



Inside the Risk Management Lens



A Panel Session with your Nurse Risk Managers:

Heather Westermeyer, ADN, BSN, BSHM, CPHRM

Amanda Heinrichs RN MSN CBN

Amy Herum RN, BSN, CPHRM

Anna Barr RN, BSN

Kayla Boyd, RN, BSN, MSHCT, CPHRM

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

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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 form

It is estimated that this activity will take approximately 1 hour to complete.

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Learning Objectives:



ANALYZE KEY TRENDS AND
RISKS IN PATIENT SAFETY
ACROSS HEALTHCARE
SETTINGS



IMPLEMENT FOUNDATIONAL
RISK MANAGEMENT STRATEGIES
IN CLINICAL PRACTICE



UTILIZE RESOURCES AND TOOLS
TO ENHANCE CARE AND
PROFESSIONAL
ACCOUNTABILITY



A Culture of 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., walk rounds)
- 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).

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Workplace Violence

Preventing Workplace Violence in Healthcare:

Why The Importance:

- Healthcare workers face a higher risk of workplace violence compared to other occupations
- 75% of nearly 25,000 workplace assaults reported annually occurred in health care and social service settings
- Workplace violence cost US hospitals more than \$18 billion in 2023 (American Hospital Association)

Definition - The Joint Commission's definition: includes verbal, nonverbal, written, or physical aggression; threats; bullying; sabotage; and harassment from patients, visitors, staff, or third parties

Recognizing Risk Factors for Violence:

- History
- Intoxication
- Delirium or delusions
- Suicidal intent
- Intense emotions
- Communication



How To Effectively Manage Violent Patients:



Verbal De-escalation



Nonverbal Techniques



Staffing Considerations &
Environmental



Medication and Physical Restraints

Risk Management Strategies for Safer Environments:

- Clearly define workplace violence and put systems in place
- Capture and track the data
- Support your staff
- Analyze data
- Develop quality improvement initiatives



Understanding State & Federal Laws:

- The Workplace Violence Prevention for Health Care and Social Service Workers Act
- OSHA
- The American Medical Association
- The American College of Emergency Medicine
- States Laws: penalties and mandatory reporting



References & Toolkits for Workplace Violence:

- Copiscope 2nd Quarter 2025
<https://www.copic.com/copic-newsletters/>
- [AHSRM: Workplace-Violence-Tool.pdf](#)
- <https://www.osha.gov/workplace-violence/prevention-programs>





Third Victim

Who are the victims?



First
Victim

Second
Victim

Third
Victim

Third victims face unique stressors

Critical Incident Stress:

Emotional trauma from repeated exposure to adverse events.

Emotional Labor:

Managing difficult conversations with grieving families and distressed staff.

Abusive Supervision & Bullying: Organizational politics and hostility.

Competing Loyalties:

Ethical conflicts between protecting patients and shielding the organization from liability.

Professional Isolation:

Lack of support and recognition, leading to burnout and attrition.

BREATHE

Proposed Solutions

- **Extend Second Victim Support Programs.**
- **Redesign the Patient Safety Role.**
- **Board-Level and Senior Management Support.**
- **Create a Culture of Psychological Safety.**
- **Track Metrics.**



Use of Chaperones

Why do it? When to do it? Who can do it?

Rationale

- Acknowledges patient's vulnerability
- Respect for dignity
- Prevent physical and psychological harm to patient
- Protect integrity of provider and organization
- Witnesses verbal exchange of information



When?

- **Any** exam of breast, genitalia, and full body skin
- **Any** exam where patient in a gown
- Regardless of gender of provider **or** patient
- Policy needed



Selecting Chaperones

- Who can chaperone determined by organization
- Recommend healthcare professionals
- Sets professional tone, alleviate anxiety
- Assist during procedure (e.g., instruments, specimens, documentation)
- Certain scenarios include family member **and** chaperone



Keep in mind...


Allegations of inappropriate sexual misconduct can have associated professional liability implications

Criminal and disciplinary repercussions

Medical liability may **exclude** criminal allegations/actions from coverage

Recommendations

- Policy that requires chaperones for all medical examinations
- Policy should clearly state that chaperones are available



Would you like a Chaperone?
¿Te gustaría un(a) acompañante?

Please let us know if you would like a chaperone to be present during your examination.

