



RISK MANAGEMENT PLAN

OVERVIEW

Scioto Paint Valley Mental Health Center (The Agency) and its Board of Trustees are committed to making reasonable effort to protect the health and safety of the clients, workforce members and visitors from any hazards incidental to the operation of this organization. The Agency's Risk Management Plan is the sum of all efforts and activities that are directed toward the provision of quality services, the promotion of a safe environment and the prevention of financial losses to the organization.

The Agency attempts to estimate the potential financial risk, however, the necessary baseline data on which to estimate case loads and the costs of services in the behavioral health arena with sufficient precision do not exist. The Agency recognizes that by identifying its total assets and resources, identifying major exposure to loss and calculating values of assets and resources, current risk can be calculated and future and/or potential losses can be projected.

In addition to financial risks, the Agency assesses risks that are related to clinical needs and characteristics of our clients. Our system of care includes clinical protocols and use of evidence-based practices, which identifies those clients and families that present with known elevated risks-e.g., serious and persistent mental illness (SMPI).

Specifically, the Agency will implement a Risk Management Plan that includes the following:

- Identification of loss exposures
- Analysis of loss exposures
- Identification of how to rectify identified exposures
- Implementation of actions to reduce risk
- Monitoring of actions to reduce risk
- Reporting results of actions taken to reduce risk
- Inclusion of risk reduction in performance improvement activities

The Agency has established quality standards of practice and service delivery in order to reduce risk and provides timely response to incidents defined as critical to the well-being and safety of clients and

workforce members. The Agency ensures events that pose a risk are fully evaluated and steps taken to reduce the likelihood of recurrence and maintains appropriate levels of liability insurance coverage to protect against financial loss. The plan should be reviewed at least annually for relevance and updated as needed

RISK MANAGEMENT PROGRAM STRUCTURE

1. Board Involvement

The Board of Trustees plays an important role in risk management. Because the Board is ultimately responsible for the health and well-being of the Agency's assets, the risk management plan is subject to the Board's approval. The Agency uses a combination of risk transference and risk retention strategies that are reviewed periodically by the Board of Trustees Finance Committee.

2. Risk Management and Safety Committee

The Risk Management and Safety Committee are responsible for implementing and coordinating the risk management plan. The Risk Management and Safety Committee have authority to do what is necessary to carry out the functions and activities of the internal risk management program.

Members of the Risk Management and Safety Committee include the Executive Director, Associate Director of Clinical Services, Associate Director of Intensive Services, and Associate Director of Finance, Director of Human Resources and the Corporate Compliance Manager. When safety issues are involved, the Facilities Director is involved as well. The members of the Risk Management and Safety Committee are responsible for the following functions within the risk management program:

- Review and follow-up all incident and event reports.
- Prepare incident report tracking and trends in quarterly risk management reports. These include recommendations for actions to reduce risk with follow-up performed to determine if actions taken were effective.
- Coordinate quality assurance and improvement with risk management to ensure that data from all activities is used to lower risk for clients, workforce members and the Agency.
- Communicate with insurance carrier by notifying the carrier of serious incidents, potential claims and litigated claims. Perform follow-up on incidents and potential claims as requested by the carrier.
- Function as a resource to workforce members on risk management issues and questions.

- Provide reports to the Board of Trustees at designated times, but at least quarterly, for the purpose of reviewing and evaluating the activities of the risk management plan.
- Coordinate, plan and implement educational programs to minimize the risk of harm to clients, workforce members and facilities.
- Implement written procedures regarding communications that address both media relations and social media.

BUSINESS RISK MANAGEMENT

The Agency insures against risks incurred in providing services by putting in place the following concepts, tools, and technology:

1. Administration

- A master contract that includes well-defined services and expectations from PVADAMH Board, including the exclusions and limitations.
- The ability to access financial reserves, bank line of credit or financial risk sharing with sub-contractors great enough to pay the claims of the Agency and to handle the operational expense of the Agency. Additionally, the Agency insurance package is reviewed for adequacy on an annual basis which includes a review of property, liability and other coverage, as appropriate.
- The ability to track all costs on a year-to-date basis, including the operational costs and all the costs of purchasing services.
- Management Team awareness and “buy-in” regarding the contractual and clinical arrangements and requirements under which the Agency needs to operate.

