



caring communities

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# Risk Management Implementation Guide

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# RISK MANAGEMENT IMPLEMENTATION GUIDE

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# RISK MANAGEMENT IMPLEMENTATION GUIDE

## Introduction

The establishment of an effective risk management program is not the sole responsibility of an organization's risk manager and it cannot be accomplished by one individual. Such a program requires support and participation from all areas of the provider organization, especially executive leadership and management.

Caring Communities, Resource Partners, and ECRI, along with board members and member organizations of Caring Communities and Peace Church Risk Retention Group (PCRRG), have worked together to develop key elements of an effective aging-services risk management program. The program is designed to assist members with reducing liability, exposure, identifying and managing risks, and responding effectively to incidents throughout operations while integrating "cultures of safety" throughout their organizations.

The purpose of this implementation guide is to provide tools and resources for the development of practices to aid in the establishment and maintenance of an effective quality and risk management program consistent with Caring Communities and PCRRG standards, in conjunction with ECRI. This toolkit is a step-by-step guide for the Caring Communities- and PCRRG-approved practices, which make up the prescriptive platform.

When developing a risk management program, organizations must build on several fundamental elements:

- A culture of safety founded on an organizational commitment to safety and continuous performance improvement
- A written, organization-wide risk management plan
- Governing board and leadership approval and support for the risk management plan
- Designated risk manager(s), to carry out and coordinate the risk management plan with other organizational functions, including corporate compliance, performance improvement, and safety and security
- A risk management committee to review risk management initiatives
- An organization-wide internal adverse event reporting system that allows for the trending and analysis of events for the purpose of risk identification, process improvement, and identification of strategies to prevent their recurrence
- A risk management program whose functions are integrated with quality, safety, and compliance activities

## Tools for Developing A Risk Management Program

1. [Aging Services Risk Management Functions](#)
2. [Integration of Risk, Quality, Safety, and Compliance](#)
3. [Risk, Quality, Safety, and Compliance Activities](#)
4. [Let's Get Started: Your First 90 Days](#)

## Culture of Safety

Facilitating a culture of safety and a robust event reporting and response system depends on an integrated effort from both quality management and risk management staff. Priority consideration must be given to the manner in which culture of safety, risk management, quality management, and compliance activities are integrated within the organization.

The culture of safety and risk management program goals and objectives are to:

- Continuously improve the culture of safety and prevent the occurrence of accidents, injuries, and other adverse events to residents, staff, volunteers, visitors, and others through proactive risk and quality management activities
- Continuously improve the culture of safety and prevent the occurrence of process errors and system failures through utilization of predictive system analysis before an event occurs and reactive system analysis after an event occurs
- Minimize adverse effects of injuries or accidents when they occur
- Minimize losses to the organization overall by proactively identifying, analyzing, and intervening in potential clinical, business, and operational risks
- Ensure adherence to Centers for Medicare and Medicaid Services (CMS) requirements

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- Protect human and intangible resources (e.g., personal and organizational reputations)

## Tools for Developing a Culture of Safety

1. [A Culture of Safety: It Takes a Community](#)

## Prescriptive Platform for Caring Communities and Peace Church Risk Retention Group

### Prescriptive Platform Overview

As a member of Caring Communities or PCRRG, your organization has agreed to adopt a common set of risk retention group board-affirmed practices called "prescriptives," which act as "covenants" among members.

There are eight prescriptives. Each prescriptive is broken down into practices and guidelines which are assigned points. Practices and guidelines are considered either "engagement" elements or "implementation" elements. The engagement elements require annual submissions to ECRI, for example, evidence of risk management training for staff (practice 1.8), falls prevention training (practice 5.3), and other elements listed in the Prescriptives Engagement Completion Checklist (see tool below). Engagement elements also include your organization's participation in various risk management educational activities which include board meeting attendance, webinars, and conferences. Your organization is scored on implementation elements during site visits. Engagement and implementation element scores are provided to you halfway through the year on a scorecard, and then a final scorecard is provided at the end of the year to show your progress in your implementation of the prescriptive platform.

