DIRECTOR OF RISK MANAGEMENT

POSITION SUMMARY:

Overall development and administration of a comprehensive and integrated medical professional claims control and loss prevention program throughout the University of Pennsylvania Health System. This includes inpatient facilities, outpatient and ambulatory care settings, and all clinical practice locations. The program will incorporate all UPHS, local, state, federal, and JCAHO regulations and standards. The position reports directly to the Chief Quality Officer and Senior Counsel of Claims and Risk Management, and will report monthly, or more frequently if indicated, on the status of claim activity, critical risk management issues and all other essential components of the program.

QUALIFICATIONS:

BA/BS degree in Nursing with Professional Nursing License in Commonwealth of PA required; Master's Degree required; must have a minimum of 5 years of clinical experience with at least 5 years of recent experience in health care risk management, quality assurance, or case management positions preferred; Certified Professional in Healthcare Risk Management (CPHRM) certificate preferred; may be required to travel throughout Medical Center, University Campus & Health System.

- Coordinates the provision of comprehensive risk management services at Health System facilities and
 practices including coordination between and among Risk Management, CEQI, Office of Patient Affairs
 and patient safety officers and directors on event management issues, as well as the integration of new
 facilities and practices into the program.
- Evaluates and refines the occurrence reporting/risk identification system to encourage the prompt and objective reporting of incidents. Assures twenty-four-hour risk management availability for the immediate reporting of any incident, followed by the initiation of the appropriate intervention and risk management back-up support to the attorney-on-call.
- Oversees the risk management review, triage, investigation and follow-up of incidents or occurrences
 including internal reporting to key stakeholders and the identification of opportunities for early
 intervention, and recommend and coordinate appropriate patient/family interventions to assist in mitigation
 of malpractice claim exposure.
- Coordinate the preparation of potential claims files as indicated and ensure appropriate issue and severity coding of potential claims.
- Coordinates compliance with accreditation (ie, the Joint Commission) and regulatory agency requirements for incident reporting at the local, state (ie, MCARE serious event reporting), and federal level (i.e., Safe Medical Device Act, SMDA Medical Device Implant Tracing, CMS restraint use, etc.).
- Assists with the preparation of JCAHO and other regulatory or accrediting agency surveys and reviews.
- Analyzes the data collected through the occurrence reporting system to assess its effectiveness in identifying trends, areas of potential risk exposure, and opportunities for improvement. Uses the data as an effective proactive tool to manage or eliminate identified areas of risk exposure, and prepares reports for use by clinical and administrative leadership including a quarterly "surprise rate" report and monthly dashboard reports for various health system entities.
- Support the Health System's clinical risk reduction initiatives via analysis of occurrence reports and patient complaints to identify areas which departments and/or particular service lines should target for risk

reduction efforts and consultation with and recommendations to senior clinical and administrative leadership on the development of departmental and/or program-specific risk reduction efforts.

- Support the Health System's patient safety and quality initiatives through participation on committees, analysis of occurrence data to inform initiatives, and development and presentation of risk management guidance and data related to these initiatives.
- Support of the Health System's participation in its Patient Safety Organization and related projects.
- Oversees development and implementation of protocols and projects (ie the ongoing development and updating of procedure-specific consent forms) designed to reduce risk exposure.
- Oversees scheduling and preparation of cases reviews/presentations for the Medical Legal Committee, the CCA Claims Review Committee, the UPHS Nursing Claims Review Committee and the various Incidents and Occurrences Committees. Also, supports the Professional Liability Oversight Committee which meets quarterly.
- Assures risk management representation on committees (i.e.: Infection Control, Safety, Standards & Evaluations, Drug Use & Effects Committee, etc.) that address issues with either direct or peripheral risk management concerns.
- Provides consultation on an as-needed basis on risk management-related issues
- Develops educational and training programs to increase Health System employee participation in the
 occurrence reporting process, the management of patient/family disclosure and interventions, mechanisms
 for achieving risk reduction, and heighten employee consciousness of liability and prevention of risk
 throughout the organization. Promotes the educational mission of the Health System by providing lectures
 to selected undergraduate and graduate classes at the University of Pennsylvania School of Nursing.
- Provides claims management support including reporting potential claims, assistance with opening new
 claims, reporting new claims, closed claims and claims with reserve changes to the excess insurance
 carrier, coordinating reserving meeting agenda, preparing top sheets for new claims for reserving, preparing
 monthly open and closed claims reports, assisting in-house malpractice counsel and outside defense
 counsel in the interpretation and understanding of the medical aspects of claims, coordinates appropriate
 peer reviews, and participates in claims reviews and analysis regarding settlement or defense strategies.