



# KDHE Update

Cecilia Sherraden | April 8, 2026



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## Objectives

1. Discuss the recent trends in Risk Management reporting and survey results in order to prepare for a Risk Management survey.
2. Understand the Risk Management survey process.
3. Learn the new post-survey process.

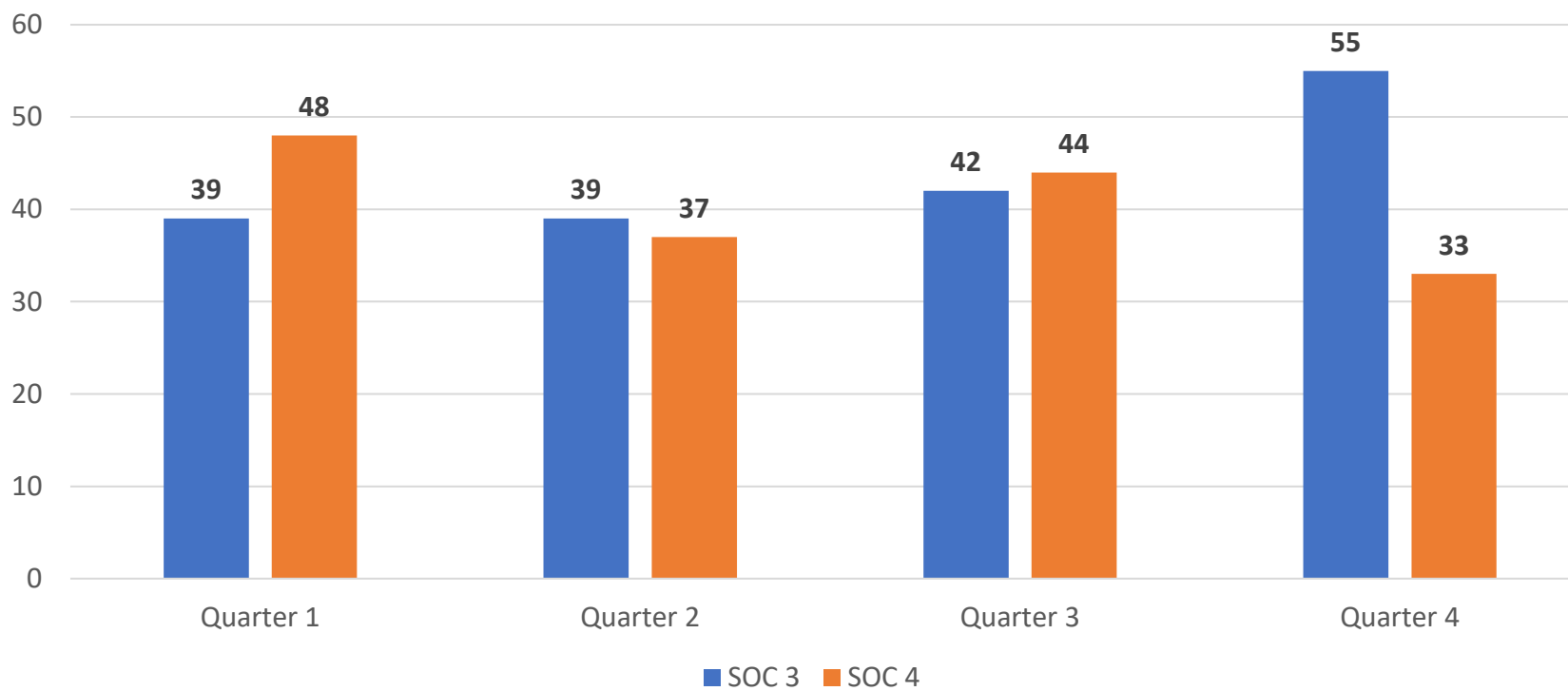
# Trends in Risk Management Reporting

## Trends in Risk Management Reporting

- First Quarter 2025: 41 out of 224 reports included reportable incidents.
- Second Quarter 2025: 34 out of 224 reports included reportable incidents.
- Third Quarter 2025: 43 out of 227 reports included reportable incidents.
- Fourth Quarter 2025: 31 out of 224 reports included reportable incidents.

