




LINCOLN COMMUNITY HEALTH CENTER, INC.

1301 Fayetteville Street • P.O. Box 52119
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Risk Management Plan

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Risk Management Plan

PURPOSE

The Risk Management Plan is designed to support the mission and vision of Lincoln Community Health Center (LCHC) as it pertains to clinical risk and patient safety as well as visitor, third party, volunteer, and employee safety and potential business, operational, and property risks. The Risk Management Plan develops a comprehensive and continuous health care risk management program as assigned by the Risk Management Policy.

PROGRAM GOALS AND OBJECTIVES

The Risk Management Program goals and objectives are to:

- Continuously improve patient safety and minimize and/or prevent occurrence of errors, events, and system breakdowns leading to harm to patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.
- Minimize adverse effects of errors, events, and system breakdowns when they do occur.
- Minimize losses to the organization overall by proactively identifying, analyzing preventing, and controlling potential clinical, business, and operational risks.
- Reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation.
- Facilitate compliance with regulatory, legal, and accrediting agency requirements
- Protect human and intangible resources
- Set and track progress related to annual risk management goals, including completion of quarterly risk assessments, and report to committees and Board of Directors as indicated in plan.
- Create an annual plan for the completion and tracking of health care risk management training for health center staff that addresses areas of identified clinical and organizational risk.
- Designate responsibility for the coordination of health center risk management activities

GUIDING PRINCIPLES

The Risk Management Plan supports LCHC's philosophy that patient safety and risk management is everyone's responsibility. Teamwork and participation among leadership, providers, volunteers, and staff are essential for an efficient and effective patient safety and risk management program. The program will be implemented through the coordination of all applicable organizational functions and departments.

LCHC supports a culture that emphasizes implementing evidence-based best practices, learning from error analysis, and providing constructive feedback. Unsafe conditions and hazards are readily and proactively identified, medical or patient care errors are reported and analyzed, mistakes are openly discussed, and suggestions for systemic improvements are welcomed. Individuals are held accountable for compliance with patient safety and risk management



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practices. As such, if evaluation and investigation of an error or event reveal reckless behavior or willful violation of policies or procedures, disciplinary action can be taken.

The Risk Management Plan stimulates the development, review, and revision of the organization's practices and protocols in light of identified risks and chosen loss prevention and reduction strategies. Principles of the Plan provide the foundation for developing key policies and procedures for risk management activities including but not limited to:

- Examination, identification, and correction of potential hazards on all physical premises
- Claims management
- Complaint resolution with systematic evaluation to identify adverse trends that may contribute to organizational risk
- Confidentiality and release of information
- Event investigation, root-cause analysis, and follow-up
- Provider, third-party, volunteer, and staff education, competency validation, and credentialing requirements as applicable in regards to patient safety and risk management
- Review and revision of LCHC policies and procedures to reflect current accepted standards of practice regarding risk management
- Reporting and management of adverse events and near misses
- Trend analysis of events, near misses, and claims
- Compliance with Federal Tort Claims Act (FTCA) requirements for federally qualified health centers (FQHCs) quality-risk programs inclusive of credentialing quality improvement, risk management, and service arrangements
- Risk Assessment and risk mitigation planning

Governing Body Leadership

The success of the Risk Management Plan requires top-level commitment and support. The governing board authorizes the Plan through a resolution documented in the Risk Management Policy.

LCHC's Quality Improvement Committee (QIC), as established under the Continuous Quality Improvement Plan, and leadership staff are committed to promoting the safety of all patients and the quality of their care, as well as the safety of visitors, employees, volunteers, and other individuals involved in organization operations. The Risk Management Plan is designed to reduce system-related errors and potentially unsafe conditions by implementing continuous improvement strategies to support an organizational culture of safety. The governing body empowers the organization leadership with the responsibility for implementing performance improvement and risk management strategies.

SCOPE AND FUNCTIONS OF THE PROGRAM

The Risk Management Plan interfaces with all operational departments and services throughout the organization.

