

# FTCA Application Demonstration of Compliance Tool:

## **Risk Management Training Plan Edition**

## **Purpose**

Use this document to record and demonstrate risk management trainings that are implemented in your health center organization and trainings that will be conducted for the calendar year. The Health Resources and Services Administration (HRSA) does not require health centers to use this document when submitting their FTCA application. However, health centers are encouraged to complete this user-friendly tool to make documentation and demonstration of risk management training requirements clear and easy to understand. This document can be submitted with other required documents that appear on the annual FTCA deeming application. Health centers submitting FTCA deeming applications are required to provide an annual risk management plan that should be based on identified risks including all of the required trainings outlined in the annual FTCA application. Health centers should refer to the FTCA annual program assistance letter to determine what trainings are required for the year.

#### **DISCLAIMER**

Information provided by ECRI is not intended to be viewed as required by ECRI or the Health Resources and Services Administration, nor should these materials be viewed as reflecting the legal standard of care. Further, these materials should not be construed as dictating an exclusive course of treatment or procedure. Practice by providers varies, including based on the needs of the individual patient and limitations unique to the institution or type of practice. All organizations should consult with their clinical staff and other experts for specific guidance and with their legal counsel, as circumstances warrant.

This model plan is intended as guidance to be adapted consistent with the internal needs of your organization. This plan is not to be viewed as required by ECRI or the Health Resources and Services Administration. All policies, procedures, and forms reprinted are intended not as models, but rather as samples submitted by ECRI member and nonmember institutions for illustration purposes only. ECRI is not responsible for the content of any reprinted materials. Healthcare laws, standards, and requirements change at a rapid pace, and thus, the sample policies may not meet current requirements. ECRI urges all members to consult with their legal counsel regarding the adequacy of policies, procedures, and forms.



| Name of health center:  |
|---|
| Location:   |
| Contact name:   |
| Contact phone and email:  |
| Oversight of Risk Management Training Plan  |
| The following staff member is ultimately responsible for developing and carrying out the health center's risk management training plan: |
| ☐ Education manager   |
| ☐ Executive director/chief executive officer (CEO)  |
| ☐ Chief medical officer   |
| ☐ Other – please specify:   |
| Please provide any other information about oversight of the risk management training plan:  |
| The governing board reviews and approves the risk management training plan. $\hfill\Box$<br>Yes   |
| □ No  |
| If "no," please specify who reviews and approves the risk management training plan:   |
| Time Frame  |
| New employees: New employees receive risk management training within days of hire. ☐ 30   |
| □ 60  |
| □ 90  |
| ☐ Other – please specify:   |
| Existing employees: The health center sets the plan for ongoing risk management training on the following schedule:                     |



| $\square$ Annually, but we may revise the training plan throughout the year based on new risks or priorities   |
|--|
| □ Every six months   |
| □ Every quarter  |
| ☐ Other – please specify:  |
| If "Other" was selected, please provide information regarding the risk management plan time frame:   |
| Training Topics  |
| The risk manager identifies areas of highest risk within the context of the health center's risk management plan and selects risk management training topics. Risk managers should use available data and information in order to select topics. The following sources of information are used for determining training topics (select all that apply and use the space provided to describe the processes and data used for each source):  □ Risk assessments |
| Please describe:   |
| □ Event reports  |
| Please describe:   |
| □ Claims   |
| Please describe:   |
| ☐ Culture-of-safety surveys  |
| Please describe:   |
| ☐ Patient safety leadership walkrounds   |
| Please describe:   |
| ☐ Quality measures and data  |
| Please describe:   |
| ☐ Uniform Data System measures   |
| Please describe:   |
| ☐ Patient feedback and complaints  |
| Please describe:   |



