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From Firefighting to Fireproofing

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TransRe

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Largest Reported Verdict for 2025: Maine

\$25,000,000.00



Largest Reported Verdict for 2025: Massachusetts

\$31,040,000.00



Large Reported Non-Medical Malpractice Verdict for 2024: New Hampshire

← **\$38,000,000.00**



From Firefighting to Fireproofing: Why the Shift Matters



***Reactive* Firefighting Approach**

Reacts to adverse events using incident reporting and root cause analysis to promote accountability and compliance.

***Proactive* Fireproofing Strategy**

Focuses on anticipating and preventing risks by standardizing workflows and identifying vulnerabilities before harm occurs.

Integration of Approaches

Combines reactive and proactive methods to enhance patient safety and organizational resilience.

Impact on Outcomes

Improves claims defensibility, regulatory compliance, and reduces patient harm through continuous feedback and reliable systems.



Understanding the **REACTIVE** (Firefighting) Model



Core Components of Reactive Model

Includes incident reporting, investigation, Root Cause Analysis, and corrective action plans after adverse events.

Limitations of Reactive Approach

Addresses harm post-occurrence, risking repeated errors without systemic changes.

Legal and Operational Importance

Demonstrates organizational response meeting regulatory and legal requirements.

Need for Proactive Integration

Tools must feed into proactive strategies with standardized processes to prevent future harm.



The Hidden Enemy: Variability

Different Process = Different Outcome

*Workarounds thrive under pressure.

*Memory is not a control.

*Standard work makes safety repeatable.



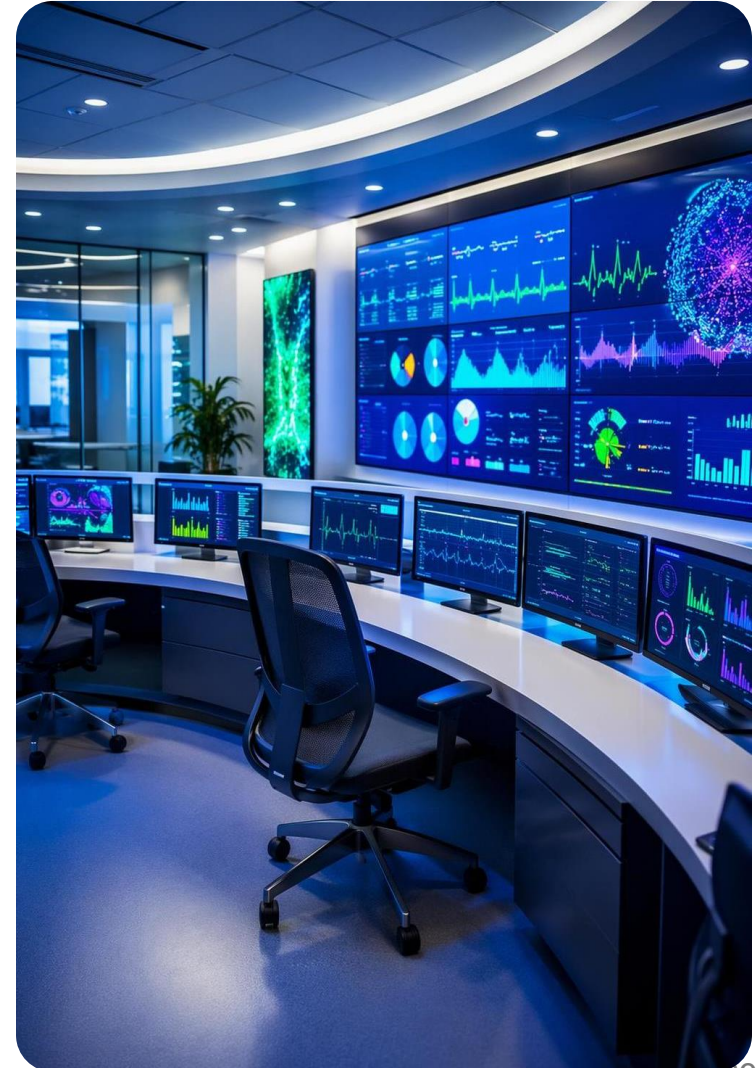
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Fireproofing: Proactive Risk Management

Build reliability before harm occurs

- *Identify risk *before* escalation.
- *Deploy processes + checklists where stakes are highest.
- *Use predictive tools to trigger early action.



