

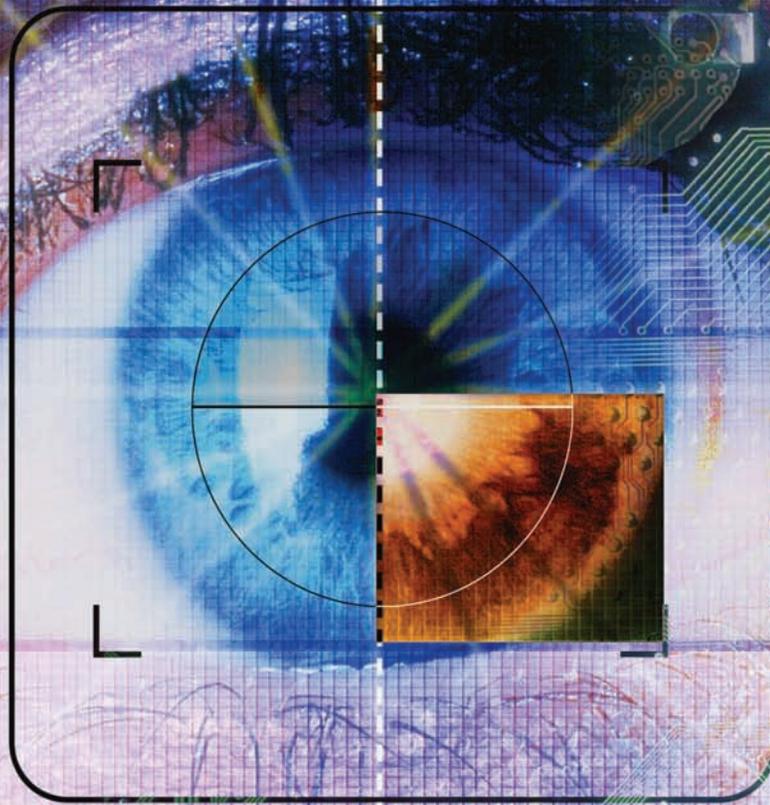
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Small-Scale Grant Awards Programs:

Professional Liability Insurance Partnerships with Providers Aim to Reduce Claims and Improve Patient Safety

In growing numbers, medical professional liability (MPL) insurers are tapping into a wealth of expertise, innovation, and energy by awarding small grants to fund patient safety, claims reduction, and loss prevention initiatives that are developed by the healthcare providers they insure, with promising results.



The W. Martin Smith Award Program, established by the University of Florida's Academic Medical Center Self-Insurance Program (SIP) and Continuing Medical Education office (CME), is a well-recognized example of just how much a small amount of funding, for projects designed by insured providers, can accomplish in improving patient safety and reducing the potential for claims and lawsuits.

Award program background and philosophy

The University of Florida Self-Insurance Program is the professional liability entity for the six colleges of the University of Florida Health Science Center and the health-related colleges at Florida State University, University of Central Florida, Florida International University, and Florida Atlantic University. In the latter part of 2011, SIP collaborated with the University of Florida's Office of Continuing Medical Education (UF CME) to expand upon the existing UF CME

clinical quality award program to form the W. Martin Smith Interdisciplinary Patient Quality and Safety Award Program (IPQSA).

Intrinsic to the Smith program philosophy is that by financing provider-resourced projects, the passion, vitality, and expertise of these healthcare professionals working directly in their local area of interest will have a high probability of directly advancing patient safety, reducing claims, providing a substantial impact in the short term, and then becoming self-sustaining in the long term.

By providing resources to several small, focused projects that complement claims reduction and patient safety objectives, as opposed to investing in large, long-term, multi-initiative projects, the program is seeing multiple simultaneous improvements over a short period.

Award framework

The Smith Awards are presented twice annually and do not exceed \$25,000. The Smith Award selection process has been very competitive, with approximately three

applications submitted for every grant awarded. Successful award applicants typically take a multi-disciplinary approach to their projects, and they have a strong implementation plan that includes a sound methodology for evaluating their project's impact and sustainability.

To help ensure early compliance with award criteria, a "letter of interest" is required 30 days in advance of the project application due date. Following review of each letter of interest, feedback is provided to the applicant. An interdisciplinary selection committee, comprised of physicians, quality officers, patient safety and risk management professionals, nurses, administrators, and medical-legal attorneys, then reviews the accepted award applications against established criteria, to ensure objectivity in the selection process.

If an applicant's project is selected for a Smith Award, the project's principal investigator executes a grant agreement that specifies award criteria and grantee responsibilities, including the submission of quarterly progress reports and a brief mid-point presentation that is made to award administrators and the next cycle of awardees.

Smith Award recipients are required to complete their projects within 18 months. Projects must be approved by the University of Florida Institutional Review Board (IRB) prior to the release of award funds. Strict budget parameters prevent the use of award funds for offsetting what would more appropriately be categorized as a capital budget expense item, such as clinical equipment. Upon completion of their projects, award recipients must also create a CME approved program, a peer-review publication, or some other scholarly activity.

