

LIGHTING THE WAY TO HEALTH CENTER EXCELLENCE







FTCA: Moving Toward Continuous Compliance

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CEO | REGLANTERN

DISCLAIMER

- This presentation is **NOT ENDORSED BY** Management Strategists Consulting Group (MSCG), Health Resources Services Administration (HRSA) Bureau of Primary Health Care (BPHC), the National Association of Community Health Centers (NACHC), Acentra, or any other Primary Care Association (PCA).
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Quality and Risk Management





COMMON HEALTH CENTER AREAS OF RISK

- Patient privacy, confidentiality, HIPAA
- Human Resources: Hiring, interviewing, disciplining, management, termination
- Abuse: Reporting, assessing
- HRSA Program Requirements
- Reputation, public relations
- + Health and sanitation, infection control
- Strategic
- + Financial risk
- Documentation of services, billing fraud
- Employee injury and illness
- Conflict of interest, corruption, corporate compliance
- Quality/Clinical outcomes
- Patient access

- Medication errors
- Theft
- Cyber risk
- Disruptive staff behavior
- 🕂 Environmental pollutants
- + Telemedicine
- Negligence/misdiagnosis/delay in care
- Violence
- Emergency preparedness
- Alarm fatigue
- Epidemics and pandemics
- Clinical competence/fitness for duty/training
- Contract and referral arrangements



COMMON CLINICAL AREAS OF RISK

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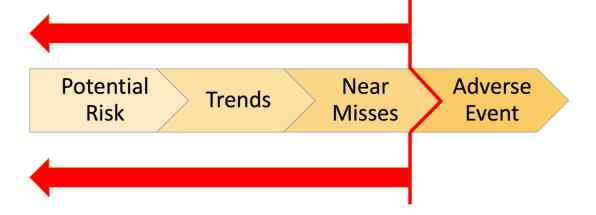
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COMMON HEALTH CENTER AREAS OF RISK



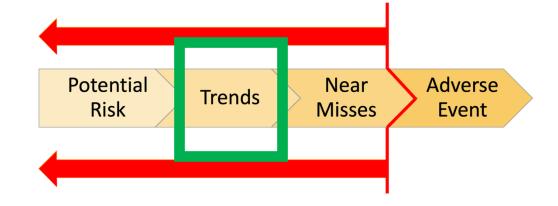
FTCA: "Primarily clinical patient care- and safety-focused..."

(Areas that potentially prevent or decrease the likelihood of medical malpractice claims)



RISK TRENDS

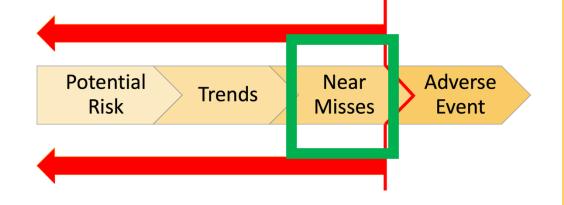
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NEAR MISSES

- It was noted that the there were several episodes where the wrong chart was pulled but it was caught before care was provided.
- A medication was prescribed though the patient was allergic to it but it was caught before the patient took it.





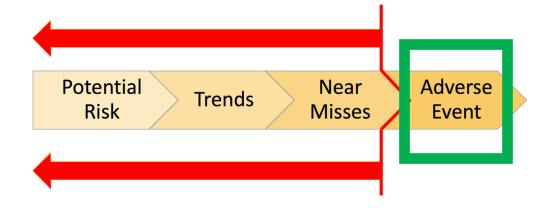
ADVERSE EVENTS

+HIPAA breach

Wrong vaccine given

+Needle-stick

Patient injury or death





RISK PRIORITIZATION

	Small Impact	Large Impact
Low Likelihood	Low Likelihood Small Impact	Low Likelihood Large Impact
High Likelihood	High Likelihood Small Impact	High Likelihood Large Impact



Quality Planning (QP)

"What are we doing to ensure the care we provide is safe, timely, efficient, effective, patient-centered, and with limited variation?"

Risk Management Plan Organizational Chart Quality Management Plan **Quality & Risk Work Plan Training Plan Job Descriptions** Quality Aims **Adverse Outcome** Risk Management (RM) **Management** "W hat are we doing to assess, address, "What are we doing to identify and lower risks of not meeting our aims?" Quality Assurance (QA) Quality Improvement (QI) – Internal "What assurances are we providing that we are meeting our aims?" "What are we doing internally to improve to meet our aims?" Aims-Based Pt Complaints & Daily Patient Provider Board Outcome comparison Good Catch Policies & **Assessment** Care Huddles **Grievance Program RCA** Key Driver Diagram Certification Value Stream Map Checklists **Gantt Chart** to internal and **Program Procedures** Requirements external benchmarks **FMEA** CLAS Clinical Pt Board Quality/RM Run Charts **Balanced Scorecard** After Hours Pareto Chart Histogram Member Practices Guidelines Pt Grievance & **Process Maps** Training **Job Descriptions Care Service** Requirements Complaint and Employment Pt Safety & Program Referral. **PDSA Control Chart** Appreciative Inquiry Scatter Plot Spaghetti Diagram Program Hospital Contracts Hospitalization, & Adverse Even Evidence-based ONC-Admitting **Program Diagnostic Tracking** Claims Decision-Medical Emergency certified Arrangements **Model for Improvement** Support Tools **Supplies Daily Check** Management **EHR** Problem-Iteration Adverse Diagnostic Evaluation **Potential Risk Trends** Near Misses Solving Phase Phase Outcome Phase Phase Model for Improvement **Quality Control (QC)** "How are we verifying/checking whether or not we are meeting our aims?" Quality Improvement (QI) – External Advocacy **Clinical Outcome Incident Quarterly Risk** Quarterly Pt Grievance & Good Catch **Assessments Peer Review** Reports Complaints **Reports** Forms Policy Voter

Advocacy

Chart Documentation

Audits

Mock OSVs

Pareto Report of

Near Miss and

Incident Reports

After-Hours

Test Call

C/P

Audits

Emp. Sat.

Surveys

Forms 5A &

5B Review

Service Contract/ MOU

Monitoring Review

Medical

Emergency Drills

Clinical Staffing Mix

Evaluation

Pt Satisfaction

Surveys

Subrecipient

Monitoring

Pt Access

Eval./3NAA

AHRQ Surveys on Pt

Culture (SOPS)



Communications

Advocacy

RISK MANAGEMENT LIFE CYCLE

Annual Risk Management Report

Quarterly Assessments



Risk Management Training Plan Risk Management Plan



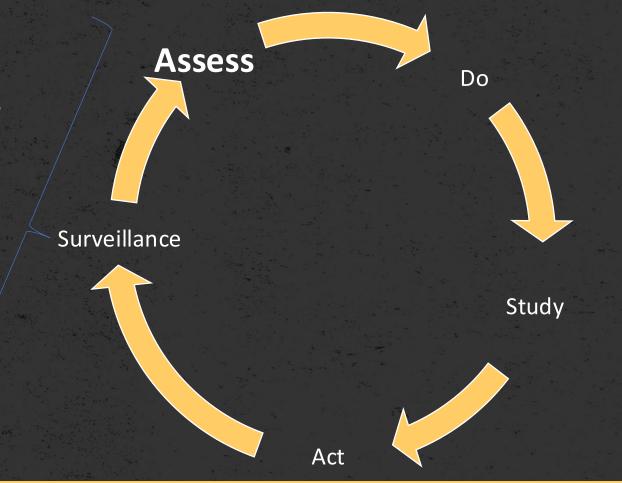
RISK MANAGEMENT LIFE CYCLE **Annual Risk** Quarterly Management Assessments Report Risk Risk Management Management **Training Plan** Plan