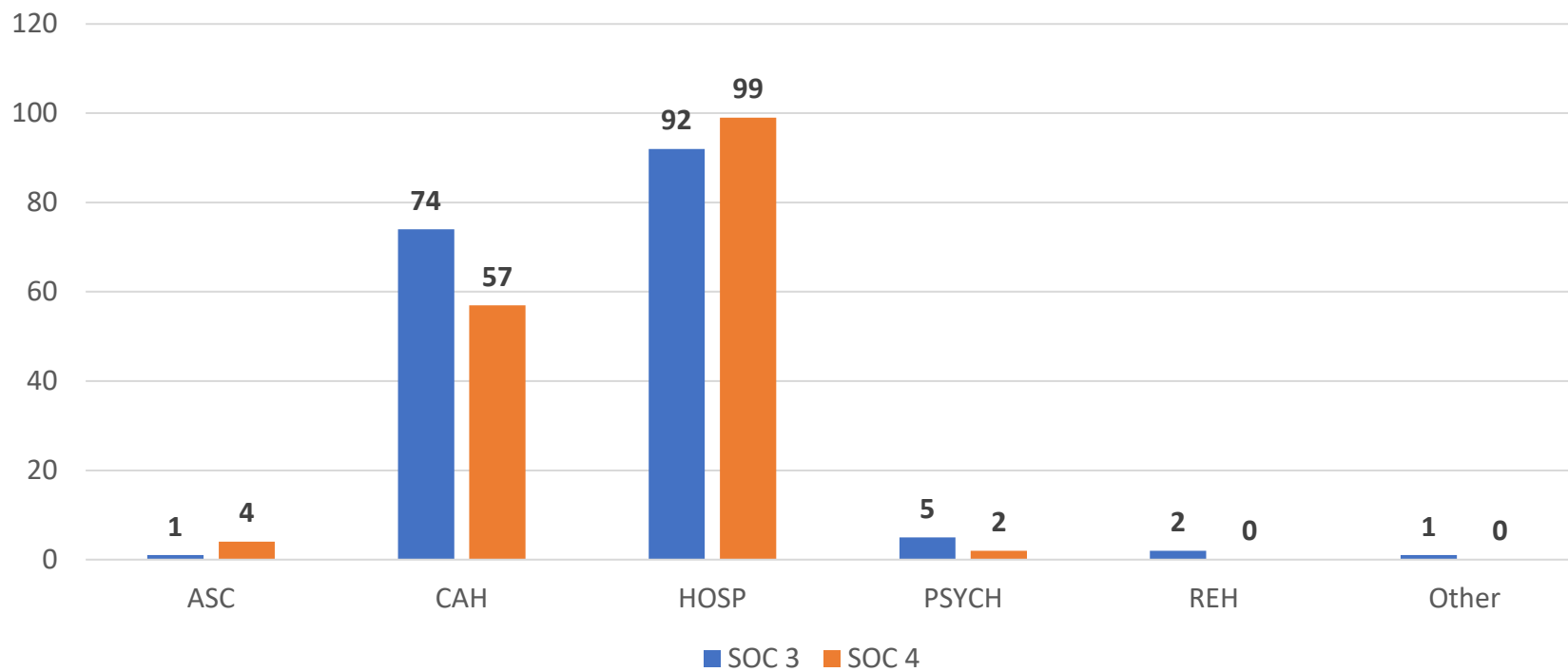
## 2025 Quarterly Reporting

Final SOC Determinations Reported in 2025



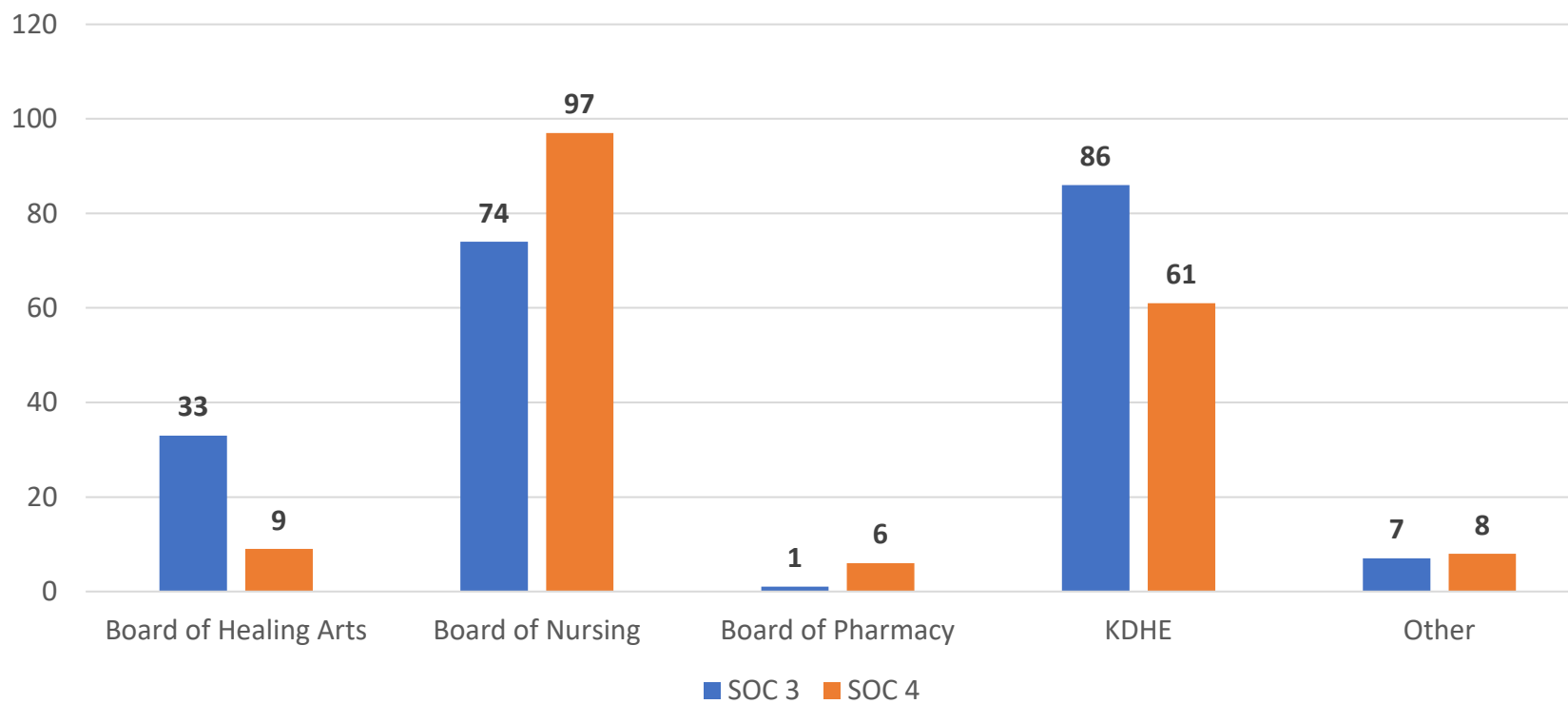
## 2025 Quarterly Reporting

Final SOC Determinations Reported by Facility Type in 2025



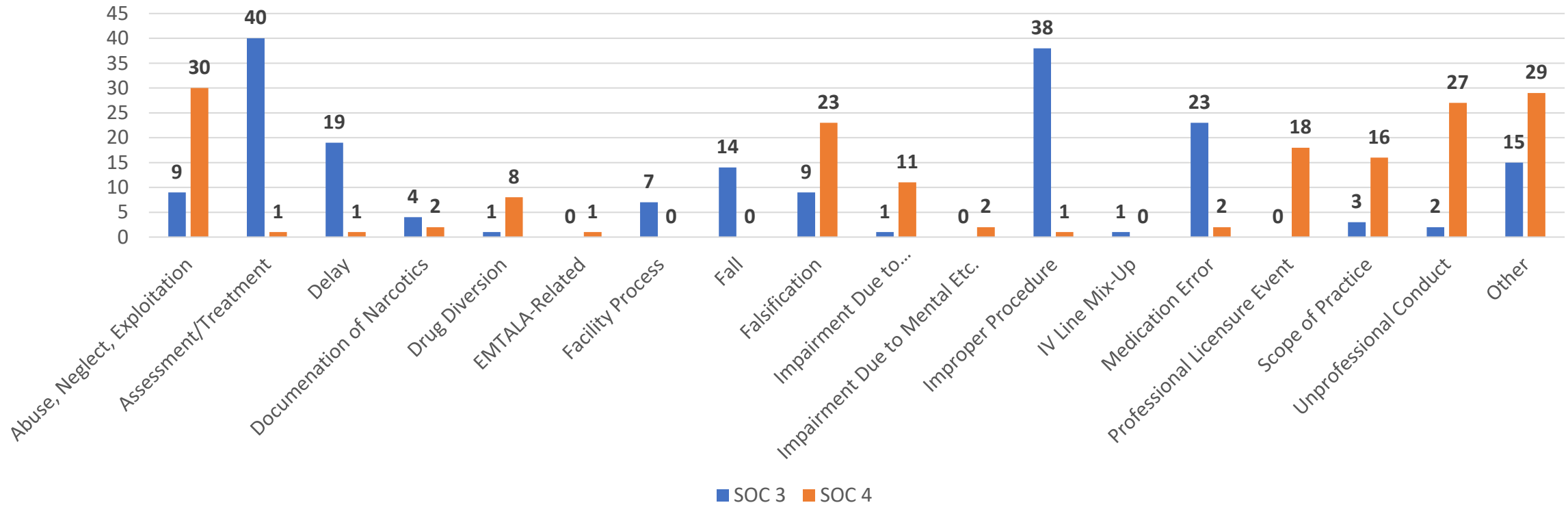
## 2025 Quarterly Reporting

SOCs Reported to Licensing Agencies in 2025



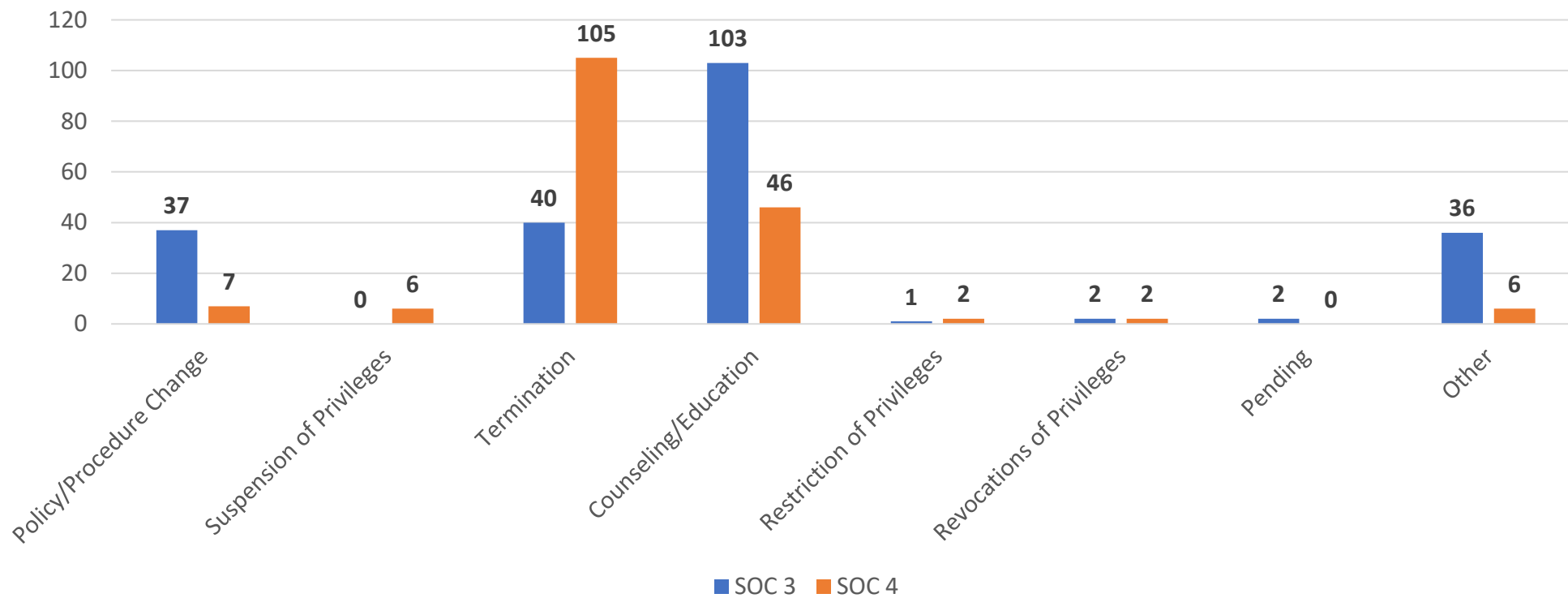
## 2025 Quarterly Reporting

Incident Category Types Reported in 2025



## 2025 Quarterly Reporting

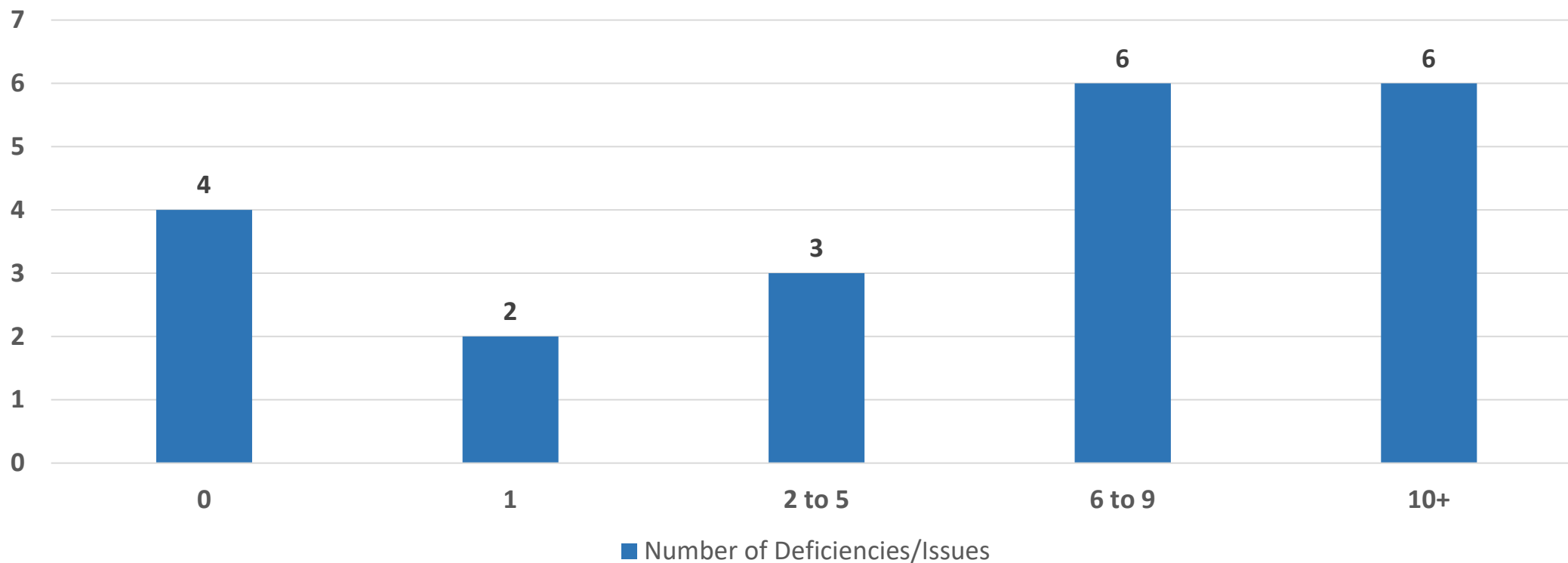
Corrective Actions Reported in 2025



# Trends in Risk Management Surveys

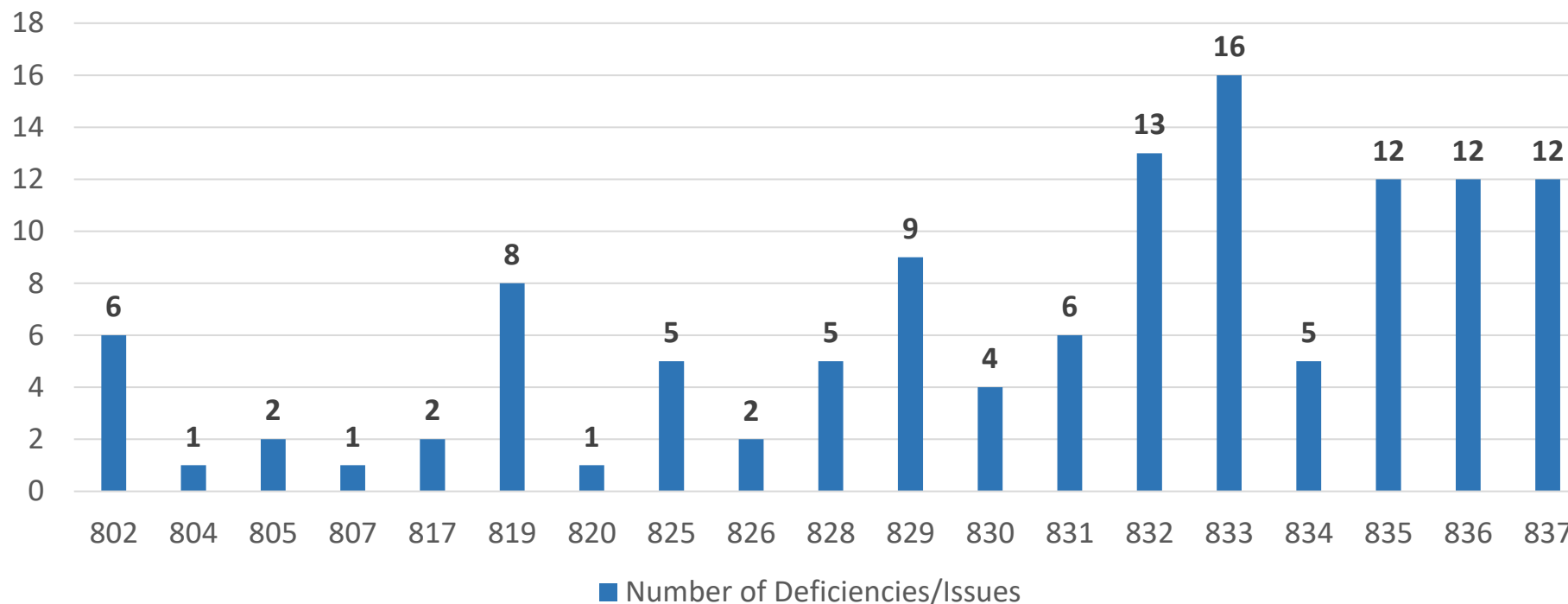
## 2025 Risk Management Survey Results

Number of Deficiencies/Issues Per Survey



## 2025 Risk Management Survey Results

Number of Deficiencies Cited/Issues Identified in 2025



## 2025 Risk Management Survey Results

- Tag Number: R 802
- Number of Citations in 2025: 6
- Corresponding regulation: KAR 28-52-1(c)
- Regulation verbiage: “Findings, conclusions, recommendations, actions taken, and results of actions taken shall be documented and reported through procedures established within the risk management plan.”

