



RM Mailbag

-Is there a form I fill out to report a risk issue identified regarding a patient from a referring facility?

Response: KSA 65-4923(1) states that if the reportable incident did not occur in a medical care facility, the report shall be made to the appropriate state or county professional society or organization for review and disposition. Contact the appropriate society or organization and follow their reporting process.

If the issue is an EMTALA related issue, call the Hotline, 800-842-0078.

-Last night a "switch station" for electricity went out and that affected a large portion of town, including the hospital. When our emergency generator kicked on it sent out a power surge that caused a great deal of damage in the hospital. We are still ascertaining the amount of damaged equipment. At one point the patients were evacuated (most of them) due to smoke in the building of unknown origin. The fire department showed up in force. Two very small fires were quickly extinguished with hand held units by employees. I am unsure of all the problems, but there are many. How do I document all the patient care issues? All IVs were discontinued due to the evacuation possibilities with no elevator working and then later it was discovered that several of the IV pumps were damaged during the electrical surge. We have repairmen of every make & model crawling all over our building as I type this. Do you have any type of checklist or advice for me as the risk manager?????

Response, after phone contact: This is the jest of our phone conversation to discuss the recent events at your hospital. As RM Specialist, I recommend:

- 1) treat this as one event and subset issues, etc. or other approach that works for you
- 2) prioritize your evaluation and risk management activities
- 3) apply evacuation/disaster standards when determining SOCs. If example: discontinuing IVs to facilitate patient evacuation
- 4) maintain a copy of this e-mail reflecting our interaction - in case, risk management questions arise in the future related to this event

In your spare time, give everyone a pat on the back for the many good things that happened. Contact me, if you need me.

-If I change the incident reporting form and/or the investigation form used by primary reviewers, do I need to send them to you for approval? Our actual Risk Management Plan and process will not change, only the forms utilized for recording information.

Response: Send in the revised forms as an addendum change. The RM specialist will acknowledge receipt and put the new forms with the plan KDHE has on file for your facility.

-What form do we use to report to the Kansas State Board of Healing Arts, and where do we get it?

Response: You use the complaint form at: <http://www.ksbha.org/disciplinary.html> If you have additional questions about their process, call the Board of Healing Arts at 785-296-7413.

-We had a 99 yr old intermediate care swing bed patient that reported a fall. This was unwitnessed, and she walked down the hall to the nurses' station where 2 RNs and a CNA were sitting doing paperwork. She reported to them that she fell in her room - and had some skin tears on her arm, but she could move it fine. She complains of shoulder pain, and her doctor was notified. We are in the process of taking x-rays.

Response: To comply with the process:

First, I will assume that the patient is alert and oriented with little or no established risk for falls, other than any other normal person. (I realize that assuming can be risky.) If this is the case, it would not actually be an unwitnessed fall, because the patient witnessed it and can report what happened. In other words, it is not an injury of unknown origin.

KAR 28-52-4(b) requires separate SOCs for each clinical issue - not each intervention. Therefore:

The nurse submitting the report may or may not be involved. If the nurse is one of the nurses at the nurses' station at the time of the incident and they responded appropriately, a single SOC I for the event would be appropriate for that nurse. If the nurse should have reported and didn't, then you would have an additional clinical issue to process.

The CNA at the nurses' station when the patient announced their fall would be considered a witness. Since it appears that the nurses responded appropriately, the CNA would not need to receive an SOC because they witnessed appropriate care and there is nothing for the CNA to report.

If the nurse that evaluated the patient and made a phone report to the physician's office is one of the two nurses at the nurses' station at the time of reporting, a single SOC I for the nurse for the event would be appropriate.

If the nurse that cleansed and steri-stripped the skin tears on the patient's arms is one of the two nurses at the nurses' station at the time of reporting, a single SOC I for the nurse for the event would be appropriate. If the nurse provided treatment without a doctor's order then you would have another clinical issue that would need to be processed.

If only one of the two nurses at the nurses' station submitted the report, evaluated the patient, notified the physician's office, cleansed and steri-stripped the skin tears, then the other nurse would be considered a witness. As with the CNA, no SOC would need to be given because they witnessed appropriate care.

Bottom-line with information provided: Involved nurse(s) need SOC I determination(s). Could be a single staff member with a single SOC determination?

Now, if the event had occurred like this: The CNA goes to the patient's room (or another location where the nurses are not) and the patient tells them that they fell. Then the CNA is involved (first person on the scene of an accident). As long as they reported the situation to a nurse, they did the right thing and get an SOC I. The nurse reported to, summoned to the room, etc is involved and would receive an SOC. If both nurses tag teamed to provide care, then they would both be involved and receive SOC determinations.

- Protection and release of Risk Management information clarification:

Response: RM plans are public and not protected under the RM privileged and confidential statute, KSA 65-4925. Although the bulk of RM information is protected under KSA 65-4925, the facility has the option to release any and all information to anyone. Releases covered in RM regulations and statutes (Quarterly Reports to KDHE, SOC III and IV reports to the appropriate licensing agency for possible disciplinary action, etc) remain protected. Releases not covered in RM regulations and statutes probably have lost that protection. The facility should weigh the pros and cons and act accordingly.