



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: RISK MANAGEMENT PLAN AND
OPERATIONS GUIDE**

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I. INTRODUCTION:

Rancho Los Amigos National Rehabilitation Center's Risk Management Department is an integrated, comprehensive, and proactive system designed to identify, evaluate, eliminate or reduce the risk of human injury and financial loss to the facility.

A risk is defined as an actual or potential hazard that contributes to human injury or financial loss. The Risk Management Department collaborates with all the departments who are ultimately responsible for the health, safety and well-being of the patients, personnel, and visitors.

II. PURPOSE:

The purpose of the Rancho Los Amigos National Rehabilitation Center Risk Management Plan is to:

- Provide a framework for Executive Council, Medical Staff, Nursing, Allied Professionals and Ancillary Support Staff for ongoing, systematic, and organization-wide approach to the process of risk identification, risk prevention, and risk control.
- Proactively reduce, eliminate, and control conditions and exposures that may cause harm to patients, visitors and workforce members.
- Proactively protect the facility's assets and intangibles by minimizing the facility's exposure to financial loss.
- Develop and implement a comprehensive process to monitor and analyze the areas of organizational risk.

III. GOALS AND OBJECTIVES:

The goals and objectives of Rancho Los Amigos National Rehabilitation Center's Risk Management Program include but not limited to the following:

- Risk identification and prevention; risk analysis and evaluation; and identification of effective methods to correct, reduce, manage, or eliminate the risks.
- Utilization of risk management strategies to identify and minimize the frequency and severity of adverse events, incidents, and claims.

EFFECTIVE DATE: October 1993

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

- Support Safe and Just Culture by promoting transparency and a non-punitive system of reporting and evaluating errors in commission or omission of care, and near misses.
- Educate workforce members on emerging and trending risk exposures, and recommend risk reduction initiatives to stakeholders.
- Enhance environmental safety of patients, staff, and visitors by active participation in environment of care-related activities and empowering staff to foster safe work practices and hazard free environment.
- Promote quality of care and patient safety by complying with requirements promulgated by accreditation and regulatory bodies and support organizational quality and safety initiatives.

IV. DESCRIPTION

A) AUTHORITY AND RESPONSIBILITY

1. GOVERNANCE

Governing Body (Board of Supervisors) has the ultimate responsibility for the all the functions and actions of the hospital including the safety and quality of patient and services provided by Rancho Los Amigos National Rehabilitation Center. It supports performance improvement and patient safety programs through DHS and RLANRC administration by providing essential resources, i.e., finances, facilities, and staff.

The Board of Supervisors delegates to the DHS Director and DHS Chief Medical Officer the responsibility for overseeing patient safety and the quality of healthcare services delivered at all DHS facilities.

The evaluation of the quality of patient care is vested in the medical staff through the Medical Executive Committee of the Professional Staff Association (PSA). The Risk Management Department integrates with the Quality Department and Patient Safety Program to gather and evaluate important information on all undesirable events or trends. The Quality, Risk, and Patient Safety (QRS) Committee is delegated the responsibility of reviewing risk management information and trends.

2. RLANRC Chief Executive Officer (CEO)

As delegated by the Board of Supervisors and the DHS Chief Deputy Director, the CEO is responsible for patient safety and improving the operational quality of care and services provided by RLANRC including taking actions required by state and regulatory authorities on non-clinical aspects of licensing and accreditation requirements.

3. Chief Medical Officer

RLANRC's Chief Medical Officer is responsible for the risk management activities in matters related to the provision of medical care. The QRS committee is responsible for ensuring that

reports of risk management activities are submitted to the MEC and Governing Body. The CMO or designee ensures that all medical staff activities comply with all applicable federal, state laws and regulatory and accreditation requirements. The CMO or designee has the overall responsibility for the quality of professional services provided by individuals with clinical privileges.

B. COMPONENTS/SCOPE

The risk management program will include the following components:

1. Event/Occurrence Management

The risk management program includes the monitoring of Safety Intelligence (SI) system, which is an online event-reporting database that is used for reporting, tracking, and trending patterns of harmful events and near misses. All workforce members are expected to enter an SI report for errors, near miss events, and unsafe conditions.

The risk management staff shall review events reported into SI for accuracy of information and sent to appropriate departments for further review or corrective actions. The risk management staff will immediately notify appropriate Administrative staff of incidents in anticipation of litigation or that may require reporting to outside agencies. Area or location managers are ultimately responsible for the accuracy of events entered and implementation of corrective actions to prevent recurrence of an event.

2. Claims Management

The risk management staff shall conduct investigation of all verified claims and claims of intent to sue. The investigation includes staff interviews, chart reviews, sequestering of evidence, and completion of the corrective action plan (CAP) for executive peer review.

The risk management staff shall act as liaison to third party administrators and defense counsel, participate in roundtable meetings, and complete the response to discoveries,

3. Risk Management Communication, Education and Training

The risk manager shall plan, coordinate, and implement comprehensive educational programs in order to minimize the risk of harm to patients through dissemination of information during new employee orientation, unit or departmental inservices, and focused risk prevention information and programs. Educational topics may include:

- a. Communication and Medical record Documentation
- b. Capacity, Consent, and Patient Rights
- c. Subpoenas and Legal Documents

- d. Event Notification, Adverse, and Sentinel Events
- e. Confidentiality and Discoverability of information
- f. Learning Points of Cases

IV. Confidentiality

Any and all documents and records that are part of the comprehensive medical staff risk management program including the proceedings, reports and records from any Physician Staff Association committee shall be confidential and shall not be introduced into evidence in any judicial or administrative proceedings by the department responsible for disciplinary and/or review action of any professional [California Evidence Code 1157].

V. Annual Risk Management Program Evaluation

The Risk Management shall perform an annual assessment of the Risk Management Program. The evaluation will include the analysis of summarized trend reports of event data and verified claims. The claims data risk analysis includes scope and severity matrix of evaluating cases that are low, medium or high risk. The evaluation shall include the trends and likelihood of recurrences of cases and actual and potential economic impact to the facility.

This process will help identify opportunities for improvement and successful risk management practices, as well as areas where additional logistical support may be required.

CM: 2019, 2020, 2021, 2022