

Southern Nevada Community Health Center's Risk Management Plan

1. MISSION STATEMENT

The Southern Nevada Community Health Center's (SNCHC) mission is to serve residents of the 89107-zip code in addition to Clark County residents from other underserved areas with appropriate and comprehensive outpatient health and wellness, emphasizing prevention and education in a culturally respectful environment.

2. PHILOSOPHY & PURPOSE

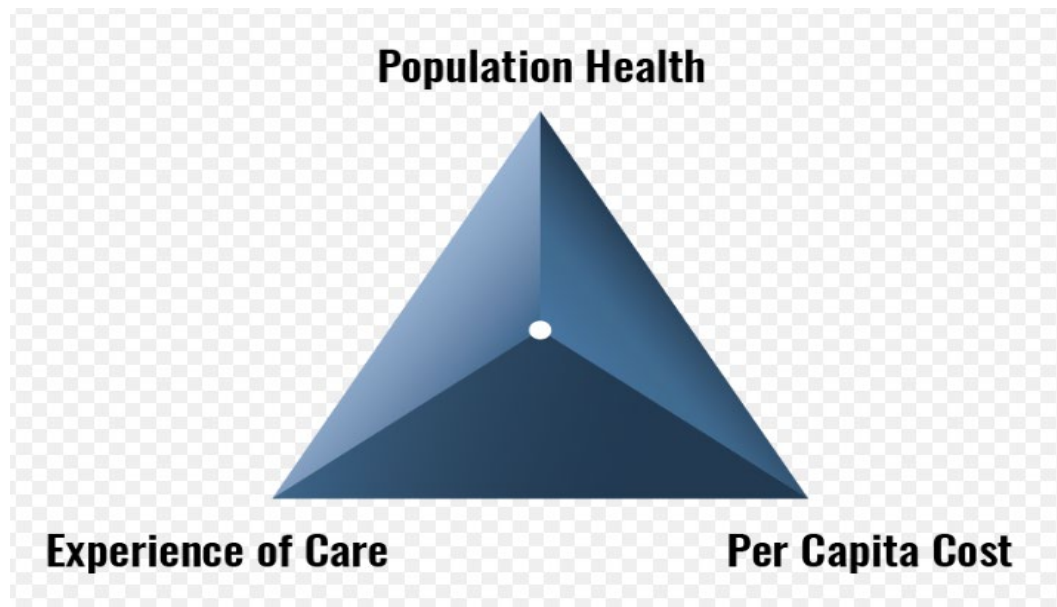
Risk management is a process directed toward the identification, evaluation, and correction of potential risks that could lead to patient, staff, or visitor injury and/or result in property loss or damage. At its core, risk management includes activities, processes, and policies that reduce risk exposure. Policies and procedures are developed and implemented to ensure continuous and measurable quality improvement in patient care, efficiency and effectiveness of clinical services and management, and community and financial accountability.

The SNCHC's Risk Management Plan operationalizes those policies and procedures to support the SNCHC's mission as it pertains to operational risk, clinical risk, and patient safety. It also protects the SNCHC's financial assets and intangible assets such as reputation and community standing.

3. GUIDING PRINCIPLES

Risk management activities include identifying and evaluating risks, followed by the selection and implementation of the most appropriate methods for correcting, reducing, managing, transferring and/or eliminating the risk. Collaboration across programs and among management, staff, and providers is essential for a sustainable, effective risk management program.

By integrating the "Triple Aim" concepts of improving the health of populations, improving the patient experience of care, and reducing the per capita costs, with risk management principles, the SNCHC's vision of a healthy patient-centered delivery system that provides an integrated continuum of care is both achievable and sustainable.



The SNCHC supports the establishment of a just culture wherein unsafe conditions and hazards are readily and proactively identified, medical or patient care errors are reported and analyzed, mistakes are openly discussed, and suggestions for systemic improvements are welcomed. A just culture, the bedrock for balanced accountability of staff, providers, and SNCHC, balances SNCHC's accountability to employees and patients with staff and provider accountability for the quality of their choices.

3.1 Leadership

Southern Nevada Health District (SNHD) and SNCHC leadership, staff, and medical providers are committed to providing the highest level of safe patient services and fully support this comprehensive, integrated program. Together this team is committed to establishing effective mechanisms for assessing and responding to risk-related findings.

Building on the above, SNCHC's governing body authorization and adoption of this program is documented in board meeting minutes. In so doing, SNCHC's Board both demonstrates its commitment to an ongoing, comprehensive, and systematic approach to reduce exposure to risk and authorizes the health center's management to implement performance improvement and risk management strategies.