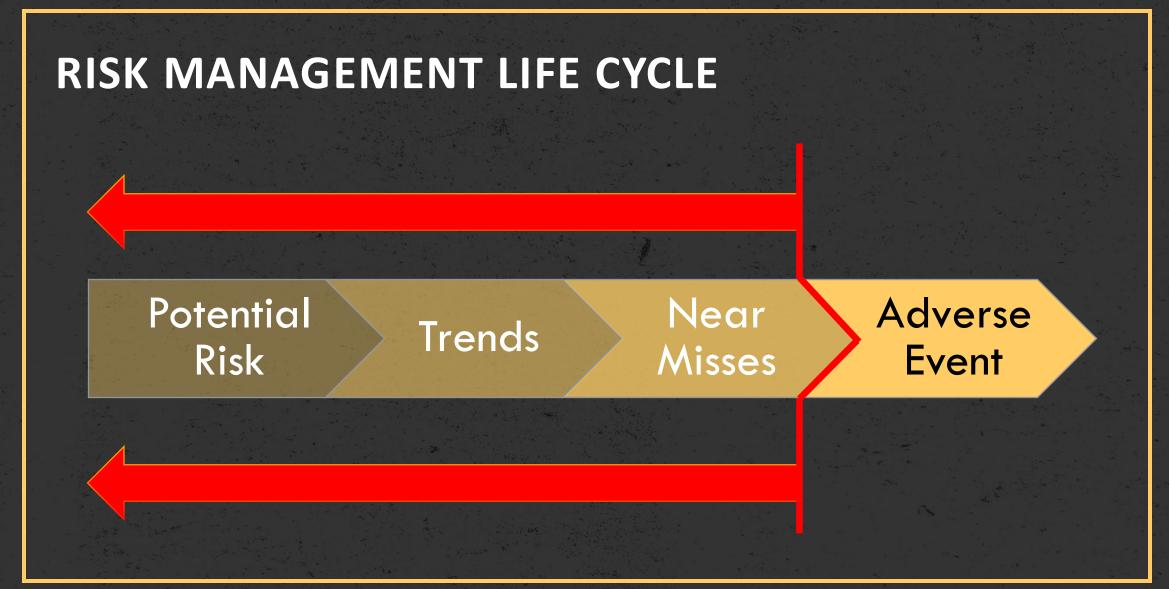
RISK MANAGEMENT LIFE CYCLE

Quarterly Assessments

- **★** Patient satisfaction surveys
- **★**Incident reports
- + Patient grievances
- + Peer review
- **★** Training competencies
- **♣** Process audits









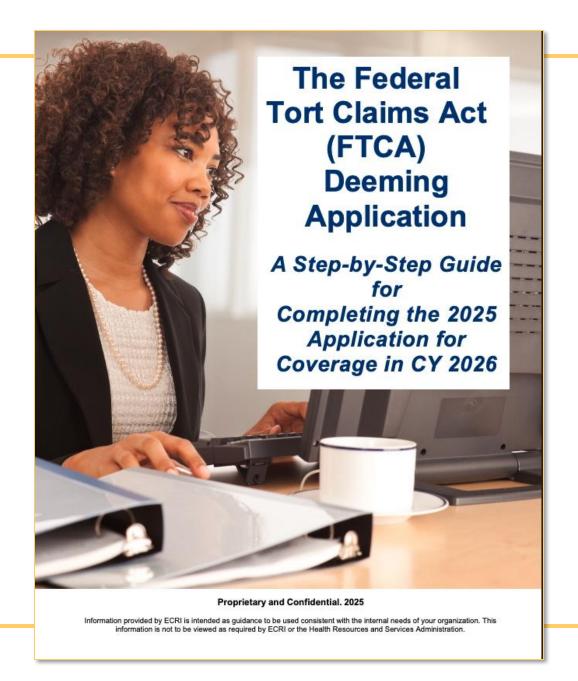




IMPORTANT CHANGES

 Risk Management activities submitted should be reflective of activities completed from January 1 to December 31 of the previous calendar year.









Sample Diagnostic Test Tracking Procedure

(The following is a comprehensive selection of information that can be oustomized to your organization's needs. Choose the information that applies to your organization when developing diagnostic test tracking policies and procedures. Revise the sample language to meet your organization's needs.]

Policy title: Manual title

Department:

Effective date:

Date last updated: Date originally issued:

one originally issued: innerwed by: (medical directr

Approved by: (practice manager

Policy Statement

[Describe the reason for the policy.]
It is [Organization Name's) policy to ensure that ordered diagnostic testing (including laboratory results and diagnostic imaging) are conducted, electronically tracked, reviewed by a provider, and reported to the patient and/or caregiver in a timely manner as part of a closed-loop process in order to facilitate accurate diagnoses, intalks appropriate and freely testiment, and provide ongoing care for patients.

Scope

[identify to whom and how the policy applies. Be sure to note, if applicable, any possible exemptions as out of scope.]

ost or scope; This policy applies to anyone working at [Organization Name] who is involved in ordering, tracking, reviewing, or communicating diagnostic test results to providers and patients, including regular employees, medical staff, approxy staff, volunteers, and contract workers.

This policy does not cover downtime diagnostic testing procedures; please refer to [Health Center's Downtime Policy/Procedures] for more information.

Laboratory Test Tracking

- a. All laborators test and
- All laboratory test orders are entered into the electronic health record (EHR) by the provider
- Paper test orders are limited to downtime procedures only (see [Health Center's Downtime Policys/Procedures]), and all tests are entered into the EHR as soon as possible to ensure tests are tracked.
- The provider is responsible for assigning a [Complete Test by Date] for the purpose of tracking the test to completion, which includes patient notification of results.

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Sample Specialty Referral Tracking Procedure

(The following is a comprehensive selection of information that can be oustomized to your organization's needs. Choce the information that applies to your organization when developing specially referral tracking policies and procedures. Revise the sample language to meet your organization's needs.]

Policy title Manual titl

Department:

Effective date:

Date last updated: Date originally issued:

Approved by: (medical director)

Approved by: (practice manager Approved by: (governing board)

Policy Statement [Describe the reason for the policy.]

It is [Organization Name's] policy to ensure specialty referral consults are conducted, electrorically tracked, reviewed by a provider, and reported to the patient end/or conspiver in a firmly manner as part a closed-loop process in order to facilitate accurate diagnostes, initiate appropriate and timely treatment,

Scone

[identify to whom and how the policy applies. Be sure to note, if applicable, any possible exemptions as out of scope.]

This policy applies to anyone working at [Organization Name] who is involved in ordering, track

employees, medical staff, agency staff, volunteers, and contract workers.

This policy does not cover downtime referral order procedures; please refer to [Health Center's Downtime Policie/Procedures] for more information.

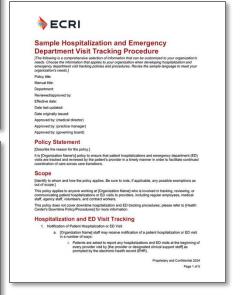
Policy/Procedures for more information. Specialty Referral Tracking

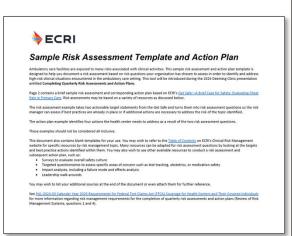
- 1. Ordering Specialty Referrals
 - Il referral orders are entered into the electronic health record (EHR) by the provider.

 i. Paper orders are limited to downtime procedures only (see [Health Center's Downtime PolicyProcedures)), and all referrals are entered into the EHR as soor as ossible to ensure tests are texted.
- b. The provider is responsible for assigning a [Complete Referral by Date] for the purpose of

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DOCUMENT EXAMPLES







Risk Management Report to Board: Sample Report and Dashboard

This sample report is intended as an example. Health centers should refer to <u>Chapter 21: Federal Tort</u> <u>Claims Act IFFCAI Dearming Requirements and Chapter 10. Quality Improvement/Assurance</u> in the <u>Health Center Program Compilisance Manual</u> for standards that must be met in order to meet FTCA deeming requirements related to insix management.

