other measures

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Collaborative Initiatives

- *Shared Projects and Programs*
 - Transitional Care Units/Swing Beds
 - Care/Peer Review Committees
 - Regular follow-through and accountability
 - Responding to Serious Adverse Events




Collaborative Initiatives

- *Response to Potential Compliance and Quality Issues*
 - Internal reports / allegation response
 - Cytotoxic drugs
 - Gap analysis
 - Action plan
 - education
 - surveying
 - ongoing monitoring



Collaborative Initiatives

- *Response to Potential Compliance and Quality Issues (cont'd)*
 - External surveys
 - Transplant
 - Assessment of resources needed
 - Development of action plan
 - Coordination of reporting to Senior Leadership and Board
 - Facilitation of system-wide learning



Current Strategies – “Now”

- *Board and Senior Leadership Expectations*
- *Structure*
- *Collaborative Initiatives*
- **Infrastructure**
 - *Follow Through and Accountability*
- *Benefits / Barriers and Challenges*
- *Examples of Collaboration*

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Infrastructure

- *Early warning systems*
 - *Survey notification*
 - *Serious Adverse Event notification and documentation of follow-up accountability*
- *Transparency*
- *Shared accountability*
- *Department staff integration*
- *Policies/ Forms*
- *Education*

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Current Strategies – “Now”

- *Board and Senior Leadership Expectations*
- *Structure*
- *Collaborative Initiatives*
- *Infrastructure*
- **Benefits / Barriers and Challenges**
- *Examples of Collaboration*

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Benefits

- *Issue specific*
- *Increased accountability*
- *Data systems*
- *Creating an environment of safety for reporting*
- *Transparency*
- *Joint, collaborative performance goals*
- *Shared talent and experience*

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Barriers and Challenges

- *Potential duplication of efforts*
- *Different reporting structures*
- *Potential role confusion*
- *Data systems*
- *Reluctance to achieve full transparency*

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Current Strategies – “Now”

- *Board and Senior Leadership Expectations*
- *Structure*
- *Collaborative Initiatives*
- *Infrastructure*
- *Benefits / Barriers and Challenges*
- **Examples of Collaboration**

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Examples of Collaboration

- *Clinical Operations Follow-up (tactical database)*
 - Never events (Utah Hospital Association - reimbursement) issues
 - Infection control
 - Suicide precautions
 - Medical device recalls
 - Equipment failures
 - Cytotoxic drugs
 - Vendor access

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Never Events

- *CMS and Utah Hospital Association both have reporting requirements*
- *Multi-disciplinary task force*
- *Early departmental response*
- *Defined process to address related billed charges*
- *Accountability awarded to Risk Management*
- *Internal Audit enlisted to assure procedure was effectively implemented*
- *Ongoing discussion on definitions, and trending data for improvement of patient care*

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Scenarios: Brainstorm & Report

- *Vendor Access*
- *Medical Device Recalls*
- *Suicide Precautions*

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Transitional Integration

"Many health care organizations have not yet fully embraced the concept of developing connections between the disciplines of quality management, corporate compliance, and risk management. . . . Traditional segregated structures for these related functions are no longer the best protection for a health care organization in the current regulatory, medical liability, and enforcement climate.

Organizations that recognize the importance of combining efforts will be much better prepared to deal with issues such as pay for performance, quality and compliance investigations, and increased associated medical liability risk."

Combining Disciplines: Making the Connection
Between Compliance, Risk and Quality Management.
Journal of Health Care Compliance. May-June 2007.
D. Scott Jones, CHC, LHRM

Next Frontier

Move from a defensive, traditional approach to a patient focused / proactive approach

- *Improved Care*
- *Improved Quality*
- *Decreased Cost*



Next Frontier

- *Patient focused*
- *Proactive*
- *Operationalizing enterprise risk management*
- *CMS regulatory accountability*
- *RACs – from effort to outcome*
- *Senior Leadership oversight*
- *More shared data between Risk/Quality/Patient Safety/Compliance*
- *Expanding scope of accrediting agencies to be more inclusive of CMS standards*

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Challenges in the New Frontier?

- *Increasing public reporting*
- *Increasing quality measures*
- *Increasing regulations*
- *Decreasing reimbursement*
- *Unstable economy*
- *Obama Healthcare Reform*

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Roundtable Discussion

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