Worth the Risk: Risk Management in PACE

VERNA SELLERS, MD, MPH, CMD, AGSF, CHCQM. MEDICAL DIRECTOR, CENTRA PACE LYNCHBURG, VIRGINIA
Speakers Disclosures

Dr. Sellers has disclosed that she has no relevant financial relationship.
RISKS AHEAD
Learning Objectives

• Identify areas of high risk in your PACE organization (PO).
• Develop and implement policies and procedures for an effective risk management program.
• Define the core elements contained within an incident report.
• Outline risk management strategies to reduce PO liability including establishment of compliance program.
Risk Management

• An integrated process of defining and monitoring specific areas of risk and

• Developing and implementing a comprehensive plan to PREVENT, MITIGATE or RESPOND TO RISK

Define

Analyze

Reduce Risk
Why risk management?

Effective risk management saves lives and money.
Risk

• **External factors:**—natural disasters, public perception, surveyors, scandal, transportation.

• **Internal factors:** internal disasters (fire, power loss), issues with employees, participants, families
• Describe a situation in your PO that places the program at risk. Identify the risk as External or Internal

• (Turn to your neighbor and discuss)
Risky business

- Quality of care
- Transitions of care
- Employee injuries/exposures
- Disgruntled employees
- Visitors
- Disaster response
- Families
- Poor documentation
- Ethics/compliance
- Errors
- Criminals/sex offenders
- Physical plant
- Regulations
How do you identify high risk areas?

- Grievances
- Incident reports,
- Reports CMS
- Survey results
- Quality measures
- Conduct Hazard Vulnerability Assessment

- Staff interviews (exit interviews)
- Audits
High financial risk for lawsuits.

- Falls (60% of claims)
- Wounds (10% of claims)
- Injuries-other
- Missing participants
- Neglect and abuse
- Clinical practice failures
Other high risk areas

- Medication errors
- Medication interactions
- Anticoagulation
- Failure to communicate
Poor care outcomes may result from:

- Failure to assess
- Failure to follow your own policies
- Failure to follow up/report
- Inadequate/alterred records
- Nature progression of disease
The root cause of many risky situations is...

- Poor communication
- Poor relationships/engagement
- Poor attention to detail/apathy
- Poor documentation
The Process

• Seek out and review information looking for trends.
• Identify areas of greatest risk
• Prioritize
• Implement systems and checks
• Monitor to assure policies are followed.
Incident Reports

- Document facts surrounding the occurrence of an “incident”
  - definition of incident
  - an *unusual* event that includes (but is not limited to)
    - injury or possible personal injury
    - loss or damage to property on facility grounds
Incident Reports: Requirements

- Timely
- Accurate
- Factual, not interpretive
- Comprehensive
- Immediate supervisor review
- Subsequent appropriate hierarchy of review
- Analysis and quality improvement activities
Incident Reports: Content

- Date, time
- Persons involved
- Description of incident
- Action taken as result of incident
- Witnesses
- Notifications
- Sign-offs Medical Director, Center Manager
Incident Reports: Review

• Review documentation of
  o Facts – is documentation factual and not opinion??
  o Analysis – has root cause analysis been done???
  o Plan/resolution
  o Reporting
  o Follow-up

• Review trends, quality improvement results

• Document review and actions
Risk Analysis

• Individual or systems problem?
• Scope of problem
• Involved systems
• Who is affected?
• What are the best practices out there?
Participant presents to ED with rectal bleeding. Home meds include coumadin. Labs indicate INR of 10. Participant is admitted for further management. Last INR was three months ago.

- Individual or systems problem?
- Scope of problem
- Involved systems
- Who is affected?
- What are the best practices out there?
A Touchy Situation.

- Following a visit from local high school students, a participant reports that a student touched her in a sexual way.

- Individual or systems problem?
- Scope of problem
- Involved systems
- Who is affected?
- What are the best practices out there?
Analyze first and then moves to solutions.

Resist the urge to jump to a solution.
Model your PO’s response on 4-step process

1. Immediate correction to index case
2. Identify others potentially affected (sweep the facility)
3. Review applicable systems and correct potential pitfalls
4. Monitor and modify as indicated.
Common solutions involve:

- Education
- Standardized work processes
- Eliminate distractions
- Supervision (engagement & accountability)
- Review and revision of policies, procedure
- Improving assessment, documentation
- VIGILANCE
Cornerstones of risk management

<table>
<thead>
<tr>
<th>Anticipation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation</td>
</tr>
<tr>
<td>Communication</td>
</tr>
<tr>
<td>Documentation</td>
</tr>
</tbody>
</table>
Anticipation

• The art of guessing what bad things might happen and preparing for them
• Tracking potential risks both for prevention and early intervention
Participation

• Risk is everywhere and everyone’s job is to prevent, identify and mitigate.