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Checklists: Low-Tech, High Impact

A reliability tool—not paperwork

- *Reduce omission under stress.
- *Standardize handoffs and documentation.
- *Create defensible evidence of process.



Role of Processes & Checklists in Patient Safety

Proactive Risk Management Tools

Standardized processes and checklists reduce reliance on memory and prevent errors in complex healthcare settings.

Clinical and Legal Benefits

Checklists help reduce adverse events and demonstrate adherence to protocols, supporting legal defensibility.

Leadership and Accountability

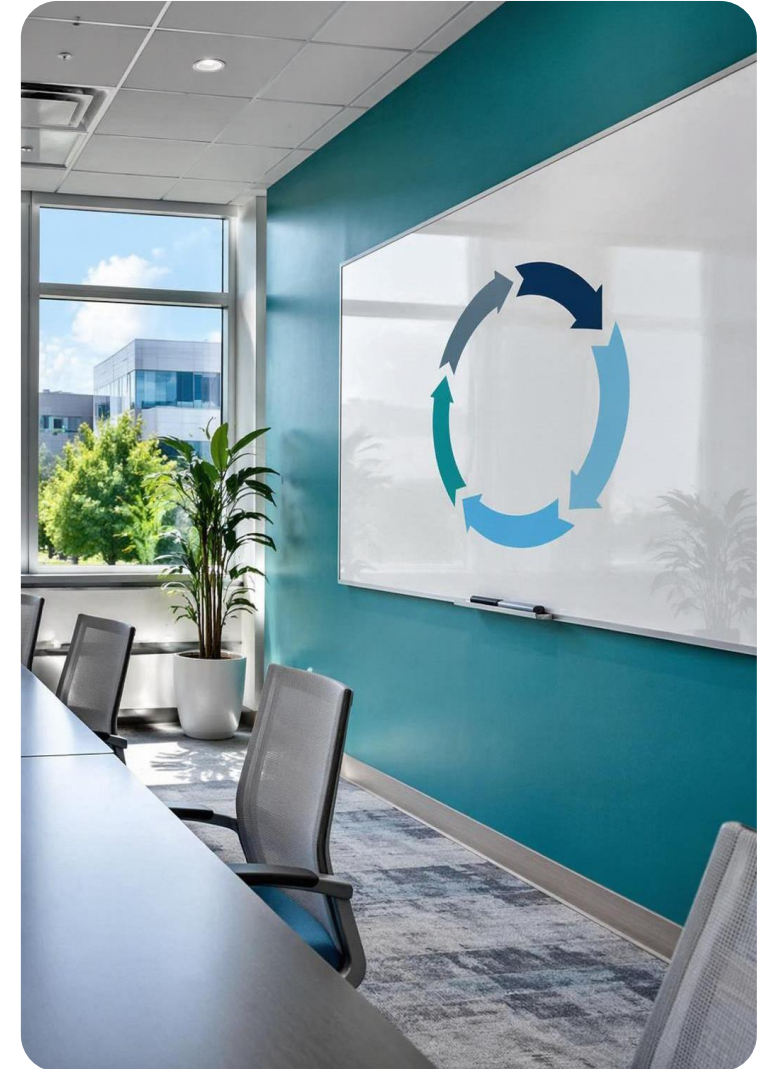
Effective checklist implementation requires leadership support, training, compliance monitoring, and feedback integration.



Turn Response Into Prevention

The continuous feedback loop

- *RCA findings → update checklists / process.
- *Trend data → calibrate CDSS rules.
- *Governance → ownership + auditing.



