

FTCA Deeming Webcast For CY 2017 Deeming

Risk Management Section

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Types of Applications

The EHB System will be open to receive applications on **APRIL 22, 2016.**

There are two types of applications for FTCA coverage:

INITIAL DEEMING APPLICATION

- May be submitted at any time during the year when the EHB system is open to receive applications.
- Will be reviewed and processed by HRSA within 30 days after receipt of a complete application.

ANNUAL REDEEMING APPLICATION

- To be deemed for CY 2017, all currently deemed health centers must file a redeeming application.
- All Redeeming applications are due on or before **May 24, 2016.**



When Should We Begin

Begin preparing your application NOW!!

- Use the information that we go over today to start collecting the major parts of the application.
- While you cannot enter the information into the EHB system prior to April 22, 2016, you can begin collecting and reviewing policies and minutes that must be submitted.
- You can also start obtaining the necessary approvals, which may include Board approval now.
- You can draft your responses ahead of time, which can later be easily transferred to the EHB application when the system opens.



CY 2017 Requirement Highlights

- Board-approved Credentialing and Privileging (C&P) policies
- Clinical policies and procedures for the following activities:
 - Referral Tracking
 - Hospitalization Tracking
 - Diagnostic Tracking (Should include X-Ray Tracking and Lab Result Tracking)
- Quality Improvement/Quality Assurance Plan that has been board approved within past three years (on or after April 5, 2013)
- Summary of professional liability history for cases filed or closed within the last 5 years, if applicable. (See PAL for what must be in the summary)
 - Name of provider(s) involved
 - Area of practice/specialty
 - Date of occurrence
 - Summary of allegations
 - Status and outcome of claim
 - Summary of health center internal analysis and steps taken to prevent future occurrences. (Do not include this analysis if the case has not been resolved, but please note that the case has not been resolved.)



CY 2017 Requirement Highlights Continued

- **C&P Excel Spreadsheet should include the following information:**
 - Name and Professional Designation (e.g., MD/DO, RN, CNM, DDS, LPN, PA, MA, NP, etc.);
 - Title/Position;
 - Specialty;
 - Employment Status (full-time employee, part-time employee, contractor or volunteer);
 - Hire Date;
 - Current Credentialing Date (must be within past 2 years); and
 - Next Expected Credentialing Date.



Highlights Continued

- **Sub- Recipients will be a structured part of the application. Paper attachment process will no longer be utilized.**
- **Minutes from any six QI/QA committee meetings. All minutes must be dated between April 5, 2015 and the submission date of the application.**
 - Remove patient names and other identifiers. You should not remove names of staff or patients who serve on the Board when the information in minutes relate to their duties as an officer.
- **Minutes from any six Board meetings that reflect Board approval of QI/QA activities. All minutes must be dated between April 5, 2015 and the submission date of the application.**
 - You can redact all information not related to QI/QA activity.
 - Please highlight areas of QI/QA to bring it to the attention of the reviewer.



Q&A Begins...



Risk Management Application Questions and Documents



Why is Tracking Important?

Complete and consistent tracking...

- Ensures communication between the provider and patient;
- Improves quality of care;
- Increases patient safety; and
- Reduces the risk of medical malpractice

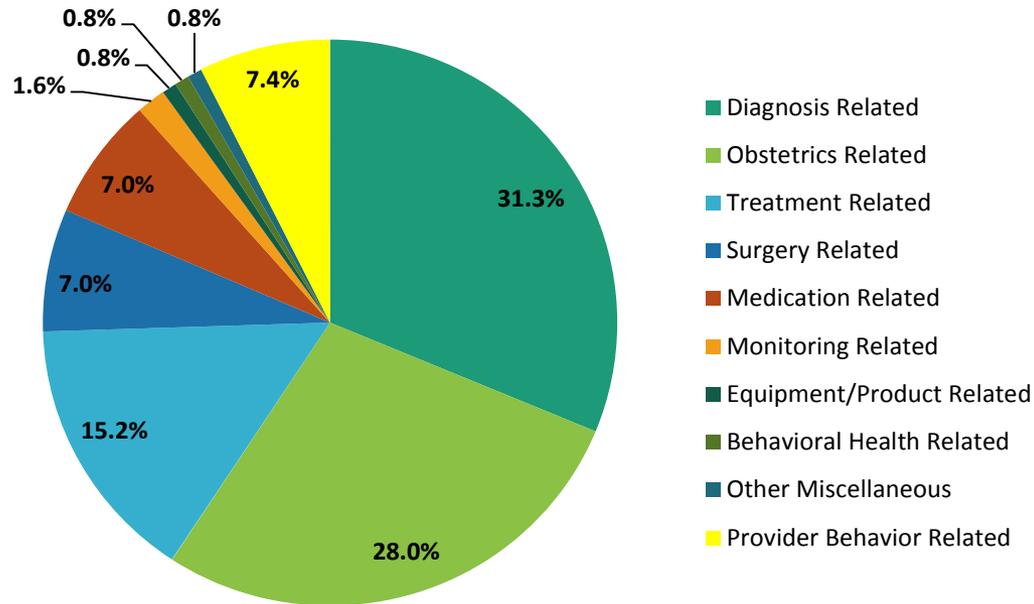
The Three Tracking policies and procedures that the application focuses on are the following:

- Referral tracking;
- Hospitalization tracking; and
- Diagnostic tracking.



How Risk Management Relates to FTCA Claims

FY2015 Nature of Occurrence for Reviewed and Non-Reviewed Incidents



Risk Management in Deeming Application

Several areas are addressed within the application:

- Supervision of staff;
- Tracking policies/procedures;
- Other policies/procedures related to risk management; and
- Professional liability training for medical providers and also for other staff members.

The next slides will discuss questions and various required documents that must be answered or provided with the FTCA application.



Supervision of Clinical Staff

Submit a brief description of how supervision of clinical staff occurs. This description should include the following:

- Methods of supervising medical staff and reporting requirements;
- Methods of supervising clinical support staff and reporting requirements; and
- Collaborative agreements for nurse practitioners and supervising agreements for physician assistants should also be discussed for each area.



General Requirements of the Risk Management Section of the Application

- The health center should conduct periodic assessments to identify, prevent and monitor medical malpractice risks.
- The health center should have written medical record policies/procedures for:
 - HIPAA (training of staff to maintain privacy of patients).
 - Completeness of record (documentation of demographic information, income verification, clinical services rendered that includes medications, referrals, diagnostic testing).
 - Archiving procedures (relates more to paper records that are in storage, procedure should include process for destruction at appropriate time).



Other Policies/Procedures

Certify in your application that the following are in place and implemented:

- Triage policy/procedure
- Walk-in patients policy/procedure
- Telephone triage policy/procedure
- No show appointments policy/procedure (includes follow up with patient documented in chart)

Please note, that you are not required to submit these policies with your application. You must confirm by selecting yes or no whether these policies are in place within the health center. The next few slides will discuss these policies in more detail.



Triage Policies/Procedures

- **Certified only in application**
 - Health Centers do not have to submit these policies with their application. Simply check the box attesting whether you or have not implemented these policies within your health center.
 - Please note, whether these policies have been implemented may be verified if a site visit is conducted.
- **Ensure that all triage policies/procedures include at minimum:**
 - Who, what, when and response to phone or walk-in patients; and
 - Which staff are assigned to triage patients regardless of method of attempts to access care.
- **Correct assessment during triage can reduce patient illnesses and improve patient outcomes.**
- **Appropriate triage policies/procedures may reduce incidents resulting in malpractice.**



No Show Policy/Procedure

- **Common problem with health center patients.**
- **Important and necessary to educate patients regarding need for medical care and appointments with providers.**
- **Policy/procedure should include at minimum:**
 - Process for documenting no show appointments in the patient's chart;
 - Follow up procedures for patients who do not keep their appointment(s) with documentation in the patient's chart; and
 - Attempts to reschedule appointments for patients with documentation in chart.



Clinical Protocols

Provide certification that clinical protocols defining patient care have been approved by the Board or its designee and have been implemented.

- **Clinical protocols should include at minimum:**
 - Standard methods of providing patient care based on national standards.
 - Information related to medications, lab testing with appropriate intervals and other treatments that may improve patient outcomes.
- **Clinical protocols should be developed by medical staff and approved by the Chief Medical Officer or other health center designee to reflect patient population and needs.**
- **Peer reviews should be based on clinical protocols and conducted on a regular basis.**



Three Tracking Policies/Procedures

- **Three tracking policies/procedures must be submitted with application:**
 - Referrals;
 - Diagnostic testing; and
 - Hospitalization.
- **All three policies/procedures should be approved by the governing board or its designee.**
 - Best practices are to review policies on an annual basis and submit for approval if any changes or updates are needed.
- **Tip: Timeframes and responsibilities are key and should be stated in all three policies.**



Referral tracking Policy/Procedure

Two types of referrals:

- Referrals to an outside provider; and
- In-house referrals made between departments of an organization. In-house referrals should be conducted like outside referrals.
 - Example: Physician refers patient to dental department for care.

