

January 2019

Healthcare Risk Management Programs

Initial assessment by: _____

Date: _____

In consultation with: _____

Date of previous assessment: _____

ECRI's Risk Assessment Online

ECRI's assessment tools provide a multidisciplinary perspective for identifying and managing risks related to this topic and other healthcare services. This web-based tool provides an easy-to-use, unbiased method to survey staff ranging from frontline nurses to organizational leaders. The tool generates reports, benchmarking data, and recommendations. clientservices@ecri.org

The role of risk management in any business or operation is to protect the organization from any and all losses. Risk management accomplishes this task by identifying, evaluating, and reducing the likelihood of losses from the various risks encountered by the organization. In healthcare, these risks can affect patients, staff, and others who visit the facility's premises, use its services, or do business with it, as well as the organization itself. This self-assessment questionnaire (SAQ) is designed to help healthcare organizations evaluate the strengths and weaknesses of their risk management programs. The assessment should be conducted regularly (e.g., annually) and whenever there are significant changes from adding or discontinuing services, merging with other organizations, bringing medical practices under the organization's operation, and more.

Refer to other SAQs available on the Health System Risk Management website for a focused assessment of risk-management-related topics, including the following:

- [Corporate Compliance](#)
- [Managing Complaints and Grievances](#)
- [Medical Devices: Tracking and Adverse Event Reporting](#)
- [Medical Staff Credentialing and Privileging](#)
- [Safety Management](#)

The following resources were used to develop this SAQ; however, it is not intended to be a comprehensive list:

- ▶ Agency for Healthcare Research and Quality. Hospital survey on patient safety culture. 2018 Aug [cited 2018 Aug 24]. <https://www.ahrq.gov/sops/surveys/hospital/index.html>
- ▶ Centers for Medicare and Medicaid Services. Appendix A—survey protocol, regulations and interpretive guidelines for hospitals. In: State operations manual. 2017 Dec 29 [cited 2018 Dec 20]. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf
- ▶ ECRI. Developing a risk management program. Healthc Risk Control 2018 Dec 31. <https://www.ecri.org/components/HRC/Pages/RiskQual3.aspx>
- ▶ ECRI. Event reporting and response. Healthc Risk Control 2016 Nov 1. <https://www.ecri.org/components/HRC/Pages/IncRep1.aspx>

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		Yes	No	N/I*	N/A	Comments
	culture-of-safety attitudes?					
7.1.	Are the findings from the surveys used to evaluate the need for change?					
8.	Does strategic planning include a risk management focus?					
8.1.	Do business decisions include a risk management focus?					
9.	Does senior leadership hold department managers accountable for measurable risk management goals, such as reporting adverse events and participating in proactive and reactive analyses to address underlying causes of errors?					
10.	Do senior management and the governing board monitor the effectiveness of the organization's risk management program?					
10.1.	Are risk management reports summarizing important information (e.g., adverse event trends, claims activity, accreditation and state survey results, patient complaints) regularly presented to senior leadership and the governing board?					
10.2.	Does the risk manager regularly report to the governing board about risk management activities, patient safety developments, and major liability exposures?					

Risk Management Program

11.	Does the organization have a written risk management plan?					
11.1.	Is the risk management plan approved by senior leadership and the governing board?					
12.	Does the risk management plan describe:					
	a. The purpose and objectives of the risk management program?					
	b. Authority and responsibility for implementing the program?					
	c. Risk management scope and functions?					
	d. Administrative and committee structures for risk management activities?					
	e. Program evaluation methods?					
13.	Is the risk management plan reviewed at least annually and updated when needed?					
14.	Does the risk management program comply with					

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applicable accreditation and regulatory requirements (e.g., sentinel event reporting, state-mandated event reporting)?					
14.1. If the organization participates in a patient safety organization (PSO), are the risk management and patient safety activities structured to comply with the Patient Safety and Quality Improvement Act, which defines the activities of PSOs?					

Risk Manager

15. Does the risk management plan designate an individual (i.e., risk manager) responsible for the development, implementation, and monitoring of the risk management program?					
15.1. Does the risk manager have a written job description?					
15.2. Is the job description in accordance with competency requirements spelled out in state statutes, if applicable?					
15.3. Is the organization's risk manager accountable to the chief executive officer or a senior administrator?					
16. Does the risk management program have a designated liaison at each campus if the organization has multiple sites?					

17. Is the risk manager engaged in (note list is alphabetical, not in order of importance):					
a. Accreditation survey readiness?					
b. Billing and financial compliance?					
c. Claims management?					
d. Contract review?					
e. Corporate compliance?					
f. Credentialing and privileging?					
g. Emergency management?					
h. Environment-of-care management?					
i. Ethics oversight (e.g., advance directives, end-of-life issues)?					
j. Event reporting and investigation?					
k. Infection control?					
l. Information technology (including cybersecurity)?					

