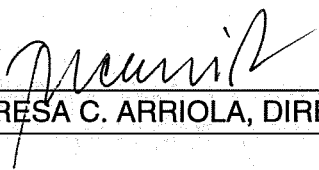


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Risk Management Plan	POLICY NO: AD-RM-01	Page 1 of 4
RESPONSIBILITY: Risk Management Officer		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: 3/27/2017	
	LAST REVIEWED/REVISED: 7/17/19	

PURPOSE:

- A. To provide a Risk Management Plan that is designed to manage risk and reduce the severity of loss if one were to occur.

POLICY:

- A. Guam Behavioral Health and Wellness Center shall provide an ongoing, comprehensive, and systematic approach to reducing risk exposures.
- B. GBHWC shall implement a proactive Risk Management Plan in compliance with provisions of federal, state, and local statute, applicable scope of practice and regulation.
- C. In order to approach the process of risk management systematically, GBHWC shall utilize the following four step model for risk management such as;
 - 1. The identification of risks
 - 2. The analysis of risk identified
 - 3. The treatment of risks
 - 4. The evaluation of risk treatment strategies
- D. As a line agency of the Government of Guam, GBHWC is covered by the Government Claims Act (Public Law 17-29). This law authorizes the Government of Guam to purchase liability insurance and to cover the liabilities incurred by it. Such insurance covers the government as a whole or any part, department, line agency, such as GBHWC. This is also to provide additional protection for Government Health Professionals and employees that act within the scope of his/her employment.
- E. The risk management program shall be formally addressed through the Quality Improvement Committee and Management Committee.

RESPONSIBILITY:

- A. Health and Safety/Risk Management Officer
 - 1. Shall be responsible for developing, implementing, and evaluating the outcome of the risk management plan.
 - 2. Shall conduct risk assessment at least annually or as needed.
 - 3. Shall be responsible for coordinating the investigation of significant incidents including, but not limited to, review of the medical record, interviews of any knowledgeable personnel, review of pertinent policies and or procedures, and referral of the occurrences as necessary to the Quality Improvement Committee and the Executive Management Committee or the Director.

4. Shall be responsible for loss, prevention and reduction (clinical and non-clinical), claims management, risk financing, patient safety, and regulatory compliance.
5. Shall provide or facilitate orientation programs for all new employees and contracted staff on critical incidents reporting, focus awareness of risk exposures and current risk prevention activities.
6. Shall provide periodic quarterly reports and annual analysis of the critical incidents to the Quality Improvement Committee, the Deputy Director and Director.
7. Shall review and evaluate the Risk Management Plan annually, and make recommendations for enhancements prior to final approval of the Director.

B. Quality Improvement Committee

1. Shall provide a timely review of significant incident reports, a means of following significant incident trends, and a means of determining and recommending the most appropriate correction for problems with no obvious solution.

PLAN:

Structure of the Risk Management Process

- A. Risk Identification – the process through which the clinic staff becomes aware of risks in the health care environment that constitute potential loss exposures for GBHWC. The staff and the Risk Manager will utilize the following information services to identify potential risks but are not limited to the following:
 1. Identification of risk through the critical incident reporting system (refer to Critical and non-critical incident reporting policy)
 2. Sentinel event tracking
 3. Patient complaints
 4. Peer review activities
 5. Informal discussions with management and staff members
 6. Occurrence reporting and screening
 7. Personal inspection
 8. Medical Records
- B. Risk Analysis – the process of determining the potential severity of the loss associated with an identified risk and the probability that such a loss will occur. These factors establish the seriousness of a risk and will guide management in the selection of an appropriate risk treatment strategy.
- C. Risk Treatment – refers to the range of choices available to management in handling a given risk. Risk treatment strategies that GBHWC implements include the following:
 1. Risk Control
 - a. Risk Acceptance – involves assuming the potential loss associated with a given risk and making plans to cover any financial consequences of such losses.
 - b. Risk Avoidance – a strategy utilized when a given risk poses a particular serious threat that cannot be effectively reduced, and the conduct or service giving rise to the risk may perhaps be avoided.
 - c. Risk Prevention - techniques focus on methods to prevent a peril from occurring.
 - d. Risk Reduction or Minimization - involves various loss control strategies aimed at limiting the potential consequences or frequency of a given risk

without totally accepting or avoiding the risk. Strategies may include staff education, policy and procedure revision and other interventions aimed at controlling adverse occurrence without completely eliminating risk activities.

- e. Risk Transfer – involves the concept that the financial and/or legal liabilities associated with an identified risk can be shifted to an outside organization. This transfer of risk is normally accomplished through a contract.
2. Risk Financing - as a line agency of the Government of Guam, GBHWC is covered by the Government Claims Act (Public Law 17-29).
- D. Risk Management Evaluation- the final step in the risk management process , whereby the effectiveness of the techniques employed to identify, analyze and treat risks are assessed and further action is taken when warranted. If improvement and/or resolution of the risks are evident, additional follow- up will be done at predetermined intervals to evaluate continued improvement.

Risk Management Plan Elements

The GBHWC Risk Management Program is concerned with a variety of issues and situations that hold the potential for liability or losses in the Department. It addresses the following categories of risk:

A. Patient-Related Risks

1. Confidentiality and appropriate release of and access to patient medical information.
2. Critical incidents/Sentinel events.

B. Medical Staff, Direct Service Provider-Related Risks

1. Medical staff and other providers' peer review and quality improvement activities.
2. Medical errors, seclusion and restraints

C. Employee – Related Risks

1. Maintaining a safe work environment
2. Risk reduction of occupational illness and injury
3. Provision for the treatment and compensation of workers who suffer on the job injuries and work-related illness
4. Provision of appropriate mental health or other supports for employees
5. Ensuring nondiscrimination in recruitment, hiring and promotion of employees
6. Limiting access to employee/personnel information

D. Other Risk

1. Ensuring mechanisms to prevent and reduce the risk of losses associated with fire, flood, severe weather and utilities malfunction.
2. Ensuring the development and implementation of emergency preparedness plans
3. Ensuring that appropriate protocols are in place for hazardous materials/waste management.
4. Maintaining a safe environment for consumers and visitors
5. Assisting Quality Improvement efforts to identify those areas which represent an opportunity to improve patient care and reduce risk.

Annual Review and Monitoring

As part of the Risk Management Program, the scope, organization and effectiveness of risk management activities will be reviewed annually. Program revisions will be recommended, approved and implemented as necessary.

ATTACHMENTS

Risk Assessment Program Grid and Plan 2019



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REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

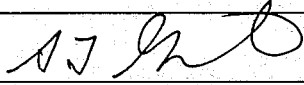
Policy Title: Risk Management Plan

Policy No: AD-RM-01


Initiated by: Cydsel Toledo

Date	Signature
7/2/2019	

Cydsel Toledo
Quality Improvement Coordinator

Date	Signature
7/3/19	

Alfred Garrido
Safety Officer

Date	Signature
7/9/19	

Carissa Fangelinan
Deputy Director