Por favor déjenos saber si le gustaría tener un(a) acompañante presente durante su examen

References

Holden, J., & Card, A. J. (2019). Patient safety professionals as the third victims of adverse events. *Journal of Patient Safety and Risk Management*, 24(4), 166–175. <https://doi.org/10.1177/2516043519850914>

[Use of Chaperones | AMA-Code](#)

ECRI. (2024, August 26). *Providing chaperones during sensitive examinations and procedures*. Health System Risk Management. Retrieved from <https://www.ecri.org/components/HRC/Pages/Providing-Chaperones-during-Sensitive-Examinations-and-Procedures.aspx>



Prioritization Tips for Risk Managers



Prioritizing

This two-hour meeting
was almost as productive
as a single, well-written
email.



som^{ee}cards

EISENHOWER MATRIX TEMPLATE in Word and Google Docs

Use this template to prioritize project tasks and determine which activities to tackle, delegate, or delete in order to make the most efficient use of your time.







MULTITASKING

Because we needed another word for "unable to focus on the task at hand"



Peer Review



- ✓ Risk Mitigation
- ✓ Quality of Care & Patient Safety
- ✓ State Licensing Laws
- ✓ Payment (Medicare/Medicaid CoPs)
- ✓ Accreditation (TJC, DNV)

COPIC

Peer Review Toolkits

Copic promotes peer review to improve medicine in the communities we serve.

Copic has been a strong advocate of using peer review as a tool for improving patient safety.

- It's important for making sure a provider is qualified and safe to practice
- It's a way to learn from case reviews to avoid preventable harm for patients going forward.

Available on copic.com > Resources or this link: [Peer Review Toolkits page](#)

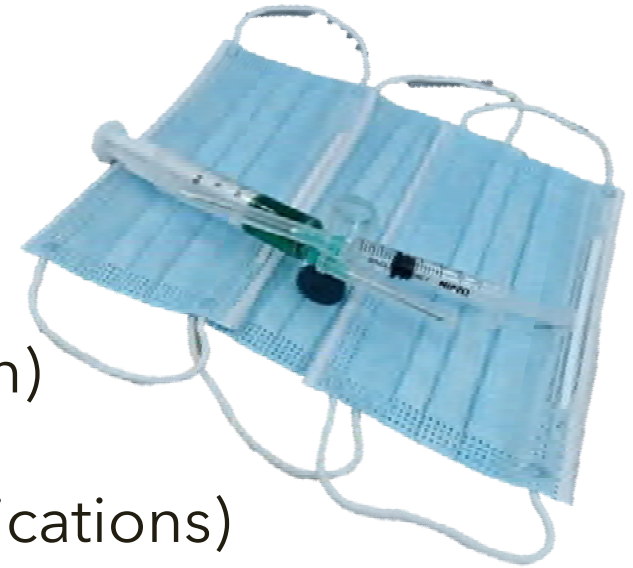




Informed Consent

Scenario 1: Informed Consent in Clinic Setting

- A 45-year-old patient, Mr. Daniels, visits a family practice clinic for ongoing fatigue and mild joint pain. During the visit, the provider decides to perform an **in-office joint injection** to relieve inflammation in the patient's knee.
- There is **no discussion** of:
 - What medication is being used
 - Potential risks (e.g., infection, bleeding, allergic reaction)
 - Expected benefits or duration of relief
 - Alternative treatments (e.g., physical therapy, oral medications)



