Office of Licensing

Systemic Risk Assessment – SAMPLES

Disclaimer – This document is for educational purposes only. The samples were created to help guide a provider in creating a systemic risk assessment for its organization. Providers are encouraged to reference the Guidance for Risk Management for additional information.

A risk assessment is a careful examination of what the provider identifies as internal and external factors or situations that could cause harm to individuals served or that could negatively impact the organization. The risk assessment should lead to a better understanding of actual or potential risks and how best to minimize those risks. Systemic risk assessments vary depending on numerous factors such as an organization's size, population served, location, or business model.

12VAC35-105-520.C.The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following: 1.The environment of care; 2. Clinical assessment or reassessment processes; 3. Staff competence and adequacy of staffing; 4. Use of high risk procedures, including seclusion and restraint; and 5. A review of serious incidents.

12VAC35-105-520.D.The systemic risk assessment review process shall incorporate uniform risk triggers and thresholds as defined by the department.

The Department of Behavioral Health and Developmental Services (DBHDS) defined risk triggers and thresholds as care concerns through review of serious incident reporting conducted by the Incident Management Unit.

Below are the list of individual care concern thresholds (Revised as of 10-4-2021):

Multiple (two or more) unplanned hospital visits for a serious incident including: falls, choking, urinary tract infection, aspiration pneumonia, dehydration, or seizures within a ninety (90) day time-frame for any reason; and

Any incidents of a decubitus ulcer diagnosed by a medical professional, an increase in the severity level of a previously diagnosed decubitus ulcer, or a diagnosis of a bowel obstruction diagnosed by a medical professional.

SAMPLE 1 – Non-Residential Provider Risk Assessment

Date completed _____ (12VAC35-105-520.C requires at least annually) Completed by _____

This sample document does not include all risks that an organization may review. This specific assessment is not required. It is presented as a sample template that may be expanded or otherwise adapted to the needs of an organization. The green highlights signify the categories as required in regulation 12VAC35-105-520.C.1-5 and 12VAC35-105-520.D. The risks listed under each category are examples. Each organization should include risks specific to their size, individuals served, location and business model.

As noted in the Guidance for Risk Management the annual risk assessment review is a necessary component of a provider's risk management plan. Upon completion of the risk assessment, the provider would consider next steps:

- Assign recommendations to appropriate staff members, departments and/or committees
- Determine what recommendations to include in the risk management plan
- Determine how to monitor risk reduction strategies for effectiveness
- Continue to conduct systemic risk assessment reviews as needed

Environment of Care	**Findings**	**Recommendation(s)**	**Add to Risk Management (RM) Plan (Yes/No/NA)**	**Comments**
Emergency egress	Building exits had boxes/trash	Staff training recommended	No	Assigned to Human Resources
Condition of electrical cords, outlets and electrical equipment	No issues identified	None at this time	NA	
Environmental design, structure, furnishing and lighting appropriate for population and services	Lobby looks dated; seating arrangements could present risks; some areas not ADA compliant	Further study on how environment could be more welcoming to clients and distance seating arranged in the lobby	Yes	Risk manager to add to risk management plan
Ventilation	Age of building presents risks	Contract with consultant to evaluate	Yes	Assigned to building manager to request bids

Clinical Assessment or Reassessment Process	Findings	Recommendation(s)	Add to Risk Management (RM) Plan (Yes/No/NA)	Comments
Admission assessments include risk of harm to self or others	Process implemented per policy	No recommendations at this time	No	NA

Staff Competency and Adequacy of Staffing	Findings	Recommendation(s)	Add to Risk Management (RM) Plan (Yes/No/NA)	Comments
Staff trained according to job functions	Annual fire safety training was not documented for some employees	Fire drills to be conducted involving all staff	Yes	Assigned to Safety Officer
Staff turnover	Employee burnout due to pandemic resulted in increased turnover	Increase recruitment efforts through different advertising avenues	Yes	Assigned to Human Resources
Security	Building security procedures are not being followed	Survey staff regarding safety/security concerns	Yes	Assigned to Human Resources and Safety Officer

Use of high risk procedures, including seclusion and restraint	Findings	Recommendation(s)	Add to Risk Management (RM) Plan (Yes/No/NA)	Comments
High risk medications are administered in outpatient clinic	Documentation of quarterly review of medication errors was not present	Nursing manager to report quarterly to Quality Improvement Committee on medication errors	Yes	Quality Improvement Committee will monitor and determine need for establishing any quality improvement initiatives to address medication errors
Security of high risk medications	Security processes followed	None at this time	No	

