**Policy**

## The purpose of the risk management program is to provide an ongoing, comprehensive, and systematic approach to reducing risk exposures and protecting the assets of the organization. Risk management activities include identifying, investigating, analyzing, and evaluating risks, followed by selecting and implementing the most advantageous methods of correcting, reducing, managing or eliminating these risks.

## Plan

1. To Manage risk by encompassing five basic initiatives:
	1. *Prevention:* Proactive risk awareness and safety programs ensure that staff members are aware of potential risks and provide an understanding of how they can help protect residents, visitors and themselves.
	2. *Correction:* Post-incident remedial actions minimize the impact of adverse events and help prevent future events.
	3. *Documentation:* Each event and critical incident will be documented in the appropriate place (resident record, visitor/employee incident report, Risk Watch), witness statements will be obtained and a thorough investigation will be conducted.
	4. *Education:* Creative and meaningful programs engage personnel in organizational risk-reduction initiatives, leading to a more empowered and effective staff.
	5. *Interdepartmental coordination:* Creating a framework that encourages departments to work together fosters a safer organizational environment.

# **Risk Management Process**

1. *Risk Identification:* Risks, losses and exposures will be identified utilizing the following:
	1. Incident reports
	2. Risk Watch data base and reports
	3. Requests for medical records
	4. Complaints by internal and external customers
	5. Quality improvement information and feedback
	6. Resident council meetings
	7. Safety committee minutes and reports
	8. Facility walking rounds
	9. Discussions with employees at departmental meetings
	10. Resident and family satisfaction surveys
	11. Results of self-assessment
	12. Surveys: State, federal, mock, OSHA, EPA, city, county, CLIA, etc.
2. *Risk Analysis:* The Quality Assurance Committee, Safety Committee, Quality Improvement Committee and all other focused committees (falls, infection control, etc.) will use root cause analysis to determine the cause of potential and actual risks. They will also be responsible to track and trend adverse occurrences.
3. *Implementation of Remedial Actions or Techniques to Manage Risk:* Corrective action(s) will be taken immediately after an event has occurred or a risk has been identified.
4. *Reporting:* All Critical Incidents will be immediately reported to the Corporate Office to the Division Director of Clinical Operations. Each nursing facility will submit a monthly risk management report to their Division Director of Clinical Operations. All requests for medical records will be reported to the Division Director of Clinical Operations within 24 hours of the received request. All incidents involving injury, elopement, suicidal ideations, abuse, neglect, misappropriation, employee/family violence (real or threatened), law enforcement, disaster, outages and hazardous/life-threatening situations will be immediately reported to local management and/or manager on call. Local management will report all reportable incidents to the appropriate agency within the set reporting period.
5. *Monitoring and Evaluating Effectiveness of Corrective Actions/Techniques:* Targeted systems, processes and corrective actions/techniques taken to minimize risk and loss prevention will be monitored and evaluated for continued effectiveness.

**Confidentiality Statement**

All data and information collected and maintained as part of the risk management program is strictly utilized as part of the quality improvement process. All findings are considered to be privileged and confidential information to be distributed only at the direction and with the written consent of legal counsel.