LABETTE HEALTH
RISK MANAGEMENT PROGRAM

I. PURPOSE

The Risk Management Program of Labette Health is designed to assure that the standard of care by the Medical Staff and hospital personnel is maintained at an acceptable level, to reduce the risk of patient injury as a consequence of that care, and to minimize financial loss to the institution.

II. OBJECTIVES

The Risk Management program is designed to:

Identify areas of risk in the clinical aspects of patient care and safety.

1. Identify events in the course of hospitalization that are an unexpected consequence of the patient's medical condition or intervention.
2. Identify criteria for screening cases with risk potential regarding clinical aspects of patient care and safety.
3. Establish the investigative and evaluative process applied to cases with risk potential.
4. Assure timely intervention in events of below-standard practice.
5. Implement corrective action through the appropriate department directors/managers, physicians and/or committees to reduce identified risk and prevent future incidents.
6. Develop policies and programs to reduce risk in clinical aspects of patient care and safety. (Measures that minimize incidents and injuries).
7. Establish communication between risk management and performance improvement functions in the institution and design monitoring activities that will ensure that the desired results have been achieved and sustained.
8. Document and communicate the process to the appropriate department director/manager, physicians, committees, and Board of Trustees.
9. Report risk management activities to the Kansas Department of Health and Environment and other appropriate licensing agencies, as mandated by law.
10. Identify physical illnesses as well as chemical abuse in the impaired provider in accordance with the Medical Staff Bylaws and Rules & Regulations.

III. GOVERNING BODY AUTHORITY

The governing board hereby duly constitutes the Physician Peer Review/Risk Management Committee and Medical Executive Committee as the committees which are responsible for investigating and determing applicable standards of care as required by state risk management laws 65-4921 et seq. These committees are established for the purposes of complying with risk management statutes; to evaluate and improve the quality of health care services provided in this facility, and to determing the additional factors defined in the health care and peer review act found at KSA 65-4915(a) (3). The

governing board has the final responsibility and authority for the Risk Management Program of Labette Health.

IV. REPORTING OCCURRENCES/INCIDENTS

In accordance with K.S.A. 65-4921, *et seq.*, all employees and health care providers, agents, and contract staff of Labette Health are required to communicate any "reportable incident" to the Director of Risk Management the Chief Executive Officer, or the Chief of the Medical Staff. K.S.A. 65-4921(f) defines "reportable incident" as, an act by a health care provider which: (1) is or may be below the applicable Standard of Care and has reasonable probability of causing injury to a patient; or (2) may be grounds for disciplinary action by the appropriate licensing agency (see Appendix B).

Health care providers who are subject to statutory Risk Management include:

- Hospitals
- Doctors of Medicine
- Doctors of Osteopathy
- Chiropractors
- Optometrists
- Podiatrists
- Pharmacists
- Dentists
- Psychologists
- Licensed Practical Nurses
- Clinical Nurse Specialists
- Social Workers
- Physical Therapists
- Licensed Dental Hygienists
- Licensed Professional Nurses
- Physical Therapy Assistants
- Registered Occupational Therapists
- Registered Occupational Therapy Assistants
- Registered Respiratory Therapists
- Mental Health Technicians
- Registered Professional Nurses
- Advanced Practice Registered Nurses
- Physician Assistant

(The willful failure of a health care provider or hospital employees to report, as required by law, is punishable as a Class C misdemeanor.)

Clinical variances should be reported to the Director of Risk Management and the appropriate department director as soon as possible. Once the situation is stabilized (*i.e.*, appropriate care has been initiated), the individual who witnesses or discovers the incident or who is notified of the incident should immediately notify his or her department director. A serious event should trigger immediate, verbal notification of the Director of Risk Management.

The individual who witnesses or discovers a reportable incident or who is notified of the incident must complete the approved reporting tool for the Risk Management Program, the Quality Data Check (QDC) online. Risk Management confidential form (Appendix F), and/or approved Electronic reporting system or communicate the reportable incident to the Risk Manager, Chief Executive Officer, or the Chief of the Medical Staff as soon as an incident has been discovered. These forms are available on the intranet (https://www.qualitydatacheck.com). Upon receipt of a variance report, the event will be acknowledged and logged by the Risk Management Department and tracked until completed.

Identification of reportable incidents may be generated by, but not limited to, the following methods:

- Variance Reports
- Personal Observation
- Drug Usage Evaluation
- Infection Control Reports
- Pharmacy & Therapeutics Function
- Mortality Reviews
- Blood Usage Reviews
- Patient Satisfaction Surveys
- Tissue Reviews
- Patient/Family Complaints
- Medical Record Reviews
- Utilization Review
- Surgical Case Review
- Emergency Room Record

Category types include:

- AMA / Elopement
- Anesthesia
- Cardiac / Respiratory
- Complaints
- Emergency Department
- EMTALA
- Equipment / Supplies
- H.A.I.
- Home Health
- Med / Surg / All
- Medical Records
- Medication
- OB / Nursery
- Procedure / Test
- Restraints
- Security / Safety
- Skin
- Slip / Fall
- Surgery
- Work / Comp
- Others as needed

Good Faith Reporting:

Any person or entity which, in good faith, reports or provides information or investigates any health care provider as authorized by the Kansas Risk Management Statutes shall not be liable in a civil action for damages or other relief arising from the reporting, providing of information, or investigation, except upon clear and convincing evidence that the report or information was completely false, or that the investigation was based on false information and that falsity was actually known to the person making the report, providing the information, or conducting the investigation at the time thereof. The Chief Executive Officer is responsible to assure that staff who report reportable incidents are in no way punished or penalized for such reporting.

The employee is protected from retribution for reporting, as required by (KAR-65-4928 (a)(b). KAR 65-4928 (a) No employer shall discharge or otherwise discriminate against any employee for making any report pursuant to K.S.A. 1986 Supp. 65-4923 or 65-4924. (b) Any employer who violates the provision of subsection (a) shall be liable to the aggrieved employee for damages for any wages or other benefits lost due to the discharge or discrimination plus a civil penalty in an amount not exceeding the amount of such damages. Such damages and civil penalty shall be recoverable in an individual action brought by the aggrieved employee. If the aggrieved employee substantially prevails on any of the allegations contained in the pleadings in an action allowed by this section, the court, in its discretion, may allow the employee reasonable attorney fees as part of the costs.

V. INVESTIGATION OF REPORTABLE INCIDENTS

The Director of Risk Management shall investigate the incident and/or assign to the appropriate department director or designee to investigate the incident, (other than those involving a Medical Staff Member). A director shall submit an investigation report using the Electronic System within seven (7) working days following assignment. Separate standard of care determinations shall be made for each involved provider and each clinical issue reasonably presented by the facts. Documentation of each standard of care determination shall be dated and signed and/or acknowledged, in the electronic system, by an appropriately credentialed clinician authorized to review patient care incidents, as assigned, on behalf of the designated committee. The report will be reviewed and the matter considered at the next regular scheduled meeting of the Physician Peer Review/Risk Management Committee. That Committee shall approve or modify the preliminary Standard of Care determination assigned and logged in the system. If the Physician Peer Review/Risk Management Committee deems an incident reportable to KDHE or other licensing agencies as mandated by law, the matter will be forwarded to the Medical Executive Committee (which meets bi-monthly) for final determinations and/or recommendations.

Variance Reports relating to a Medical Staff Member will be assigned by the Chair of the Physician Peer Review/Risk Management Committee or by the Director of Risk Management to a Physician Peer to review. The reviewer shall submit an investigation report using the Electronic System, Medical Staff Investigational Tool/Peer Review Form, or in those cases in which documented primary review by individual clinicians or subordinate committees does not occur, standard-of-care determinations shall be documented in the minutes of the designated committee on a case-specific basis. Standard-of-care determinations made by individual clinicians and subordinate committees shall be approved by the designated risk management committee on at least a statistical basis. Such variance reports shall be reviewed and investigated further if necessary by the Physician Peer Review/Risk Management Committee. When an SOC three (3), or four (4) is recommended, the involved Medical Staff Member, if at all possible, will be afforded the opportunity to meet with the Physician Peer Review/Risk Management Committee regarding the incident prior to final recommendation being forwarded to the Medical Executive Committee. If an SOC two (2) is being considered, at some point in the process, the involved staff member should be given the opportunity to give information during the investigation before assigning a final SOC two (2).

The Standard of Care determination relating to Medical Staff members shall be made by the physician members of the committee. Such investigation and report shall be completed in as timely a manner as possible. The committee shall forward its report and all relevant materials to the Medical Executive Committee. Following its consideration of the matter, the Medical Executive Committee shall make the final Standard of Care determination.

Standard of Care Categories:
Investigations must result in a case-specific, provider-specific Standard of Care determination. The following Standard of Care categories have been adopted by this facility for that purpose:

1. Standards of care met.
2. Standards of care not met, but no reasonable probability of causing injury.
3. Standards of care not met with injury occurring or reasonably probable.
4. Possible grounds for disciplinary action, by licensing agency.

