

# Risk management and health care regs

[Business](#), [Risk Management](#)



Homework Week 4 1. How does OSHA protect healthcare employees? OSHA is in place to help with strong reminders of the potential dangers existing in a health care facility. These reminders help health care facilities to function safely, efficiently and for safety and security incidents that seem to create a serious threat to the financial well-being of any health care organization. 2. What should be included in a waste management plan? •Define and designate those wastes to be considered and handled as infectious material. Segregates infectious waste from noninfectious waste. •Establishes packing standards for waste disposal. •Sets storage guidelines. •Specifies disposal methods. •Details contingency measures for emergency situations. •Arranges for staff education. 3. What does the employee health department do to protect employees? They monitor employee's health by giving periodic health exams for those employees that are exposed to a hazardous environment, or giving health exams to those who are returning to work from an illness or injury to protect that employee and others.

By monitoring, protecting and maintaining, hazards are controlled, and injuries are avoided or minimized. 4. Describe the functions of facility safety committee. To set a facility safety plan in which to help to reduce liabilities to health care facilities, these plans are put together by the facility safety committee and the various institutional departments. These plans have to also conform to mandatory government regulations and several other agencies. 5. What is your regulatory agency and what type of license do you have? 6. Why is a national tracking agency for licensed physicians necessary?

The national tracking agency for licensed physicians is necessary to keep track of physicians and any type of complaints or lawsuits that may have been filed on them. This is a sure way for patients to check the physician out before they decide to visit these physicians. 7. Does physician peer review override legal action against a physician? Physician peer review is legally protected ranging from complete immunity to qualified immunity. Peer reviewers prefer absolute immunity, since abuses of the process could result in unwarranted damages to professional reputations if the information became public.

But, peer review participants have been subject to law suits, initiated mainly by physicians whose clinical privileges were revoked or denied. 8. What are some alternatives to malpractice litigation? Both mediation and arbitration remove procedure bound litigation from the courtroom to an informal setting where neutral intermediaries work with litigants to resolve the problem. Mediators can only try to negotiate agreements. In contrast, arbitrators can make judgments and impose awards. About 15 states authorize a form of voluntary arbitration, and some states allow for pretreatment arbitration agreements between physicians and patients. . What are the requirements to prove negligence? Four requirements define an act as one of negligence:

- A legally recognized relationship exists between the parties.
- The health care worker has a duty of care to the patient.
- The health care worker breached the duty of care by failing to conform to the required standards of care.
- The breach of duty was the direct cause of harm, resulting in compensable damages for the negligent actions.

10. How do negligence and

malpractice differ? Negligence is the improper treatment or neglect of a patient.

Malpractice is the commission or omission of an action causing the injury that must arise from the exercising of professional medical judgment. For example, failure of a nurse to properly maintain an intravenous tube constitutes as professional malpractice, and failure to properly supervise the patient in the bathroom is ordinary negligence. 11. What are the sources of the Standards of Practice? In 1998 the JCAHO Board of Directors recognized the importance of guidelines for improvement purposes and requirements were added to the leadership and performance improvement standards.

In July 2001, the use of knowledge-based information for improving patient safety was added as an accreditation standard. Organizations should use a variety of information sources including practice guidelines, literature resources, and information from other outside sources. The Joint Commission expects practitioners to consider the recommendations found in knowledge-based sources. These recommendations may come from professional medical societies and physician organizations, nursing and allied healthcare associations and policy-making bodies, and/or local organizations.

Knowledge-based information helps to broaden the perspective of physicians and other caregivers, who have traditionally relied on personal experiences to define best practices. 12. Explain respondent superior and vicarious liability. Vicarious liability in medical malpractice is the doctrine of holding one person liable for the acts of another depending on the theories of agency

and control. Respondent Superior establishes the responsibility of an employer for the wrongful acts of its employees.

The elements of respondent superior include: (1) medical malpractice by a health care provider; (2) an employment relationship between providers and the MCO, as opposed to an independent contractor relationship, and (3) providers acting within the scope of their employment. 13. How can high risk be avoided? Risk management actions are seen to be effective in avoiding many high risk situations. Good communication with patients, making sure there is sufficient documentation, gathering sufficient information in reference to the patient, their history as well as information on their condition and treatment.

With this type of risk management, it is a great way to start in prevention of lawsuits. 14. What are some of the positive elements that make a department low risk? Risk managers are supported by major legislation, OSHA and HIPAA regulations, to help provide a safe and secure health care environment. Surveillance and monitoring of potential risks are bolstered by rapid advances in security technology and cooperative team approaches to prevent incidents of unsafe practices, and to react appropriately to incursions on security of people and property. 15. What are some of the high risk departments in a hospital?

The following selected high risk departments within clinical care deserve special attention: emergency medicine, obstetrics and neonatology, and surgery and anesthesia. Emergency medicine has a unique set of inherent risks. Most patients arrive at the emergency department are in a medical

crisis. Obstetrics and neonatology have their risk to both mother and baby. For surgery and anesthesia, they work hand and hand because anesthesia causes risks to any patient not knowing if they are going to have a reaction and surgery, can either go good or bad depending on what the physician finds once the patient is opened up. 6. Explain emergency triage. Proper triage classifies patients by level of need:

- Emergency cases require immediate medical attention because delaying medical care would be harmful to the patient.
- Urgent cases require medical attention within a few hours of arrival at the hospital because the patient is in danger of acute, but not life threatening problems.
- Non urgent cases do not require the resources of an emergency department, because the problem is minor or nonacute, or treatment cannot affect outcome or suffering.

7. What are some causes of high litigation rates in surgery?

- Unrealistic patient expectations – About 88 percent of the lawyers stated that the patient and/or the family were surprised by the adverse outcome. Either they had unrealistic expectations, or that they were not adequately educated regarding the course of treatment.
- No Response to complaints – A failure by the physician to respond to the specific complaints that had instigated a patient's visit to the physician was cited by more than 80 percent of the attorneys.

Illegible Medical Records – About 77 percent of the lawyers identified illegibility as a significant problem, and this situation seriously inhibits the defense of the lawsuit.

- Insufficient Information in Medical Records – Almost 70 percent of the lawyers claimed that information relative to medications, allergies, problems, telephone calls, and so on was missing from records and that the operative notes were written more than twenty-four hours after the

procedure. No Follow-up on Abnormal Tests – Attorneys indicated that 62 percent of the suits involved the failure to follow up on abnormal test results.

- Professional Miscommunication – About 58 percent of the attorneys states that miscommunication had occurred in many of their cases. References (Spath, Brown-Spath & Associates Web site, 2002) Kavalier, F. & Spiegel, A. (2003). Risk management in health care institutions: A strategic approach. (2nd ed. ). Boston, MA: Jones & Bartlett. Wachter RM. Understanding Patient Safety. New York: McGraw-Hill; 2008 (Neurology. org)