Riverside Community Care Risk Management Program
By Riverside Community Care
Winner, Board of Directors Award, 2004 Negley Awards for Excellence in Risk Management

Riverside Community Care, a comprehensive behavioral healthcare organization with a service area of one million people in Eastern and Central Massachusetts, developed and implemented a multi-faceted risk management program to enhance the safety and well being of staff and consumers and to minimize financial and business loss for the organization.

Identification of Increasing Safety Risks

Beginning about three years ago, Riverside Community Care began seeing increased referrals of consumers with serious forensic or unadjudicated violent and aggressive histories. This coincided with renewed efforts by the State of Massachusetts to close inpatient units at State institutions and move more people into community programs. At the same time, managed care penetration had grown in the State and community hospital inpatient units were routinely discharging patients who had not been fully stabilized and were making referrals to outpatient clinics with shorter notice and less information. Some program managers and staff began raising questions about the safety of their programs, clients, and themselves. Conversely, senior managers identified instances where concerns that should have been raised were not. Our residential, emergency, day treatment, and outreach programs, and outpatient clinics all were serving high risk consumers in greater numbers and often with much greater potential for dangerousness than had been the norm.

Within this climate of change, executive management determined that developing comprehensive risk management policies and procedures was an organizational priority. In addition to the goals of reducing risk of violent incidents and property loss, we hoped provide support to our staff and train them in necessary skills in order to minimize resignations or any negative impact on staff morale. The quality of care would suffer and the organization's finances would be stressed by the expenses of recruiting and training replacement staff and by paying overtime to cover shifts. Revenue would be lost if clinical staff were not available to provide billable units of service or if consumers felt unsafe and dropped out of care. The potential for legal actions by staff or consumers was an additional consideration. Finally, we wanted to minimize the downtime of programs in the aftermath of any serious incidents, and thereby reduce the financial costs and diminished accessibility for consumers who rely on the services. Although we had not seen a spike in critical incidents, we understood that the potential was increasingly there.

Our challenge was to enhance our risk management practices by utilizing existing agency resources as much as possible. The shift of responsibility for the care of forensic and other high-risk consumers to community behavioral healthcare providers was taking place without increased contract rates that might have allowed Riverside to retool for the more challenging referrals. In fact, the increased risks and costs of these referrals were occurring after more than a decade without cost of living increases to state provider contracts. In this climate, we were highly motivated to improve our risk management practices to protect existing resources and to keep the costs of doing so down.

Riverside's Multi-Modal Approach to Risk Management

Our risk management program includes the following components: (A) Risk Management Team; (B) Policies and Procedures; (C) Management Retreat; (D) Program Safety Plans; (E) Staff Training; (F) Critical Incident Team; and (G) Unified Service Planning. Deciding on these seven components was the result of both thoughtful planning and the inevitable "learning while doing. Addressing each involved a formal or informal needs assessment to determine points where the organization was vulnerable and/or intervention could have a significant impact; identification of existing resources within the organization that could be utilized to respond to the needs; and finding outside resources that could be accessed to meet need areas where internal resources were inadequate.

The job of planning Riverside's risk management program was made both more complicated and more manageable by the fact that the organization is geographically and programmatically diverse. Riverside operates

over sixty different programs, serving consumers from infants to elders who have mental illness, emotional disturbance, mental retardation, traumatic brain injury, substance abuse, and other disabilities or need areas. Programs range from office based services such as outpatient clinics, milieu programs including day treatment and clubhouses, group homes, and supported housing to outreach based services such as mobile crisis teams, family support, and adolescent wrap-around programs.

(A) Risk Management Team One of the first and most important aspects of our program was the creation of a team of seasoned clinicians and managers from across our organization that reviews referrals of individuals with serious forensic or other high-risk issues prior to their admission. This team functions as the voice and authority of the organization, so that no single program manager is left alone to convince a referring payer that specific conditions or additional resources must be met or provided prior to admission or, on rare occasion, that the referral is not manageable in that program. An outside consultant psychologist with extensive forensic experience was brought in to help educate the team, develop review protocols, and mentor team members through the first several months of case review.

