RQS Insider™

CLARITY

## Healthcare Risk Management in the Age of Decentralized Care Delivery

INTRODUCTION

Healthcare as an industry is no stranger to sophisticated technology. Indeed, the continuous pursuit of healthcare risk, quality, and safety improvement means that the leading edge of the industry and the cutting edge of technology will always walk hand-in-hand. Twenty years ago it was characterized as the "Medical Arms Race": who could get the newest diagnostic and surgical equipment first. That, along with technological advances in pharma, are areas with which Healthcare is very familiar, and as such there are processes in place to manage their impact.

In today's rapidly advancing information age, spurred by the push for interoperability in data exchange and the need to adopt electronic data management systems for patient care, Healthcare providers find themselves with tools that enable them to deliver care in many settings, decentralized from a hospital campus. Indeed, technology has fostered a new kind of healthcare organization, diverse in its care delivery settings and in its outreach to the community.

While the realization of providing care closest to the patient is an exciting development from a patient care perspective, seasoned Healthcare Risk Managers and Healthcare Providers know that in the area of medical negligence, risk follows the patient. Under this highly de-centralized approach to healthcare delivery, managing that risk is no less important, and far more complex.

THREE CONSTRUCTS OF DECENTRALIZED CARE DELIVERY

Patient-Centered - Patient's Experience and Shared Decision-making
Consumer-Driven - Focused on Speed and Convenience
Lower-Cost - Utilizing Technology to Minimize Costs of Seeing a Patient

THE MATRIX OF CARE
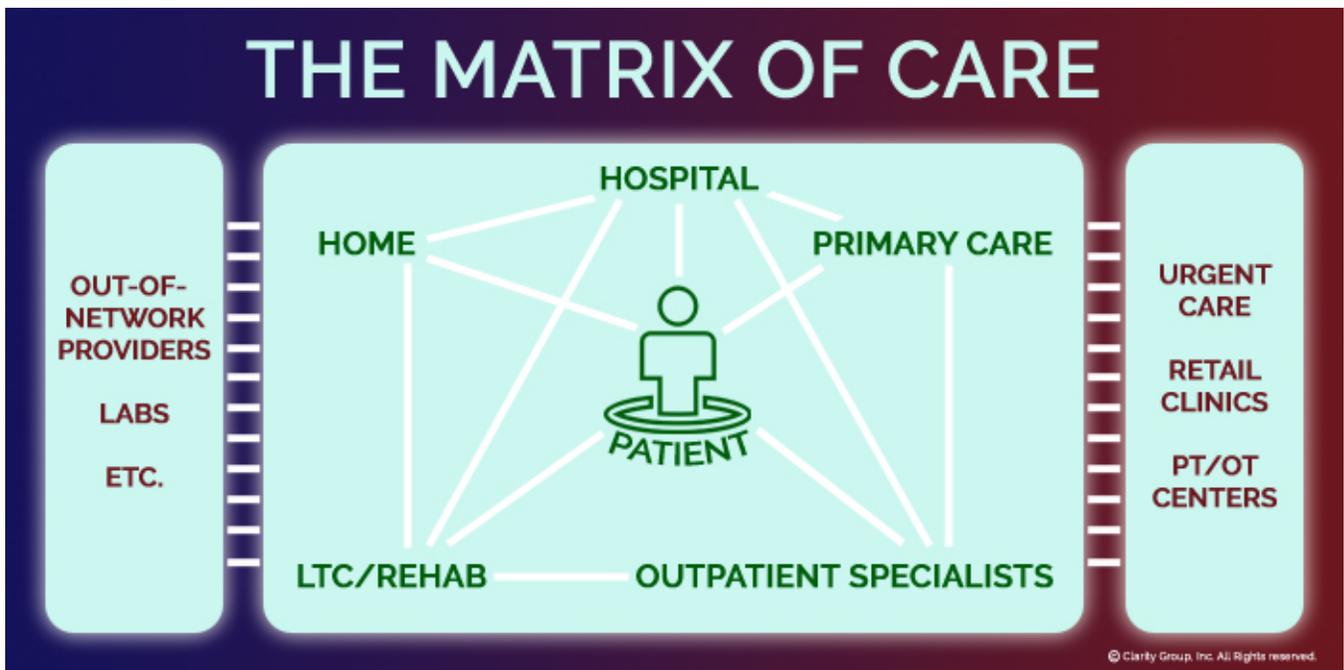
HEALTHCARE RISK – WHAT WAS OLD IS NEW...AGAIN!