|        | Please describe:  |
|--------|---|
|        | ☐ Healthcare literature   |
|        | Please describe:  |
|        | ☐ Claims trends from similar healthcare settings  |
|        | Please describe:  |
|        | ☐ FTCA deeming application or site visit feedback   |
|        | Please describe:  |
|        | ☐ State licensure surveys   |
|        | Please describe:  |
|        | ☐ Consultants' reports  |
|        | Please describe:  |
|        | ☐ Other—please specify:   |
|        | lealth Center Staff   |
| Γhe re | equired trainings for all health center staff include the following topics based on Chapter 21 of the Health  |
|        | equired trainings for all health center staff include the following topics based on Chapter 21 of the Health r Program Compliance Manual:   |
|        |   |
|        | r Program Compliance Manual:  ☐ Health Insurance Portability and Accountability Act (HIPAA)  Course Title: Source: Format: Date: Deadline: Course Data: Total Completed: Total Pending:  ☐ Medical record confidentiality requirements  Course Title: Source: Format: Date: |
|        | r Program Compliance Manual:  ☐ Health Insurance Portability and Accountability Act (HIPAA)  Course Title: Source: Format: Date: Deadline: Course Data: Total Completed: Total Pending:  ☐ Medical record confidentiality requirements  Course Title: Source: Format:       |



Deadline:

| Deadline:<br>Course Data: Total Completed:   | Total Pending:  |
|--|---|
| Other topics included in the annual risk m   | anagement training plan for all health center staff include the following |
| (select all that apply) (recommended but   | not required by HRSA):  |
| <ul> <li>□ Event reporting</li> <li>Course Title:</li> <li>Source:</li> <li>Format:</li> <li>Date:</li> <li>Deadline:</li> </ul> | Total Dan din m   |
| Course Data: Total Completed:  | Total Pending:  |
| <ul> <li>☐ Sexual harassment and misco<br/>Course Title:<br/>Source:<br/>Format:<br/>Date:<br/>Deadline:</li> </ul>              | nduct in healthcare   |
| Course Data: Total Completed:  | Total Pending:  |
| ☐ Cultural sensitivity Course Title: Source: Format: Date: Deadline:   |   |
| Course Data: Total Completed:  | Total Pending:  |
| <ul><li>☐ Communication</li><li>Course Title:</li><li>Source:</li><li>Format:</li><li>Date:</li><li>Deadline:</li></ul>          |   |
| Course Data: Total Completed:  | Total Pending:  |
| ☐ Culture of safety Course Title: Source: Format: Date: Deadline:  | Total Dandings  |
| Course Data: Total Completed:  | Total Pending:  |
| ☐ Teamwork strategies Course Title: Source: Format: Date:  |   |



| Course Data: Total Completed:   | Total Pending:   |
|---|--|
| ☐ Other—please list additional concurse Title: Source: Format: Date: Deadline: Course Data: Total Completed:                                | ourse titles below.  Total Pending:  |
| Course Title: Source: Format: Date: Deadline: Course Data: Total Completed:   | Total Pending:   |
| Course Title: Source: Format: Date: Deadline: Course Data: Total Completed:   | Total Pending:   |
| Please provide any additional information   | about annual risk management training topics for all staff:                  |
|   |  |
|   |  |
| Specialty Services The required trainings for staff conting in a  | vinical rates include the following tenion based on Chapter 21 of the        |
| Health Center Program Compliance Manu   | clinical roles include the following topics based on Chapter 21 of the real: |
|   | <u></u> -  |
| <ul> <li>☐ Sterilization of equipment</li> <li>Course Title:</li> <li>Source:</li> <li>Format:</li> <li>Date:</li> <li>Deadline:</li> </ul> |  |
| Course Data: Total Completed:   | Total Pending:   |
| Other topics included in the annual risk ma   | anagement training plan for staff serving in clinical roles include the      |
| following (select all that apply) (recommer   | nded but not required by HRSA):  |
| ☐ Tracking referrals Course Title: Source: Format: Date: Deadline: Course Data: Total Completed:  | Total Pending:   |



Course Data: Total Completed:

