

FTCA Application Procedural Demonstration of Compliance Tool: Risk Management—Annual Report to Board Edition

Purpose

Use this document to record the risk management data, information, and activities that must be reported to the health center board on an annual basis. This tool allows for the documentation and analysis of risk management program activities that have occurred over the year. This document can be submitted with other required documents that appear on the annual FTCA deeming and redeeming applications for this programmatic area. 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 requirements related to reporting to the board clear and easy to understand.

Health centers can work within the format of this report to input their own data and information. The dashboards and SWOT (Strengths, Weaknesses, Opportunities, Threats) analyses referenced in this tool are examples of ways to present the information; however, health centers may choose other formats (e.g., graphs, charts, narrative) depending on their needs and preferences. The information provided within this tool is not all-inclusive; health centers should provide specific information that is both accurate and sufficient to inform the board and key management staff on all health care risk management activities and progress related to follow-up actions that have been implemented as well as next steps.

For specific examples of content for the report to the board, see <u>Risk Management Report to the Board</u>: <u>Sample Report and Dashboard</u>. Health centers should refer to <u>Chapter 21</u>: <u>Federal Tort Claims Act</u> (FTCA) Deeming Requirements and <u>Chapter 10</u>: <u>Quality Improvement/Assurance</u> in the <u>Health Center</u> <u>Program Compliance Manual</u> for standards that must be met in order to meet FTCA deeming requirements related to risk management.

DISCLAIMER

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Title:

Annual Risk Management Report to the

Governance Board

Date: January 1, to December 31,

Submitted by:

Reviewed/approved by:

Date submitted to the board:

Date recorded in the board minutes:

Introduction

The purpose of this report is to provide an account of [Name of Health Center's] annual performance relative to the risk management plan 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, 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

See the attached Risk Management Dashboard for a complete data summary of all topics presented.

High-Risk and Quarterly Risk Assessments

Introduction

The Health Center Program Compliance Manual

requires quarterly risk assessments focused on patient safety. A risk assessment is a structured process used to identify potential hazards within the organization's operations, departments, and services. Risk assessment tools include self-assessment questionnaires, FMEA, and safety walkrounds—in which members of leadership walk around the building and ask employees about potential risks and concerns while observing processes in action. Collecting data on practices, policies, and safety cultures in various



areas generates information that can be used to proactively target patient safety activities and prioritize risk prevention and reduction strategies.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

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

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats

Follow-up Actions

Conclusion

Proposed Future Activities



Adverse Event Reporting

Introduction

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 to report all adverse events, including sentinel events, incidents, and near misses at the time they are discovered to his or her immediate supervisor and/or the risk manager. The risk manager, in conjunction with the manager of the service (as applicable), is responsible for conducting follow-up investigations. The manager's investigation is a form of self-critical analysis to determine the cause of the incident, analyze the process, and make improvements.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

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

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats

Follow-up Actions



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Risk Management Training

Introduction

The Health Center Program Compliance Manual

requires risk management training for all staff members and documentation that all appropriate staff complete training at least annually. Risk management education and training are critical for clinical and nonclinical staff to improve safety and mitigate risk related to patient care. 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 Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Per	rson responsible	Measure/Key Performance Indicator	Threshold/ Goal	Q1	Q2	Q3	Q4	Annual Total

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats



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Risk and Patient Safety Activities

Introduction

The objective of the health center's patient safety and

risk management program is to continuously improve patient safety and minimize and/or prevent the occurrence of errors, events, and system breakdowns leading to harm to patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

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



SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats

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Claims Management

Introduction

The Health Center Program Compliance Manual

requires health centers to have a claims management process for addressing any potential or actual health or health-related claims. The health center identifies risk areas most likely to lead to claims based on previous claims activity, claims prevention guidance from professional organizations, and published research.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators				

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.



Measure/Key Performance Indicator	Threshold/ Goal	Q1	Q2	Q3	Q4	Annual Total
	Measure/Key Performance Indicator	Measure/Key Performance Indicator Threshold/ Goal	Measure/Key Performance Indicator Threshold/ Goal Q1 Indicator Indicator Indicator	Measure/Key Performance Indicator Threshold/ Goal Q1 Q2 Indicator Indicator Indicator Indicator	Measure/Key Performance Indicator Threshold/ Goal Q1 Q2 Q3 Indicator Indicator Indicator Indicator Indicator Indicator Indicator Indicator Indicator Indicator Indicator Indicator	Measure/Key Performance Indicator Threshold/ Goal Q1 Q2 Q3 Q4 Indicator Goal Indicator Indicator <td< td=""></td<>

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats

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Report Submission

TheAnnual Risk Management Report to theGovernance Board isrespectfully submitted to demonstrate the ongoing risk management program to reduce the risk ofadverse outcomes and provide safe, efficient, and effective care and services.



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
responsible	Risk Assessments	Threshold	- UKI	42	40	<u> </u>	Annuar rotar
	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 ***)						



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