

# Creation of an Annual Report to the Board

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# Reminders

- Please complete a post webinar survey.
- Instructions on how to access the post webinar survey and obtain a Certificate of Completion will be provided at the end of the presentation.
- You must complete a post webinar survey to receive a Certificate of Completion.
- The post webinar survey will be closed on 09/30/22.
- After the survey closes, Certificates of Completion will not be issued.

# Learning Objectives

1. Discuss requirements for an annual risk management program report to the governing board.
2. Describe examples of risk management activities.
3. Discuss examples of risk management program goals.
4. List documentation related to an annual risk management program report that is submitted with the annual FTCA deeming application.
5. Apply information discussed to enhance creation of an annual risk management program report for the governing board.

# Health Center Program Compliance Manual

# Health Center Program Compliance Manual

## Health Center Program Compliance Manual, Chapter 21

- Health center implements an ongoing healthcare risk management program to reduce the risk of adverse outcomes that could result in medical malpractice.
- Requirements include:
  - Risk management across full range of health center healthcare activities.
  - Healthcare risk management training for staff.
  - Completion of quarterly risk management assessments.
  - **Annual reporting to the health center governing board.**

# Health Center Program FTCA Deeming Application Requirements

# Health Center Program Deeming Application Attestation (Slide 1 of 2)

I(A). I attest that my health center has implemented an ongoing risk management program to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation and that this program requires the following:

- **Annual reporting to the governing board of: completed risk management activities; status of the health center's performance relative to established risk management goals; and proposed risk management activities that relate and/or respond to identified areas of high organizational risk.**

# Health Center Program Deeming Application Attestation

## (Slide 2 of 2)

2(A). I attest that my health center has implemented risk management procedures to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation. At a minimum, these procedures specifically address the following:

- **Completing an annual risk management report for the governing board and key management staff that addresses the risk management program activities, goals, assessments, trainings, incidents, and procedures.**



# Health Center Program Deeming Application Documents

## (Slide 1 of 2)

5(A). Upload the most recent report provided to the board and key management staff on healthcare risk management activities and progress in meeting goals at least annually, and documentation provided to the board and key management staff showing that any related follow-up actions have been implemented. **The report must be from the current or previous calendar year and must be reflective of the activities related to risk over a 12-month period.** Any documents dated outside of this period will not be accepted.

# Health Center Program Deeming Application Documents

## (Slide 2 of 2)

5(B). Upload proof that the health center board has received and reviewed the report uploaded for risk management question 5(A) of this application (for example, minutes signed by the board chair/board secretary, minutes, and signed letter from board chair/board secretary). **All documents must be from the current or previous calendar year.** Any documents dated outside of this period will not be accepted.

# Polling Question #1

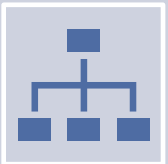
In addition to the annual risk management report, health centers must upload proof that the governing board has received and reviewed the report.

- a) True
- b) False

Answer: True

# Role of the Governing Board in Risk Management

# Why is Leadership and Governing Board Engagement Important for a Successful Risk Management Program? (Slide 1 of 2)



Leadership – the governing board, key management staff, providers and other supervisors – is the foundation of effective risk management and patient safety systems.



Leaders set the tone and expectations for their organization.

# Why is Leadership and Governing Board Engagement Important for a Successful Risk Management Program? (Slide 2 of 2)



Establishing strong risk management and patient safety programs requires implementation and integration of a culture of safety within the organization.



Leaders at all levels of an organization play a critical role in supporting the three key elements of a culture of safety – fair and just culture, reporting culture and learning culture.

# Annual Risk Management Report

# Annual Report to the Board (Slide 1 of 10)

- The risk manager should report activities and outcomes regularly to leadership and the governing board. This report informs them of efforts made to identify and reduce risks, reports on the success of these activities, and communicates outstanding issues that need input or support for action or resolution.



ECRI Risk Management Toolkit: Risk Management Plan



# Annual Report to the Board (Slide 2 of 10)

- An annual report should provide a high-level overview that highlights emerging concerns and effects on long-term strategic and financial goals.
- An annual report should summarize risk management program activities, summarize patient safety activities, and identify major liability exposure.
- If data reveal an area where more resources are needed, this information should be communicated to the board because the board leadership can help provide these resources.

