



Series: Risk Management and Quality Assurance
COA: RPM 2.02, 2.03 2.04, PQI 4.02

Policy Name: Risk Prevention Management and
Performance Quality Improvement
Subcommittee Processes for Level 1
and Level 2 Review

Policy Number: RQ BC 1005

Revision #/Date: 3/6/2017

Effective Date: 03/01/2013

Applicable to: Brevard C.A.R.E.S. Staff

SUBJECT: Risk Prevention Management and Performance Quality Improvement
Subcommittee (Level 1 Review) and Compliance Committee (Level 2 Review)

PURPOSE: To ensure the health and safety of the children and families served through Brevard C.A.R.E.S. by reviewing and identifying trends, risks and training needs to ensure continuous quality improvement of services. This procedure also assists in the identification, evaluation, and the mitigation of risk, to ensure the health, safety and well-being of children served; and to ensure the protection of rights and privacy of all children and families served through Brevard C.A.R.E.S. and to ensure that practices are in compliance with any and all state regulations and contract requirements.

PROCEDURE:

References

Brevard C.A.R.E.S. Policies GOV BC 1007 Internal Controls, GOV BC 1014 Risk Management and RQ BC 1004 Risk Assessment Process

Procedure and Documentation Requirements:

1. The Risk Prevention Management and Performance Quality Improvement Subcommittee consist of representatives from Community Services, C.A.R.E.S. Program/Family Support, Non-Judicial In Home Services and will include but not be limited the Executive Director and Executive Assistance. In addition, based on the nature of the discussion, the Wraparound Fidelity Liaison, Housing Specialist, and Human Resource Manager may attend.
2. The Risk Prevention Management and Performance Quality Improvement Subcommittee will meet monthly at a minimum to review and identify trends, training needs and critical issues to ensure quality and effective service delivery and resources are provided to families served. The following documents are reviewed on a monthly basis:
 - a) PQI Dashboard and Data Reports from all Programs
 - b) Contract Measure Performance
 - c) Corrective Action Plan Performance
 - d) Utilization Reviews (Case Specific)

- e) Budget
 - f) Performance Evaluation Status Certification Status (Wraparound/Child Welfare/Targeted Case Management)
 - g) Satisfaction Surveys
 - h) Critical Incident Reports
 - i) Status of Projects/Initiative
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- 3. The Risk Prevention Management and Performance Quality Improvement Subcommittee makes recommendations and provides a plan for resolution of issues identified, which is documented in written meeting minutes and forwarded to all appropriate staff.
 - 4. The Risk Prevention Management and Performance Quality Improvement Subcommittee meet on a monthly basis. The Executive Director serves as the Chairperson of the committee and is responsible for scheduling the meetings.

Response and Follow-Up:

- 1. The Risk Prevention Management and Performance Quality Improvement Subcommittee can request that an issue be reviewed for follow-up due to safety and/or quality concerns; and a designated date (time frame) will be established by the committee.
- 2. All high probability risks and/or high impact risks will be referred to the Compliance Review Committee within 24 hours of the Risk Prevention Management and Performance Quality Improvement Subcommittee meeting.
 - a. The Risk Prevention Management Subcommittee will determine based on information received whether to refer other issues to the Compliance Review Committee which serves as a 2nd Level of Review.
 - b. The Compliance Review Committee is deemed a 2nd Level of Review for issues related to strategic planning and internal maintenance.
- 3. Any recommendations not followed up within the time frames established by the Risk Prevention Management and Performance Quality Improvement Subcommittee will be immediately referred to the Compliance Review Committee for discretionary action.
- 4. The Executive Assistant maintains written minutes of all items reviewed during the meetings. These minutes document vital information such as identified risks, follow up actions and plan for resolution.

Quarterly Management Review of Incidents, Accidents and Grievances:

- 1. The Risk Prevention Management and Performance Quality Improvement (PQI) Subcommittee reviews cumulative data for each Quarter in October, January, April and July annually. This also includes incidents, accidents and grievances. This quarterly review schedule is based on the agency operating in a fiscal year that begins on July 1 and extends through June 30. This information is analyzed for the purpose of improving service delivery and diminishing risk and shared as part of the PQI process and with the Senior Management Team on a quarterly basis. In addition, an annual Risk Management Report will be completed and provided to the Board of Directors.

2. Any recommendations that are provided by Brevard C.A.R.E.S. Senior Management through the review process is incorporated.