Award program participation

Since the initial Smith Awards, in January 2012, the partnership between the UF CME office and SIP has resulted in more than \$441,750 awarded to fund 27 grants that address a wide variety of improvement initiatives (Table 1).

Because a large percentage of the Smith Award projects are still currently within their 18-month cycle of implementation, impact analyses and claims reduction efforts are of necessity pending on many projects. However, several funded projects are yielding very promising results.

One award was given to Dr. Linda Le-Wendling, MD, Assistant Professor, University of Florida, to develop a simulation model for the education in the physiology, detection, and management of venous air embolism. Venous air embolism is the introduction of atmospheric air into the bloodstream of a patient, which can result in hypoxemia, hypotension, electrocardiographic changes, altered mental status, stroke, unconsciousness, cardiac arrest, and death.

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Air entering the bloodstream is usually iatrogenic, meaning it is introduced by a medical provider as a direct result of a medical intervention that in many cases is preventable. It can be introduced through any existing intravenous access (peripheral IV line, central line, PICC line), through surgical incision, through any procedure that might damage a vein or artery (endoscopy), or through traumatized vessels (trauma patient). Venous air embolism has resulted in significant morbidity and mortality in the modern medical era. A lack of awareness of the presence and complications of venous air embolism by providers has resulted in MPL actions for failure to diagnose, treat, and, most importantly, prevent their occurrence.

In her Smith Award project, Dr. Le-Wendling created an online educational module to teach medical staff preventive measures and improve an understanding of venous air embolism and why it is important to reduce its occurrence. Using a graph representation model in an animated video, the education module addresses possible scenarios and ways to detect and diagnose venous air embolism, as well as a management algorithm. Post-test development was designed to confirm knowledge retention and awarding of CME credit.

Upon completion of provider education, a review of patient records measures the incidence of venous air embolism before and after implementation. It is anticipated that the data analysis will reveal

that this new CME has resulted in a lower incidence of air embolism and improved patient outcomes.

Multiple stakeholder benefits

Although the Smith Awards were developed in an academic medical setting, the concept is being adapted for a variety of healthcare venues, such as long-term and ambulatory-care settings. Modest funding by MPL carriers provided to their insureds' locally focused projects represents a joint investment in patient safety and claim reduction initiatives. Collaboration among business partners who share similar goals and objectives, such as the University of Florida Self-Insurance Program and Continuing Medical Education Office, can exponentially increase the opportunities for provider projects.

Patients are crucial beneficiaries of these projects by way of safer, more effective care. Providers and facilities gain the benefits of higher patient satisfaction, fewer adverse events, and lower premiums for sustained loss prevention improvements. MPL insurers can realize reduced claims and improved loss results; they also demonstrate their ongoing trust in their insured providers: in their success, ingenuity, and commitment to excellent patient care. 

For related information, see
www.flbog.sip.ufl.edu/cqap/index.php



Table 1 Projects Funded

Project Title	Award Amount
Improving Patient and Family Centered Care: A Family Partner for the Inpatient Unit at Shands Hospital for Children at the University of Florida	\$23,050
Developing a Second Victim Staff Pilot Program for the Consequences of Unanticipated Clinical Events	\$24,381
Implementation of a Hospital Based Discharge Intervention to Improve Heart Failure Readmissions	\$24,540
Implementation of a Prospective Quality Assessment Program for the UF-Shands Breast Cancer Program	\$27,318
Prehospital Sepsis Recognition	\$24,974
Venous Air Embolism (VAE): A Widespread and Likely Fatal Complication and the Development of a Multidisciplinary Simulation Model for the Education of the Physiology, Detection and Management of VAE	\$25,000
Management of the Traumatic Brain Injury Patient in Acute Care	\$15,000
Impact of Structured Support Group on Quality of Life & Disease Course in Teenagers with Inflammatory Bowel Disease	\$11,069
Implementation of a Protocol, for Early Identification & Management of Sepsis, Severe Sepsis/Septic Shock Patients—An Institution Wide Multidisciplinary Collaborative	\$25,000
Improving Physician/Patient Communication with AIDET (Acknowledge, Introduce, Duration, Explanation Thanks)	\$5,131
Medication Error by Hospitalized Patients and Analysis of Patient Satisfaction Using a Daily Medication List	\$10,700
Best Fed Beginnings: A First Step	\$15,000
The Effect of a Pain Management Protocol on Postoperative Neurosurgical Pain	\$24,200
Impact of Collaborative Care Services for High-Risk Patients after Discharge from a Large Urban Academic Medical Center	\$11,113
Building Infrastructure to Develop and Promote a Culture of Safety: A Pilot Program for General Surgery Patients	\$24,975
Pressure Ulcers: Crisis of Prevention	\$24,100
Implementation of Obstetric Emergency Simulation Drills	\$20,000
Communication Intervention to Improve Patient Experience during a Genetic Counseling Visit: Pre-Visit Pilot Project	\$18,900