Community of case management = Care coordinator

1. Healthcare delivery model developed by healthcare providers for community based population of patients **with chronic conditions requiring intervention to help prevent emergency visits or hospitalization.**

2. Nurse and practitioners **home visits and follow up visits** ,communication with primary care and specialist physician.

3. It's **a team approach** involving the nurse , practitioner , hospital social services , case management based on patients needs.

4. Patients are **candidate** if they meet one or more of the following criteria:
   1) Chronic condition.
   2) Repeated hospitalization.
   3) Complex medical treatment .
   4) Absence of family.

Care Coordinator	Case Management
Ongoing in the **community level** (prevent decline in patient health before they happen)	Triggered by **hospitalisation** (focused on safely discharging the patient
Community based (Family based)	**Patient** based
Build relationship between the team and patient care to identify the risk and prevent it.	Working to link the care team to create comprehensive care plan.

Case coordinator

POPULATION MANAGEMENT

1. Case management rightfully focuses on the individual patient.
2. The concept of population management is a newer **epidemiological** focus on **groups of patients** with certain conditions.
3. We will focus on:
   Disease Management
   Demand Management programs.

➢ ## Disease management:

1. Generally refers to the management of **populations of patients** **with** **high risk, high cost, high volume, high maintenance chronic disorders** across the continuum of care.
2. It is intended to help patients **reach** **better outcomes** **and reduce** **adverse impact on quality of life** and healthcare costs.

Shared capitation

مبلغ ثابت بيتم الاتفاق عليه

➢ **Component of full service disease management program:**

1. **Population identification. (selection criteria)**
2. **CPGs**
3. **Plan of care (potential/proactive)**
4. **Risk assessment**
5. **Patient & family education/behavior change**
6. **Outcome measurement and evaluation**
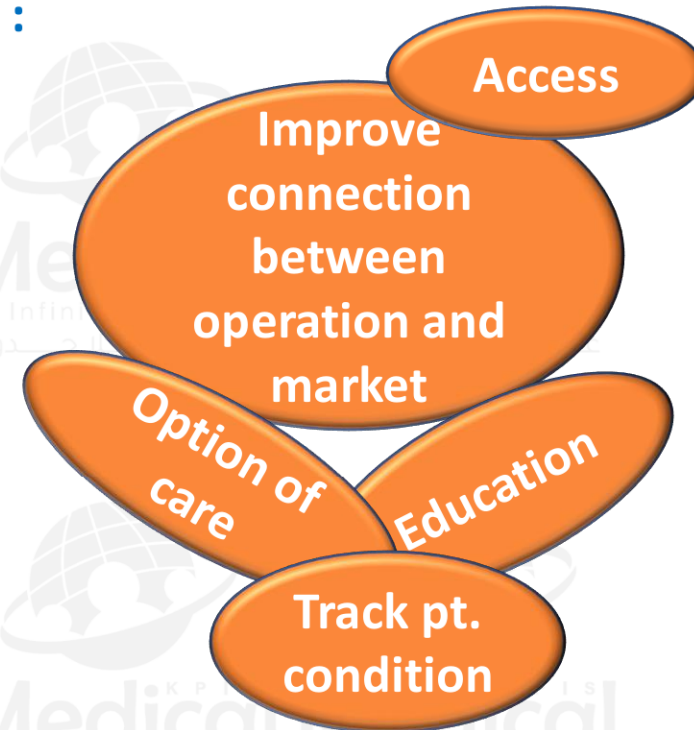7. **Routine reporting**

➤ Demand management:

It is the use of decision support system to influence the patients 'decisions about :

1. whether ,when , where and how to access medical services.
2. Demand management incorporates tele-service technologies ,triage.
3. The managed care organization's use of a 24-hour nurse-staffed telephone hotline to inform member/patient callers of care options and provide self management education

Components of the Demand management support system:

- Call center or hotline 24hrs.
- staffed with RNs(referral nurse) who use **protocols** or clinical algorithms approved by physicians to inform callers about care options.

