

KDHE Q&A from the KARQM Fall 2025 Conference

Please talk about “non clinical” incidents. Since the SOC 5 is not an option anymore, I’d like to know what we should do for these incidents which would have gotten an soc 5 in the past

While Non-clinical incident/SOC 5 is not specifically included within the Kansas Risk Management statutes or regulations (K.S.A.65-4921 et seq. and K.A.R. 28-52-1 et seq.) all Kansas licensed providers are still required to maintain full compliance with all applicable Kansas Risk Management laws and regulations. Facilities may choose to include additional standards – such as SOC 5 – for internal quality improvement or organizational purposes; however, inclusion of such standards does not replace or alter the statutory and regulatory requirements established by the State of Kansas. The KDHE Bureau of Facilities and Licensing (BFL) will continue to review each plan for compliance with the statutory Standards of Care and related regulatory provisions.

Per KAR 28-52-4, “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. 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.”

There is no standard of care “5” designated in KAR 28-52-4. Citations have been written for more than one survey because “NCI” was used when an incident should have been assigned an SOC determination. If your facility does use “SOC 5” or “NCI,” please be sure that the incident truly does not meet the requirements for reporting. Please avoid phrases like “Not Patient related” and “Not Applicable” when using “SOC 5.” Incidents can be reportable even if a patient isn’t involved. If staff members are reporting incidents that don’t fall under Risk Management, please educate them on what the definition of “reportable incident” is per KSA 65-4921(f): "Reportable incident" means an act by a health care provider that: (1) Is or may be below the applicable standard of care and has a reasonable probability of causing injury to a patient; or (2) may be grounds for disciplinary action by the appropriate licensing agency.”

Advice needed on how to get the qualified staff that review incident reports to review reports sent to them and investigated in a timely matter. It is a big issue at my facility.

KSA 65-4923(a)(2) states, “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.

KAR 28-52-3(a) states, "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."

Are clinic nurses required to document the cares they provide ie: injections, wound care, personal care for the patient (toenail trimming), etc. even if the provider documents what the nurse is to do?

As clinicians, we are all trained that if it isn't documented, it did not happen.

If the facility meets quarterly to review Incidents received that quarter, when should that meeting occur to complete the final SOC?

KAR 28-52-3(b) states, "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."

What do you mean each clinical issue needs SOC? Is that not just the people involved?

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."

What is the requirement for Risk Management all staff annual training? Can it be custom or has to be standard template, we use Relias.

KAR 28-52-1(i) states, "The plan shall be disseminated to personnel in accordance with the plan."

Education provided by the facility should be completed as described in the facility's Risk Management Plan.

An example of education regarding the Risk Management Plan can be found in the Sample Plan:

"Education: All new employees will receive information mandating their obligation to report reportable incidents to the risk manager. The purposes of risk management and how to report in this facility will also be explained. The Risk Management plan will be reviewed at this time. Each employee will receive risk management in service on an annual basis, thereafter. A copy of the Risk Management plan and a printed handout explaining the risk management law will be provided to each medical staff member and each board member at the time of appointment

and annually, thereafter. Any time the plan is amended, medical staff members, employees, and governing board members will be informed of the changes.”

Is risk management excluded from the big KDHE facility survey since it is done separately?

KSA 65-4922 states, “(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.”

Yes, Risk Management surveys are completed separately from other surveys.

Does my minutes need to state that all final SOC’s were assigned or does that phrase connected to every incident count?

KAR 28-52-3(b) states, “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.”

An example of what could be documented in the Risk Management Committee meeting minutes can be found in the Sample Plan:

“The activities of each risk management committee shall be documented in its minutes. Meetings are held at least quarterly. The meeting minutes demonstrate that the committee is exercising overall responsibility for finalization of all standard of care determinations. All standard of care 1 and 2 determinations made by individual clinicians or subordinate committees shall be approved by the designated risk management committee on at least a statistical basis. This approval will be documented in the risk management committee minutes.

The minutes of the foregoing committees shall, also, document a specific standard of care determination along with conclusions/rationale for all incidents with standard of care determinations of 3 and 4. Additionally, the minutes will document all incidents for which the standard of care has been changed by the duly constituted committee and rationale for the change.”