Palmetto Health

Patient Safety & Risk Management Plan

I.   Purpose

The Patient Safety and Risk Management Plan is designed to support the mission and vision of Palmetto Health as it pertains to Clinical Risk and Patient Safety. This plan seeks to build a high reliability organization, eliminate preventable harm, reduce system-related errors and variations in care.

II.   Authority

Palmetto Health's Governing Body is committed to promoting the safety of all patients, visitors and employees. The success of the Patient Safety and Risk Management plan requires top-level commitment and support.

III.   Guiding Principles

The Patient Safety and Risk Management plan is an overarching framework that guides Palmetto Health on risk initiatives and activities. This plan supports the philosophy that everyone has a role in risk mitigation and safety. The program is implemented through multiple organizational functions and activities. Palmetto Health supports the establishment of a Just Culture that emphasizes implementing evidence based best practices, error analysis, constructive feedback and the development of a learning culture. In a learning culture, hazards and errors are reported and analyzed, mistakes are openly discussed, and suggestions are welcomed. Principles of this plan in include loss prevention, control, and continuous quality improvement activities. A team effort to implement the program involves physicians, administrators, management, supervisors, professional staff, and other team members.

IV.   Program Components

1. Loss control and prevention, which consists of identifying potentially compensable events, medical malpractice claims, and identified high risk behaviors.
2. High Reliability
3. Claims Management
4. Facilitation of Root Cause Analysis.
5. Harm Elimination Team Core Member

6. Appropriate education programs, hospital wide or department-specific.

7. Regulatory Reporting

8. Hospital All Hands On ("AHO") reporting, to include the reporting of near misses.

9. Physician Quality

10. Executive Leadership monthly updates

Program Activities

1. **Loss Control and Prevention**
   - Potential claims - are identified through various mechanisms including, but not limited to notices of intention, claims, quality reviews, risk assessments, patient concerns/grievances, AHO reports and survey findings. The appropriate claims are reported to the insurance carrier to ensure appropriate management in a timely manner.
   - Risk Assessment - A variety of sources are utilized to assess risks inherent in the environment. Sources include, but are not limited to, All Hans On reports, potentially compensable events, medical malpractice claims and patient concerns/grievances.

2. **High Reliability**

   - Safety Events are evaluated using the HRO algorithm for classification.
   - SSE's 1-3 are reviewed with the care team as part of The Department Quality and Safety Review Process.
   - SSE's 4-5 are reviewed at a unit level by unit leaders.
   - System Safety Huddle focusing on identified events to improve awareness across the executive team.
   - Serious Safety Events are presented to campus executives via the Harm Elimination team

3. Claims Management

- Risk Management and/or the Legal Department are responsible for day to day interactions with defense counsel in regards to litigation management. To include; obtaining documents requested, arranging and participating in attorney meetings with staff, attending key depositions, mediations and trials.

4. **Root Cause Analysis**
   o The Department of Patient Safety & Risk Management is responsible for facilitating a credible and thorough Root Cause Analysis, as defined by The Joint Commission. The Department of PS & RM works in collaboration with the appropriate hospital personnel to complete the RCA process.
   o Sentinel Events with learning opportunities are shared at the campus Harm Elimination team as part of our Quality and Safety Review Process.

5. Harm Elimination Team, Core Participation

- Weekly participation in our Harm Elimination Team, which focus on unit, based leadership collaborating with Campus Executive Leadership to present and identify system opportunities related to harm events.
- Serious Safety Events and Sentinel events are shared with this team for system awareness and ownership of identified opportunities.

6. **Education Program**
   o Patient Safety & Risk Management provide educational offerings. This includes New Employee education, Charge Nurse education, Nurse Residency program, as well as department specific on an ad-hoc basis.

7. **Regulatory Reporting**

- **DHEC Reporting (R61-16)-** Maintain a record of each accident and or incident occurring in the facility (AHO reports). All serious events and identified incidents must be reported to DHEC within 10 calendar days. Our Executive Leaders are provided this data

via our AHO report, this allowing for confidential information to be shared with multiple leaders at one time.

- **CMS restraint related deaths (42 CFR 482.13(g) (1) -** Manage reporting and documenting of identified restraint related deaths by the close of business on the next business day following knowledge of the death.

- **FDA/Medwatch Reporting (21 CFR § 803)** – Manage medical device reporting which includes a user facility becoming aware of information that reasonable suggests that a device has or may have caused or contributed to a death or serious injury

8. **Hospital Event and Incident Reporting**
   o **AHO reports** —Risk Management maintains reports of events and near misses occurring in the facility. These events are recorded, quantified, and trended. Identified trends will be shared with leaders for risk mitigation. Serious incidents are reported to the Division of Health Licensing as indicated in Regulation 61-16 Standards for licensing Hospitals and Institutional General Infirmaries.
   o **Joint Commission/Sentinel Events**— The department of Patient Safety & Risk Management is responsible to ensure that the processes for identifying and managing sentinel events are defined and implemented to prevent the recurrence of similar events.

9. **Physician Quality/Patient Safety**
   - Physician Quality, Safety and Process Improvement work is routed through multiple channels with-in Palmetto Health and Palmetto Health – University of South Carolina (USC). Our Physician Leadership Cabinet (PLC) is tasked with transforming the organization to one that provides the highest quality of care for our citizens. (Charter available) Physicians serving on this cabinet will utilize many tools to achieve this goal. AHO reports will be sent to these leaders as part of the data used for Quality and Safety improvements.

10. **Executive Leadership (Campus ELT)**

   - Monthly attendance at Executive Leadership meetings for each campus. This time is to update on Safety Events, AHO data, litigation and top Patient Safety & Risk Management topics for the previous month.

VI. Integration with Key Aspects of Operations

The Patient Safety/Risk Management Program interfaces with other key aspects of operations and must ensure the sharing of pertinent information as appropriate with organizational functions/committees, including, but not limited to:

1. Quality Management/Performance Improvement
2. Medical Staff Services
3. Human Resources
4. Corporate Compliance
5. Safety
6. Infection Control
7. Medical Records
8. Patient Billing Office
9. Security
10. Campus Executive Leadership

VII. Confidentiality

All documents that are part of The Risk Management or Patient Safety Process are protected as Peer review and quality or risk management activities and are confidential and protected pursuant to S.C. Code Ann. §§44-7-390 et seq. and 40-71-10 et seq.

VI. Evaluation of the General & Professional Liability Risk Management Program

The progress of the Patient Safety/Risk Management Program toward achieving the general objectives outlined in this plan will be reviewed at least annually by hospital administration.

Approval:

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Director of Patient Safety & Risk Management   Date

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Chief Executive Officer   Date