

**Lake County Health Department and Community Health Center
Clinical Risk and Patient Safety Committee
Report to Governing Council
February 11, 2020**

Clinical Risk and Patient Safety Management (CRPSM) Plan is administered through the CRPSM Committee. The composition of this Committee is designed to facilitate the sharing of clinical risk management and safety knowledge processes across multiple disciplines and programs. The intent is to optimize key findings from risk management activities in order to make recommendations and decisions reducing the overall likelihood of similar adverse events occurring and improving patient safety. Activities within the current Program and Committee focus on the following goals:

- Continuously improving patient safety and minimize or prevent the occurrence of errors, events, and system breakdowns leading to harm of patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.
- Minimizing adverse effects of errors, events, and system breakdowns.
- Minimizing losses to the organization overall by proactively identifying, analyzing, preventing, and controlling potential clinical, financial, and operational risks.
- Facilitating compliance with regulatory, legal, and accrediting agency requirements (e.g., Health Resources and Services Administration (HRSA), The Joint Commission).
- Protecting human and intangible resources (e.g., reputation).

The following activities occurred during calendar year 2019 to address the Plan goals.

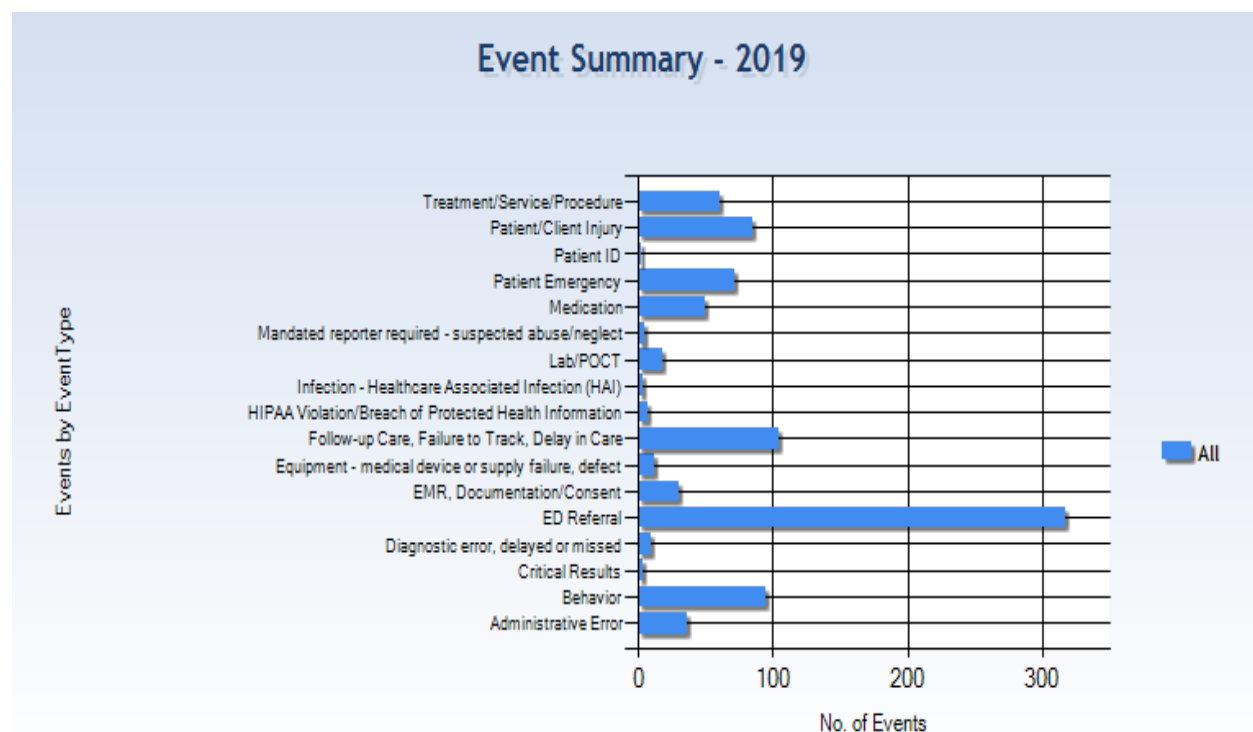
General Risk Assessment

Risk assessments were performed through various avenues delineated below:

- 1) An intracycle monitoring process to evaluate current operational status against established standards and elements of performance from The Joint Commission. This included monitoring the status of actions taken to correct any issues identified during the past survey cycle.
- 2) Evaluation of clinical operational or direct patient care issues reported through the risk incident management system.
- 3) Information obtained through internal auditing of clinical processes and documentation.
- 4) Monthly Infection Control Committee meetings which review current organizational practices for infection prevention and control.
- 5) Cross-functional team (Medical Director, Director of Business Operations, Human Resources Director, Associate Directors, Clinical Compliance Manager, Quality Improvement Coordinator, Training Manager, Regulatory and Accreditation Specialist, and Clinical Compliance Audit team) discussions to review, prioritize and address items identified through the risk assessments. This team met twice a month, at a minimum.

Risk Incident Management System (RIMS) - Adverse Event Reporting and Patient Complaints

2019 provided the first full year in the utilization of the HealthSafety Zone ® portal. This electronic risk incident management system has allowed staff to be able to immediately and voluntarily report via a secured web portal any unusual occurrences/incidents or near misses related to an employee accident or patient issue. It also served as a repository for patient complaints as received, including those posted on social media. The information gathered via this system was evaluated by the CRPSM Committee on a monthly basis to look for trends and confirm appropriate follow-up occurred with the patient and/or staff member, as applicable. For 2019, the reports classified as Patient Events numbered 910. These included both actual as well as potential issues (classified as near misses). An additional 72 reports were received and classified as Patient Feedback. There was over a 10% increase in use of the system to report Patient Events in comparison to last year's report to the Governing Council. Since the organization was still establishing a baseline in 2019, this increase is seen as positive as it indicates an increasing user comfort level and understanding of how information reported into the system is utilized.



Based on trends observed on both incident reporting and patient comments, the CRPSM Committee focused on addressing and/or monitoring other organizational efforts to address/improve the following areas:

- Vaccine Management
- Referral process – standard and emergency department
- Scheduling
- Emergency communications
- Patient wait times

Provider Risk Management Training

Emergency Care Research Institute (ECRI) is a nonprofit organization dedicated to bringing the discipline of applied scientific research to discover which medical procedures, devices, drugs and processes are best to help improve patient care and its services. It is provided free to federally qualified health centers through HRSA. Medical and dental providers were provided information on the e-learn system of the ECRI Institute and directed to the course Clinical Risk Management Basics (code HRSA_CRMBasics_04-2018). Additional courses related to risk are available to providers based on interest.

Staff Risk Management Training

All staff continue to receive risk management training as described within the LCHD/CHC Clinical Risk and Patient Safety Management Training Plan. Additionally, all staff who have the responsibility for dental/medical equipment disinfection and sterilization were trained and had competency testing for the series of tasks that are associated with this process. Several other trainings were offered as related to risk areas identified through the accreditation process. These included several areas of medication management, including pain management, and hand hygiene monitoring. Additional initiatives and associated multi-phased trainings have also occurred this year related to patient wait times, scheduling and vaccine management.

Claims and Lawsuits

One legal claim for injury, which is still in process, was received during this year. Upon receipt of that claim, LCHD/CHC provided it to the Lake County Risk Management Department. This Department holds the primary responsibility for notification to the United States Department of Health and Human Services Federal Tort Claims Act (FTCA) unit.

All documents and records part of the risk and safety management process shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections may include attorney/client privilege, attorney work product, Patient Safety Organization, and peer review protections.