

Risk Management Review Committee Charter
September 2019

Committee / Workgroup	Risk Management Review Committee
Statement of Purpose	<p>The purpose of the Department of Behavioral Health and Developmental Services (DBHDS) Risk Management Review Committee (RMRC) is to provide ongoing monitoring of serious incidents and allegations of abuse and neglect; and analysis of individual, provider and system level data to identify trends and patterns and make recommendations to promote health, safety and well-being of individuals. As a subcommittee of the DBHDS Quality Improvement Committee (QIC), the RMRC identifies and addresses risks of harm; ensures the sufficiency, accessibility, and quality of services to meet individuals’ needs in integrated settings; and collects and evaluates data to identify and respond to trends to ensure continuous quality improvement</p> <p>RMRC has been established to improve quality of services and the safety of individuals with developmental disabilities. Over time, the committee will be expanded to oversee services provided to individuals with mental health and substance use issues as well. The RMRC will:</p> <ul style="list-style-type: none"> • Systematically review and analyze data related to serious incident reports (SIR), deaths, human rights allegations of abuse, neglect and exploitation, findings from licensing inspections and investigations, and other related data. • Review details of individual serious incident reports when indicated • Recommend quality improvement projects (QIPs) to the DBHDS Quality Improvement Committee (QIC) to promote health and well-being, mitigate risks, and foster a culture of safety in service delivery • Monitor progress of QIPs and address concerns/barriers as needed • Evaluate the effectiveness of the QIP for its intended purpose • Report findings, conclusions, and recommendations to the QIC semi-annually, or more frequently when significant, or unusual patterns or trends are identified. The RMRC may also share data or findings with the Mortality Review Committee when significant patterns or trends are identified relating to deaths.
Authorization/Scope of Authority	<p>The RMRC reports to the QIC and may also share data or findings with the Mortality Review Committee when significant patterns or trends are identified related to deaths</p> <p>The RMRC’s overall risk management process enables DBHDS to identify, and prevent or substantially mitigate, risks of harm. The RMRC:</p> <ul style="list-style-type: none"> • Reviews and identifies trends from aggregated incident data, including allegations of abuse, neglect, and exploitation, at least four times per year by various levels such as by region, by Community Services Board (CSB), by provider locations, by individual, or by levels and types of incidents. • Utilizes data analysis to identify areas for improvement and monitor trends. The RMRC identifies priorities and determines quality improvement initiatives as needed, including identified strategies and metrics to

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	<p>monitor success, or refers these areas to the QIC for consideration for targeted quality improvement efforts. The RMRC ensures that each approved quality improvement initiative is implemented and reported to the QIC. The RMRC will recommend at least one quality improvement initiative per year.</p> <ul style="list-style-type: none"> • Monitors aggregate data of provider compliance with serious incident reporting requirements and establishes targets for performance measurement indicators. When targets are not met the RMRC determines whether quality improvement initiatives are needed, and if so, monitors implementation and outcomes. • Conducts, or provides oversight for a look behind review of a statistically valid, random sample of DBHDS serious incident reviews and follow-up process. The reviews evaluate whether: <ol style="list-style-type: none"> i. The incident was triaged by the Office of Licensing incident management team appropriately according to developed protocols; ii. The provider’s documented response ensured recipient’s safety and well-being; iii. Appropriate follow-up from the Office of Licensing incident management team occurred when necessary; iv. Timely, appropriate corrective action plans are implemented by the provider when indicated. • Conducts, or provides oversight of a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. The review evaluates whether: <ol style="list-style-type: none"> i. Comprehensive, and non-partial investigations of individual incidents occur within state prescribed timelines; ii. The person conducting the investigation has been trained to conduct investigations; iii. Timely, appropriate corrective action plans are implemented by the provider when indicated. iv. Trends will be reviewed at least quarterly; the RMRC will recommend quality improvement initiatives when necessary and track implementation of initiatives approved for implementation. <p>For each of the look behind reviews, the trends are reviewed at least quarterly and the RMRC recommends quality improvement initiatives when necessary and tracks implementation of initiatives approved for implementation.</p> <p>The RMRC reviews and analyzes related data collected from facilities and community service providers. The RMRC is coordinated and managed by the Division of Compliance, Legislative and Regulatory Affairs and the Office of Quality Improvement.</p>
Charter Review	<p>The RMRC was established in December 2014. The charter will be reviewed and/or revised on an annual basis or as needed and submitted to the QIC for approval.</p>

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<p>DBHDS Quality Improvement Standards</p>	<p>DBHDS is committed to a Culture of Quality that is characterized as:</p> <ul style="list-style-type: none"> • Supported by leadership • Person Centered • Led by staff who are continuously learning and empowered as change agents • Supported by an infrastructure that is sustainable and continuous • Driven by data collection and analysis • Responsive to identified issues using corrective actions, remedies, and quality improvement projects as indicated
<p>Model for Quality Improvement</p>	<p>Determine the:</p> <ul style="list-style-type: none"> • Aim: What are we trying to accomplish? • Measure: How do we know that a change is an improvement? • Change: What change can we make that will result in improvement? <p>Implement the Plan/Do/Study/Act Cycle:</p> <ul style="list-style-type: none"> • Plan: Defines the objective, questions and predictions. Plan data collection to answer questions • Do: Carry out the plan. Collect data and begin analysis of the data. • Study: Complete the analysis of the data. Compare data to predictions. • Act: Plan the next cycle. Decide whether the change can be implemented.
<p>Structure of Committee / Workgroup:</p>	
<p>Membership</p>	<p>RMRC is an internal inter-disciplinary team comprised of the following DBHDS employees with clinical training and experience in the areas of behavioral health, intellectual disabilities/developmental disabilities, leadership, forensics, medical, quality improvement, behavior analysis and data analytics:</p> <ul style="list-style-type: none"> • Assistant Commissioner of Compliance, Legislative and Regulatory Affairs • Director, Clinical Quality Improvement, or designee • Director, Provider Development, or designee • Director, Office of Human Rights, or designee • Director, Office of Integrated Health. or designee • Incident Manager, Office of Licensing, or designee • Investigations Manager, Office of Licensing, or designee • Representative, Data Quality and Visualization

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	<ul style="list-style-type: none"> • Settlement Agreement Director, or designee • Advisory consultants as needed/required
Meeting Frequency	The RMRC meets at least nine times a year with a quorum present. Additional workgroups may be established as needed.
Quorum	A quorum is defined as 50% plus one of the members.
Leadership and Responsibilities	<p>The RMRC is chaired by the Assistant Commissioner of Compliance, Legislative and Regulatory Affairs or designee.</p> <p>The standard operating procedures include:</p> <ul style="list-style-type: none"> - Develop, update and review annually the committee charter - Meet regularly to ensure continuity of purpose - Maintain reports, meeting minutes, and/or actions taken as necessary and pertinent to the subcommittee's function - Analyze data to identify and respond to trends to ensure continuous quality improvement - Recommend quality improvement initiatives/projects which are consistent with Plan, Do, Study, Act model <p>The RMRC will recommend at least one quality improvement initiative per year to the QIC.</p>