



Better Together

HOW SOFTWARE CAN INTEGRATE RISK MANAGEMENT, QUALITY, AND SAFETY IN THE HEALTHCARE INDUSTRY

E-Book

IF A PATIENT FALLS OUT OF BED BECAUSE THE BEDRAILS ARE IN DISREPAIR, WHO CONDUCTS THE INVESTIGATION?

Risk managers, quality managers, and safety managers all have an immediate interest in finding out what happened and fixing the problem to protect other patients from injury. However, despite having so much in common from a patient-safety perspective, these functions often operate independently, with different lines of reporting and separate systems for tracking and investigating events. And risk, quality, and safety managers could unknowingly conduct separate, parallel investigations on the same event.

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TODAY'S HEALTHCARE LEADERS ARE RALLYING BEHIND PATIENT SAFETY AND RECOGNIZING THE VALUE OF SHARING INFORMATION ACROSS ALL DISCIPLINES.

Not only is duplication of effort time-consuming and resource intensive, the inevitable tunnel vision makes it virtually impossible to get the big-picture view necessary to identify trends and potential patient-safety risks early enough to do something about them.

How many others were injured, for instance, before quality learned of the bedrail problem, possibly months later through a manually aggregated report? With no easy, fast, or convenient way to share information between risk, quality, and safety, action plans unfortunately can end up being too little, too late.

Today's healthcare leaders are rallying behind patient safety and recognizing the value of sharing information across

all disciplines. They are looking for ways to work together more effectively and efficiently to ensure their healthcare systems are delivering safe, high-quality patient care while minimizing risk. And many are turning to software as the key to connecting all the dots.

New-generation software brings all patient-related data into one place, allowing for faster, easier, deeper analysis. It breaks down silos and

establishes a common language for achieving a safer environment. To be truly effective, the software needs to be able to handle all of the unique requirements of risk, quality, and safety, while seamlessly granting each discipline real-time access to complete and consistent data. Having all data housed in one platform also gives you the unobstructed vision necessary to pick up on small warning signs and trends before they evolve into

bigger problems – or even catastrophic events.

This guide will help you understand how software can be used to build better alliances between risk, quality, and safety – and how it can help you achieve synergies that will reduce risk, lower costs, and improve patient safety.



HOW CAN SOFTWARE INTEGRATE RISK, QUALITY, AND SAFETY?

The healthcare industry continues to strive for safer care and better outcomes – but simply trying harder is not going to appreciably move the dial. You have to have the systems in place to facilitate communication across risk, quality, and safety to get a complete and timely picture of what's happening.



When patient-safety and clinical data are housed in separate systems that can't talk to each other, it's easy to miss signs that may seem insignificant alone, but together add up to big problems. And aggregating the data for that full view can be so labor-intensive, it might only get done once per quarter or when something severe occurs. At that point, the information could be so outdated that a once-preventable sentinel event might already have happened.

New RMIS software helps you get in front of issues before they become claims. By bringing together claims, insurance, legal, financial, and safety/clinical data, the software bridges the gap between risk, quality, and safety to make sure crucial signs and patterns are not overlooked – which is especially critical for large, complex risk management programs. A holistic picture facilitates collaboration on overlapping issues and fosters a closer working relationship between the three disciplines to improve patient safety across the continuum of care. And no duplication of effort means fewer resources can get more done.

Better alignment with patient-safety initiatives also helps risk, quality, and safety focus on their distinct functions. Each department gets quick access to current and historical data and to sophisticated analytical tools – all from one secure platform. And it's easier to stay in compliance with software that tracks each step of an action plan and automatically sends follow-up emails to the appropriate party.



WHAT IS A HEALTHCARE RMIS?

A Risk Management Information System (RMIS) designed specifically for the healthcare industry is a software-based technology platform that brings together safety, claims, insurance, legal, financial, and clinical data to manage the total cost of risk (TCOR).