• Participation is similar to engagement—keeping an eye open for safety and risk.
Team member involvement

- Know your PO policies and culture
- Verify corrective action
- Address complaints, family concerns or “bad outcomes”
- Design systems that take into account “human factors”
- Utilize opportunities for education
Communication

• How the staff communicates with each other, with participants and superiors about risk both when things are going right, and when things go wrong

• How complaints and concerns are handled

• PACE organization needs to establish communication standards for nurses and physicians.
Communicate and Share Information Using SBAR

**S**ituation
Briefly describe the current situation
Give a clear, succinct overview of pertinent issues.

**B**ackground
Briefly state the pertinent history
What got us to this point?

**A**ssessment
Summarize the facts and give your best assessment
What is going on? Use your best judgement.

**R**ecommendation
What actions are you asking for?
What do you want to happen next?
How does your organization respond to errors?

• Does your PO have a policy of full disclosure?
• Does your PO take a “systems” approach to errors? (“Just culture”)

Documentation

- Realistic policies and procedures
- Don’t collect data you are not going to use
- Consistency-- if not explain
- Review documentation
- Document thought process
Corporate Compliance is assuring all rules and regulations are followed, not just avoidance of actual harm.
### The Seven (7) Basic Compliance Program Elements

<table>
<thead>
<tr>
<th>Written <strong>Code of Conduct</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated compliance officer</td>
</tr>
<tr>
<td>Regular education and training</td>
</tr>
<tr>
<td>Self-monitoring of compliance</td>
</tr>
<tr>
<td>Employee ability to report an issue</td>
</tr>
<tr>
<td>P&amp;P for investigation, non-retaliation</td>
</tr>
<tr>
<td>P&amp;P to enforce disciplinary action</td>
</tr>
</tbody>
</table>
Specific Risk Areas

- **Employee screening**
  - Pre-employment criminal background
  - Drug screening

- **Vendor Screening /Relations**
  - Home health agencies
  - Volunteers
  - Nursing facilities
Specific Risk Areas

- Billing and cost reporting
  - Services not provided
  - Submission of ICD 10 codes in the absence of a face to face encounter
  - False cost reports
Specific Risk Areas

• Recordkeeping and Documentation
  o Procedure for amending medical record
  o Survey-Friendly documentation
Employee risk management

- Training/competency
- Injuries/exposures/”light duty”
- Turnover, staffing levels
- Staff health and wellbeing
  - Happy staff often translates to good care
Employee risk management saves money.

- Raising employee flu vaccine rates reduces morbidity and mortality for residents and lost days of work for staff.
- Reducing worker’s compensation claims saves money and pool utilization, improving continuity of care.
DISASTER PLANNING

It will never happen to us
Disasters are defined by levels.

- **Definition**: any event that results in a risk of injury or loss of life or property and results in a demand for services that exceeds the available resources.

- **Level**:
  - I Manageable with local resources
  - II Requires multijurisdictional assistance
  - III Requires State/Federal aid

- **Causes**: external or internal?

  Annals of Long-Term Care 2000; 8(6): 47-50
As a PACE organization

We have liability for administrative acts and failure of oversight.
PO wears two hats

Provider

Payer
PO must have adequate insurance for both clinical and administrative responsibilities.

- Malpractice
- Fire, Flood, Theft
- Auto
- Re-insurance
When PACE organization get in trouble:

• Disgruntled employees
• Multiple incidents of substandard care
• Lack of knowledge of regulations or policies
• Appearing not to care
• Inadequate documentation
• Altering or destroying documentation
To do list:

1. Risk sharing conversations with families and making realistic goals
2. A procedure for amending medical record, late entries
3. Special surveillance for high risk medications: antipsychotics, warfarin, sedative/hypnotic, opioids
4. Distribute “Do not use abbreviations “ and “read back” instructions to all providers and then audit.
5. Monitor equipment and device use.
6. Enforce standards on responsiveness and behavior of on call providers—have a place to bump it up.

7. Assure there is an incident report tracking system with investigation.

8. Pay attention to disgruntled employees.

9. Make sure billing is accurate.

10. Put all risk management activities under the QAPI program.
Risk Management

- Proactively protect resources (human and material).
- Prevent, analyze and improve risk.
- Deal with bad outcomes once they happen.
Summary

- The PACE organization has an important role in managing risk for
  - participants
  - employees
  - the center
  - the providers
- Risk management is a process
- Risk management is everyone’s responsibility
Mistakes will happen, but if we are focused on serving those around us, and understanding their needs, we can provide high quality care and save money.