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DISCLAIMER

Information provided by (CRI) in or intended to be viewed as required by (CRI) or the Halfh Resource and Services Administration, nor should them entantish be viewed as feeting the legisl statement of care. Further, these materials should not be construed as a clusting an exclusive occurs of treatment or procedure. Practice by provisies saties, ruching based on the needs of the influidual paties and limitations unique to the institution or type of practice. All organizations should consult with their clinical staff and other experts or specific galance and with their legislatories as commissiones when

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MAKE A PLAN

		Current Calendar Year											Next Year							
	J	F	М	Α	М	J	J	Α	S	0	N	D	J	F	М	A	М	J	J	
Quarterly RM Assessments			Х			х			Х			Х			X			Х		
Report quart. RM Asmts to QI	X			Х			х			Х			X			X			X	
Compile Annual RM Report	х					100							X							
Present Annual Report to BOD		Х												Х						
Create RM Training Plan												Х	29							
Complete required trainings	X	Х	X	X	Х	х	Х	Х	Х				X	х	Х	X	Х	X	X	
Review related Policies/Proc			Х	Х											X	X				
Ensure Cred/Priv up-to-date	X	Х	Х	Х				Х	Х	Х	Х	Х	X	Х	Х	X				
Look for new HRSA FTCA PAL	Х	Х	Х										X	Х	Х					
Complete/Submit FTCA App					Х	Х											Х	Х		



MAKE A PLAN



			f the QIC												14-11 1	2024
Quality Work Plan Calend	Frequency	Jan	Feb	Mar	April	May	June	July	August	Sept	Oct	Nov	Dec	Owner	Method	Action
Form 5A: Check program alignment/MOUs	2x/Year	J:						J:								
Spot-check Referral Processes	2x/Year	d:			_			J:								
Spot-check interpretation/documents in place	2x/Year	J-			_			./·								
Assessment: CLAS Evaluation	1x/Year		J:					4.								
Training: Culturally-Competent Care	1x/Year		Ψ.					J:								
nical Staffing (Ch5)	2X/ TCul							٧٠								
Form 5A: Check program alignment/staffing	2x/Year	J.					J.	J					_			
Evaluate Staffing Mix in relation to pt needs/Submit BOD r	repor 2x/Year	V-	_		-	_	J.	J.	_							
Spot-check Credentialing/Privileging logs	2v/Year	./-	_		-	_	J.	./·	_		_					
Form 5A: Check MOUs for Cred/Priv reg'ments	2x/Year 2x/Year	. /·	_		_	_	./-	./-	_							
cessible Hours & Locations (Ch6)	237 1007	V-					V-	٧.								
Evaluate access barriers for pts	2x/Year		Je						J.							
Evaluate hours of ops in relation to pt needs	2x/Year		V-		_	_		_	V-		_					
Form 5B: Check alignment/updated	2x/Year		V-		_	_		_	V-							
verage for Medical Emergencies (Ch7)	ZX/Tear		۷:						۷:							
	2x/Year	. Is					. Is						_			
Spot-check BLS site logs Training: Operating procedures for Med Emerg	1x/Year	٧:	_		_	_	٧:	_	_		_					
	2x/Year	<i>L</i> .	_		_	_	L.		_							
Spot-check after-hrs info (mtg language needs) Spot-check after-hrs process/logs	2x/Year	√:			_		√:	_	_							
Spot-check after-hrs process/logs	2x/Year	√:			_		√:									
ntinuity of Care & Hospital Admitting (Ch8)		,					,									
Spot-check hospital admitting priv MOUs	2x/Year	√:					√:									
Spot-check hospital ref/follow-up documentation	2x/Year	√:					√:									
Review hospital ref/follow-up P/Ps	2x/Year	√:					√:									
QA (Ch10)																
Review QVQA Plan Implement QVQA procedures (customize) Implement QVQA assessments (customize)	2x/Year	√:					√:									
Implement QI/QA procedures (customize)	Custom															
Implement QI/QA assessments (customize)	Custom															
Monitor QI/QA outcomes	Quarterly			√:			√:			√:			√:			
Update QI/QA operating procedures PRN	Custom															
Peer Review (Conducted by LIPs)	Quarterly			√:			√:			√:			√:			
Pharm 340B Audit	12/Year	√:	√:	√:	√ :	√:	√:	√:	√:	√:	√:	√:	√ :			
Review 340B Pharmacy contracts (if applicable)	2x/Year	√:					√:									
QI Committee Meeting	Monthly	J:	J:	J:	√:	J:	J:	J:	√:	√:	J:	√:	√:			
Report on QVQA, Pt Sat, Safety, Grievances (Key Mgmt/Bi	rd) 6x/Year		J:	41	J:	41	J:	4.	J:	4.	J:	4.	J:			
Review P/Ps for record mgmt, privacy, security	1x/Year		4.		**		J:		4.		4.		4.			
Training: Confidentiality, HIPAA, doc security (FTCA Req B	elow 1x/Year				_		J:									
	ms Mgmt Overse	er:					V-									
Review Risk Mgmt P/Ps (includes all in-scope)	2x/Year	J:					J:									
Annual Risk Management Report/Training Plan (Compile)	Annually		J:		_		4.						J:			
Review complaint/near-miss log/process	Monthly	Je	J:	J.	J.	J.	J.	J.	J.	J.	J.	J.	J.			
Complete Risk Management Assessment	Quarterly	*	J.	Ψ-	ν.	J.	Ψ-	Ψ.	J.	ν.	۷.	1.	٧.			
Implement RM follow-up	Monthly	.l-	J-	J	J.	J-	J	.J.	./-	J.	.l·	./·	.l-			
Training: Risk Manager Training	1x/Year	γ.	Ψ-	Ψ-	γ.	ψ-	J.	۷٠	ψ-	٧-	۷٠	./-	ψ.			
Training: Confidentiality, HIPAA, doc security	1x/Year				_		J.					1.				
Training: OB Procedures	1x/Year		_		-	_	γ.	_	_	. ls		./s				
Training: Other High Risk Areas	1x/Year				_	_		_	_	V-		V-				
Halling, Other High Kisk Areas																
	1x/Tear	-			_	_	-16	_	_			√;				
Training: Infection Control/Sterilization	1x/Year	6	6		6	6	√ :		<i>h</i>	<i>L</i> .		√: √:	L			
Review Staff Training Log	1x/Year Monthly	√:	√:	√ :	√:	√:	√: √:	√:	√:	√:	√ :	√: √:	√:			
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MAKE A PLAN

	Current Calendar Year											Next Year								
	J	F	М	Α	М	J	J	A	S	0	N	D	J	F	М	Α	М	J	J	
Quarterly RM Assessments			X			Х			Х			Х			Х			Х		
Report quart. RM Asmts to QI	X			Х			X			Х			X			X			X	
Compile Annual RM Report	х												X							
Present Annual Report to BOD		Х												Х					8.	
Create RM Training Plan												Х	8 8							
Complete required trainings	Х	Х	Х	Х	Х	Х	Х	Х	Х				X	Х	Х	Х	Х	Х	Х	
Review related Policies/Proc	Т		Х	Х											Х	Х				
Ensure Cred/Priv up-to-date	Х	Х	Х	Х				Х	Х	Х	Х	Х	Х	Х	Х	Х				
Look for new HRSA FTCA PAL	X	Х	Х										X	Х	X		,			
Complete/Submit FTCA App					Х	Х											Х	Х		



RISK POLICIES/PROCEDURES CHECKLIST

Required and Additional Health Services (Chapter 4)

Referral Initiation, Tracking and Management Policy and Procedure (pp. 9, 14)

Clinical Staffing (Chapter 5)

- Credentialing and Privileging Policy and Procedure (pp. 17-24)
- Clinical Staff Recruitment and Retention Policy and Procedure (p. 18)

Coverage for Medical Emergencies During and After Hours (Chapter 7)

- Managing Medical Emergencies During Hours of Operation Policy and Procedure (pp. 29-30)
- Managing Medical Emergencies After Hours of Operation Policy and Procedure (pp. 29-30)

Continuity of Care and Hospital Admitting (Chapter 8)

- Continuity of Care and Hospitalization Tracking Policy and Procedure (p. 35)
- Specialty Referral Tracking Policy (FTCA SVP)

Quality Improvement/Quality Assurance & FTCA (Chapter 10 & 21)

- Clinical Guidelines, Standards of Care, and Standards of Practice Policy and Procedure (p. 53)
- Patient Safety and Adverse Event Policy and Procedure (p. 53)
- Patient Satisfaction Policy and Procedure (p. 53)
- Patient Grievance Policy and Procedure (p. 53)
- Periodic QI/QA Assessments and Peer Review Policy and Procedure (p. 53)
- Confidentiality, Privacy and Security of Patient Records Policy and Procedure (p. 53)
- Quality Plan Policy and Procedures (pp. 54-55)
- Health Information Technology Policy and Procedures (p. 59)
- Risk and Claims Management Policy and Procedures (p. 129)

