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MSU
Physician Faculty
Practice

Risk Management Assessment

Jacqueline Bezaire, RN, JD
SVP, National Health Care Practice
jacqueline.bezaire@willistowerswatson.com

Deana Allen RN, MBA, AIC, ARM, CPHRM
SVP, National Health Care Practice
Willis Towers Watson
deana.allen@willistowerswatson.com

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Thank you for allowing Willis Towers Watson (WTW) to collaborate with MSU HealthTeam on their continuing efforts to prevent harm, reduce risk and manage loss. The Willis Towers Watson health consultants performed an assessment of the risk management and patient safety program, process and polices at the MSU Physician Faculty Practice clinics. We worked with the HealthTeam leadership to evaluate current programs and policies through interviews, review of documents and tours of clinic areas in October 2017. We would like to thank the HealthTeam, especially Richard Ward, Susan Dolby and Lynette Budenaers for their time and commitment to this process.

In general we found that the MSU HealthTeam provides an atmosphere of caring, supports clinical standards and focuses on patient safety. The policies reviewed reflected generally accepted and reliable practices. The purpose of this letter is to notify you of our findings following the onsite review at select MSU Clinics and to provide suggestions you may want to consider for the further development of the organization's risk management and patient safety strategies.

Our findings and recommendations refer to observations made at the time of the evaluation. We were informed of changes that may take place in the future and have noted them where appropriate.

We look forward to future opportunities to assist you with the ongoing evaluation of risk and providing you with meaningful solutions and resources.

Sincerely,

Jacqueline Bezaire

Jacqueline RN, BSN, JD
SVP Willis Towers Watson
National Health Care Practice

Deana Allen

Deana Allen, BSN, MBA, ARM, AIC, CPHRM
SVP, National Health Care Practice

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Executive Summary

Willis Towers Watson appreciates this opportunity to work with MSU as your consulting partner. We recognize that the nature of health care is complex and our industry continues to operate in a "disruptive-change" environment.

Our goal was to proactively identify and assess current physician and clinic practices as it relates to patient safety and risk management. Our goal was to provide MSU with useful information about weaknesses that may exist and suggest methods to improve practices in order to reduce harm to patients, increase patient and staff satisfaction, increase regulatory compliance and potentially improve liability loss costs. Tours, interviews and document reviews were utilized as part of the assessment process. Every attempt was made to validate information received as being correct.

The analysis of our findings should be viewed as setting a framework on which to build risk management and patient safety strategies.

We have provided a list of positive findings and recommendations for improvement below.

Positive Findings:

- Use of clinical practice guidelines based upon the best available research evidence and practice experience

- Leadership support of risk management activities

- Test tracking and follow-up

- Protection of PHI protections during research projects

- Investment in Quantros risk management information (RMIS)

- Chaperone policy updates are detailed and comprehensive, staff have been educated

- Confidentiality policy requires a signed acknowledgment that includes students

- Investment in new electronic medical record (EMR)

- Anonymous occurrence reporting is allowed which can improve reporting compliance

- Training on new policies and guidelines is done via email and training sessions as necessary.

- Full time compliance officer managing the compliance program and provides compliance training including documentation and fraud awareness

- Clinic staffing appears to be adequate, there is a " float pool" to manage call-ins and vacations and attendance is measured on a six week cycle

- Clinical managers meet together regularly

- There are five primary care medical home practices

Recommendations

Risk Management Structure and Function

Risk management, patient safety and quality are a main focus for the MSU HealthTeam. There is a structure in place that supports risk management activities. However, the organizational structure is very compartmentalized (siloed) by department and flows up through the university. This can causes a lack of cross communication and effect the consistent development of clinical and risk standards and the delivery of care.

We recommend forming a centralized risk management committee to deal with risk management policy and implementation. Any policy changes that affect risk management or patient safety should be reviewed by the committee prior to implementation to assure consistency and compliance.

Risk Manager Role

The duties of the risk manager for the HealthTeam at MSU are essential but very complex and responsibilities include, Quality Management, Credentialing, Case Management, Medical Staff, Peer Review and Patient Safety. This is too much for one professional to manage and does not fit the norm of what we see across the country with other like organizations. This results in a reactive approach to all activities in her domain.

We would recommend an analysis of current role functions of the risk manager be assessed and ranked by several stakeholders as well as the risk manager. WTW could help develop an assessment tool and analyze it as part of this engagement. We also recommend Team Health re-evaluate to whom the risk manager currently reports within the organization. Consider the possibility of reporting to a Medical Quality Officer where they both work cohesively to bring about change and improve patient outcomes and safety. This could also result in more credibility and compliance with risk initiatives.

Peer Review

We recommend current peer review process be assessed by a qualified consultant. Peer Review is currently done at the clinic department level. Individual physicians are referred to Peer Review based on random audits, medical malpractice claims or referrals from staff members. Specialists from the clinic, review the individual physician being peer reviewed. This is done in committee fashion. The norm is for currently practicing medical staff with similar qualifications to complete the internal peer review. External peer review can also be utilized in certain situations. This allows for an opportunity for a fair and objective review. Peer Review should also flow back into the credentialing process.

