

# **FTCA Application Procedural Demonstration of Compliance Tool: Risk Management—Annual Report to Board Edition**

## **Purpose**

Use this document to record the risk management data, information, and activities that must be reported to the health center board on an annual basis. This tool allows for the documentation and analysis of risk management program activities that have occurred over the year. This document can be submitted with other required documents that appear on the annual FTCA deeming and redeeming applications for this programmatic area. The Health Resources and Services Administration (HRSA) does not require health centers to use this document when submitting their FTCA application. However, health centers are encouraged to complete this user-friendly tool to make documentation and demonstration of requirements related to reporting to the board clear and easy to understand.

Health centers can work within the format of this report to input their own data and information. The dashboards and SWOT (Strengths, Weaknesses, Opportunities, Threats) analyses referenced in this tool are examples of ways to present the information; however, health centers may choose other formats (e.g., graphs, charts, narrative) depending on their needs and preferences. The information provided within this tool is not all-inclusive; health centers should provide specific information that is both accurate and sufficient to inform the board and key management staff on all health care risk management activities and progress related to follow-up actions that have been implemented as well as next steps.

For specific examples of content for the report to the board, see [Risk Management Report to the Board: Sample Report and Dashboard](#). Health centers should refer to [Chapter 21: Federal Tort Claims Act \(FTCA\) Deeming Requirements](#) and [Chapter 10: Quality Improvement/Assurance](#) in the [Health Center Program Compliance Manual](#) for standards that must be met in order to meet FTCA deeming requirements related to risk management.

## **DISCLAIMER**

**Information provided by ECRI is not intended to be viewed as required by ECRI or the Health Resources and Services Administration, nor should these materials be viewed as reflecting the legal standard of care. Further, these materials should not be construed as dictating an exclusive course of treatment or procedure. Practice by providers varies, including based on the needs of the individual patient and limitations unique to the institution or type of practice. All organizations should consult with their clinical staff and other experts for specific guidance and with their legal counsel, as circumstances warrant.**

*This model plan is intended as guidance to be adapted consistent with the internal needs of your organization. This plan is not to be viewed as required by ECRI or the Health Resources and Services Administration. All policies, procedures, and forms reprinted are intended not as models, but rather as samples submitted by ECRI member and nonmember institutions for illustration purposes only. ECRI is not responsible for the content of any reprinted materials. Healthcare laws, standards, and requirements change at a rapid pace, and thus, the sample policies may not meet current requirements. ECRI urges all members to consult with their legal counsel regarding the adequacy of policies, procedures, and forms.*

**Title:** Annual Risk Management Report to the Governance Board

**Date:** January 1, to December 31,

**Submitted by:**

**Reviewed/approved by:**

**Date submitted to the board:**

**Date recorded in the board minutes:**

## Introduction

The purpose of this report is to provide an account of [Name of Health Center's] annual performance relative to the risk management plan and evaluate the effectiveness of risk management activities aimed to mitigate risks and respond to identified areas of high risk. Topics presented include high-risk and quarterly risk assessments, adverse event reporting, risk management training, risk and patient safety activities, and claims management. Each topic includes:

- An introduction to explain the relevance of the topic
- A data summary to highlight performance relative to established goals
- A SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to identify additional factors related to performance
- Follow-up actions to note activities aimed to maintain or improve performance throughout the year
- A conclusion to summarize findings at year-end
- Proposed future activities to respond to identified areas of high organizational risk

See the attached Risk Management Dashboard for a complete data summary of all topics presented.

## High-Risk and Quarterly Risk Assessments

### *Introduction*

The [Health Center Program Compliance Manual](#) requires quarterly risk assessments focused on patient safety. A risk assessment is a structured process used to identify potential hazards within the organization's operations, departments, and services. Risk assessment tools include self-assessment questionnaires, FMEA, and safety walkrounds—in which members of leadership walk around the building and ask employees about potential risks and concerns while observing processes in action. Collecting data on practices, policies, and safety cultures in various

areas generates information that can be used to proactively target patient safety activities and prioritize risk prevention and reduction strategies.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators

### *Data Summary*

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure/Key Performance Indicator	Threshold/ Goal	Q1	Q2	Q3	Q4	Annual Total

### *SWOT Analysis*

Strengths	Weaknesses	Opportunities	Threats

### *Follow-up Actions*

### *Conclusion*

### *Proposed Future Activities*

## Adverse Event Reporting

### Introduction

Event reporting is an essential component of the risk management program and is considered part of the performance and quality improvement process. Each provider, employee, or volunteer is responsible to report all adverse events, including sentinel events, incidents, and near misses at the time they are discovered to his or her immediate supervisor and/or the risk manager. The risk manager, in conjunction with the manager of the service (as applicable), is responsible for conducting follow-up investigations. The manager's investigation is a form of self-critical analysis to determine the cause of the incident, analyze the process, and make improvements.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators

### Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total

### SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats

### Follow-up Actions