A finding of Category 3 or 4 is an adverse finding (reportable incident) and by law must be reported to the appropriate licensing agency.

The Physician Peer Review/Risk Management and Medical Executive Committee are specifically charged pursuant to this plan and applicable provisions of state law with responsibility for investigating all "reportable incidents" and making specific Standard of Care determinations with respect to stated health care providers employed by or granted privileges in this hospital. With respect to each reported incident, the committee must determine:

Whether individual health care providers met applicable standard of care expected in the hospital if not:

1. whether failure to meet those standards had a reasonable probability of causing injury to a patient; and
2. whether any action by a health care provider might be grounds for disciplinary proceedings by an appropriate licensing agency.

A list of the acts which are grounds for disciplinary action by a health care provider licensing board is available to all, both committees, all health care providers, hospital employees, and hospital agents through the office of Risk Management. **(Refer to Appendix D.)**

The investigative findings and/or minutes of the foregoing committee shall document that specific Standard of Care determinations were made with respect to each reported incident. When revising a Standard of Care determination to a case, the minutes shall reflect the rationale for assigning the specific Standard of Care category.

In an effort to comply with Risk Management mandated issues and to make recommendations to the Physician Peer Review/Risk Management Committee, Medical Executive Committee, hospital administration, and the Medical Staff, the Risk Management Department has the authority to:

- Call upon the expertise of hospital personnel, members of the Medical Staff, or outsider reviewers to fulfill their functions.

- Review all hospital and medical policies, procedures, records, and committee minutes and actions.

(For Organizational Chart, see Appendix E.)

Findings of all relevant committees shall be forwarded to the Director of Risk Management, who shall have responsibility for completing the required quarterly reports (**refer to Appendix C**) with the Kansas Department of Health and Environment using the Quarterly Report form found on the KHA website at www.kha-net.org or KDHE at www.kdheks.gov/bhfr/risk_mgmt/Risk_Management_Quarterly_Report_Form.

Adverse Finding report form should be used for reporting final SOC 3 and 4 findings to the applicable licensing agency (refer to Appendix D for form of report and listing of licensing agencies). Final SOC 3 and 4 findings should be reported in the aggregate and by incident number on the Quarterly Report Form and should be reported in the quarter that the finding was made final, not the quarter the event took place.

The Report of Adverse Findings for individual licensees will be sent only to the licensing agency that oversees the person's license such as the Board of Nursing, or Healing Arts.

The Risk Management Department, Chief Executive Officer and/or the Vice Chief of Staff are responsible for notifying the provider that an adverse finding has been reported to his or her licensing agency.

Incident reports, investigational tools, minutes of risk management committees, and other documentation of clinical analysis for each reported incident shall be maintained by the facility for not less than one year following completion of the investigation. KAR-28-52-2(c).

VI. PHYSICIAN PEER REVIEW/RISK MANAGEMENT COMMITTEE

The Physician Peer Review/Risk Management Committee is composed of the Vice Chief of Staff (who serves as the chair), one member of the Active Medical Staff from each of the three (3) clinical departments, the Chief of Staff, the Chief Executive Officer, the Chief Nursing Officer, the Director of Risk Management and Risk Coordinator. The Risk Management Coordinator shall attend Committee meetings, provide the necessary support to the Committee, complete data, and provide other identified support to the Risk Manager in administering the risk management program (which does not include receipt and acknowledgment of receipt of reportable incidents). The Risk Management Coordinator's position shall include supporting the Committee and the Risk Manager and the Risk Manager's role of **administering**[1] the risk management program (which does not include receipt and acknowledgment of receipt of reportable incidents). The Risk

[1] K.S.A. 65-4921(g) states, "Risk Manager' means the individual designated by a medical care facility to **administer** its internal risk management program and to receive reports of reportable incidents within the facility." Administering means "to manage or supervise the execution, use, or conduct of, "Merriam Webster (online ed, 2024).

Manager retains ultimate responsibility for the Risk Management Plan and the support provided by the Risk Management Coordinator is not a delegation of the Risk Manager's responsibilities. The Committee meets as often as necessary but not less than quarterly, to act upon reported variances in a timely manner and otherwise review relevant information. The Director of Risk Management serves as the liaison between the Committee and the Medical Executive Committee. The Committee is granted the autonomy to assign cases for external medical peer review as determined to be necessary or practical.

Results of the investigations are presented to the Physician Peer Review/Risk Management Committee for a Standard of Care determination/recommendation. All incidents deemed reportable to KDHE or other licensing agencies by the Physician Peer Review/Risk Management Committee and all incidents involving any Medical Staff Member will be forwarded to the Medical Executive Committee for final determinations and/or recommendations. All reviewers and committees submitting information for investigation consideration shall be considered peer review pursuant to the provisions of K.S.A. 65-4915, *et seq.*

The minutes of the foregoing committees shall, also, document a specific standard of care determination along with conclusions/rationale for all incidents with standard of care determinations of 3 and 4. Additionally, the minutes will document all incidents for which the standard of care has been changed by the duly constituted committee and rationale for the change. Standard of care determinations are recorded in the log. The documentation shall include findings, conclusions, recommendations, actions taken, and the results of those actions taken.

Impaired providers: Following the process as outlined in the Medical Staff Bylaws for impaired providers, if a report to a state licensing agency pursuant to subsection (a)(1) of (2) of KSA 1986 Supp. 65-4924 or any other report or complaint filed with such agency relates to a health care provider's ability to practice the provider's profession with reasonable skill and safety due to physical or mental disabilities, including deterioration through the aging process, loss of motor skill or abuse of drugs or alcohol, the agency may refer the matter to an impaired provider committee of the appropriate state or county professional society or organization.

***Members of Physician Peer Review/Risk Management Committee are found in Appendix A (attached).**

VII. MINIMIZING OCCURRENCES

Labette Health has established the following mechanisms to minimize occurrences:

1. **Education:** All new employees will receive information mandating their obligation to report reportable incidents. The purposes of Risk Management and how to report in this facility will also be explained. The Risk Management Plan will be reviewed at this time. Each employee will receive Risk Management education on an annual basis thereafter (mandatory education).

A copy of the Risk Management Plan will be made available to each physician at the time of staff appointment. The plan will be reviewed with the governing body annually. Access to the most current Risk Management Plan shall be available at all times via the Labette Health intranet and website.

Labette Health seeks to assure patients are safe and are maintained at optimal levels of quality. The hospital also strives to assure visitors and employees that the hospital environment is a safe one. To minimize occurrences, the Risk Management Department, Administration, Medical Staff Members, hospital personnel, and the Board of Trustees are involved in continuing education, in-services, and performance improvement. Quality review is performed on contractors/consults. All patient services including those services provided by outside contractors or consultants shall be periodically reviewed and evaluated in accordance with the plan and pursuant to KAR 28-52-1 (d) RM.

When issues or trends are identified, Risk Management works closely with the Quality Department who performs a root cause analysis under a peer protected process. Using the root cause analysis as a guideline, determine the potential improvements in process or systems that would tend to decrease the likelihood of reoccurrence of these types of incidents in the future.

2. **Credentialing:** When the investigation of a reported incident results in an adverse finding (Standard of Care 3 or 4), the event will be applied to physician credentialing in addition to being reported to the appropriate licensing agency. The Risk Manager is responsible to provide this information to both the licensing agency and to the designated individual responsible for credentialing.

3. **Monitoring Frequency:** Data relevant to reported variances will be compiled by the Director of Risk Management and will be presented monthly by the Vice Chief of Staff (who serves as the Chair of the Physician Peer Review/Risk Management Committee) to the Medical Executive Committee. The Physician Peer Review/Risk Management Committee shall analyze the frequency and causes of incidents and pursue measures to minimize recurrence through the active cooperation of hospital staff, Medical Staff, and administration of Labette Health. Identified trends in practice and patient care will be referred to the appropriate department and/or the Credentials Committee.

   Data obtained for the purposes of Risk Management pursuant to K.S.A. 65-4923 shall be considered confidential information and not discoverable in a court of law.

4. **Institutional Actions:** Internal institutional actions may be taken as a result of investigation and data compilation and shall be in accordance with the hospital's Bylaws, the Medical Staff Bylaws and Rules and Regulations, and hospital policies and procedures.

VIII. PLAN

A current copy of the Risk Management Plan shall be included in the Hospital Bylaws and Medical Staff Bylaws and made available to employees, Medical Staff and Board of Trustees, via the Labette Health intranet. The plan shall be reviewed and approved annually by the Board of Trustees of Labette Health. The plan and all subsequent amendments shall be submitted to the Kansas Department of Health and Environment for approval prior to implementation and annually.

