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SAMPLE 2: Provider of a 4-Bed Group Home Annual Systemic Risk Assessment

Disclaimer- This document is for educational purposes only. This sample was created using the Systemic Risk Assessment Template (April 2023) developed by the Office of Licensing. 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 is the list of individual care concern thresholds (Revised as of 1/2023):

- Multiple (Two or more) unplanned medical hospital admissions or ER visits for falls, urinary tract infection, aspiration pneumonia, dehydration, or seizures within a ninety (90) day time-frame for any reason.
- 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.
- Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR.
- Multiple (Two or more) unplanned psychiatric admissions within a ninety (90) day timeframe for any reason.

This sample document does not include all risks that an organization may review. The annual systemic risk assessment presented below is an example that may be expanded or otherwise adapted to the needs of an organization. The green highlights signify the categories of the systemic risk assessment as required in regulations 12VAC-35-105-520.C.1-5 and 12VAC35-105-520.D. Each organization should include risks specific to their size, individuals served, location, and business model. Upon completion of the annual systemic risk assessment, the provider would consider the following 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

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Annual Systemic Risk Assessment TEMPLATE

Provider Name:

Policy #:

Regulation: 12VAC35-105-520

Effective:

Revised:

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
Environment of Care						
Floors clean and free of tripping hazards	Cracked bathroom tile floor	3	Replace cracked tile	Work completed	Yes	
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	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	No	
Clinical Assessment and Reassessment Processes						

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Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	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	Yes	
Staff Competence and Adequacy of Staffing						
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	Yes	
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	Yes	
Use of High-Risk Procedures						
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.	Yes	
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	Yes	
Review of Serious Incidents						

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Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	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	Yes	
Risk Triggers and Thresholds (Care Concerns)						
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	Yes	
Additional Risks						
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	Yes	
Financial risks	Vehicular liability insurance increasing	2	Research other insurance companies/rate	Assigned to Executive Officer	No	
History of being adversely affected by hurricanes	Emergency preparedness drills completed per policy	2	Continue to review emergency management plan	Assigned to Risk Manager	No	

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Risk Matrix for use when determining a risk score:

Likelihood - it will happen	Minor	Moderate	Major
Very Likely	Acceptable Risk Medium 2	Unacceptable Risk High 3	Unacceptable Risk Extreme 4
Quite Likely	Acceptable Risk Low 1	Acceptable Risk Medium 2	Unacceptable Risk High 3
Unlikely	Acceptable Risk Low 1	Acceptable Risk Low 1	Acceptable Risk Medium 2
	Minor	Moderate	Major

Impact - How serious is the risk?

_____   _____

[Provider Designee Signature]   [Date]