



2024 Patient Safety & Risk  
Management Annual Conference

# Risk Management 101

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The Top Gun of Healthcare

**Presented By:**

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# Disclaimer

The material presented here is based on formal education and training, evidence-based research, Copic recommendations, guidelines and best practices, and personal experience. This content of this lecture is by no means legal advice.

Each provider assumes responsibility of the potential risks associated with each educational management procedure, and to remain updated on best practices for any patient related procedures.

Providers participating in any Copic related workshop, do not hold Copic or the physician instructor liable for any consequences of individual choices, and personal practice. All patient related outcomes are ultimately the responsibility of the provider.

# Financial Disclosures

“None of the planners, reviewers, and faculty for this educational activity, in the past 24 months, have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.”

# Accreditation & Designation Statements

## **For nursing the number of credits designated is the number of credits awarded**

Copic is accredited as a provider of Continuing Nursing Education (CNE) by the American Nurses Credentialing Center's Commission on Accreditation (ANCC). This activity was designated for 1.5 nursing contact hours.

# Process for Claiming Credit

In order to earn CNE credit learners should complete the evaluation questions that will assess if nurses have learned the most important recommendations and conclusions from this course. Each LIVE activity consists of the full participation of the learner, and a course evaluation. The evaluation will open after the learning activity is completed.

## **Process for Completing the Activity:**

1. Read the target audience, learning objectives, and financial disclosures.
2. Complete the LIVE educational activity.
3. Complete the activity evaluation on Copic's LMS platform and/or Survey Monkey

It is estimated that this activity will take approximately 1.5 hours to complete.



# WELCOME TO FLIGHT 101



## FLIGHT PLAN 10.21.2024

**Pre-Flight** | Learning Objectives & Questionnaire

**Boarding** | What is Risk Management and Where Did It Come From?

**Take-Off** | Your Role As A Healthcare Risk Manager

**Cruising Altitude** | Risk Identification, Analyzing Risk Exposures, and Risk Mitigation Tools & Strategies

**Final Descent** | Why Investing In Risk Mitigation Is Important

**Landing** | Risk Management Takes A Special Person

**Deplane** | Questions & Connecting Flight Information

| Pre-Flight |

# Learning Objectives & Questionnaire

# Key Learning Objectives:



Be able to define what risk management is



Gain understanding of the role of healthcare risk managers



Become familiar with risk mitigation strategies and tools



Understand why investing in risk mitigation strategies is beneficial

# Pre-Flight Questionnaire



| **Now Boarding** |

**What Is Risk Management?  
Where Did It Come From?**



# What Is Risk Management?



# How Did We Get Here?

"It validated that the training, the subject-matter expertise, and most importantly, the professionalism that it produced, worked and produced results."