# Annual Report to the Board (Slide 3 of 10)

- An annual report to the board should be reflective of risk management activities over a 12-month period.
  - Should be an end of the year comprehensive, cohesive report that in its totality provides an overview of the whole 12-month period.



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# Annual Report to the Board (Slide 4 of 10)

- The annual report should include:
  - Completed risk management activities (for example, risk management projects, assessments).
  - Status of the health center's performance relative to established risk management goals (for example, data and trends analyses, including, but not limited to, sentinel events, adverse events, near misses, falls, wait times, patient satisfaction information, other risk management data points selected by the health center).
  - Proposed risk management activities for the next 12-month period that relate and/or respond to identified areas of high organizational risk, inclusive of setting risk management goals.

# Annual Report to the Board (Slide 5 of 10)

- A comprehensive annual report should also include:
  - Discussion of the risk management training program.
  - Development of policies and protocols.
  - Activities related to infection control and sterilization.

# Annual Report to the Board (Slide 6 of 10)

- The annual report should include a narrative including trends, accomplishments, open items, and future plans.
  - This narrative should be supported with dashboards, SWOT (strengths, weaknesses, opportunities, threats) analyses, graphs, charts, etc.

# Annual Report to the Board (Slide 7 of 10)

- Do not submit stand-alone minutes as evidence of an annual report to the board.
- Do not submit stand-alone quarterly risk assessments as evidence of an annual report to the board.



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# Annual Report to the Board (Slide 8 of 10)

- Do not submit a stand-alone risk management policy/procedure as the only evidence of an annual report to the board.
- Putting quarterly reports or other documents created over the year into one file or document is not acceptable.



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# Annual Report to the Board (Slide 9 of 10)

- Non-clinical elements such as building safety or maintenance must not be the only topic addressed in an annual report because this does not provide information regarding patient safety and risk management activities.



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# Annual Report to the Board (Slide 10 of 10)

- The health center must provide evidence that the governing board has received and reviewed the annual risk management report (for example, minutes signed by the board chair/board secretary, minutes and signed letter from board chair/board secretary).



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# Report Formats

# Narrative Report

- Narrative reports are based on data but are written in paragraph form.
  - Generally include trends in risk management initiatives but do not typically include graphic information.



## Narrative

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# Dashboard Report (Slide 1 of 5)

- Dashboard reports are data driven and show trends related to risk management initiatives on a monthly or quarterly basis.
  - Show changes in performance indicators over time.



# Dashboard

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# Dashboard Report (Slide 2 of 5)

Person Responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total

# Dashboard Report (Slide 3 of 5)

Person Responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total
Risk Manager	# completed annual high-risk assessments	Minimum two per year	None	I Pharmacy	None	None	I
Risk Manager	# completed quarterly assessments	Minimum one per quarter	I	I	I	I	4
Risk Manager	% open action plans	Less than 75%	80%	80%	80%	80%	80%

# Dashboard Report (Slide 4 of 5)



## Risk Management Dashboard

[Use the following dashboard to summarize the measures presented in the report above. ]

Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2	Q3	Q4	Annual Total
	Risk Assessments						
	Adverse Events/ Incident Reports						
	Training and Education						
	Risk and Patient Safety Activities						
	Claims Management						
	Dashboard Key – Performance Threshold						
	Improved/exceeded expectations (green shading or *)						
	Acceptable/needs improvement (yellow shading or **)						
	Not meeting target, action needed (red shading or ***)						

# Dashboard Report (Slide 5 of 5)

- Dashboard reports must be accompanied by a narrative that discusses analysis, trends, recommendations, and next steps.