### Tools for Prescriptive Platform

1. [Prescriptives Platform in Detail](#)
2. [Prescriptives Platform Summary and Reference Guide](#)
3. [Prescriptives Engagement Completion Checklist](#)

## Prescriptive 1: Organization-Wide Risk Management System

### 1.2 Organization-Wide Risk Management Plan

Each Caring Communities and PCRRG member is expected to adopt an organization-wide risk management plan that encompasses all levels of care and service lines. The plan directs and describes elements of the organization-wide risk management system, describes the risk management and committee structure, and the type and frequency of risk management activities, including committee meetings. The plan may integrate risk, quality, and safety systems within the organization and describe key integration points between the organization's risk management and continuous quality improvement (CQI) systems.

### Tools for Prescriptive 1.2

1. [Risk Management Implementation Plan Sample](#)

### 1.3 Appoint Risk Manager

The designation of a risk manager is critical. In more complex, multisite organizations, organizational structure may require a corporate risk manager supported by campus or service-line risk managers. To accomplish this, ECRI recommends developing specific job descriptions for each position so that authority, responsibilities, and accountability are clearly defined and understood throughout the organization. If either the corporate- or campus-designated risk manager positions are shared with another role, assign and design the position by considering the following items:

- The ability to provide adequate time to the risk management role

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- The ability to provide immediate attention to any critical incident
- The ability to vacate other functions for the time needed when indicated

In addition, ongoing professional development is important for the aging services risk manager. ECRI, in conjunction with Caring Communities and PCRRG, provides many opportunities for education, including:

- Spring Education Series
- The National Aging Services Risk Management (NASRM) conference
- Aging Services Risk Management webinar series
- Certificate in Professional in Aging Services Risk Management (CPASRM)

## Tools for Prescriptive 1.3

1. [Aging Services Corporate Risk Manager Job Description Sample](#)
2. [Aging Services Campus Risk Manager Job Description Sample](#)

## 1.4 Risk Management Committee

While there is no single formula for structuring aging services risk management committees, there are guidelines for the creation of organization-wide, fully integrated, and purposeful committees. Single-campus or service-line risk management committees may be composed of key representatives from all levels of care, service lines, ancillary service departments, and aging services senior management functions (e.g., human resources, finance, corporate compliance, quality assurance/performance improvement (QAPI), admissions, sales and marketing). Multicampus organizations may establish risk management committees within each campus or service organization and on the corporate level, with committee membership reflecting a fully integrated and organization-wide approach at each level within the organization. While committee membership is important, defining and communicating the committees' overall purposes and structures are also important. Since the purpose, structure, and membership are defined in the written risk management plan and the plan is approved by the governing body, the responsibility, authority, and accountability of committees are established throughout the organization.

## Tools for Prescriptive 1.4

1. [Risk Management Committee Agenda Sample](#)
2. [Risk Management Committee Minutes Sample](#)
3. [Multi-Site Risk Management Committee Membership](#)
4. [Single-Site Risk Management Committee Membership](#)
5. [Suggestions for Committee Meeting Agenda Topics](#)
6. [Risk Management Committee Functions](#)
7. [Risk Management Reporting to Governance](#)
8. [Governance Report Sample](#)

## 1.5 Internal Incident and Near-Miss Reporting System

One of the primary purposes of establishing an internal event reporting process is to allow for the collection, retrieval, and analysis of pertinent aging services risk management data to assist aging services providers in identifying risks as they exist in their organizations, in measuring improvement efforts, as well as in various reporting activities.

A risk management information system (RMIS) is used to collect event-related data from all areas of the organization and should include all reported events. It is based on either written event reports or a fully electronic reporting system. The system should allow for the following:

- Collection of event-critical data in a consistent format, such as the date and time of event, location of the event, service level, individuals involved in the event, and description of the event
- Effective classification of event types
- Identification of injury types sustained in relation to the event
- Retrieval of common information about event occurrences
- Data classification and trending capabilities that allow for analysis of event-critical information over designated periods of time
- Safety, security, and confidentiality of all event-related data maintained within the RMIS
- Written policies and procedures that govern all aspects of the RMIS, including accessibility of the information and administrative rights

### Tools for Prescriptive 1.5

1. [Internal Incident Reporting Policy and Procedure Sample](#)
2. [Ask ECRI: Best Practices for Effective Incident Reporting](#)
3. [White Paper- Incident Investigation in Aging Services](#)
4. [Sending the Signal Notifications Activate the Organization's Response to an Incident](#)
5. [The 4 Es of a Reporting Culture](#)