4. PROGRAM SCOPE AND OBJECTIVES

Program goals and objectives are to:

- ✓ Engage in proactive risk management and patient safety activities
- ✓ Enhance patient satisfaction
- ✓ Continuously improve patient safety
- ✓ Identify and analyze risk of loss, errors, events, and system breakdowns leading to harm to patients, staff, and visitors and minimize/prevent reoccurrences
- ✓ Implement an effective process to manage identified risks

- ✓ Enhance environmental safety for patients, visitors, and staff through participation in environment of care-related activities
- ✓ Monitor the effectiveness of interventions and plans of action

5. PROGRAM FUNCTIONS

The Risk Management Program interfaces with programs and across SNHD divisions to facilitate the development of policies and procedures addressing events which may create business-related liability, professional liability, general liability, and motor vehicle liability exposures occurring with patients, staff, visitors, and organizational assets.

5.1 Risk Management Program Functions

An effective risk management program protects the SNCHC's assets by having a structured, systematic process in place to reduce risks that may result in loss (e.g., loss of productive staff time or financial resources). An effective risk management program includes, but is not limited to, the following components:

- a) Systems for reducing the risk of adverse outcomes and potentially unsafe conditions across all health care activities.
- b) Proactively advising SNCHC regarding strategies to reduce unsafe situations and improve the overall environmental safety of patients, visitors, and staff.
- c) An internal system to collect and analyze information on injuries/adverse events occurring within SNCHC.
- d) Conducting, participating in, and/or facilitating a root cause analysis of all serious incidents that resulted in or had the potential to result in serious harm/permanent impairment to an individual.
- e) Fostering a culture of safety across the organization that embodies an atmosphere of mutual trust in which providers and staff can talk freely about safety concerns and potential solutions.
- f) Facilitating annual risk management training for all staff.
- g) Facilitating quarterly risk management assessments.
- h) Annual reporting to SNCHC and SNHD leadership, the SNCHC Board, and the SNHD Board regarding health care risk management activities and progress in meeting goals which, at a minimum, includes:
 - ✓ Completed risk management activities.
 - ✓ The status of the SNCHC's performance relative to identified goals; and
 - ✓ Proposed risk management activities relating and/or responding to identified areas of high risk.
- i) Developing and facilitating the development of policies and/or procedures related to claims management, incident reporting, training, tracking access to care activities, and risk management goals.
- j) Maintaining up-to-date policies and procedures regarding the SNCHC's risk management operations and processes.

- k) Supporting Quality Improvement/Quality Assurance (QI/QA) programs across all programs and activities.
- l) Decreasing the likelihood of claims and lawsuits through effective claims management and investigating and assisting in claim resolution to minimize financial exposure in coordination with the liability insurer and its representatives.
- m) Monitoring the effectiveness and performance of risk management and patient safety actions. Performance monitoring data may include:
 - ✓ Claims and claim trends
 - ✓ Culture of safety surveys
 - ✓ Event trending data
- n) Maintaining documentation of Risk Management Program operations and processes.

5.2 Provider Credentialing and Privileging

Whether employed or contracted, healthcare practitioners will only be granted the privilege of providing health services to SNCHC patients after completion of the credentialing process. Each provider's licensure, certification, education, training, competence, immunization status, and hospital admitting privileges (when applicable) will be reviewed and verified.