Practically speaking, a healthcare RMIS:



Tracks all adverse events – incidents, complaints, grievances, and claims – from start to finish in one place with easy entry, streamlined workflows, and deep analytics



Seamlessly transitions data from incident to claim



Stores confidential patient and provider information and ensures claims and patient safety data are protected throughout data discovery



Allows for enterprise risk management in a more holistic way by aligning risk with insurance through policy erosion and exposure management



Documents patient-safety corrective action plans for easy response to regulatory inquiries, citations, and surveys



Collects, stores, and reports patient incident data, including incident report details, patient diagnosis, performed procedures (ICD-9/10), detailed provider involvement, and clinical outcomes for possible peer review



Tracks claim reserves, transactions, expenses, and payments, as well as the part of the financial structure responsible for the loss



Simplifies the process of gathering and analyzing exposure and provider-underwriting data



Interfaces with outside entities and systems, such as TPAs, CMS, ADT, ERMs, PSOs, and other systems and regulatory organizations



Allows for a deeper dive into the collected data via FMA or RCA to better understand how and why the event happened



Provides an aggregate financial perspective of all claim and loss costs, including negotiations, settlement, special damages, legal costs, expert witnesses, recoveries, and reimbursements



Stores historical claim data for use in loss projections and predictive-capital modeling



Allows for various functionality and security levels across the user base

WHAT ARE THE KEY COMPONENTS OF HEALTHCARE RMIS SOFTWARE?

When you're dealing with patient information, security is of paramount importance. Make sure your software allows the right people to easily access the data they need – with tight restrictions to protect sensitive information.

Within security parameters, software should be accessible, useful, and usable. The best software also understands the unique data requirements and workflows of each department and brings it all together for one consistent, accurate picture of what's going on.

Healthcare RMIS software can cover a range of related activities. Look for a platform that allows you to start with what you need now and bolt on other capabilities as necessary. Some of the most popular RMIS uses for healthcare organizations include:

USE	FUNCTION	LOOK FOR...
Audit	To track and monitor every step of the audit process to ensure compliance, gauge ongoing progress, and evaluate results against past audit scores.	• Web and mobile capabilities for performing audits • Ability to document safety hazards, out-of-compliance from items, and quality issues – and show why they happened • Performance benchmarking by location • Patient-safety corrective action plans
Claim Audit	To gauge progress of a claim, ensure compliance, and evaluate results.	• Standardized methodology for consistent results • Tracking for action items and recommendations • Automatic notifications and escalations
Claims Administrator	To manage and analyze claims efficiently and effectively, from initial submission through final settlement.	• Advanced analytics to settle claims quickly, economically, and fairly • Optimization of deductibles, limits, and reserves • Effective reserve setting and adjustments
Data Transformation Services	To transform and validate data from external systems.	• Ability to handle data from multiple disparate systems • Template library to expedite conversion • Automatic data validation

KEY COMPONENTS OF HEALTHCARE RMIS SOFTWARE

Continued

USE	FUNCTION	LOOK FOR...
Document Management	To electronically house all types of claims files and formats.	• Easy search-and-retrieval functions • Document categorization • Confidential protections and limited access for certain document types • Access to invoices, checks, and other critical documents
Exposure Management	To automate the values collection process.	• Ability to aggregate common data sets (e.g., PCDs, doses dispensed, licensed beds) from external sources for reporting and analysis • User-friendly screens • Automatic data validation • Easy access anytime, anywhere, from any device
Incident Intake Management	To manage incidents, near misses, and unsafe-condition data over the complete lifecycle and to serve as the single source of truth for patient-safety incidents and claims.	• Intuitive mobile forms • Real-time access to data • Ability to track all types of adverse events • Instant data validation • Ability to save an incident mid-collection and return later • Simplified templates, intuitive forms, and auto-filled fields • Dynamic field logic • Anonymous entry and reporting • Automatic alerts • Ability to attach documents, pictures, and other information to the file • Streamlined investigation and resolution across departments and multiple locations • Ways to consolidate duplicate incident records
Insurance Management	To manage policies from all carriers and brokers and consolidate policies across all brokers and carriers for a global view of all programs.	• Ability to sync policy information from brokers' systems • Filters for policies that are expiring, in effect, with active claims, and more • Insight into counterparty risk • Advanced premium analytics • Loss runs by carrier, line of business, and time period