Risk Management
KDHE, Bureau of Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365
785-291-3552

IX. CONFIDENTIALITY

Any person or committee performing any duty pursuant to this plan shall be designated as a peer review officer or committee pursuant to K.S.A. 65-4915 and amendments thereto. All reports and records made pursuant to K.S.A. 65-4921, *et seq.*, and amendments thereto, shall be confidential and privileged. Such reports and records shall not be subject to discovery subpoena or other means of legal compulsion for their release to any person or entity and shall not be admissible in any civil or administrative action.

Unless authorized to do so by the Director of Risk Management no Medical Staff Member or hospital personnel shall disclose information concerning reportable incidents except to their superiors, hospital administration, the appropriate hospital and Medical Staff committee, or the licensing agencies.

X. RESOURCE ALLOCATION

Labette Health will provide adequate resources and support staff necessary to fulfill the duties and responsibilities of the Risk Management Program. These duties are fulfilled by the Director of Risk Management and Risk Management Coordinator.

XI. ORGANIZATON

A. Labette Health
1902 S. U.S. Highway 59
P. O. Box 956
Parsons, KS 67357

B. Risk Manager:

The Director of Risk Management will report directly to the Chief Nursing Officer.

Cortney Neblett, BSN, RN
Director, Risk Management
(620) 820-5378
cneblett@labettehealth.com

C. **Risk Management Coordinator:**

The Risk Management Coordinator will report directly to the Director of Risk Management.

Barbie Nance
Coordinator, Risk Management
(620) 820-5126

XII Approval Page

The Labette Health Board of Trustees hereby establishes the Risk Management Program of Labette Health pursuant to Kansas Statues. The Governing Board has final authority for the Risk Management Program of Labette Health.

In support of this commitment, Labette Health's Risk Management Program has been developed and approved by the Director of Risk Management, the Medical Staff, Administration, and Board of Trustees.

Perry Sorrell — 10-3-24

Chairman of the Board of Trustees — Date

[signature] — 10-3-24

Chief Executive Officer — Date

[signature] — 9/16/24

Chief of Staff — Date

[signature] — 9/12/24

~~Director, Risk Management~~ Chair Scott Coates, MD — Date

[signature] — 9/12/24

~~Chairman of Risk Management~~ Cortney Neblett — Date

APPENDIX A

Labette Health
Risk Management Program
Committee Members:

Physician Peer Review/Risk Management Committee

Vice Chief of Staff (Committee Chair): Scott Coates

Director of Risk Management: Cortney Neblett, BSN, RN

Chief Executive Officer: Brian Williams, FACHE, FACMPE

Chief Nursing Officer: Kathi McKinney, MHCL, BSN, RN, Sr. VP

Coordinator of Risk Management:[2] Barbie Nance

One member of the Active Medical Staff from each of the clinical departments and the Chief of Staff. Current members are:
1. Jerry Bouman, DO, Surgery
2. Robert Gibbs, MD, Medicine
3. Manish Dixit, MD, OB / Peds
4. Ben Legler, MD, Chief of Staff

Medical Executive Committee (Physician)

Chief of Staff – Ben Legler, MD
Vice Chief of Staff – Scott Coates, MD
Secretary/Treasurer – Eric Hunn, MD
Immediate Past Chief of Staff – Philip Gorman, MD
Member at Large – Kayla Daniels, MD
Member at Large – Yash Patel, MD
Chief Executive Officer (advisory) – Brian Williams, FACHE, FACMPE

[2] The Risk Coordinator shall attend Committee meetings, provide necessary support to the Committee, complete data and provide other identified support to the Risk Manager, including supporting the Risk Manager's role of administering the risk management program (which does not include receipt and acknowledgment of receipt of reportable incidents)."

APPENDIX B

Labette Health
Risk Management Plan

Reporting Requirements as Specified by Kansas Law

A. Kansas law requires that any health care provider, or person employed by a health care facility, report the following situations:

1. Knowledge that another health care provider, medical care facility, employee, or a person acting on behalf of a medical care facility has acted in a manner that is or may be below the applicable standard of care and that has a reasonable probability of causing injury to a patient, or that is a violation of the disciplinary rules of their profession, must be reported. The phrase "standard of care" is a legal term. Simply, it means that a health care provider must have the same degree of skill and knowledge as his peers, and must use this skill and knowledge in a careful and diligent manner. Obviously, certain acts are substandard, while others require the reporting provider to use his personal judgment regarding the care and skill exercised.

2. Knowledge that a person licensed to practice in the state has violated his profession's disciplinary code.

B. Attached is a copy of the disciplinary code of the professional under investigation.

APPENDIX C

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
Risk Management Program
Confidential Quarterly Report Pursuant to KSA 65-4923(d)
Reports are due to KDHE within 30 days of each completed quarter.
See table on page 4 for quarterly report due dates.

Confidential Cover Page

Quarterly Report (QR) Pursuant to KSA 65-4923(d)

(d) Each review and executive committee referred to in subsection (a) shall submit to the Secretary of Health and Environment, on a form promulgated by such agency, at least once every three months, a report summarizing the reports received pursuant to subsections (a)(2) and (a)(3) of this section. The report shall include the number of reportable incidents reported, whether an investigation was conducted, and any action taken.

Reporting Year _____ Reporting Quarter _____

☐ Check this box if this is an amendment to a previous QR submitted. What Quarter? _____

Name of Facility: _____

State License Number: _____

Address: _____

City: _____

Name and Title of Risk Manager: _____

Email Address: _____

Phone Number: _____

Date Sent to KDHE: _____

With this submission, as the above listed Risk Manager I hereby attest that the report submitted to Kansas Department of Health and Environment is true, complete, and accurate to the best of my knowledge without known errors or omissions.

Signature: _____

Date: _____

Privileged and Confidential pursuant to K.S.A. 65-4915 and K.S.A. 65-4921 et

Seq. Revised: June 2023

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
Risk Management Program
Confidential Quarterly Report Pursuant to KSA 65-4923(d)
Reports are due to KDHE within 30 days of each completed quarter.
See table on page 4 for quarterly report due dates.

Facility Name: _____

City: _____ State License Number: _____

1. Facility Type: ☐ Hospital ☐ Psychiatric Hospital ☐ Ambulatory Surgery Center ☐ Other: _____

2. Year: _____
   Reporting Quarter: ☐ Jan. – Mar. ☐ Apr. – June ☐ July – Sept. ☐ Oct. – Dec.

3. Total number of final SOC determinations by the facility's risk management program in this quarter: (Please note: Including the facility's Incident Report Number (IRN) for each incident, or SOC assignment creates a common numbering system that can be used by both KDHE and the appropriate licensing agency. KDHE can then track the report, if needed, to confirm that it was submitted to the licensing agency.)
   a. _____ Total number of final SOC III (standard of care not met with injury occurring or reasonably probable) determinations. IRN(s): _____
   b. _____ Total number of final SOC IV (possible grounds for disciplinary action by the appropriate licensing agency) determinations. IRN(s): _____

4. ☐ Check this box if an investigation was conducted for each of the reportable incidents listed above

5. Specify the individual number of reports submitted to each of the following licensing agencies for the SOC III and SOC IV determinations listed in section 3 of this report:

   # _____ Board of Healing Arts – IRN(s): _____

   # _____ Board of Nursing – IRN(s): _____

   # _____ Board of Pharmacy – IRN(s): _____

   # _____ Dental Board – IRN(s): _____

   # _____ KDHE – IRN(s): _____

   # _____ Other* – IRN(s): _____

   *Specify other agency name: _____

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
Risk Management Program
Confidential Quarterly Report Pursuant to KSA 65-4923(d)
Reports are due to KDHE within 30 days of each completed quarter.
See table on page 4 for quarterly report due dates.

6. Indicate the category type of each individual incident/occurrence for the SOC III & SOC IV determinations reported in section 3 of this report:

_____ Abuse, Neglect, or Exploitation – IRN(s): _____

_____ Assessment / Treatment – IRN(s): _____

_____ Delay – IRN(s): _____

_____ Documentation of Narcotics – IRN(s): _____

_____ Drug Diversion – IRN(s): _____

_____ EMTALA-Related – IRN(s): _____

_____ Facility Process or System-Related – IRN(s): _____

_____ Fall – IRN(s): _____

_____ Falsification – IRN(s): _____

_____ Impairment Due to Drug / Alcohol – IRN(s): _____

_____ Impairment (Physical, Mental, Emotional, Cognition) – IRN(s): _____

_____ Improper Procedure – IRN(s): _____

_____ IV Infiltration – IRN(s): _____

_____ IV Line Mix-Up – IRN(s): _____

_____ Medication Error – IRN(s): _____

_____ Professional Licensure Event – IRN(s): _____

_____ Scope of Practice – IRN(s): _____

_____ Unprofessional Conduct – IRN(s): _____

_____ Other (explain) – IRN(s): _____

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
Risk Management Program
Confidential Quarterly Report Pursuant to KSA 65-4923(d)
Reports are due to KDHE within 30 days of each completed quarter.
See table below for quarterly report due dates.