## 1.6 Site-Visit Performance Improvement Plan

An integral part of the Peace Church Risk Retention Group (PCRRG) and Caring Communities risk management program includes three new member visits and a triennial visit conducted by ECRI. These visits are designed to support the goals and objectives of the program and to help your organization enhance its existing program. Further, the visits serve as opportunities to identify best practices, lessons learned, and strategies to enhance risk management practices within your organization. Following the visits, ECRI will provide PCRRG, Caring Communities and your organization a report based on the prescriptive platform and other findings. Part of the report includes a performance improvement (PI) plan. Your response to the PI plan is part of prescriptive 1.6 and should be submitted within 45 days of receipt of your site-visit report.

## 1.7 Scheduled Risk Assessment Surveys

The risk assessment survey is conducted by ECRI and collects data from multidisciplinary staff to identify patient safety gaps and organization-wide risks. For more information see [Clinical and Operational Risk Assessments attachment](#).

## 1.8 Annual Risk Management 101 Training

Provide an overall risk management 101 program for all employees as part of the organization's new employee orientation process and as part of the annual in-service and educational program. Consider developing a risk management curriculum that includes learning objectives such as culture of safety, incident reporting and response, hazard reporting, overview of the risk management system and activities, and emergency preparedness and response. Members are encouraged to integrate risk management training programs with other safety-and-risk-related topics such as hazardous materials management, employee injury prevention, Occupational Safety and

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Health Administration regulations, infection control, fire safety and response, missing resident or client response, severe weather preparedness and response, falls management, and corporate compliance (e.g., Health Insurance Portability and Accountability Act (or HIPAA).

### Tools for Prescriptive 1.8

1. [RM101 Annual Training Presentation Template](#)

## Prescriptive 2: Integrate Risk and Continuous Quality Improvement

### 2.1 Corporate and Campus Continuous Quality Improvement Committee

Continuous quality improvement (CQI) is considered synonymous with quality assurance and quality improvement (QAPI). The CQI and/or QAPI function within the aging services or continuing care retirement community organization serves as an important source of information on adverse clinical events throughout an organization that may have serious risk management implications. Organizations should institute a CQI committee to integrate the various CQI activities among business lines, departments, and other key areas.

Committee design should meet the following criteria:

- Primary purpose should be to identify performance improvement opportunities and develop performance improvement projects (PIPs) to address them
- Should evaluate effectiveness using predetermined metrics
- Should be a management-level committee
- Should be chaired by the CQI champion
- If multisite, membership should include campus CQI leaders

It is important that QAPI and/or CQI functions formally communicate with the risk management functions of the organization and vice versa. Likewise, environmental safety and security activities, whether related to physical plant safety, clinical safety, or grounds and property maintenance, are integral to overall risk management program success. Links to the integrated activities can be found above under Tools for Developing a Risk Management Program. How these programs integrate within an organization's structure may vary, but the activities that make up these programs should be consistent.

### 2.2 Identify and Collect Sources of Continuous Quality Improvement Data

The goals of the quality and risk management and environmental safety and security functions are similar: to improve the care, safety, and satisfaction of residents/clients, to enhance and assure the quality of the care and services provided, and to reduce the risk of loss to the organization. While approaches and methodology may vary and data may be collected and evaluated separately, it is important to recognize the influence these systems have on each other.

Each business line and department should identify key performance indicators (KPIs) related to the quality of services provided. KPIs are monitored regularly to measure performance and identify opportunities for performance improvement.

Sources of data include but are not limited to organization-wide incident data; established quality care measures; satisfaction survey results for persons served, caregivers or employees; regulatory licensing survey results; and site-visit report results.

Additional sources of data can be selected and collected to monitor ongoing PIPs in an effort to evaluate achievement of goals and objectives identified in the CQI process.

## Tools for Prescriptive 2.2

1. [Aging Services Risk Management Programs Self Assessment](#)

## 2.3 Submit One Predictive or Reactive Systems Analysis

To ensure your organization is constantly improving QAPI, it is important to submit one predictive or reactive systems analysis and then develop recommendations for improvement. Conduct and submit one predictive or one reactive system analysis (i.e., root cause analysis) to ECRI annually.

