

**Delaware Health and Social Services
Division of Developmental Disabilities Services
Dover, Delaware**

Title: Risk Management Policy

Approved By: 
Division Director

Written/Revised By: DDDS Risk Management Committee

Date of Origin: November 2003

Date of Current Review/Revision: September 2012

I. PURPOSE

To establish a comprehensive risk management program for the Division of Developmental Disabilities Services (DDDS).

II. POLICY STATEMENT

The Risk Management Committee shall review information, develop risk reduction strategies and make recommendations to improve the quality of life for the persons we serve and strengthen the integrity of the organization.

III. APPLICATION

All individuals who participate in DDDS funded programs
All DDDS Employees, Contractors and Providers

IV. DEFINITIONS

- A. High Profile Cases: Cases or situations, as determined by the Division Director, whereby a critical risk management review may yield a positive outcome or provide direction.
- B. Injuries: Please refer to the following severity of injuries:
 - 1. Moderate- resulting in significant dysfunction, temporary interruption of normal activities, no indication or expectation of residual effect (e.g.; injuries which require sutures, some degrees of fractures).
 - 2. Severe- resulting in significant dysfunction and interruption of normal activities, prolonged dysfunction or permanent residual effect possible or expected (e.g.; fractures or severe lacerations requiring surgery to restore proper functioning).
- C. Major Risk Focus Areas: The six (6) focus areas are designed to comprehensively respond to and prevent risk, thus improving the quality of supports provided to individuals served.
 - 1. Fiscal Services: Risk management activities that focus on the protection of the financial interests and resources of individuals.
 - 2. Healthcare Services: Health Care activities that are related to Performance Measures.
 - 3. Incident Management: Risk management activities conducted by the DDDS to actively and systematically respond to incidents and injuries.
 - 4. Physical/Environmental Conditions: Risk management activities that focus on general client protections, program safety and accessibility.

IV. DEFINITIONS: (continued)

5. Training Services: Risk management activities that focus on the completion of required staff training and demonstrated competencies.
 6. Quality of Life: Risk management activities that focus on individuals' self-determination, choice and happiness with the services they receive from DDDS.
 - a. Includes the family/guardian's satisfaction with DDDS services.
- D. The Performance Analysis Committee (PAC): The body responsible to collect, enter, analyze and report on key risk management indicators. A member of PAC shall be a member of the Risk Management Committee and serve as a voting member.
- E. Quorum: A quorum shall be comprised of a minimum of 80% of the membership plus the chairperson or his/her alternate. Each primary member shall have a designated alternate and the primary member will be responsible to ensure his/her alternate attends the meetings in their absence.
- F. Risk Management: Describes the series of planned activities the DDDS uses to respond to situations that present actual or potential danger to individuals and staff.
- G. The Risk Management Chairperson: The person who is responsible for establishing the Risk Management Committee (RMC) meeting agenda, coordinating all ancillary meeting details, facilitating RMC meetings, directing the RMC members' action steps (e.g., Root Cause Analysis assignments), monitoring the status of recommendations, collaborating with other DDDS committees as appropriate and serving as the RMC's liaison with the Division Director.
- H. Risk Management Committee (RMC): An administrative committee appointed by the Division Director who are charged with monitoring organizational risk through the review of data that addresses the major risk focus areas. The RMC shall also be responsible for developing strategies that address primary and secondary risk management activities. The RMC shall meet on a quarterly basis. Refer to exhibit B for composition of the membership.
- I. Root-Cause Analysis: Root-Cause Analysis (RCA) is a systematic method that traces the cause and effect trail from the end failure back to the root cause.

V. STANDARDS

- A. The Risk Management Committee (RMC) shall review trended data, conduct analyses of major risk focus area data and receive updates on specific high profile problems or cases. The RMC shall establish procedures to monitor trends and identify baseline benchmarks in the six (6) major risk focus areas. Finally, the RMC shall promote the use of continuous quality improvement techniques to make and evaluate the effectiveness of recommendations for system improvement.