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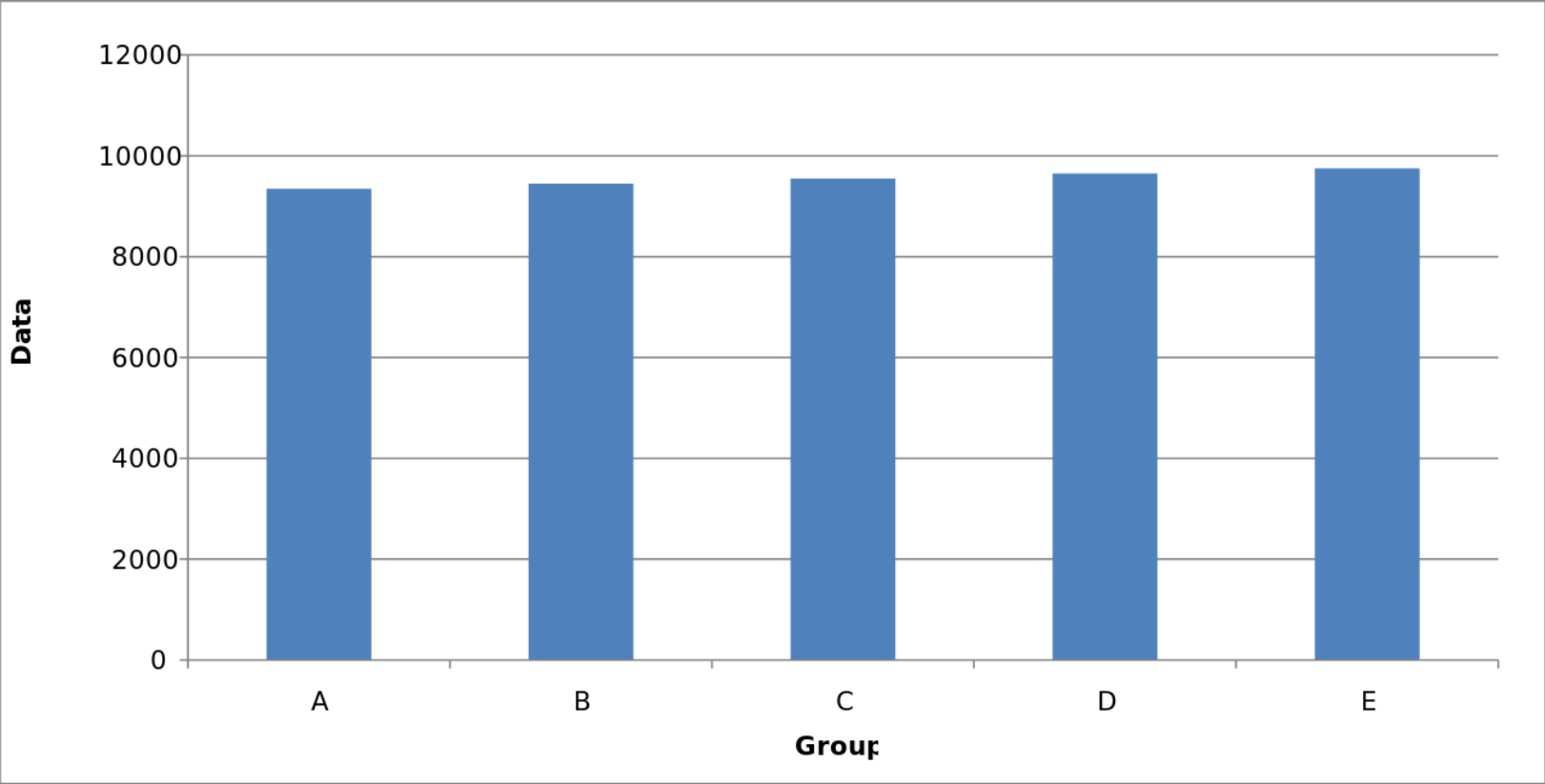
# Charts and Graphs

- Charts and graphs provide visual representations of the relationships among variables.
  - Bar graphs are used to illustrate comparisons between different groups.
  - Line charts are used to illustrate the trend of a measure (or a variable) over time.
  - Pie charts are used to illustrate percentages of a whole at a set point in time.



