

**Series:** Risk Mgmt/Quality Assurance COA: RPM 2.02-2.04, PQI 4.02  
CFOP: NA

**Procedure Name:** Risk Management Committee Review Process  
(Level 1 Review)

**Procedure Number:** RQ-502

**Revision #/Date:** NA

**Effective Date:** 1/9/09

**Applicable to:** All CBCB Staff and Contract Providers

**SUBJECT:** Risk Management Committee Review Process (Level 1 Review)

**PURPOSE:** To ensure the health and safety of the children and families under the supervision of Community Based Care of Brevard by reviewing and identifying trends and training needs to ensure continuous quality improvement of services.

**PROCEDURE:**

#### References

CBCB Policies/Procedures: GOV-202, GOV-203, RQ-505

#### Procedure and Documentation Requirements:

1. The Risk Management Committee will review and identify trends, training needs and critical issues to ensure quality and effective service delivery and resources are provided to our network and within Community Based Care of Brevard. The following logs and/or documents will be reviewed:
  - a. Exit Interviews
  - b. Critical Incident Reports
  - c. Placement Disruptions
  - d. Institutional Abuse/Neglect Reports
  - e. Client Grievances
  - f. Missing Children Reports
  - g. Any other essential log/report that reflect child safety issues
  
2. The Risk Management Committee will make findings, recommendations and provide a plan for resolution of issues identified. All findings, recommendations and plan will be documented on the Risk Management Committee Review Form (attachment A). The original form will be forwarded to the appropriate Manager/Director assigned as below:
  - a. Exit Interviews – Child and Family Program Manager
  - b. Critical Incident Reports – Director of Operations, Quality & Fidelity
  - c. Placement Disruptions – Utilization Management Program Manager
  - d. Institutional Abuse/Neglect Reports – Utilization Management Program Manager
  - e. Client Grievances – Compliance Officer

3. The Risk Management Committee will forward the original form to the assigned Manager/Director within 24 hours of the meeting.
4. The Risk Management Committee will retain a copy of the Risk Management Committee Review Form that outlines the findings, recommendations and plan for resolution to ensure resolution or plan is implemented timely and will review based on need.
5. The Risk Management Committee will be comprised of the following Community Based Care of Brevard employees:
  - a. Training Manager - chair
  - b. North Care Center Manager
  - c. Central Care Center Manager
  - d. South Care Center Manager
  - e. Caregiver Liaison
  - f. Contract Manager
  - g. Utilization Management Program Manager
  - h. Behavior Analyst
  - i. Client Relations
6. The Risk Management Committee will meet on a monthly basis or no less than quarterly. The Chairperson of the committee will be responsible for scheduling the meetings.
7. The Risk Management Committee will use the Risk Identification process designed by Community Based Care of Brevard to review all issues pertaining to risk. The areas which will be reviewed include; the probability, impact (findings) and the response (recommendation and plan) to the risk.
  - a. The Committee will complete the risk assessment and prioritization of risk and then will document the probability ('how likely is this risk to occur'), the impact ('what will happen if the risk becomes an issues') and the response ('how to respond to each risk') on the Risk Management Committee Review Form.

**Response and Follow-Up:**

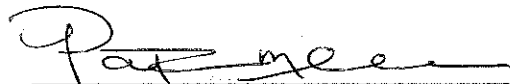
1. During any review of the noted documents and/or logs listed above; the Risk Management Committee can request that the issue be reviewed for follow-up due to safety and/or quality concerns; and a designated date (time frame) will be established by the committee for that follow-up.
2. All high probability risk and/or high impact risk assessments will be referred to the Compliance Review Committee within 24 hours of the Risk Management Committee meeting.
  - a. The Risk Management Committee will determine based on information received whether to refer other issues to the Compliance Review Committee.
  - b. The Compliance Review Committee is deemed 2<sup>nd</sup> Level of Review for issues related to strategic planning and network and/or internal maintenance.
3. Any recommendations not followed up within the time frames established by the Risk Management Committee will be immediately referred to the Compliance Review Committee for discretionary action.

4. The Chair of the Risk Management Committee will maintain a tracking log of all information (documents/logs) reviewed during the Risk Management Committee meetings. The tracking log will document vital information such as identified risks, follow up actions and plan for resolution. The tracking log will also document 6 months outcome and 12 months outcome to ensure the plans are providing positive direction, influence to correct and resolve the initial issue as recommended.