~Navy Cmdr. Peverill





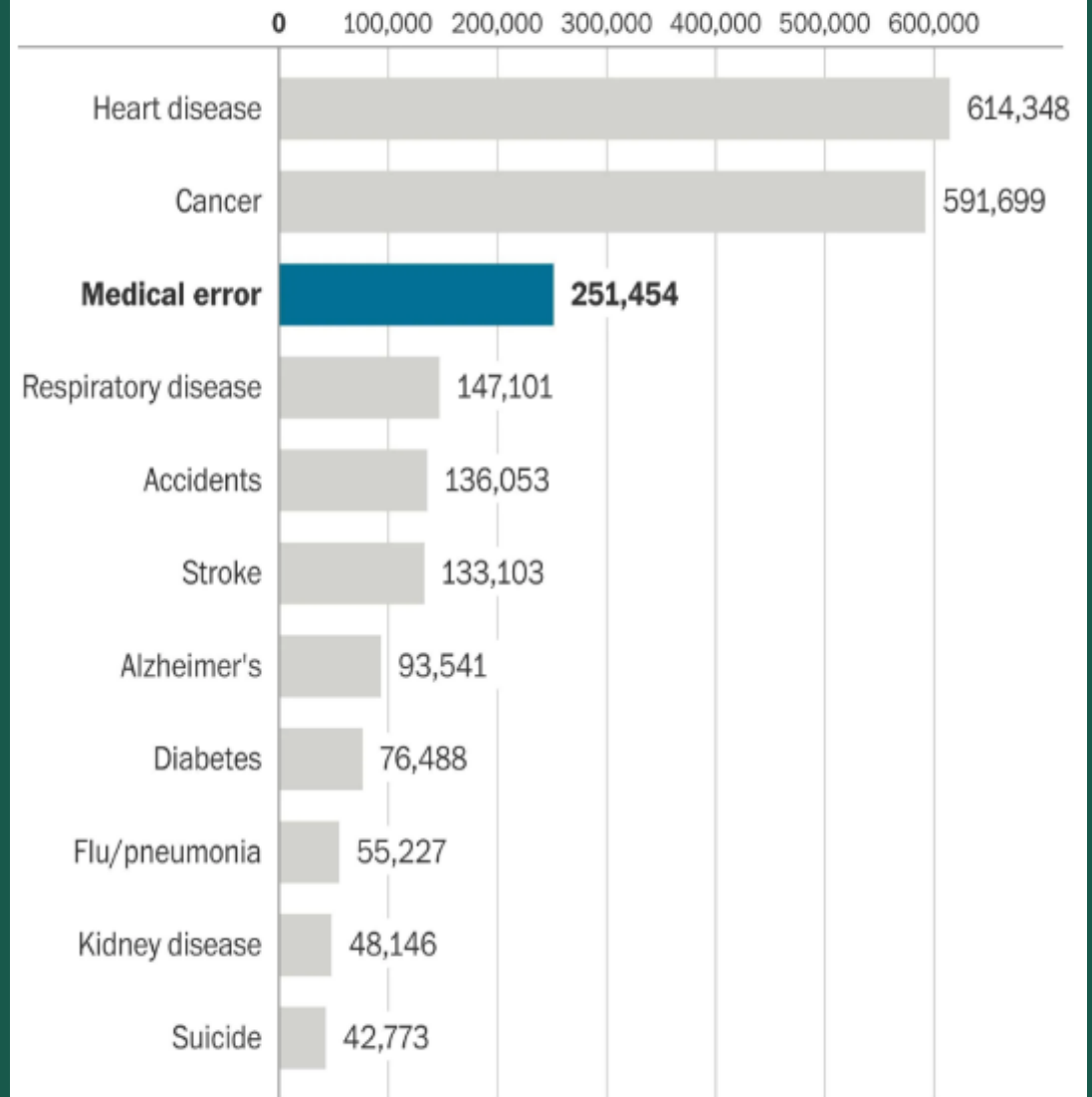
# Our Why

# Copic's "Why"

MEDICAL ERROR

## Death in the United States

Johns Hopkins University researchers estimate that medical error is now the third leading cause of death. Here's a ranking by yearly deaths.