Our *Clinical Risk Management Review Policy* established mandatory review by the team for referrals of consumers to residential services who meet the criteria of history of, or current involvement in: fire setting; assault, violence toward others, or history of significant threats; sexual perpetration; stalking or harassment; involvement in the criminal justice system; or behavioral problems that may place self or others in *serious* harm. Managers of non-residential programs may also refer cases for review. The team consults with the receiving program to establish a client specific risk management plan prior to acceptance of the referral. The accompanying *Risk Management Protocol* describes the framework for program presentation to the team and the components of the team's consultation.

(B) Policies & Procedures: Riverside already had disaster/emergency plans at programs and administrative offices, but additional policies were needed to focus directly on preventing and managing breaches of program safety. Three new policies were developed for this purpose. The *Clinical Risk Management Review Policy* was discussed in (A) above. Another, *Program Safety Plans Policy,* established guidelines for mandatory site review and plans to reduce and manage incidents of violence and other threats to consumer, staff, or facility physical safety for each program and site throughout Riverside. This will be explained in (0) below.

An additional policy was developed to specifically meet the risk management needs of programs that provide services off site. Entitled *Maintaining Safety When Services Are Provided Outside the Office,* the policy addresses the unique risks and circumstances of outreach services and provides general safety guidelines and protocols for staff to follow prior to, during, and after the visit. It prescribes pre-planning and consultation with supervisors and others within and outside the organization whenever safety is a concern. The policy also encourages staff to voice their fears and makes explicit that the organization supports taking all appropriate steps in the event of a safety related incident, up to and including filing criminal charges. We found that while some staff may be overly anxious, many staff members were reluctant to admit concerns and unsure whether people with disabilities should ever be held accountable for their actions. The agency's explicit support in this policy has made a big difference in staffs comfort level and morale.

Although elements of risk management are included in various other policies throughout the organization, including division and program specific policies, these are incidental to the organization-wide program and will not be included in this discussion.

(C) Management Retreat: Risk management was the focus of our annual organization-wide Management Retreat in November 2001. The title was *Managing Forensic And Other Safety Related Issues In Programs.* This six-hour meeting was attended by approximately ninety managers and had four goals: 1. To communicate executive management's position on accepting and managing risk — that Riverside would accept referrals of challenging consumers only after a reasonable evaluation is completed and safety/treatment plan is in place; 2. To build managers' awareness and skills in risk management; 3. To

introduce the Risk Management Team and related policies; and 4. To allow managers to share experiences, concerns, successes and strategies to improve safety, reduce risk and support staff. Breakout groups of similar modalities (Home/Community based services; Clinical and Office based Services; Mental Health Residential; Clubs and Respite Services; and Other Residential Services) provided opportunity for shared ideas. Groups reported back to the whole assembly. Action steps were developed to build on recommendations, with senior management responsible for follow-up.

(D) <u>Program Safety Plans</u>: A key recommendation from the Management Retreat was to create site-specific safety plans. A committee of senior managers and selected staff convened to develop requirements and a plan template for program to follow. The template is very prescriptive, requiring sites to address detailed issues such as limiting unauthorized access to premises, rooms in which high risk interviews could and could not be conducted, etc. The major headings for Program Safety Plans include: Physical Site Considerations (including an environmental assessment), Communication Protocols (for communicating anticipated risk or an actual occurrence), Identification of Safety Concerns (including procedures for assessing new referrals for risk factors), Risk Reduction/Prevention Procedures (including clinical and administrative practices), Coordination with Other Services, and Incident Follow-up Procedures.

(E) <u>Staff Training</u>: In addition to ongoing training about risk management policies and procedures, Riverside programs are now required to provide de-escalation training to all staff. The Mental Health Residential Division took the lead in developing a curriculum and shared it with the other service divisions. A "train the trainer" model was employed to allow each division to have sufficient trainers to reach our nearly one thousand staff workforce.

