

RISK AND QUALITY MANAGEMENT PROGRAM SELF-ASSESSMENT

The Risk and Quality Management Program Self-Assessment tool has been developed to assist providers to assess their internal Risk and Quality Management programs. The self-assessment is organized according to the major dimensions of risk and quality that have been defined in the document, "Risk Management Program Best Practices."

There are additional components to this self-assessment that are not included in the Best Practices document, such as the "Roles and Responsibilities of Leadership." We have included them here because we believe they will help providers to better assess their programs and ultimately lead to more robust and successful risk and quality programs.

It is our hope that every provider will use this tool to conduct an internal assessment, and that the result will be used as the basis for either developing or improving their risk and quality management programs.

If you have questions or recommendations for additional tools, templates, training programs or other suggestions that you believe will assist providers to develop their internal risk and quality management programs, please send them to marion.greenfield@dbhds.virginia.gov.

RISK AND QUALITY MANAGEMENT PROGRAM SELF-ASSESSMENT

PART I: ROLES AND RESPONSIBILITIES OF LEADERSHIP

1	<input type="checkbox"/> Leadership establishes written priorities for the continuous assessment and improvement of the safety of residents and the quality of services and care provided.
2	<input type="checkbox"/> Leadership communicates to staff the goal of creating and maintaining a culture of safety and quality throughout the organization.
3	<input type="checkbox"/> Leadership provides opportunities for all employees from all levels of the organization to participate in safety and quality initiatives.
4	<input type="checkbox"/> Leadership ensures that literature and advisories relevant to consumer care and services are communicated to all staff of the organization
5	<input type="checkbox"/> Leadership defines in policy, procedures, or plans how residents and their families and authorized representatives can assist to identify and manage issues of safety and quality within the organization.
6	<input type="checkbox"/> Leadership establishes expectations for collecting and using data and information about high-risk, high-volume, problem-prone processes to improve the safety and quality of care and services
7	<input type="checkbox"/> Leadership has established procedures that describe the organization's approach to performance improvement and its capacity for change support a culture of safety and quality.
8	<input type="checkbox"/> Leadership addresses the full range of safety issues, from potential or no-harm errors to hazardous conditions and sentinel events.

PART II. COMPONENTS OF A RISK MANAGEMENT PROGRAM

9	<input type="checkbox"/> The organization has a designated Risk Manager to address matters of risk and resident safety. The title of the individual may vary and the individual may serve more than one role within the organization.
10	<p>The role of the Risk Manager includes the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop the annual Risk Management Plan and Report <input type="checkbox"/> Establish processes and structures to ensure that consumers, their families, and all staff are involved in the identification of risk. <input type="checkbox"/> Ensure that measures are developed and data collection procedures are established and, to the extent possible, integrated into the existing work of staff who are responsible for collecting the data <input type="checkbox"/> Ensure that there are processes to screen individuals to identify who is at risk of harm <input type="checkbox"/> Establish processes and structures to review data, make recommendations or take action to address identified problems, and monitor the effectiveness of these actions. <input type="checkbox"/> Initiate processes to ensure effective communication of risk, risk reduction strategies, and the effectiveness of risk reduction strategies.
11	<input type="checkbox"/> The organization has an Incident Reporting System
12	<input type="checkbox"/> The organization conducts an annual Risk Assessment
13	<input type="checkbox"/> The organization implements a process for the ongoing Monitoring And Data Analysis of harm and potential harm to identify and promptly respond to risks to individuals.
	<input type="checkbox"/> The organization conducts Root Cause Analyses of all serious incidents

RISK AND QUALITY MANAGEMENT PROGRAM SELF-ASSESSMENT

14	<input type="checkbox"/> The organization develops and routinely updates its Risk Management Plan
15	<input type="checkbox"/> The organization conducts Mortality Reviews of all deaths.
	<input type="checkbox"/> The organization conducts Life Safety Inspections
PART III. INCIDENT REPORTING SYSTEM	
16	<input type="checkbox"/> The definition of “serious incident” and “serious injury” has been communicated to all employees of the organization.
17	<input type="checkbox"/> Policies or procedures are developed that define a serious incident and how a serious incident is to be reported and the consequences for the failure to report a serious incident.
18	<input type="checkbox"/> The organization requires all new employees to complete event reporting training before the employee is assigned to work with individuals receiving services.
19	<input type="checkbox"/> Event report training includes, when to complete an event report, how to complete an event report and failure to report a serious injury, serious incident, or near miss.
20	<input type="checkbox"/> The organization reviews event data, at least annually, to identify risk trends and it takes actions to reduce risk.
PART IV. ANNUAL RISK ASSESSMENT	
21	<input type="checkbox"/> An organizational risk assessment is conducted at least annually and more frequently as needed.
22	<input type="checkbox"/> The risk assessment specifically focuses on the identification of practices, situations and policies that could result in risk of harm to individuals being served before problems occur.
23	The risk assessment addresses the following: <input type="checkbox"/> Safety inspections of the environment of care <input type="checkbox"/> Clinical assessment/reassessment processes <input type="checkbox"/> Staff competence <input type="checkbox"/> Adequacy of staffing <input type="checkbox"/> Adherence to regulatory requirements <input type="checkbox"/> Use of high risk procedures, including seclusion and restraint <input type="checkbox"/> Review of serious data, including near misses
24	<input type="checkbox"/> The risk assessment results in actions to reduce the risk of harm to individuals receiving services
25	<input type="checkbox"/> The organization has procedures for the dissemination to all staff of lessons learned from risk assessments.
PART V. ONGOING MONITORING	
26	<input type="checkbox"/> The organization routinely reviews documentation to ensure that Clinical Assessments/Reassessments are completed per policies, procedures, and regulations and that actions are taken when risks are identified
27	<input type="checkbox"/> The organization routinely reviews Individual Service Plans to ensure that identified risks are addressed in the individual’s service plan

