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PEOPLE ~ POLICIES ~ PROCESSES ~ AND PERFORMANCE

As a hospital expert on healthcare policy and regulations for the past 3 decades, I have served attorneys for the plaintiff and defendants since 2003. My diagnostic focus is first dedicated to the examination of the four P's individually. Those being the organization's **People, Policies, Processes and Performance** associated with an adverse event. Once understood individually, my focus is to then immediately drill into assessing the *connectivity and integration* of the 4 P's to identify all factors contributing to a patient injury.

In harmony with the 4 P assessment model, consider some of the many examples below that I have personally observed during my career while serving my healthcare and attorney clients.

PEOPLE

- Hiring an unqualified employee to provide care and service, due to lack of a background check that would have revealed unsuitability for hire.
- A qualified employee is hired but was not trained on the organization's current policies and/or practices relative to their individual – or team-based role.
- Employee was under-supervised – or allowed to perform duties that they were not qualified to perform.
- After a meaningful study, the Joint Commission's Center for Transforming Healthcare concluded that 80% of healthcare errors and injuries are caused by miscommunication between healthcare staff.

POLICIES

- Missing policy that should have been aimed at performing specific patient care activity(s), according to regulatory guidelines.
- Invalid policy, based on outdated evidence-based practices that are no longer acceptable, was used to train staff.
- Conflict and/or gap in multiple organizational policies on the same procedure(s), yielding either confused employees – or multiple unverified methods of delivering or documenting care and services.



PROCESSES

- Disconnected clinical documentation between patient care providers. One example is that, depending on admitting diagnosis, a patient could potentially undergo an initial care assessment by the nurse, respiratory therapist, physical therapist, social services, care manager, and dietician. After each discipline concludes their discipline-specific assessment, they are all required to generate a discipline-specific Plan of Care. Then work together to unify all plans of care into a singular Patient's Plan of Care. Some document their plan of care in the electronic medical record (EMR)...some within a paper chart...some in both. And some, not at all.
- It is meaningful to note that, these past 15 - 20 years has introduced the EMR into healthcare, after 240 years of hand-written chart documentation. It is fair and honest to say that miscommunication of medical record documentation and information exchange while transferring patients between care providers and care settings, is one of the leading causes of healthcare errors.

PERFORMANCE

It's important to remember that a hospital can be negligent due to both its staffs' actions and their failures to act.

- In addition to its employees, healthcare organizations are required to evaluate the performance of all contracted service staff – even if they are not technically employees.
- Such contracted staff range from physician services (Emergency Department, Radiology, Anesthesiologists, Pathologists, others), patient care services such as Dialysis, Rehabilitation staff, as well as support staff such as those working with Biomedical equipment, environmental services, etc.
- Healthcare facilities often overlook their responsibility to define position descriptions and/or monitor the performance of contracted service staff as a necessary means to assure performance continuity and integration with the facility's employee staff. *This performance is to be monitored in accordance with the healthcare organizations' policies and procedures* – not those of the contracting company.

Areas of Expertise

Listed below is but an abbreviated listing of my areas of expertise.

Patient Falls and Injuries	Staff Miscommunication	Radiation Protection
Failure to Manage Hospital Contracted Support Services	Delayed Diagnosis	Missing or inadequate medical record documentation.
Suspected Sexual Abuse by a Patient	Failure to maintain safe environment causing insects to bite cancer patient	Premature Discharge from Emergency Department or Hospital
Failure to protect a patient from inflicting self-harm.	Miscommunication intra- and inter-departmental care information	Delay / Failure Recognizing Treatment Complication
Suspected Sexual Abuse by an Employee	Missed or Delayed Diagnosis	Unsafe Patient Care Environment
Patient Rights and Informed Consent	Negligent Physician Credentialing	Negligent staff hiring, training and performance oversight
Never Events	All Joint Commission and CMS Regulations	Hospital Acquired Conditions

You are invited to call today to present and discuss the facts of any adverse healthcare error or injury, so that I may offer you my perspective.

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