South Carolina Department of Disabilities & Special Needs

Risk Management Expectations

DDSN and its provider network have a responsibility to prevent, as much as possible, the occurrence of unfavorable events in the lives of people served. Examples of unfavorable events for people supported include the following: abuse, mistreatment, exploitation, critical incidents, accidents/ injuries, medication errors, preventable illnesses, preventable restraints, and preventable deaths. It is very important that service providers have reliable systems for reporting, analyzing, and following up on unfavorable events for people supported.

Each of these systems should be governed by policies and procedures and have sufficient resources at their disposal to assure that corrective actions are undertaken to lessen the occurrence of unfavorable events in the future.

Definition of Risk[1]

Risk [noun]
1: possibility of loss or injury
2: someone or something that creates or suggests a hazard
3 a: the chance of loss
*   b: a person or thing that is a specified hazard to an insurer*
*   c: an insurance hazard from a specified   cause or source*
4: the chance that an investment will lose value

At risk: in a state or condition marked by a high level of risk

Risk [verb]
1: to expose to hazard or danger
2: to incur the risk or danger

• Providers have a responsibility to monitor risk within their agencies.

• When unfavorable event data has been collected and obvious trends or patterns have been identified, it is important to have a strategy to analyze the data in a more in-depth fashion to identify as many additional trends or patterns as possible.

• As trends or patterns emerge, the agency staff can review further to develop training and prevention efforts.

"Risk." *Merriam-Webster.com Dictionary*, Merriam-Webster, https://www.merriam-webster.com/dictionary/risk.

Identifying trends in unfavorable events may be developed by focusing on three areas: Variables in the people supported; Staff Variables; and External Variables. By focusing methodically on the variables in these three areas, the provider may be able to identify trends or patterns between the unfavorable event and one variable or identify more complex patterns between the unfavorable event and multiple variables. After trends or patterns have been identified, then through training, policy/procedure changes, staffing changes, environmental changes, etc., the provider may be able to reduce the likelihood that that type of unfavorable event will occur in the future.

Variables Among People Supported:	Staff Variables	External Variables
• Age (e.g.; elderly; children) • Gender • Medical diagnoses • Type of disability • Level of disability • Communication ability • Kinds of injuries- (e.g.; fracture; bruise; fall; bed sore) • Involvement or lack of involvement of medical specialists • Cause of death- (e.g.; trauma; dehydration; bowel obstruction) • Location of death- (e.g.; home; work; ER; while a hospital in-patient	• Employee or Contractor • Length of service- (e.g.; months; years) • Level or types of training • Age of employee • Gender of employee • Staffing ratio • Shift and Day of week • Regular staff or contract staff; "pulls" or overtime • Number of hours worked/ on duty	• Specific residence • Specific day program • Specific location within the building • Family Involvement • Environmental risks- (e.g.; slippery floors; stairs; playgrounds; swimming pools; busy street) • Level/ type of home/ program- (e.g.; ICF/IID; CTH; SLP) • Weather- (e.g.; dark; rainy; windy) • Season of the year • Provider • Region of the state

As the agency becomes more familiar with any unfavorable event data it has collected, it can add other variables to this listing that may assist in understanding, and ultimately in preventing, as much as is humanly possible, unfavorable events for people supported by the agency. Each DDSN Regional Center, DSN board or contracted service provider will also utilize their respective risk managers and Risk Management Committees to regularly review all critical incidents for trends and to determine if the recommendations made in the final written reports were actually implemented and are in effect. The Provider's Risk Management Committee will also review documentation related to reporting trends including falls, choking events, sepsis, aspiration, and bowel obstruction. Trends for injuries and illness will be reviewed to determine appropriate individual and systemic responses.