

## **[NAME OF PROGRAM] [YEAR] Risk Management Plan**

### **1. Purpose**

The purpose of the Risk Management Program is to support the mission and vision of **[NAME OF PROGRAM]** as it pertains to clinical risk and consumer safety as well as visitor, third party, volunteer, and employee safety and property risks.

### **2. Guiding Principles**

The Risk Management Program supports **[NAME OF PROGRAM]**'s philosophy that consumer safety and risk management is everyone's responsibility.

**[NAME OF PROGRAM]** supports the establishment of a just culture that emphasizes learning from error analysis and providing constructive feedback, rather than blame and punishment.

The focus of the Risk Management Plan is to provide an ongoing, comprehensive, and systematic approach to reducing risk exposure. Risk management activities include identifying, investigating, analyzing and evaluating risks followed by implementing the most appropriate methods for correcting, reducing, managing, and/or eliminating risks.

### **3. Leadership**

The success of the Risk Management Program requires top-level commitment and support. The leadership of **[NAME OF PROGRAM]** is committed to promoting the safety of all consumers, visitors, employees, volunteers and other individuals participating in organizational operations. The leadership of **[NAME OF PROGRAM]** has overall responsibility for the effectiveness of the risk management program.

### **4. Role of the Risk Manager**

The Risk Manager is empowered by **[NAME OF PROGRAM]** to implement the functions and activities of the Risk Management Program with the assistance of the administrative leadership.

The role of the Risk Manager is to maintain a proactive Risk Management Program that complies with the provisions of federal, state and local laws and regulations.

The Risk Manager is responsible for creating, implementing, and evaluating the outcome of the Risk Management Plan.

### **5. Program Goals and Objectives**

The **[NAME OF PROGRAM]** Risk Management Program goals and objectives are to:

- Continuously improve safety and minimize or prevent errors and events that result in harm through proactive risk management activities.
- Mitigate the negative effects of errors and events when they do occur.
- Minimize losses to **[NAME OF PROGRAM]** overall by proactively identify, analyzing, and preventing risks.

## 6. Components of the Risk Management Program

The **[NAME OF PROGRAM]** Risk Management Program will include the following components:

- A designated Risk Manager who had demonstrated training and expertise in conducting investigations, root cause analysis, and data analysis;
- An Adverse Event Reporting System for reporting adverse events, near misses, and potentially unsafe conditions and a method of measuring harm related to the occurrence of adverse events.
- A Risk Assessment that is conducted at least annually to identify and respond to practices, situation, and policies that could result in the risk of harm to individuals being served before problems occur.
- Ongoing Monitoring and Data Analysis of harm and potential harm to identify and promptly respond to risk of harm to individuals receiving services.
- Root Cause Analysis of all serious incidents that resulted in or had the potential to result in permanent impairment to the individual.
- A Risk Management 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.
- Life Safety Inspections that are performed at least annually of each service location owned, rented or leased by **[NAME OF PROGRAM]**.
- Mortality Reviews of all deaths to identify opportunities to reduce risk and improve care.
- Documentation of all aspects of the Risk Management Program, including employee training, serious injuries, annual review of data, safety inspections, ongoing monitoring and actions taken to reduce risk.

## 7. Reporting Incidents

All employees, volunteers, contractors and students are required to report any serious event on the **[NAME OF PROGRAM INCIDENT REPORTING FORM]** (Attachment A)

All new employees, volunteers, contractors and students are required to complete an incident report training during orientation. This training includes when to complete an incident report, how to complete an incident report and failure to report a serious injury or incident.

## 8. Annual Proactive Risk Assessment

**[NAME OF PROGRAM]** conducts an annual Proactive Risk Assessment to identify and evaluate the potential for adverse impacts of direct and indirect services processes, buildings, grounds, equipment, occupants, and internal physical systems on the safety and health of the individuals served, staff, and visitors. More in-depth analyses are performed on identified hazards and proposed changes to new or existing processes.

The goal of a proactive risk assessment is to reduce the likelihood of or mitigate the impact of incidents or other negative experiences that have the potential to result in injury, accidents, or other loss to the individuals served, visitors, staff or the assets of the organization.

The Proactive Risk Assessment is conducted during **[NAME OF MONTH OR IF VARIOUS COMPONENTS OF THE RISK ASSESSMENT ARE SCHEDULED THROUGHOUT THE YEAR, ATTACH A COPY OF THE SCHEDULE]** by the Risk Manager.

The Risk Assessment shall address the following:

- Environmental risks
- Timeliness and completeness of clinical assessments/reassessments
- Staff competence
- Adequacy of staffing
- Adherence to federal, state, and local regulatory requirements
- Use of high risk procedures
- Reporting and review of serious incidents.