| <ul> <li>☐ Tracking diagnostic tests</li> <li>Course Title:</li> <li>Source:</li> <li>Format:</li> <li>Date:</li> <li>Deadline:</li> </ul> |  |
|--|--|
| Course Data: Total Completed:  | Total Pending:   |
| ☐ Tracking hospital admissions o<br>Course Title:<br>Source:<br>Format:<br>Date:<br>Deadline:<br>Course Data: Total Completed:             | rdered by health center providers  Total Pending:  |
| ☐ Other—please specify: Course Title: Source: Format: Date: Deadline: Course Data: Total Completed:  | Total Pending:   |
| Clinical Specialty: Obstetrics   |  |
| areas specific to the setting. Health center delivery but provide prenatal and postpart should use available data and information          | cal services must provide training for clinical staff in identified high-risk rs that do not directly provide obstetrical services such as labor and um care must provide relevant training to clinical staff. Risk managers in order to select the appropriate topics. If the health center provides all d postpartum care to patients through direct referral to another provider, |
| ☐ Training is not applicable as the  | e health center provides all obstetrical services including prenatal and   |
| postpartum care to patients throug   | gh direct referral to another provider.  |
| $\Box$ The training for staff serving in   | clinical roles related to prenatal care and postpartum care include the  |
| following topics:  |  |
| <ul> <li>☐ Prenatal care</li> <li>Course Title:</li> <li>Source:</li> <li>Format:</li> <li>Date:</li> <li>Deadline:</li> </ul>             |  |

Total Pending:



| ☐ Postpartum care Course Title: Source: Format: Date: Deadline:   |  |
|---|--|
| Course Data: Total Completed:   | Total Pending:   |
| ☐ Maternal health and safety (e.g<br>Course Title:<br>Source:<br>Format:<br>Date:<br>Deadline:            | ,, substance use disorder, intimate partner violence)                        |
| Course Data: Total Completed:   | Total Pending:   |
|   |  |
| ☐ The training for staff serving in   | clinical roles related to obstetrical services include the following topics: |
| ☐ Shoulder dystocia Course Title: Source: Format: Date: Deadline:   |  |
| Course Data: Total Completed:   | Total Pending:   |
| ☐ Electronic fetal monitoring Course Title: Source: Format: Date: Deadline: Course Data: Total Completed: | Total Pending:   |
|   |  |
| ☐ Operative vaginal delivery Course Title: Source: Format: Date: Deadline: Course Data: Total Completed:  | Total Pending:   |
| ☐ Other – please specify: Course Title: Source: Format: Date: Deadline:                                   |  |
| Course Data: Total Completed:   | Total Pending:   |



Please provide any additional information about annual risk management training topics for clinical staff providing prenatal, postpartum, or obstetrical services:

### **Clinical Specialty: Dental**

Health centers that provide dental/oral health services should provide training for clinical staff in identified highrisk areas specific to the setting. Risk managers should use available data and information in order to select topics. The training for staff serving in clinical roles related to dental services include the following topics:

| The training for staff serving in clinic   | cal roles related to dental services include the following t |
|--|--|
| ☐ Infection control for aerosolized Course Title: Source: Format: Date: Deadline: Course Data: Total Completed:                  | procedures  Total Pending:                                   |
| ☐ Sterilization of dental equipmen<br>Course Title:<br>Source:<br>Format:<br>Date:<br>Deadline:<br>Course Data: Total Completed: | t Total Pending:   |
| ☐ Medical emergencies in the der Course Title: Source: Format: Date: Deadline: Course Data: Total Completed:                     | · ·  |
| ☐ Informed consent for dental Course Title: Source: Format: Date: Deadline: Course Data: Total Completed:                        | Total Pending:   |
| ☐ Other – please specify: Course Title: Source: Format: Date: Deadline: Course Data: Total Completed:                            | Total Pending:   |



Please provide any additional information about annual risk management training topics for clinical staff providing dental services:

### **Clinical Specialty: Behavioral Health**

Health centers that provide behavioral health services should provide training for clinical staff in identified highrisk areas specific to the setting. Risk managers should use available data and information in order to select topics. The training for staff serving in clinical roles related to behavioral health include the following topics:

| The training for staff serving in clinic  | cal roles related to behavioral health include the following top |
|---|--|
| ☐ Screening and assessment Course Title: Source: Format: Date: Deadline: Course Data: Total Completed:                        | Total Pending:   |
| ☐ Patient communication/coaching<br>Course Title:<br>Source:<br>Format:<br>Date:<br>Deadline:                                 | g  |
| Course Data: Total Completed:   | Total Pending:   |
| ☐ Opioid risk management/medica<br>Course Title:<br>Source:<br>Format:<br>Date:<br>Deadline:<br>Course Data: Total Completed: |  |
| ☐ Substance use disorder assessr Course Title: Source: Format: Date: Deadline: Course Data: Total Completed:                  |  |
| □ Patient suicide assessment and Course Title: Source: Format: Date: Deadline:  |  |
|   | Total Pending:   |



| ☐ Other – please specify:     |                |
|-------------------------------|----------------|
| Course Title:                 |                |
| Source:                       |                |
| Format:                       |                |
| Date:                         |                |
| Deadline:                     |                |
| Course Data: Total Completed: | Total Pending: |

