POLICY STATEMENT:

The purpose of the 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:

This policy applies to the Schools of Medicine Ambulatory Clinics.

PROCEDURE:

1. **Risk Manager:** The Risk Managers in El Paso and Lubbock are employees of the Office of General Counsel and report directly to the Professional Liability Division Director, under the direction of the General Counsel and the Board of Regents. The Risk Managers in Amarillo and Odessa work under the direction of the Dean of their campus. Risk Managers are 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.

2. **Risk Management Committee:** The 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:

      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) Risk Manager;

      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 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

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

3. Program Components:

a. Educational Programs – The Risk Manager, 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 Risk Manager, in conjunction with the 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 may be reviewed and investigated. Any needed intervention/corrective action will be recommended or carried out by the Risk Manager, the Chairperson of the Risk Management Committee or the appropriate Department Chairperson.

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

d. Assistance to Professional Liability Division Attorneys

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

CERTIFICATION:

This policy was approved by the Dean, HSC School of Medicine and Dean, Paul L. Foster School of Medicine.