2. Clinical Practice

- A proactive customer serve philosophy and process for helping clients feel respected, welcome, and a part of the decision-making process.
- An understanding of the state or court-mandated services and how these affect the cost of providing services.
- A well-developed set of decision-making tools that drive treatment decisions such as clinical necessity criteria, level of care and evidence-based practices.

Risk Management Plan

- Education of the clients during the diagnostic assessment process regarding services and what they should expect from the Agency and its workforce.
- Mixed services protocols to facilitate collaboration of services delivered between the behavioral, child welfare, social services, and medical providers, when the client's presenting problem is a combination of the above issues.
- Screening for early intervention and prevention opportunities.
- Crisis assessment and crisis management available 24 hours, 365 days, to deescalate crisis as well as assess and ensure clients are referred to an appropriate level of care or problem resolution.
- Ensuring that clients and their presenting situations are assessed for potential risk factors such as, need for hospitalization, an immediate appointment with a provider, threat to self or other, medication or medical problems, escalating abusive or dangerous situations.
- A system for the management of clients who present a high risk for service plan noncompliance and are at a high risk to use deep end services such as, intensive serve planning, daily telephone contact, frequency of sessions, partial hospitalization, and in-home services.
- Outreach for clients who are noncompliant such as phone calls, letters, home visits, and communication with significant others.

3. Community and Workforce Interaction

- An appeal and grievance process to review disagreements concerning service plan decisions and provider errors and problems.
- A well-constructed, credentialed, culturally diverse, competent and trained workforce that understands and accepts the Agency's service and treatment philosophy and business values.
- The ability to track utilization on a year-to-date basis for all the levels of care within the various services provided by the Agency (i.e. residential treatment day, bed days, in-home sessions, partial hospitalization, etc.).

STANDARDIZED RISK MANAGEMENT PROCESSES

The Agency utilizes standard risk management processes to monitor and evaluate potential risks. The following are some general areas of importance that are monitored on an ongoing basis:

1. Incident Reporting

- Incident reporting reduces the liability of the Agency by identifying, preventing and controlling potential adverse outcomes through the gathering, tracking and trending of statistical and factual information. Incident reporting is the affirmative duty of any workforce member associated with the Agency in providing direct client services or support services.
- All incidents will be reported to the Executive Director or designee as well as the PVADAMH Board, ODMH, ODADS, and CARF as outlined per the Agency's Incident and Incident Reporting Procedure (PP 06-00-01).

2. Quality Assurance & Compliance

- The Agency, through its QA/PI process, collects and analyzes data as outlined per the Quality Assurance and Performance Improvement Plan and the Annual Service Plan. The following variables will be monitored on a regular basis to reduce the risk to the Agency:
 - QA issues that are brought before the Agency's QA Committee
 - Failure of a workforce member to participate in a recommended training or educational activity or other activity recommended by the QA Committee or required of any Federal or State authority, accrediting body, third party payor, or health care organization.
 - Voluntary or involuntary suspension, supervision, or reprimand due to QA and Code of Conduct concerns.
 - Any change in a workforce member's standing under Federal or State authority, third party payor, or health care organization.
 - Any other information pertaining to the issue of quality of care or safety associated with the treatment of a client or family.
 - Persistent pattern of client complaints.
 - Failure to work collaboratively with other community stakeholders.
 - Failure to comply with national accreditation standards. (See section on accreditation).

3. Accreditation Recommendations

- The Agency minimizes risk by striving to maintain best practice standards and having external, objective reviews of the provision of services. Because of the importance of this process in reducing risk, the Agency has received a three-year award of accreditation under the Behavioral

Health Standards of the Commission on Accreditation of Rehabilitative Facilities (CARF) as mandated by the Ohio Department of Mental Health.

