



Risk Management Plan (2012-2015)

PURPOSE:

To outline the Risk Management program according to the criteria established by the Florida Statutes, The Commission on Accreditation of Rehabilitation Facilities (CARF) and the Agency for Health Care Administration (AHCA).

POLICY:

The Board of Directors of Regis House, Inc. makes a commitment to provide for the safe and professional care of all patients, and also to provide for the safety of persons served, visitors, employees, interns and volunteers. The commitment is made through the provision of Risk Management Program that will identify, evaluate, and take appropriate action to prevent incident recurrences as well as protect the organization's financial resources.

The Board of Directors shall establish, maintain, and support an ongoing Risk Management Program that includes a comprehensive, integrated, approach, effective mechanisms for assessing the safe and professional care of client/patients, as well as ensuring appropriate responses to findings. The program shall clearly designate the responsibility and authority of the Risk Manager involved in the coordination of Risk Management activities. The Board of Directors shall receive and evaluate, at least annually, the summary reports indicating the status of agency wide Risk Management activities.

The Risk Management Program shall be in writing, adopted by the Board of Directors and administered through the appropriate agency wide committee. The Board of Directors shall retain overall responsibility and authority for the Risk Management Program.

RISK MANAGEMENT PROGRAM FUNCTIONS

- 1) The Risk Manager is responsible for the oversight of the agency's Risk Management Program.
- 2) The Risk Manager in order to carry out the functions, activities and the position responsibilities is granted all authority necessary to conduct and carry out all risk management activity.
- 3) The Risk Manager shall have access to all necessary, relevant agency and medical staff data including, but not limited to, committee minutes, medical records and medical/clinical staff files.

A. Risk Detection

Clinical and administrative staffs monitor and evaluate potential risk related to patient care and safety and actively participates in the development of criteria for identifying cases with potential risk.

B. Risk Assessment

The Risk Manager will coordinate all Risk Management activities and will provide for the flow of information among Quality/Risk Management, Credentials and Peer Review Committees, and the Board of Directors. The ongoing Risk Management monitoring and evaluation activities will include but not be limited to the following:

- a. Incident Trending Report
- b. Grievances/Complaints
- c. Claims Litigation Data

The Risk Manager is responsible for the oversight of all reported cases. The Risk Manager or his/her designee shall carefully evaluate all concerns and further investigate specific grievances/complaints when deemed appropriate. Grievances may be generated by persons served, relatives, visitors, the general public, physicians, employees, interns, volunteers, and other health care organization representatives and stakeholders. Once a concern has been generated, it is logged into the Incident/Grievance Procedure and Reporting binder and is scheduled for further investigation. The concern is evaluated to determine whether it

- a. Represents a serious or adverse outcome to persons served or staff, interns, volunteers' health and safety;
- b. Dictates a serious or major degree of urgency; non-critical and/or critical
- c. If serious or critical, the Safety Officer will follow proper procedural reporting as deemed by agency P & Ps and DCF standards.
- d. Potentially represents major deviations from CARF, State, or other review agency standards that may affect the organization's accreditation status.
- e. Identification of variations representing quality of care and potential liability issues shall be referred to the appropriate departments/committee, chairman/director for action when necessary. All identified events are aggregated by service and practitioner. Aggregation of data provides the department directors with objectives and valid patterns of care.
- f. The Insurance Liability Carrier Claims Department will be notified of occurrences giving rise to a potential claim or lawsuit.



- C. *Risk Prevention Reduction*- Findings reported through Administration, Medical Staff Committees, etc. are utilized to enhance the quality of patient care, improve patient, employee, visitor, and health care practitioner safety and to minimize risk and losses. Findings will be documented through the appropriate department/committee minutes.
- D. *Risk Appraisal*-to determine the overall Risk Management Program effectiveness and efficiency, the Program shall be evaluated on an annual basis with revisions as needed.

RISK MANAGEMENT PROGRAM COMPONENTS

A.. Incident/Occurrence Reporting: The process of reporting, review and evaluation of incidents/occurrences shall be agency wide and performed in accordance with the established agency policy for reporting of incidents, (complies with Florida Statue # 395.0197, DCF and CARF Operational Risk Management Standards).

- 1. Identifies patient/client's adverse outcome/events that could potentially result in liability.
- 2. Enables the identification of information, retrieval and early action as close to the time of the event as possible to assist the agency and its professionals in minimizing the likelihood of a claim and financial loss.
- 3. Assists the agency in determining, how liability exposure can be minimized.
- 4. Increases Medical/Clinical staff involvement in Risk Management activities.
- 5. Provides a source of information for the agency's quality review effort.

B. Risk Management coordination shall include but will not be limited to:

- 1. Preventive maintenance program.
- 2. External and internal disaster program.
- 3. Liaison with Infection Control, Quality Management, and Employee Health Program.
- 4. Review of Policies & Procedures
- 5. Interaction with Legal Counsel, Insurance carriers and other regulatory agencies, as appropriate
- 6. In-service Education Program

RISK MANAGEMENT PROGRAM ORGANIZATIONAL

STRUCTURE (See Organizational Chart)

RISK MANAGEMENT PROGRAM REPORTING AND

ACCOUNTABILITY (See Incident/Grievance Procedure and Reporting)

(See Corporate Compliance and Integrity Plan)