



U.S. Army Medical Command
Quality Management Division



Pre-Claim Activities

MEDCOM Risk Manager

15 September 2010

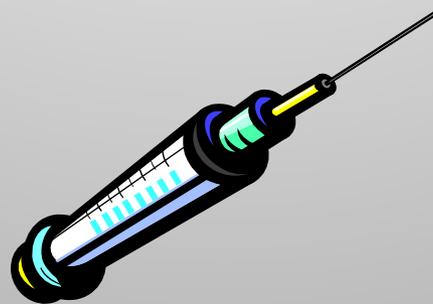


“Healthcare organizations must systematically identify and mitigate patient safety risks and hazards with an integrated approach in order to drive down preventable patient harm.”

National Quality Forum, 2009



Harm Happens...then what??





The Steps...



- **Identify** – DA Form 4106, or electronic equivalent (PSR*).
 - ASAP following the occurrence.
 - Route to risk manager within 48 hours.
 - Cooperative effort involving Patient Safety Manager.
- **Score** – Association for Healthcare Quality and Research (AHRQ) harm scale...for DoD replaced the NCC-MERP scale, 1 April 2010.
 - All harm events scored.
 - Events requiring add'l treatment and greater* are deemed a Potentially Compensable Event (PCE).
- **Peer Review** – All PCEs are required to be reviewed by Risk Management Committee and Standard of Care (SOC) determined.
 - Review to commence within 30 days of identification.
 - Review to be completed within 180 days.
- **Document** – In CCQAS

**Patient Safety Reporting system*



Potentially Compensable Event



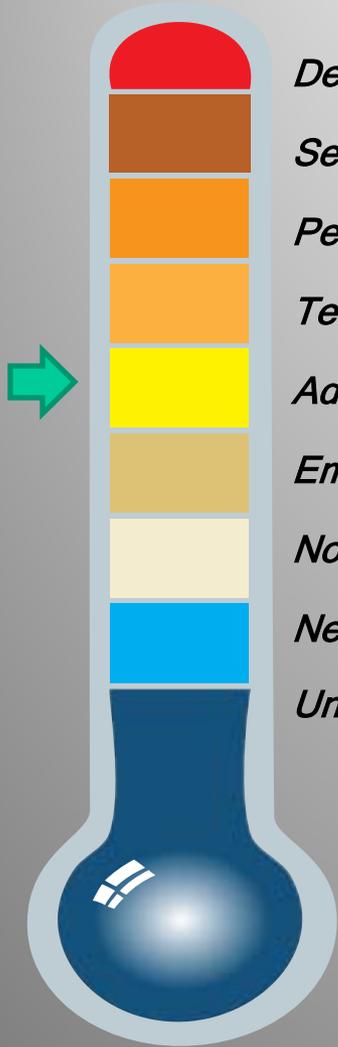
A PCE is: An adverse event that occurs in the delivery of health care and services with resulting beneficiary injury. It includes any adverse event... in which the patient experiences any *unintended* or *unexpected* negative results.

AR 40-68, pg 167.

APPLIES TO ALL BENEFICIARIES!!



AHRQ Harm Scale



Death - Death at the time of the assessment.

Severe Permanent Harm - Severe lifelong bodily or psychological injury or disfigurement

Permanent Harm - Lifelong bodily or psychological injury or increased susceptibility to disease.

Temporary Harm - Bodily or psychological injury, but likely not permanent.

Additional Treatment - Injury limited to additional intervention during admission but no other injury.

Emotional Distress or Inconvenience - Mild and transient anxiety or pain or physical discomfort.

No Harm - Reached patient, but no harm was evident.

Near Miss - Event occurred but did not reach patient.

Unsafe Condition - Any circumstance that increases the probability of a patient safety event.

 *PCE per DoD definition.*



Significantly Involved Provider



Who is?

A provider who actively delivered care in either primary or consultative roles during the episode of care that gave rise to the PCE.

How do you decide?

Are residents considered SIPs?



Select a Peer

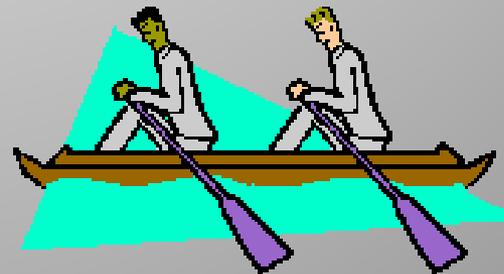


A **peer** is one who:

- is from the same discipline as the provider (any discipline) to whom comparative reference is being made.

“...*has *similar* qualifications (background, grade, and years’ experience).”

*Deleted from AR 40-68.





Review the PCE



- Peer review at Department/Service level.
- Privileged vs. non-privileged – process should be the same.
- Findings route to Risk Management Committee:
 - Considers all facts/evidence;
 - Minutes include the facts, committee discussion & SOC vote.
- Focus on opportunity for improvement—
 - NON-PUNITIVE approach;
 - Additional training may be needed.





PCE Review Process



- Initiate review within 30 calendar days.
- Involved healthcare providers (HCPs) must:
 - be *notified that a peer review is to be conducted*;
 - be *included in the process* (written input or in-person);
 - be *informed of the results* of the peer review.
- HCP may submit a rebuttal of “Not Met” findings – include in case file.
- Review to be completed within 180 days of identification.



Peer Review Criteria



- If SOC *not met*, did the SOC breach lead to the injury? (causation)
- If SOC *not met*, was it a systems issue or a HCP issue? If provider, then which provider(s)?

Questions....

- Who should vote SOC?
- Does majority vote rule?
- What about documentation issues? SOC “Not Met” due to poor documentation?



Intent of Peer Review



- Determine standard of care (SOC):
 - For the episode of care involving harm.
 - For each significantly involved provider.
- Identify any confounding systems/process issues – referred to patient safety.
- RCA may reveal systems and/or process issues – this is critical information.





Event Details in CCQAS



- Enter data in the Incident Module.
- Data remains at MTF level.
- Mine your data for trends/recurring issues.
- DoD will have visibility of de-identified details.
- Data can be trended by AFIP by Service or for all of DoD.





MEDCOM Recurrent Issues



Paid claims data reveals:

- Abnormal diagnostic results not noted/acted on
- Delay in diagnosis; treatment delays
- Illegible/incomplete orders
- Inadequate patient hand-offs
- Communication: staff, patient
- Inadequate staff training; supplemental staff
- Informed consent - absent/incomplete



Pre-Claim Activities Summary



- Identify, review and document PCEs.
- Collate all event-related medical records, clinical evidence, peer review statements, RMC committee minutes.
- Organize medical records: harm event related records and other records.
- Scan all documents & upload to AKO secure website.
- Complete PCE data entry in CCQAS – DO NOT RELEASE TO OTSG.



Wrap-Up



- PCEs are the new area of DoD interest.
- Market this to MTF leadership & staff.
- PCE may involve any beneficiary type.
- Active Duty (AD) case may involve death or result in a Service connected disability.
- Coordinate AD events with your PEBLO.





Questions??