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		Yes	No	N/I*	N/A	Comments
	m. Insurance management?					
	n. Litigation defense coordination?					
	o. Marketing and social media presence?					
	p. Medical-device-related incident reporting?					
	q. New product and service review?					
	r. Nonacute services owned or managed by the organization (e.g., physician practices, ambulatory care, home care, hospice, physician practices, rehabilitation)?					
	s. Patient relations, including complaints and grievances?					
	t. Patient safety?					
	u. Performance improvement?					
	v. Premises liability?					
	w. Product recalls?					
	x. Regulatory compliance?					
	y. Safety and security?					
	z. Staff education?					
	aa. Worker health and safety?					
18.	Are mechanisms in place (e.g., quality/safety/risk committee) for the organization's risk manager to meet regularly with key representatives within the organization to review risk-management-related information (e.g., adverse events reports, claims, key quality indicators, high-risk issues, complaints, policy and procedure review, findings from event investigations)?					
18.1.	Is the review of claims and litigation events conducted in a manner to maximize legal protections?					
19.	Does the organization's risk manager participate on other committees addressing risk-related activities (e.g., corporate compliance, ethics, infection control, safety and security)?					
20.	Do the risk manager and others in patient safety and leadership roles have authority to enact interim safety strategies to prevent patient harm when a serious safety issue is identified and an event investigation is ongoing?					
21.	Does the risk manager cultivate positive working relationships with various departments that may					

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	interact with the risk manager (e.g., patient relations department) or support risk management functions (e.g., information technology department)?					
22.	Is the risk manager visible and accessible to all staff?					
22.1.	Does the risk manager periodically visit with the evening, night, and weekend staff to foster awareness about the risk management department's role?					
23.	Are staff members comfortable approaching the risk manager about their risk and safety concerns?					

Risk Identification

24.	Are mechanisms in place to identify risks to patients, staff, and visitors?					
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24.1.	Does risk identification rely on formal sources of data collection, including:					
	a. Accreditation and licensure survey findings?					
	b. Employee and patient satisfaction surveys?					
	c. Event reports?					
	d. Feedback from a PSO if applicable?					
	e. Infection control surveillance data?					
	f. Medical device reports?					
	g. Open and closed claims data, including loss run report of claims activity?					
	h. Patient and family member complaints and grievances?					
	i. Patient medical record review for specific event types, such as falls or pressure ulcers?					
	j. Safety culture surveys?					
	k. Serious-harm events?					
	l. State-mandated event reports?					
	m. Systems analysis conducted proactively or retroactively?					
	n. Workers' compensation reports and claims?					

24.2.	Does risk identification rely on informal sources of data collection, including:					
	a. Billing adjustment requests?					



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b. Briefings from executive walkrounds?					
c. Informal discussions with staff?					
d. Medical record requests?					
e. Medical staff credentialing findings?					
f. Safety committee reports?					
g. Social media?					
h. Walk-through inspection findings and self-assessments?					

Event Reporting

25.	Are formal mechanisms (e.g., event reporting, quality monitoring, rounds) identified in policy and procedure that allow organization employees to identify potential risks?				
26.	Does the adverse event reporting policy provide for learning from system failures and identifying contributing causes of adverse events, near misses, and errors?				
27.	Is a standardized, nonpunitive (but accountable) approach in place for the reporting of patient safety concerns, near misses, adverse events, and errors?				
28.	Do staff members know how to submit an event report?				
28.1.	Do staff know whom to contact when reporting a serious event?				
29.	Does the event reporting system allow for ease of reporting throughout the organization?				
30.	Is a system in place for facilitating open communication between a designated staff member (e.g., risk manager, attending physician), the patient, and the family when a serious event occurs?				
31.	Is the organization's insurance carrier notified of relevant events (e.g., potentially compensable events) by a designated individual in accordance with the insurer's requirements?				
32.	Is an employee/provider counseling program (i.e., second victim program) in place to assist individuals in coping with the emotional aspects of being involved in an adverse event or error?				

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Patient Complaints and Grievances

33.	Are patients informed of how to report their complaints and grievances?			
33.1.	Is it easy for patients to communicate complaints and grievances?			
34.	Is the organization's process for handling grievances in compliance with state and federal requirements?			
35.	Does documentation of patient complaints and grievances include both interventions and resolutions?			
36.	If the risk manager is not directly responsible for managing patient complaints and grievances:			
	a. Is someone assigned that responsibility?			
	b. Is the risk manager made aware so that he or she can evaluate the organization's response and follow up if necessary?			
37.	Are the lessons learned from resolving patients' complaints shared with staff?			

Risk Analysis

38.	Does the organization use its risk management database to track and trend event data?			
38.1.	Are the event data reviewed by a quality/safety/risk committee at least monthly?			
38.2.	Are the event data used to identify areas of risk and opportunities for improvement?			
39.	Is a root-cause analysis or a similar technique focusing on systems breakdowns or process flaws (as opposed to individual errors) performed when a serious event occurs?			
40.	When a potential risk or safety concern is identified, is a process in place to proactively evaluate the issue and to reduce its risks?			
41.	Once risk and safety concerns are identified, does the risk manager follow a process to:			
	a. Examine techniques to reduce or eliminate risks and safety concerns?			
	b. Select the best techniques to address the identified risks and safety concerns?			
	c. Implement the selected techniques?			

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		Yes	No	N/I*	N/A	Comments
	d. Monitor and evaluate the effectiveness of the techniques?					
42.	Does this process involve other departments (e.g., infection control, nursing, quality) as needed?					
43.	Are mechanisms in place to share information within the organization about identified risk and safety concerns and strategies implemented to address them?					

Risk Management Education

44.	Does the risk manager educate the governing board, senior leaders, managers, and staff on the purposes and goals of risk management?					
44.1.	Do new employees and providers receive risk management education at hire or during orientation?					
44.2.	Is refresher risk management education provided periodically to staff?					
44.3.	Is staff participation in risk management education documented?					
45.	Is risk management education provided for the medical staff?					
45.1.	Has the organization considered requiring risk management education as a component of medical staff appointment and reappointment?					
45.2.	Has the organization considered offering continuing medical education credit for risk management education provided to medical staff?					

Action Plan

Assessment Completed By: _____ Date: _____

Question No.	Action Required	Responsibility	Target Date	Action Completed	
				Date	Initials

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