FTCA

- Medical Records Archiving/Retention Policy (FTCA SVP)
- Medical Records Documentation/Completeness (FTCA SVP)
- Infection Control P/Ps (FTCA SVP)
- Sterilization P/Ps (FTCA SVP)
- Safety Protocols P/Ps (Sharps, etc.) (FTCA SVP)
- Walk-In Patients Policy (FTCA SVP)
- No-Show Appoints/Follow-Up Policy (FTCA SVP)
- Phone Triage Policy (FTCA SVP)
- Urgent Care Visit Triage P/P (FTCA SVP)

General*

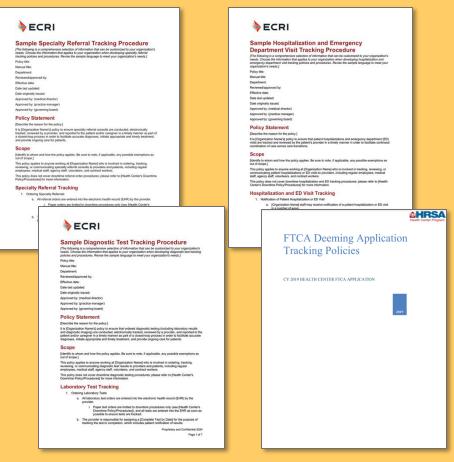
Continuous Compliance Policy and Plan



- Written procedure for identifying and mitigating high-risk activities (Quarterly Risk Management
 Assessment Procedure)
- Written procedure for setting annual risk management goals and tracking progress toward those goals
- ➡ Written procedure for developing and implementing an annual RM training plan
- Written procedure for completing an annual risk management report to board
- Documenting, analyzing, and addressing clinically related complaints, "near misses", and sentinel events reported by employees, patients, others



- **♣ Referral** Tracking Procedure
- **+ Hospitalization** Tracking Procedure
- **+ Diagnostic** Tracking Procedure



https://bphc.hrsa.gov/sites/default/files/bphc/compliance/ftca-deeming-app-tracking-checklist-cy-19.pdf



★ Referral Tracking Procedure

Category	Element of Policy
RT.1	The health center has implemented a system to track all referrals from their origin until they are returned and evaluated by a provider. This tracking system should include: The origin of the referral Status of the referral The administrative and clinical details of the referral
RT.2	The health center follows up with referral provider(s) in a timely manner to ensure that information is received back from the referral provider(s). This must include: • Specific process and timeframes for the transmission and receipt of referral results. • Specific process and times frames for follow-up if results are not received in timely manner.
RT.3	The health center clearly identifies titles of health center staff who are responsible for executing each of the duties throughout the referral tracking process.
RT.4	The heath center documents all patient referrals in the patient's medical records and makes documented efforts to follow up with patients who miss referral appointments. This must include number of attempts that will be made and the manner in which those attempts will be made (i.e., two phone calls, one certified letter with mail delivery confirmation).
RT.5	The policy has been signed and approved by the Governing Board or the individual or the committee that the Governing Board has delegated review and approval authority to. If delegation of authority has occurred, there should be a clear delegation of authority statement within the policy. (See Health Center Compliance Manual, Chapter 19: Board Authority for more information on the health center governing board's role in approving policies.)



+ Hospitalization Tracking Procedure

Category	Element of Policy
HT.1	The health center has a tracking and monitoring system for receiving information regarding hospital or ED admissions. At a minimum the tracking system must include:
	Patient information
	Date of admission or visit
	Date of notification
	Reason for visit, if known
	Documentation received
	Documentation requested (includes date requested)
	Follow-up initiated with hospital and or patient (includes date initiated).
	Note: This relates to admissions where the health center sends the patient to the ED and cases where the patient may have entered the ED on their own.
HT.2	The health center has identified staff members, by title, who are responsible for receiving ED and hospital admission information and monitoring the mechanism that is utilized for receiving hospital and ED admission information.
HT.3	The health center has implemented a mechanism to follow up with the patient, provider, or outside facility to request pertinent medical information (e.g., diagnostic studies, discharge summary) related to a hospital or ED visit.
НТ.4	The policy has been signed and approved by the Governing Board or the individual or the committee that the Governing Board has delegated review and approval authority to. If delegation of authority has occurred, there should be a clear delegation of authority statement within the policy. (See Health Center Compliance Manual, Chapter 19: Board Authority for more information on the health center governing board's role in approving policies.)



Diagnostic Tracking Procedure (Labs/Imaging)

Category	Element of Policy
DT.1	A tracking and monitoring system is maintained for all diagnostic orders. The system must include at a minimum: Patient information Date test ordered Ordering provider List of tests ordered Date results received Provider who reviewed results Follow-up recommended by provider Communication of results to patient, including unsuccessful communication attempts and follow-up
DT.2	The policy speaks to agreements with lab vendors which clearly define "critical lab values" and processes for contacting the health center providers. If the health center provides on-site lab services, the policy speaks to the lab policies and procedures, clearly defining "critical lab values" and notification procedures.



Diagnostic Tracking Procedure (Labs/Imaging)

DT.3	For Critical Test Results:
	 Time frame for communication of results to patients Acceptable means of communication to provider and patient (e.g., verbal contact only) Procedures for contacting back-up or surrogate providers if ordering provider is not immediately available to receive results Every effort is made to contact patient for follow-up (e.g., visiting shelter, enlisting help from authorities) Documentation of successful and unsuccessful attempts to contact patient Tracking critical lab tests, monitoring to ensure no problems arise, audits reported to QI/QA committee as part of the program.
DT.4	 For Abnormal Test Results: Acceptable means of communication to provider and patient (e.g., verbal, electronic) Timeframe for communicating results to patient (e.g., not to exceed 14 days) Efforts made to contact patient for follow-up (e.g., visiting shelter, enlisting help from authorities) Documentation of successful and unsuccessful attempts to contact patient (notification should include more than just a certified letter).



Diagnostic Tracking Procedure (Labs/Imaging)

Responsibility is assigned for documentation of all pertinent diagnostic tracking activities and is maintained as part of the patient's medical record to include the following items:

- Acknowledgment of receipt of result
- Actions taken related to the patient
- Patient notification, including date and time of notification, means used to communicate results (e.g., phone call, letter), and person spoken to (if applicable)
- All attempts to contact the patient if the patient cannot be reached
- Other clinical information as appropriate



+ Diagnostic Tracking Procedure (Labs/Imaging)

The policy has been signed and approved by the Governing Board or the individual or the committee that the Governing Board has delegated review and approval authority to. If delegation of authority has occurred, there should be a clear delegation of authority statement within the policy. (See Health Center Compliance Manual, Chapter 19: Board Authority for more information on the health center governing board's role in approving policies.)



RISK MANAGER JOB DESCRIPTION

- ★ This should clearly define the key responsibilities that lower risk.
- ♣ This should be reviewed and updated annually.



RISK ROLES: Risk Manager



Convenes a team responsible for conducting the risk assessment.

Considers available assessment tools and chooses assessment(s) that best meets the health center's needs.

Conducts, in collaboration with others, risk assessments at least quarterly.

Collaborates with key stakeholders on action plans to address identified risks.

Presents all findings to risk management committees, leadership, the board, and other staff as appropriate.



QI/QA PROCESSES

- **★** Ensure the health center maintains board-approved QI/QA program policies that address:
 - **+ Quality** and **utilization** of health center services
 - + Patient satisfaction and patient grievance processes
 - + Patient safety, including adverse events
 - + Adherence to current evidence-based clinical guidelines, etc.
 - + Identifying, analyzing, and addressing patient safety and adverse events



QI/QA PROCESSES

- ★ Ensure the health center maintains board-approved QI/QA program policies that address:
 - + Hearing and resolving patient grievances
 - + Completing quarterly QI/QA assessments
 - + Producing and sharing reports on QI/QA with board
 - + Has implemented a **certified EHR** for all health center patients



Quality Planning (QP)

"What are we doing to ensure the care we provide is safe, timely, efficient, effective, patient-centered, and with limited variation?"

