

# *Standardizing and Streamlining Risk Management Workflow with a Comprehensive Data Management System*



# Meet Your Presenter



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\*Disclaimer: I have no real or perceived conflicts of interest that relate to this presentation



# Learning Objectives

- Considerations when evaluating new systems
- Workflow standardization and streamlining
- Compliance with CMS regulations



# Global Impact

## Las Vegas

Center for brain health  
Concierge health services

## Ohio

Main Campus and 15 regional hospitals with a total of 5,050 beds

## Toronto

2 locations for executive health and sports health services  
Virtual express care

## London

185-bed hospital  
2 outpatient centers

## Abu Dhabi

400-bed hospital and cancer center

## Florida

5 hospitals with 1,090 beds

In-country representatives in 13 nations to connect patients around the world with Cleveland Clinic care

**83K**

caregivers worldwide



# 2025 Global Data

**3.6M**

unique  
patients  
worldwide

**15.9M**

patient  
encounters  
worldwide

**14.4M**

outpatient  
encounters

**343K**

admissions  
and  
observations

**336K**

surgeries and  
procedures

**995K**

emergency  
department  
visits



# Clinical Risk Management

Ohio

- 16 hospitals
- 18 Clinical Risk Managers

Florida

- 5 hospitals
- 8 Clinical Risk Managers

# 2025 Risk Numbers

3,368  
database  
entries

XX  
Sentinel  
Events

XX  
Serious  
Safety Events

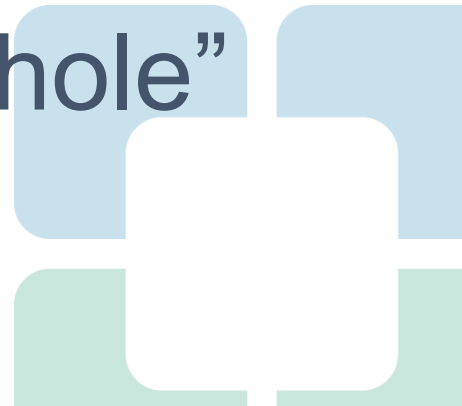
# New System Goals

- Comprehensive
- Encompass all CRM work product
- Integrate with Enterprise Risk Management (ERM)
- Track and trend
- Eliminate duplicative work



# Comprehensive

- Previous system in use since 2015
  - Limited capabilities
  - Difficult searches
- Adaptable and easy to update
- Data and reporting abilities
- Transfer previous records to create “whole” dataset



# CRM Work Product

Root Cause  
Analysis

Disclosure

Bill Hold and  
Adjustments

Phone Calls

Pages

Clinician  
Coaching

Drafting  
Documents

Meeting  
Prep

Leadership  
Notification



# Enterprise Risk Management

- Patient claims and legal requests
- Information sharing between departments



# Track and Trend

- Event commonalities
- Outcomes
- Root Cause Analysis average days to completion
- Disclosure average days to completion
- Goal to reduce Serious Safety Events (SSEs)



# Duplicative Work

- Safety Event Reporting System (SERS)
  - Information in and out
- Clinical Risk Database
  - Event summaries for various forums
  - Comprehensive files for Legal
- Manual entry errors



# Evaluation Methods

- Multiple risk database companies considered
  - Including upgrading current systems
- Integration of data fields and reports from previously used database
- Incorporation of new fields for future data reporting



# Evaluation Methods cont.

- Future-minded
- Root Cause Analysis tools
- Previous data and records transfer
- Maximize \$



# Building Our Database

- Previously used fields
- New fields
- Leveraging technology between systems
  - Electronic Medical Records
  - Safety Event Reporting System
  - Enterprise Risk Management



# Building Our Database cont.

- Report automation
- Dashboards
- Files and documents
- Florida legal protections



# Standardizing

Eliminate  
manual entry

- Reduces spelling errors
- Standardizes name configuration

Transfer data  
from linked  
systems

- Reduces “blanks”
- Removes copy and paste

# Eliminate Manual Entry

## Patient Information/Demographics

Patient Search

MRN:

89181427

First Name:

Carebear

Last Name:

Zzzztest

Marital Status:

Married

Deceased?

false

Death Date:



Medical Location:

CCF

Date of Birth:

05/05/1973



Age at Event:

Patient Insurance:

## SQPE Team

SQPE Director:

Smith, John



Senior SQPE:

Taylor, Jane



SQPE Specialist:

Jones, Michael



- Utilize “search” and “look up” functions



# Eliminate Manual Entry cont.

Caller Name: John Jacobs

**Caller Role:** - None Selected -

Sentinel Pager Type: - None Selected -

Risk Manager: Hospital/Dept./Institute Leadership

Back-up Risk Manager: SQPE

**SQPE Team**

SQPE Director: NOM

Senior SQPE: Manager/Supervisor

SQPE Specialist: Case Manager/Social Work

Physician

Nurse

Ombudsman

Other

Caller Name: John Jacobs

Caller Role: Manager/Supervisor

**Sentinel Pager Type:**

Risk Manager: Abuse Allegation

Back-up Risk Manager: AMA/Elopement

**SQPE Team**

SQPE Director: Baker Act (FL)

Senior SQPE: Bioethics

Caregiver Support

Consent/POA/Capacity

FYI

Legal

- Utilize dropdown selections

# Transfer Data from Linked Systems

## Patient Information/Demographics

MRN: 89181427  
First Name: CAREBEAR  
Last Name: ZZZZTEST  
Date of Birth: 05/05/1973  
Age at Event: 51

## Event Information

Event Number: 821487  
Location: Hillcrest Hospital

## Intake

Case Overview: ✔ SERS  
Initial Intake Date: 01/15/2025  
Event Date: 01/15/2025

## Safety Event Report Information

SERS Event Number: 821487  
Entered Date: 01/15/2025  
SERS Description: This is a TEST entry for Clinical Risk Management use only.

## Initial SERS Information

Initial SERS General Event Type: Care/Treatment/Service  
Initial Specific Event Type: Provision of Care/Monitoring/Treatment  
Initial Severity Level: 3 - Temporary Harm (Mild or Moderate)

- Transfer data from Safety Event Reporting System

# Streamlining Workflow

## Eliminate duplication

- Transfer data between systems
- Work within one system

## Create documents

- Templates generated from system fields
- Email from the system

## Automation

- Reports
- Alerts to Leadership

# Transfer Data Between Systems

- Starts in Safety Event Reporting System
- Three times per day
  - 8 am, 12 pm, 4 pm
  - File import / export in both systems
- Ends in Risk data management system



# Transfer Data Between Systems cont.

<b>Initial SERS Information</b>	
Initial SERS General Event Type:	Care/Treatment/Service
Initial Specific Event Type:	Provision of Care/Monitoring/Treatment
Initial Severity Level:	3 - Temporary Harm (Mild or Moderate)



<b>Final SERS Information</b>	
Final SERS General Event Type:	Surgery or Procedure
Final Specific Event Type:	Complication or Unanticipated Outcome
Final Severity Level:	2: No Harm

- We may need to change final information to accurately reflect event type and severity (harm) level
- Working within one system



# Transfer Data Between Systems cont.

## CRM Follow Up/Sign OFF: \*

- Code 15
- Annual Reportable
- Clinical Risk Management investigation complete
- RCA Completed
- Meets sentinel event criteria
- Validated as a Serious Safety Event
- Final Severity Level De-escalated
- No Identified Safety Event
- Due to Patient's Underlying Condition
- Standard of Care Met - No Deviations Noted
- Local Leadership Follow Up Required
- No further Clinical Risk Management involvement is warranted
- Clinical Risk Management signs off
- CAP draft completed and moving forward for approval and sign off
- Other—see Follow-Up note

## SERS Trigger

Send Final SERS Information:

- Risk data management system

# Transfer Data Between Systems cont.

**Resolution and Outcomes**

Resolutions and outcomes of the event

CRM Follow Up/Sign Off:

<input type="checkbox"/> Code 15	<input checked="" type="checkbox"/> Due to Patient's Underlying Condition
<input type="checkbox"/> Annual Reportable	<input type="checkbox"/> Standard of Care Met - No Deviations Noted
<input checked="" type="checkbox"/> Clinical Risk Management investigation complete	<input type="checkbox"/> Local Leadership Follow Up Required
<input type="checkbox"/> RCA Completed	<input checked="" type="checkbox"/> No further Clinical Risk Management involvement is warranted
<input type="checkbox"/> Meets sentinel event criteria	<input checked="" type="checkbox"/> Clinical Risk Management signs off
<input type="checkbox"/> Validated as a Serious Safety Event	<input type="checkbox"/> CAP draft completed and moving forward for approval and sign off
<input checked="" type="checkbox"/> Final Severity Level De-escalated	<input type="checkbox"/> Other—see Follow-Up note
<input checked="" type="checkbox"/> No Identified Safety Event	