7. Specify the number of corrective actions taken for each SOC III & SOC IV determination listed in section 3 of this report:

_____ Policy / Procedure Change – IRN(s): _____

_____ Suspension of Privileges – IRN(s): _____

_____ Termination – IRN(s): _____

_____ Counseling / Education – IRN(s): _____

_____ Restriction of Privileges – IRN(s): _____

_____ Revocation of Privileges – IRN(s): _____

_____ Pending – IRN(s): _____

_____ Other (explain) – IRN(s): _____

Return this report to:
KDHE / BFL / Health Facilities Program
KDHE.Riskmanagement@ks.gov (preferred)
Fax: 785-559-4285

QUARTER	PERIOD	REPORT DUE BY
1st	January - March	April 30
2nd	April - June	July 30
3rd	July - September	October 30
4th	October - December	January 30

Data Collection Purpose: The purpose of the data collection activity is solely for usage as business analytics for the KDHE Risk Management Program. This includes but is not limited to overall Risk Management Program business intelligence, enterprise information management, enterprise performance management, analytic applications, and governance, risk, and compliance.

_____
_____
_____
_____

APPENDIX D

RISK MANAGEMENT REPORT FORM
FACILITY OR INDIVIDUAL
REPORT OF ADVERSE FINDING

Agency Receiving This Report:

- ☐ Kansas Board of Healing Arts: 800 SW Jackson, LL Suite A, Topeka, Ks. 66612
- ☐ Kansas Board of Nursing: 900 SW Jackson, #1051, Topeka, Ks. 66612
- ☐ Kansas Board of Pharmacy: 800 SW Jackson, #1414, Topeka, Ks. 66612
- ☐ Kansas Dental Board: 900 SW Jackson, 455-S, Topeka, Ks. 66612
- ☐ Other (provide name and address):
- ☐ Kansas Department of Health and Environment: 1000 SW Jackson, Suite 330, Topeka, KS. 66612
  - *KDHE's Risk Management Program receives SOC III and IV reports only for licensed facilities, CNAs, and unlicensed individuals. Do not submit personally identifiable information (PII) for involved staff or patients when reporting to KDHE.*

Report: Individual or Facility (Select appropriate box below):

☐ **Individual Submitting This Report:**

Name:
Telephone:
Address:
Email Address:

OR

☐ **Facility Submitting This Report:** (NOTE: Applicable Statutes: K.S.A. 65-4216, 65-4915, 65-4921, 65-4922, 65-4923(a)(1) and (2), 65-4924, 65-4925, 65-4927, 65-4929, 65-28,121 and 65-28,122; Regulations: K.A.R. 28-52-2, 3, and 4. No liability for reporting: K.S.A. 65-4909, 65-4926, and 65-2898).

Facility Name:
CCN#
(CCN# is CMS Certification Number; If your facility is not CMS Certified, please list State ID#(s)/KDHE Facility #(s) if applicable)
Facility Type: ☐ Hospital ☐ Psychiatric Hospital ☐ Ambulatory Surgical Center ☐ Other
Name of Contact Person/Risk Manager:
Telephone No.:
Facility Address:
(Include Street, City, State, and Zip)
Email Address:

Privileged and Confidential pursuant to K.S.A. 65-4915 and K.S.A. 65-4921 et seq.

This form was jointly developed and approved by the Kansas Hospital Association, the Kansas State Board of Nursing, the Kansas State Board of Healing Arts and the Kansas Department of Health and Environment. (Revised April 2023)

1

RISK MANAGEMENT REPORT FORM
FACILITY OR INDIVIDUAL
REPORT OF ADVERSE FINDING

Incident Identification:

IRN (Incident Report Number(s) Assigned by Facility, if facility report and if applicable):
Date of Incident:
Medical Record No. (If known):
Patient Name: Patient Date of Birth:
Location of Incident:
(Facility, department, unit, or other location descriptor)
Licensee Involved:
(Facilities must submit a separate form for each licensee involved). Include Name, Licensee Number and Last 4 digits of SSN if known.

Description of Incident: (Must include final SOC determination) (May attach separate sheet)

Description of Education, Correction, Disciplinary Action or Sanction: (May attach separate sheet)

Additional Records Related to This Incident: (Other treatment, coroner, external consultant, etc.)

Type of Incident:

- ☐ Fall
- ☐ Abuse, neglect or Exploitation
- ☐ Assessment/treatment
- ☐ Professional licensure event
- ☐ Delay
- ☐ Facility process or system-related
- ☐ Scope of Practice
- ☐ Impairment due to drug/alcohol
- ☐ Impairment physical, mental, emotional, cognition
- ☐ Falsification
- ☐ Documentation of Narcotics
- ☐ Medication Error
- ☐ Improper Procedure
- ☐ EMTALA-Related
- ☐ IV line mix-up
- ☐ Drug Diversion
- ☐ Unprofessional conduct
- ☐ IV infiltration
- ☐ Other: (explain)

_____ _____
Date Signature of Individual/Risk Manager Submitting Report

Privileged and Confidential pursuant to K.S.A. 65-4915 and K.S.A. 65-4921 et seq.

This form was jointly developed and approved by the Kansas Hospital Association, the Kansas State Board of Nursing, the Kansas State Board of Healing Arts and the Kansas Department of Health and Environment. (Revised April 2023)

2

Kansas
Department of Health and Environment

Risk Manager Change Notification Form

Please submit this form to kdhe.riskmanagement@ks.gov promptly after a change in Risk Manager to ensure that KDHE has current contact information for the Risk Manager.

Facility Name: _____

Date of Change:	
Interim or Permanent:	
Name of New Risk Manager:	
Title:	
Email Address:	
Phone Number:	

KSA 65-4921(g): "Risk manager" means the individual designated by a medical care facility to administer its internal risk management program and to receive reports of reportable incidents within the facility.

Notes:

If you have any questions, please contact:

Kelly Rivera, CPTA
Risk Management Program Coordinator
Health Facilities Program, Acute and Continuing Care
Kelly.Rivera@ks.gov
KDHE.RiskManagement@ks.gov
Risk Management Fax Line: 785-559-4285

June 2023

Supplementary Information
Reporting Requirements and Professional Disciplinary Codes:

DISCIPLINARY CODE
Social Workers:
(Behavioral Sciences Regulatory Board)

The board may suspend, limit, revoke or refuse to issue or renew a license of any social worker upon proof that the social worker:

(a) has been convicted of a felony and, after investigation, the board finds that the licensee has not been sufficiently rehabilitated to merit the public trust;

(b) has been found guilty of fraud or deceit in connection with services rendered as a social worker or in establishing needed qualifications under this act;

(c) has knowingly aided or abetted a person, not a licensed social worker, in representing such person as a licensed social worker in this state;

(d) has been found guilty of unprofessional conduct as defined by rules established by the board;

(1) making a materially false statement in, or failing to disclose a material fact in an application for licensure;

(2) failing to notify the board that a license, certificate, permit, or registration granted by this or any other state for the practice of social work or practice in the field of behavioral sciences has been limited, restricted, suspended, or revoked. The social worker has been subject to other disciplinary action by a licensing or certifying authority or professional association, or that the social worker has been terminated or suspended from employment for some form of malfeasance, misfeasance, or nonfeasance;

(3) knowingly allowing another person to use one's license;

(4) impersonating another person holding a license issued by this board;

(5) conviction of a crime resulting from or relating to the licensee's professional practice of social work;

(6) furthering the application for social work licensure of another person who is known by that social worker to be unqualified in respect to character, education, or other relevant attributes;

(7) knowingly aiding or abetting anyone who is not a licensed social worker to represent themselves as a social worker in this state;

(8) failing to notify the board within a reasonable period of time that another social worker is, in the judgment of the social worker, practicing or teaching social work in violation of the laws or regulations regulating social work unless the information was obtained in the context of confidentiality;

(9) refusing to cooperate in a timely manner with the board's request for assistance with an investigation of complaints lodged against any applicant or social worker licensed by the board. Anyone taking longer than 30 days to provide the requested information shall have the burden of demonstrating that they acted in a timely manner;

(10) misrepresenting professional competency by performing, or offering to perform, services clearly inconsistent with training, education, and experience;

(11) practicing inhumane or discriminatory treatment toward any person or group of persons;

(12) engaging in professional activities, including advertising, involving dishonesty, fraud, deceit, or misrepresentation;

(13) failing to advise and explain to each client the joint rights, responsibilities, and duties involved in the social work relationship;

(14) failing to provide each client with a description of what the client may expect in the way of tests, consultation, reports, fees, billing, therapeutic regimen or schedule;

(15) failing to provide each client with a description of the possible effect of the proposed treatment when there are clear and established risks to the client;

(16) failing to inform each client of any financial interests that might accrue to the social worker from referral to any other service, or from the use of any tests, books, or apparatus;