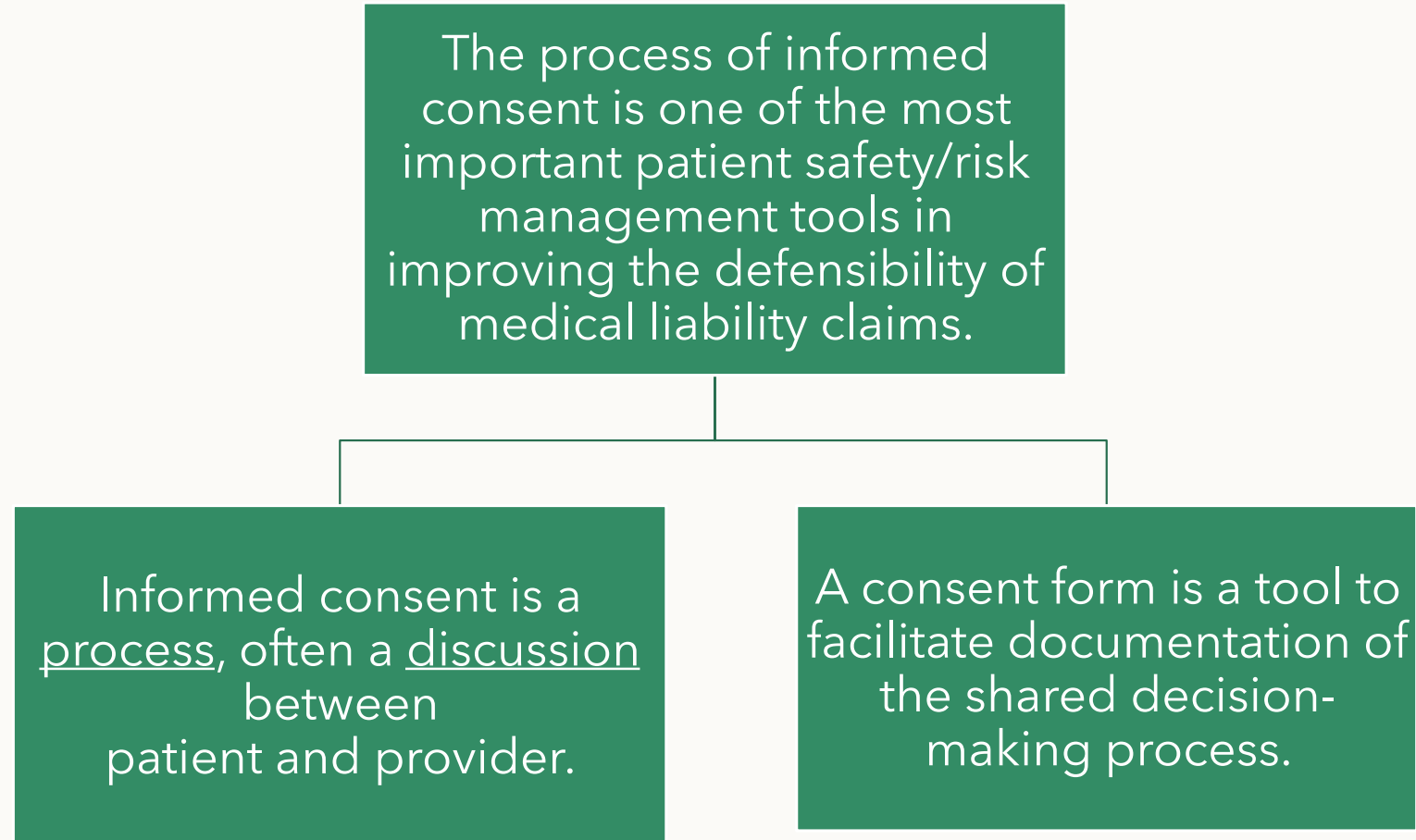
Scenario 1 Continued:

- The provider documents only:

"Joint injection performed.
Patient tolerated procedure
well."



Takeaways with Informed Consent



Scenario 2: Informed Consent in Clinic Setting

- Mr. Thompson, a 38-year-old patient, visits his family medicine provider for evaluation of a small, changing mole on his upper back. After examination, the provider recommends **removal and biopsy** of the lesion to rule out skin cancer.
- The provider explains:
 - **What the procedure involves**
 - **Why it's recommended**
 - **Potential risks**
 - **Alternatives**



Scenario 2 Continued:

- Mr. Thompson is:
 - given a printed handout summarizing the procedure and risks.
 - given time to consider the procedure and consents both **verbally and in writing**.
- **Documentation in the EHR includes:**
 - Summary of the discussion
 - Risks, benefits, and alternatives reviewed
 - Patient questions and responses
 - Confirmation of consent
 - Educational materials provided



Best Practice: A signed form is used for the following examples...

- a. Certain medications
- b. Any procedure usually requiring general or regional anesthesia
- c. Coronary angiography
- d. Endoscopy
- e. All sterilization procedures
- f. Any procedure where the usual risk is substantially increased because of some aspect of the patient's medical condition
- g. All plastic surgery procedures
- h. All surgical procedures upon the eye

- i. All surgical procedures upon the middle and inner ear
- j. Needle biopsy of internal organs
- k. Treadmill tests
- l. Trial of labor after C-section

A signed consent form OR medical record documentation that supports:

- a. Minor procedure generally done under local anesthesia
- b. Injection of contrast material
- c. Joint aspiration/injection