(F) <u>Critical Incident Team</u>: Even with best efforts at prevention, a serious safety related incident may still happen and Riverside seeks to limit the damage to staff, consumers, and the organization if it does. Borrowing from our organization's expertise in disaster counseling and response, a Critical Incident Support Team with prescribed protocols was developed. The team is led by three seasoned clinical managers with disaster response experience and includes staff from throughout the agency. The team's charge is to provide debriefings and/or support meetings for program staff in the wake a disturbing or traumatic incident. We found that developing the boundaries within which the team operates to be crucial to preserving the organization's business interests and responsibilities while still ensuring the effectiveness of this staff support vehicle. The team explicitly does not provide therapy (is not an EAP) and explains the limits of confidentiality to staff prior to meeting with them. In this way, critical information that could lead management to take corrective actions in the aftermath of an incident can be communicated to appropriate directors. Establishing criteria for mandatory contact with the team allows programs to have this support regardless of the skill level of their particular manager.

(G) <u>Unified Service Planning</u>: Service integration is an organization-wide initiative on a parallel course with our risk management program. The goal is to shape our range of services into a truly seamless system of care. The more information is known and treatment is consistent, the better able all programs are in managing high-risk consumers. A pilot project begun in December 2002 to launch cross-program treatment planning will soon be expanded to include all Riverside's geographies for consumers in multiple programs, prioritizing those who present with high-risk issues.

Measuring the Effect of Our Risk Management Program

Riverside's Department of Quality Management oversees the organization-wide assessment of consumer and family satisfaction and quality of care. Major components of this oversight are annual satisfaction surveys, tracking of all incident reports in an extensive database, and quarterly trend analysis. Interestingly, despite the increase in high-risk consumers in programs, consumer and family satisfaction rates remain extremely high and have not declined. Analysis of types of incidents at programs has indicated a small increase in overall incidents,

but there have been no events to date that resulted in serious physical harm to staff or consumers or damage to facilities. At this point, we are hopeful that our risk management efforts will help to keep the trends positive, but this will need to be followed over the next few years.

Payer and regulatory bodies continue to rate Riverside highly for quality of services and operations during their regular formal and informal reviews. All programs are licensed by the relevant State agencies, all our clubhouses are certified by the International Center for Clubhouse Development, our organization and employment service are certified by CARF, and our organization has won State wide and national awards for services. Maintaining the quality of care, our reputation, and of course, the satisfaction and morale of staff and consumers is high motivation for our risk management initiatives in the face of increasingly high-risk referrals.

Replicating Our Program at Other Community Mental Health Centers

Developing **and** implementing the components of Riverside's risk management program mainly utilized internal agency resources, primarily staff. Many of our best and brightest contributed to the planning and implementation of all phases of the program. Doing so yielded real benefits. Costs were kept to a minimum and the inclusion of a broad spectrum of managers and staff throughout the organization led to increased ownership and "buy-in" of the policies and procedures that were developed. Outside resources used included hiring a consulting psychologist to train the Risk Management Team and purchasing de-escalation training and materials for a few key staff who then created Riverside's curriculum and employed a train the trainer model.

Riverside's risk management program meets the needs of our large organization, diverse services, and wide spread geography. A smaller or single service provider may be able to reduce the number or complexity of policies and procedures. Most agencies would probably find that utilizing their own staff in developing a comprehensive planning process and implementing an integrated approach, as we did, allows them to build on their agency's strengths and establish risk management practices that are effective for their unique configuration of programming while keeping costs to a minimum. Copies of our key policies and procedures can be shared upon request.

About Riverside Community Care: Riverside, a non-profit behavioral health care organization, was originally created through the merger of several predecessor organizations, some with roots in the 1960's Community Mental Health Centers. Today it provide a comprehensive system of community based mental health care, developmental disability services, services to individuals with traumatic head injuries, substance abuse treatment, community crisis response, and other health and human services to people of all ages. Riverside operates over 60 programs in more than 50 Eastern and Central Massachusetts cities and towns with a population base exceeding 1 million people. Despite its size and complexity, Riverside is an integral and accessible part of the neighborhoods it serves. This year alone more than 11,000 people have come to Riverside seeking help and hope. CEO is Scott M. Bock. Contact Marsha Medalie, Vice President/COO at 781-329-0909.