The risk assessment process involves identifying both existing and potential risks. Risks are identified through a review of incident reports and the Organizational Risk Assessment Checklist **[NAME OF CHECKLIST OR OTHER TOOL USED TO CONDUCT THE RISK ASSESSMENT]** (Attachment B).

The Risk Manager annually schedules the components of the risk assessment to include:

- (a) A review of incidents (retrospective risk assessment)
- (b) A walk-through of the physical plant
- (c) Review of physical plant required inspections (e.g. fire extinguishers) to ensure they are up-to-date
- (d) Review of external regulatory (e.g., DBHDS Licensing, CARF, other) agency findings to identify potential risk areas
- (e) Record review of timeliness of assessments
- (f) Review of employment records of all new employees to ensure required background checks were completed
- (g) Review of training records to ensure that all staff completed required training.
- (h) Review of policies and procedures related to high risk procedures (e.g., restraint)

The Risk Manager evaluates the results and prepares a written report. The written report identifies all risk, the level of each risk, recommendations and specific strategies for improvement for each identified risk. The Risk Manager submits the report with recommendations to **[NAME OF PROVIDER]** leadership by **[NAME OF MONTH]** for review and action.

Action is taken on all identified risks. Action is based on the level of risk, the need for immediate remedial intervention and the resource needs for implementation.

**NOTE: LARGE PROVIDERS SHOULD CONSIDER ESTABLISHING A SAFETY COMMITTEE TO PLAN AND CONDUCT THE RISK ASSESSMENT, ANALYZE THE DATA AND DEVELOP RECOMMENDATIONS FOR IMPROVEMENTS.**

## 9. Monitoring and Data Analysis

The **[NAME OF PROGRAM]** monitors all risks identified through the Proactive Risk Assessment process and reviews the impact of the risk reduction strategies on a **[SPECIFY MONTHLY OR QUARTERLY]** basis. The **[Name of Program]** additionally monitors all Risk Triggers and Thresholds identified by the DBHDS.

A Risk Reduction Plan (Attachment C) is completed at least annually, following the Proactive Risk Assessment. The Risk Reduction Plan:

- Identifies the general Risk Areas.
- Establishes one or more Measures for each Risk Area that describes the specific risk in objective and measurable terms.
- Includes Thresholds that for each Measure, which signifies when action must be taken to move the organization towards compliance.
- Establishes the frequency of the review;
- Assigns the individual responsible; and
- Outlines strategies to be implemented to manage the risk.

The identified risk measures will be monitored using the Risk Reduction Status Report (Attachment D). Every event requiring medical attention will trigger an immediate review and remedial action will be taken to assure the safety of the individuals involved in the incident and others.

Table 1 shows the Risk Areas and Measures that will be the focus of [Name of Organization] for **[INSERT YEAR]**.

Table 1

Risk Areas	Measure
Clinical Assessments	Timely completion of all annual assessments
	Actions taken in response to newly identified problems
Individual Services Plans	Plans are complete
	Services are delivered per plan
Environmental Safety	Bathroom hot water temperatures do not exceed 110°F
Medication Events (DBHDS defined triggers/thresholds)	Medication administration errors without injury
	Medication administration error with injury
Accidents (DBHDS defined triggers/thresholds)	Choking with no medical attention required
	Choking resulting in the need for medical attention
Medical (DBHDS defined triggers/thresholds)	Constipation/bowel obstruction requiring medical attention

**Root Cause Analysis**

[Name of Provider] will conduct a Root Cause Analysis of any event that resulted in or had the potential to result in death or permanent impairment to an individual. The Root Cause Analysis will use the 5-Whys approach and document the deliberations on the 5-Whys Worksheet (see Attachment E).

**10. Mortality Reviews**

A mortality review will be conducted within 10 days of the discovery of any unexpected and unexplained death. The mortality review will be documented on the Mortality Review Worksheet (Attachment F).

The following information, when available, will be used to review the death:

- Medical records, including physician case notes and nurses notes;
- Incident reports involving the deceased for the 3 months preceding the death;
- The most recent individualized service plan;
- The most recent physical examination records;
- A chronological narrative of the events leading to the individual's death;
- Any evidence of maltreatment related to the death; and
- The Death Certificate and Autopsy Report, if available.

The mortality review will focus on the identification of opportunities to reduce risk and improve care.

Strategies will be developed to reduce the risk of harm to individuals served and all such strategies and their outcome will be documented.

## 11. Documentation

Any person or committee performing any duty pursuant to this plan shall be designated as a peer review officer or committee. All proceedings, minutes, and deliberations of any committee, board, group or other entity shall be confidential and privileged.

**[NOTE: PROVIDERS SHOULD SEEK GUIDANCE FROM THEIR ATTORNEYS FOR GUIDANCE ON WHAT INFORMATION MAY BE HELD PRIVILEGED AND CONFIDENTIAL.]**