KEY COMPONENTS OF HEALTHCARE RMIS SOFTWARE

Continued

USE	FUNCTION	LOOK FOR...
Patient Safety Organization (PSO) Reporting	To electronically submit data to the selected PSO.	• Data conversion to patient-safety work product and transmission to PSO • Adherence to national standards for taxonomy and file formatting • Locked records when submitting to a PSO
Reporting & Analytics	To create meaningful tables and charts.	• Real-time data • Intuitive design tools • Flexible reporting capabilities • Self-service analysis and benchmarking • Accurate and efficient reporting
Root Cause Analysis	To uncover the real cause of an incident or claim.	• Seamless integration of claim, incident, occurrence, and cause data • Built-in collaboration tools • Action plan development • Ability to analyse primary and secondary root causes and categorize contributing factors • Graphical analysis of incident and claims data
Task Management	To automatically manage all tasks.	• Ability to assign responsibilities based on events, workflows, and best-practice rules
Workflow Configuration and Automation	To automate routine tasks, notifications, and alerts.	• Configurable data-entry screens, rules, and forms

The Whole is Greater than the Sum of its Parts:

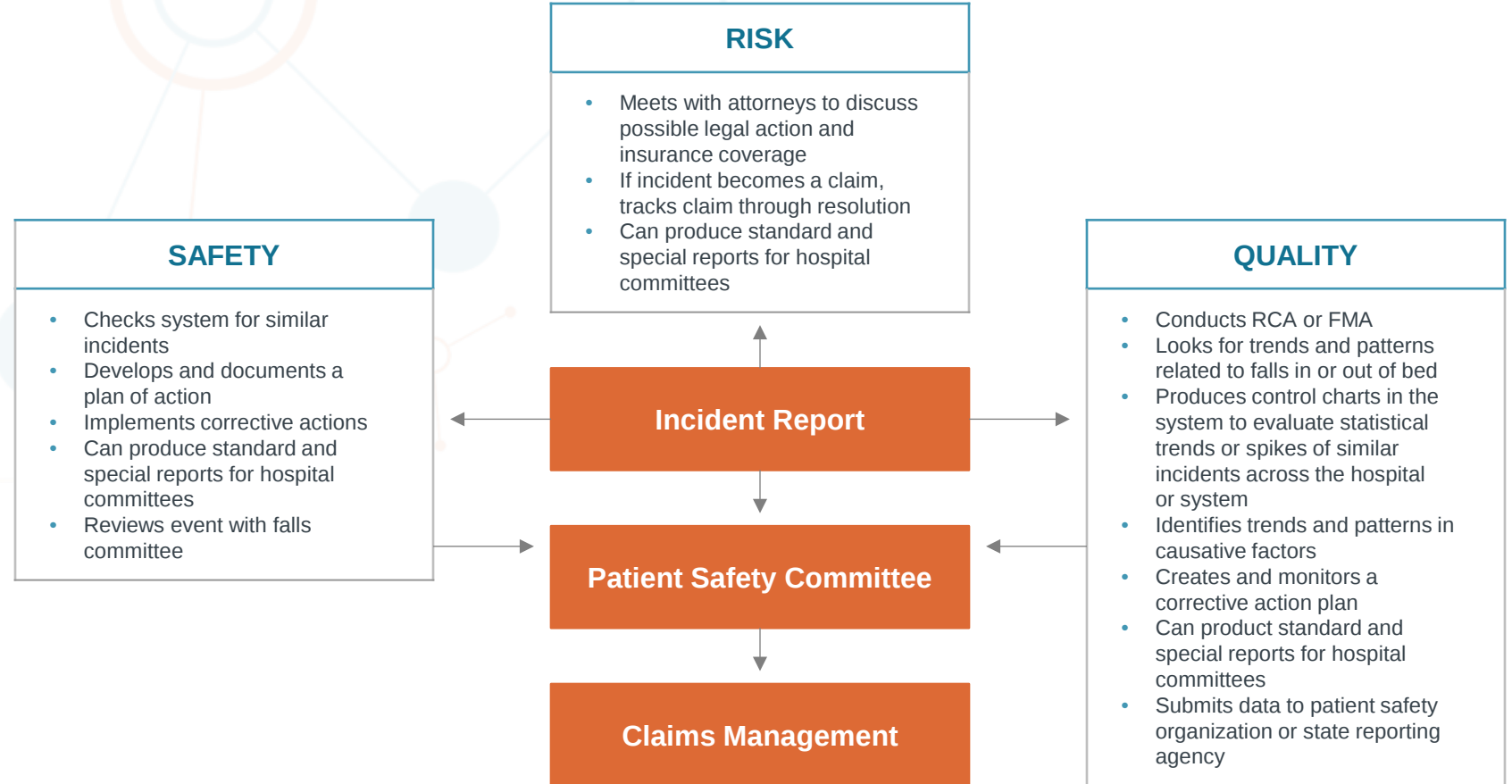
HOW SOFTWARE HELPED STREAMLINE AN INVESTIGATION

