

CUMBERLAND COUNTY HOSPITAL SYSTEM, INC.
1638 Owen Drive
Fayetteville, NC 28304

Position Title: Risk Manager
Department: Risk Management
Classification: Exempt

Job Summary:

Under the direction of the Director of Corporate Risk Management works with Cape Fear Valley Health System (CFVHS) staff to identify potential areas of risk to the Health System including clinical, property and financial risks related to claims presented by third parties. They will investigate and provide analysis of those potential or actual third party claims. They will then work towards defense against such claims and/or litigation or the resolution of such actions to protect the financial interests of CFVHS. This will include coordination of activities of outside counsel or in matters with primary insurance coverage working to support insurance carriers. Share information about identified potential risks with CFVHS administration along with the Performance Improvement and Quality Department. Work with CFVHS staff to identify and implement steps to reduce such risks. Actively participate in Health System committees and teams to assist in the reduction of risks. Provide educational services and opportunities to staff on risk related issues.

Assist the Director with development of information for insurance markets and programs to protect the financial interests of the Health System.

Job Relationships:

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| Responsible to: | Director of Corporate Risk Management |
| Nature of supervision: | Indirect |
| Positions supervised: | None |

Major Job Functions:

The following is a summary of the major essential functions of this job. The incumbent may perform other duties, both major and minor, that are not mentioned below, and specific functions may change from time to time.

1. Investigates occurrences involving patients, visitors and staff through reviewing and analyzing medical records and pertinent equipment; interviewing health care professionals; consulting with medical experts and evaluating care in relation to the law of medical malpractice and various professional standards.
2. Responds to telephone and walk-in inquiries from Health System staff and physicians regarding medical-legal situations, patient problems, Health System policies, and attorney and coordinates law enforcement inquiries and investigations.
3. Meets with patients and families who have made claims alleging improper care.
4. In coordination with Director of Corporate Risk Management negotiates settlements and prepares settlement documents.
5. Receives and reviews Quality Care Control Reports (QCC) to identify potential quality issues and/or potential claims.
6. Conducts inquiries and investigations in property loss occurrences and general liability and follows through to conclusion, which may include meeting with patients and families who have made claims, negotiating settlements, and preparing settlement agreements, and securing the necessary signatures.
7. Assists insurance claims adjusters in investigating and gathering information for claims involving other lines of insurance, e.g., major property, directors and officers etc.
8. Receives and analyzes Complaints/Answers, Interrogatory requests, Request for Production, Request for Admissions, etc. Gathers and coordinates the compilation of information, materials, documents, reports and evidence to respond to such discovery requests and works with Health System defense attorneys in responding to discovery requests.

9. Works with outside counsel retained to assist in the defense of CFVHS. Will coordinate and assist with the preparation of witnesses to facilitate proper case development. Schedules witnesses for deposition/trial preparation meetings and arranges preparations and appearances of witnesses for legal procedures.
10. Works with Health System defense attorneys in communicating with witnesses and defendants about the procedural and technical aspects of litigation. Provides support to witnesses and defendants during discovery through end of trial.
11. Maintains knowledge of the insurance coverage's and loss funding methods of the Health System so that coverage issues involving claims are accurately coordinated.
12. Collects and reviews information relating to events that may meet reporting requirements of the Food and Drug Administration (FDA) including equipment, medications and tissue. Submits reports to the FDA through MedWatch
13. Manages and coordinates the underwriting process for the Health System's captive insurance company.
14. Coordinates the Health System risk management educational activities for the Department.
15. Promotes and presents educational programs concerning loss prevention (e.g., nursing orientation, in-services, etc.). Supports Risk Management personnel with details in planning and implementing risk management education programs.
16. Serves on Health System Committees as assigned.
17. Supports the Department's performance improvement activities. Coordinates reports needed for Performance Improvement Quality efforts.
18. Should be knowledgeable of Erikson's development model and be able to demonstrate age specific interventions.
19. Performs other job-related duties as assigned.

Qualifications:

The following qualifications or equivalents are the minimum requirements necessary to perform the essential functions of the job:

Education and Training: Bachelor's degree. NC Adjuster License preferred. Certified Professional Healthcare Risk Manager (CPHRM) designation desired. Formal training as a paralegal desired.

Work Experience: Minimum of 5 years experience preferably within risk management, insurance, and/or legal departments of a health care organization. Prior work experience focused in areas of claims investigation and management

Knowledge, skills and abilities required: Involves making complex decisions involving Health System assets. Requires ingenuity and good judgement. Works with highly sensitive information, so must be able to hold information in confidence. Ability to establish and maintain effective communications with all levels of Health System staff, patients and families and people in all aspects of the community and business world. Strong writing, editing, communication and record keeping skills are needed. Analytical and statistical perception required to review records and report findings accurately. Knowledge of state and federal laws and regulations affecting the delivery of health care and risk management and insurance principles and practices.

Physical requirements: Must be able to communicate orally, hear telephone conversations, carry stacks of records and see and read written materials. Must be able to leave the office to attend meetings and conduct investigations within the Health System and the community. Fingering is necessary to operate office computer.

Applicants must apply online at www.capefearvalley.com under Employment / search jobs.