  1. Scheduling of physician visits.
  2. Education programs.
  3. Lifestyles and stress management, weight reduction , smoking cessation..

Access

Improve connection between operation and market

Option of care

Education

Track pt. condition

Risk Management:

❑ is the process of identifying, assessing and controlling **threats** to an organization's **capital** and **earnings**. These threats, or **risks**, could stem from a wide variety of sources, including financial uncertainty, legal liabilities, strategic **management** errors accidents and natural disasters.

➤ **Respond to the chance of:**

1. increasing incidence. of medical-legal issues.
2. control the financial costs.
3. diminish the emotional costs to family, society, the physician and health care insurance.

   That is why the process of Risk Management (**RM**) was devised.

Risk Management in a healthcare setting seeks to anticipate, respond to, control, and minimize the possibility of harm to patients, staff, visitors, and/or property loss or damage to the organization itself.

الجمعية السعودية للعلاج الطبيعي
Saudi Physical Therapy Association

Medical
K P I S
Infinite Giving
عطاء بلا حدود

❖ The role of the Risk Manager:

1. **Identify and manage risk**
2. **Prevent and minimize risk of harm (Patient,Visitor,HCW)**
3. **Identify opportunity of improvement**
4. **Reduce (not eliminate financial loss).**

   ➢ **control liability prevent or reduce financial loss and protect the financial assets of the organization.**

   ➢ **Effective Risk Management Programs emphasize "harm prevention" for patients, visitors, and staff more than financial loss.**

   ➢ **The emphasis of QI on improving processes is a great benefit to the ongoing prevention and reduction efforts of Risk Management.**

Risk

The possibility of loss or injury.

Management

The act or art of conducting or supervising something

➢ **day-to-day responsibilities of the Risk Manager include:**

- dealing with **incident report** investigations.
- **patient complaints.**
- litigious situations.
- **adverse patient events** or outcomes.
- conducting **root cause analysis.**
- **proactively** assessing risk to the organization(**FMEA**)

❖ **Regardless of the type of healthcare organization, the Risk Management Plan should be developed by the executive and Risk Management leadership and must be approved by the organization's governing body. The plan is the road map for all risk related activities, clinical and service related, for the organization.**

Traditional and Enterprise risk management

Traditional risk

- Retrospective action
- Focus on hazard
- Segmental (local approach)
- One dimensional assessment (S)
- insurable

Enterprise risk management

- proactive action
- Focus on the potentiality
- Holistic approach
- Multi dimensional assessment (S-D-O)
- Non insurable risk

Why has enterprise risk management taken over traditional risk management practices?

Risk Management Program Components:

- **Loss prevention** and reduction (clinical and administrative components)
- **Claims** management
- **Safety/security** programs
- **Patient relations** programs
- **Contract** and **insurance** premium review
- **Employee** programs/workers compensation
- **Resource** and support system review
- **Linkage** with quality, patient safety, and utilization management

Enterprise Risk management:

- the process of identifying, assessing and controlling **threats** to an organization's capital and earnings.

- ## Risk domains:
    1. Operational
    2. Clinical & Patient Safety.
    3. Strategic.
    4. Financial.
    5. Human Capital.
    6. Legal & Regulatory.
    7. Technological.
    8. Environmental- and Infrastructure-Based Hazards

الجمعية السعودية للعلاج الطبيعي
Saudi Physical Therapy Association

Medical
KPIS
Infinite Giving
عطــاء بــلا حــدود

Component of ERM:

Steps:

1. Identify risk
2. Analyze risk
3. Evaluate risk
4. Treat risk
5. Monitor risk

Risk Identification:

The **first step** in loss prevention and reduction **is** the **identification of risks** in the organization are.