(17) failing to inform each client that the client is entitled to the same service from a public agency, if the social worker is employed by that public agency and also offers services privately;

(18) failing to inform each client of the limits of confidentiality, the purposes for which information is obtained, and how it may be used;

(19) revealing a confidence or secret of any client, except:

(a) as required by law;

(b) after full disclosure of the information to be revealed and the persons to whom the information will be revealed, and after obtaining consent of the client;

(20) using a confidence or secret of any client to the client's disadvantage;

(21) using a confidence or secret of any client for the advantage of the social worker or a third person, without obtaining the client's consent after full disclosure of the purpose;

(22) failing to obtain written, informed consent from each client, or the client's legal representative or representatives, before electronically recording sessions with that client, permitting a third party observation of their activities, or releasing information to a third party concerning a client;

(23) failing to protect the confidences of other persons when providing a client with access to that client's records;

(24) failing to exercise due diligence in protecting the confidences and secrets of the client from disclosure by employees, associates, and others whose services are utilized by the social worker;

(25) making sexual advances toward or engaging in physical intimacies or sexual activities with any client, patient or student of that social worker;

(26) providing social work services while using alcohol or other drugs in an abusive manner;

(27) exercising undue influence on any client, patient, or student, including promoting the sale of services, goods, appliances or drugs in a manner that will exploit the patient, client, or student for the financial gain or personal gratification of the practitioner or a third party;

(28) directly or indirectly offering, giving, soliciting, receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of the client or patient or in connection with the performance of professional services;

(29) permitting any person to share in the fees for professional services, other than a partner, employee, an associate in a professional firm, or consultant authorized to practice social work;

(30) soliciting the clients of colleagues or assuming professional responsibility for clients of another agency or colleague without appropriate communication with that agency or colleague;

(31) making claims of professional superiority which cannot be substantiated by the social worker;

(32) guaranteeing that satisfaction or a cure will result from the performance of professional services;

(33) claiming or using any secret or special method of treatment or techniques which the social worker refuses to divulge to the board;

(34) continuing or ordering tests, treatments, or use of treatment facilities not warranted by the condition of the client;

(35) failing to maintain the confidences shared by colleagues in the course of professional relationships and transactions with those colleagues;

(36) taking credit for work not personally performed whether by giving inaccurate information or failing to disclose accurate information;

(37) if engaged in research, failing to consider carefully the possible consequences for human beings participating in the research, protect each participant from unwarranted physical and mental harm, ascertain that the consent of the participant is voluntary and informed, and treat information obtained as confidential;

(38) knowingly reporting distorted, erroneous, or misleading information;

(39) failing to notify the client promptly when termination or interruption of service of the client is anticipated, and failing to seek continuation of service in relation to the client's needs and preferences;

(40) abandoning or neglecting a client under and in need of immediate professional care, without making reasonable arrangements for continuation of that care, or abandoning an agency, organization, institution, or a group practice without reasonable notice and under circumstances which seriously impair the delivery of professional care to clients;

(41) failing to terminate the social work relationship when it is apparent that the relationship no longer services the client's needs;

(42) failing to maintain a record for each client which accurately reflects the client's contact with the social worker. Unless otherwise provided by law, all client records shall be retained for at least two years after the date of termination of the contract or contracts;

(43) failing to exercise appropriate supervision over anyone authorized to practice only under the supervision of a social worker;

(44) practicing social work in an incompetent manner; or

(45) practicing social work after expiration of the social worker's license;

(e) has been found guilty of negligence or wrongful actions in the performance of duties; or

(f) has had a license to practice social work revoked, suspended or limited, or has had other disciplinary action taken, or an application for a license denied by the proper licensing authority of another state, territory, District of Columbia, or other country.

DISCIPLINARY CODE
Registered Professional Nurses,
Licensed Practical Nurses,
Advanced Registered Nurse Practitioners,
Clinical Nurse Specialists:
(Board of Nursing)

Grounds for disciplinary actions:

(a) to be guilty of fraud or deceit in practicing nursing, or in procuring or attempting to procure a license to practice nursing;

(b) to have been guilty of a felony if the board determines, after investigation, that such person has not been sufficiently rehabilitated to warrant the public trust;

(c) to have committed an act of professional incompetency, defined as:

(1) one or more instances involving failure to adhere to the applicable standard of care to a degree which constitutes ordinary negligence, as determined by the board, or

(2) repeated instances involving failure to adhere to the applicable standard of care to a degree which constitutes ordinary negligence, as determined by the board, or

(3) a pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to practice nursing.

(d) to be habitually intemperate in the use of alcohol or addicted to the use of habit forming drugs;

(e) to be mentally incompetent;

(f) to be guilty of unprofessional conduct:

(1) performing acts beyond the authorized scope of the level of nursing for which the individual is licensed;

(2) assuming duties and responsibilities within the practice of nursing without adequate preparation or when competency has not been maintained;

(3) failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient;

(4) inaccurately recording, falsifying, or altering a patient's or agency's record;

(5) committing any act of verbally or physically abusing patients;

(6) assigning or delegating unqualified persons to perform functions of licensed nurses contrary to the Kansas Nurse Practice Act or to the detriment of patient safety;

(7) violating the confidentiality of information or knowledge concerning the patient;

(8) willfully or negligently failing to take appropriate action in safeguarding a patient or the public from incompetent practice performed by a registered professional nurse or a licensed practice nurse. "Appropriate action" may include reporting to the board; and

(9) diverting drugs, supplies, or property of patients or agency.

(g) to have willfully or repeatedly violated any of the provisions of the Kansas Nurse Practice Act or any rule and regulation adopted pursuant to that act, including K.S.A. 65-1114 and 65-1122 and amendments thereto; or

(h) to have a license to practice nursing as a registered nurse or as a practical nurse denied, revoked, limited, or suspended by a licensing authority of another state, agency of the United States government, territory of the United States or country or to have other disciplinary action taken against the applicant or licensee by a licensing authority of another state agency of the United States government, territory of the United States, or country.

DISCIPLINARY CODE
Mental Health Technicians:
(Board of Nursing)

The board shall have the power, after notice and an opportunity for hearing, to withhold, deny, revoke, or suspend any license to practice as a mental health technician issued or applied for in accordance with the provisions of K.S.A. 65-4209 or otherwise to discipline a licensee upon proof that the licensee:

(a) is guilty of fraud or deceit in procuring or attempting to procure such license;

(b) is habitually intemperate or is addicted to the use of habit forming drugs;

(c) is mentally incompetent;

(d) is incompetent or grossly negligent in carrying out the functions of a mental health technician;

(e) has committed unprofessional conduct as defined by rules and regulations of the board which shall include the following:

(1) performing acts beyond the authorized scope of the level of nursing for which the individual is licensed;

(2) assuming duties and responsibilities within the practice of nursing without adequate preparation or when competency has not been maintained;

(3) failing to take appropriate action or to follow policies and procedures of the practice situation designed to safeguard the patient;

(4) inaccurately recording, falsifying, or altering a patient's or agency's record;

(5) committing any act of verbally or physically abusing patients;

(6) assigning or delegating unqualified persons to perform functions of licensed M.H.T.'s contrary to the Kansas Nurse Practice Act or to the detriment of patient safety;

(7) violating the confidentiality of information or knowledge concerning the patient;

(8) willfully or negligently failing to take appropriate action in safeguarding a patient or the public from incompetent practice performed by a registered professional nurse or a licensed practice nurse. "Appropriate action" may include reporting to the board; and

(9) diverting drugs, supplies, or property of patients or agency; or

(f) has been convicted of a felony or of any misdemeanor involving moral turpitude, in which event the record of conviction shall be conclusive evidence of such conviction. The board may inquire into the circumstances surrounding the commission of any criminal conviction to determine if such conviction is of a felony or misdemeanor involving moral turpitude.

PROFESSIONAL DISCIPLINARY CODE

Pharmacists:

(Board of Pharmacy)

The board may revoke, suspend, place in a probationary status or deny a renewal of any license of any pharmacist upon a finding that:

(a) the license was obtained by fraudulent means;

(b) the licensee has been convicted of felony and the board determines, after investigation, that such person has not been sufficiently rehabilitated to warrant the public trust;

(c) the licensee is found by the board to be guilty of unprofessional conduct or professional incompetency;

(d) the licensee is addicted to the liquor or drug habit to such a degree as to render the licensee unfit to practice the profession of pharmacy;

(e) the licensee has violated a provision of the Federal or State Food, Drug and Cosmetic Act, the Uniform Controlled Substances Act of the state of Kansas, or any rule and regulation adopted under any such act;

(f) the licensee is found by the board to have filled a prescription not in strict accordance with the directions of the practitioner;

(g) the licensee is found to be mentally or physically incapacitated to such a degree as to render the licensee unfit to practice the profession of pharmacy;

(h) the licensee has violated any of the provisions of the Pharmacy Act of the state of Kansas or any rule and regulation adopted by the board pursuant to the provisions of such pharmacy act;

(i) the licensee has failed to comply with the requirements of the board relating to the continuing education of pharmacists;

(j) the licensee as a pharmacist in charge or consultant pharmacist under the provisions of subsection (c) or (d) of K.S.A. 65-1648 and amendments thereto has failed to comply with the requirements of subsection (c) or (d) or K.S.A. 65-1648 and amendments thereto;

(k) the registrant has knowingly submitted a misleading, deceptive, untrue or fraudulent misrepresentation on a claim form, bill or statement;

(l) the licensee has had a license to practice pharmacy revoked, suspended, or limited, has been censored or has had other disciplinary action taken, or an application for license denied, by the proper licensing authority of another state, territory, District of Columbia, or other country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof; or

(m) the licensee has self-administered any controlled substance without a practitioner's prescription order.