Informed Refusal

Informed Refusal Case Study

- **Patient:** 58-year-old woman with worsening heartburn
- **Symptoms:** Reflux-like, worsened with exertion (e.g., stairs)
- **Physician Concern:** Possible unstable angina
- **Recommendation:** Immediate ED evaluation
- **Patient Response:** Declined; planned to go Monday if no improvement
- **Documentation Gap:** No record of urgent ED recommendation or risk discussion
- **Outcome:** Cardiac arrest at home; died after hospitalization
- **Legal Claim:** Family alleged inadequate communication of risks and urgency

Informed Refusal

- Informed refusal is a process whereby the physician/provider documents having disclosed potential risks to a patient who indicates that they do not intend to follow recommended advice.
- A clear informed refusal process and supporting documentation are important for the defensibility of medical liability claims. A signed form is one way to document that a discussion occurred; it also emphasizes to the patient that the decision carries weight.



Documentation includes:

- Description of the specific treatment/advice that was given
- Purpose/goal/intent of the recommended treatment
- Risks and benefits of both the treatment and non-treatment were discussed
- Patient's stated reasons for refusal (e.g., "can't afford the co-pay")
- That the patient indicates an understanding of the risks of **not** following the recommendation (including death, if applicable)
- Provider's assessment of the patient's capacity to understand, if applicable

You can find the following at copic.com/consent-forms.

Environmental Allergy
Immunotherapy (Allergy
Injections)



Rivaroxaban (Xarelto)



Dabigatran etexilate (Pradaxa)



Attempt Trial of Labor after
Cesarean Section (TOLAC)



Informed Refusal



Corticosteroid Therapy



Chronic Opioid Therapy



Apixaban (Eliquis)



Administration of Long-Term
Anticoagulation with Warfarin
(Coumadin®)



Administration of Medication



Agreement on Controlled
Substances Therapy for
Chronic Pain Treatment



Surgery





Terminating the Patient/Provider Relationship

Issues to Consider

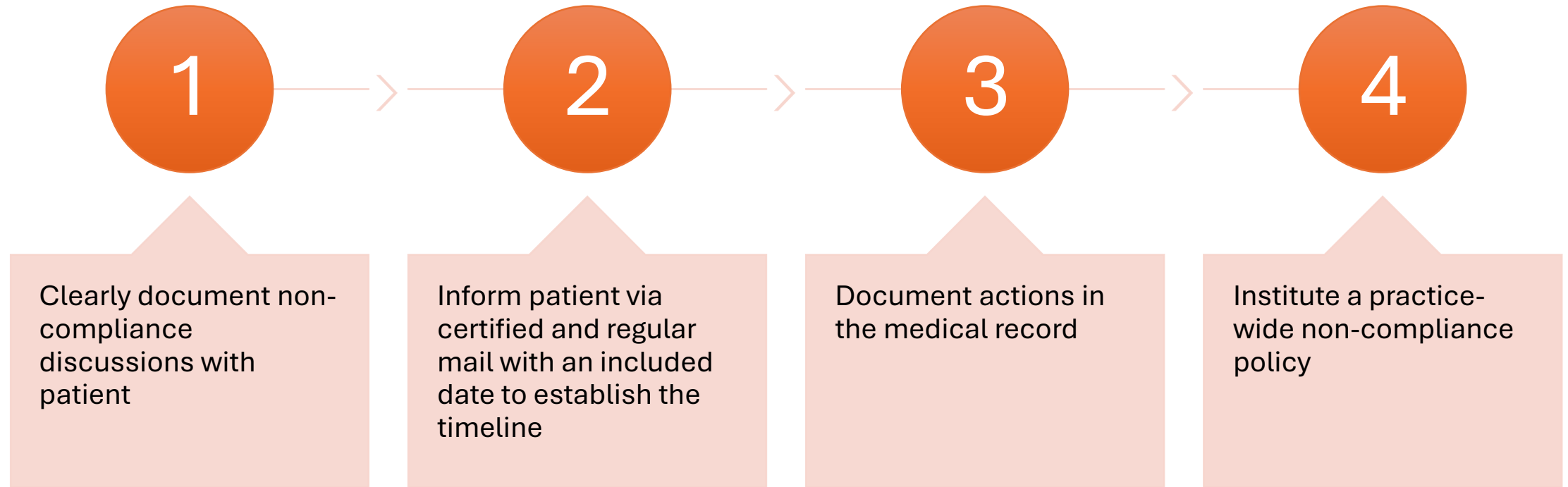
Abandonment

Discrimination

Contract
Issues



Termination of Patient Relationship Steps



This letter should be typed on the healthcare provider's letterhead. One copy should be sent via certified and one by regular mail. A copy of the letter and the returned receipt should be kept in an administrative file separate from patient's chart.