These risks **can be clinical** risks or **non-clinical/administration risks.**

The risk management program **must contain processes for the identification of potential risks** and implementation of steps to avoid or reduce the risk of adverse occurrences or claim and/or to prevent recurrence of the risk. **When a risk with adverse impact has occurred, immediate action is required**

FMEA is a Pre-Problem Solving Methodology

- Opportunity to record what could go wrong before it does

- Take actions to prevent failures

- Both Predictive and Preventative

Root Cause Analysis (RCA) or Failure Analysis (FA) is a Post-Problem Solving Methodology

- Failure has already occurred and must be analyzed to prevent recurrence

RCA =
Detection Cycle
(Failure)

FMEA =
Prevention Cycle
(Failure)

Risk (FMEA) is used as the substitute for Failure (RCA)

Risk Identification:

FMEA = Proactive

RCA = Reactive

Actions & Check

Risk Priority Number (RPN) = SEV*OCCUR*DETEC

Step 1: Detect a failure mode

Failure Mode & Effect Analysis

Step 2: Severity number (SEV)

Step 3: Probability number (OCCUR)

Step 4: Detection Number (DETEC)
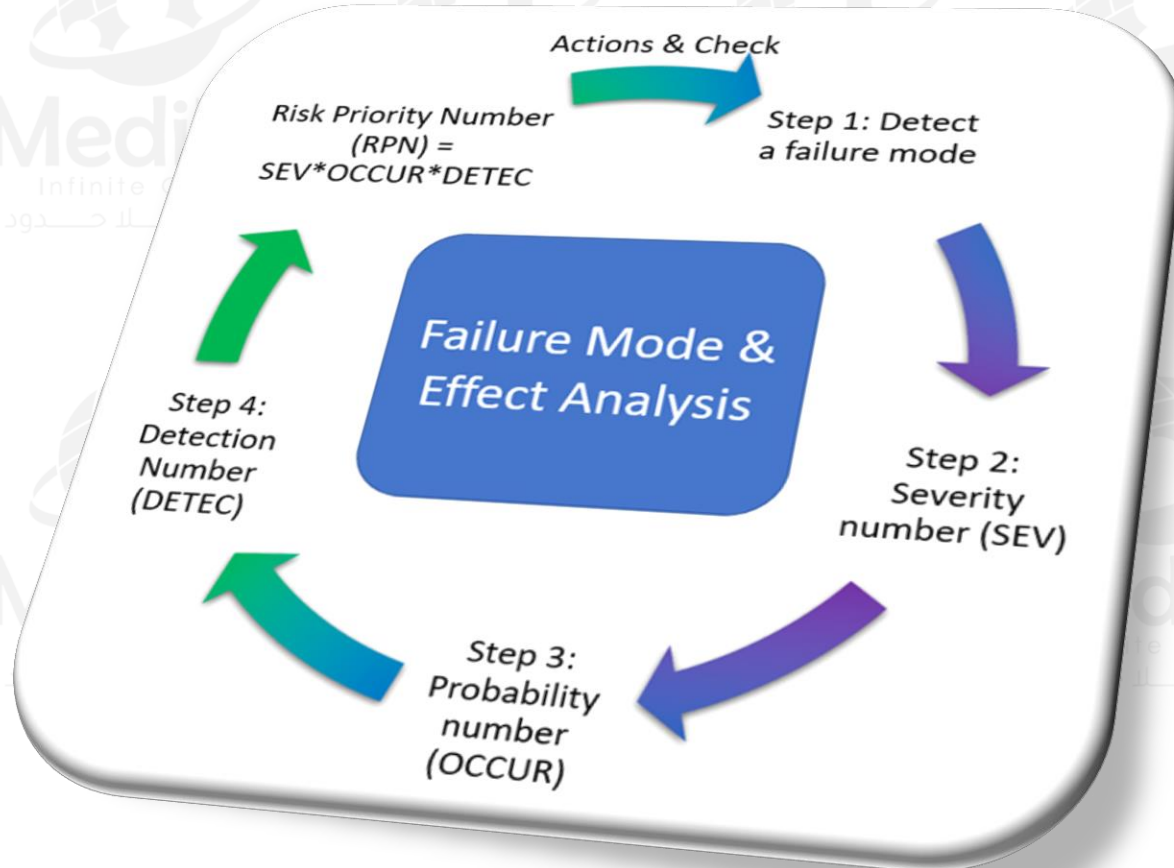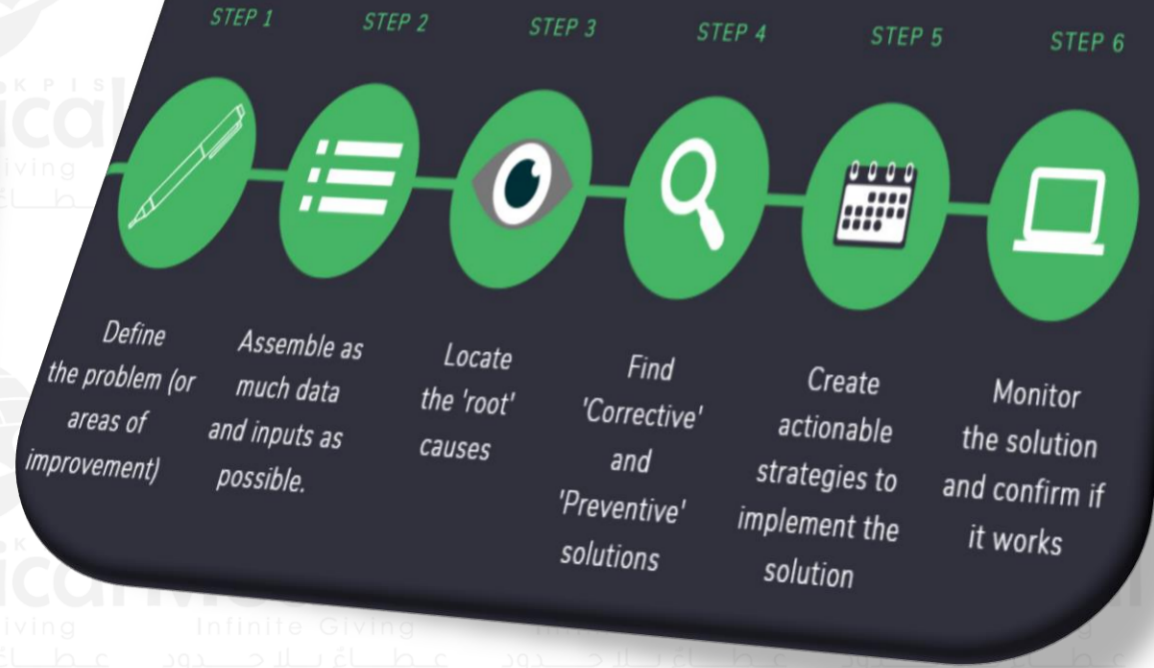

