



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	Legal	NUMBER(s):	CHCA-011
PROGRAM:	Risk Management	VERSION:	1.01
TITLE:	Claims Management	PAGE:	1 of 4
		EFFECTIVE DATE:	
DESCRIPTION: To set the systematic approach to responding to allegations of negligence or adverse events.		ORIGINATION DATE: November 21, 2022	
APPROVED BY:		REPLACES: November 21, 2022	
RISK MANAGER:			
_____ Date			
CHIEF EXECUTIVE OFFICER - FQHC:			
_____ Date			
Randy Smith, MPA			

I. PURPOSE

The purpose of this policy is to set out the systematic approach which will be followed by SNCHC to respond to an allegation of negligence and/or a demand for compensation following an adverse event resulting in accident and/or personal injury or loss, which carries litigation risk for SNCHC.

II. SCOPE

SNCHC requires workforce members to co-operate in the investigation of claims against SNCHC, and to alert SNCHC to potential claims. This procedure covers the management of all claims against SNCHC relating to clinical negligence, employer’s liability and public liability. This procedure applies to any workforce members who may be involved in any way with the identification or investigation of any claims (clinical and non-clinical) against SNCHC by directly informing the Legal Department’s Risk Manager or designee.

SNCHC, through its Risk Management program, acknowledges its duty to ensure that the appropriate financial and risk management systems are in place and that any losses are minimized. In seeking to manage risk effectively, this policy and associated procedure aim to:

- effectively manage claims made against SNCHC;
- ensure appropriate support is made available to workforce members when a claim has been made;
- learn from claims in order to prevent reoccurrence.

III. POLICY

A. Responsibility of All SNCHC Staff

All workforce members are responsible for alerting the Legal Department to matters likely to lead to a claim, whether clinical negligence, or employer/public liability; complying with SNCHC's policy and forwarding urgently to the FQHC Chief Executive Officer (CEO) any letter intimating a possible claim against SNCHC.

Every workforce member is expected to co-operate fully by:

- responding to requests for information
- conducting as full a search as is practical when records are requested
- assisting in the investigation and assessment of each claim
- abiding by the required timescales
- being diligent in record keeping and documenting any findings from their investigations
- preserving evidence and the scene when appropriate, and
- learning from the outcome of the investigation and taking forward any relevant actions identified.

B. Training Requirements

This procedure will be available to SNCHC workforce member.

Any workforce member who becomes involved in a claim will be directed to the procedure and immediately inform the Legal Department. The Legal Department handles all claims for the SNCHC and is the organization's liaison to the insurance company and to HRSA in the case of a medical malpractice claim.

IV. PROCEDURE

A. Initial Claim

1. Claims brought by a patient against the care provided by SNCHC may be received in a variety of forms:
 - a. The program may receive a request for medical records.
 - b. A court-filed complaint or a subpoena may be served on the Legal Department. Please note that workforce members do not have authority to accept service of court documents.
 - c. The patient or someone on behalf of the patient may state in writing their intent to file a claim or sue.
 - d. Any SNCHC workforce member may be told verbally by the patient or someone on behalf of the patient their intent to file a claim or sue.
2. At the time such an event occurs, the Risk Manager or designee will be notified and will gather the following:
 - a. Name of patient
 - b. Allegation
 - c. Date of incident
 - d. Summary and initial analysis of the allegation.

The Legal Department will forward the claim information in compliance with FTCA procedure and supplemental medical malpractice insurance provider. The Risk Manager in the Legal Department will act at the point of contact for claims and/or litigation.

B. Follow Up

On a quarterly basis, the Quality Improvement Workgroup will review claims from all insurance disciplines. The goal of this meeting will be to analyze strategies for addressing the claim itself and determine steps to prevent such claims in the future. Any agreed upon preventative measures will be codified in appropriate procedure policies or protocols and the information disseminated to appropriate staff. Minutes will be kept on these meetings for future audit purposes.

C. Conclusion of Claims/Process for Monitoring Compliance

At the conclusion of each claim, feedback will be provided to key workforce members who have been actively involved in investigation of the issues raised. If a claim has been settled, or significant defense costs have been incurred, consideration will be given to actions to be taken to lessen the chance of any recurrence. This may involve discussions with the CEO, as well as the Quality Improvement Workgroup.

D. Reports to the Governing Board

The CEO will keep the Board informed of major developments on claims-related issues, and ensure information is provided on individual and aggregate claims on an annual basis. The report will summarize activities, achievements, and on-going claims management issues that occurred since the prior report.

Additional or ad hoc communication should be held with the Board for sentinel events, claims scheduled for trial, events that may result in adverse publicity or news media attention, and severe patient injuries deemed highly likely to result in litigation.

The final annual report should include all the above along with recommendations for claims and risk control activities and identified resource needs for the coming fiscal year.

V. REFERENCES

FTCA Administrative and Litigated Claims Disposition Procedure
HRSA, FTCA Health Center Policy Manual, Updated 7/21/2014

VI. DIRECT RELATED INQUIRIES TO

Risk Manager
Legal Department

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 1		Changed instances of staff to workforce member(s) Changed FQHC officer title to Chief Executive Officer Section III.B., added sentence referring to HRSA Section IV.A.2. added text to last paragraph for clarity Section IV.B, C changed Quality Improvement Council to Quality Improvement Workgroup Section IV., deleted FTCA Section V., updated references
Version 0	11/21/2022	First issuance