- B. The RMC shall review Root Cause Analysis reports regarding moderate and severe injuries, deaths or PM #46 related issues, and make recommendations for improvements.
- C. The RMC shall develop a written protocol for how information shall be sent to the Divisional Leadership, how follow-up will be handled and how information will be generated back to the RMC for closure.

VI. PROCEDURES

- A. The Risk Management Chairperson shall:
 - 1. Establish the Risk Management Committee Agenda;
 - 2. Prepare for Risk Management Committee meetings with the PAC representative (e.g. inviting guests and/or subject matter experts needed for agenda topics, preparing collateral materials needed for the meeting).
 - 3. Facilitate Risk Management Committee meetings;
 - 4. Directs the action steps of Risk Management Committee members (e.g. Root Cause Analysis assignments);
 - 5. Monitor status of Risk Management Committee recommendations;
 - 6. Relay and Coordinate information to and from the Division Director.
- B. The Risk Management Committee shall support and advise Divisional leadership and management. The RMC is an oversight committee which shall:
 - 1. Ensure that identification and evaluation of key risks that threaten achievement of the Delaware Health and Social Services, Division of Developmental Disabilities Services objectives is carried out, and that an acknowledgement of these risks is maintained;
 - 2. Evaluate and prioritize the risks by identifying the strategy in place to manage such risks, including identification of appropriate risk owners, and monitoring the satisfactory operation of the management strategy;
 - 3. Utilize risk strategies to ensure that other risks are being actively managed, with the appropriate strategies in place and working effectively;
 - 4. Report the achievement of the risk reduction initiatives regularly to Divisional Leadership;
 - 5. Address other matters related to risk as may arise from time to time;
 - 6. Review quarterly and annual trends to assess that progress is being made in each of the major risk focus areas;
 - 7. Identify actual or potential barriers; and make recommendations to the DDDS Director to eliminate such barriers;

8. Discuss the benefits of each of the major risk focus areas, at least annually. These discussions shall focus on the need to modify the existing major risk focus areas;
 9. Promote the use of continuous quality improvement techniques and processes when making recommendations to the Division Director for system improvements (refer to Exhibit A);
 10. Review and discuss special high profile cases or situations. As the RMC reviews these incidents they shall have the authority to initiate a Root Cause Analysis work group. These sessions shall include representatives that the RMC views as knowledgeable about the issue in question;
 11. Meet regularly (not less than quarterly) and document the activities of the meeting in formal minutes;
 12. Complete quarterly summary reviews for presentation to the Leadership Team, to include an overview of the data analysis reviewed and subsequent recommendations;
 13. Complete annual executive summary of the RMC's reviews, conclusions and subsequent plans/actions taken;
 14. Be chaired by an individual who is appointed by or reports directly to the Division Director.
- C. All Root Cause Analysis reports regarding moderate and severe injuries, deaths or PM #46 related issues, shall be forwarded to the Risk Management Committee Chairperson within thirty (30) days of completion.
- D. The Risk Management committee reserves the right to request the completion of a Root- Cause Analysis for any death.

VII. SYNOPSIS

The Risk Management Committee is a component of the Division's continuous quality improvement strategy. The committee identifies risk reduction strategies and makes recommendations to improve the quality of life for the people we serve and strengthen the integrity of the Division.

VIII. REFERENCES

- A. Performance Analysis Committee Policy

IX. EXHIBITS

- A. DDDS Risk Management & Continuous Quality Improvement Process
- B. Risk Management Committee Membership
- C. Risk Management Communication Protocol
- D. Data Analysis Report