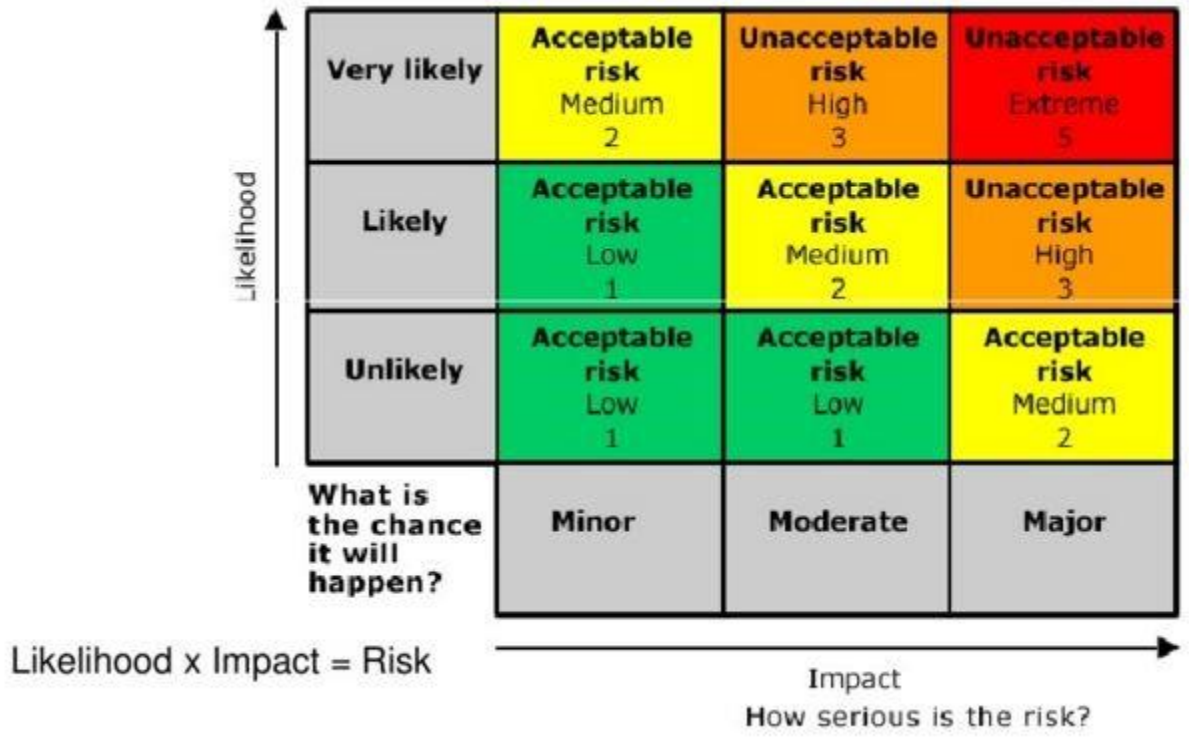
Review of Serious Incidents	Findings	Recommendation(s)	Add to Risk Management (RM) Plan (Yes/No/NA)	Comments
Review of serious incidents	Serious incidents were reviewed per policy and regulatory requirements	More analysis of serious incidents to determine if there are identified trends and/or systemic issues	Yes	Nursing Director and Risk Manager to conduct trend analysis and report to Risk Management Committee
Serious injury to employees, contractors, volunteers and visitors	Review of incidents indicate increase in incidents involving visitors and contractors	Further analysis regarding need for more safety procedures/signage	No	Risk Manager to present to leadership

Risk Triggers and Thresholds	Findings	Recommendation(s)	Add to Risk Management (RM) Plan (Yes/No/NA)	Comments
Process is in place to monitor for individual care concerns	No thresholds for individual care concerns were identified	Continue to monitor	Yes	Nursing Director will continue to monitor care concerns by running CHRIS report on ---- basis.

Adherence to Standards and Regulatory Requirements	Findings	Recommendation(s)	Add to Risk Management Plan (Yes/No/NA)	Comments
Uniform Statewide Building Code	Elevator inspection is out of date	Immediate inspection	No	Safety Director to schedule; report to Risk Management Committee
CARF Accreditation	Provisional accreditation	Need to address survey findings	Yes	Risk Manager working with Quality Improvement Manager to address Corrective Action Plan

Sample 2 – Provider of 4 Bed Group Home

In this sample, the provider conducted a systemic risk assessment using a risk matrix for scoring.



When creating a risk matrix, the provider could look at the likelihood of something happening and how serious is the risk. For example, something that is very likely to occur and the impact would be moderate could result in a score of 3 - “unacceptable risk” and could be addressed immediately.