- Safety Event Reporting System



# Document Creation

## Clinical Risk Management

### Bill Hold Request / Adjustment Instructions / Release Request

[Link to guideline](#)

TO: [PFSSCRM@ccf.org](mailto:PFSSCRM@ccf.org) (Customer Service – Financial Ombudsman)

FROM: Alison Kennat

RE: 89181427 Carebear Zzzztest

Location: Hillcrest Hospital

Service Type  Inpatient  Outpatient / Ambulatory Surgery / Observation  Emergency

Is there specialty billing?  House Physicians  Emergency Room Physicians

Professional Radiology  Professional Pathology

Anesthesia  Laboratory  CC Children

CC Dentistry  Home Care Nursing  Home Health

Home Infusion  Home Care Respiratory Therapy

**DATE OF HOLD REQUEST:** 4/1/2026

**\*\*Hold applies to both insurance and patient billing at this time\*\***

**Description of Event:** Test record for OHA slide screenshots

**HOLD Instruction:** Hold bills for admission on 3-15-2026 through 3-25-2026 in anticipation of adjustment due to need for return to surgery.

Request itemized statement of hold accounts:  Yes  No



# Automation

## Process Information

Name: CRM SSE Report - Multiple Institute  
Type: Basic Sql Export  
Manual Run: Not configured.  
Run As System Process User: Yes  
When Run Manually:  
Last Run: 04/04/2026 at 12:31 PM  
Status: **SUCCESS**

Schedule: Run on the 4th of each month at 11:30 AM (UTC-06:00) Central Time (US & Canada). Next Run: 05/04/2026 12:30 PM [Edit](#) [Delete](#)  
[Add Another](#)

- Monthly report to update a quality dashboard



# Automation cont.

- Claims creation based on Legal meeting outcome
  - Saves 3-4 hours/month
- Email alerts to Leadership following validation of a Serious Safety Event



# CMS Patient Safety Structural Measure



OMB No. 0920-0666  
Exp. Date: 12/31/2027  
www.cdc.gov/nhsn

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## PATIENT SAFETY STRUCTURAL MEASURE

\*required for saving  
Facility ID:

\*Survey Year:

Attest whether the hospital engaged in the following activities. Select all that apply (Note: affirmative attestation of all statements within a domain is required for the hospital to receive a point for the domain).

Attestation Statements		Attest		Domain Score
		YES	NO	
<b>Domain 1: Leadership Commitment to Eliminating Preventable Harm</b>				
*D1-A	Our hospital senior governing board prioritizes safety as a core value, holds hospital leadership accountable for patient safety, and includes patient safety metrics to inform annual leadership performance reviews and compensation.			
*D1-B	Our hospital leaders, including C-suite executives, place patient safety as a core institutional value. One or more C-suite leaders oversee a system-wide assessment on safety (examples provided in the Attestation Guide), and the execution of patient safety initiatives and operations, with specific improvement plans and metrics. These plans and metrics are widely shared across the hospital and governing board.			
*D1-C	Our hospital governing board, in collaboration with leadership, ensures adequate resources to support patient safety (such as equipment, training, systems, personnel, and technology).			
*D1-D	Reporting on patient and workforce safety events and initiatives (such as safety outcomes, improvement work, risk assessments, event cause analysis, infection outbreak, culture of safety, or other patient safety topics) accounts for at least 20% of the regular board agenda and discussion time for senior governing board meetings.			
*D1-E	C-suite executives and individuals on the governing board are notified within 3 business days of any confirmed serious safety events resulting in significant morbidity, mortality, or other harm.			