Source: National Center for Health Statistics, BMJ

THE WASHINGTON POST

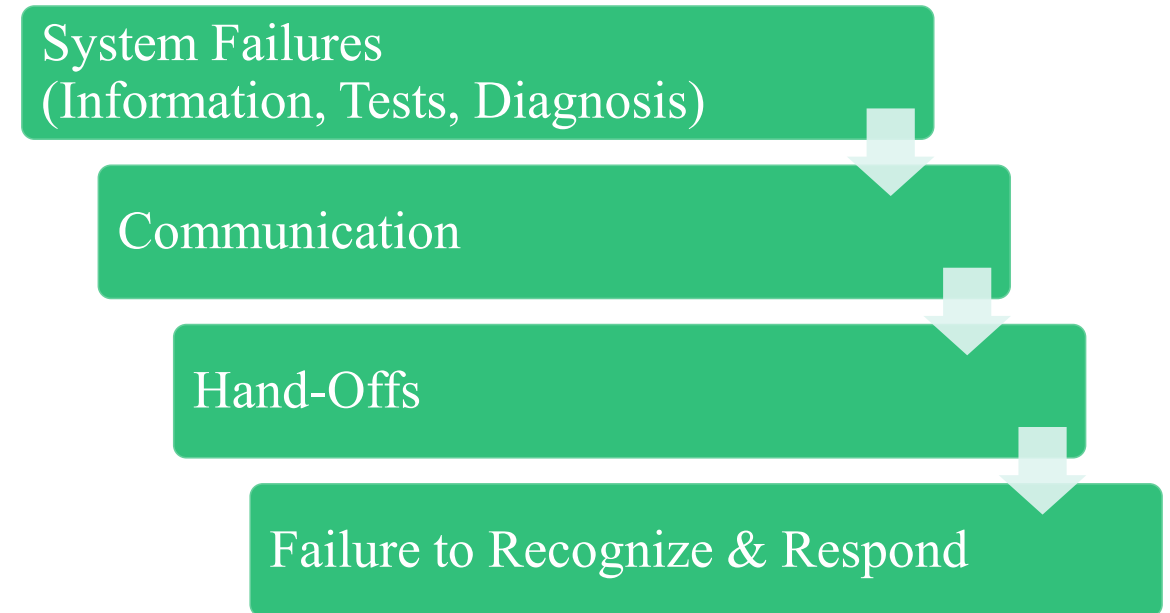
# Copic Claims Committee-Top Claims

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## Hospital Claims By \$



## Clinic Gaps



# Josie King Story



# Culture of Safety: Aviation vs Healthcare



Aviation safety culture is described as reflecting the real commitment to safety, or how people act when no one is watching.



According to Joint Commission, a culture of safety describes a commitment to core values and principles by organizational leadership and employees to recognize worker safety and patient safety.

# What Does a Culture of Safety Look Like?

## Leaders create a safety culture:

- Make patient safety an urgent organizational priority
- Communicate a vision for safety excellence
- Allocate resources for safety initiatives
- Maintain a visible presence (e.g., walkrounds)
- Take action when concerns are raised
- Focus on systems analysis rather than blaming individuals
- Recognize patient safety successes

How are things going—are there any concerns you want to share with me?

Thanks for asking. Actually, I am worried about something—do you have some time this afternoon?

## Risk managers champion a safety culture:

- Encourage reporting of safety events without fear of reprisal or blame
- Investigate and follow up on reported concerns
- Identify and track safety gaps proactively
- Partner with staff to develop realistic safety goals and regularly share challenges and progress
- Implement standardized safety processes (e.g., time-outs, huddles, drills)
- Protect time for staff to complete necessary training
- Facilitate collaborative patient care

It's ok to C.U.S.\* for patient safety!  
C: I'm Concerned  
U: I'm Uncomfortable  
S: Patient Safety is at risk

## Staff embody a safety culture:

- Speak up about safety concerns
- Report adverse outcomes, near misses, and good catches
- Set personal goals for achieving safety excellence
- Use safety-oriented communication tools (e.g., SBAR, checklists)
- Demonstrate accountability
- Seek out necessary training
- Advocate for patient safety—every time

Dr. Jones, I'm concerned about Mrs. Smith.

I'm *uncomfortable* about the way she looks—she is very pale, and seems weak.

I'm worried it *isn't safe* to send her home right now. Could you please go and see her again?

Thank you for letting me know, Sam. I'm really busy, and she seemed fine when I saw her, but I can tell you're worried. I'll go and talk to her now. Could you please let my next patient know there will be a delay?

\*More info on C.U.S. appears in Module 2: communicating changes in a resident's condition (see full reference on the back).

