

PATIENT SAFETY
(INTEGRATED RISK MANAGEMENT PROGRAM)

1. PURPOSE: The purpose of this memorandum is to outline the facility patient safety/risk management program. Additional guidance and information are provided on attachments to this policy:

- a. Tools, Terms and Definitions [Attachment A]
- b. Adverse Event Reporting Guidelines - [Attachment B]
- c. Risk Management Committee (RMC) - [Attachment C]

2. PHILOSOPHY: Human error is inevitable, even among the most conscientious professionals practicing the highest standard of care. Identification and reporting of adverse events, including those that result from practitioner error, are critical to our efforts to continuously improve patient safety. Likewise, medical managers have a duty to recognize the inevitability of human error and attempt to design systems that make such error less likely; and to avoid punitive reactions to honest errors.

3. POLICY: Key components of the patient safety/risk management policy and approach are:

a. All employees and practitioners are responsible for fully cooperating in efforts to improve patient safety and eradicate potential risks. This includes the reporting of events which result in actual or potential injury to a patient.

b. Patients and their families will be informed about injuries resulting from adverse events and the options available to them.

c. The Risk Management Committee is hub of responsibility for patient safety activity. This includes overseeing the investigation, reporting and analysis of patient safety and adverse event data as well as orchestrating family notifications and interventions when warranted.

4. REFERENCES: VHA program guide 1051/1, Patient Safety.

Lexington, Kentucky

November 4, 1999

5. RESCISSIONS: VAMC Memorandum No. 00-1 dated May 6, 1996. This memorandum will be due for review by November 4, 2002, in accordance with procedures in Medical Center Memorandum No. 001-1, para. 5a(2).

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Director

DISTRIBUTION: A

VA MEDICAL CENTER
LEXINGTON, KENTUCKY

ATTACHMENT A to
VAMC MEMORANDUM 00-1
November 4, 1999

PATIENT SAFETY/RISK MANAGEMENT
TERMS, TOOLS AND DEFINITIONS

1. Clinical Risk Screening – review activities performed by clinicians (registered nurses and other providers) to identify potential issues of patient safety and/or risk.
2. Risk referrals - Cases referred by practitioners or staff with specific concerns involving patient management or other issues.
3. Peer review – The review of specific issues or cases by a professional peer provider.
4. Sentinel events – adverse patient events which meet the definitions of VA and/or the Joint Commission on Accreditation of Healthcare Organizations for higher level reporting.
5. Focused reviews – an interdisciplinary review approach designed to evaluate root causes of adverse events involving patients. These documents are generally protected from disclosure as confidential quality assurance documents (38 U.S.C. 5705).
6. Administrative investigations – Boards of Investigation involve testimony under oath. These documents are not considered to be confidential quality assurance documents
7. Incident reporting – a VISTA-based system used to electronically transmit information about certain types of adverse events involving patients

ADVERSE EVENT REPORTING GUIDELINES

1. Serious events should be reported immediately to a member of the Risk Management Committee (Quality Management Office; Associate Director for Patient Care Services; Chief of Staff; Regional Counsel). The guiding premise here is: if in doubt, report.

2. Types of reportable risk events include the following:

a. Any event known to have caused or with the potential to have caused serious injury or death to a patient. This includes any event with a problem related to use of a medical device.

b. Suicides and suicide attempts involving patients currently receiving inpatient or outpatient care especially those occurring within 30 days of a VA clinical encounter or visit.

c. Allegations of patient abuse - This includes acts against patients which involve physical, psychological or verbal abuse. "Intent" to abuse is not a requirement for reporting.

d. Missing patients – Events involving inpatients or outpatients being who are in the process of being seen and disappear should be reported if patients meet any of the following criteria:

(1) the patient has a court appointed legal guardian;

(2) the patient is considered a danger to self or others;

(3) the patient is legally committed; or

(4) the patient is deemed by the provider to be incompetent and/or to lack the cognitive ability to make decisions.

e. Homicide – Any event in which a VA patient is either the victim or the possible perpetrator of a homicidal action

f. Assault – Events involving actual or attempted unwanted or unconsented physical contact, including sexual contact between patients or patients and staff

3. For most of these, in addition to notifying a member of risk management, electronic incident reports should be filed.

4. Investigation and follow up of adverse events will be orchestrated by the Risk Management Committee based on current VA policy.

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ATTACHMENT C to
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RISK MANAGEMENT COMMITTEE (RMC)

1. POLICY: This committee will coordinate the evaluation and appropriate reporting and follow up actions involving patient safety and adverse event reporting. There is a working relationship between the Risk Management Committee and the Environment of Care clinical advisory subcommittee which also has a focus on patient safety and security issues.
2. MEETING FREQUENCY: The Committee will meet on a regular basis, usually weekly.
3. MEMBERSHIP: The following individuals serve on the Risk Management Committee:

- Chief of Staff - Chairman
- Quality Manager
- AA/Chief of Staff
- Associate Director for Patient Care Services
- Employee Relations Specialist
- Regional Counsel (ex officio)
- Clinical analysts
- Paralegal (technical support)

Additional technical support will be provided to the committee by designated clinical reviewers and patient advocates as needed.