Compliance Committee Review Process – (Level 2 Review)

Overview:

1. The BFP Compliance Committee is deemed as Level 2 Review process. The Level 1 Review process of same documents is the Risk Prevention Management and Performance Quality Improvement Subcommittee
2. The Brevard C.A.R.E.S. Executive Director serves on the Compliance Committee with the Brevard Family Partnership Executive Team.
3. The Committee reviews incidences, complaints, grievances, and satisfaction surveys that are received from the Level 1 Risk Management Committee and deemed necessary to be reviewed at the Level 2 committee. Those documents are transferred for review to the Compliance Committee by the Brevard C.A.R.E.S. Chairperson (Executive Director). For those that require immediate review by the committee, information will be forwarded to the Compliance Committee Chair within 24 hours of the Level 1 Review.
4. The Compliance Committee convenes to outline any and all needed internal investigation processes and/or conduct internal investigations as appropriate to review and address:
 - a. Any corrective action(s) that may be placed on Brevard C.A.R.E.S through the contract monitoring process
 - b. Other investigations/monitoring problems that may be identified as a result of auditing, survey processes and/or identified area of potential risk.
5. As a part of an ongoing review process, this committee is responsible for reviewing the compliance with any and all recommendations made as a result of any initial follow up or subsequent recommendations made through all levels of the review/investigation process; to include the Level 1 process of the Risk Prevention Management and Performance Quality Improvement Subcommittee.

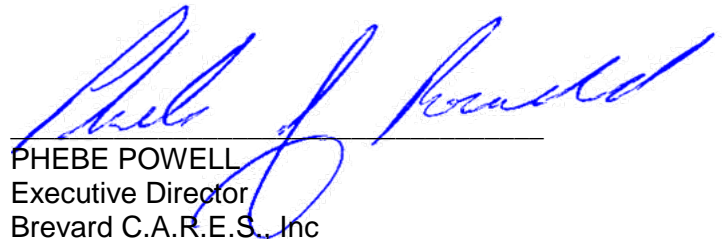
Review of High Risk Incidents and Critical Issues (Level 2):

1. All incidents, grievances, and/or complaints will be received and reviewed initially by the Brevard C.A.R.E.S. Risk Prevention Management and PQI Subcommittee. This initial review determines whether a particular incident, complaint, or grievance should be immediately referred to the Level 2 Compliance Committee.
2. At any time, a complaint or grievance may be reviewed directly by the Compliance Committee members and/or Chief Executive Officer.
3. Once an issue has been received by the Compliance Committee (outside of the regularly scheduled review meetings) a meeting will be convened to determine the appropriate next step.

The Investigative Process and Recommendations:

1. Following the review of the incident, grievance, or complaint by the Compliance Committee, a decision for further investigation may be made.
 - a. If an investigation is warranted due to the severity of the alleged complaint, this Committee will determine the scope of the investigation and assign the appropriate staff to conduct the respective investigation.
 - b. The investigation could be handled by members of the Committee or depending on the complaint; grievance or incident the issue may need to be handled outside of the Committee.
2. The investigation may include interviews with clients, families, staff, and providers, collecting and reviewing data/evidence, analyzing all relevant information and finally making recommendations regarding the resolution of an issue which may include additional required training, retraining, and changes in practices and/or recommended corrective action to curtail the problem.
3. In addition, the Committee will analyze and determine whether there are patterns of incidences, complaints, and/or grievance regarding an individual child and/or family, an organization or employee and/or employees for those high risk and/or critical issues.
4. Examples of issues which should be referred immediately to the Committee include issues regarding allegations of violations of client's rights and privacy, health and safety issues of children, issues regarding quality of care, funding and/or contract compliance complaints.
5. As part of the review process and/or investigation process, this Committee will ensure the timeliness and responsive review of any and all High Risk Incidences and Critical complaints and/or grievances, to ensure that all incidence reported to Brevard C.A.R.E.S. are reviewed and followed up and/or investigated appropriately, and that the follow up and/or investigation was thorough, responsive, and timely.
6. These reviews and/or investigations may be concurrent to the standard incident/grievance review process which may still be in process at the receipt of the initial report or retrospective (reviewed monthly/quarterly during regular scheduled Compliance Committee meetings) depending on the type or nature of the incident, grievance, or complaint that has been received; to include any issues referred through the Level 1 Risk Prevention Management and Performance Quality Improvement Subcommittee review process.

BY DIRECTION OF THE EXECUTIVE
DIRECTOR



PHEBE POWELL
Executive Director
Brevard C.A.R.E.S., Inc

Signature Date: 05/10/2017