The Role of Risk Management in Patient Safety

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Medical Injuries, Mistakes, and Malpractice Claims

- negligence & error
- injuries due to negligence
- injuries & adverse events
- malpractice claims
- compensation
- Health care environment
RMF: 

**Claims are the TIP of the iceberg!**

- **Public awareness**
  - Claims
  - Adverse events
  - “Near misses”
  - Noise/anecdotes

- **IOM report**

- **Patient safety**

Risk Management Foundation, Cambridge, MA
Traditional Risk Management Functions

- Loss control
- Point person for claims and potential claims
- Claims analysis
- Risk avoidance
  - Identification, evaluation and treatment of financial loss
- Identify areas of potential risk
  - Incident reports
- Education
- Resource Materials
- Guidelines
Traditional Risk Management Functions

- Links to underwriting
- Interface with insurance company and regulators
- May or may not be linked to QA
- May be linked to General Counsel
The Patient Safety “Explosion”

1990
Narrow range of projects: Focus on legal risk management/loss prevention

1999
Focus on Patient Safety

To Err Is Human
Building a Safer Health System
Institute of Medicine
Risk Management in Patient Safety

- Change the culture from reactive to interactive risk management
- Provide leadership in the area of safety
- Align the risk management process around organization key strategic imperatives
- Link risk data to financial data
- Link JCAHO standards to risk management plan

Youngberg, B, Meeting the Challenges of Patient Safety through the design of a New Risk Management Process, ASHRM Journal Fall 2001
Risk Management in Patient Safety

Manage risk – *reactive, interactive*

- Mitigate risk from unexpected occurrence – to patient, to provider
- Investigate and defend claims – efficiently and effectively
- Prevent future errors and losses – drive performance improvement, education, and practice evaluations from data and learning
- Evaluate and underwrite risk exposures – insurance and retention
Risk Management in Patient Safety

Understand risk – *vulnerabilities, exposures*

- Code cases that lead to clinical investigation, to claim, to payment
- Code and incorporate events and non-standard data
- Compare data and evaluate hypotheses
- Identify areas of excellence, of opportunity, of distinction
Claims by Risk Management Issues
Risk Management in Patient Safety

Integrate risk and clinical programs – *engage in improvements*

- Communicate and engage executives and clinical leadership
- Incorporate insights from QA, care, medical management
- Coordinate improvement activities – everyone reacts to the same data
Risk Management in Patient Safety

- Medication errors and harm
- Readmissions
- Infection rates
- Unplanned extubations and re-intubations
- Data from high risk areas: OB, ED, Surgery, Radiology
- Deaths
Link to Financial Data

Costs of Adverse Events

- Cost of ongoing care
- Lost productivity for patient
- “Second Victim”
- Medical malpractice case
  - Indemnity payments
  - Defense costs
- Premium adjustments
- Defensive medicine
- Reputation
- Market share
Risk management – *closing the loop with data*

- **Learning**
  - Vulnerabilities
    - Unexpected occurrence or outcome
      - Risk mitigation
        - Assertion of claim or lawsuit
          - Investigation
            - **Claims management and Defense**
            - **Defensibility**
    - Issues
      - **Regulatory compliance**
        - Standards of care
          - **Loss prevention**
            - Education
              - Process improvement
                - **Medical management (peer review)**
      - **Process improvement**
        - **Education**
Patient Safety Explosion: The RMF Perspective

1999 Catalysts & First Steps
- IOM Report
- RMF develop. Patient Safety Mission
- BrCa Algo

2000 Digging Deeper
- Patient Safety Advisory Group formed
- Target Areas drill down, focused analysis

2001 Revving Up
- Core Curriculum development
- Human Factors Integration
  - symposium
  - surgery observation
  - L&D training
- HSRI formed
- Reporting systems

2002 Take Off
- Human Factors dx & anti-coag projects
- Reporting systems
- MIMEPS Project

CRICO Bd approve pt safety mission
CRICO Bd target area grants ($50K)
CRICO Bd pt safety grants ($500K)
CRICO Bd update on key inits
Current Initiatives

- **Diagnosis**
  - Breast Care Algorithm update
  - Colo-Rectal Screening model (HF)
  - “Missed MI” study

- **Surgery**
  - Human Factors Observation study at BWH
Current Initiatives

- Obstetrics
  - OB Team Training at BIDMC
  - OB Guidelines
  - Incentive Rating Plan pilot

- Medication
  
  Results of two CRICO-funded studies –
  - Ambulatory Oncology Study
  - Analysis of Medication-Related Malpractice Claims (Archives of Internal Medicine, Nov 2002)
  - Improving Medication Prescribing (NEJM April 15, 2003)
Disclosure of Unanticipated Outcomes

- Component of a safe culture
- Patients want to know
- Risk managers: a hindrance or a support?
- May impact litigation
Pitfalls

- More data collection = more disclosure?
- Increase in suits in the short run
- Definition of medical error not clear
- Error does not always lead to harm
- Error does not mean negligence