

Reference Number: 100-26-DD

Title of Document: Risk Management Program

Date of Issue: June 1, 2001

~~Last Review Date: February 2, 2017~~

Date of Last Revision: ~~February 2, 2017~~ XXXX, 2025 (REVISED)

Effective Date: ~~July 1, 2001~~ XXXX, 2025

Applicability: DDSN Central Office, DDSN District Offices, DDSN Regional Centers, ~~DSN Boards and Contract Service Providers~~

PURPOSE

The purpose of this departmental directive is to establish the Department of Disabilities and Special Needs (“~~DDSN~~”) Risk Management program, which is intended to eliminate, reduce, and/or control DDSN’s ~~and its provider network’s~~ exposure to risk, loss and injury. This policy also establishes ~~DDSN~~ Risk Management Committees.

A broad-based agency Risk Management program should fulfill the following purposes:

- 1) Improve the safety and quality of life for ~~consumers~~ persons supported and employees;
- 2) Conserve financial resources;
- 3) Prevent litigation; and
- 4) Maintain relationships of trust among stakeholders.

GENERAL

DDSN recognizes that every organization, no matter how well run, inherently possesses exposure to risk. ~~It~~ DDSN also recognizes that management of risk factors requires a broad-based,

coordinated managerial approach in order to mitigate any possible loss; accordingly, DDSN implements this Risk Management program.

DDSN RISK MANAGEMENT PROGRAM

The Risk Management program of DDSN shall include:

- a) Identification of a Risk Manager at each ~~organizational unit~~ DDSN Regional Center (“Reginal Center”);
- b) Establishment of Risk Management Committees at each ~~organizational unit~~ Regional Center;
- c) A written plan aimed at reducing risk to ~~consumers~~ persons supported and employees;
- d) Education and training;
- e) A system for collecting, analyzing, and acting on risk data; and
- f) Correlating risk management activities with Quality Assurance activities.

DDSN CENTRAL OFFICE RISK MANAGEMENT COMMITTEE

The ~~DDSN~~ Central Office Risk Management Committee (“CORC”) will be ~~eo~~ chaired by DDSN’s ~~Risk Manager and the Director of Quality~~ Director of Risk Management (“Risk Director”). Membership of the ~~DDSN Central Office Risk Management Committee~~ CORC will be drawn from DDSN Central Office (“Central Office”), ~~DDSN District Offices, DDSN~~ and Regional Centers ~~and representation from the DSN Boards and other qualified providers~~. Other staff with special expertise (ie.g., health care, nursing, ~~physical plant~~, law, etc.) may be asked to serve as resources to the ~~DDSN Central Office Risk Management Committee~~ CORC on an as needed basis.

The ~~DDSN Central Office Risk Management Committee~~ CORC will focus on areas that present the greatest amount of risk to people served by DDSN. Areas of focus will include:

- a) Abuse, neglect and exploitation;
- b) Critical incidents;
- c) Medication errors; and
- d) Deaths.

Other areas of review may be added as identified by ~~DDSN’s~~ the Risk Manager (e.g., use of physical restraints, accidents/injuries, property damage involving ~~consumers~~ persons supported, etc.).

The ~~DDSN Central Office Risk Management Committee~~ CORC will establish a formal system for reporting and reviewing risk incidents that occur in each of the above-cited areas, ~~to~~ analyze analyzing data for trends, identify problem areas, make recommendations for change/improvement, and follow up on the implementation of recommendations. The ~~Risk Management Committee~~ CORC will communicate information quarterly through on-site meetings, webinars, or through email distribution and/or website posting.

The analysis, problem identification, recommendations and feedback loop established by the ~~DDSN Central Office Risk Management Committee~~ CORC shall serve to augment, and not take the place of, the normal supervisory review and follow up that occurs in all good management practices.

Upon the identification of emerging risk trends, the ~~DDSN Central Office Risk Management Committee~~ CORC shall recommend changes in practices, policies, and training that are designed to mitigate these risks in the future.

The ~~DDSN Central Office Risk Management Committee~~ CORC will maintain contact with other areas within and outside of DDSN that may play a part in identifying trends and implementing solutions (e.g., ~~safety/abuse~~ abuse prevention coordinators, workers compensation staff, training coordinators, mechanisms for investigation/fact finding, etc.).

