RM Mailbag

1. Posterior capsule tears during cataract removal surgery. Since this is a known complication, is this an SOC 1 or 2?

Response: Just because it is a "known complication" does not mean that it has to happen or that it is OK for it to happen. (Death is a known complication of anesthesia). As with any event, determine if standards of care were met or not. If SOC is met, the determination is SOC 1 - regardless of outcome. (Sometimes we do all the right things, and people still die.) If SOC was not met - even with known complications - determine the harm factor to decide if it is an SOC 2 or 3. The responsible party's attitude is also a factor. If there was no harm and no probability of harm, but the responsible provider's carelessness caused the event, you can probably support an SOC 4 determination.

2. Is there a difference between a grievance and a complaint?

Response: As for a distinction between grievance and complaint, that is one methodology that some providers are using - but we have no such requirement. Webster's dictionary defines a grievance as: 1. a cause of distress affording reason for complaint or resistance 2. COMPLAINT

3. We recently transitioned to an electronic RM program. What are the requirements regarding the RM log? By statute or regulation, what does it need to contain?

Response: The only regulatory reference to a risk management log is found at KAR 28-52-2(b) as a possible method to demonstrate written acknowledgement of each incident report:

The risk manager, chief of staff, or administrator shall acknowledge the receipt of each incident report in writing. This acknowledgement 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 data base.

Just is there is not a regulation mandating a log, there are no regulatory requirements as to content - other than as a possible method for written incident acknowledgement. As you are aware, many facilities utilize the log for numerous purposes and therefore the logs are tailored to capture the information to facilitate these activities.

4. Our hospital is considering changing the process of assigning SOC determinations to cases. Currently, nursing cases get assigned SOCs by the nursing peer review committee. Medical staff cases get assigned SOCs by the medical staff peer review committee. The SOCs then are sent by nursing peer review and medical staff to the Executive RM Committee who assigns the final SOCs. Cases involving ancillary departments are assigned a preliminary SOC by the Risk Manager and then sent to the Executive RM Committee for final assignment of SOC determination.

Can the SOC assigned by nursing peer review committee, medical staff peer review committee and the Risk Manager (ancillary/other cases) be the final SOCs if our RM plan was changed to grant that authority? Does the Executive RM committee have to (by regulation) assign the final SOC? If we changed our plan to allow

the nursing peer review, medical staff peer review and RM (ancillary/other cases) to assign the final SOC, what is required of the Executive RM Committee? I believe the SOCs have to be approved by the Executive RM Committee at least a statistical basis.

Response: In some facilities, nursing peer review, medical staff peer review, infection control etc are designated as executive committees. In other facilities, these committees are designated as subordinate committees. Everything is driven by your plan as to how the facility complies with KAR 28-52-3 and 28-52-4. The last sentence of KAR 28-52-4(c) states that SOC determinations made by subordinate committees shall be approved by the designated risk management committee on at least a statistical basis. Therefore, it is how committees are designated in the plan that drives whether or not another committee must "finalize" the SOC determinations.

Some plans that do designate the peer review committees as executive committees also include the provision for a "referral" to or "consult" with the Risk Management Executive Committee (or other Executive Committee) when SOCs are unclear, the preliminary determination is an SOC 3 or 4, etc. Just as the plan would reflect the option to refer for outside peer review, it should authorize which committee(s) can make final SOC determinations and any "delegation" of this authority (i.e., referral to another committee).