Healthcare providers have talked about care moving outside the "four walls of the hospital" for some time, and the Information Age made it a reality, bringing with it the push for less expensive sites of care. As we've said, risk follows the patient, however in this new matrix the traditional resources to mitigate risk are not always there to enable the identification of potential lapses or problems in care delivery.

Traditionally, healthcare organizational consulting has focused on breaking down the "silos of care," e.g. Medicine, Nursing, Quality Assurance, Risk Management, etc. In today's decentralized system, in addition to these silos, there are also highly compartmentalized care-delivery sectors. Healthcare Risk Managers must address both of these aspects to set in place a protective umbrella over the complete decentralized system of care.

Here are some of the areas of concern that need to be addressed for a decentralized system of care, as they frequently are part of the allegations for medical negligence.

Staff: Appropriately licensed staff delivering care within their license and approved scope of practice; credentialing and peer review processes in place for all types of healthcare providers

Handoffs: A consistent definition and process for how this is done across the decentralized delivery system

Diagnosis: Shared information among all caregivers who are involved in the care, whether or not those caregivers are part of your network, captured within an integrated medical record system

Communication Among Providers: Systems designed to capture patient-related information from providers both within and outside of your network

Communication with Patient: Systems in place to ensure that readily accessible test results are accompanied by a consult with the licensed provider as appropriate

Care Delivery Pathways and Protocols: Designed for consistent application across the decentralized system of care; appropriate monitors in place to ensure their use, efficacy and need for revisions

Documentation: An integrated EMR that reaches across the decentralized system of care and that can gather information from sources out of the healthcare organizations' network to form a complete picture of the patient

Duty of Care: Clearly defined as to what constitutes the patient-provider relationship, even in telemedicine and e-visit situations

Agency Issues: The patient sees only the healthcare organization despite at which decentralized point they may enter the system of care; when it comes to patient harm, they do not discern the difference between "in-network" and "out-of-network" providers, as their health plan might

Informed Consent: As technology enables more direct access for patients, the providers cannot abdicate their role in providing a clear and understandable informed consent process, even down to how to use the electronic chart available to the patient for their test results

Cyber Security and HIPAA Issues: As data freely flows across electronic systems, more vigilance and more sophisticated training is needed to ensure that staff, employed and independent providers in decentralized areas are current on the processes and tools they need to use to protect data

Answer YES, NO, or N/A for each of the following:	Hospital	Physician Offices	ASC	Home	ETC

STAFFING

Are all staff providing direct patient care included in an orientation regarding policies and procedures for the system, including professional service arrangements with independent, non-employed providers?

Have all staff gone through appropriate credentialing and are able to show competency for privileges requested for the care they are providing?

Are there clinical and non-healthcare 'helpers' (navigators) employed by the providers and do you know who they are, and how they are trained?

Are collaborative agreements in place for all non-physician providers in line with license and state scope of practice rules?

Does RM have an identified liaison within each delivery sector?

Do you have the Peer Review process documented for each delivery sector?

CLINICAL PATHWAYS & PROTOCOLS

Has there been a collective review of all clinical pathways that enable the coordinated care of the patient?

Are there protocols in place for all physician and non-physician telemedicine interactions?

PATIENT SELECTION & INFORMED CONSENT

Is there a common system in place for the appropriate selection of patients for various services: e.g. ambulatory surgery; telemedicine and e-visits?

Are there appropriate informed consent processes in all delivery sectors that are documented and retrievable?

DIAGNOSTIC TESTING

Are all pathology and radiology test sites in the area known to you; have processes for obtaining results reported back to the physician or non-physician provider been defined?