Root Cause Analysis

A SYSTEMATIC ANALYSIS TO UNCOVER THE FUNDAMENTAL OR DEEP-SEATED CAUSES OF AN INCIDENT, FAILURE, OR PROBLEM

STEP 1 — Define the problem (or areas of improvement)

STEP 2 — Assemble as much data and inputs as possible.

STEP 3 — Locate the 'root' causes

STEP 4 — Find 'Corrective' and 'Preventive' solutions

STEP 5 — Create actionable strategies to implement the solution

STEP 6 — Monitor the solution and confirm if it works

➤ **How do we identify the risk (source of risks identification.)**

Continuous measurement and data collection through:

Occurrence screening – Incident report (early warning system)

External review data – patient satisfaction – physician referrals –
observations – safety committee.

Review of : litigation cases in which medical
records are requested or identified bylaw or literature review).

⬜Continuous analysis of key exposure areas to identify risks:

Professional **malpractice**
General liability for **injuries to patients** , visitors
Director liability for **negligent actions** by individuals.
Environment& employee related.
Financial or contract related

Medical Lawsuits

Doctor error   Pharmaceutical lawsuits   Medical negligence

Medical incompetence   Legal lawsuits   Medical justice

Substandard healthcare   Malpractice Settlements   Medical Malpractice