DDDS RISK MANAGEMENT & CONTINUOUS QUALITY IMPROVEMENT PROCESS

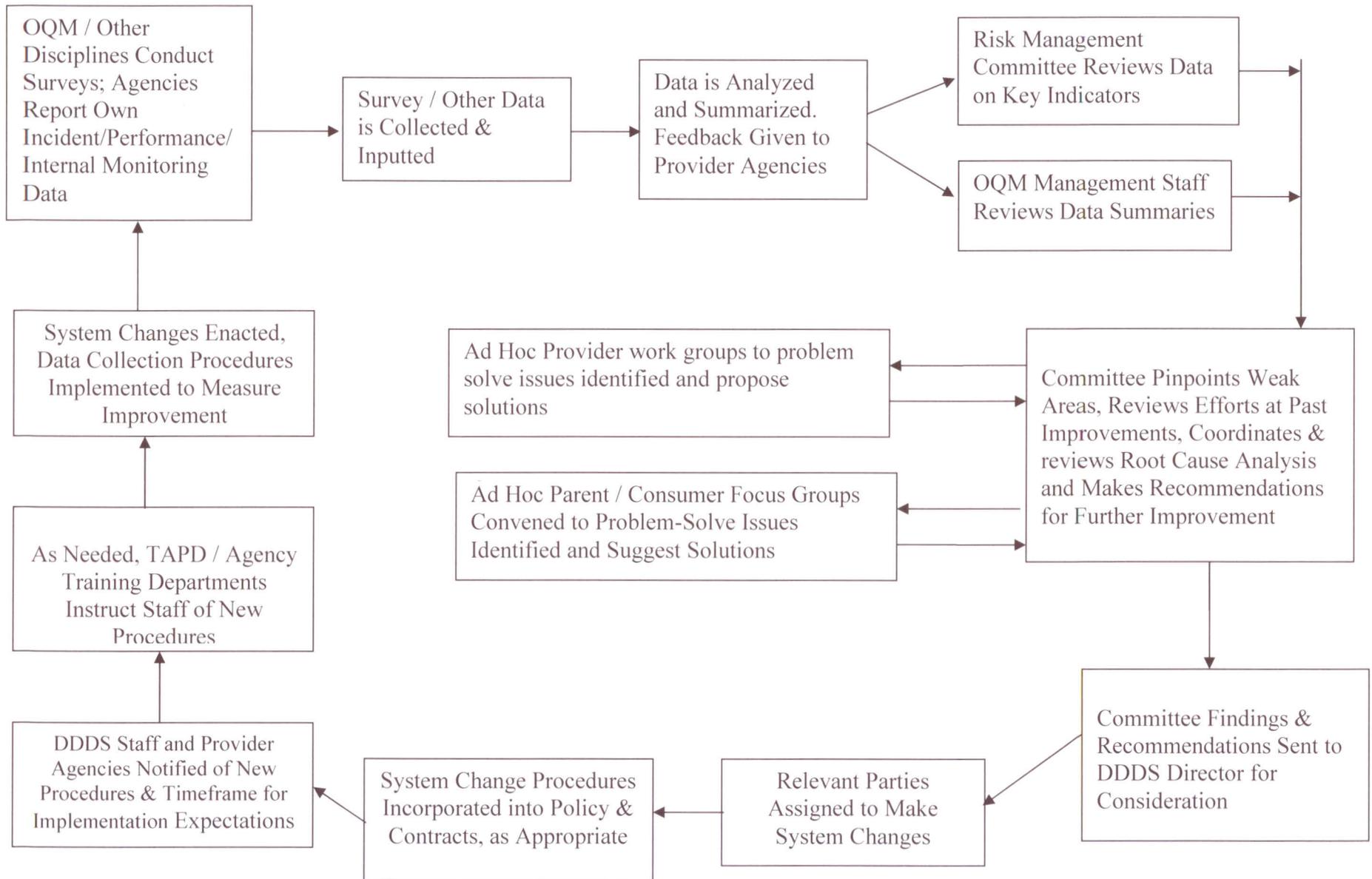


EXHIBIT B**RISK MANAGEMENT COMMITTEE MEMBERSHIP**

Members	Alternate Member
Executive Director of Stockley Center, Chair Program Administrator (Office of Director)	Director of Residential Services, Stockley Center PM #46 Coordinator
Director of Community Services	Day Services Representative
Assistant Director of Community Services	CS Regional Program Director
Office of Quality Mgt.- Southern Region	Office of Quality Mgt.- Southern Region
Office of Quality Mgt.- Northern Region	Office of Quality Mgt.- Northern Region
Nursing Services	Nursing Services
Training and Professional Development	Training and Professional Development
Office of Budgets, Contracts & Business Services	OBCBS
Dir. Of Planning & Policy Development	Direction of Professional Services
DD Program Evaluator (Office of Director)	TBA



