

University of Texas Medical Branch Center for Sleep Disorders Policy: Risk Management	Effective Date: 4/1/18 Revised Date: 2/19/18 Campus: ADC
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RISK MANAGEMENT

POLICY

The sleep facility must develop a risk management assessment process that evaluates and identifies trends and designs resolutions as necessary for adverse events or incidents that may be of risk (unusual occurrence and adverse outcome) to patients and staff (e.g. falls, hazardous incidents, hospitalizations, response to emergencies, malfunction or equipment failure, response to emergencies the spread of or exposure to communicable disease such as TB, bed bugs, and scabies).

Definitions

- An *adverse event* is any incident that may cause harm or injury to a patient and/or staff and includes but is not limited to:
 - Patient or staff death
 - Permanent loss of function or of a body part by a patient or staff
 - An event that leads to the hospitalization of a patient or staff
 - An event that requires activation of an emergency medical response
 - Sexual or physical assault of a patient or staff or allegations thereof
 - Release of a minor or a patient lacking capacity or competency to an unauthorized individual
 - Elopement of a patient
 - Complications arising from the effects of hypnotics used for the purpose of sleep testing
 - Any event required by the applicable jurisdiction to be reported to a government agency

- An *unusual occurrence* is any event or incident that impedes facility processes or impacts patient care or staff that does not rise to the level of an adverse event or outcome.

- *Risk management* is the continuing process to identify, analyze, evaluate and treat loss exposures and monitor risk and financial resources to mitigate the adverse effects of loss resulting in liability judgments.

PROCEDURE

The facility must:

- 1.0** Track all events by maintaining an unusual occurrence report that includes a detailed description of the event.
- 2.0** Investigate the event within 24–48 hours; document the investigation.

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- 3.0** Develop a plan of correction for the event, which may include:
 - 3.1 Alterations in staffing
 - 3.2 Policy or procedure changes
 - 3.3 Physical environment changes
- 4.0** Implement and educate appropriate individuals on the changes.
- 5.0** Evaluate the effectiveness of the changes.
- 6.0** Results of the findings must be incorporated into the sleep facility's quarterly report to the facility director/facility leaders.
- 7.0** At least annually, the facility director, technical director and any other individuals identified by facility leaders will meet to review safety risks and identify potential future risks.
 - 1.1 The group selected should share the key mission, goals and objectives of the sleep facility management/owners.
- 2.0** A patient safety risk analysis will be completed by the following process. The group will:
 - 2.1 Identify the risks: What might inhibit the ability to meet the facility's objectives?
 - 2.2 Identify the causes: What might cause these things to occur?
 - 2.3 Identify controls to reduce risks: Identify all the controls that are in place to reduce the likelihood of risks from occurring. Indicate the consequences if safety issues occur because controls were not followed.
 - 2.4 Establish a rating for the risks: Low—Moderate—High
 - 2.5 Monitor and review: Review all risks annually.
- 3.0** The risk analysis of potential safety risks will be updated, minimally, every five years.