# CMS Patient Safety Structural Measure

- **Domain 1, Statement E:** *C-suite executives and individuals on the governing board are notified within 3 business days of any confirmed serious safety events resulting in significant morbidity, mortality, or other harm.*

“Serious safety events resulting in significant morbidity, mortality, or other harm” refers to an event judged by the clinical team OR the patient to be temporary major (e.g., burns, surgical materials left in patient, drug side effect, recovery delayed) or greater, including:

- Permanent minor (e.g., loss of fingers, loss or damage to organs, includes non-disabling injuries)
- Permanent significant (e.g., deafness, loss of limb, loss of eye, loss of one kidney or lung)
- Permanent major (e.g., paraplegia, blindness, loss of two limbs, brain damage), permanent grave (e.g., quadriplegia, severe brain damage, lifelong care, or fatal prognosis), and death.<sup>5</sup>

With regards to reporting time frame, some incidents may require more immediate reporting per state and local laws.

\*<https://www.cdc.gov/nhsn/pssc/pssm.html>



# CMS Structural Measure cont.

## Email Parameters

Email To: \*

Cc:

Bcc:

Subject: \* Notice to C-Suite Executives and Individuals on the Governing Board of

Email Type: - None Selected -

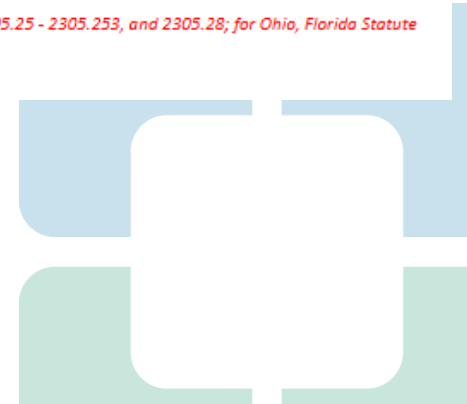
Body:



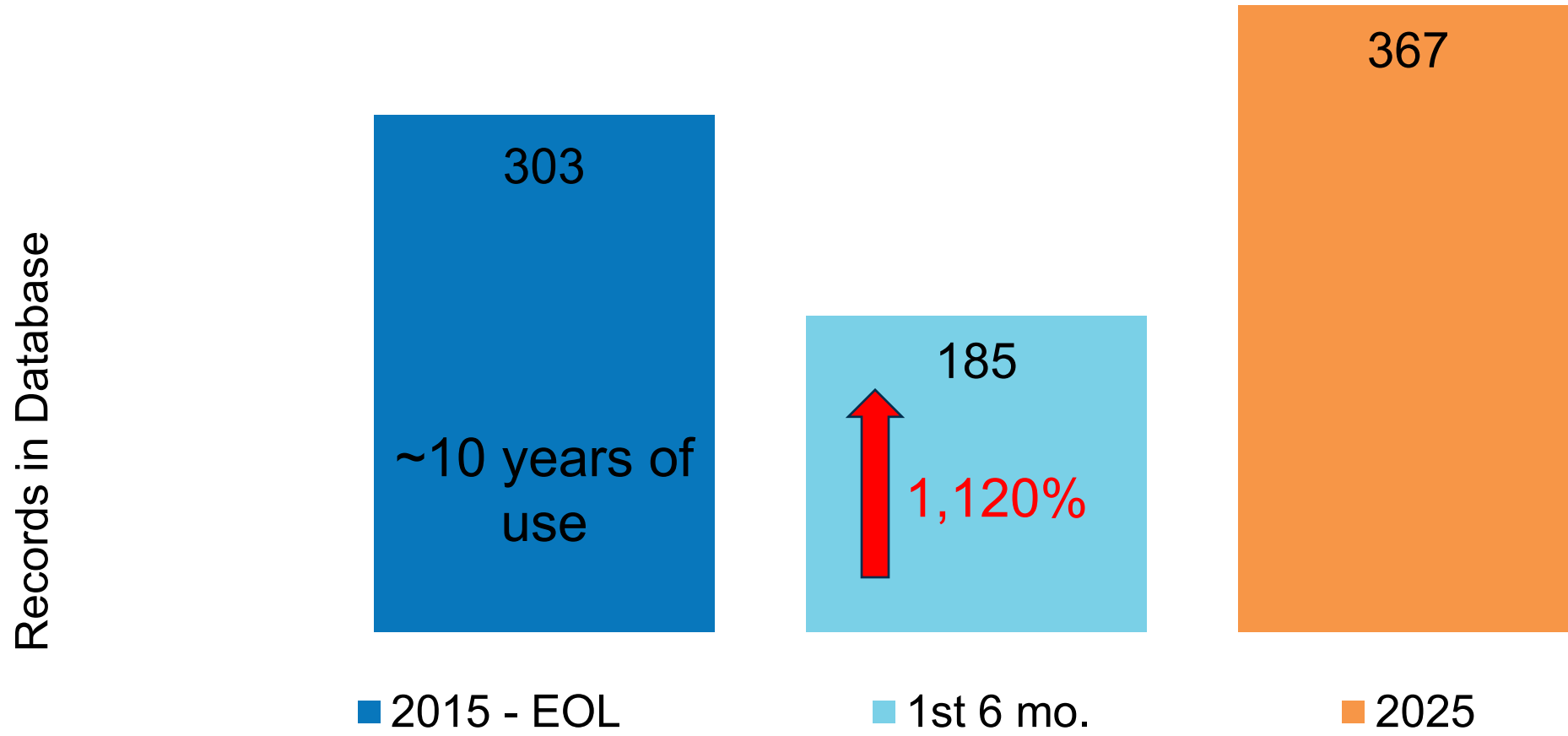
A potential safety event which occurred on **{This.#Event.EventDate}** at **{Hospital}** was validated as a serious safety event by the Enterprise Safety Event Review Team on **{ValidationDecisionFate}**. A brief description of the event follows: **{ShortSummary}**