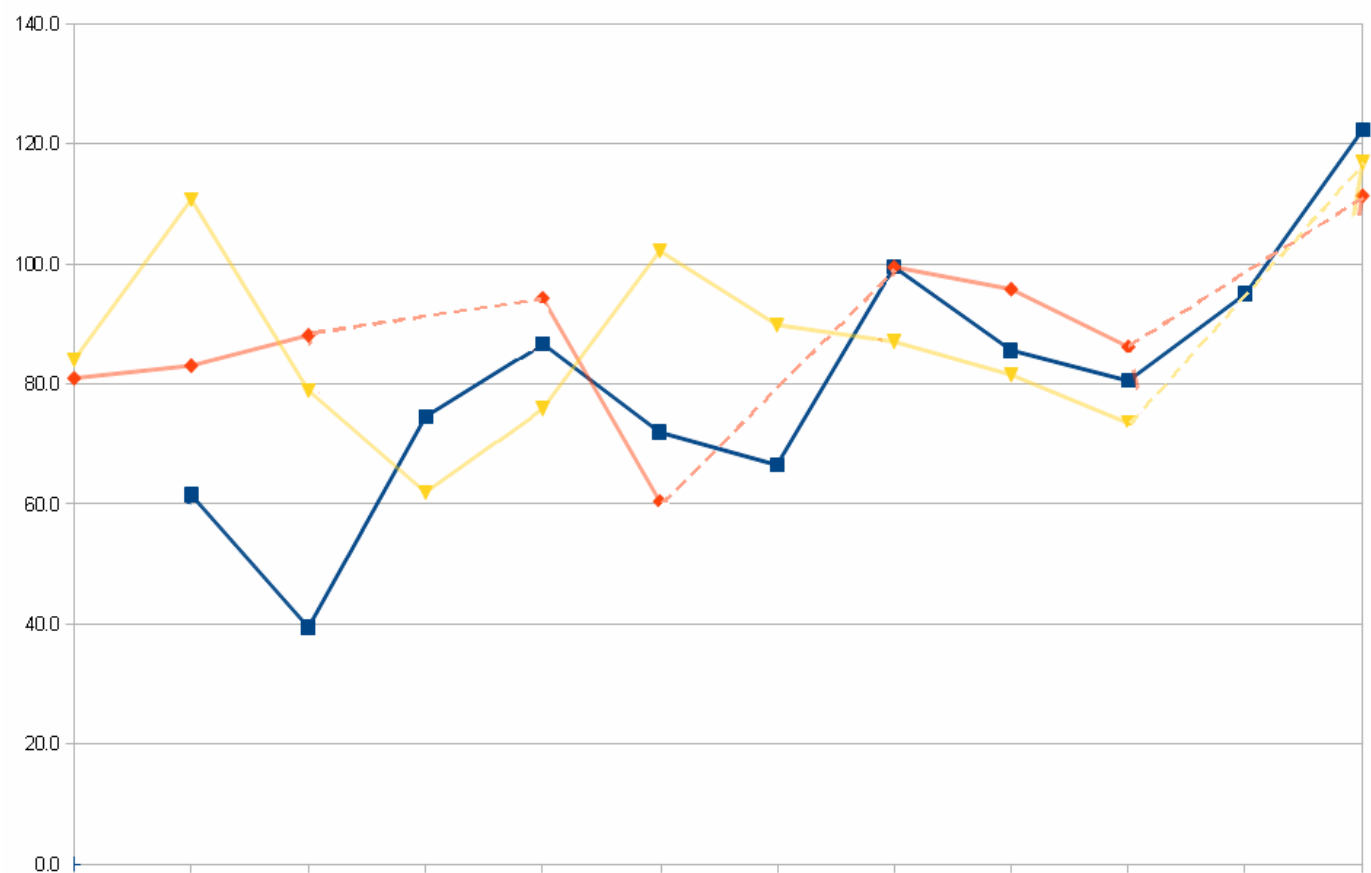
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# Bar Graph



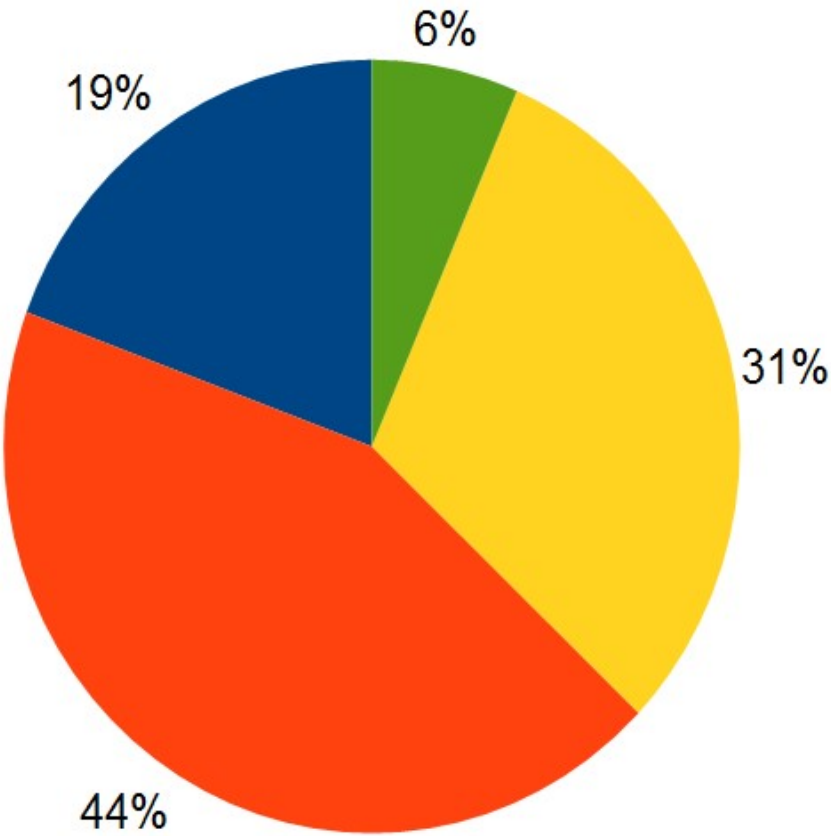
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# Line Chart