The ~~DDSN Central Office Risk Management Committee~~ CORC will make reports to DDSN ~~senior~~ executive staff as to the frequency, severity, loss, and remedial actions taken regarding risk factors.

REGIONAL CENTER RISK MANAGEMENT COMMITTEES

Each ~~DDSN~~ Regional Center ~~will designate a person as that particular Center's Risk Manager and will establish a~~ ~~DDSN~~ Regional Center Risk Management Committee ~~("RCRC") and appoint a Chair to oversee the committee. In lieu of establishing a RCRC, a Regional Center may grant authority to its existing Regional Center Safety Committee ("Safety Committee") if the Safety Committee membership is broad enough to appropriately handle the additional responsibilities. This important function may be fulfilled by already existing~~ ~~DDSN~~ Regional Center Safety Committees ~~if the Safety Committee membership is broad enough.~~ The ~~DDSN~~ Regional Center Risk Management Committee RCRC may address a wider range of health and safety issues than are being considered by the ~~DDSN Central Office Risk Management Committee~~ CORC. The Risk Manager and ~~DDSN~~ Regional Center Risk Management Committee RCRC will carry out the same functions at ~~the~~ ~~DDSN~~ a Regional Centers level ~~that are performed by the~~ ~~DDSN~~ Central Office Risk Management Committee ~~as the~~ CORC carries out for DDSN system wide. ~~Each~~ ~~DDSN~~ Regional Center's Risk Manager is The RCRC Chair of each Regional Center is considered a member of the ~~DDSN Central Office Risk Management Committee~~ CORC.

The ~~DDSN Regional Center Risk Management Committee~~ CORC shall meet at least on a quarterly basis to review data on risk events that have occurred at each respective ~~DDSN~~ Regional Center, analyze ~~these~~ for trends, make recommendations for corrective action, and follow up on actions taken.

~~The~~ ~~DDSN~~ Regional Center's Risk Manager Each RCRC Chair will be responsible for ensuring that reports and data requested by the ~~DDSN Central Office Risk Management Committee~~ CORC within the areas of special risk concern are forwarded to the ~~DDSN Central Office Risk Management Committee~~ CORC in a timely fashion within 48 hours upon request.

The ~~DDSN Central Office Risk Management Committee~~ CORC will maintain contact with each ~~DDSN Regional Center Risk Management Committee~~ RCRC through the ~~DDSN Regional Center's Risk Manager, who is also a member of the DDSN Central Office Risk Management Committee, in order~~ RCRC Chair in order to receive data/reports, communicate identified trends, inform of recommended actions, and receive back reports on corrective actions taken.

~~DSN BOARD/QUALIFIED PROVIDERS RISK MANAGER AND/OR COMMITTEE~~

~~Each DSN Board or other qualified provider receiving funds from the DDSN will designate a person as the Provider's Risk Manager and establish a Provider Risk Management Committee to assist the Provider Risk Manager. If the board or qualified provider already has an existing Safety Committee in operation, they may use this same committee to fulfill the risk management oversight function if the committee membership is broad enough.~~

~~The Provider Risk Management Committee will carry out the same functions on the DSN board/qualified provider level that are performed by the DDSN Central Office Risk Management Committee for DDSN system wide and the DDSN Regional Center Risk Management Committee at each DDSN Regional Center. At the provider level, the Risk Management Committee will review documentation related to reporting trends including falls, choking events, sepsis, aspiration, and bowel obstruction. Other trends for injuries and illness will also be reviewed to determine appropriate individual and systemic responses. The DSN Board/Provider Risk Management Committee will review this data at least quarterly.~~

~~DDSN staff serving on the DDSN Central Office Risk Management Committee will maintain contact with the Provider Risk Manager and/or Provider Risk Management Committee in order to receive data/reports, communicate regarding trends that appear to be occurring system wide, make recommendations, and be available for technical assistance.~~

~~ADDITIONAL COMPONENTS OF RISK MANAGEMENT PROGRAM~~

The ~~Risk Managers and Risk Management Committees at each of the three (3) levels of DDSN (i.e., Central Office, Regional Centers, and DSN Boards/qualified providers)~~ CORC, the RCRCs, and the Regional Center Risk Managers will develop a ~~brief~~ written Risk Management Program for their respective organizations to include education and training activities, data collection and utilization, and the correlation between risk management and quality assurance activities.