Answer YES, NO, or N/A for each of the following:	Hospital	Physician Offices	ASC	Home	ETC
Have all providers in the chain of transmitted results been instructed on how to use the shared data system and on how to avoid HIPAA violations?					
Have patients been educated on how to access their results and their responsibilities related to contacting their provider?					

HANDOFFS

Is there a common Sign Off Plan for transferring patients among providers and across delivery sectors?					
Have all providers in all delivery sectors been educated on the appropriate Handoff Procedure?					
Are there systems in place to monitor handoffs within each Delivery Sector?					

PATIENT COMPLAINTS & ADVERSE HEALTH EVENTS

Is there a common system in place to track patient complaints with notice to RM as appropriate?					
Is there a common process in place for notification of AHEs that happen in each delivery sector?					
Is RM notified of all adverse events in a timely way from all Delivery Sectors?					

PATIENT COMMUNICATION

Is there a common system in place for all delivery sectors to get communication directly back to the patient?					
Is there a system in place to document how the patient wants to receive communication?					
Is there a way for patients to acknowledge the communication from their providers has been received?					

PROVIDER COMMUNICATION & REFERRALS

Is there a common system in place for all delivery sectors to order referrals?					

Answer YES, NO, or N/A for each of the following:	Hospital	Physician Offices	ASC	Home	ETC
Is there a common system in place for all delivery sectors to ensure that the patient has had the referral completed?					
Is there a common system in place to access results or physician referral notes from other delivery sectors not in your organization's control?					

DOCUMENTATION

Is there an integrated system to capture patient data from all delivery sectors, even those not under your organization's direct control?					
Have the issues of what constitutes the medical record and who has authority to generate the medical record, should one be requested, been resolved with the process adhered to across all delivery sectors?					

INSURANCE PROGRAM

Have you completed a gap analysis to ensure that all delivery sectors are covered appropriately in your medical malpractice program?					
Have you procured the necessary additional coverages for Cyber Breach should it occur in any delivery sector?					
Is there a system in place to know the insurance protections in place within all the delivery sectors if they are not all under your control?					

MANAGEMENT OF EMERGENCY SITUATIONS

Are there identified processes for handling a patient emergency, e.g. respiratory arrest, post-op complication, etc.?					
Are all clinical and non-clinical staff trained in what procedure to use in each situation?					
Are emergency medical equipment present and regularly monitored, e.g. crash cart suitable for patient population?					
Are staff trained in the use of emergency medical equipment?					
Is there an agreement in place for patient transfer if needed?					

SUMMARY

The forces that have changed healthcare delivery in many cases have transformed delivery systems to a decentralized model that places care close to the patient and helps to reduce overall costs. This delivery-of-care transformation requires that all systems that previously worked in a centralized model also work in a decentralized system. One of the essential components that contributes to the overall success of the healthcare organization is Healthcare Risk Management. The ability of Healthcare Risk Management to transform itself both philosophically and tactically to address *old* risk in *new* ways is needed now.

THE KEYS TO THIS NEW APPROACH TO RISK MITIGATION

- Consistent application of a standardized process across all delivery sectors that comprise your organization's continuum of care

- When standardized processes are put in place, take into account other delivery sectors that may not be in your organization's direct control, but are accessed by your patient population

- Education as to the responsibilities of staff and patient for the use of data, as technology makes access to patient data a natural part of the whole delivery model

The goal should be to have a complete picture of patient care in your service area, with high levels of patient satisfaction and positive clinical outcomes. The systems to accomplish this must take into account multiple providers touching the patient; standardized and integrated processes and procedures to guide the patient's diagnosis and care plan; and education of the patient in the skills they need in order to make shared decision-making a reality. Applying Healthcare Risk Management principles and know-how to this newly transformed Healthcare Delivery Model can make an effective contribution to the achievement of these goals.

Anna Marie Hajek
President & CEO
Clarity Group, Inc.
Chicago, IL

Clarity Group, Inc. | 8725 West Higgins Road, Suite 810 | Chicago, IL 60631
p 773-864-8280 | f 773-864-8281 | www.claritygrp.com

CLARITY

RQS Insider™