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# Pie Chart



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# Charts and Graphs (Continued)

- Charts and graphs must be accompanied by a narrative that discusses analysis, trends, recommendations, and next steps.



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# SWOT Analysis (Slide 1 of 3)

- The acronym SWOT stands for strengths (S), weaknesses (W), opportunities (O), and threats (T).
- A SWOT analysis is a tool for documenting internal strengths and weaknesses as well as external opportunities and threats.



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# SWOT Analysis (Slide 2 of 3)

Strengths	Weaknesses	Opportunities	Threats
Tasks and activities that the health center is doing well on in relation to the data presented.	Tasks and activities that the health center could improve on in relation to the data presented.	External situations that could benefit the health center in relation to the data presented.	External situations that could negatively impact the health center in relation to the data presented.

# SWOT Analysis (Slide 3 of 3)

Strengths	Weaknesses	Opportunities	Threats
In-person and online risk management training sessions were highly rated for content and ease of implementation. Staff appreciated having both options for training.	Some staff and providers not completing training. Cannot hold staff and providers accountable to complete training currently.	Vendor can upgrade online e-learning to manage staff/provider reminders as well as provide more online content.	Vendor e-learning upgrade may be cost prohibitive.



# Content for Annual Report

## Polling Question #2

The annual risk management report should include all of the following EXCEPT:

- a) Completed risk management activities.
- b) Copies of risk management committee minutes from the previous year.
- c) Status of the health center's performance relative to established risk management goals.
- d) Proposed risk management activities for the next 12-month period that relate and/or respond to identified areas of high organizational risk.

Answer: Copies of risk management committee minutes from the previous year.

# Content for Annual Report

- Completed risk management activities.
- Status of the health center's performance relative to established risk management goals.
- Proposed risk management activities for the next 12-month period that relate and/or respond to identified areas of high organizational risk, inclusive of risk management goals.



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# Completed Risk Management Activities

- High-risk assessments/activities.
- Quarterly risk assessments.
- Summaries of near miss and adverse event reporting and follow-up.
- Status of healthcare risk management training.
- Risk and patient safety activities.
- Claims management.
- Summaries of patient satisfaction surveys and patient grievance reports.
- Results of regulatory inspections.
- Updated risk management policies and procedures.
- Updated risk management plan.

# SMART Goals

Specific	The goal should be specific and understandable.
Measurable	The goal should be measurable so that you can tell if you are achieving it.
Achievable	The goal should be achievable and reasonable, not impossible.
Relevant	The goal should be relevant to your overall objective and help you to advance toward it.
Time-Bound	The goal must have a time limit so that there is a sense of urgency to accomplishing it.

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# Risk Management Program Goals

- Adverse event and patient grievance data reports will be completed and in use.
- Facilitate and ensure provider and staff participation in educational programs on patient safety and risk management.



# SMART Risk Management Program Goal (Slide 1 of 2)

- Adverse event and patient grievance data summary reports will be completed on a quarterly basis, reported to QI and RM committees, and utilized to identify areas of increased risk and defined action plans.



