RISK MANAGEMENT SYSTEM

“WALKING THE TIGHTROPE”
GUIDING PRINCIPLES

Alliance

- Individual
- DMR Staff
- DMR Providers
- Family
- Friends
- Community
CRITERIA
for Initial Risk Review

Consider a Risk Plan IF

● Any significant person in the individual’s life:
  – capable of abuse:
    ● physical
    ● sexual
    ● emotional
    ● financial
    ● exploitation
CRITERIA for Initial Risk Review

Consider a Risk Plan IF

● Any individual’s behavior
  – Puts them at risk
  – Poses a risk to themselves, others
  – Occurs in a potentially dangerous environment
  – Refuses critical services or treatment
  – Makes hazardous lifestyle choices
    – Substance abuse, gambling/financial mismanagement, unsafe sexual activity, poor choice of companions
CRITERIA for Initial Risk Review

Consider a Risk Plan IF

- **Individual**
  - fragile medical or psychiatric condition
  - 3 + hospitalizations/year
- **Individual’s behavior**
  - criminal justice system
  - public safety threat
Isolated Disciplines

- Psychiatry
- Physical
- Pharmacy
- Neurology
- Social
- Psychology
- Nursing

Individual
Consolidated Multidisciplinary Team
HIGH RISK AND CRITICAL INCIDENT REPORTING SYSTEM

Criteria for a Critical Incident Report

- An event that includes
  - Police or law enforcement involvement
  - Serious physical injury
  - Media attention situation
  - Oversight of another state agency
Incident Reporting System

- Contains
  - Identification and Analysis of Indicators
- Collects Information
  - Timely & Consistent Manner
- Identifies
  - Local & State-wide trends

- Compares
  - Trends to Benchmark
- Establishes
  - Foundation
    - Post-event analysis
SYSTEM INTEGRATION FOR QUALITY SAFEGUARDS

- Risk Management Advisory Committee
  - Membership
Risk Management Advisory Committee

- Members
  - Directors of:
    - Office of Human Rights
    - Investigations
    - Survey & Certification
    - Public Relations
    - Health Projects
    - Medication Administration Program
    - Management Information & Evaluation
  - Assistant General Counsel
Risk Management Advisory Committee

- Primary Focus
  - Linkage & Communication
    - Health
    - Safety
    - Risk Systems
  - Promotion of Continuous Quality Management
    - Agency’s Safeguard Systems
  - Periodic Review
    - Individual Risk Plans
      - Legal, Medical, Human Rights & Self-determination
CHALLENGES TO IMPROVE THE LIVES OF INDIVIDUALS

- DMR Incident Reporting System and Proposal for Enhancement
- Quality of Life & High Risk
Incident Reporting System

- Center for Developmental Disabilities Evaluation and Research (CDDER)
  - Enhance the Incident Reporting System
    - Combine relevant indicators of risk
      - Disabled Individuals
  - Analysis Existing System
    - Identify functional & useful components
    - Compare with other states
  - Develop “State of the ART” Technology
Proposal for Enhancement

- Center for Developmental Disabilities Evaluation and Research (CDDER)
  - Combine relevant indicators of risk
  - Develop “State of the Art” Technology
- Provide State-wide data
  - Locally
  - Nationally
RISK (CLINICAL) TEAM

- Psychologist
- Social Worker
- Point of Care Staff
- Nurse
- Parent/Guardian
- Service Coordinator
- Area Office Administration
RISK TEAM

- Identifies:
  - Need for plan

- Reviews quarterly
CASE STUDY - TED

• Ted
  – 52 year old man
  – Lives with housemate
  – No meds
  – Part-time job
  – Mild MR
    • Sexual disorder, NOS, depression, alcohol abuse
PRESENTING ISSUES

- Excessive drinking
- Sexual harassment
- Termination of employment
- Poor Impulse control
- Sexual solicitation
TED’S WISHES/PREFERENCES

- Hold meaningful employment
- Live alone
- Stay out of jail
PLAN

- Live alone
- Increased supports
  - On-site
  - Case management
- Quarterly meetings
  - Support team & Advocate
- Meaningful employment
- Long-term counseling & supports
SYSTEMS UTILIZED

- DMR FUNDING
  - Individual Support
- Natural Supports
- Community Mental Health Providers
  - psychiatrist
  - therapist
- Vocational Services
TED’S OUTCOME

- Lives alone
- Holds a job
- No incidence of harassment
- Additional supports
- Improved relationships
- Decreased alcohol consumption
Fran
- 51 year old woman
- Lives alone
- Mild MR
- Multiple medical issues
  - hypertension, hypothyroidism, obesity, chronic cellulitis, hard of hearing, breathing concerns, arthritis
PRESENTING ISSUES

- Eviction
- Service acceptance
- Medical treatment compliance
- Periodic hospitalization
- Unsanitary living condition
- Poor hygiene
- MD issues
FRAN’S WISHES/PREFERENCES

- To live alone
- Maintain relationship with daughter
- Female MD
- General independence
PLAN

- Establish Area Office Nurse relationship
  - Bridge supports to medical
    - Nutritionist, VNA, PCA, Homemaker, Ind. Support Person, Adaptive Equipment (Various)

- Secure female MD
- Establish relationship with Service Coordinator
- Increase daughter’s supports
- Consult Ethics Committee
- Obtain transportation to med. appts.
SYSTEMS UTILIZED

- Individual Support Plan Team
- DMR Services
  - Ethics, Individual Support, RN, Clinical Team
- MRC - Homemaker
- Medicaid - VNA, Adaptive Equipment, PCA, Transportation
- Mental Health Crisis Team
- Community Health Systems
FRAN’S OUTCOME

- Weight loss
- Housing stabilized
  - Eviction threats decreased
  - Lives alone
- Health compliance maintained
- Hospitalizations decreased
- Relationships improved (Daughter)
Keep people safe

Personal autonomy

DMR
RISK
MANAGEMENT
Massachusetts Department of Mental Retardation

- Serves 30,000 children & adults
- Employs over 7,000 people
- Annual budget $900 million
- Organized into 5 Regions and 22 Areas
Massachusetts Department of Mental Retardation
Northeast Region

- Serves 6,000 children & adults
- Employs 1200 people
- Annual budget $148 million
- Organized into 4 Areas
INTEGRATION OF SYSTEMS DESIGNED TO ENHANCE QUALITY