Please provide any additional information about annual risk management training topics for clinical staff providing behavioral health services:

#### **Clinical Specialty: Other Clinical Specialties**

Health centers that provide other clinical specialty health services should provide training for clinical staff in identified high-risk areas specific to the setting. Risk managers should use available data and information in order to select topics. The training for staff serving in clinical roles related to other clinical specialties include the following specialties and topics:

| ☐ Clinical specialty (please specify Course Title: Source: Format: Date: Deadline:                               | y):                   |
|--|-----------------------|
| Course Data: Total Completed:  | Total Pending:        |
| ☐ Clinical specialty (please specify Course Title: Source: Format: Date: Deadline: Course Data: Total Completed: | y):<br>Total Pending: |
| ☐ Clinical specialty (please specify Course Title: Source: Format: Date: Deadline:                               |                       |
| Course Data: Total Completed:  | Total Pending:        |

Please provide any additional information about annual risk management training topics for clinical staff providing other specialty health services:



# **Managing and Monitoring Training**

| Supervisors allocate time for staff to complete required trainings (recommended but not required by HRSA):   |
|--|
| Yes  |
| No   |
| When possible  |
| If "no" or "when possible," please specify when staff complete trainings:  |
|  |
| The health center uses the following format for training programs (select all that apply):   |
| ☐ Instructor-led training  |
| ☐ Train-the-trainer programs   |
| ☐ Online training (e-learning)   |
| ☐ Webinar training   |
| ☐ Other – please specify:  |
| The health center tracks staff completion of training using the following method:  |
| ☐ The health center uses a centralized Excel file or Microsoft Word file, such as the <a href="Staff Training Completion Tracking Tool">Staff Training</a> Completion Tracking Tool, to record and track training. |
| $\hfill\Box$<br>The health center uses an alternate method to record and track training.   |
| Which alternate method to record and track training is used?   |
| $\hfill\square$<br>The health center uses a web-based program to record and track training.  |
| $\hfill\Box$<br>The health center has a learning management system where staff completion of trainings is either automatically or manually uploaded.   |
| $\hfill\Box$<br>Employees are responsible for tracking their own training and signing an attestation to verify completion.   |
| ☐ Other – please specify:  |
| If the health center does not use the Staff Training Completion Tracking Tool to record and track training, please   |
| attach the tool used to this document or as a separate file. Is the tracking tool for staff training attached?   |
| Yes  |
| No. Please explain why it is not attached:   |

Please provide any additional information about processes for tracking staff completion of training:



The health center has processes to address cases in which providers and/or staff do not complete training by required deadlines.

Yes. Please specify process:

No. Please explain why such processes are not in place:

Please provide any additional information regarding addressing cases in which providers or staff do not complete training by required deadlines:

The health center sets metrics for staff training (for example, 100% completed trainings by December 31) and monitors progress toward meeting goals.

Yes

No

Please provide any additional information about metrics for staff training:

The health center includes the following information in reports to the board (select all that apply):

List of required trainings by area or department

Metrics related to risk management training (e.g., percentage of courses completed)

Challenges identified related to the risk management training plan

Plans for changes to the risk management training plan, when applicable

Other – please specify

The health center reports staff training information to the board:

Monthly

Quarterly

Annually

Other – please specify:

Please provide any additional information about reporting risk management training information to the board:



#### **Attestation**

As noted earlier, HRSA does not require health centers to use this document; however, health centers are encouraged to complete this tool to document demonstration of risk management training requirements. If the health center chooses to use this document for official submission to FTCA, please complete this attestation. I agree, as evidenced by my signature (regular or electronic signature), that the information provided in this document is accurate, complete, and based on implemented health center policies and procedures.

| Signature:                                 |       |
|--|-------|
| Title:                                     | Date: |
| Reviewed by (governing board or designee): |       |
| Title:                                     | Date: |

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