

Risk Management House Staff Orientation to Montefiore Medical Center

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Risk Management Topics

- MMC Malpractice Insurance Coverage
- RM Administrative Policies and Procedures
 - Patient Consent, Patient Elopement, Discharge AMA
 - Occurrence Reporting
 - Tracking of Implanted Medical Devices
 - Safe Use of Medical Devices
- Office of Medical Director's Policy
 - Disclosure of Unanticipated Events

Goals of Risk Management

- Promote Quality Care
- Promote Patient Safety
- Prevent Injuries

- Minimize Liability &
Prevent Financial Loss to MMC

- Provide Staff Education and Inservices

When should you contact Risk Management?

- Questions re: Medical Malpractice Insurance coverage
- If you receive any legal documents
- Requests or inquires from attorneys
- Emergent medico-legal patient care issues
- Reporting accidents or potential liabilities

How to contact Risk Management

- 3328 Rochambeau Avenue
- 920-6340, 920-6733
- Office Hours: 8-30 to 5:00 weekdays
- On Call Representative 24/7 for emergent situations: Contact Administrator on Duty

MMC Malpractice Insurance

- Covers claims arising from activities within the scope of your employment at MMC
- Occurrence based policy
- Provides \$1M per occurrence, \$3M in the aggregate, plus excess layers
- Does not cover criminal acts, actions not within scope of employment, or when employed by other than MMC

When should you file an Occurrence Report?

- When an unanticipated event occurs resulting in injury/illness
 - Could be reportable to NY State Department of Health
 - Could result in claims against MMC
- Employee incidents involving sharps
 - Complete Employee Accident/Injury Form
 - Occupational Health Services
 - Human Resources
 - Complete Occurrence Report
 - Risk Management

Facility ID:

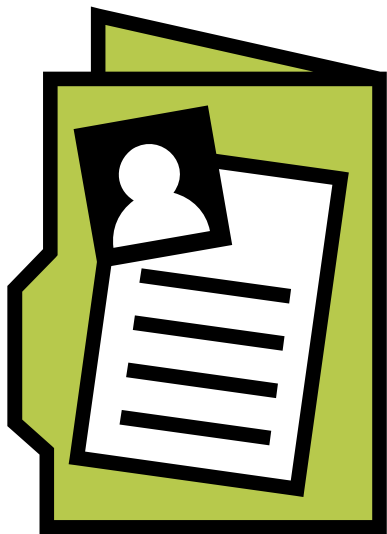
THE FOLLOWING IS PREPARED FOR THE HOSPITAL'S QUALITY ASSURANCE PROGRAM. IT IS CONFIDENTIAL AND PROTECTED FROM DISCLOSURE PURSUANT TO NEW YORK STATE EDUCATION LAW 6527 (3) AND NEW YORK STATE PUBLIC HEALTH LAW 2805-m.

Sample Form

Occurrence

Reporting

Form



Form ID: _____ ADDRESSOGRAPH _____

PATIENT MALE AGE DAYS DATE OF OCCURRENCE TIME A.M. DEPARTMENT LOCATION
 VISITOR FEMALE MONTHS YEARS P.M.

ADMITTING DIAGNOSIS _____ PROCEDURE _____

PERSON PREPARING REPORT LAST NAME FIRST NAME _____

1. FALLS RELATED TO: OCCURRENCE INFORMATION

<input type="checkbox"/> Assisted to Floor	<input type="checkbox"/> Ambulating	Assessed at Risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Fall Alleged	<input type="checkbox"/> Bathroom	Protocol in Place	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unk
<input type="checkbox"/> Fall Witnessed	<input type="checkbox"/> Bed/Crib	Patient is	<input type="checkbox"/> Oriented	<input type="checkbox"/> Confused
<input type="checkbox"/> Found on Floor	<input type="checkbox"/> Chair	Activity Privileges	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Non-Ambulatory
	<input type="checkbox"/> Other Person	Siderails	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial <input type="checkbox"/> None
	<input type="checkbox"/> Stretcher/Table	Environmental	<input type="checkbox"/> Wet	<input type="checkbox"/> Debris <input type="checkbox"/> None
	<input type="checkbox"/> Unknown	Restraints	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unk

2. SKIN

Break/Tear/Scratch
 Burn
 Decubitus (Community)
 Decubitus (Newly Acquired)

3. LOST PATIENT PROPERTY

Articles/Clothing
 Cash
 Dentures
 Glasses/Lens
 Jewelry

4. INSTITUTIONAL CONDITIONS

External Disaster
 Fire
 HAZMAT Disposal
 Poisoning
 Power Failure
 Service Termination
 Spill/Leak
 Strike

5. STATUS

Ambulatory Sx Admit
 New Onset Condition
 Readmit W/130 Days
 Transfer from Dx/Tx Center