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Date completed _____ (12VAC35-105-520.C requires at least annually) Completed by _____

Environment of Care	Findings	Risk Score	Recommendations	Comments / Action	Date
Floors clean and free of tripping hazards	Cracked bathroom tile floor	3	Replace cracked tile	Work completed	12/4/2020
Recycling, composting and garbage do not create nuisance, permit disease transmission or breed insects/rodents	No issues identified	1	No recommendations at this time.	NA	
Exhaust ducts/fans free from dust	Fans dusty	1	Recommend adding to program manager's environmental checklist	Report to Risk Management Committee on compliance	

Clinical assessment or reassessment process	Findings	Risk Score	Recommendations	Comments / Actions	Date
Assessments/reassessment process	Processes are in place but several Individual Support Plans were not updated following change in status	3	More frequent monitoring	Quarterly audit reports to be shared with leadership	

Staff Competence and Adequacy of Staffing	Findings	Risk Score	Recommendations	Comments / Actions	Date
Employee CPR Certification	One employee had expired CPR certifications	2	Recertification to be completed immediately	Assigned to program manager; Human Resources to monitor completion and report to Risk Management Committee. Establish monitoring system to ensure compliance	Reported to Committee 2/10/2021
Staffing	Overtime increased dramatically over past year	3	Human Resources and Program Managers to further study and make recommendations to Leadership	Add to Risk Management Plan as a goal to reduce overtime	

Use of High Risk Procedures, Including Seclusion and Restraint	Findings	Risk Score	Recommendations	Comments / Actions	Date
Transfer of individuals needing assistance	Level II serious incident occurred during transfer using a lift; Root Cause Analysis conducted	3	Program Manager to conduct competency check with all staff	Report to Leadership when competency check is complete.	
Transportation of individuals in wheelchair van	No incidents	2	Conduct spot checks to ensure safety protocols are followed	Program Manager to report quarterly on spot checks	

Review of Serious Incidents	Findings	Risk Score	Recommendations	Comments / Actions	Date
Serious incidents review	Reviews are conducted per policy. Slight increase in incidents involving elopement over the past year.	3	Program Manager and Risk Manager to review findings of root cause analysis and ensure recommendations have been effective in mitigating risks related to elopement.	Add efforts to mitigate risks to Risk Management Plan	

Risk Triggers and Thresholds	Findings	Risk Score	Recommendations	Comments / Actions	Date
Process in place to monitor care concerns	Individual care concerns involving decubitus ulcers have been addressed through a quality improvement initiative and performance objective added to the quality improvement plan	3	Continue to monitor all care concerns	Assigned to Nursing	

Adherence to Regulatory Requirements	Findings	Risk Score	Recommendations	Comments / Actions	Date
LEIE (List of Excluded Individuals/Entities)	Documentation not present for DMAS Quality Management Review	3	Human Resources to establish system per Corrective Action Plan	Report quarterly to Risk Management Committee	

Financial risks	Vehicular liability insurance increasing	2	Research other insurance companies/rate	Assigned to Executive Officer	

Emergency Preparedness	Findings	Risk Score	Recommendations	Comments / Actions	Date
History of being adversely affected by hurricanes	Emergency preparedness drills completed per policy	2	Continue to review emergency management plan	Assigned to Risk Manager	

In this sample, the provider may choose to prioritize all items that scored a 3 or above and include in risk management or quality improvement plan.

Upon completing the risk assessment, the provider would consider next steps such as:

- Assign recommendations to appropriate staff members, departments and/or committees
- Determine what recommendations to include in the risk management plan
- Determine how to monitor risk reduction strategies for effectiveness
- Continue to conduct systemic risk assessment reviews as needed

Sample 3 – Intensive In-home Service Provider

In this sample, an intensive in-home service provider conducts a systemic risk assessment using a checklist. The environment of care section would be different given that services are provided at a location that is not under the direct control of the provider, such as at an individual's own home.

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Upon completing the risk assessment, the provider would consider next steps such as:

- Assign recommendations to appropriate staff members, departments and/or committees

- Determine what recommendations to include in the risk management plan
- Determine how to monitor risk reduction strategies for effectiveness
- Continue to conduct systemic risk assessment reviews as needed

Risk Assessment Checklist

Date completed (12VAC35-105-520.C requires at least annually) _____ Completed by _____

Yes	No	Business Risks	Actions if "No"
		Financial audits occur per policy	
		Industry standards are in place for protection against cyber threats	
Yes	No	Environment of Care	Actions if "No"
		Staff providing in-home services have personal protective equipment (PPE)	
		Infection control processes are followed	
Yes	No	Staff Competence and Adequacy of Staffing	Actions if "No"
		Employees meet the minimum employment qualifications to perform their duties	
		All employees have undergone background checks prior to starting work	
		All employees have abuse and neglect training within 15 days of hire and annually (within 365 days)	
		All staff who are performing duties that require professional licensure or certification have current licenses or certification on file	
Yes	No	Clinical Assessment or Reassessment Process	Actions if "No"
		Review of clinical assessments included risk of harm to self or others	
Yes	No	Use of High Risk Procedures, including Seclusion and Restraint	
		All employees are trained in behavior intervention techniques	
		Employees required to administer high risk medication have documented training	
Yes	No	Review of Serious Incidents	Actions if "No"
		All serious Incidents are reviewed per policy	
		Root cause analysis completed per policy	

Yes	No	Risk Triggers and Thresholds	Actions if "No"
		Reports are run in CHRIS to determine if any individual care concern thresholds have been met. If any have been met, were efforts made to address.	