## 2025 Risk Management Survey Results

- Tag Number: R 804
- Number of Citations in 2025: 1
- Corresponding regulation: KAR 28-52-1(e)(1)
- Regulation verbiage: “Section I- A description of the system implemented by the facility for investigation and analysis of frequency and causes of reportable incidents within the facility.”

## 2025 Risk Management Survey Results

- Tag Number: R 805
- Number of Citations in 2025: 1
- Corresponding regulation: KAR-28-52-1(e)(2)
- Regulation verbiage: “Plan Format. Section II- A description of measurers used by the facility to minimize the occurrence of reportable incidents and the resulting injuries within the facility.”

## 2025 Risk Management Survey Results

- Tag Number: R 807
- Number of Citations in 2025: 1
- Corresponding regulation: KAR-28-52-1(e)(4)(A)(B)
- Regulation verbiage: "Plan Format. Section IV, organization - a description of the organization elements of the plan including:
  - (A)Name and address of the facility.
  - (B)Name and title of the facility's Risk Manager."

## 2025 Risk Management Survey Results

- Tag Number: R 817
- Number of Citations in 2025: 1
- Corresponding statute: KSA-65-4921(g)
- Statute verbiage: ““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.”

## 2025 Risk Management Survey Results

- Tag Number: R 819
- Number of Citations in 2025: 8
- Corresponding statute: KSA-65-4923(a)(2)
- Statute verbiage: “(a) If a health care provider, or a medical care facility agent or employee who is directly involved in the delivery of health care services, has knowledge that a health care provider has committed a reportable incident, such health care provider, agent, or employee shall report such knowledge as follows: (2) If the reportable incident occurred within a medical care facility, the report shall be made to the chief of the medical staff, chief administrative officer, or risk manager of the facility. The chief of the medical staff, chief administrative officer or risk manager shall refer the report to the appropriate executive committee or professional practices peer review committee which is duly constituted pursuant to the bylaws of the facility. The committee shall investigate all such reports and take appropriate action, including