

SC Department of Disabilities and Special Needs

The South Carolina Department of Disabilities and Special Needs recognizes that every organization, no matter how well run, inherently possesses exposure to risk. It also recognizes that management of risk factors requires a broadbased, coordinated managerial approach in order to mitigate any possible loss.

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

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

There are generally 3 Types of Risk Management Activities:

<u>Traditional Risk Management Activities</u> -

DDSN and its provider agencies are involved in all of the traditional areas of risk management that are common to any business that owns buildings, vehicles, equipment and that hires employees and deals with the public. These activities include ensuring the safety of buildings, complying with OSHA standards, and taking appropriate measures to protect against loss through pre-employment screening, pre-service training, insurance coverage, financial auditing and legal consultation.

Consumer Oriented Risk Management Activities -

Since DDSN and its providers are not manufacturers of products but rather are a service and support network that is intimately involved in the lives of thousands of consumers, much of the risk that occurs is a result of the responsibility this system has to care for people with individualized special needs 24 hours a day 7 days a week 365 days a year. Activities under this heading include the tracking and review of, and response to allegations of abuse, neglect and exploitation, critical incidents, complaints/appeals, and mortality.

Consumer Determined Risk Management Activities -

This is a new area of RM that has developed as a result of the paradigm shift in the treatment and services that has empowered consumers to be more in control of their lives/choices and the decisions that are made regarding the services and supports they receive. These consumer determined risk factors may relate to issues of diet, exercise, use of potentially harmful substances, sexual practices, hygiene, conformance with medical advice, acceptance of behavioral health services and acceptance of staffing levels of supervision, to name a few. At the core of all of these issues is the balance between the person's right to determine the direction and quality of his/her life and the agency's duty to protect the person from foreseeable harmful occurrences. Some of the tools DDSN and its network of providers use in this area are consumer and family councils, circles of support, pre-approval of plans of service, ongoing service coordination monitoring of service delivery, the annual planning process, human rights committees, the use of ethics committees and consulting ethicists on an "as needed" basis.

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

- INFORMATION- knowledge, expertise, & 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, & 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.

An Incident Management System should include six basic functions:

- Identify,
- Notify,
- -Trigger,
- -Analyze,
- -Inform,
- Document.

CMS requirements for Home and Community-Based Waiver services require quality assurance and risk management programs that include the following:

- A continuous quality improvement process that includes monitoring, remediation, and quality improvement.
- Evidence based and includes outcome measures for program performance.
- Evidence of the establishment of sufficient infrastructure for the program.

- Providers should analyze for risk reduction at the individual and systemic level. Highlight safety and quality indicators.
- Providers need to monitor their data to look at overreporting and/or under-reporting. High reporting rates may not indicate a problem, but low reporting rates can.
- Providers with higher rates of reporting have often established a meaningful culture of safety. This culture rewards accurate reporting and early identification of issues. Low incident rates may reflect an organizational bias toward under-reporting.

• Individual Review – Consider how the person supported was impacted by the incident and how the agency responded to that incident.

- System Review This process determines whether additional measures are needed to address the cause of the incident or to prevent re-occurrence.
 - The rate is a relative number. It represents the number of cases with or without something compared to the total number of cases in the population.

From a systems perspective, the following questions may be helpful:

- Who: Who were the people involved? Was this a repeat

incident? Is the setting always the same?

- What: Are there particular types of incidents that seem to be

increasing? Are there common factors?

- Where: What types of incidents have been reported? Are there

patterns? Are incidents limited to a few locations or with a

few staff?

- When: When are the incidents taking place? Is there a pattern?

- Why: Are there any obvious reasons? Consider environmental

and technology requirement factors, staff roles, training and

support to staff.

- How: How can your agency reduce risk and avoid repeat

occurrence?

• It is important to pay attention to the type of incidents reported and the frequency and pattern of incidents reported. Consider incidents across the system and not just the individual.

• Incident reports may indicate that current services are not meeting the needs of a person supported or a group of people supported by the organization.

- Analysis should include differences between types of incidents within groups and/or services settings.
 Procedures may use benchmarks to set triggers and allow for risk adjustment.
- Additional analysis would include consideration of age, level of disability, functional skills, behavioral health and medical concerns.

- Small numbers (few incident reports) require more analysis to ensure meaningful trends or patterns. Reviewing reports over a longer period and/or comparing other programs to benchmarks may improve the analysis.
- Repeat incidents require additional attention.
 - Is the level of support appropriate for the person?
 - Has the person recently experienced any major changes in their life?
 - Are support staff properly trained to assist the individual?
 - Has the person been appropriately supervised?
 - Is the staffing pattern appropriate to meet the needs of the people supported?
 - Has there been a change in the person's health status?

- Risk Management Committee Review should include a review of incident data to monitor the effectiveness of individual services and supports. The goal is risk reduction and safety enhancement.
- The RM Committee may also consider other factors (licensing, staffing, medical and behavioral supports) with corresponding incidents. The Risk Management Committee may use incident data to establish goals, target training, (both ongoing and specialized), evaluate the effectiveness of current strategies, target higher-risk activities for more support, improve support planning and guide quality improvement efforts