Risk Management Plan Organizational Chart Quality Management Plan **Quality & Risk Work Plan Training Plan Job Descriptions** Quality Aims **Adverse Outcome** Risk Management (RM) **Management** "W hat are we doing to assess, address, "What are we doing to identify and lower risks of not meeting our aims?" Quality Assurance (QA) Quality Improvement (QI) – Internal "What assurances are we providing that we are meeting our aims?" "What are we doing internally to improve to meet our aims?" Aims-Based Pt Complaints & Daily Patient Provider Board Outcome comparison Good Catch Policies & **Assessment** Care Huddles **Grievance Program RCA** Key Driver Diagram Certification Value Stream Map Checklists **Gantt Chart** to internal and **Program Procedures** Requirements external benchmarks **FMEA** CLAS Clinical Pt Board Quality/RM Run Charts **Balanced Scorecard** After Hours Pareto Chart Histogram Member Practices Guidelines Pt Grievance & **Process Maps** Training **Job Descriptions Care Service** Requirements Complaint and Employment Pt Safety & Program Referral. **PDSA Control Chart** Appreciative Inquiry Scatter Plot Spaghetti Diagram Program Hospital Contracts Hospitalization, & Adverse Even Evidence-based ONC-Admitting **Program Diagnostic Tracking** Claims Decision-**Medical Emergency** certified Arrangements **Model for Improvement** Support Tools **Supplies Daily Check** Management **EHR** Problem-Iteration Adverse Diagnostic Evaluation **Potential Risk Trends** Near Misses Solving Phase Phase Outcome Phase Phase Model for Improvement **Quality Control (QC)** "How are we verifying/checking whether or not we are meeting our aims?" Quality Improvement (QI) – External Advocacy **Clinical Outcome Incident Quarterly Risk** Quarterly Pt Grievance & Good Catch **Assessments Peer Review** Reports Complaints **Reports** Forms Policy Voter

Advocacy

Chart Documentation

Audits

Mock OSVs

Pareto Report of

Near Miss and

Incident Reports

After-Hours

Test Call

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Forms 5A &

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Service Contract/ MOU

Monitoring Review

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Emergency Drills

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Pt Satisfaction

Surveys

Subrecipient

Monitoring

Pt Access

Eval./3NAA

AHRQ Surveys on Pt

Culture (SOPS)



Communications

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CLAIMS MANAGEMENT PROCESS

- Requires preservation of documentation and coordination with HHS/Office of General Counsel, etc.
- **★ Informs patients** in plain language
 - ♣ For example: "This health center receives HHS funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals."



CLAIMS MANAGEMENT TRACKING

Occurrence Date	Name of provider(s) involved / Area of specialty	Summary of Allegations	Status	Documentation of Cooperation With AG / Mitigation Plan
1/1/2019	Dr. John Doe / Family Pract.	A patient alleged that a health center provider improperly diagnosed her cancer.	Closed	 All providers were re-trained in health center lab follow-up policies. Involved provider disciplined and required to attend related medical continuing education trainings.



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	J	F	М	A	М	J	J	A	S	0	N	D	J	F	М	Α	М	J	J
Quarterly RM Assessments			Х			х			Х			Х			X			Х	
Report quart. RM Asmts to QI	X			Х			X			Х			X			X			X
Compile Annual RM Report	х												X						
Present Annual Report to BOD		Х												Х					
Create RM Training Plan	т											Х							
Complete required trainings	X	Х	X	Х	Х	Х	Х	Х	Х				Х	Х	X	Х	Х	Х	Х
Review related Policies/Proc	5 - 3 5 - 7		X	Х		9									X	X			
Ensure Cred/Priv up-to-date	х	Х	Х	X				Х	Х	Х	Х	Х	X	Х	Х	X			
Look for new HRSA FTCA PAL	X	Х	Х										X	Х	X			6	
Complete/Submit FTCA App					Х	Х											Х	Х	



RISK MANAGEMENT TRAINING PLAN

- ♣ Based on identified areas/activities of highest clinical risk for the health center.
- ♣ Include detailed information related to the health center's tracking/documentation methods to ensure that trainings have been completed by the appropriate staff, including clinical staff, at least annually.



RISK MANAGEMENT TRAINING PLAN

- ♣ Include required areas:
 - ◆ Obstetrical procedures (for example, continuing education for electronic fetal monitoring (such as the online course available through ECRI Institute), and shoulder dystocia drills).
 - ♣ Infection Control and Sterilization (for example, Blood Borne Pathogen Exposure protocol, Infection Prevention and Control policies, Hand Hygiene training and monitoring program, dental equipment sterilization).
 - **HIPAA** medical record confidentiality requirements.
 - **Specific training** for groups of providers that perform various services which may lead to potential risk (for example, dental, pharmacy, family practice).



RISK MANAGEMENT TRAINING PLAN

- ♣ Include required areas:
 - **+** Annual Risk Manager Training
 - **★** Board Risk Management
 - **+** Medical Record Documentation
 - **★** Follow-up on Adverse Test Results
 - **♣** Provider-Specific Risk Training



RISK MANAGEMENT-OB Training

- All Clinical Staff (LIPs, OLCPs, OCS)
- **★** Based on the **OB risks of the health center** and appropriate for all roles
- **★** Must be completed between **January 1-December 31**



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	J	F	М	Α	М	J	J	A	S	0	N	D	J	F	М	Α	М	J	J
Quarterly RM Assessments			X			х			Х			Х			X			Х	
Report quart. RM Asmts to QI	X			Х			X			Х			X			X			X
Compile Annual RM Report	х												X						
Present Annual Report to BOD		Х												Х					
Create RM Training Plan												Х	29 29				8 =		
Complete required trainings	Х	Х	Х	Х	Х	Х	Х	Х	Х				Х	Х	Х	Х	Х	Х	Х
Review related Policies/Proc	Т		Х	Х		9									Х	Х			
Ensure Cred/Priv up-to-date	Х	Х	X	X				Х	Х	Х	Х	Х	X	Х	Х	X			
Look for new HRSA FTCA PAL	X	Х	Х										X	Х	Х				
Complete/Submit FTCA App					Х	Х											Х	Х	



RISK MANAGEMENT TRAINING TRACKING

Health Resources & Serv	vices Administration	FTCA	Educati	onal Training Tracking Form Clear Form Print Form
	Please complete			ining Tracking Form for each additional training offered by your health center
		-		trical (OB), Infection Control, HIPAA, and Areas of High Risk.
				and completeness of information. *Fields 1–7 are required and forms missing any information will Educational Training Tracking Form to the appropriate section of the application $3(F) - 3(I)$.
	Compl	eting this form:		Notes:
	Select from Obstetrical Specific Areas of High R		n Control Training,	31st of the previous calendar year of submission. (Example: An
2. Training Titl	e: Enter the title of the ti	raining.		application submitted in 2024 must include trainings completed in 2023.)
Brief Descri	ption: Enter a brief desc	cription of the trai	ning.	 Enter any comments to demonstrate remediation actions that have been
4. First Name:	Enter the staff member's	s first name.		implemented for staff who have not completed training in a timely
Last Name:	Enter the staff member's	s last name.		manner.
6. Staff Type: S	Select Clinical or Non-Cl	inical.		
Date Trainin	g Completed: Select th	e date the staff n	nember completed	the training.
Topic A Brief Descripti	(Make a Selection)			2. Training Title
f you need more row	s beyond page 2, comple	te an additional F	TCA Educational Tra	aining Tracking Form.
4. First Name *	5. Last Name *	6. Staff Type *	7. Date Training Completed *	8. Comments
Jane	Doe	Clinical	05/04/2023	[these first two rows are examples; clear them before starting a form]
John	Doe	Clinical		Employee was on medical leave. Will complete training once he returns.
		(Selection)		
		(Selection)		
		(Selection)		