~~RISK MANAGEMENT TOOLS:~~

~~In order for an agency's Risk Management Program to be effective, the following "tools" need to be available:~~

~~**GATHERING INFORMATION**—knowledge, expertise, and commitment of employees; sound policies and procedures; risk incident reporting systems; computerized databases; correction and feedback loops.~~

~~ADMINISTRATIVE SUPPORTS~~—agency organization; well developed infrastructure; committees of reference; systems of communication, decision making and follow up; agency mission, vision, and values.

~~TRAINING PROGRAMS~~—pre service training; in service training; specialty training in consumer rights, behavioral support planning, critical incident reporting, medication administration, driver safety, etc.

~~QUALITY ASSURANCE/IMPROVEMENT PROGRAMS~~—consumer satisfaction; personal outcomes; continuous quality improvement, quality enhancement programs; etc.

COMPONENTS OF THE CENTRAL OFFICE RISK MANAGEMENT PROGRAM:

RAPID RISK REVIEW

The Risk Management Department (“Risk”) will conduct quarterly visits to each DDSN Regional Center to complete a Risk Assessment known as a Rapid Risk Review. The Rapid Risk Review will require the following:

- Access to surveillance video;
- Access to medical documentation that is not readily available in the electronic medical record;
- Access to all employees, and people supported by the agency;
- Access to employee personnel files and training records; and
- Access to internal policies and procedures.

REGIONAL CENTERS ADMINISTRATIVE REVIEW REPORT

Risk will conduct an investigation into policy and procedure violations stemming from all Incident Management Report(s) with a reported allegation of abuse, neglect, and/or exploitation occurring at Regional Centers. At the conclusion of the investigation, Risk will submit an Administrative Review Report which summarizes all findings and details all information collected or reviewed as part of the investigation. The Administrative Review Report will be sent to the Regional Center for review and uploaded into the Incident Management System along with all supporting documents.

The Regional Center Administrator, and/or their designee, is to notify Risk of a reported allegation of abuse, neglect, or exploitation by submitting the Risk Management Abuse, Neglect, or Exploitation Intake Form (“Intake Form”) to Investigations@ddsn.sc.gov no later than four (4) hours after the allegation is reported to South Carolina Law Enforcement Division (“SLED”).

As best practice, supporting documents should be included when submitting the Intake Form to Risk. However, the Regional Center Administrator, and/or their designee, should provide all supporting documents no later than 12 hours after the allegation is reported to SLED. Supporting documents submitted to Risk should include:

- Administrative Leave Without Pay Form(s);

- Any relevant medical records that are not readily available in the electronic medical record;
- Office of Campus Supports Shift Notes;
- Residential Shift Notes (aka “Log Book Records”);
- Staff Schedule(s);
- Staff Assignment Sheet(s);
- Residential Accountability Checklist(s) or One-to-One Accountability Checklist(s);
- Training records for the perpetrator(s); and
- Photographs, as applicable.

Supporting documents not listed above may be requested by Risk on an as needed basis.

Note: The Regional Center should only collect a signed and dated witness statement from the individual reporting the allegation of abuse, neglect, or exploitation to SLED. Witness statements should not be collected from any other parties involved in the incident. All parties involved in the incident will be interviewed by Risk during the investigation and witness statements will be collected from involved parties at that time.

DDSN REGIONAL CENTERS FOLLOW-UP INCIDENT REVIEWS

Risk will conduct Follow-Up Reviews of Incident Management Report(s) of death and critical incidents occurring at Regional Centers. The Follow-Up Administrative Review conducted by Risk will be completed no later than 60 days after the incident, and is to include the following:

- Review of surveillance video; and
- Exportation of surveillance video.

The Regional Center Administrator, and/or their designee, maintains the responsibility of completing an Administrative Review on all Incident Management Report(s) of death and critical incidents occurring at DDSN Regional Centers. The Administrative Review functions are to include:

- Collecting witness statements;
- Gathering supporting documentation;
- Reviewing surveillance video;
- Completing the initial and final death and/or critical incident report(s) on the Incident Management System (“IMS”); and
- Uploading supporting documents on IMS.

If the Administrative Review or Follow-Up Review reveals an allegation of Abuse, Neglect, or Exploitation, refer to DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency.

RISK MANAGEMENT ‘TRAIN THE TRAINER’ PROGRAM