Referral tracking Policy/Procedure Continued

Referral tracking is designed to ensure receipt of care when care is not available in the department/organization where patient initially seeks a service.

Policy/procedure should:

- Identify one person or team responsible for ensuring that patients receive care;
- Include a process for follow up of referrals;
- Time frame in which health center should receive report containing the results of the referral appointment;
- Include a process to check in with patients and determine if proper healthcare services have been received;
- Include a process whereby missed appointments are rescheduled for patient if needed; and
- Include documentation in chart with results of referrals.



Diagnostic Tracking Policy/Procedure

- **The Diagnostic Tracking policy should include the following information:**
 - A process for tracking laboratory and imaging referrals;
 - Designation of one person or team responsible for assuring receipt of care;
 - Time frame for follow up for results; and
 - Documentation in the medical record.



Additional Components for Diagnostic Policy

Other important details that should be present in the Diagnostic policy/procedure include:

- Definitions of critical, abnormal and normal lab results;
- A process for notifying providers and patients of results especially for critical and abnormal results;
- Responsible person or team that will contact the patient; and
- Information related to how many and what type of attempts will be made when trying to contact the patient.

Similar information must be present for imaging results that are considered critical or abnormal.



Key Components of the Diagnostic Tracking System

The Diagnostic Tracking system at a minimum should ensure that the following details are recorded:

- Patient information;
- Date test ordered;
- Ordering provider;
- List of tests ordered;
- Date results received;
- Provider who reviewed results;
- Follow up recommendation; and
- Communication of results to patient.



Tracking Hospitalizations

- **Tracking hospital admissions are very important and should be documented in patient records.**
- **The following types of hospital or emergency room admissions should be addressed by the policy:**
 - When the health center sent the patient to the hospital; and
 - When the patient admitted themselves to the hospital or were admitted by other means.

Hospitalization Policy/Procedure

- **The Hospitalization Tracking Policy/Procedure should:**

- Define how a health center is notified of patient admissions to hospital;
- Specify what information will be provided to health center and how that is obtained;
- Include notification of when patient is discharged; and
- Specify who will follow up with patient after discharge and when.

The Hospitalization Tracking system at a minimum should ensure that the following details are recorded:

- Patient information;
- Date of admission or visit;
- Date of notification;
- Reason for visit, if known;
- Documentation received;
- Documentation requested (includes date requested); and
- Follow up initiated with hospital and/or patient (including date initiated).



Possible Strategies for Hospitalization Tracking

- MOA/MUA with hospital to notify organization when patients are admitted.
- Develop relationships with admission personnel in emergency room and/or regular admissions office.
- Assign one person to contact admissions office on a regular basis for possible hospital admissions.
- Educate patients to notify health center when they are admitted.
- Establish electronic links with hospitals to promote sharing of information and access to information on hospital admissions.



Risk Management Training Program

- Continuing education and annual malpractice/risk management training has been included in the Risk Management Section of the application.
- The training program should be geared toward all levels of staff. The program should include offerings for the following individuals:
 - Clinical Staff;
 - Clinical Support Staff;
 - Non-Clinical; and
 - Administrative staff, including Board members.



Risk Management Training Program Continued

- The Risk Management Training Program should include the following:
 - The responsible person or team that will ensure that the program is implemented;
 - A description of the goals of the program;
 - A description of the process for selecting the various topics that will be offered;
 - A description of the modes of education (online, in person, etc.);
 - A description of the process that will be used to monitor and track all training program;
 - Description of how training information will be filtered into the credentialing process and performance reviews; and
 - The Process for integrating feedback from the QI/QA program and Risk Management Information into the training.



Sources for Malpractice/Risk Management Training

The health center is free to select the source of their risk management trainings.

- The health center may conduct their own trainings or may participate in other available risk management trainings presented by other entities or organizations.
- FTCA Webinars and FTCA University Attendance can count as a form of risk management training.
- ECRI Webinars and Courses can also count as a form of risk management training.



ECRI

- Provides free CMEs
- Must register each individual who will access training
- May use website and information as source of risk management training for all staff/providers
- Information on QI/QA, developing tracking policies/procedures and protocols are also available
- Access ECRI by web
 - http://www.ecri.org/clinical_rm_program (underscore location between clinical and rm and rm and program)
 - E-mail: Clinical_RM_Program@ecri.org (underscore in same locations as above)



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