

HOW TO COMPLETE THE RISK MANAGEMENT QUARTERLY REPORT

Note: All quarterly reports should be sent to KDHE within 30 days of the end of the report quarter. This creates due dates of April 30th, July 30th, October 30th and January 30th

****COVER PAGE MUST BE COMPLETED AND RETURNED WITH THE REPORT****

Please complete with the name and address on the facility license. Do not use initials.

1. Type of facility: If you are a general hospital with a psychiatric unit, check "Hospital." only.
2. Year: Make sure your document the year and the quarter that is listed.
 1. First quarter = January, February and March
 2. Second quarter = April, May and June
 3. Third quarter = July, August and September
 4. Fourth quarter = October, November and December
3. Final reportable SOC determinations by the facility's risk management program this quarter: Document only the SOC III and IV determinations in the columns "a" and "b".
4. Specify the number of reports sent to licensing agencies:
Any reportable incident that does not fit under one of the licensing agency categories should be reported to KDHE prior to or along with our quarterly report.
The final portion of #4 applies only to the SOC III and IV determinations. Document the general type(s) of clinical issues for each adverse event.
5. Self-explanatory.
6. Discuss a positive change your facility implemented that has shown to prevent or reduce medical errors in your facility in the past quarter.
7. Document the specific improvements you have realized as a result of these strategies.
8. Submit the report and the cover sheet before the due date to:

Kansas Department of Health and Environment
Bureau of Community Health Systems
Risk Management Program
1000 SW Jackson Street, Suite 330
Topeka, Kansas 66612-1368

Or email to Llee@kdheks.gov (if you want confirmation of receipt)
Or Fax to (785) 291-3419 (there will be no confirmation for faxed reports)