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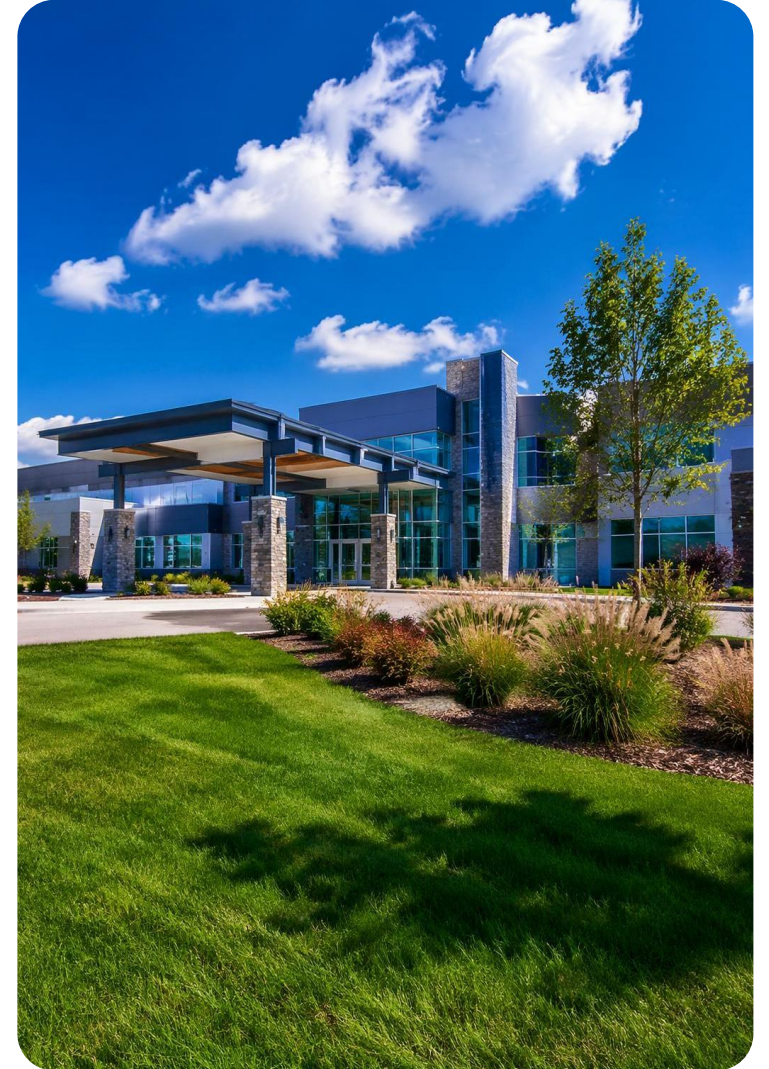
Rural Hospitals: Constraints Change the Risk

Limited redundancy amplifies consequences

*Limited specialty coverage and staffing.

*Follow-up access barriers are *foreseeable*.

*Standard processes compensate for resource gaps.



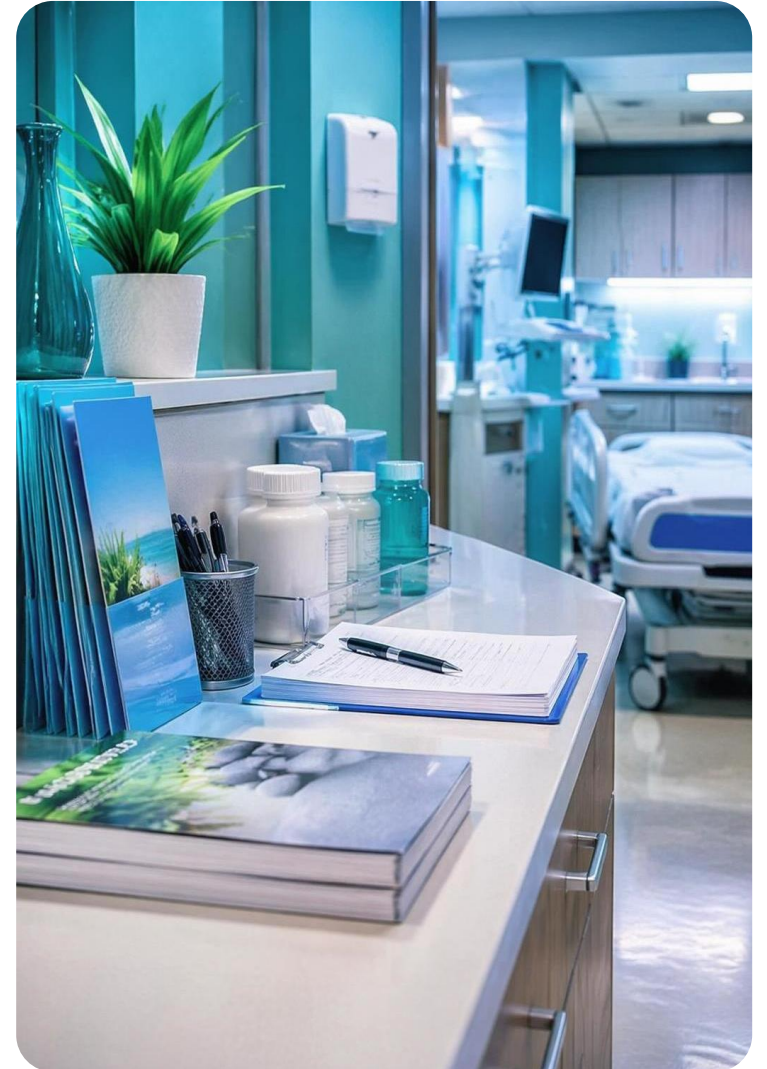
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Discharge: The Highest-Risk Handoff

Where continuity fails—and claims begin

- *Medication reconciliation errors.
- *Unclear instructions; no teach-back.
- *No confirmed follow-up—especially risky in rural settings.