recommendation of a restriction of privileges at the appropriate medical care facility. In making its investigation, the committee may also consider treatment rendered by the health care provider outside the facility. The committee shall have the duty to report to the appropriate state licensing agency any finding by the committee that a health care provider acted below the applicable standard of care which action had a reasonable probability of causing injury to a patient, or in a manner which may be grounds for disciplinary action by the appropriate licensing agency, so that the agency may take appropriate disciplinary measures.”

## 2025 Risk Management Survey Results

- Tag Number: R 820
- Number of Citations in 2025: 1
- Corresponding statute: KSA-65-4923(d)
- Statute verbiage: “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.”

## 2025 Risk Management Survey Results

- Tag Number: R 825
- Number of Citations in 2025: 5
- Corresponding regulation: KAR-28-52-2(a)
- Regulation verbiage: “The original or complete copy of the incident report shall be sent directly to the risk manager, chief of staff, or administrator, as authorized in the facility's risk management plan.”

## 2025 Risk Management Survey Results

- Tag Number: R 826
- Number of Citations in 2025: 2
- Corresponding regulation: KAR-28-52-2(b)
- Regulation verbiage: “The risk manager, chief of staff, or administrator shall acknowledge the receipt of each incident report in writing. This acknowledgment may be made in the following manner: (1) file stamping each report; (2) maintaining a chronological risk management reporting log; (3) signing or initialing each report in a consistent fashion; or (4) entering pertinent information into a computer database.”

## 2025 Risk Management Survey Results

- Tag Number: R 828
- Number of Citations in 2025: 5
- Corresponding regulation: KAR-28-52-3 (a)
- Regulation verbiage: “Each medical care facility shall designate one or more executive committees responsible for making and documenting standard-of-care determinations with respect to each incident report, pursuant to K.A.R. 28-52-2. The jurisdiction of each risk management committee shall be clearly delineated in the facility's risk management plan, as approved by the facility’s governing body.”

