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SAMPLE 1: Non-Residential Provider Annual Systemic Risk Assessment

Disclaimer- This document is for educational purposes only. This sample was created using the Systemic Risk Assessment Template (April 2023) developed by the Office of Licensing. Providers are encouraged to reference the Guidance for Risk Management for additional information.

A risk assessment is a careful examination of what the provider identifies as internal and external factors or situations that could cause harm to individuals served or that could negatively impact the organization. The risk assessment should lead to a better understanding of actual or potential risks and how best to minimize those risks. Systemic risk assessments vary depending on numerous factors such as an organization's size, population served, location, or business model.

12VAC35-105-520.C. The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following: 1.The environment of care; 2. Clinical assessment or reassessment processes; 3. Staff competence and adequacy of staffing; 4. Use of high risk procedures, including seclusion and restraint; and 5. A review of serious incidents.

12VAC35-105-520.D. The systemic risk assessment review process shall incorporate uniform risk triggers and thresholds as defined by the department.

The Department of Behavioral Health and Developmental Services (DBHDS) defined risk triggers and thresholds as care concerns through review of serious incident reporting conducted by the Incident Management Unit.

Below is the list of individual care concern thresholds (Revised as of 1/2023):

- Multiple (Two or more) unplanned medical hospital admissions or ER visits for falls, urinary tract infection, aspiration pneumonia, dehydration, or seizures within a ninety (90) day time-frame for any reason.
- Any incidents of a decubitus ulcer diagnosed by a medical professional, an increase in the severity level of a previously diagnosed decubitus ulcer, or a diagnosis of a bowel obstruction diagnosed by a medical professional.
- Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR.
- Multiple (Two or more) unplanned psychiatric admissions within a ninety (90) day timeframe for any reason.

This sample document does not include all risks that an organization may review. The annual systemic risk assessment presented below is an example that may be expanded or otherwise adapted to the needs of an organization. The green highlights signify the categories of the systemic risk assessment as required in regulations 12VAC-35-105-520.C.1-5 and 12VAC35-105-520.D. Each organization should include risks specific to their size, individuals served, location, and business model. Upon completion of the annual systemic risk assessment, the provider would consider the following next steps:

- Assign recommendations to appropriate staff members, departments and/or committees
- Determine what recommendations to include in the Risk Management Plan
- Determine how to monitor risk reduction strategies for effectiveness
- Continue to conduct systemic risk assessment reviews as needed

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Annual Systemic Risk Assessment TEMPLATE

Provider Name:

Policy #:

Regulation: 12VAC35-105-520

Effective:

Revised:

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
Environment of Care						
Emergency egress	Building exits had boxes/trash	1	Staff training recommended	Assigned to Human Resources	No	
Condition of electrical cords, outlets and electrical equipment	No issues identified	NA	None at this time	None at this time	NA	
Environmental design, structure, furnishing and lighting appropriate for population and services	Lobby looks dated; seating arrangements could present risks; some areas not ADA compliant	2	Further study on how environment could be more welcoming to clients and distance seating arranged in the lobby	Risk manager to add to risk management plan	Yes	
Ventilation	Age of building presents risks	2	Contract with consultant to evaluate	Assigned to building manager to request bids	Yes	
Clinical Assessment and Reassessment Processes						

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Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
Admission assessments include risk of harm to self or others	Process implemented per policy	1	No recommendations at this time	None at this time	No	
Staff Competence and Adequacy of Staffing						
Staff trained according to job functions	Annual fire safety training was not documented for some employees	2	Fire drills to be conducted involving all staff	Assigned to Safety Officer	Yes	
Staff turnover	Employee burnout due to pandemic resulted in increased turnover	2	Increase recruitment efforts through different advertising avenues	Assigned to Human Resources	Yes	
Security	Building security procedures are not being followed	2	Survey staff regarding safety/security concerns	Assigned to Human Resources and Safety Officer	Yes	
Use of High-Risk Procedures						
High risk medications are administered in outpatient clinic	Documentation of quarterly review of medication errors was not present	2	Nursing manager to report quarterly to Quality Improvement Committee on medication errors	Quality Improvement Committee will monitor and determine need for establishing any quality improvement initiatives to address medication errors	Yes	
Security of high-risk medications	Security processes followed	1	None at this time	None at this time	No	
Review of Serious Incidents						

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Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
Review of serious incidents	Serious incidents were reviewed per policy and regulatory requirements	2	More analysis of serious incidents to determine if there are identified trends and/or systemic issues	Nursing Director and Risk Manager to conduct trend analysis and report to Risk Management Committee	Yes	
Serious injury to employees, contractors, volunteers, and visitors	Review of incidents indicate increase in incidents involving visitors and contractors	3	Further analysis regarding need for more safety procedures/signage	Risk Manager to present to leadership	No	
Risk Triggers and Thresholds (Care Concerns)						
Process is in place to monitor for individual care concerns	No thresholds for individual care concerns were identified	NA	Continue to monitor	Nursing Director will continue to monitor care concerns by running CHRIS report on a weekly basis.	Yes	
Additional Risks						
Uniform Statewide Building Code	Elevator inspection is out of date	2	Immediate inspection	Safety Director to schedule; report to Risk Management Committee	No	
CARF Accreditation	Provisional accreditation	3	Need to address survey findings	Risk Manager working with Quality Improvement Manager to address Corrective Action Plan	Yes	

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Risk Matrix for use when determining a risk score:

Likelihood - it will happen		Acceptable Risk Medium 2	Unacceptable Risk High 3	Unacceptable Risk Extreme 4
	Very Likely	Acceptable Risk Medium 2	Unacceptable Risk High 3	Unacceptable Risk Extreme 4
	Quite Likely	Acceptable Risk Low 1	Acceptable Risk Medium 2	Unacceptable Risk High 3
	Unlikely	Acceptable Risk Low 1	Acceptable Risk Low 1	Acceptable Risk Medium 2
		Minor	Moderate	Major

Impact - How serious is the risk?

_____   _____

[Provider Designee Signature]   [Date]