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Claims Scenario: Rural Discharge Failure

A familiar chain of events

- *Stabilized → discharged without confirmed follow-up.
- *Reconciliation/instructions incomplete.
- *Deterioration → readmission → allegations of unsafe discharge.

This is not hypothetical—this is how claims are born.



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Takeaway Tool: High-Risk Discharge Checklist

Make the safe discharge the default

- Clinical stability confirmed; no critical pending results
- Medication reconciliation complete; changes documented
- Teach-back documented; red flags reviewed
- Follow-up scheduled/confirmed; access barriers addressed
- Discharge summary sent; handoff communication completed
- Documentation complete for compliance and defensibility

High-Risk Triggers

- Age \geq 65/frailty
- Polypharmacy/high-risk meds
- New/worsening symptoms
- Limited follow-up access (rural)
- Cognitive/health literacy barriers
- Transportation/social barriers



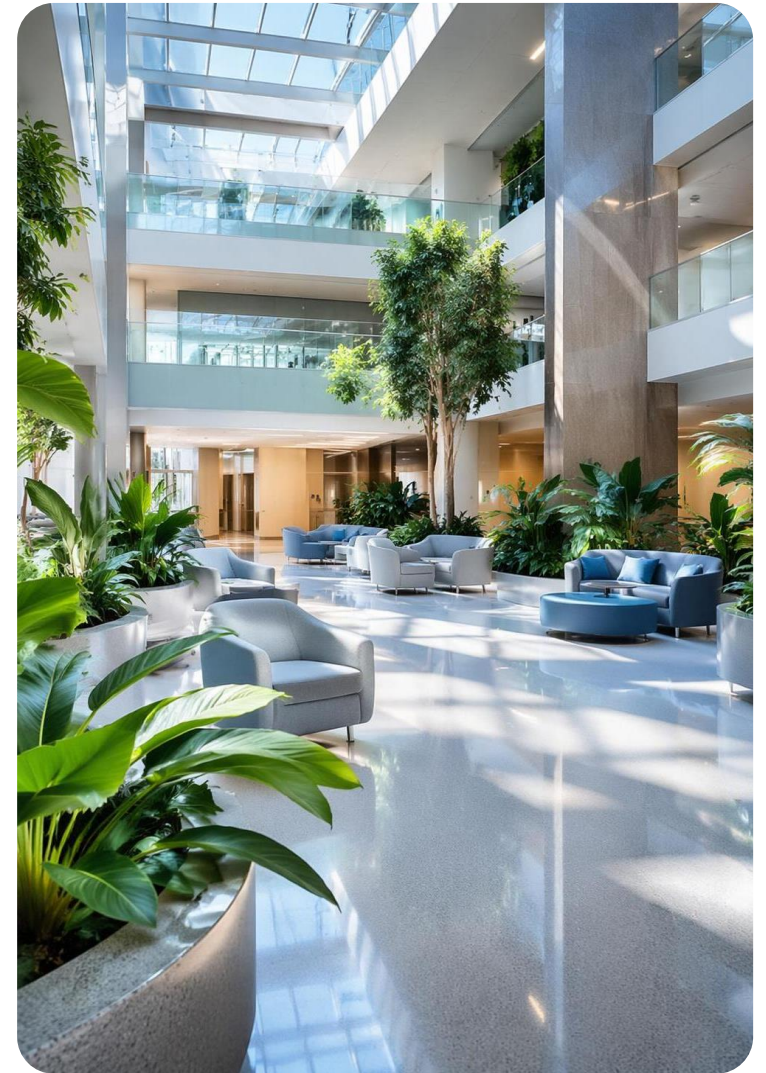
Closing: Build the Loop

Today's response should fuel tomorrow's prevention

*Pick one high-risk workflow to standardize this quarter.

*Measure compliance (not just outcomes).

*Update processes after every RCA — then audit adoption.



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Questions?