## 2025 Risk Management Survey Results

- Tag Number: R 829
- Number of Citations in 2025: 9
- Corresponding regulation: KAR-28-52-3 (b)
- Regulation verbiage: “The activities of each risk management committee shall be documented in its minutes at least quarterly, and this documentation shall demonstrate that the committee is exercising overall responsibility for standard- of- care determinations delegated by the committee to individual clinical reviewers and subordinate committees.”

## 2025 Risk Management Survey Results

- Tag Number: R 830
- Number of Citations in 2025: 4
- Corresponding regulation: KAR-28-52-4(a)
- Regulation verbiage: “Each facility shall assure that analysis of patient care incidents complies with the definition of a "reportable incident" set forth at K.S.A. 65-4921.”

## 2025 Risk Management Survey Results

- Tag Number: R 831
- Number of Citations in 2025: 6
- Corresponding regulation: KAR-28-52-4(a)(1) thru (4)
- Regulation verbiage: “Each facility shall use categories to record its analysis of each incident, and those categories shall be in substantially the following form: (1) Standards of care met; (2) standards of care not met, but with no reasonable probability of causing injury; (3) standards of care not met, with injury occurring or reasonably probable; or (4) possible grounds for disciplinary action by the appropriate licensing agency.”

## 2025 Risk Management Survey Results

- Tag Number: R 832
- Number of Citations in 2025: 13
- Corresponding regulation: KAR-28-52-4(b)
- Regulation verbiage: “Each reported incident shall be assigned an appropriate standard-of-care determination under the jurisdiction of a designated risk management committee.”

## 2025 Risk Management Survey Results

- Tag Number: R 833
- Number of Citations in 2025: 16
- Corresponding regulation: KAR-28-52-4(b)
- Regulation verbiage: “Separate standard-of-care determinations shall be made for each involved provider and each clinical issue reasonably presented by the facts.”

## 2025 Risk Management Survey Results

- Tag Number: R 834
- Number of Citations in 2025: 5
- Corresponding regulation: KAR-28-52-4(b)
- Regulation verbiage: “Any incident determined by the designated risk management committee to meet category (a) (3) or (a) (4) shall be considered a “reportable incident” and reported to the appropriate licensing agency in accordance with KSA 65-4923.”

## 2025 Risk Management Survey Results

- Tag Number: R 835
- Number of Citations in 2025: 12
- Corresponding regulation: KAR-28-52-4(c)
- Regulation verbiage: “Each standard-of-care determination shall be dated and signed by an appropriately credentialed clinician authorized to review patient care incidents on behalf of the designated committee.”

## 2025 Risk Management Survey Results

- Tag Number: R 836
- Number of Citations in 2025: 12
- Corresponding regulation: KAR-28-52-4(c)
- Regulation verbiage: “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.”

## 2025 Risk Management Survey Results

- Tag Number: R 837
- Number of Citations in 2025: 12
- Corresponding regulation: KAR-28-52-4(c)
- Regulation verbiage: “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.”

# **Risk Management Survey**

## Risk Management Survey

- **KSA 65-4922(c):**
  - The department shall make or cause to be made such inspections and investigations as it deems necessary to reasonably assure that each medical care facility is implementing the internal risk management program required by this section. In making such inspections and investigations, the department may review and copy the reports and records of all executive committees designated to investigate reportable incidents under this act.
- **All surveys are unannounced.**

## Risk Management Survey

### Survey Entrance

- The surveyor(s) will enter the facility, introduce themselves with business cards, and ask for the Risk Manager or Administrator.
- The surveyor(s) will ask for a space to conduct the survey.
- The surveyor(s) will complete an entrance conference to:
  - Present a letter authorizing the survey.
  - Explain the survey process.
  - Provide a list of documents that are needed from the facility.

## Risk Management Survey

### Documents requested but are not limited to:

- Current RM Plan
- Documentation of KDHE approval of plan
- Date of last revision (if any)
- Risk Management Log
- Identify any 3 or 4 SOCs
- Identification between Physician, Contractor and Staff issues
- Employee ID list
- Risk management meeting minutes
- Evidence of last RM in-service
- Recent quarterly reports

## Risk Management Survey

### Risk Management Log

| IRN | Date of Occurrence | Pract. Code | Event Description | Primary SOC | Date Primary Review Sent | Primary Reviewer | Committee | Meeting Date | Final SOC | Report to Licensing Agency | Date Complete |
|-----|--------------------|-------------|-------------------|-------------|--------------------------|------------------|-----------|--------------|-----------|----------------------------|---------------|
|     |                    |             |                   |             |                          |                  |           |              |           |                            |               |
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|     |                    |             |                   |             |                          |                  |           |              |           |                            |               |