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## SMART Risk Management Program Goal (Slide 2 of 2)

- Define and develop a formal risk management training program for all staff by January 31, 2022.
- Implement formal risk management training program and train all staff on the program by March 31, 2022.
- Develop tracking tool to ensure staff are completing trainings by July 31, 2022.
- Implement quarterly tracking of completion of required trainings by September 30, 2022.



# Other Examples of SMART Risk Management Program Goals

- Strengthen risk management oversight – conduct at least six risk management meetings/year.
- Complete risk assessment for one high volume or high-risk activity quarterly – immunization administration, infection control operating processes.
- Maintain 100% completed risk management training of all clinical staff at the time of hire and annually thereafter.
- Learn from patients – complete at least one patient survey quarterly and incorporate results into improvement/risk activities.

## Polling Question #3

Which of the following risk management goals allows for reporting progress toward meeting annual goals?

- a) Strengthen risk management oversight.
- b) Maintain 100% completed risk management training of all clinical staff at the time of hire and annually thereafter.

Answer: Maintain 100% completed risk management training of all clinical staff at the time of hire and annually thereafter.

## **Exercise: Creation of an Annual Report to the Board**

# Format of Annual Report

- Formal heading.
- Introduction.
- Brief description of presented topic.
- Data summary.
- Follow-up actions.
- Conclusion.
- Proposed future activities.

## Formal Heading (Slide 1 of 2)

- Formal written document/report with a title, time period the report covers, name of person submitting the report to the governing board, date submitted to the governing board, and date recorded in governing board meeting minutes.

## Formal Heading (Slide 2 of 2)

Title: 2020-2021 Annual Risk Management Report to the CHC Governing Board

Date: October 1, 2020 – September 30, 2021

Submitted by: Director of Quality and Risk Management

Reviewed/Approved by: Chief Executive Officer, Chief Medical Officer

Date Submitted to the Board: October 25, 2021

Date Recorded in the Board Minutes: October 25, 2021

# Introduction (Slide 1 of 2)

- Introduction of purpose of report – provide information related to the health center's risk management plan, completion/status of risk management activities, response(s) to identified areas of high risk, and proposed activities for the subsequent 12 months.

# Introduction (Slide 2 of 2)

The purpose of this report is to provide an account of CHC's annual performance relative to the risk management plan and program and evaluate the effectiveness of risk management activities aimed to mitigate risks and respond to identified areas of high risk. Topics presented include high-risk and quarterly risk assessments, adverse event reporting and analysis, risk management training, risk and patient safety activities, and claims management. Each topic includes:

- An introduction to explain the relevance of the topic.
- A data summary to highlight performance relative to established goals.
- A SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to identify additional factors related to performance.
- Follow-up actions to note activities aimed to maintain or improve performance throughout the year.
- A conclusion to summarize findings at year-end.
- Proposed future activities to respond to identified areas of high organizational risk.



# Brief Narrative of Presented Topic: Adverse Event Reporting (Slide 1 of 3)

Event reporting is an essential component of the risk management program and is considered part of the performance and quality improvement process. Each provider, employee, or volunteer is responsible for reporting all events, including sentinel events, adverse events, and near misses at the time they are discovered, to their immediate supervisor and/or the risk manager. The risk manager, in conjunction with the manager of the service, is responsible for conducting follow-up investigations. The manager's investigation is a form of self-analysis to determine the cause of the incident, analyze the process, and make improvements.

# Brief Narrative of Presented Topic: Adverse Event Reporting

## (Slide 2 of 3)

Risk Activity Focus Area/Measure	Summary of Description of Assessment/Methodology/Indicators
# of near misses, adverse events, and sentinel events	<p>A near miss is an event that could have resulted in an injury but did not, either by chance or through timely intervention. An adverse event is an undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services. A sentinel event is a patient safety event that reaches the patient and results in death, permanent harm, or severe temporary harm.</p> <p>CHC monitors the number of adverse events reported monthly. Low volume reports may indicate barriers to reporting. The goal is to report all adverse events. An average of 25 near misses/adverse events were reported each quarter in 2020.</p>

# Brief Narrative of Presented Topic: Adverse Event Reporting

## (Slide 3 of 3)

Risk Activity Focus Area/Measure	Summary of Description of Assessment/Methodology/Indicators
All sentinel events will have a root cause analysis completed within 30 days of the report of the sentinel event.	Root cause analysis is a process for identifying factors that underlie the occurrence from which corrective actions and/or mitigation strategies can be developed.

