HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: RISK MANAGEMENT PLAN **Effective Date: 11/1/2006**
Policy Number: 143 **Med Staff:**
Regulation: **Admin:**

I. POLICY

An effective Risk Management Program should eliminate or reduce to an extent as great as possible, conditions and practices which cause loss. When risk cannot be eliminated or reduced to workable levels:

1. Insurance may be purchased to provide indemnity for those losses which the hospital feels it cannot sustain.
2. Assumption of the exposure is an alternative to the extent that it would not create an undo financial hardship.

GOALS

1. To identify and evaluate areas of potential liability in patient care; patient, visitor, and employee health and safety, and financial loss.
2. To formulate a management information system appropriate for the Risk Management function, to include incident reporting, claims history and patient complaints.
3. To insure compliance with known standards in health care and the laws, rules and regulations of local, state and federal agencies.
4. To develop a Risk Management continuing education program for all employees and medical staff of the hospital.
5. To develop a list of outside sources for consultation and guidance.
6. To oversee an ongoing safety program, guided by the Health/Safety Committee.

OBJECTIVES

1. To develop an incident reporting system which conveys all appropriate information on patient care incidents, product defects, employee and visitor incidents.
2. To tabulate and display the information to identify reoccurrence of like incidents as indicated.
3. To evaluate potential claims for the extent of Risk Management.
4. To respond immediately to potentially serious incidents.
5. To gather information from medical staff committees, safety committees, etc., for analysis.
6. To evaluate potential for accidental release of confidential information or misappropriation of funds.

II. DEFINITIONS

III. RESPONSIBILITY

1. Assisting departments in designing and operating Fire Control and Loss Prevention plans.
2. Reviewing new construction and facility alteration plans to assure Risk Control features and insurance acceptability.
3. Developing insurance coverage requirements and programs, and keeping them up-to-date to assure their effectiveness.
4. Assisting in negotiation and placement of all insurance contracts and bonds affirming conformity with established programs.
5. Reviewing insurance provisions of leases and contracts prior to execution.
6. Assisting in the handling (when requested) of insurance claims.
7. Assisting in the design, annual review and implementation of the hospitalwide safety and disaster plan.
8. Providing assistance in preparation for JCAHO surveys.
9. Reviewing employee, patient, visitor and volunteer incident reports, generating a conclusion statement for the appropriate committee.
10. Providing input on new employee orientation goals and objectives regarding Risk Management issues.
11. Educating staff on issues of concern, reviewing as necessary.
12. Meeting with Administrator as needed for exchange of mutual concerns.
13. Periodically evaluating the physical plant for National Fire Protection Association Life Safety Code Changes.
14. Establishing a data base of knowledge on Healthcare Risk Management, by attending workshops, reading periodicals and maintaining a relationship with other professionals.

PHILOSOPHY

Because of the need to protect the assets of Hardin County General Hospital against catastrophic loss (or to provide financial restitution if such loss should occur) and the expense involved in such protection, Risk Management is a critical part of the total management of the hospital. Risk Management is a specialized discipline intended to provide the decision-making management level with data pertinent to the identification, analysis, evaluation and alternative treatment of exposures to loss through chance events, for both program review and planning new undertakings. Hardin County General Hospital will utilize the services of qualified Risk Management Specialists either on its own staff or through the use of outside consultants.
The following techniques of Risk Management will be used by Hardin County General Hospital:

1. **RECOGNITION** - The recognition function will be to identify, analyze and evaluate all exposures to loss through chance events, either in existence or subsequently created, that involve loss potentials of significant amounts either in one event or in the aggregate annually.
2. **AVOIDANCE** - The anticipated financial rewards for assuming any exposure to loss should

exceed or at least be approximately equal to potential loss. Hardin County general Hospital will avoid incurring disproportionate exposures to loss in contractual agreements. All new undertakings shall be evaluated carefully, and those currently in existence shall be reevaluated periodically for the purpose of determining if any loss exposure can be avoided.

3. **LOSS PREVENTION** - When experience dictates that an exposure should be retained (or insured) and not avoided, utilization of loss prevention techniques wherever possible, consistent with the costs involved. It is preferable to attempt to prevent losses before considering other techniques for handling loss exposures. The reduction of losses depends primarily upon a careful review of all operations, equipment and facilities to identify potential hazards and to eliminate or reduce them to their practical minimum. This review must be a constant process in the design, construction and operating stages on the part of all management and supervisory personnel. Periodic safety inspections should serve as an overall second look in all of the above stages. The essential part of the recommendations enacted.