## Risk Management Survey

### Investigation Reviews

- Surveyors will select ~20 incidents from the log for further review.
- Incident reviews include verifying that:
  - The incident was reported to the Risk Manager, Administrator, or Chief of Staff.
  - The incident was acknowledged as received.
  - Individuals involved have been identified and assigned separate SOC determinations.
  - Each SOC determination is signed and dated by an appropriately credentialed clinician.
  - Final SOC determinations were approved by the Risk Management Committee.
  - Documentation is complete (findings, conclusions, recommendations, actions taken, and results of actions taken).
  - Final SOC 3 and 4 determinations were reported to the appropriate licensing agencies and included on the facility's quarterly report.

## Risk Management Survey

### **Tips For Avoiding Common Issues Identified During Survey:**

- Ensure all Risk Management records, reports, and documentation are marked as confidential.
- Follow the processes described in the facility's Risk Management Plan.
- Use the SOC categories to record the analysis of each incident.
- Assign separate SOC determinations to each involved provider and each clinical issue for every incident.

## Risk Management Survey

### Tips For Avoiding Common Issues Identified During Survey:

- Ensure all clinicians are reviewed by an appropriately credentialed clinician – make sure to include credentials for involved providers and reviewers.
- Maintain accurate Risk Management Committee meeting minutes at least quarterly that include documentation of final SOC determinations.
- Submit quarterly reports by the due date (Q1 - April 30, Q2 - July 30, Q3 - October 30, and Q4 - January 30).
- Maintain documentation of Risk Management education.

## Risk Management Survey

### Tips For How to Assess Whether Your Facility is Prepared for a Survey

- Review of Risk Management statutes and regulations
  - KSA 65-4921 through 65-4930
  - KAR 28-52-1 through KAR 28-52-4
- Mock survey focusing on:
  - Review of the Risk Management log.
  - Review the investigation and analysis of frequency and causes of reportable incidents along with the measures used to minimize the occurrence of reportable incidents.
  - Review of investigations and documentation with the commonly cited deficiencies/issues in mind.

## Risk Management Survey

### New Post-Survey Process

- **Previous Process:**
  - Write citations
  - Generate a Statement of Deficiencies
  - Require a Plan of Corrections
  
- **New Process:**
  - Identify issues
  - Give recommendations and education for each issue
  - Request acknowledgement of receipt of the survey results
  - No Plan of Corrections required

## Risk Management Survey

## New Post-Survey Process

- Example Letter

Division of Public Health  
Curtis State Office Building  
1000 SW Jackson St., Suite 330  
Topeka, KS 66612-1368

Janet Stanek, Secretary



Phone: 785-296-0127  
Fax: 785-559-4250  
www.kdhe.ks.gov/facilities\_licensing

Laura Kelly, Governor

March 19, 2026

Regina Phalange, Risk Manager  
ABC Surgery Center  
1234 W. 2<sup>nd</sup> St.  
Wichita, Kansas 67212

**RE: Risk Management Survey, ABC Surgery Center, License #S012345**  
**Survey Date: 03/04/26**

Dear Ms. Phalange,

On behalf of the Kansas Department of Health and Environment (KDHE), Bureau of Facilities and Licensing, Acute and Continuing Care, an unannounced on-site Risk Management (RM) survey at your Ambulatory Surgery Center on 03/04/26 resulted in noncompliance with the RM Statutes and Regulations.

Instances of noncompliance with the RM Statutes and Regulations:

1. Review of Incident 1 showed that no standard-of-care (SOC) determination had been assigned.
2. Review of Incidents 1-16 showed that a separate SOC determination had not been assigned for each involved provider and for the incident itself.

Recommendations/Education:

1. Re-review Incident 1 to assign an SOC determination to the incident. Audit all other incidents for the past 12 months to ensure an SOC determination was assigned.

KAR 28-52-4(a)(1-4) states, "Each facility shall use categories to record its analysis of each incident, and those categories shall be in substantially the following form:

- (1) Standards of care met;
- (2) standards of care not met, but with no reasonable probability of causing injury;
- (3) standards of care not met, with injury occurring or reasonably probable; or
- (4) possible grounds for disciplinary action by the appropriate licensing agency."

2. Re-review Incidents 1-16 to ensure a separate SOC determination is assigned to each clinical issue. Audit all other incidents for the past 12 months to ensure a separate SOC determination is assigned to each clinical issue.

KAR 28-52-4(b) states, "Separate standard-of-care determinations shall be made for each involved provider and each clinical issue reasonably presented by the facts."

## Thank You/Questions