4. Openness

- The Agency regularly communicates with the following entities around operational issues in order to ensure the best quality of care and decrease risk to the Agency:
 - Ohio Department of Mental Health and Addiction Services
 - Paint Valley Alcohol, Drug Addiction and Mental Health Services Board
 - Commission on Accreditation of Rehabilitative Facilities

5. Client/Customer Satisfaction

- A customer satisfaction reporting process has been developed within the Agency's Quality Assurance and Improvement program for visitors, stakeholders, clients, and their families to formally or informally communicate concerns.
- A mechanism is included to provide feedback to visitors, stakeholders, clients and their families in a timely fashion. In addition, clients, client outcomes data are reviewed and monitored through the QA Committee.

6. Client Records

- Client record procedures have been developed and are included in the Agency's Policies and Procedures. The client records are owned by the Agency and will be kept in accordance with state, federal and accrediting body requirements. To reduce risk, the following will occur:
 - Access to the records will be limited to appropriate workforce members and external monitors.
 - Release of Information procedures will meet all state and federal requirements and will be monitored through the Record Review process.
 - Workforce members will be trained in documentation standards and requirements.
 - Records will be regularly reviewed for compliance with regular reports to supervisors and administration as part of the quality improvement process.

7. Client Rights

- Through the QA Plan and policies, procedure/protocols, the Agency has developed a system to:
 - Inform each client and/or family, guardian or custodian of the rights and responsibilities of the client and/or family in a written form with a designated Client Rights Officer identified for each of the Agency service sites controlled by the Agency.
 - Allow for the filing of grievances and the objective review of grievances in a timely manner. This includes development of a grievance process and procedures and the establishment of a grievance review committee.
 - Respect and maintain the confidentiality of clinical information (see client records)
 - Orient new workforce members on client rights and confidentiality.
 - Annual training provided to workforce members on client rights and confidentiality.
 - Monitor and evaluate the Agency's system for protecting and supporting client rights through inclusion of questions on client's rights in satisfaction questionnaires used and monitoring of workforce attitude and actions concerning clients and their families in performance evaluation reviews.

8. Workforce Practices

- Human resource practices are essential for a comprehensive risk management program. These are included in the Policies and Procedures Manual. These include but are not limited to:
 - Job Descriptions-SPVMHC Job Descriptions File
 - New Employee Orientation-Policies & Procedures Manual
 - Code of Conduct-Policies & Procedures Manual
 - Worker's Compensation- Policies & Procedures Manual
 - Americans with Disability Act- Policies & Procedures Manual
 - Family and Medical Leave Act-Policies & Procedures Manual
 - Sexual Harassment-Policies & Procedures Manual
 - Safety Guidelines-Policies & Procedures Manual
 - Disaster Plan-Disaster Manual

9. Workplace Safety

- The Agency is obligated to provide workforce members with a safe work environment. The Agency ensures risk is reduced through the following:
 - Monitoring of workplace accidents and injuries.
 - Awareness of the trends in workplace violence and opportunities to minimize this risk.
 - Use of universal precautions to prevent the risk of spread of communicable disease.
 - Annual training of workforce members on workplace safety issues.
 - Emergency and disaster drills performed per the Agency procedures.
 - Periodic external and internal safety inspection of the Agency's location.

The Agency recognizes domestic violence as a workplace issue that affects the safety, health and productivity of its clients and workforce. The effects of domestic violence on the workplace can most easily be identified by increased absenteeism, reduced productivity, increase healthcare costs and turnover. The Agency attempts to heighten awareness of domestic violence, provides guidance for workforce members and managers to address the occurrence of domestic violence and its effects in the workplace and helps victims of domestic violence understand and access services, information and protections available to domestic violence victims.

CONCLUSION

The Agency is committed to ensuring that quality client care is the cornerstone of its success by promoting a safe environment along with preventing and minimizing financial losses. By implementing the above plan, the Agency's monitoring of these areas of risk will be minimized and the mission of the organization will continue to be obtained.