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## SAMPLE 3: Intensive In-Home Service Provider Annual Systemic Risk Assessment

Disclaimer- This document is for educational purposes only. This sample was created using the Systemic Risk Assessment Template (April 2023) developed by the Office of Licensing. Providers are encouraged to reference the [Guidance for Risk Management](#) for additional information.

A risk assessment is a careful examination of what the provider identifies as internal and external factors or situations that could cause harm to individuals served or that could negatively impact the organization. The risk assessment should lead to a better understanding of actual or potential risks and how best to minimize those risks. Systemic risk assessments vary depending on numerous factors such as an organization's size, population served, location, or business model.

12VAC35-105-520.C. The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following: 1. The environment of care; 2. Clinical assessment or reassessment processes; 3. Staff competence and adequacy of staffing; 4. Use of high risk procedures, including seclusion and restraint; and 5. A review of serious incidents.

12VAC35-105-520.D. The systemic risk assessment review process shall incorporate uniform risk triggers and thresholds as defined by the department.

The Department of Behavioral Health and Developmental Services (DBHDS) defined risk triggers and thresholds as care concerns through review of serious incident reporting conducted by the Incident Management Unit.

Below is the list of individual care concern thresholds (Revised as of 1/2023):

- Multiple (Two or more) unplanned medical hospital admissions or ER visits for falls, urinary tract infection, aspiration pneumonia, dehydration, or seizures within a ninety (90) day time-frame for any reason.
- Any incidents of a decubitus ulcer diagnosed by a medical professional, an increase in the severity level of a previously diagnosed decubitus ulcer, or a diagnosis of a bowel obstruction diagnosed by a medical professional.
- Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR.
- Multiple (Two or more) unplanned psychiatric admissions within a ninety (90) day timeframe for any reason.

This sample document does not include all risks that an organization may review. The annual systemic risk assessment presented below is an example that may be expanded or otherwise adapted to the needs of an organization. The **green highlights** signify the categories of the systemic risk assessment as required in regulations 12VAC-35-105-520.C.1-5 and 12VAC35-105-520.D. Each organization should include risks specific to their size, individuals served, location, and business model. Upon completion of the annual systemic risk assessment, the provider would consider the following next steps:

- Assign recommendations to appropriate staff members, departments and/or committees
- Determine what recommendations to include in the Risk Management Plan
- Determine how to monitor risk reduction strategies for effectiveness
- Continue to conduct systemic risk assessment reviews as needed

# Office of Licensing

## Annual Systemic Risk Assessment TEMPLATE

Provider Name:

Policy #:

Regulation: 12VAC35-105-520

Effective:

Revised:

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
<b>Environment of Care</b>						
Staff providing in-home services have personal protective equipment (PPE)	Staff report increased use of PPE due to COVID and subsequently needing to reorder supplies more frequently.	3	Increase the frequency of auto-ship order of PPE	Assigned to financial department to contact distributor to update order	Yes	
Infection control processes are followed	No issues identified	1	None at this time	NA	No	
<b>Clinical Assessment and Reassessment Processes</b>						
Review of clinical assessments included risk of harm to self or others	Monthly QA audits indicate a less than 50% compliance with including risk of harm assessments during the assessment process.	3	Facilitate staff training regarding the harm to self/others assessment process	Assigned to clinical supervisors to develop and facilitate training	Yes	
<b>Staff Competence and Adequacy of Staffing</b>						

## Office of Licensing

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
Employees meet the minimum employment qualifications to perform their duties	Job descriptions for employees needs to be updated to include qualifications to perform job duties	2	Job descriptions need to be reviewed for all employees to ensure employment qualifications is included	Assigned to Human Resources to correct	Yes	
All employees have undergone background checks prior to starting work	100% compliance with obtaining background checks	1	None at this time	NA	No	
All employees have abuse and neglect training within 15 days of hire and annually (within 365 days)	85% of employees have completed the abuse/neglect training within 15 days of hire.	1	None at this time	NA	No	
<b>Use of High-Risk Procedures</b>						
All employees are trained in behavior intervention techniques	No issues identified	1	None at this time	NA	No	
Employees required to administer high risk medication have documented training	Medication administration training was not present in all personnel files	3	Review of all personnel records to identify employees who need to complete the medication administration training.	Assigned to Human Resources to correct	Yes	
<b>Review of Serious Incidents</b>						

## Office of Licensing

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
All serious Incidents are reviewed per policy	Quarterly reviews of all serious incidents were completed; however, an analysis of trends was absent.	2	A year-over-year analysis of trends was absent.	Assigned to Risk Manager to review and correct	No	
Root cause analysis completed per policy	All RCA's completed within 30-days of discovery of the incident	1	None at this time	NA	No	
<b>Risk Triggers and Thresholds (Care Concerns)</b>						
Reports are run in CHRIS to determine if any individual care concern thresholds have been met. If any have been met, were efforts made to address.	No thresholds for individual care concerns were identified	1	None at this time	NA	No	
<b>Additional Risks</b>						

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Risk Matrix for use when determining a risk score:

Likelihood - it will happen ↑	Very Likely	Acceptable Risk Medium 2	Unacceptable Risk High 3	Unacceptable Risk Extreme 4
	Quite Likely	Acceptable Risk Low 1	Acceptable Risk Medium 2	Unacceptable Risk High 3
	Unlikely	Acceptable Risk Low 1	Acceptable Risk Low 1	Acceptable Risk Medium 2
		Minor	Moderate	Major
		→ Impact - How serious is the risk?		

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[Provider Designee Signature]

\_\_\_\_\_  
[Date]

SAMPLE