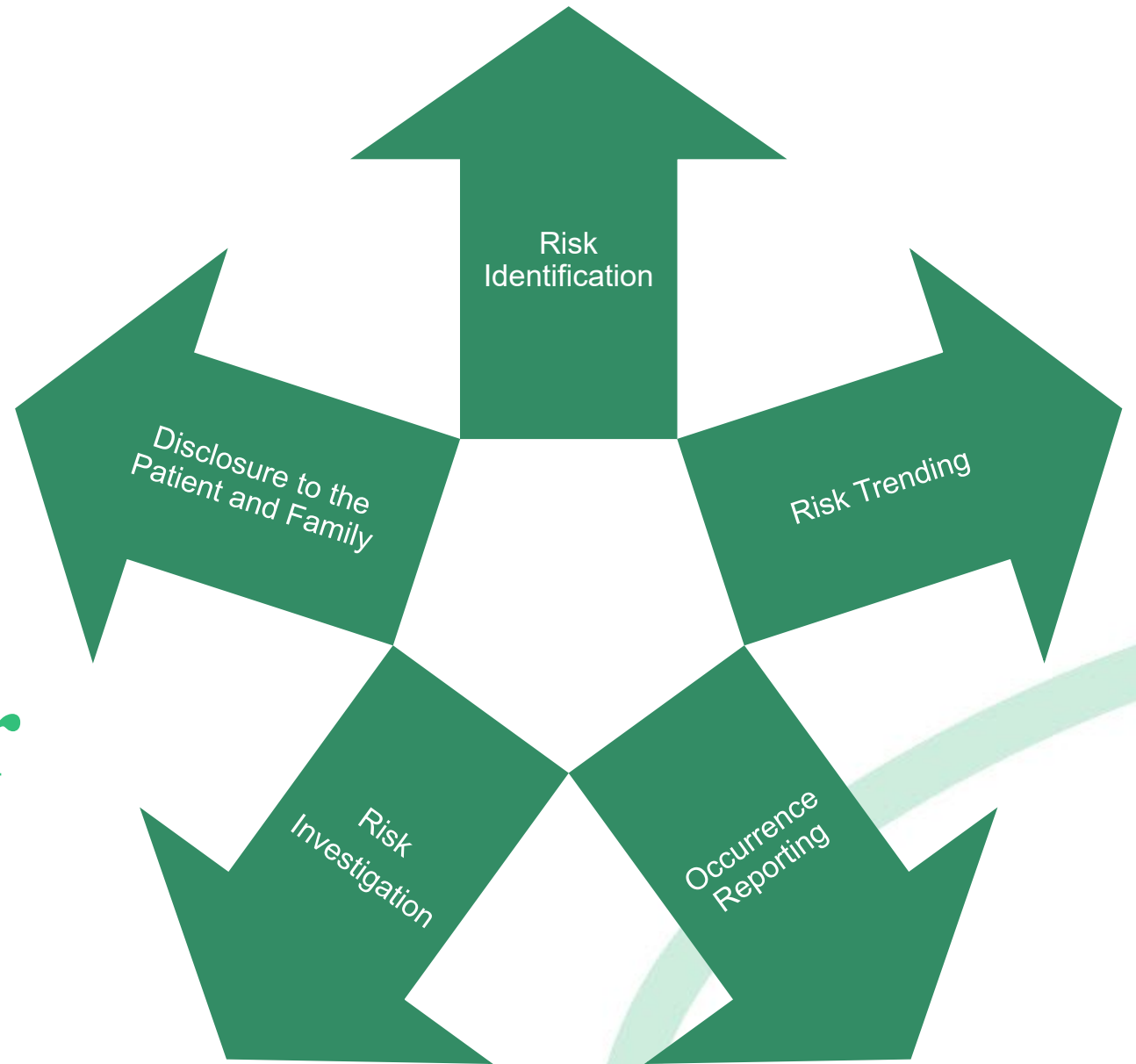
© 2020 ECRI Institute



| **Take Off** |

# Your Role as a Risk Manager

# Your Role as a Risk Manager



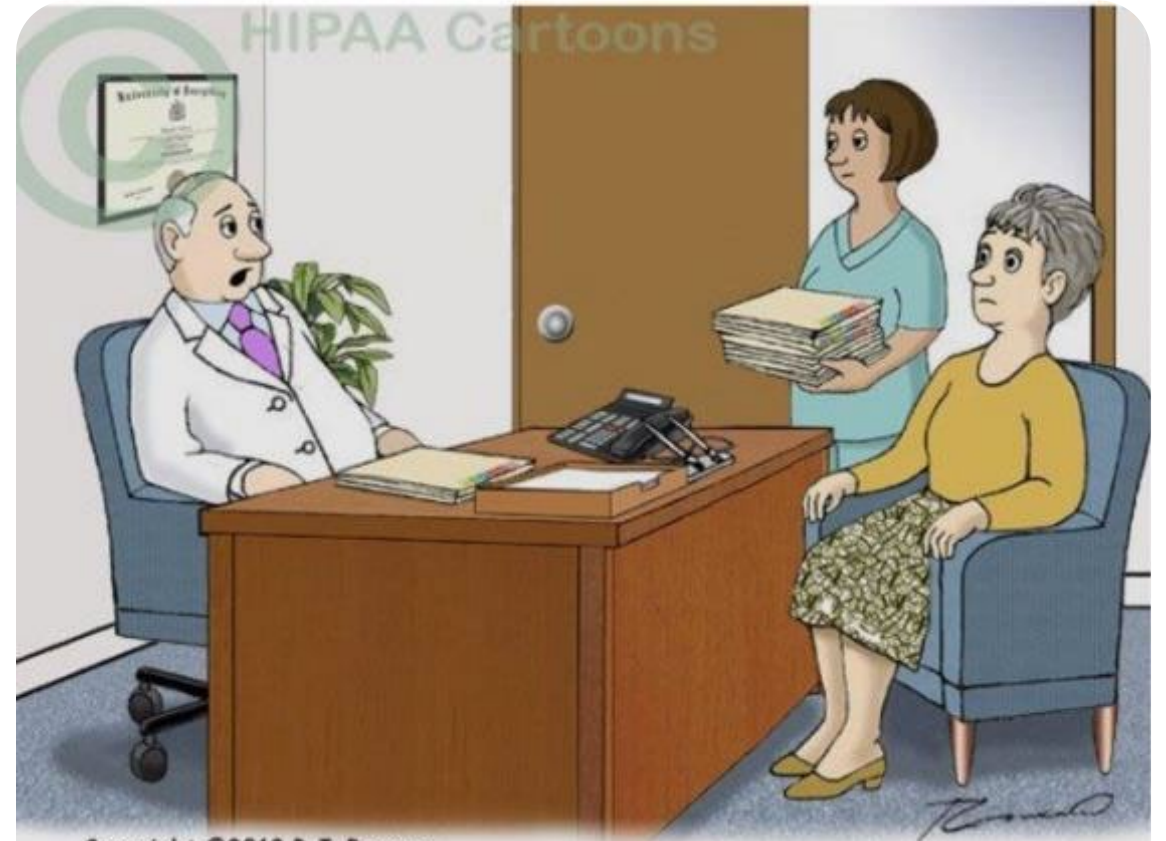


# Committee Participation

| Cruising Altitude |

**Risk Identification**  
**Analyzing Exposures**  
**Mitigation Tools & Strategies**

Copic's Patient Safety  
and Risk  
Managers LOVE to  
talk about  
documentation.



Copyright ©2012 R.J. Romero.

"Janet, would you please delete all of my personal snide remarks and print a copy of Ms. Cole's electronic medical record?"

# Documentation



**Patient Safety**

**Legal Protection**

**Communication**

**Quality Improvement**

**Compliance**

**Billing**

# Examples

Aide handed the patient the call light, told the patient to push the call light when she was done but did not set a bed alarm. Failure to set an alarm is a violation of hospital fall policy. Patient was left alone. About 5 minutes later, Patient's call light went off, and she was found on her right side on the floor. Fall team responded and was able to return her to bed. CT of the head and spine was negative. Later in the day, she complained of right shoulder pain. X-ray of the right shoulder demonstrated a glenohumeral dislocation. Closed reduced done on 11/30/21.

Patient's O2 Stat was 83% - stated patient did not bring his oxygen and he left it home.

Clinic did not provide supplemental oxygen.

Progress Note: Patient said she does not eat much but she is obese

2-year-old presented to the clinic for upper respiratory symptoms. No vital signs charted in progress note. Patient tested (+) for RSV

## TELEHEALTH:

Today's visit was conducted synchronously via real time interactive audio and video. The patient was informed of potential benefits, constraints, and risks (like privacy and security) of telemedicine. The patient was also informed of their rights when receiving telemedicine, including the right to stop or refuse treatment. The patient verbalized understanding and opted to proceed with treatment. Patient presents to the clinic with blank day history of upper respiratory symptoms. Patient complains of sore throat, cough, body aches and fever. Known-Unknown exposure. Patient has been vaccinated-not been vaccinated. Currently taking over-the-counter medications for symptoms. Denies-admits shortness of breath. Chest pain. Pt dx with covid 5 days ago. Admits to fever, body aches. Denies SOB. Denies hx of clotting.



