

## ***Alphabetical Index of Topics***

<b>Topic</b>	<b>Volume</b>	<b>Section</b>
<b>- A -</b>		
Acute Event Management Checklist	2	3.0
Alcohol-Based Hand Rub Dispensers	3	9.0
AMA (Leaving Against Medical Advice)	3	6.3
Ambulatory Care	2	1.5.8
Assessment (Modules/Clinical Guidelines)	1	4.0
<b>- B -</b>		
Behavioral Medicine	2	1.5.3
Bloodborne Infections	3	9.0
Bloodborne Pathogen Standard (Infection Control)	3	9.0
Bylaws, Medical Staff	4	2.1
<b>- C -</b>		
Claim file Maintenance and Retention	2	3.2
Claims Management	2	3.0
COBRA	3	8.0
Confidential Reporting	2	2.3
Confidentiality	3	3.0
Confidentiality Rules, Special	3	3.4
Contract Review	3	4.0
Corporate Liability Theory	4	1.1
Corporate Negligence, Managed Care	3	10.0
Credentialing	4	2.0
Critical Event Response	5	4.0
Critical Event Response – Debriefing Exercises	5	4.0
Critical Event Response – Debriefing Model	5	4.2
Critical Event Response – The Joint Commission (formerly JCAHO) Requirements	5	4.0
Critical Event Response – Leadership Overview of the Risk Management Process	5	4.0
Critical Event Response – Policy and Procedures	5	4.1
Critical Event Response – Sample Response Plan	5	4.0
Critical Event Response – Severity Coding	5	4.0
Critical Event Response – Steps for	5	4.0
<b>- D -</b>		
Debriefing Model – Critical Event Response	5	4.2
Digital Images	3	6.2
Discharge Planning	3	2.3
Disciplinary Action	4	3.3
Disclosure of Information	3	3.2

Topic	Volume	Section
DNR Orders	3	7.0
Durable Power of Attorney for Health Care Decisions	3	7.2
<b>- E -</b>		
Education, Risk Management	3	1.1
EMTALA	3	8.0
End of Life Decision-Making	3	7.0
Environment of Care	3	5.0
Ethics Committee	3	7.3
Event Reporting	2	1.1
<b>- F -</b>		
Facsimile Transmission of Health Information	3	3.2.3
Failure Mode and Effects Analysis (FMEA)	5	2.0
<b>- G -</b>		
Governing Body, Duties and Responsibilities	4	1.0
<b>- H -</b>		
Hand Hygiene	3	9.0
Hazardous Materials and Waste	3	5.5
Health Information Management System	3	3.1
Healthcare Quality Improvement Act	4	3.2
HIPAA Information	3	3.3
HIV Testing (Infection Control)	3	9.0
HIV Testing and Treatment	3	3.4
Home Health	2	1.5.5
<b>- I -</b>		
Infection Control	3	9.0
Infection Control – Alcohol-Based Hand Rub Dispensers	3	9.0
Infection Control – Bloodborne Pathogen Standard	3	9.0
Infection Control – Hand Hygiene	3	9.0
Infection Control – HIV Testing	3	9.0
Infection Control – Primary Care Offices and Clinics	3	9.0
Infection Control – Tuberculosis	3	9.1
Infection Control Compliance	3	9.0
Infection Control Guidelines – Evolution of	3	9.0
Infection Control Plan - Tuberculosis	3	9.1
Infection Control Program Coordinator	3	9.0
Information Management System	3	3.1
Informed Consent	3	6.0
Informed Consent – Leaving AMA	3	6.3
Informed Consent – Emergency Treatment	3	6.1
Informed Consent – Inadequate Comprehension of English	3	6.1
Informed Consent – Incompetent or Incapacitated Adults	3	6.1
Informed Consent – Minors	3	6.1

<b>Topic</b>	<b>Volume</b>	<b>Section</b>
Informed Consent – Physicians Role	3	6.1
Informed Consent – Sign or Hearing Impaired Individuals	3	6.1
Informed Consent – State Specific Information	3	6.1
Informed Consent – Telephone Consent	3	6.1
Integration Guidelines: Risk Control, Patient Safety, and Quality Management	1	3.0
<b>- J -</b>		
The Joint Commission (formerly JCAHO) Requirements – Critical Event Response	5	4.0
Job Description: Director of Risk Management/Chief Risk Officer	1	2.3
<b>- L -</b>		
Leadership Overview of the Risk Management Process	2	1.1.3
Levels of Risk - Tuberculosis	3	9.1
Liability Insurance	1	2.2
Life Safety	3	5.3
Long Term Care	2	1.5.7
<b>- M -</b>		
Managed Care	3	10.0
Medical Devices	3	5.6.1
Medical Equipment and Supplies	3	5.6
Medical Record	3	2.0
Medical Record – As an Indicator of Quality	3	2.2
Medical Record – Documentation Guidelines	3	2.1
Medical Record – Patient Access	3	3.2.6
Medical Record – Release for Litigation	2	3.4
Medical Staff	4	
Medical Staff – Bylaws	4	2.1, 2.1.1
Medical Staff – Duties and Responsibilities	4	2.2
Medical Staff – Participation in Governance	4	1.2
Medical Staff – Rules and Regulations	4	2.1
Medication Safety	5	5.0
Mental Health Records	3	3.4
<b>- N -</b>		
National Practitioner Data Bank (NPDB)	4	3.2
<b>- O -</b>		
Obstetrics	2	1.5.1
Occurrence Investigation	2	1.2
Occurrence Reporting	2	1.1
Occurrence Screening	2	1.4
Orientation and Annual Competency Form	1	2.4
Orientation and Annual Competency Self-Study Tool	1	2.4