Upon completion of the risk assessment checklist, the provider's leadership discusses the findings and prioritizes risk mitigation efforts for those items that present the greatest threat. The provider also conducts another risk assessment three months later in response to changing situations.

Sample 4 – Medication Assistance Service

In this sample, a methadone clinic conducts a systemic risk assessment. This sample document does not include all risks that an organization may review. This specific assessment is not required. It is presented as a sample template that may be expanded or otherwise adapted to the needs of an organization. The green highlights signify the categories as required in regulation 12VAC35-105-520.C.1-5 and 12VAC35-105-520.D. The risks listed under each category are examples. Each organization should include risks specific to their size, individuals served, location and business model.

In this example, the provider reviewed the previous year's risk assessment to determine what identified risks had not been addressed, where risk mitigation efforts had not been implemented and to ensure that the systemic risk assessment is completed at least annually.

Environment of Care	**Findings**	**Recommendation**	**Staff Assigned**
Chemicals/cleaning supplies	Chemicals were identified without labels and no Material Safety Data Sheets (MSDS) available.	Review of all chemicals and update MSDS	Risk Manager
Traffic safety	Concerns regarding traffic flow and impact on neighborhood traffic	Leadership to meet with neighborhood representatives; add to Risk Management Plan with steps to mitigate risks	Executive Officer
Outdoor lighting	Employee surveys report concerns about outdoor lighting during early morning	Add to safety inspection checklist to ensure regular monitoring	Risk Manager

Clinical assessment or reassessment process	**Findings**	**Recommendation**	**Staff Assigned**
Face to face counseling session at least every two weeks for first year of treatment.	Documentation present	Monthly audits to continue	Program Director

Duplication of opiod medication services	Policy for contacting services within 50 miles radius before admitting has been followed and documentation present.	Monthly audits to continue	Program Director
Documentation of individual's level of lifestyle ability prior to dispensing take-home medication	Monthly record reviews were not consistently completed	Add to RM plan as goal and report quarterly to Quality Improvement Committee	Program Director

Staff competence and adequacy of staffing	**Findings**	**Recommendation**	**Staff Assigned**
Background checks on employees	Documentation was not present in employee files	Human Resources to review procedures for documentation and implement quality assurance audits	Human Resources Director
Emergency Preparedness Training	Training for employees regarding emergency or natural disasters needs to be reviewed and revised	Update training to include lessons learned from pandemic	Safety Officer and Human Resources

Use of high risk procedures, including seclusion and restraint	**Findings**	**Recommendation**	**Staff Assigned**
Compliance with security for storage of methadone which complies with Drug Enforcement Agency and Virginia Board of Pharmacy	Written plan has not been reviewed in over a year.	Review and revise plan as determined necessary	Risk Management Committee
Security of opioid agonist medication supplies	Turnover in staff has resulted in some security lapses	Training refresher for all staff	Program Director

Review of serious incidents	**Findings**	**Recommendation**	**Staff Assigned**
Review of all serious incidents	Review of incidents occurred per policy; trend identified of slight increase over the past two years of incidents involving verbal threats to employees	Conduct employee survey regarding employee safety concerns	Human Resources and Risk Manager

Risk Triggers and Thresholds	**Findings**	**Recommendation**	**Staff Assigned**
Process is in place to monitor for individual care concerns and respond as necessary	No individual care concerns identified	Continue to monitor	Nursing Director

Business Risks	**Findings**	**Recommendation**	**Staff Assigned**

Public relations	Concerns from community were shared with leadership	Executive leadership to meet with community leaders to address	Executive Officer
Electronic health records	Clinic has cybersecurity system to protect confidential health information from being compromised and/or manipulated	None at this Time	IT Manager

Upon completing the risk assessment, the provider would consider next steps such as:

- Assign recommendations to appropriate staff members, departments and/or committees
- Determine what recommendations to include in the risk management plan
- Determine how to monitor risk reduction strategies for effectiveness
- Continue to conduct systemic risk assessment reviews as needed

Date completed (12VAC35-105-520.C requires at least annually) _____

Completed by _____