COMMUNICATION

DOLIGHAN  
dolighan.com



# Risk Manager



**Identifying  
Risks**



**Reporting and  
Documentation**



**Training and  
Education**



**Promoting a  
Safety Culture**



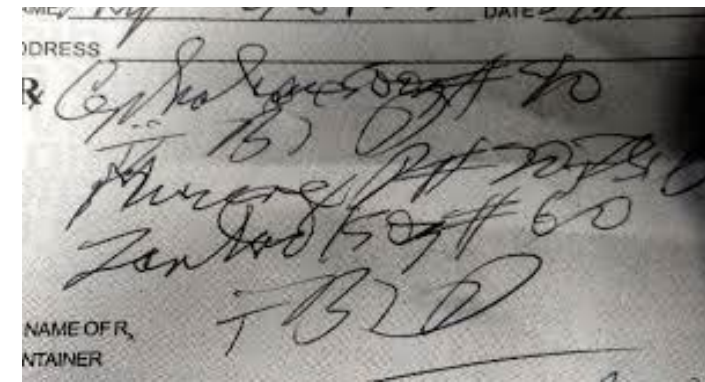
**Building  
Trust**

**“People don’t care how much you know,  
until they know how much you care.”  
~Theodore Roosevelt**



# Medication Errors

7 Million



A young boy with light brown hair, wearing a blue and black striped long-sleeved shirt and blue jeans, is running towards the camera in a grassy field. In the background, a young girl in a light blue dress is also running, slightly out of focus. The scene is set outdoors with trees and a bright sky in the background.

NEAR FATAL: A PATIENT SAFETY STORY

# Disclosure

- An important part of every event investigation includes disclosure of initial finding to the patient and family
- Disclosure supports the risk management process and reduces the possibility of a liability claim against the provider and/or facility
- The person most responsible and qualified to answer questions from the patient and family should be the one to have the disclosure conversation
- The Risk Manager is often part of the disclosure team and attends the discussion
- These aren't easy and you may need to support the provider in delivering the disclosure

# Disclosure

As more time passes without the patient and family knowing what occurred/being done to fix the situation:

- The more opportunity they have to become aware about what happened through other means.
- This increases anger, and causes frustration.
- Increases the chance to lose trust in you, your staff, and the facility slash organization.



# Cyber

- Inadvertant disclosures
  - Emails
  - Discharge summaries
  - Fax
- Phishing
- Changing Direct Deposit
- Unsecured Laptop/Briefcase



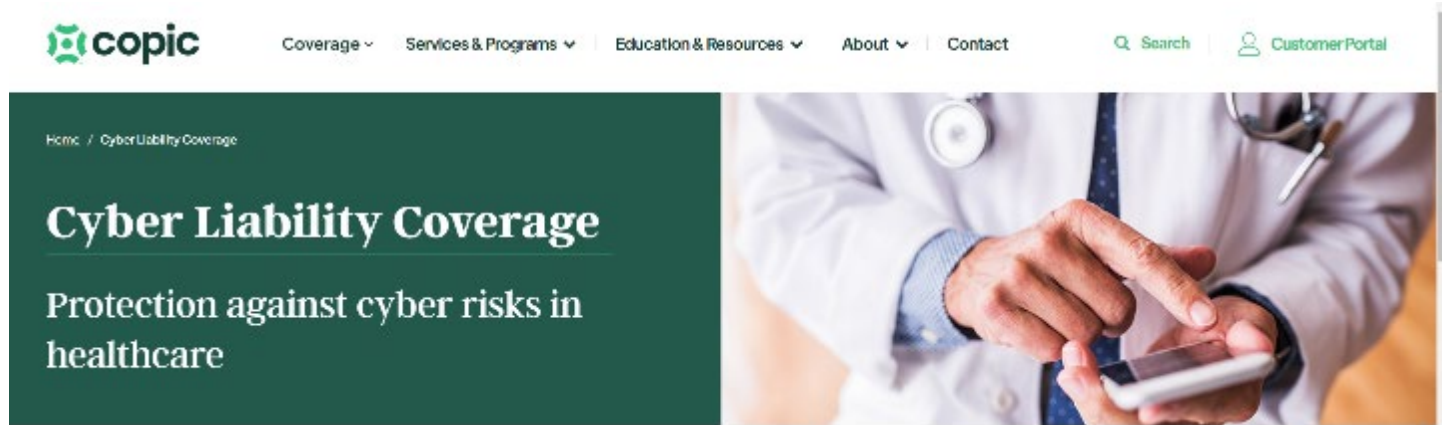
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# HIPAA