6. OBSTETRICS

Apgar <5 @ 5 Minutes
 Brachial Plexus/ Erb's
 Circumcision with Repair
 Facial/Bell's Palsy
 Forceps Related
 Hysterectomy - Pregnant Woman
 Infant Abduction
 Infant Discharge/Wrong Family
 Inverted/Rupture Uterus
 Maternal Injury
 Meconium Aspiration
 Neonatal Injury
 Return to DR/OR
 Shoulder Dystocia

8. PATIENT ASSOCIATED EVENTS

Act of Other Patient
 AMA
 Assault
 Attempted Rape/Rape
 Attempted Suicide/Suicide
 Contraband
 Criminal Activity/Injury
 Elopement
 Employee Actions
 Needlesticks
 Patient Actions
 Self-Injury
 Visitor Actions

7. PERIOPERATIVE/PERIPROCEDURAL W/130 DAYS

ASA I II III IV

Date: _____

AMI
 Anesthesia Related
 Cardiac Arrest
 Displacement/Break Implant
 Incorrect Instrument Count
 Incorrect Needle Count
 Incorrect Procedure
 Incorrect Sponge Count
 Injury to Liver/Spleen
 Laparoscopic to Open Procedure
 New Onset Neuro Deficit
 Peripheral Neuro Deficit
 Positioning
 Retained Foreign Body
 Return to OR
 Surgical Complication
 Thrombosed Graft
 Unanticipated Organ Removal
 Unanticipated Organ Repair
 Wound Dehiscence
 Wrong Patient
 Wrong Site Surgery

SEDATIVE WITHIN LAST 4 HOURS Yes No
IF YES, DRUG _____

9. INSTRUMENT/EQUIPMENT MANUFACTURER _____

SERIAL# _____

MODEL# _____

TYPE _____

Battery Malfunction Mechanical Malfunction Unavailability
 Electrical Malfunction Struck By Usage

10. BLOOD/MEDICATIONS TYPE (DRUG, CHEMO, ETC.) _____

<input type="checkbox"/> Documentation	<input type="checkbox"/> Physician Orders	ROUTE <input type="checkbox"/> IM <input type="checkbox"/> SC <input type="checkbox"/> IV <input type="checkbox"/> Top <input type="checkbox"/> PO <input type="checkbox"/> Oth
<input type="checkbox"/> Dosage	<input type="checkbox"/> Rate	
<input type="checkbox"/> Infiltration	<input type="checkbox"/> Reaction	
<input type="checkbox"/> Non-Prescribed	<input type="checkbox"/> Route	
<input type="checkbox"/> Omission	<input type="checkbox"/> Self-Medication	
<input type="checkbox"/> Patient ID	<input type="checkbox"/> Technique	
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Time	

11. PROCEDURES

<input type="checkbox"/> Angiogram	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Thora/Paracentesis
<input type="checkbox"/> Biopsy	<input type="checkbox"/> Intubation	<input type="checkbox"/> PTCA	<input type="checkbox"/> Tube/Catheter Placement
<input type="checkbox"/> Cardiac Cath	<input type="checkbox"/> Invasive Dye	<input type="checkbox"/> Scan	<input type="checkbox"/> X-ray
<input type="checkbox"/> Dental	<input type="checkbox"/> Laser	<input type="checkbox"/> Scope	<input type="checkbox"/> Other

Implanted Intravascular Device } SPECIFY _____
 Central Line Venous Access }

12. UNEXPECTED EVENT NON-ILLNESS RELATED

<input type="checkbox"/> Aspiration (Related to Conscious Sedation)	<input type="checkbox"/> Death	<input type="checkbox"/> Loss of Limb
<input type="checkbox"/> CAC/Respiratory Arrest	<input type="checkbox"/> Impairment of Limb	<input type="checkbox"/> Surgical Intervention
	<input type="checkbox"/> Loss/Impairment Body Function	

DESCRIBE OCCURRENCE BRIEFLY

PHYSICIAN/P.A./NP FINDINGS

Consent Issues

➤ Risk Management

- Informed Consent
- Refusal to Consent
- Administrative Review/Patient Alone
- Miscellaneous Consent Issues

➤ Director of Clinical Affairs

Lynn Richmond 920-7052/page operator

- **DNR/DNI**
- **Withhold/Withdraw Life Sustaining Treatment**
- **Brain Death**

Safe Medical Devices

SMDA 1990 mandates reporting to the FDA or Manufacturer of all serious injuries/deaths caused by medical devices.

Medical device & malfunxion are broad terms.

Whenever a device malfunction injures a patient:

Care for the patient

Sequester the device and mark “out of service”

Document event in Medical Record

Complete an Occurrence Report

Call Risk Management

DO NOT RETURN DEVICE TO MANUFACTURER!