Claims Management and Loss Prevention

Claims management for clinic claims is done at the corporate level via University Risk Management. The HealthTeam Risk Manager is not involved in this process and the Risk Manger indicated that she frequently does not know the outcome of claims, the issues that arise during settlement negotiations and the resolution of the claim. Claims management information is an important Risk Management tool. It helps the Risk Manager to understand the defensibility of claims and to develop loss prevention programs to prevent future incidents and claims. It also allow for support to be provided for those involved in a claim.

We recommend that a more robust feedback loop be developed to keep the HealthTeam's Risk Manager more involved in claim management and that the risk manager participates in claim discussions and incident resolution. Quantros has capabilities to assist in improving this process as well.

EMR System

The HealthTeam has a relatively new EMR system (Athena). The clinics are still under the six-month support phase from Athena. Concern was voiced by several staff members that additional training is needed on the system and we recommend this take place soon.

EMR Legal Record

Defining the EMR legal record is currently underway. The HealthTeam is aware of HIPAA issues as well as student privacy issues involved in this process. We recommend obtaining advice of legal counsel in the development of the legal record definition and policy.

Incident Reporting

The HealthTeam Risk Manager and others report that incident reporting may not be as thorough and frequent as they would like it. They are still surprised by claims that were not identified as incidents (IBNR – incurred but not reported).

We recommend additional staff training on incident reporting and its benefits, including the reporting of good catches. Leadership must also engage in this including physicians for it to be effective.

Claim and Incident Trending Report

The HealthTeam Risk Manager currently has challenges obtaining incident and claim trending reports from the current Quantros system. Trending reports are essential and can focus the HealthTeam on areas where they can develop quality improvement programs. We recommend that the Risk Manager identify the trending reports that would be the most beneficial and work with Quantros to develop templates for the reports. Sharing of these reports to improve outcomes should also be added to any risk management policy.

Marketing and Advertising

Currently marketing and advertising for the clinics does not go through a risk management review. An important function of risk management is to review marketing material for potential risk issues and we recommend the Risk Manager be involved in approving marketing material before it is disseminated. As an example of potential wording that should be avoided, the highest quality, delivering the safest patients care, etc.

Building Security

Interviews with several staff members indicated they felt building security could be improved to help prevent a potentially dangerous individual from gaining entry to the building. We recommend reviewing security protocols and/or completing a security assessment of the clinics as well as the HealthTeam offices to identify vulnerabilities and put a plan of action in place to address them. The HealthTeam may also want to consider changing the location of the psychiatric clinic and installing panic buttons at each nursing station in the clinics. Entry points and egress also need to be evaluated. Formal workplace violence prevention training in the clinics should be considered as an objective for 2018.

Privacy, HIPAA, Secure Email

On our tour of the clinical areas, we noticed that private health information was left out and visible.   We inquired if it was secured at night and there were inconsistent responses. We suggest reminders to staff to secure all PHI when staff is not present at the nurse's station and securing all PHI at the end of the day so cleaning staff or others do not come in contact with the information. This should be added to the Environment of Care checklist for rounding.

The HealthTeam should work in partnership with MSU IT to ensure there is adequate security for email via encryption. The largest claims involving health care organizations in 2017 have been in the cyber areas and failure to secure health information leaves organizations vulnerable to HIPPA violations and privacy issues.

Drug Testing New Hires

The United States government has recognized the opioid epidemic as a national emergency. As opioids become more difficult to obtain abusers are turning to other drugs. Because of this we recommend that MSU re-evaluate current drug testing, if not across the organization at least in health care related services. We understand that many employees are represented by unions but we have seen the screening successfully implemented by similar employers.

Clinic Observations

- Internal Med clinic, no glucometer log for cleaning and infection prevention. Re-educate. Remove devices and older lancets no longer in use and retrain staff on best practices. Add spot checks of devices as part of Environment of Care rounds and add it to the checklist.

- Family Med, dated information in the waiting areas. We recommend cleaning waiting and other areas monthly for dated material and information.
- Not all drug coupons provided to patients are documented. We recommend that all coupons are documented in the EMR. This also helps when patients are non-adherent with medical directions.
- Neuro Clinic was unkempt and cluttered. We recommend that this clinic be cleaned and put on a monthly schedule to de-clutter and clean the nurses area was well as the waiting room. A new manager has done a terrific job of organizing and cleaning their clinic and should share those practices with the other clinic managers.
- No general consent for treatment is utilized in the clinics. The consents are procedure specific. We recommend the use of a general consent form that includes physical exams, finger sticks and other typical procedures that are done in the clinic.

Conclusion

The HealthTeam at MSU has dedicated considerable time and resources to improve their risk and patient safety programs. They have assessed their current programs and made improvements in policies and procedures. We are happy to report that we found very few areas for improvement other than the ones listed. We feel that MSU has been diligent in creating a culture of caring and safety for the patients that they serve. It was a pleasure to work with the HealthTeam at MSU and we would welcome further discussion and assistance as necessary.