[DATE]

Dear _____,

I [we] have decided not to continue as your _____ [TYPE OF] provider. Your local Medical Society [contact information] or insurance carrier may be able to assist you in finding another practitioner. I [we] will remain available to you for necessary care for 30 days following the date of this letter.

- To ensure continuity, please try to transfer to a new care provider as quickly as possible within this 30-day period. I [we] will provide a copy of your medical records to your new practitioner upon receipt of a written request from you, your personal representative or your new provider.
- [IF APPLICABLE] If you have access to your records through our office's electronic portal, I [we] will keep your account open for 30 days. Please follow the instructions for printing or downloading the material stored on the portal. After your portal account is closed, you will need to request copies of your records through our normal process. Please contact us if you need instructions.
- If you have access to our practice by email or other electronic messaging services (including secure messaging through our patient portal), this service will remain active for 30 days. After that, you will need to contact us by postal mail, telephone, fax, or through our general email account [IF THE PRACTICE PROVIDES ONE].
- I [we] will accept and save any copies of test results, clinical reports and other correspondence we receive for you. I [we] will notify you of information received according to my [our] usual policies.

Sincerely,

_____ [TITLE]



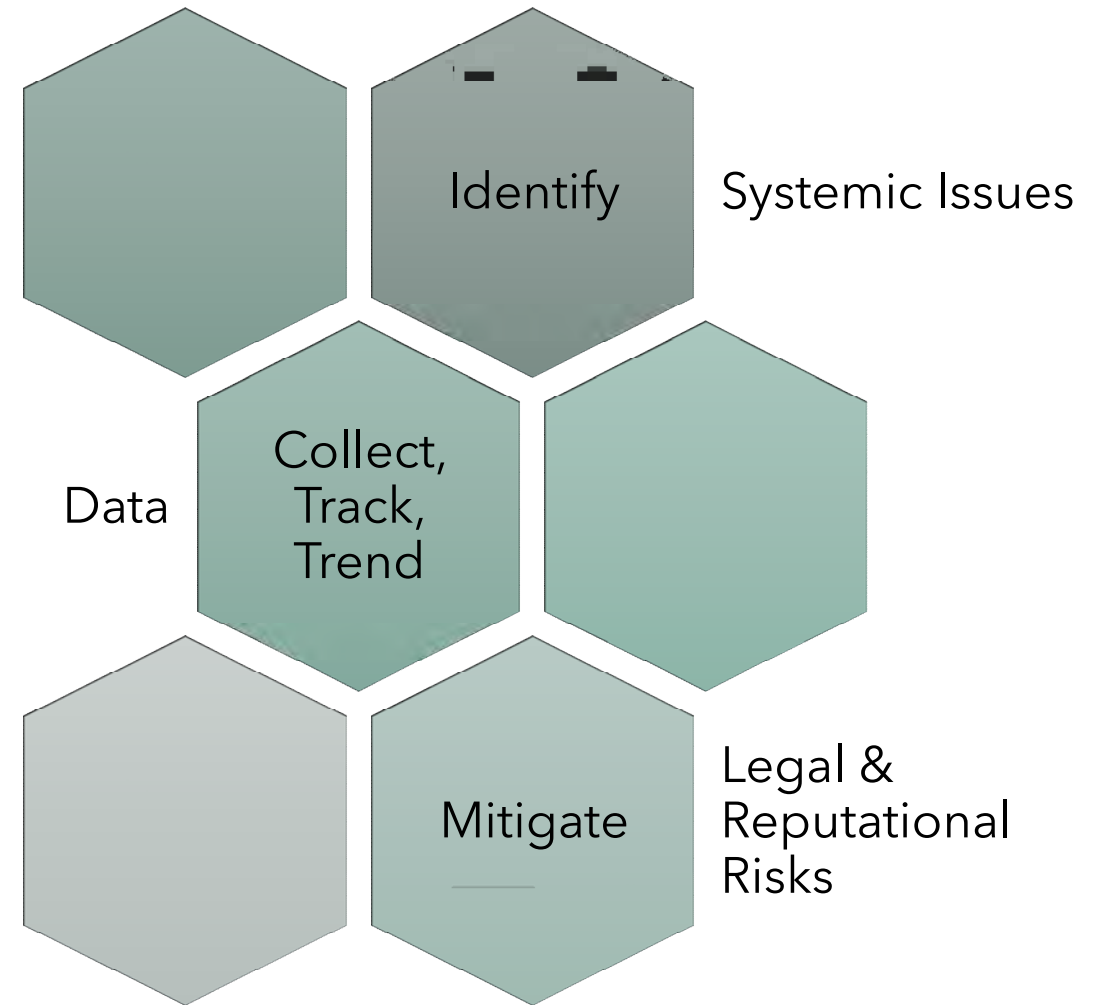


Complaints & Grievances

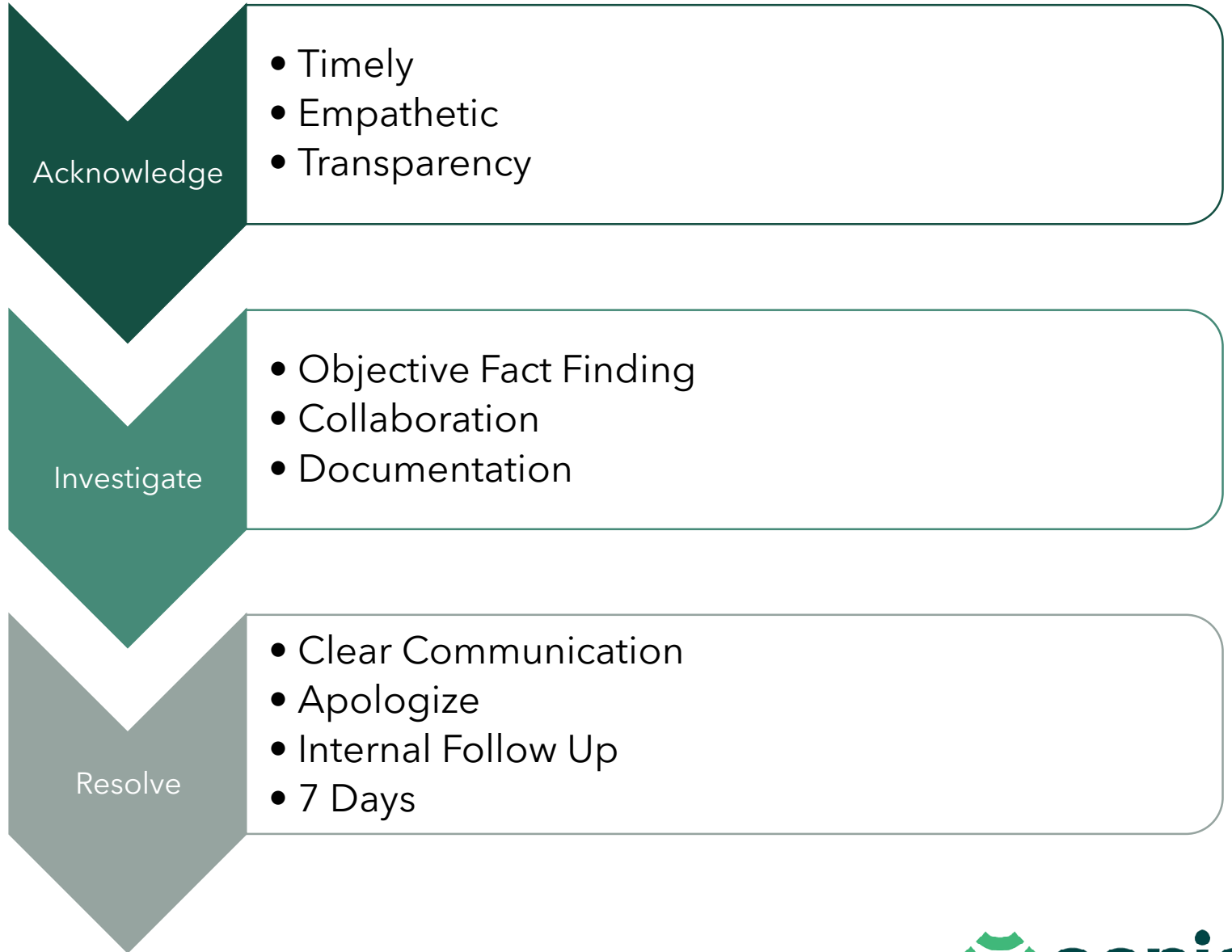
Q: Is There a Difference in Complaints vs. Grievances?