Exhibit C

RISK MANAGEMENT COMMUNICATION PROTOCOL

1. The Risk Management Committee will review various data, Root Cause Analysis, etc. for trends or system issues.
2. The Risk Management Committee will make recommendations, suggestions and/or conclusions relative to various reviews.
3. The final recommendations, suggestions and/or conclusions by the Risk Management Committee will be presented in writing to the Division Director for his/her approval/disapproval. A courtesy copy will be sent to the Committee members.
4. The Risk Management Committee Chairperson will meet with the Division Director to discuss the recommendations, suggestions and/or conclusions in the written document.
5. Once recommendations, suggestions and/or conclusions are approved and require action, the Risk Management Committee Chairperson will send out written notification to the applicable DDDS Executive Staff member for implementation and follow-up. This notification will also include a deadline to submit a response including if a plan of correction (POC) is required back to the Risk Management Committee Chairperson. (The Risk Management Committee may request the Executive Staff member or their representative attend a meeting to verbally discuss the response, plan of correction (POC), actions, follow-up, etc.)
6. The Risk Management Committee Chairperson will provide the Committee members with a copy of the approved/disapproved recommendations, suggestions and/or conclusions as well as a copy of the notification to the Executive Staff member if actions or follow-up is required.
7. The Risk Management Committee Chairperson will share the response, plan of correction (POC), actions, follow-up, etc. that are required.



**Division of Developmental Disabilities Services
Home and Community-Based Waiver Services
DATA ANALYSIS REPORT**

Reporting period: *Time period of data review*

Date: *Date of report*

Prepared by: *PAC member(s) preparing report*

Prepared for: *The primary quality-related review committee/person(s) responsible for reviewing report, formulating improvement strategies*

CMS Assurance:

The specific system-related assurance mandated by CMS that states address in their quality management strategies

State Domain / Outcome / Performance Measure/Indicator:

Pinpoints the specific performance indicator(s) addressed in the report and the corresponding global domain and desired outcome under which the indicator falls.

Abstract:

Brief synopsis of the report presenting most significant findings

Data Source:

What is the source of the information; who collects/maintains it; frequency of data collection/information gathering etc.; who follows-up and who has authority to ensure that necessary actions are taken?

Should also describe what portion of the population is covered (e.g., adults, waiver recipients), what services are covered (e.g., employment/day, residential), what dates the data represents (e.g., last three months, year, fiscal year) and if this represents the whole population of a sample.

Data:

Presentation of the aggregate data displaying statewide and sub-state trends (where applicable). The presentation should be in easy to follow formats such as pie charts, bar graphs etc. Note that it is helpful to the state and CMS if the current data is compared to data from previous reports. Where needed, provide a brief explanation of what the data means. For example, if aggregate data shows the % of provider compliance issues, present the data in terms of the total number of providers surveyed. Displays of raw, un-aggregated data should be avoided (e.g., list of critical incidents, listing of results of all provider surveys).

Analysis:

State's written analysis of the data noting significant trends that will warrant follow-up and improvement strategies. This should compliment the previous section and be used as a means of highlighting specific issues that be presented in the next section. Note that this can be combined with the previous section.

Conclusions and actions taken/improvement strategies for the reporting period:

Discussion of the state's improvement plan including strategies, how it will be implemented, and who will be responsible for monitoring implementation.

Follow-up on actions taken from previous reporting periods:

Provides an update on the progress of an improvement strategy has already been implemented.