Effective 12/15/2023 Page 1 of 2

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	J	F	М	Α	М	J	J	A	S	0	N	D	J	F	М	A	М	J	J
Quarterly RM Assessments	П		Х			Х			Х			Х			Х			Х	
Report quart. RM Asmts to QI	Х			Х			Х			Х			Х			Х			Х
Compile Annual RM Report	Х												X						
Present Annual Report to BOD		Х												Х					
Create RM Training Plan												Х	89 8						
Complete required trainings	X	Х	Х	X	Х	х	X	Х	Х				X	Х	Х	X	Х	X	X
Review related Policies/Proc			Х	Х											Х	X			
Ensure Cred/Priv up-to-date	Х	Х	Х	X				Х	Х	Х	Х	Х	X	Х	Х	X			
Look for new HRSA FTCA PAL	Х	Х	Х										X	х	Х				
Complete/Submit FTCA App					Х	Х											Х	Х	



RISK MANGAGEMENT ASSESSMENTS

- ♣ A risk assessment involves collecting and analyzing information about the health center's practices, policies, and culture in order to identify deficiencies and make improvements.
- + Risk Management Assessments involve: **People**, **Processes**, and **Tools**
- + Risk assessments can include a variety of strategies, including:
 - **+ Surveys** to evaluate overall safety culture
 - → Targeted questionnaires to assess specific areas of concern such as test tracking, obstetrics, or medication safety
 - + Impact analyses, including a failure mode and effects analysis (FMEA)
 - Leadership walk-arounds



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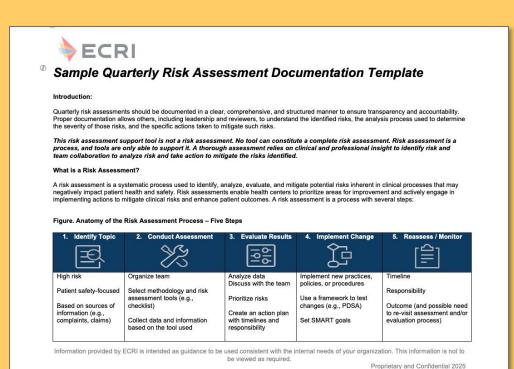


Communications

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QUARTERLY RISK MANAGEMENT ASSESSMENTS

- + Completed quarterly of calendar year
- ◆ Use a standard form (recommend using updated ECRI forms)
- Must have an "Action Plan"

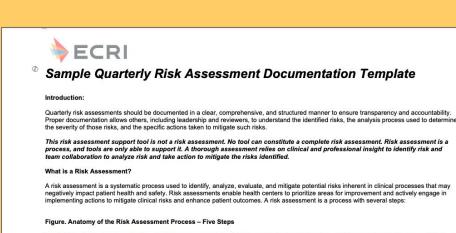




QUARTERLY RISK MANAGEMENT ASSESSMENTS

+ 6 Key Components

- ♣ Purpose Statement
- **♣** Goals
- Methodology
- **♣** Risk Evaluation
- ♣ Risk Analysis
- + Action Plan



 96 Discuss with the team policies, or procedures Patient safety-focused Select methodology and risk Responsibility assessment tools (e.g., Prioritize risks Ise a framework to test Based on sources of checklist) changes (e.g., PDSA) Outcome (and possible need information (e.g., Create an action plan to re-visit assessment and/or complaints, claims) Collect data and information with timelines and Set SMART goals evaluation process) based on the tool used responsibility Information provided by ECRI is intended as guidance to be used consistent with the internal needs of your organization. This information is not to

Information provided by ECRI is intended as guidance to be used consistent with the internal needs of your organization. This information is not to be viewed as required.

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RISK MANGAGEMENT ASSESSMENTS

- + Health centers should:
 - **Define the assessment procedure** as part of their Risk Management Plan
 - +Conduct risk assessments at least quarterly using selected tool(s)
 - **+ Document** risk assessment results
 - **+ Evaluate** risk assessment results
 - **+Implement changes** to address identified risks
 - **+ Test** changes
 - **+** Monitor changes
 - Report all findings to the governing board as part of the annual board report



RISK MANO

High Leverage

Medium Leverage

Low

Leverage

Forcing functions

Barriers and fail-safes

Automation and computerization

Standardization and protocols

Redundancies

Warnings, alerts, reminders, checklists

Rules and policies

Educational programs

Available information

Suggestions to "be more careful"

Most Effective

Hardest to Implement

Human Reliability

System Reliability

Least Effective

Easiest to Implement



RISK MANGAGEMENT ASSESSMENTS

+ Action Plans:

- + It is not enough to simply assess risk
- + Health centers must show efforts to correct identified risks
- + It is important to monitor and evaluate actions over time



Quality and Risk Management





	/Park		(Curi	rent	Ca	len	daı	Ye	ar					Ne	xt Y	ear		
	J	F	М	Α	М	J	J	A	S	0	N	D	J	F	М	Α	М	J	J
Quarterly RM Assessments			X			Х			Х			Х			Х			Х	
Report quart. RM Asmts to QI	х			Х			Х			Х			Х			Х			Х
Compile Annual RM Report	Х												Х						
Present Annual Report to BOD		Х												Х					
Create RM Training Plan	Т											Х							
Complete required trainings	X	Х	X	X	Х	х	X	Х	Х				X	Х	X	X	Х	X	X
Review related Policies/Proc	03		X	Х		20									X	X			
Ensure Cred/Priv up-to-date	X	Х	X	X				Х	Х	Х	Х	Х	X	Х	X	X		8	
Look for new HRSA FTCA PAL	X	Х	Х										X	Х	X			i i	
Complete/Submit FTCA App					Х	Х											Х	Х	



- ♣ The report must cover the period from January 1-December 31 of the previous calendar year of submission
- ♣ Must be reflective of the activities related to risk from the previous calendar year (for example, applications submitted in 2026 must demonstrate training was completed in 2025).
- ♣ Recommend doing this the same month each year (February)



- + Clinical risk management issues
- ♣ Risk management goals
- Progress toward meeting goals
- **★** Completed risk management activities
- **+ Proposed activities** for next CY
- Completed assessments
- **★** Incident **trends**
- + Patient satisfaction
- ♣ Risk Management Training Plan





Risk Management Report to Board: Sample Report and Dashboard

This sample report is intended as an example. Health centers should refer to <u>Chapter 21: Federal Tort Claims Act (FTCA) Deeming Requirements</u> and <u>Chapter 10: Quality Improvement/Assurance</u> in the <u>Health Center Program Compliance Manual</u> for standards that must be met in order to meet FTCA deeming requirements related to risk management.

How to use this tool. Health centers can work within the format of this report to input their own data and information. The dashboards and SWOT (Strengths, Weaknesses, Opportunities, Threats) analyses referenced in this tool are examples of ways to present the information; however, health centers may choose other formats (e.g., graphs, charts, narrative) depending on their needs and preferences. The sample information provided within this tool is not all-inclusive; health centers should provide specific information that is both accurate and sufficient to inform the board and key management staff on all health care risk management activities and progress related to follow-up actions that have been implemented as well as next steps.

DISCLAIMER

Information provided by ECRI is not intended to be viewed as required by ECRI or the Health Resources and Services Administration, nor should these materials be viewed as reflecting the legal standard of care. Further, these materials should not be construed as dictating an exclusive course of treatment or procedure. Practice by providers varies, including based on the needs of the individual patient and limitations unique to the institution or type of practice. All organizations should consult with their clinical staff and other experts for specific guidance and with their legal counsel, as circumstances warrant.

This model plan is intended as guidance to be adapted consistent with the internal needs of your organization. This plan is not to be viewed as required by ECRI or the Health Resources and Services Administration. All policies, procedures, and forms reprinted are intended not as models, but rather as samples submitted by ECRI member and nonmember institutions for illustration purposes only. ECRI is not responsible for the content of any reprinted materials. Healthcare laws, standards, and requirements change at a rapid pace, and thus, the sample policies may not meet current requirements. ECRI urges all members to consult with their legal counsel regarding the adequacy of policies, procedures, and forms.

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Maintain proof that the health center board has received and reviewed the report.



