

 <p>HAWAII HEALTH SYSTEMS CORPORATION "Quality Healthcare For all"</p> <p>POLICY</p>	<p>Department: General Counsel</p>	<p>Policy No.: ADM 0027A</p>
	<p>Issued by: Alice M. Hall VP & General Counsel</p>	<p>Revision No.: 1</p>
<p>Subject: Risk Management Policy</p>	<p>Approved by: <i>Carol VanCamp</i> HHSC Board of Directors By: Carol A. VanCamp Its: Secretary/Treasurer</p>	<p>Effective Date: June 20, 2013</p>
		<p>Supersedes Policy: November 13, 2008</p> <p>Page: 1 of 2</p>

Last Review: May 9, 2013; Next Review: May 9, 2016

I. Purpose: HHSC supports the establishment of a just culture which emphasizes implementing evidence-based best practices, learning from error analysis, and providing constructive feedback, rather than blame and punishment. In a just culture unsafe conditions and hazards are readily and proactively identified, medical or patient care errors are reported and analyzed, mistakes are openly discussed, and suggestions for systemic improvements are welcomed. Individuals are still held accountable for compliance with medical standards, patient safety and risk management practices. As such, if the investigation of an event or error reveals substandard medical care, reckless behavior or willful violation of policies, disciplinary actions can and will be taken.

II. Policy: The HHSC Board and the respective Regional Boards have overall responsibility for the effectiveness of the program and to provide the necessary resources for risk management activities in the facilities. Those responsibilities are necessarily dependent upon regular data, reports and input from the facilities which summarize ongoing and anticipated risks that may affect the organization's finances. The regional executive management teams will ensure that the boards receive the information needed to provide effective oversight of the risk management function.

All the HHSC facilities, including clinics, are required to establish and implement effective risk management programs consistent with this policy. It is the responsibility of all HHSC employees, volunteers, medical staff, and vendors to participate in and support these risk management efforts by complying with the programs adopted by the facilities and approved by the respective boards of directors.

A. Authority and Role of the Corporate Office.

The HHSC corporate office will provide to the facilities risk management consultative support, legal and claims management advice, insurance services, and related assistance in achieving these goals. The Corporate office will also develop and maintain a risk management plan.

The Corporate Director of Risk Management, the VP/Chief Medical Officer, and VP/General Counsel are empowered by the HHSC Board to assist the facilities in implementing the functions and activities of the risk management program. Other corporate office staff may also be involved by providing financial, technical, human resources, or other advice and support in a manner that helps reduce risk to the organization. Risk management reports will be submitted at least quarterly to the Board Quality Improvement & Patient Safety Committee.

B. Periodic Review of the Risk Management Program.

The facility, regional and corporate risk management programs will be reviewed, updated, and approved annually or more often if needed. Dated signatures and titles from appropriate parties should be obtained at the time of the approval.

C. Annual Evaluation of the Risk Management Program.

The facility, regional and corporate risk management programs will be evaluated and approved by the respective boards annually. Recommendations for enhancements will be incorporated into the program prior to final approval.

III. Applicability: This policy applies to all HHSC facilities.

IV. Reference:

HRS Chapter 323F-7

HRS Chapter 663-1.7