

RISK MANAGEMENT PROGRAM BEST PRACTICES

A. **RISK MANAGER:** The provider shall designate a person responsible for the risk management function, who has demonstrated training and expertise in conducting investigations, root cause analysis, and data analysis.

B. **INCIDENT REPORTING SYSTEM:** The provider shall implement a system for the reporting injuries, incidents and potentially unsafe conditions and a method of measuring harm related to the occurrence of adverse events. This system shall include the following components:

1. **REPORTING REQUIREMENTS:** All employees are required to complete an event report for any serious incident or serious injury, as defined by the DBHDS within 24 hours of discovery.
 2. **EMPLOYEE TRAINING:** Before an employee is assigned to work with individuals receiving services, the employee shall have completed training in incident reporting. The training should address:
 - when to complete an incident report;
 - how to complete the incident report;
 - the organization's policies regarding failure to report serious injury, serious incident or potentially unsafe condition.
 3. **POLICY OF FAILURE TO REPORT:** A policy on the failure to report a serious incident, serious injury or potentially unsafe condition.
 4. **DATA REVIEW PROCESS:** A review of event data, should conducted at least annually by the clinical and administrative staff of the organization, or a committee thereof, to identify risk trends and take actions to reduce risk.
-

C. **RISK ASSESSMENT:** The provider shall conduct a proactive risk assessment at least annually and more frequently as needed, to identify and respond to practices, situation and policies that could result in the risk of harm to individuals being served before problems occur.

The risk assessment shall, at a minimum, address;

- the environment of care,
 - clinical assessment/reassessment processes,
 - staff competence and adequacy of staffing,
 - adherence to regulatory requirements,
 - use of high risk procedures, including seclusion and restraint; and
 - a review of serious incidents.
-

D. **Monitoring and Data Analysis:** The provider shall implement a process for the ongoing monitoring of harm and potential harm to identify and promptly respond to risks of harm to individuals receiving services. Harm includes health risks, behavioral risks, and risks to personal safety.

Components of a risk monitoring program include the following:

1. **Clinical Assessments:** Routine reviews of documentation to ensure that clinical assessments/reassessments are completed per policies, procedures, and regulations;
 2. **ISP Monitoring:** Routine reviews of service plans to ensure that identified risk are addressed in the individual's service plan;
 3. **Medication Events:** The provider should conduct monthly review of all medication events and near misses, whether or not they resulted in injury or illness;
 4. **High Risk Procedures:** Regular reviews of the use of seclusion and restraint; peer-to-peer aggression; and abuse/neglect allegations and investigations should be conducted by the provider.
 5. **Risk Triggers and Thresholds:** The DBHDS will publish and periodically update a list of risk focus areas, referred to as Risk Triggers and Thresholds that every provider is required to monitor internally. Additionally, the DBHDS will monitor selected Triggers and Thresholds and will follow-up with providers when a Trigger or Threshold is met.
-

- E. **Root Cause Analysis:** Every provider should have a policy and procedures for conducting root cause analyses.

The provider shall implement processes, as outlined in policy and procedures, for conducting root cause analyses of all serious incidents including adverse reactions to medications that resulted in or had the potential to result in permanent impairment to the individual.

- F. **Risk Management Plan:** The provider shall implement a written plan to identify, monitor, reduce, and minimize risks and potential risks associated with injury, infectious disease, property damage or loss, harm to individuals being served and other sources of potential liability. This plan should be updated annually and include the following:
1. **Risk Identification:** Processes used to identify and evaluate areas of risk, including the risk assessment, routine reviews, and root cause analyses;
 2. **Previously Identified Risks:** An evaluation of previously identified risk, action taken to reduce risk, and the effectiveness of actions taken to reduce the risks;
 3. **Current Risks:** Current organizational and individuals risks identified;
 4. **Risk Reduction Plan:** Action steps the organization will take in the coming year to reduce organizational and individual risks; and
 5. **Data Collection:** Data collection to assess the impact of actions on organizational and individual risks.
-

- G. **Life Safety Inspections:** The provider shall conduct a safety inspection has been performed at least annually of each service location owned, rented, or leased by the provider.

The provider shall document that a safety inspection was conducted, the outcome of the inspection, and safety improvements made to address negative actual and potential safety hazards.

- H. **Mortality Review:** The provider shall, within 10 days of the discovery of any death the provider shall take the following actions:
1. **Information:** Compile, review, and, upon request, make available to the DBHDS the following information:
 - a. medical records, including physician case notes and nurses notes;
 - b. incident reports involving the deceased for the 3months preceding the death;
 - c. the most recent individualized service plan;
 - d. the most recent physical examination records;
 - e. a chronological narrative of the events leading to the individual's death;
 - f. any evidence of maltreatment related to the death; and
 - g. the death certificate and autopsy report, if available.
 2. **Mortality Review:** The provider shall conduct a review of each death to identify opportunities to reduce risk and improve care.
 3. **Strategies to Reduce Risk:** The provider shall, based on this review, implement strategies to reduce the risk of harm to individuals served and document the impact of these strategies.
-
- I. **Documentation:** The provider shall document all aspects of the RM program and documentation shall be kept on file for three years. Documentation must, at a minimum include:
1. Documentation of all employee training on reporting adverse events
 2. All serious injuries to employees, contractors, students, volunteers, and visitors.
 3. Annual review of event data.
 4. A safety inspection was conducted annually
 5. All ongoing monitoring reviews
 6. All actions taken to reduce risk and the dates of such actions.