Functional Interfaces

Functional interfaces with the patient safety and risk management program include the following:



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- Building and grounds
- Claim management
- Regulatory compliance
- Credentialing of providers
- Disaster preparation and management
- Occupational health
- Event/Incident/accident/near miss reporting and investigation
- Finance/billing
- Human resources
- Infection Control
- Information technology
- Legal and contracts
- Marketing/advertising/public relations
- Nutritional services
- Patient and family education
- Patient satisfaction & feedback
- Pharmaceuticals and therapeutics
- Product materials management
- Quality/performance assessment and improvement
- Safety and Security
- Social service programs
- Staff education
- Volunteers

Risk Management Plan Functions

Risk management functional responsibilities include:

- a) Developing systems for and overseeing the reporting of adverse events, near misses, and potentially unsafe conditions. Reporting responsibilities may include internal reporting as well as external reporting to regulatory, governmental, or voluntary agencies. This includes the development and implementation of event-reporting policies and procedures.
- b) Ensuring the collection and analysis of data to monitor the performance of processes that involve risk or that may result in serious adverse events (e.g., preventive screening, diagnostic testing, medication use processes). Proactive risk assessment, including a quarterly risk management assessment, can include the use of failure mode and effects analysis, root-cause analysis, system analysis, and other tools.
- c) Overseeing the organizational Management Information System (MIS) for data collection and processing, information analysis, and generation of statistical trend reports for the identification and monitoring of adverse events, claims, finances, and effectiveness of the risk management program.

The system may utilize and include, but not limited to, the following:

- Attorney requests for medical records, x-rays, laboratory reports
- Committee reports and minutes
- Criteria-based outcome studies
- Event, incident, or near miss reports
- Medical record reviews



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- Monitoring systems based on objective criteria
 - Notice letters, lawsuits
 - Nursing reports
 - Patient care concerns
 - Physician and other medical professionals' input
 - Results of failure mode and effects analysis of high-risk processes
 - Root-cause analyses of sentinel events
- d) Analyzing data collected on adverse events, near misses, and potentially unsafe conditions; providing feedback to providers and staff; and using this data to facilitate systems improvements to reduce the probability of occurrence of future related events. Root-cause analysis and systems analysis can be used to identify causes and contributing factors in the occurrence of such events.
- e) Ensuring compliance with data collection and reporting requirements to governmental, regulatory, and accrediting agencies.
- f) Facilitating and ensuring the implementation of patient safety initiatives such as improved tracking systems for preventive screenings and diagnostic tests, medication safety systems, and fall prevention programs.
- g) Facilitating and ensuring provider and staff participation in educational programs on patient safety and risk management.
- LCHC's new hire and annual training programs include patient safety and risk management training. The training is captured through the organization's learning management system and records of completed training are stored in the Human Resources Department. Every new hire completes the training during orientation and all employees complete annual training during the first quarter of each year. Required training includes modules on HIPAA requirements, Patient Safety (including medical record documentation and follow up on adverse test results), Environment of Care, and Infection Control. The learning management system issues updates on training compliance to individuals, supervisors, and the HR Department. Non-compliance with required trainings are addressed by the HR Department on a case-by-case basis.
 - Per FTCA guidelines, health centers should conduct annual risk management training related to safety in obstetrical procedures. LCHC does not perform obstetrical procedures or provide obstetrical care, and is therefore exempt from this requirement as it is not a high-risk area for the organization.
- h) Facilitating a culture of safety in the organization that embodies an atmosphere of mutual trust in which all providers and staff members can talk freely about safety problems and potential solutions without fear of retribution. This involves performing safety culture surveys and assessments.
- i) Proactively advising the organization on strategies to reduce unsafe situations and improve the overall environmental safety of patients, visitors, staff, and volunteers.
- j) Reducing the probability of events that may result in losses to the physical facilities and equipment (e.g., fire prevention).
- k) Preventing and minimizing the risk of liability to the organization, and protecting the financial, human, and other tangible and intangible assets of the organization.
- l) Decreasing the likelihood of claims and lawsuits by developing a patient and family communication and education plan. This includes communicating and disclosing errors



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and events that occur in the course of patient care with a plan to manage any adverse effects or complications.