**RISK AND QUALITY MANAGEMENT PROGRAM
SELF-ASSESSMENT**

29	<input type="checkbox"/> The organization reviews Medication events and near misses, whether or not they resulted in injury or illness.
28	The organization conducts routine reviews of High Risk Procedures, including the following: <input type="checkbox"/> The use of seclusion and restraint. <input type="checkbox"/> Peer-to-peer aggression <input type="checkbox"/> Abuse and neglect allegations and findings. <input type="checkbox"/> Trigger and Threshold events, as defined by the DBHDS.
30	<input type="checkbox"/> For any risk data collection, the organization has a clearly articulated performance measure that is used to provide objective evidence of the degree to which a specific result is occurring over time.
31	Each performance measure is defined using the following framework that specifies how each measure will be constructed, reported, and used. <input type="checkbox"/> A clear statement that defines what is to be measure. Define the attributes that are to be included in the measure as well as those that are to be excluded. <input type="checkbox"/> Data collection methods and sources of data <input type="checkbox"/> The frequency of measurement <input type="checkbox"/> The performance goal or threshold <input type="checkbox"/> Outcome (the results of the monitoring) <input type="checkbox"/> Remedial actions and improvements taken as a result of the goal
32	<input type="checkbox"/> Risk measures are defined in the Risk Management Plan
33	<input type="checkbox"/> The organization, at a minimum, monitors the Triggers And Thresholds defined by the DBHDS and reports Triggers And Thresholds data to the DBHDS as required.
34	<input type="checkbox"/> All data collection, including the qualitative review of records, is based on clearly defined and measurable review criteria
35	<input type="checkbox"/> Risk data that is generated for individuals being served is reviewed by the individual's Support Team to identify the need to revise the individual service plan and/or take other actions to reduce risk.
PART VI. ROOT CAUSE ANALYSIS	
36	<input type="checkbox"/> The organization has a policy and procedures for when to conduct a Root Cause Analysis
37	<input type="checkbox"/> The organization conducts a Root Cause Analysis of all serious incidents that resulted in or had the potential to result in permanent impairment to the individual
38	<input type="checkbox"/> The organization conducts a Root Cause Analysis of all medication errors that resulted in or had the potential to result in permanent impairment to the individual
39	<input type="checkbox"/> The organization documents the outcome of the Root Cause Analysis
40	<input type="checkbox"/> The organization implements improvements to ensure that the risks associated with the identified causes are eliminated or mitigated
41	<input type="checkbox"/> The organization monitors the improvements to ensure that change takes place and is sustained.
PART VII. RISK MANAGEMENT PLAN	

**RISK AND QUALITY MANAGEMENT PROGRAM
SELF-ASSESSMENT**

42	<input type="checkbox"/> The organization prepares an annual Risk Management Plan
43	<p>The annual Risk Management Plan includes the following components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Processes used to identify and evaluate areas of risk, including risk assessment, routine reviews, and root cause analyses. <input type="checkbox"/> The number and type of major events that occurred during the year <input type="checkbox"/> Whether individuals receiving services and their families were informed of the events <input type="checkbox"/> Assessment data from ongoing monitoring, event reports, and triggers and thresholds <input type="checkbox"/> All actions taken during the previous year to improve safety, both proactively and in response to adverse events and risks identified in the Risk Management Plan <input type="checkbox"/> Data that will be collected to assess the impact of actions taken on risk and to evaluate the sustainability of safety improvements <input type="checkbox"/> Recommendations for new risk reduction initiatives for the coming year to reduce organizational and individual risk
VII. MORTALITY REVIEWS	
44	<input type="checkbox"/> The organization reviews all deaths, whether expected or unexpected to identify opportunities to improve care and safety.
45	<input type="checkbox"/> The Mortality Review function should include a nurse and, where possible at least one physician.
46	<p>The organization compiles and reviews the following information, as applicable and available, during the mortality review:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical records, including physician case notes and nurses notes <input type="checkbox"/> Incident reports involving the deceased, for the 3 months preceding the death <input type="checkbox"/> The most recent individualized service plan <input type="checkbox"/> The most recent physical examination records <input type="checkbox"/> A chronological narrative of the events leading to the individual's death <input type="checkbox"/> Any evidence of maltreatment related to the death <input type="checkbox"/> The death certificate and autopsy report, if available
47	<input type="checkbox"/> The organization provides the DBHDS with all information related to the death, upon request.
48	<p>The functions of the Mortality Review include the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conduct a focused review of each individual's death by examining and uncovering information about the individual's treatment and medical care and reconstructing the events that led to the final outcome. <input type="checkbox"/> Facilitate the formulation of recommendations for practices and procedures to improve care and promote safety. <input type="checkbox"/> Reaffirm existing practices and procedures in areas where no need for change can be identified.
PART VIII: TAKING ACTION AND SUSTAINING IMPROVEMENTS	
49	<p>The organization defines in policy or in the Risk Management Plan:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Who has the authority and responsibility to act on any data, review, event, or series of events that identifies a risk to an individual or individuals

RISK AND QUALITY MANAGEMENT PROGRAM

SELF-ASSESSMENT

	<ul style="list-style-type: none"><input type="checkbox"/> Who is responsible for monitoring implementation and the effectiveness of actions intended to reduce the risk of harm<input type="checkbox"/> How and to whom progress reports are submitted.<input type="checkbox"/> Clearly defined timeframes for responsible individuals to communicate implementation progress reports to the Risk Manager and Leadership
50	<ul style="list-style-type: none"><input type="checkbox"/> Ongoing monitoring of improved processes and risk reduction includes at a minimum a threshold that must be met before monitoring may be discontinued