Disclosure of Unanticipated Events

1. Recognition of unanticipated clinical event
2. Provision of immediate patient care
3. Escalation to to appropriate staff as outlined in Administrative P&P for Critical Events
4. Identification of needed Support Services & Investigation of event
5. Choosing the Individual, Timing, & Content of Disclosure
6. Documentation of discussion in medical record

On line resources

The screenshot shows the Montefiore intranet homepage. At the top left is the Montefiore logo. The main header says "welcome to your intranet". A navigation bar contains links for Clinical Dept, Administrative Dept, Admin Info, Clinical Info, News & Events, Site Map, and Logout. A left sidebar lists various organizational links. A central menu is open, listing numerous departments and services. On the right, there are two featured sections: "Montefiore's Patient Safety Program" with a "Patient Safety Tip 1" and "MonteTalk Bulletin" with recent updates.

MONTEFIORE

welcome to your intranet

Clinical Dept | Administrative Dept | Admin Info | Clinical Info | News & Events | Site Map | Logout

Home

Being the Best

Office of the President

Montefiore Excellence

Organizational Ethics Program

MMC Compliance Program

Audit Services

Events Calendar

Clinical Applications

CIS Physician Web-Based Training

Search Go!

Events Calendar

You may perform a search for entries. Leave entries.

Title Find

Business Information Systems

CMD - Care Management Company

Corporate Education

Customer Service

Decision Support

Education & Organizational Development 2006 Calendar

2007 Continuing Clinical Education Programs

2007 Organizational Development Programs

Emergency Management

Environment of Care (Management Plans, Material Safety Data Sheets)

Financial Aid

House Staff Clinical Competencies

Marketing & Public Relations

MIS

Montefiore Archives

Patient Education

Quality and Risk Management

Regulatory Affairs

Revenue Cycle

Social Services

Telecommunication

Staff & Alumni

Montefiore's Patient Safety Program

Patient Safety Tip 1

Improve the accuracy of patient identification.

REQUIREMENT 1A: Use two patient identifiers whenever administering medications, drawing blood, or providing any treatment. At Montefiore, the two identifiers used in the hospital are the **name** and **medical record number**. The two identifiers used for out patients are the name and date of birth.

Next Tip

TIP: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

QUESTIONS? Contact Jason Adelman, MD, MS, at: 718-920-4349

MonteTalk Bulletin

03/18/07 - 03/24/07

- Code Phrase for Fire: "Code Red"
- Spring Fling! Latin Flavor 2007 Ticket Order Form

03/11/07 - 03/17/07

- Cooking Healthy, Eating Right - March 28, 2007
- Montefiore Blood Drive - Flyer Passed
- Shackleton Client Needs Analysis

MMC Intranet Risk Management Website

- General Info re Risk Management Department
- Insurance Information
- Risk Management Advisories
 - Newsletters highlighting key risk related topics
- Administrative Policy and Procedure Manual





Admin Info » Policies/Procedures » Administrative Policy and Procedure Manual

Search:

- Home
 - Being the Best
 - Office of the President
 - Montefiore Excellence
 - Organizational Ethics Program
 - MMC Compliance Program
 - Audit Services
 - Events Calendar
 - Clinical Applications
 - CIS Physician Web-Based Training
- Search
- Go!

PnP Index	Title/comments	Eff. Date	Reviewed	Revised
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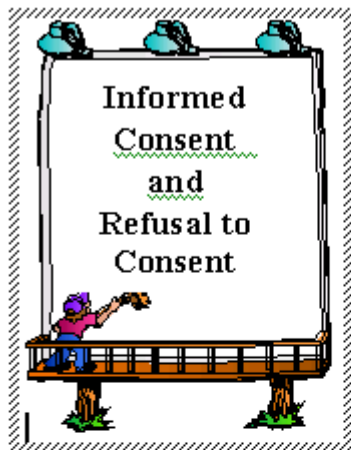
Current Version

All Administrative Policy and Procedures were reviewed in 2006 by Policy Owner(s) and revised as necessary.

CONSENTS [View Top](#)

JC10.1	Consents, Informed Consent and Refusal ** click here for English version of Consent form AND click here for Spanish version of Consent form	11/18/64	2/07 7/06 12/03 11/03 8/03 12/00 9/96 7/94	7/06 11/03 8/03 12/00 9/96 7/94
JC12.1	Consent for Sterilization and Hysterectomies	06/20/78	9/06 01/03	01/03 05/17/79

Risk Management Advisory Issues 8, 13, 21 = Consent



RISK MANAGEMENT ADVISORY

Montefiore Medical Center

January/February, 1998

Issue 8

Revised March 2007

The Department of Risk Management publishes a Risk Management Advisory to highlight key risk-related topics. The **ADVISORY** is intended to be a quick reference that addresses questions we are commonly asked. **The focus of this issue is Informed Consent and Refusal to Consent. We encourage each of our readers to share this issue with the staff of your department/unit.** If there is a topic you would like to see discussed in future issues, please call us at 920-6340 or 920-6733 and let us know.

INFORMED CONSENT AND REFUSAL TO CONSENT - AN OVERVIEW

What is Informed Consent?

Informed Consent is the authorization given by a patient with decisional capacity for medical tests or

QUESTIONS ?

Contact: Risk Management

920-6733

920-6340