TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

Ambulatory Clinic Policy and Procedure

Title:	**Risk Management Plan**	Policy Number:	**8.10**
		Version Number	**5**
Regulation Reference:	**The Joint Commission, LD 03.01.01-LD 03.06.01**	Effective Date:	**12/2016**
		Original Approval:	**3/1996**

POLICY STATEMENT:

It is the policy of Texas Tech University Health Science Center (TTUHSC) Ambulatory Clinics to implement a Risk Management Program 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 providers. The Enterprise Risk Management Committee also provides for peer/process review based on information received from the risk identification procedures.

SCOPE:

This policy applies to all TTUHSC Ambulatory clinics operated through its Schools.

PROCEDURE:

1. **Risk Management Personnel:** Individuals designated on each campus to perform the duties of Risk Management.
2. **Risk Management Committee:** The Enterprise Risk Management Committee is a subcommittee of the Professional Liability Committee authorized by the Board of Regents 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 may include:
        1) Chairperson from the School of Medicine physician faculty (appointed by the School of Medicine Dean or Regional Dean);
        2) School of Medicine physician faculty representatives from each clinical department (appointed by the School of Medicine Dean, Regional Dean or Chief Medical Officer);
        3) Associate General Counsel, Professional Liability Division;
        4) Professional Liability Claims Manager (PLCM);
        5) School of Medicine Dean or designee
        6) Director, Performance Improvement/Quality Improvement;
        7) Director, Nursing Services or Nursing Service representative;
    b. Additional members may also include:
        1) Director, Medical Records
        2) Director, Patient Services
        3) Director, MPIP Business Office
        4) House Staff Officer

5) Representative from affiliate hospital (ex-officio)

6) Others as deemed appropriate by campus or school.

c. The Committee members are responsible for disseminating information from the Committee meeting to their departments.

3. Program Components:

a. Educational Programs – The PLCM, in conjunction with the Risk Management Committee and the Professional Liability Division, will evaluate the risk management educational needs for the clinical areas of TTUHSC and will provide and arrange the needed programs.

b. Risk Identification Program – The PLCM, in conjunction with the Enterprise Risk Management Committee and the Professional Liability Division, will develop and implement a system for identifying:

1) Unexpected or unanticipated outcomes;

2) Risks which may be related to preventable injury or the impairment of patient safety.

3) This system may utilize and include, but is not limited to, the following:

a) Physician input

b) Criteria based outcome studies

c) Monitoring systems based on objective criteria

d) Incident or Occurrence Reports

e) Patient grievances

f) Committee reports and minutes

g) Notice letters, lawsuits

h) Cases referred to the medical examiner/coroner

i) Outside requests for medical records, x-rays, laboratory reports

j) Nursing reports

k) Medical record review

l) Sentinel Events / Root Cause Analysis

4) Unanticipated or unexpected outcomes and reported occurrences will be reviewed and investigated. Any needed intervention/corrective action will be recommended or carried out by the PLCM for physician issues, the Director of PI, Risk Managers, the Chairperson of the Enterprise Risk Management Committee, and/or the appropriate Department Chairperson.

c. Trending – Information received pursuant to section B. above will be trended by the Office of Professional Liability or PI department, in order to identify potential for recurring areas of risk. This information will be provided on a regular basis to the Enterprise Risk Management Committee.

d. Assistance to Professional Liability Division Attorneys

1) The PLCM is authorized to investigate occurrences as the attorneys' agent. This investigation may include but is not limited to the following elements:

a) Review of the medical record;

b) Interviews of the involved physicians, staff, or other individuals with knowledge of the event;

c) Accumulate applicable research and data related to the occurrence including textbook, journal, or practice guides.

2) The attorneys will be provided the obtained information for potential lawsuits.

e. 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 Director of Performance Improvement/ Quality Improvement.

f. 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 Enterprise Risk Management Committee to any person other than an authorized TTUHSC employee, representative, or affiliate, shall require execution of a written waiver by the Enterprise Risk Management Committee chairperson and approval by the Professional Liability Director.

APPROVAL AUTHORITY:

This policy shall be recommended for approval by the Joint Ambulatory Policy Committee to the Council of Deans.

RESPONSIBILITY AND REVISIONS:

It is the responsibility of the Joint Ambulatory Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement, Risk Management and the Office of Institutional Compliance.

RIGHT TO CHANGE POLICY:

TTUHSC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

CERTIFICATION:

This policy was approved by the Council of Deans on December 1, 2016.