GENERAL REQUIREMENTS

28-52-1. General Requirements. (a) Each medical care facility shall establish a written plan for risk management and patient care quality assessment on a facility-wide basis.

(b) The plan shall be approved and reviewed annually by the facility's governing body.

(c) Findings, conclusions, recommendations, actions taken, and results of actions taken shall be documented and reported through procedures established within the risk management plan.

(d) All patient services including those services provided by outside contractors or consultants shall be periodically reviewed and evaluated in accordance with the plan.

(e) Plan format. Each submitted plan shall include the following:

(1) Section I - a description of the system implemented by the facility for investigation and analysis of the frequency and causes of reportable incidents within the facility;

(2) Section II - a description of the measures used by the facility to minimize the occurrence of reportable incidents and the resulting injuries within the facility;

(3) Section III - a description of the facility's implementation of a reporting system based upon the duty of all health care providers staffing the facility and all agents and employees of the facility directly involved in the delivery of health care services to report reportable incidents to the chief of medical staff, chief administrative officer, or risk manager of the facility;

(4) Section IV, organization - a description of the organizational elements of the plan including:

(A) Name and address of the facility;

(B) name and title of the facility's risk manager;

(C) description of involvement and organizational structure of medical staff as related to risk management program, including names and titles of medical staff members involved in investigation and review of reportable incidents;

(D) organizational chart indicating position of the facility's review committee as defined in K.S.A. 65-65-4923 and L. 1986, Ch. 229, new Section 4(a)(2); and

(E) mechanism for ensuring quarterly reporting of incident reports to proper licensing agency;

(5) Section V - a description of the facility's resources allocated to implement the plan; and

(6) Section VI - documentation that the plan as submitted has been approved by the facility's governing body.

(f) Plan submittal. On and after November 1, 1986, each medical care facility shall submit the plan to the department at least 60 days prior to the license renewal date. After an initial plan is approved, any amendments to the plan shall be submitted to the department.

(g) Departmental review. Upon review of the facility's risk management plan or any amendments, the department shall notify the facility in writing if the plan or amendments have been approved or disapproved. The written notification will specify the reason for disapproval.

(h) Revised plan. Within 60 days of the date the facility receives notification the plan has been disapproved, the facility shall submit a revised plan to the department.

(i) Plan publication. The plan shall be disseminated to personnel in accordance with the plan. (Authorized by and implementing L. 1986, Chapter 229, Sec. 4; effective T-87-50, December 19, 1986.)

INCIDENT REPORTING

28-52-2. **Incident reporting.** (a) Each medical care facility shall identify a written form on which employees and health care providers shall report clinical care concerns to the risk manager, chief of staff, or administrator. The original or complete copy of the incident report shall be sent directly to the risk manager, chief of staff, or administrator, as authorized in the facility's risk management plan.

(b) The risk manager, chief of staff, or administrator shall acknowledge the receipt of each incident report in writing. This acknowledgment may be made in the following manner:

(1) file stamping each report;
(2) maintaining a chronological risk management reporting log;
(3) signing or initialing each report in a consistent fashion; or
(4) entering pertinent information into a computer database.

(c) Incident reports, investigational tools, minutes of risk management committees, and other documentation of clinical analysis for each reported incident shall be maintained by the facility for not less than one year following completion of the investigation. (Authorized by and implementing K.S.A. 65-4922; effective February 27, 1998.)

RISK MANAGEMENT COMMITTEE

28-52-3. **Risk management committee.** (a) Each medical care facility shall designate one or more executive committees responsible for making and documenting standard-of-care determinations with respect to each incident report, pursuant to K.A.R. 28-52-2. The jurisdiction of each risk management committee shall be clearly delineated in the facility's risk management plan, as approved by the facility's governing body.

(b) The activities of each risk management committee shall be documented in its minutes at least quarterly, and this documentation shall demonstrate that the committee is exercising overall responsibility for standard- of- care determinations delegated by the committee to individual clinical reviewers and subordinate committees. (Authorized by and implementing K.S.A. 65-4922; effective February 27, 1998.)

STANDARD OF CARE DETERMINATIONS

28-52-4. **Standard-of-care determinations.** (a) Each facility shall assure that analysis of patient care incidents complies with the definition of a "reportable incident" set forth at K.S.A. 65-4921. Each facility shall use categories to record its analysis of each incident, and those categories shall be in substantially the following form:

(1) Standards of care met;

(2) standards of care not met, but with no reasonable probability of causing injury;

(3) standards of care not met, with injury occurring or reasonably probable; or

(4) possible grounds for disciplinary action by the appropriate licensing agency.

(b) Each reported incident shall be assigned an appropriate standard-of-care determination under the jurisdiction of a designated risk management committee. Separate standard-of-care determinations shall be made for each involved provider and each clinical issue reasonably presented by the facts. Any incident determined by the designated risk management committee to meet category (a) (3) or (a) (4) shall be considered a “reportable incident” and reported to the appropriate licensing agency in accordance with KSA 65 -4923.

(c) Each standard-of-care determination shall be dated and signed by an appropriately credentialed clinician authorized to review patient care incidents on behalf of the designated committee. In those cases in which documented primary review by individual clinicians or subordinate committees does not occur, standard-of-care determinations shall be documented in the minutes of the designated committee on a case-specific basis. Standard-of-care determinations made by individual clinicians and subordinate committees shall be approved by the designated risk management committee on at least a statistical basis. (Authorized by and implementing K.S.A. 65-4922; effective February 27, 1998.)