KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
Risk Management Program
Confidential Quarterly Report Pursuant to KSA 65-4923(d)
Please type or use a black pen when completing this form.
Reports are due to KDHE within 30 days of each completed quarter.

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 report submitted. What Quarter? ___

Name of Facility _____ *CCN# (Format: Year – Number) _____

Address: _____

City: _____

Name and Title of Risk Manager: _____

Email address: _____

Phone Number: _____

Date Sent to KDHE: _____

*CCN is CMS Certification Number: If your facility is not CMS Certified, please list State ID#

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: _____

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Facility Name: _____ CCN#: _____

City: _____

1. Facility Type: ☐ Hospital ☐ Psychiatric Hospital ☐ Ambulatory Surgical Center ☐ Other

2. Year: _____
   Reporting Quarter: Jan. – March ☐ April – June ☐ July – Sept. ☐ Oct. – Dec. ☐

3. Total number of final SOC determinations by the facility's risk management program this quarter:
   a. _____ Total number of final SOC III (standard of care not met with injury occurring or reasonably probable) determinations.
   b. _____ Total number of final SOC IV (possible grounds for disciplinary action by the appropriate licensing agency) determinations.

4. Specify the individual number of reports submitted to each of the following licensing agencies:
   (Please note: Including the facility's Incident Report Number (IRN) ID number(s) 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.)

   #_____Board of Healing Arts – facility Incident Report Number(s) (IRN): _____
   #_____Board of Nursing – facility Incident Report Number(s) (IRN) : _____
   #_____Board of Pharmacy – facility Incident Report Number(s) (IRN): _____
   # ____ Dental Board – facility Incident Report Number(s) (IRN): _____
   # ____ KDHE – facility Incident Report Number(s) (IRN): _____
   #_____Other:_____
   (Specify other agency name) – Facility Incident Report Number(s) (IRN): _____

5. Indicate the category type of each individual incident/occurrence such as:

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

_____

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Nelleda L. Faria, RN, BSN, MBA, PMP, CPHRM

Risk Manager/OASIS Education Coordinator

KDHE / BCHS / Health Facilities Program

1000 SW Jackson St., Suite 330

Topeka, KS. 66612-1365

Ph: 785-296-4714

Fax: 785-559-4250

KDHE.Riskmanagement@ks.gov

Return this report to:

LaDonna Lee

Sr. Administrative Assistant/RM Coordinator

KDHE / BCHS / Health Facilities Program

1000 SW Jackson St., Suite 330

Topeka, KS. 66612-1365

Ph: 785-296-1249

Fax: 785-559-4250

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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.