<b>Topic</b>	<b>Volume</b>	<b>Section</b>
Orientation to Risk Management for Department Managers	1	2.4
Orientation to Risk Management for Facility Staff	3	1.1.1
Orientation to Risk Management for Medical Staff	3	1.1.2
<b>- P -</b>		
Patient Relations Program	2	1.3
Patient Safety Programs and Initiatives	5	1.0
Patient Satisfaction Surveys	2	1.3.1
Patient Teaching	3	2.1
Patient Transfer	3	8.0
Peer Review Process	4	3.0, 3.1 & 3.3
Performance Improvement Activities (Coordinated)	1	3.0
Physician Health Programs	4	3.5
Photography	3	6.2
Policy and Procedures – Critical Event Response	5	4.1
Power of Attorney, Durable	3	7.2
Practice Guidelines	4	4.0
Primary Care Offices and Clinics (Infection Control)	3	9.0
Professional Disciplinary Action Reporting Requirements	4	3.4
<b>- Q -</b>		
Quality Improvement Plan (Sample)	1	3.2
Quality Improvement Reporting Schedule	1	3.2
<b>- R -</b>		
Radiology	2	1.5.4
Release of Information	3	3.0 & 3.3
Release of Medical Record for Litigation	2	3.4
Reporting Requirements, Mandatory	3	3.3
Reports, Creating	2	2.4
Respiratory Protection & Devices	3	9.1
Risk Analysis	2	2.0
Risk Assessments – Tuberculosis	3	9.1
Risk Avoidance	1	2.1
Risk Control	1	2.1
Risk Financing	1	2.2
Risk Financing	1	2.2
Risk Management and Patient Safety Plan	1	3.2
Risk Management Five Step Process	1	2.1
Risk Management Functions	1	2.1
Risk Management Program	1	2.0
Risk Management & Patient Safety Program Assessment	1	4.0
Risk Reduction/Prevention	1	2.1
Risk Retention	1	2.2
Risk Transfer	1	2.2

<b>Topic</b>	<b>Volume</b>	<b>Section</b>
Risk Treatment – Evaluating Effectiveness of	1	2.2
Risk Treatment Strategies	3	1.0
Risk Treatment Strategies – Policy, Procedure & Protocols	3	1.2
Risk Treatment Strategies – Risk Management Education	3	1.1
Root Cause Analysis	5	3.0
Root Cause Analysis – The Joint Commission Requirements	5	3.0
Root Cause Analysis – Sample Forms and Tools	5	3.2
Root Cause Analysis – Sample Policy & Procedure	5	3.1
Root Cause Analysis – Steps for Conducting	5	3.0
Rules and Regulations, Medical Staff	4	2.1
<b>- S -</b>		
Safe Medical Devices Act	3	5.6.1
Safety	3	5.1
Safety and Health Administration Inspections	3	9.1
Screening for Health Care Workers – Tuberculosis	3	9.1
Security	3	5.2
Sentinel Events	5	3.0
Severity Coding – Category Chart	2	1.1.12
Severity Coding – Critical Event Response	5	4.0
Strategic Planning (Synchronized)	1	3.0
Strategic Planning Procedures	1	3.3
Substance Abuse Treatment Records	3	3.4
Surgery/Anesthesia	2	1.5.2
<b>- T -</b>		
Telemedicine	3	11.0
Tracking and Trending	2	2.2
Treatment Protocols	4	4.0
Tuberculosis	3	9.1
Tuberculosis – Infection Control Program	3	9.1
Tuberculosis – Levels of Risk	3	9.1
Tuberculosis – Respirator Protective Devices	3	9.1
Tuberculosis – Respiratory Protection	3	9.1
Tuberculosis – Risk Assessments	3	9.1
Tuberculosis – Safety & Health Administration Inspections	3	9.1
Tuberculosis – Screening for Health Care Workers	3	9.1
<b>- U -</b>		
Utilities	3	5.4
<b>- W -</b>		
Variance Reporting	2	1.1.13
Videotaping	3	6.2
Violence in the Workplace	3	5.2.1