Incident

A patient fell off bed and was seriously injured because the bedrails were broken. The patient's family is threatening legal action.

How Software Helped

By sending timely notifications of the incident and sharing information across all departments, the hospital was able to quickly locate and fix all affected bedrails before another incident could occur. Having the information in one place also allowed the hospital to look for trends that would indicate whether this is a recurring problem across the system or a particular location. In addition, the action plan and notes related to the investigation stay with the record even if the incident turns into a claim.



Better Together:

KEY ADVANTAGES OF INTEGRATING



Smoother Communications

- Instantly notifies the right people about adverse events
- Shows data points and supplemental documentation (e.g., pictures of the event or area) on the same page, which can be accessed by authorized users
- Records user notes and comments on the event or claim
- Documents diaries and assigns tasks from one place



Better Allocation of Resources

- Integrates risk, quality, and safety data into one place
- Automatically aggregates data and generates follow-up emails
- Eliminates duplicate data entry, investigation, and analysis



Easier Compliance

- Facilitates compliance with legal, HIPAA, and regulatory requirements under frequently changing conditions
- Meets or exceeds all HIPAA confidentiality requirements and standards
- Creates a single system of record for all adverse events and claims



Faster Decisions

- Improves information to better assess the scale and nature of risk to patients, employees, or visitors
- Seamlessly transfers data between systems, including ADT, EMR, lab systems, pharmacy systems, and more
- Applies lessons learned in one area – e.g., clinical audit, significant-event audit, complaints management, health and safety assessments, litigation, and claims handling – to other areas of risk.
- Aligns and tracks patient-safety corrective actions



Fewer Surprises

- Provides a consistent approach to identify, analyze, and investigate all risks
- Helps you understand the context of each adverse event and the impact on the total cost of risk
- Documents the entire lifecycle of an event, from incident to claim to settlement
- Retains all notes about what happened and what's been done to date



Safer Environment

- Helps identify seemingly insignificant patient-safety incidents that may be precursor to more significant events
- Tracks the progress of all incidents, including those that turn into claims
- Helps you plan for uncertainty and cope with unexpected events
- Leverages lessons learned with similar past events
- Increases patient and public confidence

TOP 10 BENEFITS OF A HEALTHCARE RMIS

1

Convenient system of record for incidents and claims.

One primary location houses all relevant information on an incident or claim, including clinical, insurance, financial, and legal data.

2

Integrated insurance policy and program data.

Allows for easier renewal processing, policy erosion, program layer erosion, validation of policy coverage/limits, validation or appropriate coverages vs. loss data, and brokerage responsibility.

3

Easy financial reporting.

Standard reports such as loss runs, valuation date, loss triangles, and loss modeling, are typically included.

4

Integrated exposure data.

Integrates, collects, and normalizes data using common metrics and exposure data sets.

5

More meaningful loss data.

You can establish metrics, goals, or indicators, which allows for performance improvement, trending, and benchmarking.

6

Organizational standards for data, process, and operations.

You can offload data and integrate new data for acquisitions and divestitures in a repeatable and precise manner.

7

Provider performance tracking.