For more information regarding this event, please contact the assigned Risk Manager, **{RiskManager}**

*All documents identified as quality improvement documents are held as confidential, privileged information protected by the Quality Assurance and Peer Review privileges as outlined in: Ohio Revised Code Sections 2317 (A), 2305.24, 2305.25 - 2305.253, and 2305.28; for Ohio, Florida Statute Sections 766.1016, 395.0193, 395.0191, 395.0197 for Florida and for all the Patient Safety and Quality Improvement Act of 2005, 42 U.S.C. Section 299b-21, et seq.*



# Impact for Florida



# Dashboards

Open RCAs

57

YTD Sentinel Events

63

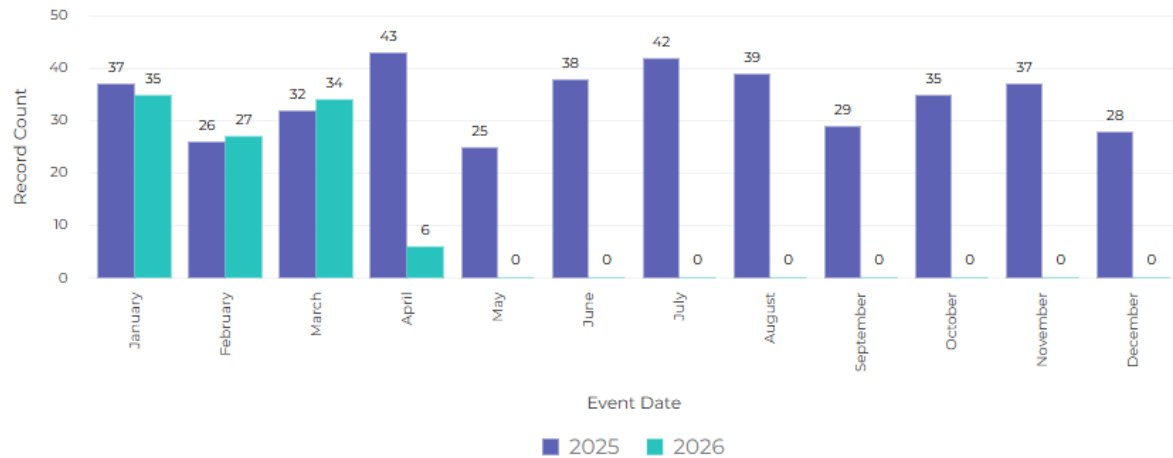
YTD SSEs

47

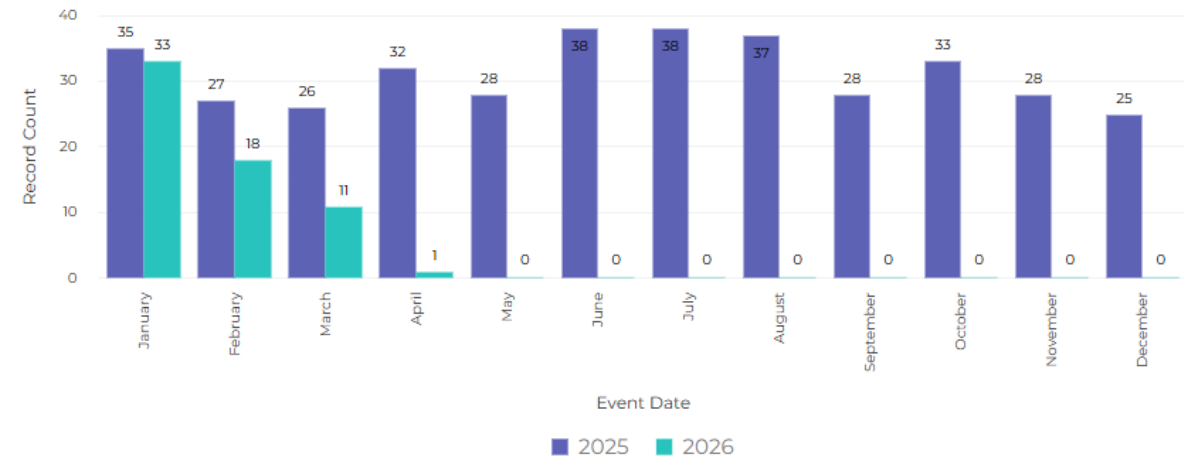
YTD Completed RCAs

54

RCAs Last Year vs This Year

