

2024 REAP Criteria

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REAP 2024

2024 Risk Exposure Adjustment Program Summary

2024 Criteria		Total Maximum Credit 8%	Maximum Debit 8%
OB Department		2%	2%
Emergency Department		2%	2%
Surgical Risk and Safety		2%	2%
Improving Diagnostic Safety		1%	1%
Medication Safety		1%	1%
Prior Criteria	No Credit	Maximum Debit 2%	
Apparent Agency		2%	

Summary of Potential Credit/Debit

Total Credit/Debit for hospitals with OB and Surgery	8%	10%
Total Credit/Debit for hospitals without OB	6%	8%
Total Credit/Debit for hospitals without OB and Surgery	4%	6%

Apparent Agency

- **Adequate insurance coverage = minimum limits of \$1/3 million for each provider**
- **Coverage is continuous**
- **Corporation has separate limits of \$1/3 million**
- **Limits of coverage are not eroded by defense costs**
- **Risk manager performs an inventory of contracted professional services**



Apparent Agency

- **Add a statement to the General Consent to Treat form:**
 - *“Further, I understand that physicians practice independent medical judgement in my care and treatment.”*
 - *Patient signature lines should include the words “legal representative.”*
- ***Make sure the status of non-employed providers is on the home page and in appropriate areas on the website-not embedded***
- ***Make sure to archive changes made to advertising materials and the website-date stamp***
- ***Signage is present in public/common areas as well as in lobby and elevators, and immediately outside patient entry area***

Improving Diagnostic Safety in Ambulatory Clinic Settings



- **Healthcare literacy**
- **Disclaimer language on preliminary test results posted to patient portals**
- **Review/develop P&P for patient portals communication**
- **Closing the loop on physician referrals**
- **Patient navigator role**

Improving Diagnostic Safety in Ambulatory Clinic Settings

- **Review/revise cancer screening recommendations/processes for breast, colon, lung, prostate and cervical cancer**
- **Provide education for providers and staff on processes**
- **Patient navigators are responsible to follow up on screening**
- **Develop and/or revise processes to prompt providers to order screenings**
- **Consider utilizing the Safer Diagnosis Instrument**

Emergency Department

- **Core Components Unchanged**
- **Reduction of Diagnostic Error**
- **Improve Timely Identification and Treatment of sepsis**
 - All patients-adult, pediatric, maternal
 - Appoint senior administrator sponsor, physician and nurse coordinators
 - Perform a gap analysis surrounding sepsis program
 - Implement “Code Sepsis”
 - Provide education on sepsis, necrotizing fasciitis and Fournier gangrene
 - Individualized discharge instructions
 - TAT for test results
 - Monitor blood culture contamination rates

Emergency Department cont.



- **ED Pediatric Readiness**

- Evaluate current peds equipment, meds etc.
- Identify physician and nursing staff champions
- Assess/develop pediatric competencies and education
- P&P, guidelines, protocols for safe administration of peds meds
- Review/revise P&P, etc. related to pediatric sedation
- Consultations/Transfer agreements

OB

- **Core Components-essentially the same as last year**
- **Standardized Clinical and Operational Practices**
 - Continued surveillance of community births
 - Identify and communicate with doulas
 - Develop guidelines for the role of doulas in the hospital
 - Safe care of patients with significantly increased BMI
 - Behavioral health assessment
 - SUD assessment and discharge instructions

OB



- **Communication, Teamwork and Education**
 - Education on risks with increased maternal BMI, behavioral health and SUD

Medication Safety

Adopt best practices to improve risks from IVP medications.

- The committee performs a gap analysis
- Develop action plans to address any gaps
- Monitor process and outcome indicators for success and opportunities for improvement.

Surgery Risk and Patient Safety

- **Improve Surgical Team Member Communication**
 - Standardized handoff process
 - Standardized handoff process to ICU
 - Standardized surgical safety checklist
 - Surgical fire safety plan and drill
 - Monitor timeout



Surgery Risk and Patient Safety

- **Improve Perioperative Medication Safety**
 - Team to identify gaps
 - Develop/modify P&P to align with gaps
 - Provide education
- **Maintain ERAS Program as a Standard Model of Care**

Questions