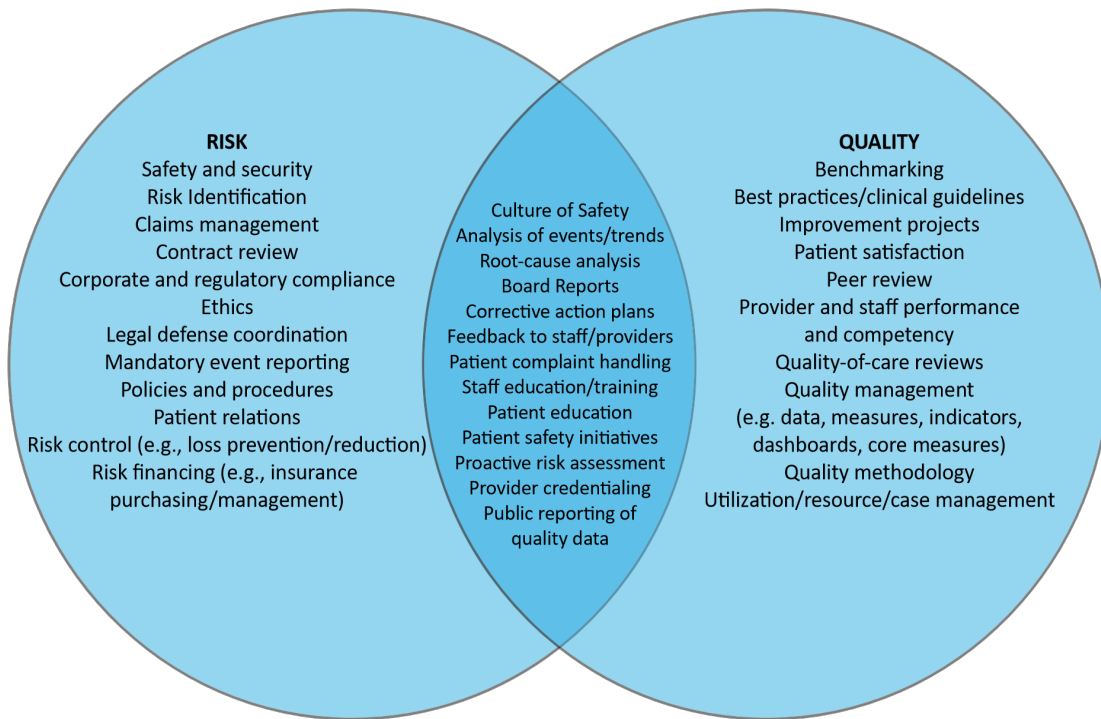
The SNHD's Human Resources Department vets and onboards all healthcare providers.

6. ASSESSMENT OF RISKS/RISK MANAGEMENT PRACTICES

The Risk Management Plan will be reviewed and updated annually, or as needed to identify and assess existing and/or potential risks within the health center and SNCHC's activities to reduce said risks. Risks will be identified through a review of incident reports and any organizational/department/program risk assessment.

7. INTERSECTION OF QUALITY AND RISK

Risk management and QI/QA activities should be coordinated with applicable programs to identify and develop quality and performance improvement measures. To enhance the identification and/or resolution of risk and quality issues, the Risk Manager will coordinate activities between risk and quality/performance.



8. ADMINISTRATIVE STRUCTURE

8.1 Risk Manager

The Risk Management Program is administered by SNHD's Risk Manager. The Risk Manager's role is to maintain a proactive risk management program in compliance with the provisions of federal, state, and local statutes, applicable scope of practice and regulations. In so doing, the Risk Manager crosses operational lines and interfaces with leadership, staff, providers, and other professionals to meet program goals. As the primary contact between SNCHC and other external parties on all matters related to risk identification, prevention, and control, the Risk Manager reports to the insurance carrier actual/potential clinical, operational, or business claims or lawsuits, as specified in the insurance policy and/or contract.

9. MONITORING AND CONTINUOUS IMPROVEMENT

The Risk Manager reports activities and outcomes (e.g., claims activity, risk and safety assessment results, event report summaries and trends) regularly to the governing board. This report informs the SNCHC Board and SNHD Board of efforts made to identify and reduce risks and the success of these activities and communicates outstanding issues that need input and/or support for action or resolution. Risk management reports on risk management activities and outcomes will be provided to the SNCHC's FQHC Operations Officer, Governing Board, and the SNHD Board of Health.

10. COMPLIANCE PROGRAM

The SNHD has implemented a robust compliance program. By resolution dated November 21, 2019, the SNHD Board demonstrated its support by authorizing and approving SNHD's compliance program.

This Risk Management Plan incorporates and integrates the Compliance Program's concepts and principles, including the Code of Conduct. Doing so further helps assure t SNCHC's Board is meeting its obligations under Section 330's implementing regulations to ensure that the health center is operating in compliance with applicable federal, state, and local laws.

11. CONFIDENTIALITY OF PERSONAL HEALTH INFORMATION

Data and recommendations associated with QI/QA are solely for the improvement of patient care, service delivery, and safety. As such, documents and records that are part of the QI/QA process shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections can include attorney client privilege, attorney work product, and peer review protections.

All proceedings, records, data, reports, information and any other material used in the quality management process which involves peer review shall be held in strictest confidence only accessible to those parties responsible for assessing quality of care and service.

SNCHC will minimize the identifiability of a client's personal health information used for quality measurement to protect it from inappropriate disclosure. Reports for committee review regarding data analysis and trending do not disclose a client's personal health information.

[SIGNATURES ON FOLLOWING PAGE]

The signatures below represent an acceptance, approval, and support of the Risk Management Program.

Southern Nevada Community Health Center

Randy Smith
FQHC Operations Officer

Date

Southern Nevada Health District

Fermin Leguen, MD
District Health Officer

Date

Southern Nevada Community Health Center

Jose Melendrez
Board Chair

Date