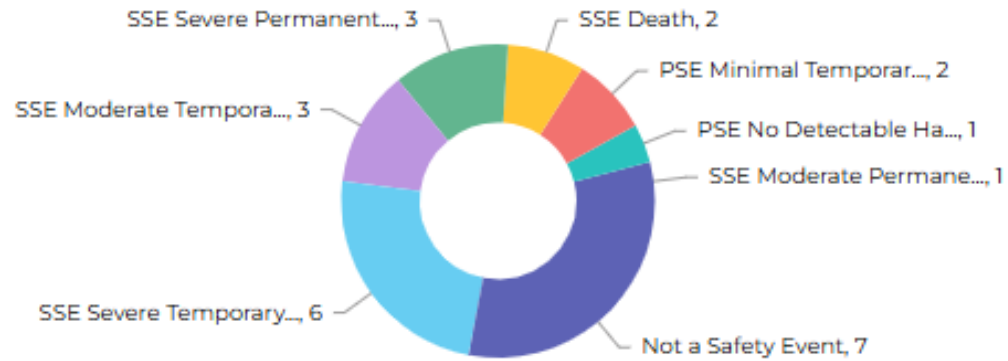


Sentinel Events Last Year vs This Year

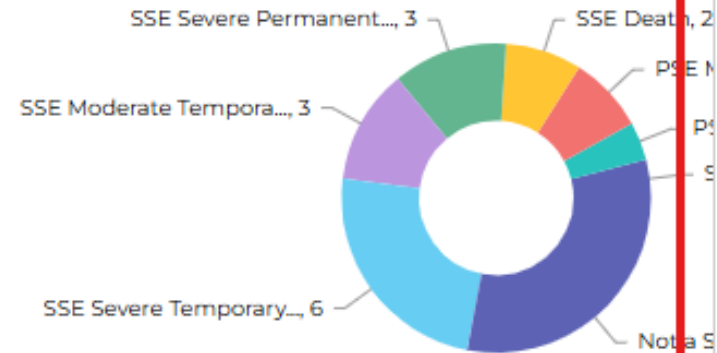


# Dashboards cont.

SEC Harm Scores for the Previous Month



SEC Harm Scores for the Previous Month



- Edit
- Refresh
- Full Screen
- Export to PDF
- Export to PNG
- Export to SVG
- Export to JPG
- Export to Excel
- Print
- Email as PDF

- Ability to Edit, Export, or Print any element

# Key Takeaways

- Building new systems takes time and specific considerations with foresight
- The right system can help your team immensely



# Questions?

**ESSENTIALS OF RISK MANAGEMENT:**

1. DON'T DO ANYTHING WRONG TODAY.
2. DON'T DO ANYTHING WRONG TOMORROW.
3. REPEAT.



GLASBERGEN



# Thank You!

## Contact Information:

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