## Tools for Prescriptive 2.3

1. [RCA Worksheet Template](#)
2. [Executive Summary RCA Report Form](#)
3. [CMS QAPI Resources](#)

## 2.4 Document, Monitor, and Evaluate Performance Improvement Plans

Develop a means to document, monitor, and evaluate PIPs. Your records should provide evidence of selected KPIs to assist in evaluating whether the stated improvements of the PIP are achieved through the CQI efforts. Developing a dashboard can be a helpful way to monitor the progress of QAPI in your organization.

## Tools for Prescriptive 2.4

1. [Smart Goal Setting Worksheet](#)
2. [Ask ECRI: Implementing Action Plans in Large Organizations](#)
3. [QAPI at a Glance](#)

## Prescriptive 3: Submit Incidents and Claims to Caring Communities

### 3.1 Submit Incidents and Claims to Caring Communities

Submit all applicable incidents and claims to Caring Communities Shared Services (CCSS) per the Caring Communities reportable incidents reporting policy and procedure.

It is important to establish an organization-wide process to submit incidents and claims (i.e., class 1 incidents, class 2 claims, and class 3 claims) in a manner that achieves timely reporting. Your organization should make every attempt to consistently report incidents and claims that meet the reporting criteria to CCSS within seven days of the date of loss.

## Tools for Prescriptive 3.1:

1. [Caring Communities-PCRRG Incident Reporting Policy](#)
2. [Incident Claim Classification](#)
3. [Ready, Set, Go- Event Reporting and Response](#)

# Prescriptive 4: Caring Communities Risk Management Education

Ongoing professional development is important for the aging services risk manager. ECRI, in conjunction with Caring Communities and PCRRG, provides many opportunities for education. It is important that your organization's risk manager or another representative from your organization attends Spring Education Series, NASRM, and monthly webinars.

## 4.1 Spring Education Series

The Spring Education Series is an annual two-day risk management conference held in the spring. In order to receive full engagement points on your scorecard, you must have at least one person attend both days.

## 4.2 National Aging Services Risk Management Conference

The National Aging Services Risk Management (NASRM) Conference is an annual two-day conference held in the fall. NASRM also has preconference sessions. In order to receive full engagement points on your scorecard, you must have at least one person attend both days.

## 4.3 Attend Monthly Webinars

The monthly webinars include a broad range of risk management topics. In order to receive full engagement points on the scorecard, your organization must attend at least three webinars per year.

## 4.4 Certificate in Professional in Aging Services Risk Management

A CPASRM is provided to an individual trained in the art and science of risk management and culture of safety methodologies and is awarded upon the successful completion of all online education modules.

## Tools for Prescriptive 4.4

1. [CPASRM Course Information](#)
2. [ECRI Learning](#)

# Prescriptives 5-8 Toolkit Descriptions

Prescriptives 5-8 are not outlined herein detail. They each have their own toolkit designed to implement best practices associated with their prescriptives. Please note that the information in the toolkits is subject to change.

## Prescriptive 5: Falls Management Toolkit

Recognizing that falls and fall-related injuries are event types with some of the highest frequency in aging services organizations, the purpose of the Falls Management Toolkit is to provide each of our members with updated tools and resources that will assist in the ongoing development of effective clinical practices related to fall prevention, assessment, intervention, and education. Please note that this is currently being revised in 2021.

## Prescriptive 6: Hazardous Wandering and Elopement Toolkit

The [Hazardous Wandering and Elopement Toolkit](#) provides resources for the development and implementation of effective hazardous wandering and elopement prevention practices for aging services risk management and clinical services programs.

## Prescriptive 7: Setting Realistic Expectations Toolkit

Setting realistic expectations between clients, residents, patients, and their family members is a critical element in determining the success of their experiences. The [Setting Realistic Expectations Toolkit](#) is a compilation of recommendations and resources for the

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management of clients, residents, patients, and their family members in the continuing care population, that are evidence-based, practical, and consistent with industry standards.

### Prescriptive 8: Short-Stay Patient Toolkit (if applicable)

The [Short-Stay Toolkit](#) provides resources for the management of short-stay patients in the aging services population. The information in the toolkit is evidenced-based and intended to enhance patient safety, quality of care, and overall satisfaction. The tools align with the CCRRG/PCRRG Prescriptive Platform, Prescription 8, with a focus on scope of service, preadmission, admission, change of condition, purposeful rounding, and discharge planning.