[www.Copic.com](http://www.Copic.com)

[www.breachsolutions.com](http://www.breachsolutions.com)



The screenshot shows the Copic website header with navigation links: Coverage, Services & Programs, Education & Resources, About, and Contact. There is also a Search icon and a Customer Portal link. The main content area features a dark green background with the text "Hcmc / Cyber Liability Coverage" and "Cyber Liability Coverage" in large white font. Below this, it says "Protection against cyber risks in healthcare". To the right of the text is a photograph of a doctor in a white coat holding a smartphone.

- Multimedia Liability
- Security and Privacy Liability
- Privacy Regulatory Defense and Penalties
- Proactive Privacy Breach Responses Costs, Voluntary Notification Expenses, and Patient Support and Credit Monitoring Expenses
- Network Asset Protection
- Cyber Extortion
- Cyber Terrorism
- PCI DSS Assessment
- BrandGuard™

# Minors

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Colorado Minor Consent  
and Confidentiality Laws\*

"Healthy Students,  
Promising Futures"

<https://healthystudentspromisingfutures.org>



# Law Enforcement Interactions

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## Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule: A Guide for Law Enforcement

**Health Insurance Portability and  
Accountability Act (HIPAA) Privacy Rule:  
A Guide for Law Enforcement**

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[https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/final\\_hipaa\\_guide\\_law\\_enforcement.pdf](https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/final_hipaa_guide_law_enforcement.pdf)

# Mitigation Tools & Strategies

# Risk Mitigation & Tools

## Four Types of Risk Mitigation



# Common Calls

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EMTALA

Law Enforcement/Legal Interactions

Medication Safety (Chain of Custody, Controlled Substances)

Documentation

Informed Consent and Informed Refusal

Disclosure Conversations

# Safety and Risk Strategies (SRS)



# Safety Risk Strategy Assessments

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## Key Areas of Review Include:

- Governance
- Informed Consent
- Informed Refusal
- Against Medical Advice (AMA)
- Handoffs/transfers
- Documentation
- Risk Management
- Compliance
- Just Culture
- Infection Control
- Life Safety

## Department-specific Assessment Questions:

- Anesthesia Services
- Surgical Services
- OB Safety Initiatives
- Emergency Services
- Medical Surgical/Intensive Care  
Special Care Unit
- Behavioral Health
- Home Health Care
- Telehealth
- Medication Safety
- Imaging/Radiology and Laboratory Services