Q: What Is Risk Management's Role?



Q: What Are Components of a Response?

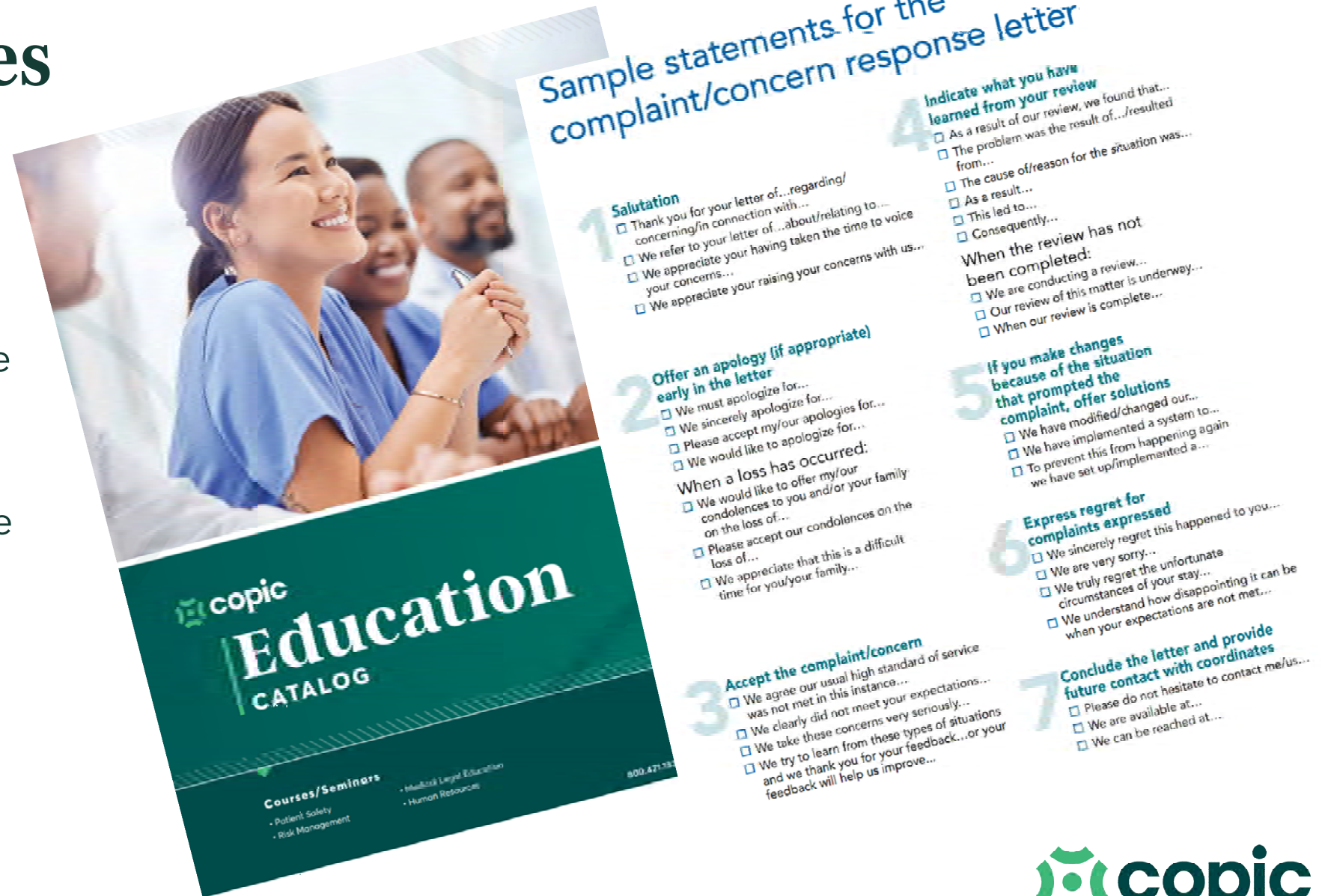


Q: When Is A Grievance Considered Resolved?



Copic Resources

- HIROC Letter Writing Guide
- ECRI Sample Policy
- Copic Education – Schedule through your PSRM
- ECRI Sample Letters





Thank You!

aheinrichs@copic.com, abarr@copic.com, aherum@copic.com,
kboyd@copic.com, hwestermeier@copic.com