PROFESSIONAL DISCIPLINARY CODE
Physicians, Osteopathic Physicians:
(Board of Healing Arts)

(a) The licensee has committed fraud or misrepresentation in applying for or securing an original or renewal license;

(b) The licensee has committed an act of unprofessional or dishonorable conduct or professional incompetency;

(c) The licensee has been convicted of a felony or class A misdemeanor, whether or not related to the practice of the healing arts;

(d) The licensee has used fraudulent or false advertisements;

(e) The licensee is addicted to or has distributed intoxicating liquors or drugs for any other than lawful reasons;

(f) The licensee has willfully or repeatedly violated this act, the Pharmacy Act of the state of Kansas or the Uniform Controlled Substances Act, or any rules and regulations adopted pursuant thereto, or any rules and regulations of the Secretary of Health and Environment which are relevant to the practice of the healing arts;

(g) The licensee has unlawfully invaded the field of practice of any branch of the healing arts in which the licensee is not licensed to practice;

(h) The licensee has failed to pay annual renewal fees specified in this act;

(i) The licensee has failed to take some form of postgraduate work each year or as required by the board;

(j) The licensee has engaged in the practice of the healing arts under a false or assumed name, or the impersonation of another practitioner. The provisions of this subsection relating to an assumed name shall not apply to licensees practicing under a professional corporation or other legal entity duly authorized to provide such professional services in the state of Kansas;

(k) The licensee has the inability to practice the branch of the healing arts for which the licensee is licensed with reasonable skill and safety to patients by reason of illness, alcoholism, excessive use of drugs, controlled substances, chemical or any other type of material or as a result of any mental or physical condition.

(l) The licensee has had a license to practice the healing arts revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for a license denied, by the proper licensing authority of another state, territory, District of Columbia, or other country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof;

(m) The licensee has violated any lawful rule and regulation promulgated by the board or violated any lawful order or directive of the board previously entered by the board;

(n) The licensee has failed to report or reveal the knowledge required to be reported or revealed under K.S.A. 65-28,122 and amendments thereto;

(o) The licensee, if licensed to practice medicine and surgery has failed to inform a patient suffering from any form of abnormality of the breast tissue for which surgery is a recommended form of treatment, of alternative methods of treatment specified in the standardized summary supplied by the board;

(p) The licensee has cheated on or attempted to subvert the validity of the examination for a license;

(q) The licensee has been found to be mentally ill, disabled, not guilty by reason of insanity or incompetent to stand trial by a court of competent jurisdiction;

(r) The licensee has prescribed, sold, administered, distributed or given a controlled substance to any person for other than medically accepted or lawful purposes;

(s) The licensee has violated a federal law or regulation relating to controlled substances;

(t) The licensee has failed to furnish the board, or its investigators or representatives, any information legally requested by the board;

(u) Sanctions or disciplinary actions have been taken against the licensee by a peer review committee, health care facility, a governmental agency or department or a professional association or society for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;

(v) The licensee has failed to report to the board any adverse action taken against the license by another state or licensing jurisdiction, a peer review body, a health care facility, a professional association or society, a governmental agency, by a law enforcement agency or a court for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;

(w) The licensee has surrendered a license or authorization to practice the healing arts in another state or jurisdiction, has surrendered the authority to utilize controlled substances issued by any state or federal agency, has agreed to a limitation to or restriction of privileges at any medical care facility or has surrendered the licensee's membership on any professional staff or in any professional association or society while under investigation for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;

(x) The licensee has failed to report to the board surrender of the licensee's license or authorization to practice the healing arts in another state or jurisdiction or surrender of the licensee's membership on any professional staff or in any professional association or

society while under investigation for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;

(y) The licensee has an adverse judgment, award or settlement against the licensee resulting from a medical liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;

(z) The licensee has failed to report to the board any adverse judgment, settlement or award against the license resulting from a medical malpractice liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;

(aa) The licensee has failed to maintain a policy of professional liability insurance as required by K.S.A. 40-3402 or 40-3403a and amendments thereto;

(bb) The licensee has failed to pay the annual premium surcharge as required by KS.A. 40-3404 and amendments thereto;

(cc) The licensee has knowingly submitted any misleading, deceptive, untrue or fraudulent representation on a claim form, bill or statement;

(dd) The licensee as the responsible physician for a physician's assistant has failed to adequately direct and supervise the physician's assistant in accordance with K.S.A. 65-2896 to 65-2897A, inclusive, and amendments thereto or rules and regulations adopted under such statutes.

"PROFESSIONAL INCOMPETENCY" means:

(1) One or more instances involving failure to adhere to the applicable standard of care to a degree which constitutes gross negligence, as determined by the board;

(2) Repeated instances involving failure to adhere to the applicable standard of care to a degree which constitutes ordinary negligence, as determined by the board;

(3) A pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to practice medicine.

"UNPROFESSIONAL CONDUCT" means:

(1) Solicitation of professional patronage through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee;

(2) Representing to a patient that a manifestly incurable disease, condition or injury can be permanently cured;

(3) Assisting in the care or treatment of a patient without the consent of the patient, the attending physician or the patient's legal representatives;

(4) The use of any letters, words, or terms, as an affix, on stationary, in advertisements, or otherwise indicating that such person is entitled to practice branch of the healing arts for which such person is not licensed;

(5) Performing, procuring or aiding and abetting in the performance or procurement of a criminal abortion;

(6) Willful betrayal of confidential information;

(7) Advertising professional superiority or the performance of professional services in a superior manner;

(8) Advertising to guarantee any professional service or to perform any operation painlessly;

(9) Participating in any action as a staff member of a medical care facility which is designed to exclude or which results in the exclusion of any person licensed to practice medicine and surgery from the medical staff of a nonprofit medical care facility licensed in this state because of the branch of the healing arts practiced by such a person or without just cause;

(10) Failure to effectuate the declaration of a qualified patient as provided in subsection (a) of K.S.A. 65-28, 107 and amendments thereto;

(11) Prescribing, ordering, dispensing, administering, selling, supplying or giving any amphetamines of sympathomimetic amines, except as authorized by K.S.A. 65-2837a and amendments thereto;

(12) Conduct likely to deceive, defraud or harm the public;

(13) Making a false or misleading statement regarding the licensee's skill or the efficacy or value of the drug, treatment or remedy prescribed by the licensee or at the licensee's direction in the treatment of any disease or other condition of the body or mind;

(14) Aiding or abetting the practice of the healing arts by an unlicensed, incompetent or impaired person;

(15) Allowing another person or organization to use the licensee's license to practice the healing arts;

(16) Commission of any act of sexual abuse, misconduct or exploitation related to the licensee's professional practice;

(17) The use of any false, fraudulent or deceptive statements in any document connected with the practice of the healing arts;

(18) Obtaining any fee by fraud, deceit or misrepresentation;

(19) Directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, other than through the legal functioning of lawful professional partnerships, corporations, or associations;

(20) Failure to transfer medical records to another physician when requested to do so by the subject patient or by such patient's legally designated representative;

(21) Performing unnecessary tests, examinations or services which have no legitimate medical purpose;

(22) Charging an excessive fee for services rendered;

(23) Prescribing, dispensing, administering, distributing a prescription drug or substance, including a controlled substance, in an excessive, improper, or inappropriate manner;

(24) Repeated failure to practice healing arts with that level of care, skill and treatment which is recognized by a reasonably prudent similar practitioner as being acceptable under similar conditions and circumstances;

(25) Failure to keep written medical records which describe the services rendered to the patient, including patient histories, pertinent findings, examination results, and test results;

(26) Delegating professional responsibilities to a person when the licensee knows or has reason to know that such person is not qualified by training, experience or licensure to perform them;

(27) Using experimental forms of therapy without proper informed patient consent, without conforming to generally accepted criteria or standard protocols; without keeping detailed legible records, or without having periodic analysis of the study and results reviewed by a committee or peers,

(28) Prescribing, dispensing, administering or distributing an anabolic steroid or human growth hormone for other than a valid medical purpose. Body building, muscle enhancement, or increasing muscle bulk or strength through the use of an anabolic steroid or human growth hormone by a person who is in good health is not a valid medical purpose.