Is the RMIS cloud-based? Public or private? What security measures are in place to protect your data? What about in the event of a disaster? What is the vendor's security track record?

8

Optimizes and standardizes workflow.

Establishes risk-specific processes, best practices, and solutions that are flexible enough to incorporate existing workflows, while also offering improvements.

9

Improved reporting and analytics.

Aggregates, distributes, and normalizes data in a proven, timely, and cost-effective manner.

10

Industry trends.

Using SaaS solutions from a RMIS vendor makes it easy to stay on top of industry trends – plus you'll always have access to the latest system features and functionality.

EIGHT STEPS FOR INTEGRATING RISK, QUALITY, AND SAFETY

1

One system.

Have one system for safety, quality, and risk information. The software should effectively incorporate the unique requirements – and possibly competing priorities – of each function, increase automation, and support your workflows. And make sure it captures all of the information needed by everyone for reports.

2

Training.

Even the best software is virtually useless if no one is comfortable using it. Look for software that is easy and intuitive to use right from the start. Even then, some training will be necessary to get the most from your software – but the increased functionality will be well worth the investment of time and effort.

3

Anonymous reporting.

Providing a safe environment for open and honest discussion is essential for uncovering truths. Open up incident reporting to anyone in the organization, and allow reports to be made anonymously.

4

Easy incident reporting.

You can't investigate something that was never reported. Make sure the software makes it easy and accessible to report all types of incidents or near misses. You can only take action to improve the situation if you know about it in the first place.

5

Review root cause analysis and event audit investigations.

Getting to the root of one problem may actually solve several others along the way. Take what you learn and apply that to other areas to amplify your results.

6

Strive for best practices.

Establish a system for reviewing, updating, and disseminating clinical policies and procedures with an eye toward constant improvement. Whittling away at inefficiencies is a continuous journey that can generate huge improvements in productivity – and safety.

7

Leverage a common taxonomy.

Use a taxonomy that leverages industry standards, while accounting for the uniqueness of your organization. And be sure it will be accepted and understood by all users.

8

Be open to change.

Any new system involves some change. Be flexible with your processes and workflows to take advantage of the tools available through the software.



HOW TO BUILD SUPPORT FOR NEW SOFTWARE

Four Ways to Start a Conversation about Integrated Software



Focus on preventing harm, not reacting to problems.

Software gives you a robust system for identifying, assessing, and acting on key risks to drive your organization toward reliability and resiliency – and a single source of truth for all patient-safety incidents and claims.



Stay compliant.

Software tracks all actions that have been done to date, which can be submitted to the appropriate regulatory body.



Reduced costs.

The faster an adverse event is identified and resolved, the less expensive a claim will be.



Patient safety.

Anything that helps keep patients – as well as visitors and employees – safer is simply the right thing to do.

For years, risk, quality, and safety have been taking separate paths to the same destination – a safer environment for patients, visitors, and employees. With different agendas, however, there was no practical way to eliminate the silos. That is until now.

Today's software can break through the silos and pull all the pieces together for one powerful picture of healthcare quality and safety. It can aggregate large amounts of data to uncover the individually rare, but

collectively important, problems that make up a significant portion of things that go wrong. And administrators have the insight to move quickly and change the trajectory. The whole is truly greater than the sum of the parts.

Limited budgets and thinly stretched staffs, however, can make it a challenge to generate enthusiasm for what is, admittedly, a significant undertaking. Is worth the time and effort to implement a new software platform?

New-generation software will certainly boost productivity by eliminating duplicate efforts. And being able to manage risks proactively instead of reactively will likely reduce your claims, litigation, and workers' compensation costs. But the real value lies in the software's ability to help you deliver the best care in the safest environment.

About Riskonnect

Riskonnect is the leading integrated risk management software solution provider that empowers organizations to anticipate, manage and respond in real-time to strategic and operational risks across the extended enterprise.

Through our unique risk correlation technology, over 900 customers across 6 continents are benefiting from actionable insights that have not been previously attainable to deliver better business outcomes. Riskonnect has operations in the Americas, Europe and Asia employing more than 500 risk management experts. To learn more, visit

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