

Attachment D

SAMPLE~~~~ Risk Reduction Status Report ~~~~ SAMPLE

Month [or Quarter] Reviewed: [Enter Date]

SAMPLE Risk Areas	SAMPLE Measure	SAMPLE Threshold for Action	SAMPLE Compliance Level	SAMPLE Frequency of Review	SAMPLE Actions
Clinical Assessments	Timely completion of all annual assessments	< 90% compliance	79%	Quarterly	Compliance up by 10%. Continue to implement plan
Individual Services Plans	ISP includes plan for all assessed risks	< 95% compliance	60%	Quarterly	Establish deadline for update of all ISPs
Environmental Safety	Bathroom hot water temperatures do not exceed 100°F	< 100% compliance	100%	Monthly	Continue to implement plan
Medication Events	Adverse medication administration error without injury	> 0	1	Monthly	FMEA identified look alike, sound alike (LASA) drugs as problem. Plan: <ul style="list-style-type: none"> • Create LASA list • flag all LASA drugs
	Medication administration error with injury	> 0	0	Monthly	Continue to implement plan
Accidents (DBHDS triggers/ thresholds)	Choking; no medical attention required	> 3 events per quarter	1	Monthly	Continue to implement plan.
	Choking resulting in need for medical attention	> 0	0	Monthly	Continue to implement plan.
Medical (DBHDS triggers/ thresholds)	Constipation/bowel obstruction requiring medical attention	> 0	0	Quarterly	Continue to implement plan.