DISCIPLINARY CODE
Psychologists:
(Behavioral Sciences Regulatory Board)

The Board may suspend, limit, revoke or refuse to issue or renew a license of a psychologist upon proof that the psychologist:

(a) has been convicted of a felony involving moral turpitude;

(b) has been guilty of fraud or deceit in connection with services rendered as a psychologist, or in establishing his qualifications;

(c) has aided or abetted a person not a licensed psychologist, in representing such person as a psychologist in this state;

(d) has been guilty of unprofessional conduct;

(1) knowingly engaging in fraudulent or misleading advertising;

(2) practicing psychology in an incompetent manner;

(3) misrepresenting professional competency by offering to perform services that are clearly unwarranted on the basis of education, training or experience;

(4) performing professional services that are inconsistent with the licensee's or areas recognized by the board based on a review of training, education, or experience;

(5) being convicted of a crime resulting from or relating to the licensee's professional practice of psychology

(6) reporting distorted, erroneous, or misleading psychological information;

(7) taking credit for work not personally performed;

(8) practicing psychology while using alcoholic beverages or drugs in an abusive manner;

(9) failing to obtain written, informed consent from a client or patient, or the client's or patient's legal representative or representatives, before electronically recording sessions with the client or patient, or before releasing information to a third party concerning the client or patient, except as required by law;

(10) making sexual advances or engaging in sexual activities with clients, patients, or students of that psychologist;

(11) failing to provide clients or patients with a description of what the client or patient may expect in the way of test consultation, reports, fees, billing, therapeutic regimen, or schedule;

(12) failing to provide clients or patients with a description of possible effects of proposed treatment when there are clear and established risks to the client or patient;

(13) failing to inform the client or patient of any financial interest that might accrue to the licensed psychologist for referral to any other services or for the use of any tests, books, or apparatus;

(14) refusing to cooperate in a timely manner with the board's investigation of complaints lodged against an applicant or a psychologist licensed by the board. Persons taking longer than 30 days to provide requested information shall have the burden of demonstrating that they have acted in a timely manner;

(15) impersonating another person holding a license issued by this board;

(16) knowingly allowing another person to use one's license;

(17) failing to notify the board of having a license, certificate, permit or registration granted by this or any other state for the practice of psychology or school psychology, that has been limited, restricted, suspended or revoked, or of having been subject to other disciplinary action by a licensing or certifying authority or professional association or of having employment terminated or suspended for some form of misfeasance, malfeasance, or nonfeasance;

(18) failing to inform the client or patient that the client or patient is entitled to the same services from a public agency if the licensed psychologist is employed by that public agency and also offers service privately;

(19) exercising undue influence on the client, patient, or student, including the promotion of the sales of services, goods, appliances, or drugs, in such a manner as to exploit the patient, client or student for the financial gain or personal gratification of the practitioner or of a third party;

(20) directly or indirectly offering, giving, or soliciting, receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of a client or patient or in connection with the performance of professional services;

(21) permitting any person to share in the fees for professional services, other than a partner, employee, an associate in a professional firm, or a consultant authorized to practice the same profession;

(22) making claims of professional superiority which cannot be substantiated by the licensed psychologist;

(23) abandoning or neglecting a client or patient under and in need of immediate professional care, without making reasonable arrangements for the continuation of that care, or abandoning a group practice, hospital clinic or other health care

facility without reasonable notice and under circumstances which seriously impair the delivery of professional care to clients or patients;

(24) failing to maintain a record for each client or patient which accurately reflects the client or patient contact with the practitioner. Unless otherwise provided by law, each client or patient record shall be retained for at least two years after the date of termination of the contact or contacts;

(25) failing to exercise appropriate supervision over persons with whom the psychologist has a supervisory relationship;

(26) failing to notify the board within a reasonable time that a licensed psychologist practicing or teaching psychology is, in the judgment of the licensed psychologist, practicing or teaching psychologist in violation of the laws or regulations regulating psychology;

(27) guaranteeing that satisfaction or a cure will result from the performance of professional services;

(28) continuing or ordering tests, treatment, or use of treatment facilities not warranted by the condition of the client or patient; or

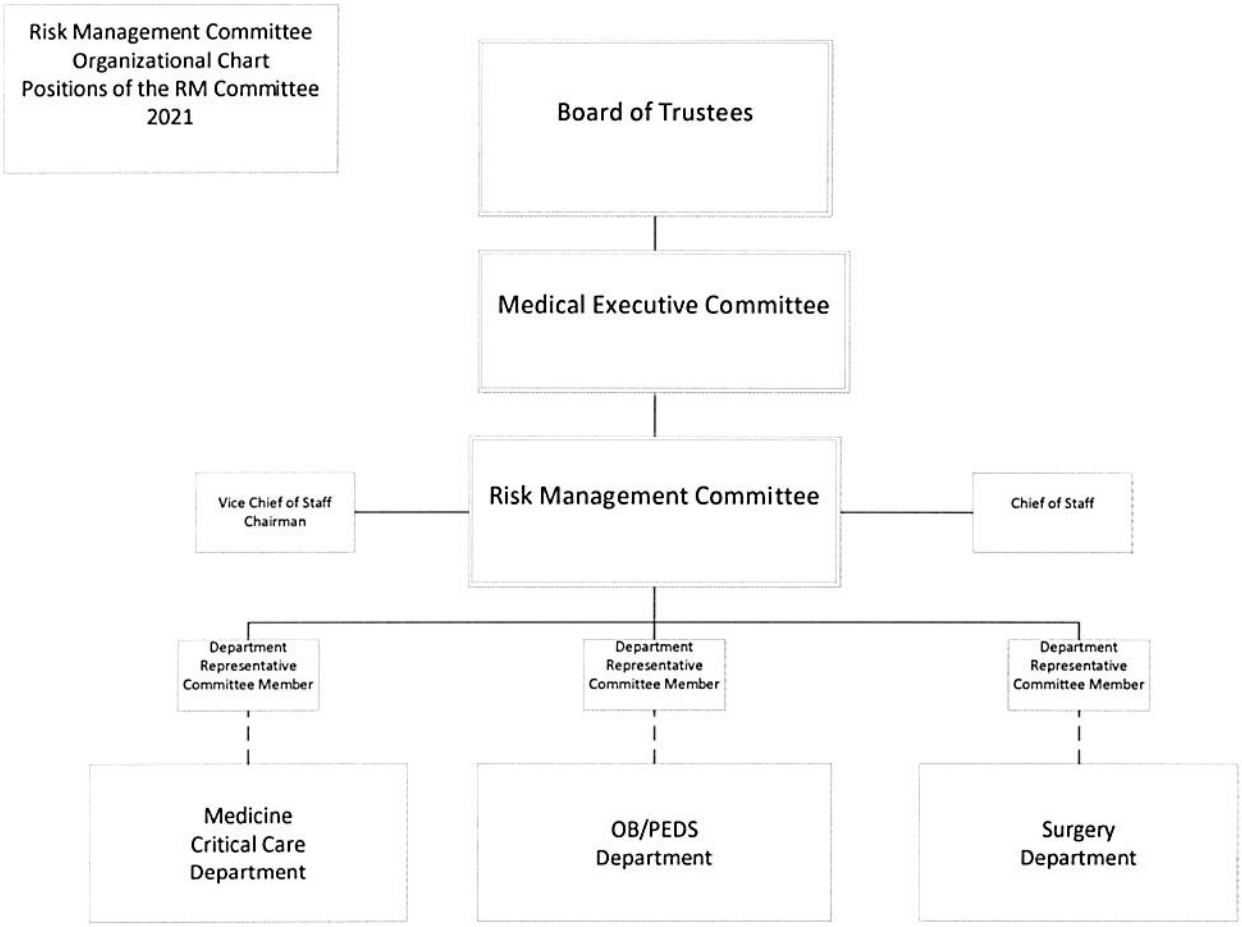
(29) claiming or using any secret or special method of treatment or diagnostic technique which the licensed psychologist refuses to divulge to the board;

(e) has been guilty of negligence or wrongful actions in the performance of duties;

(f) has knowingly submitted a misleading, deceptive, untrue or fraudulent misrepresentation on a claim form, bill or statement;

(g) has had a registration, license or certificate as a psychologist revoked, suspended or limited, or has had other disciplinary action taken, or an application for registration, license, or certificate denied by the proper regulatory authority of another state, territory, District of Columbia, or another country.