- m) Decreasing the likelihood of lawsuits through effective claims management, and investigating and assisting in claim resolution to minimize financial exposure in coordination with the liability insurer and its representatives.
- n) Reporting claims and other information as needed to malpractice insurance providers and other insurers in accordance with the requirements of the insurance policy/contract.
- o) Supporting quality assessment and improvement programs throughout the organization.
- p) Implementing programs that fulfill regulatory, legal, and accreditation requirements.
- q) Establishing an ongoing patient safety/risk management committee composed of representatives from key clinical and administrative departments and services.
- r) Monitoring the effectiveness and performance of risk management and patient safety actions. Performance monitoring data may include:
 - Claims and claim trends
 - Safety surveys
 - Event trending data
 - Ongoing risk assessment information
 - Patient's and/or family perceptions of how well the organization meets their needs and expectations
 - Quality performance data
- s) Completing insurance and deeming applications.
- t) Developing and monitoring effective handoff processes for continuity of patient care.

ADMINISTRATIVE AND COMMITTEE STRUCTURE AND MECHANISMS FOR COORDINATION

The Risk Management Plan is administered through the risk manager and/or their delegate, in conjunction with the Compliance Officer, or delegate, who reports to the Chief Executive Officer (CEO). The risk manager interfaces with administration, staff, medical providers, dental providers, and other professionals and has the authority to cross operational lines in order to meet the goals of the program. The risk manager (or alternate as designated by the CEO) chairs the activities of the Risk Management Committee. The committee meets regularly and includes representatives from key clinical services and departments including Environment of Care (EOC) and Infection Control. The composition of the Risk Management Committee is designed to facilitate the sharing of risk management knowledge and practices across multiple disciplines and to optimize the use of key findings from risk management activities in making recommendations to reduce the overall likelihood of adverse events and improve patient safety. The Committee's activities are an integral part of a patient safety and quality improvement evaluation system.

Documentation of the designation of the risk manager is contained in the Risk Management Plan. Unless otherwise noted, the risk manager will be the Quality Improvement & Risk Management Director, or assigned delegate. To ensure adequate committee and organizational leadership, the risk manager is responsible for maintaining current, evidence-based training and clinical updates through accredited and/or verified risk management resource services, as identified by the risk manager. The risk manager is responsible for overseeing day-to-day monitoring of patient safety



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and risk management activities and for investigating and reporting to the insurance carrier actual or potential clinical, operational, or business claims or lawsuits arising out of the organization, according to requirements specified in the insurance policy and/or contract. The risk manager and the Director of Operations serve as the primary contacts between the organization and other external parties on all matter relative to risk identification, prevention, and control, as well as risk retention and risk transfer. The risk manager oversees the reporting of events to external organizations, per regulations and contracts, and communicates analysis and feedback of reported risk management and patient safety information to the organization for action.

MONITORING AND CONTINUOUS IMPROVEMENT

The Risk Management Committee reviews risk management activities regularly, including a quarterly risk management assessment. The risk manager reports activities and outcomes at least quarterly to the QIC which shall transmit the report to the Board of Directors (BOD) at least annually. This report informs the BOD of efforts made to identify and reduce risk and the success of these activities and communicates outstanding issues that need input and/or support for action or resolution. Data reporting may include event trends, claims analysis, frequency and severity data, credentialing activity, relevant provider and staff education, and risk management/patient safety activities. In accordance with the organization's bylaws, recommendations from the Risk Management Committee are submitted as needed to the BOD for action or non-action. Performance improvement goals are developed to remain consistent with the stated risk management and patient safety goals and objectives.

CONFIDENTIALITY

Any and all documents and records that are part of the risk management plan shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections can include attorney client privilege, attorney work product, and peer review protections.