IV. EQUIPMENT

V. PROCEDURES

INFECTION CONTROL: N/A

PROCEDURES FOR INVESTIGATION

1. Investigation of incidents on premises - EMPLOYEES

Every incident (injury) constitutes evidence that some hazardous condition and/or unsafe practice may have gone unnoticed or uncorrected. By investigation of an incident we will be able to find the cause in most cases and be able to apply corrective action. A thorough injury investigation should reveal the following facts:

a. What the injured was doing at the time of the incident.

b. When it occurred and where it occurred.

c. What actually occurred at the time.

d. What contributed to the injury.

e. Why the condition existed.

f. Was there prior knowledge of existing condition.

g. What unsafe act was committed.

h. Has injured been properly instructed.

i. Can reoccurrence be prevented.

j. Recommendation for correction.

2. It is the policy of Hardin County General Hospital to investigate all incidents immediately after the incident is reported. Important details and statements from witnesses can be obtained while facts are fresh in people's minds.

3. Supervisors or department heads are to investigate incidents when reported. The site should be checked and circumstances should be recorded. The incident should be discussed with

the employee after first aid or medical treatment has been rendered. Witnesses should be obtained, if possible, and statements should be recorded if a serious injury is reported.

4. Events should be reconstructed which resulted in the incident for possible cause. Being objective about the entire matter is very important. Blame or embarrassment is not necessary.

5. **Hardin County General Hospital will attempt to:**

   a. Prevent incidents.

   b. Devise ways of eliminating future incidents.

   c. Instruct employees in methods of eliminating future incidents through education.

   d. If equipment is involved it will be thoroughly checked to ensure its proper function.

   e. Follow-up on incidents will be made with corrective action when applicable.

6. **Possible causes/unsafe acts:**

   a. Failure to follow instructions.

   b. Violation of safety rules.

   c. Using defective tools or equipment.

   d. Operating machinery without authority.

   e. Operating at unsafe speed.

   f. Making safety devices inoperative.

   g. Placing oneself in unsafe position or posture.

   h. Improper handling of material.

   i. Unsafe piling or storage of material.

   j. Horseplay - distraction, teasing, abusing.

   k. Failure to wear proper protective clothing.

   l. Worried, tired, sick, angry, excited individual.

   m. Hurried to make up time.

   n. Weather conditions.

   o. Failure to correct infractions of rules.

   p. Follow-up of instructions neglected.

   q. Improper job method.

   r. Faulty maintenance.

   s. Failure to carry out approved recommendations.

7. **Possible causes/Unsafe conditions:**

   a. Defective equipment.

   b. Defective guards.

c. Poor layout of design (construction).

d. Poor illumination.

e. Poor ventilation.

When a cause for an injury has been identified, positive steps will be taken to prevent a similar occurrence.

8. <u>Investigations of accidents on premises</u> - VISITOR/PUBLIC

When a person acts, or refrains from action, his action or omission may be prudent or cautious, or imprudent and negligent in nature or performance. Investigation of negligence is required when there is a possibility or probability of negligence having been present in an accident. The following procedure, or guideline, is to be followed whenever an accident involves a visitor:

a. Personnel shall be called when an incident occurs during working hours. He/she will then contact the person involved.

b. An incident report will be completed on the facts relating to the incident.

c. A medical exam and/or treatment will be provided if injury is apparent or claimed. If refused it will be so noted on the report.

d. If the incident appears to be minor, a follow-up with the individual involved will not be pursued.

e. If the incident appears to be major in nature, a follow-up will be conducted to ascertain the condition of the individual involved and any complications noted. This will be done on a day to day basis depending upon the circumstances. The hospital's insurance company will be notified of the incident as soon as possible.

9. <u>Elements of investigation to be followed</u>:

a. Courtesy and no arguing.

b. No discussion of faulty or defective equipment or repairs in building or on premises.

c. Medical attention if applicable.

d. No talk of insurance or claims settlement.

e. Obtain reason for person's presence at the hospital and list any unsafe act or physical disability.

g. Pictures of area and measurements should be taken.

10. <u>Investigation of incidents on premises</u> - PATIENT

Similar information as listed above should be followed and including:

a. Cause of hospitalization.

b. Patient's condition before incident (normal, senile, disorientated, sedated, etc.)

c. Bed rails up or down?

d. Was bed adjustable and was is up or down at time of incident?

e. Additional witnesses?

f. If post-operative, how many days, etc.?

g. Condition of equipment.

VI. DOCUMENTATION