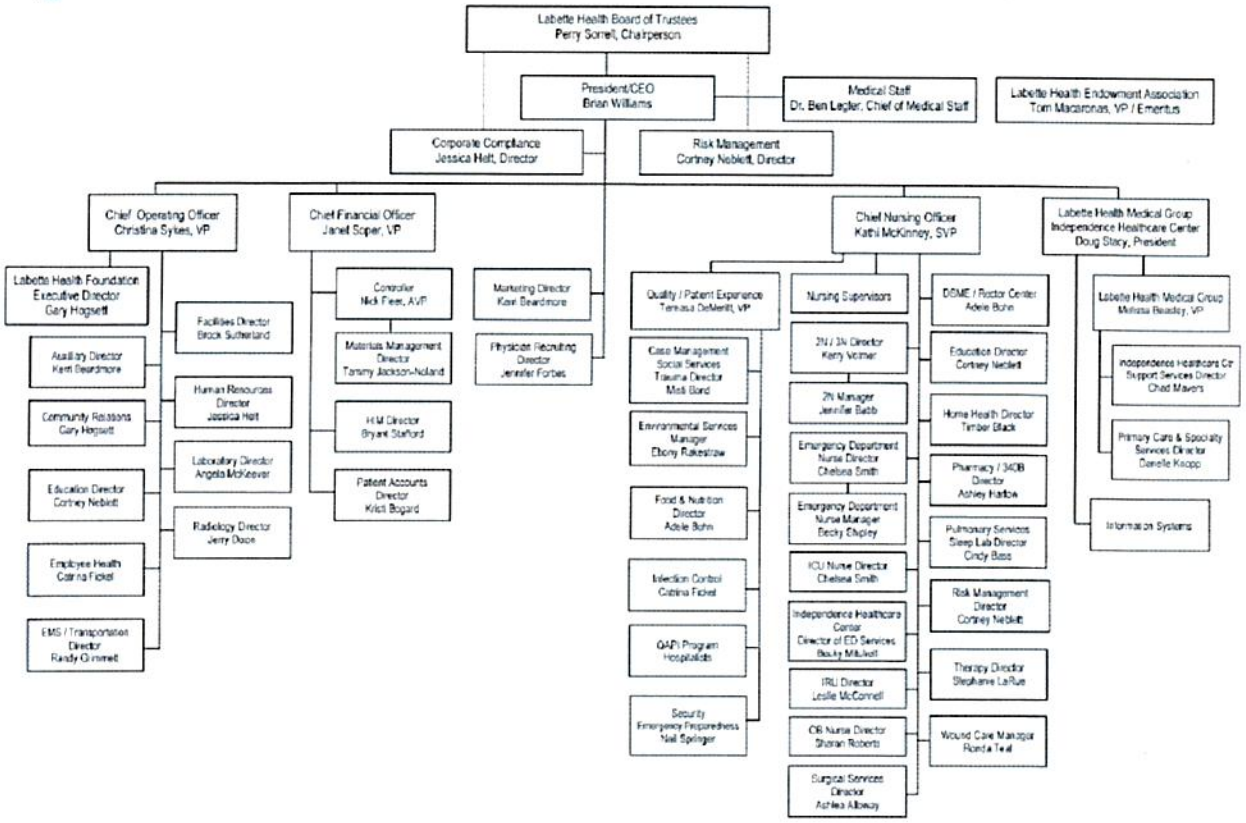
Appendix E


Risk Management Committee
Organizational Chart
Positions of the RM Committee
2021
Board of Trustees
Medical Executive Committee
Risk Management Committee
Vice Chief of Staff
Chairman
Chief of Staff
Department
Representative
Committee Member
Department
Representative
Committee Member
Department
Representative
Committee Member
Medicine
Critical Care
Department
OB/PEDS
Department
Surgery
Department

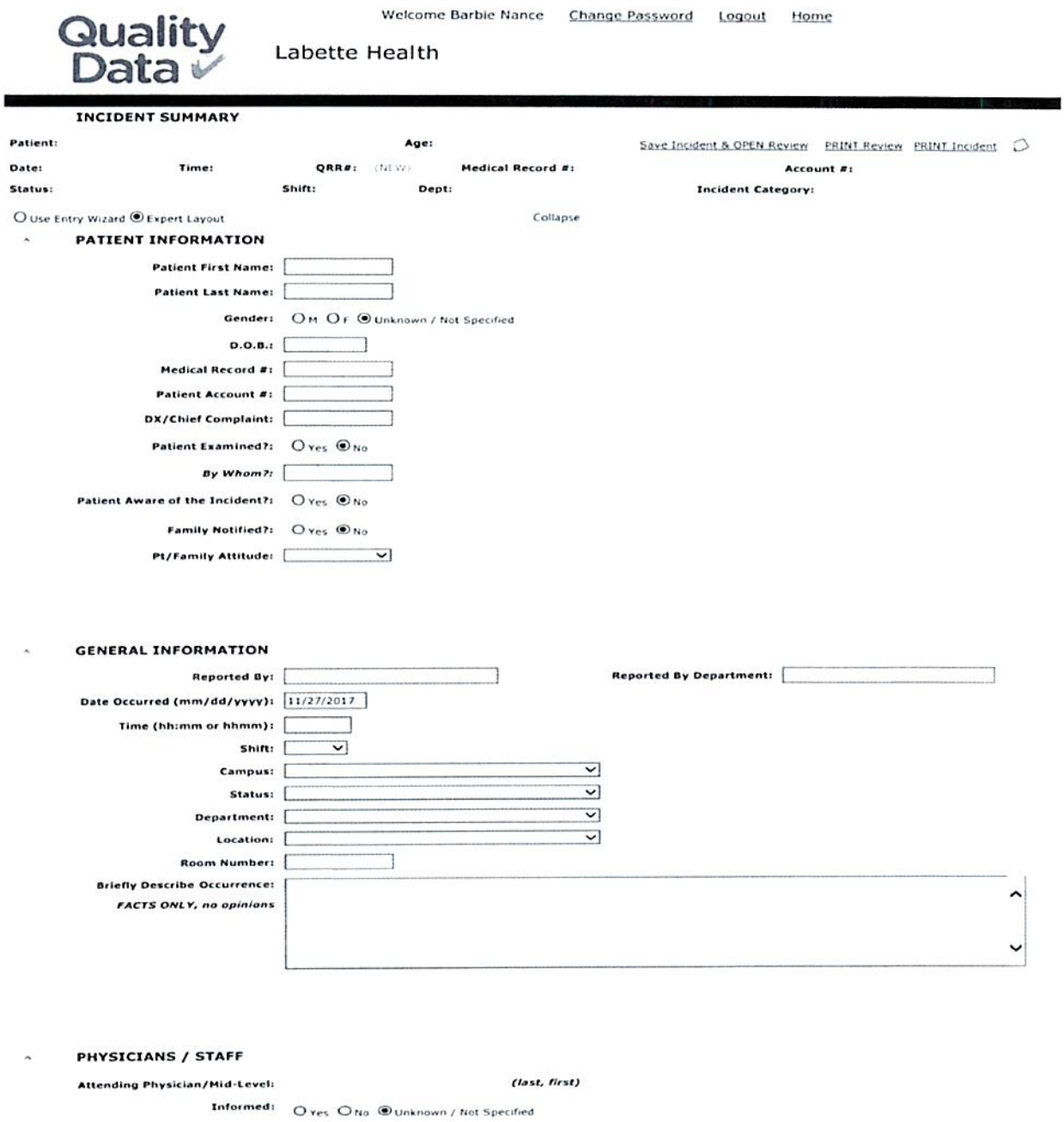
Labette Health
We Center Around You.

ORGANIZATIONAL CHART 2024

August 20, 2024



APPENDIX F



Welcome Barbie Nance Change Password Logout Home

Quality Data

Labette Health

INCIDENT SUMMARY

Patient: Age: Save Incident & OPEN Review PRINT Review PRINT Incident

Date: Time: QRR#: (NEW) Medical Record #: Account #:

Status: Shift: Dept: Incident Category:

Use Entry Wizard Expert Layout Collapse

PATIENT INFORMATION

Patient First Name:

Patient Last Name:

Gender: M F Unknown / Not Specified

D.O.B.:

Medical Record #:

Patient Account #:

DX/Chief Complaint:

Patient Examined?: Yes No

By Whom?:

Patient Aware of the Incident?: Yes No

Family Notified?: Yes No

Pt/Family Attitude:

GENERAL INFORMATION

Reported By: Reported By Department:

Date Occurred (mm/dd/yyyy): 11/27/2017

Time (hh:mm or hhmm):

Shift:

Campus:

Status:

Department:

Location:

Room Number:

Briefly Describe Occurrence:
FACTS ONLY, no opinions

PHYSICIANS / STAFF

Attending Physician/Mid-Level: *(last, first)*

Informed: Yes No Unknown / Not Specified

Time Informed:

Why Not Informed?:

Personnel/Staff Involved +

No Persons Involved

INCIDENT DETAILS

Near Miss ☐ NEAR MISS

Severity of Outcome:

Incident Category:

Save | Save & Submit | Delete Incident | Close