**Management Review:**

1. The Risk Management Review Committee will cumulate data regarding quality improvement recommendations on each risk identified at the six and twelve month outcomes. This information will be analyzed for the purpose of improving service delivery and diminishing risk and tracked on the RMC Tracking Form and shared as part of the PQI process and with Senior Management on a quarterly basis.
2. Any recommendations that are provided by CBCB Senior Management through the review process will be incorporated.

BY DIRECTION OF THE CHIEF EXECUTIVE  
OFFICER:



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DR. PATRICIA NELLIUS-GUTHRIE  
Chief Executive Officer  
CBC of Brevard, Inc.

APPROVAL DATE: 1/16/09



# RISK MANAGEMENT COMMITTEE REVIEW FORM

Date of 1<sup>st</sup> Review:  
Date of 2<sup>nd</sup> Review:  
Date of Closure:

## I. Document Reviewed

What document was reviewed (check all that apply):

- Exit Interview Report
- Exit Interview Log
- Critical Incident Report
- Critical Incident Log
- Placement Disruption Report (30-day notice)
- Placement Disruption Log
- Institutional Abuse/Neglect Report
- Institutional Abuse/Neglect Summary
- Institutional Abuse/Neglect Log
- Client Grievance
- Other Incident

Child Placing Agency:

Case Management Agency:

Care Manager:

Foster Home/Group Home Name:

Name Listed on Client Grievance:

Document within **Risks Identified (Findings)** (Step II) the risk issues that were identified through review of the tracking logs – (i.e.: any trends identified, similar risk patterns, etc.).

## II. Risks Identified (Findings)

List identified risk issues:

Follow up action needed?

If Yes, Please Specify:

Document **Corrective Action and Follow Up Provided** (Step III) any corrective action and follow up that was provided by the Director/Manager in the actual report that is being review, if applicable.

## III. Corrective Action and Follow Up Provided, if applicable

What was documented as the immediate Corrective Action:

Was follow up action needed?

If Yes, What was Specified:

Was follow up action completed?

If No, What is outstanding?

Document ***Risk Prioritization (Probability and Impact)*** (Step IV) document after review of the corresponding report the probability of risk and the impact of the risk to the agency. Use the 'Risk Identification Model' for identifying specific Risk categories, Probability of Risk and Impact of Risk.

<b>IV. Risk Prioritization (Probability and Impact)</b>	
<b>Risk Prioritization – Probability Chart</b>	
Overall Probability of Risk to Occur, please specify with High, Medium, Low, N/A or Need More Information:	
Please specify what additional information is needed:	
<u>Date Information is Due:</u>	
<b>Risk Prioritization – Impact Chart</b>	
Overall Impact of Risk, please specify with High, Medium, Low, N/A or Need More Information:	
Please specify what additional information is needed:	
<u>Date Information is Due:</u>	

**Note:** All High Risk, High Probability and/or High Impact of Risk Findings will automatically be referred to the Compliance Committee for further review.

<b>V. Risk Response (Recommendations and Plan) – 1<sup>st</sup> Review</b>	
Recommendations and Plan after review; please list recommendations and plan:	
List Plan Implementation with Dates Due:	
Refer back to Designated Director/Manager for additional follow-up: No	<u>Date Follow Up is Due:</u>
Please specify follow-up:	
Refer to Compliance Committee: Select	<u>Date:</u>
Requesting Action Taken by Compliance Committee: Select	
Requesting Review Only by Compliance Committee: Select	

**Compliance Committee Review** (Step VI) documents the committee findings, recommendation and plan regarding the identified risk.

<b>VI. Compliance Committee Review</b>	
Recommendations and Plan after review; please list recommendations and plan:	
List Plan Implementation with Dates Due:	
Refer back to Risk Management Committee: Select	Date Follow Up is Due:
Please specify follow-up:	
No Action Taken by Compliance Committee: Select	

<b>VII. Risk Response (Recommendations and Plan) – 2<sup>nd</sup> Review</b>	
Is this Follow Up Review Recommended by Compliance Committee: Select	
Recommendations and Plan after review; please list recommendations and plan:	
List Plan Implementation with Dates Due:	
Refer back to Designated Director/Manager for additional follow-up: Select	Date Follow Up is Due:
Please specify follow-up:	
Refer to Compliance Committee: Select	Date:
<b>VIII. Final Review and Closure</b>	
Action Necessary: Select	Date:
Schedule for 2 <sup>nd</sup> Review: Select	Date:
Refer to Compliance Committee: Select	Date:
Risk Management Committee Member Completing Form:	