# Data Summary

Person Responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Annual Total
All staff	# of reported near misses, adverse events, and sentinel events	> 25 per quarter	25	32	15	10	82
RM/QI	RCA completed within 30 days of all sentinel events	100%	No reported sentinel events	100% (two sentinel events, two RCAs completed within 30 days)	No reported sentinel events	100% (one sentinel event, one RCA completed within 30 days)	100%

# SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Current incident reporting system captures most details.	Impact of pandemic on staffing is delaying reporting of incidents.	Explore whether vendor for web-based e-learning can add content to address the importance of event reporting.	Adding a new e-learning module may be cost prohibitive.

# Follow-Up Actions

Q4 2020: Small numbers of reported events resulted in analysis of potential barriers to reporting.

Q1 2021: Additional training completed on adverse event reporting to address barrier of lack of time for training due to impact of decreased staffing during the pandemic.

Q2 2021: RCAs for sentinel events completed within 30 days with areas of improvement noted for clinical tracking. Tracking reports generated monthly to assess completion rates.

Q3 2021: Additional training completed on adverse event reporting.

Q4 2021: Additional training completed on adverse event reporting.

# Conclusion

Decreases in staffing during the pandemic have had an impact on the ability of staff to report events in a timely manner. Additional training on the importance of timely reporting was conducted at a variety of times to facilitate completion of training by all staff. The number of events reported trended down over the last six months of the year indicating that new strategies need to be implemented to address barriers to reporting of near misses and adverse events.

# Proposed Future Activities

Continue to track reporting for near misses and adverse events. Identify barriers to event reporting during staff meetings and executive patient safety rounds and implement mitigation strategies. Continue to track RCA completion within 30 days of a reported sentinel event to monitor for sustained compliance.



# Next Steps

- Use the same format to address other topics such as:
  - High-risk and quarterly risk assessments.
  - Risk management training.
  - Risk and patient safety activities.
  - Claims management.

# Key Takeaways

- Leadership and governing board engagement is the foundation of an effective risk management program.
- An annual report should provide a high-level overview of risk management activities over a 12-month period.
- An annual report should describe the status of the health center's performance relative to established risk management goals.
- An annual report should include proposed risk management activities for the next 12-month period that relate and/or respond to identified areas of high organizational risk, inclusive of risk management goals.

# Resources for Annual Report (Slide 1 of 2)

- FTCA Application Procedural Demonstration of Compliance Tool: Risk Management-Annual Report to Board Edition  
<https://bphc.hrsa.gov/sites/default/files/bphc/ftca/healthcenters/ftca-compliance-tool-risk-management-annual-report.pdf>
- Health Center Program Compliance Manual  
<https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>
- Health Center Program Site Visit Protocol  
<https://bphc.hrsa.gov/programrequirements/site-visit-protocol>
- FTCA Health Center Policy Manual  
<https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/ftcahccpolicymanualpdf.pdf>

## Resources for Annual Report (Slide 2 of 2)

- HRSA Health Center Program – Risk Management and Quality Improvement  
<https://bphc.hrsa.gov/ftca/riskmanagement/index.html>
- HRSA Health Center Program – Federal Tort Claims Act (FTCA)  
<https://bphc.hrsa.gov/ftca/index.html>
- ECRI - Risk Management Report to Board: Sample Report and Dashboard  
<https://www.ecri.org/components/HRSA/Documents/SPT/PSRM/RMSamplerereportdashboard.pdf>
- ECRI – Risk Management Toolkit  
<https://www.ecri.org/components/HRSA/Pages/RMToolkit.aspx>
- ECRI – Risk Management Manual for Health Centers  
<https://www.ecri.org/components/HRSA/Documents/RiskManagementManual.Pdf>

# Final Reminders

- Please send an email to [hrsaftcadeeming@kepro.com](mailto:hrsaftcadeeming@kepro.com) to request a post webinar survey and obtain a Certificate of Completion.
  - Include “survey” and “Certificate of Completion” in the subject line of the email.
- After a post webinar survey is submitted, a Certificate of Completion will be sent via email from [svc\\_powerplatform@kepro.com](mailto:svc_powerplatform@kepro.com).
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# Questions



- Contact [hrsafcadeeming@kepro.com](mailto:hrsafcadeeming@kepro.com) if you have questions about the webinar.

**Thank You!**