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	J	F	М	Α	М	J	J	A	S	0	N	D	J	F	М	Α	М	J	J
Quarterly RM Assessments			Х			Х			Х			Х			X			Х	
Report quart. RM Asmts to QI	X			Х			X			Х			X			X			X
Compile Annual RM Report	х												X						
Present Annual Report to BOD		Х												Х					18.
Create RM Training Plan												Х	8 8						
Complete required trainings	X	Х	Х	X	Х	Х	Х	Х	Х				X	Х	Х	X	X	X	X
Review related Policies/Proc			Х	Х											Х	Х			
Ensure Cred/Priv up-to-date	Х	Х	Х	Х				Х	Х	Х	Х	Х	Х	Х	Х	Х			
Look for new HRSA FTCA PAL	Х	Х	Х										Х	Х	Х				
Complete/Submit FTCA App					Х	Х											X	Х	



CREDENTIALING/PRIVILEGING

- **★** Implemented ongoing Credentialing/Privileging process/procedures
 - **♣** NOTE: New language about PAL 2024-01 (Temporary Privileges)
- ★ Maintains files for all clinical staff that are current and complete
 - **♣** NOTE: FTCA requires credentialing/privileging every 2 years
- **♣** Agreements with Column II/III organizations with C/P assurances
- ♣ Recommend not having C/P files updated in May, June, or July each year



CREDENTIALIN





Credentialing and Privileging Policy Checklist

	Lice Indep	Ps ensed endent tioners		Other		Ps nsed or ctitioner	s	S	Clinical taff
		Dentist, PA, NP	F		N, CN arma	ИА, RD, cist		lic. or c	IWs where ert. is not uired.
Credentialing (Initial Upon Hire)									
Gov't Issued Picture ID (4.1)	Х	(4.1)			X (4.1)		X	(4.1)
Edu/Training Verification (4.2/4.3/4.3)	X (Prim	nary) (4.2))	X (Pri	m/Se	(4.3)		X (Prim	/Sec*) (4.3)
Credentialing (Upon Hire/Recurring)	On hire	Recurring	Oı	n hire		Recurrin	g	On hire	Recurring
Current Lic, Reg, Cert (5.1)	X (Prim)	X (Prim)	Х (Prim)		X (Prim	1)	NA	NA
NPDB Queries (5.2)	X	Х		X		Χ		X	Х
DEA (5.3)	X	X	X/It	f App	.	X/lf App	Э.	NA	NA
BLS Training Documentation (5.4)	Х	X		X		X		Χ	X
Privileging (Upon Hire/Recurring)	On hire	Recurring	Oı	n hire		Recurrin	a	On hire	Recurring
Fitness For Duty* (7)	X	X		X		Х	_	X	X
Immun./Communicable Disease* (8.1)	X/X	X/X	×	(/X	+	X/X	\dashv	X/X	X/X
Current Clinical Competence* (8.2)	X	X		X		X		X	X
Frequency of C/P as determined by the Does the policy clearly define the proce of privileging decisions (for example, the privileging list for each provider)? (1.1)	ess for doo ne complet	cumentatio tion of a			Upoi Yes	n hire ar	No	Requ	years. uirements:
Does the privileging policy define how determined?* (Describing how physica verified?	V cognitive	e fitness is			Yes		No		
Does the privileging policy define how Competence is determined?*					Yes		No	Requ	irements:
Does the privileging policy define what required for verifying <i>Immunization an Disease</i> status?*					Yes		No	Requ	uirements:
Does the privileging policy cover employontractors, and volunteers? (6)	oyees, indi	vidual			Yes		No		
Does the privileging policy have a procremoving privileges based on the outcompetence assessments?* (9)					Yes		No		
Policy board-approved in last 3 years?					Yes		No		
Temporary privileging FTCA-compliant	t? (HRSA PAL 2	(017-07)			Yes		No		

Citations from the Health Center Site Visit Protocol, April 13, 2023, Chapter 5: Clinical Staffing unless specified otherwise.

Primary Source Verification to Whe original source of a specific repredental of the excuracy of a qualification reported by an individual health care practitioner. Primary source verification could include direct correspondence, telephone, fax, e-mail, or peper or original source original source profit and included individual graduated with the degree[e] listed on his or her application, confirmation that the individual graduated with the degree[e] listed on his or her application, confirmation through a state's database that a provider's license is current, reports from credentials everification organizations1.

Secondary Source Verification: Verification by sources other than primary sources. Secondary source verification could include verification of the original credential, a notarized copy of credential, a copy of the credential (when copy is made from an original by approved health center staff).

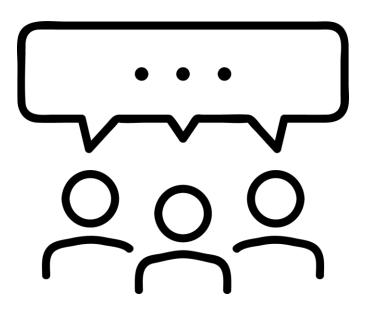
REVISED: 12/21/2023





WHO IS COVERED BY FTCA?

- **+** Employees
- **+** Officers
- **+** Directors
- Governing board members
- ♣ Volunteer Health Professionals (VHPs)

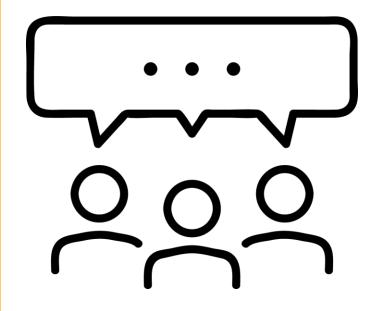




WHO IS COVERED BY FTCA?

+ Contractors

- ♣ Any full-time licensed or certified contract provider (at least 32.5 hours per week).
- ♣ Part-time licensed or certified contract provider of services in the fields of family practice, ob-gyn, general internal medicine, or general pediatrics.
- ♣ Contract must be between the deemed health center and the individual provider.
- ♣ Contracts between the deemed health center and a corporation (including professional corporations) are not covered.







			Any Health Center Employee	Licer	nsed or Certified Providers	
			FT / PT	FT (>32.5hrs/wk)	PT (<32.5h	nrs/wk)
		Form 5A Column	W2 Employees, Officers, Directors, Governing board members	Any licensed or certified provider	In the fields of family practice, ob-gyn, general internal medicine, or general pediatrics	NOT in the fields of family practice, ob-gyn, general internal medicine, or general pediatrics
Employees (W2)		I	YES	YES	YES	YES
Volunteers		l	YES*	YES*	YES*	YES*
	Individual	11 / 111	NA	YES	YES	NO
Contractor	Organizational	11 / 111	NA	NO	NO	NO
	Eponoymous	11 / 111	NA	NO	NO	NO

^{*}Need to apply annually for Volunteer Health Providers. See HRSA PAL 2024-04.



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	J	F	М	A	М	J	J	Α	S	0	N	D	J	F	М	Α	М	J	J
Quarterly RM Assessments			Х			х			Х			Х			X			Х	
Report quart. RM Asmts to QI	X			Х			х			Х			X			X			X
Compile Annual RM Report	х					100							X						
Present Annual Report to BOD		Х												Х					
Create RM Training Plan												Х	29						
Complete required trainings	X	Х	X	X	Х	х	Х	Х	Х				X	х	Х	X	Х	X	X
Review related Policies/Proc			Х	Х											X	X			
Ensure Cred/Priv up-to-date	X	Х	Х	X				Х	Х	Х	Х	Х	X	Х	Х	X			
Look for new HRSA FTCA PAL	Х	Х	Х										X	Х	Х				
Complete/Submit FTCA App					Х	Х											Х	Х	