# Self-Assessment Tools



ANESTHESIA



HEMATOLOGY/  
ONCOLOGY



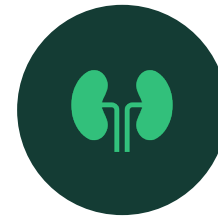
PATHOLOGY



HOSPITALISTS



RADIOLOGY



DIALYSIS



EMERGENCY

# Education



CopiScope Newsletter



Facility Newsletter



Seminars



On-Demand Courses



Podcast



Claims Committee



Mock Trials



# Education

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AMERICAN  
SOCIETY FOR  
HEALTH CARE  
RISK  
MANAGEMENT



| **Final Descent** |

# **Why Investing In Risk Mitigation Strategies Is Important**

# Investing



Opportunity to engage in proactive assessments



Facilitate internal discussions



Improve patient safety



Incorporate best practices

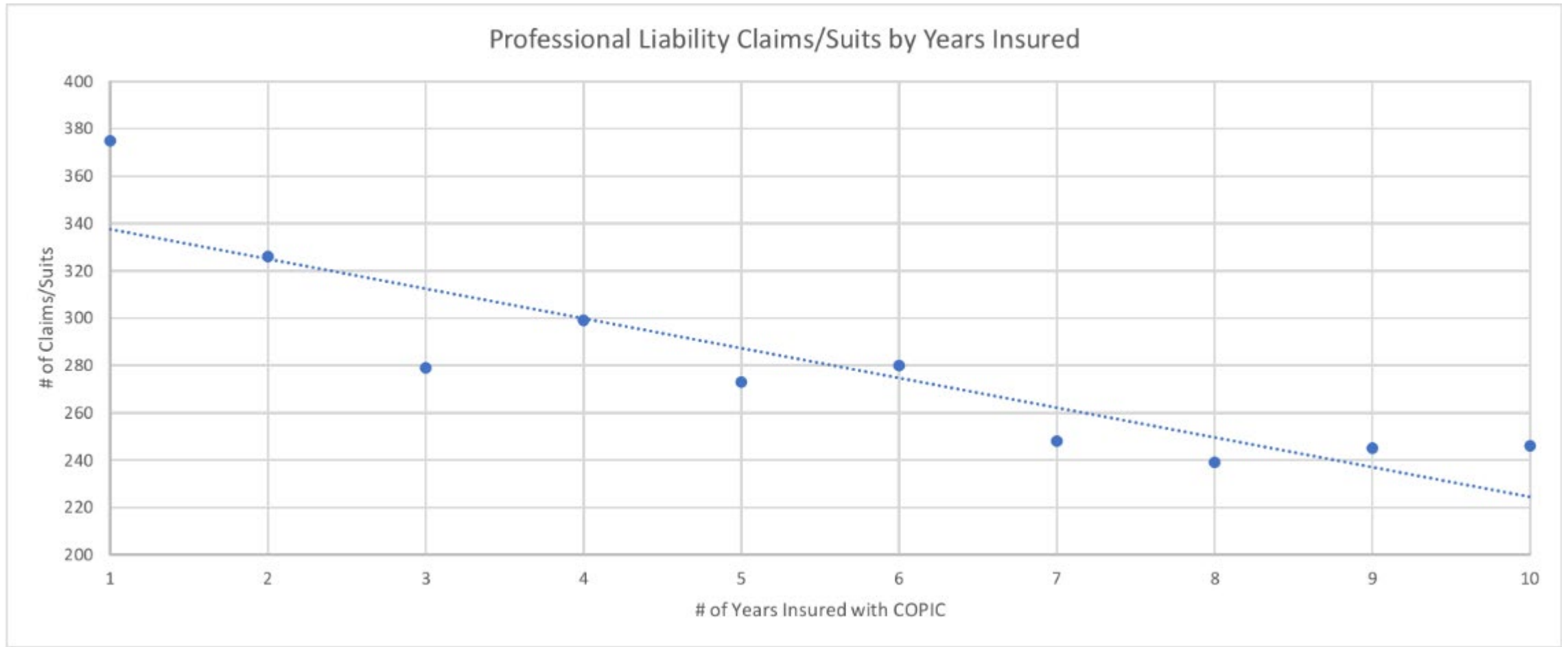


Value added services



CMS payments

# Data Demonstrating Copic's Efficacy



# Words to the Wise

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Put

Put the patient first think of them as family

Ask

When in doubt, ask

Anticipate

Anticipate what you may not know

Move

Move slowly and cautiously whenever possible

Avoid

Avoid hindsight

Learn

If you get to hindsight, learn from it and don't beat yourself up

- Open door policy
- Listen
- Be objective
- Be compassionate
- Maintain confidentiality
- Avoid the "you" word
- Respond to calls in a timely fashion
- Understand the second victim phenomenon

| **Landing** |

# **Risk Management Takes A Special Person**



# The Risk Manager – A Special Person



"As I teach you, I'm trying to get better too, so I have to have that humble demeanor to make everybody better."

- Navy Cmndr. Peverill

“I’ve learned that people will forget what you said,  
people will forget what you did, but people will never  
forget how you made them feel”

-Maya Angelou  
American author and poet

| Deplane |

# Questions & Connecting Flight Information



## Questions?

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## Connecting Flights

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11:30AM-1:00PM Lunch & Registration

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1:00-1:15PM Welcome

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1:15-2:30PM Real World Innovations: Practical Design  
Thinking in Healthcare

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2:30–2:45PM Break

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2:45–3:45PM Artificial Intelligence in Healthcare

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3:45–4:45PM Legislative Impacts on Healthcare Delivery

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4:45–5:00PM Closing Remarks

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5:30–7:00PM Dinner & Networking (Sunrise Room)

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