			f the QIC												14-11 1	2024
Quality Work Plan Calend	Frequency	Jan	Feb	Mar	April	May	June	July	August	Sept	Oct	Nov	Dec	Owner	Method	Action
Form 5A: Check program alignment/MOUs	2x/Year	J:						J:								
Spot-check Referral Processes	2x/Year	d:			_			J:								
Spot-check interpretation/documents in place	2x/Year	J-			_			.J.								
Assessment: CLAS Evaluation	1x/Year		J:					4.								
Training: Culturally-Competent Care	1x/Year		Ψ.					J:								
nical Staffing (Ch5)	2X/ TCul							٧٠								
Form 5A: Check program alignment/staffing	2x/Year	J-					J.	J					_			
Evaluate Staffing Mix in relation to pt needs/Submit BOD r	repor 2x/Year	V-	_		-	_	J.	J.	_							
Spot-check Credentialing/Privileging logs	2v/Year	./-	_		-	_	J.	./·	_		_					
Form 5A: Check MOUs for Cred/Priv reg'ments	2x/Year 2x/Year	. /·	_		_	_	./-	./-	_							
cessible Hours & Locations (Ch6)	237 1037	V-					V-	٧٠								
Evaluate access barriers for pts	2x/Year		Je						J.							
Evaluate hours of ops in relation to pt needs	2x/Year		V-		_	_		_	V-		_					
Form 5B: Check alignment/updated	2x/Year		V-		_	_		_	V-							
verage for Medical Emergencies (Ch7)	ZX/Tear		۷:						۷:							
	2x/Year	. Is					. Is						_			
Spot-check BLS site logs Training: Operating procedures for Med Emerg	1x/Year	٧:	_		_	_	٧:	_	_		_					
	2x/Year	<i>L</i> .	_		_	_	L.		_							
Spot-check after-hrs info (mtg language needs) Spot-check after-hrs process/logs	2x/Year	√:			_		√:	_	_							
Spot-check after-hrs process/logs	2x/Year	√:			_		√:									
ntinuity of Care & Hospital Admitting (Ch8)		,					,									
Spot-check hospital admitting priv MOUs	2x/Year	√:					√:									
Spot-check hospital ref/follow-up documentation	2x/Year	√:					√:									
Review hospital ref/follow-up P/Ps	2x/Year	√:					√:									
QA (Ch10)																
Review QVQA Plan Implement QVQA procedures (customize) Implement QVQA assessments (customize)	2x/Year	√:					√:									
Implement QI/QA procedures (customize)	Custom															
Implement QI/QA assessments (customize)	Custom															
Monitor QI/QA outcomes	Quarterly			√:			√:			√:			√:			
Update QI/QA operating procedures PRN	Custom															
Peer Review (Conducted by LIPs)	Quarterly			√:			√:			√:			√:			
Pharm 340B Audit	12/Year	√:	√:	√:	√ :	√:	√:	√:	√:	√:	√:	√:	√ :			
Review 340B Pharmacy contracts (if applicable)	2x/Year	√:					√:									
QI Committee Meeting	Monthly	J:	J:	J:	√:	J:	J:	J:	√:	√:	J:	√:	√:			
Report on QVQA, Pt Sat, Safety, Grievances (Key Mgmt/Bi	rd) 6x/Year		J:	41	J:	41	J:	4.	J:	4.	J:	4.	J:			
Review P/Ps for record mgmt, privacy, security	1x/Year		4.		**		J:		4.		4.		4.			
Training: Confidentiality, HIPAA, doc security (FTCA Req B	elow 1x/Year				_		J:									
	ms Mgmt Overse	er:					V-									
Review Risk Mgmt P/Ps (includes all in-scope)	2x/Year	J:					J:									
Annual Risk Management Report/Training Plan (Compile)	Annually		J:		_		4.						J:			
Review complaint/near-miss log/process	Monthly	J.	J:	J.	J.	J.	J.	J.	J.	J.	J.	J.	J.			
Complete Risk Management Assessment	Quarterly		J.	Ψ-	ν.	J.	Ψ-	Ψ.	J.	ν.	٧.	1.	٧.			
Implement RM follow-up	Monthly	.l-	J-	J	J.	J-	J	.J.	./-	J.	.l·	./·	J			
Training: Risk Manager Training	1x/Year	γ.	Ψ-	Ψ-	γ.	ψ-	J.	۷٠	ψ-	٧-	۷٠	./-	ψ.			
Training: Confidentiality, HIPAA, doc security	1x/Year				_		J.					1.				
Training: OB Procedures	1x/Year				_	_	γ.	_	_	. ls		./s				
Training: Other High Risk Areas	1x/Year	_			_	_		_	_	V-		V-				
Halling, Other High Kisk Areas																
	1x/Tear	-			_	_	-16	_	_			√;				
Training: Infection Control/Sterilization	1x/Year	6	6		6	6	√ :		<i>h</i>	<i>L</i> .		√: √:	L			
Review Staff Training Log	1x/Year Monthly	√:	√:	√ :	√:	√:	√: √:	√:	√:	√:	√:	√: √:	√:			
Review Staff Training Log Review claims process (With mitigation)	1x/Year Monthly 2x/Year	√: √:	√:	√ :	√:	√:	√: √: √:	√ :	√ :	√:	√ :	√: √:	√:			
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Review Staff Training Log Review Calam Process (Mith mitigation) Spot-check FTCA-deeming pt postings her ard-Required Periodic Reviews Credentialing/Privileging Policy Review	1x/Year Monthly 2x/Year 2x/Year Remi															
Review Staff Training Log Review Claims process (With mitigation) Spot-check FTCA-deeming pt postings lef ard-Required Periodic Reviews Credentialing/Privileging Policy Review Trage, Walk-ins, Tel. Trage, No-Show PIP (FTCA)	1x/Year Monthly 2x/Year 2x/Year Remi 1/3 Years 1/3 Years													CEO CEO	×	
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Review Cast Training Log Review Castin Strokes (FTCA-deeming pt postings ard-Required Periodic Reviews Credentaling Privileging Policy Review Triage, Walk Ins. Tel. Triage, No-Show PIP (FTCA) Supervision of PAs, NPs, RNs, LPNs, and Mas (FTCA) Wat Records PIP (FIPAA, Completeness, Archiving) (FTCA)	1x/Year Monthly 2x/Year 2x/Year 2x/Year 1/3 Years 1/3 Years 1/3 Years 1/3 Years 1/3 Years													CEO CEO CEO	×	
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Review Claff Training Log Review Claim Sprocess (With mitigation) Spot-check FTCA-deeming pt postings lef ard-Required Periodic Reviews Credentisting Privileging Policy Review Triage, Walk-Ins, Tel. Triage, No-Show PIP (FTCA) Supervision of PAR, NIPA, RNs, LPNs, and Mas (FTCA) Med Records PIP (HIP AA, Completeness, Archiving) (FTC, Hosphatization Tracking Policy Review (FTCA) Diagnostic Tracking Policy Review (FTCA)	1x/Year Monthly 2x/Year 2x/Year 2x/Year													CEO CEO CEO CEO CEO CEO	x x x x	A or constant
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Review Claff Training Log Review Claim Sprocess (With mitigation) Spot-check FTCA-deeming pt postings lef ard-Required Periodic Reviews Credentisting Privileging Policy Review Triage, Walk-Ins, Tel. Triage, No-Show PIP (FTCA) Supervision of PAR, NIPA, RNs, LPNs, and Mas (FTCA) Med Records PIP (HIP AA, Completeness, Archiving) (FTC, Hosphatization Tracking Policy Review (FTCA) Diagnostic Tracking Policy Review (FTCA)	1x/Year Monthly 2x/Year 2x/Year 2x/Year													CEO CEO CEO CEO CEO CEO	x x x x	REGLANTE
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FTCA Resources

- + FTCA Health Center Policy Manual
- **★** FTCA Site Visit Protocol
- + HRSA's FTCA website (https://bphc.hrsa.gov/ftca/index.html)
- **★** Current FTCA/HRSA PAL



FTCA Resources

- ➡ FTCA Application Page: https://bphc.hrsa.gov/initiatives/ftca/application-process
- **★** FTCA Application Step-By-Step Guide: https://bphc.hrsa.gov/sites/default/files/bphc/initiatives/ftca-step-step-guide.pdf
- HRSA Example (Risk Management Training Plan):
 https://bphc.hrsa.gov/sites/default/files/bphc/initiatives/ftca-compliance-tool-risk-management-training-plan.pdf
- ➡ HRSA Example (Risk Management Tracking Policies):

 https://bphc.hrsa.gov/sites/default/files/bphc/initiatives/ftca-deeming-app-tracking-checklist-cy-19.pdf
- ♣ HRSA Example (Risk Management Annual Report):

https://bphc.hrsa.gov/sites/default/files/bphc/initiatives/ftca-compliance-tool-risk-management-annual-report.pdf



QUESTIONS?

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