

RM Summary Worksheet

 / / 20 to / / 20

(Use this form on a monthly, quarterly or yearly basis to help collect risk management data to be reviewed. Using this data, complete the risk managers trending sheet and develop an action plan.)

List Deficiencies (Ftags)

Ftag # _____	Description: _____
Ftag # _____	Description: _____
Ftag # _____	Description: _____
Ftag # _____	Description: _____
Ftag # _____	Description: _____
Ftag # _____	Description: _____

List Liability Claims allegations

Claim # _____	Allegations: _____
Claim # _____	Allegations: _____
Claim # _____	Allegations: _____

List Reportable Adverse Incidents (An event over which facility personnel could exercise control.)

_____ # deaths	_____ # reported to law enforcement
_____ # brain or spinal damage	_____ # resident elopements
_____ # permanent disfigurement	_____ # fractures/dislocations
_____ # neurological, physical or sensory function limitations	
_____ # transfers to a higher level of care due to an incident	
_____ # abuse, neglect or harm cases reported to the State	

Summarize Incident Report Event Categories

_____ # Treatment/Procedure Related	_____ # Falls
_____ # Communication Related	_____ # Equipment Related
_____ # Medication/IV Related	_____ # Occurrence Screening
_____ # Other _____	

Summarized Results from Quality Indicators

_____ # Fecal Impaction	_____ # _____
_____ # Dehydration	_____ # _____
_____ # Pressure Ulcers in low risk	_____ # _____

(*Include sentinel events, QI's that are risk adjusted, and any QI that is above the State or National Averages.)

Summarize Resident Grievances

_____ # Food Related	_____ # Communication Related
_____ # Quality of Care Issues	_____ # Care Plan Related
_____ # Linen Related	_____ # Resident Rights Issues
_____ # Service Provision Related	_____ # Financial/Bill Related
_____ # Other _____	

Sexual Misconduct or Harassment Issues

_____ # Allegations of sexual misconduct made against facility staff
_____ # Harassment Complaints against facility staff

Summarize Disciplinary Action Taken

_____ # Physicians	_____ # Contract Employees
_____ # Nurses	_____ # Physician Extenders
_____ # CNA's	_____ # Other _____

Summarize Recommendations from Third Party Auditors/Assessors

Recommendation: _____
Recommendation: _____
Recommendation: _____
Recommendation: _____

Turnover Rate **RN** _____ **LPN** _____ **CNA** _____

Risk Manager's Trending Worksheet

__/__/20__ to __/__/20__

(Use this form on a monthly, quarterly or yearly basis to help trend risk management data. Develop an action plan for each identified trend)

1. Review RM Summary Worksheet.
2. Review previous RM Summary Worksheet.
3. List areas with similarities/trends that are found on the RM Summary Worksheet. Select trends that not only are occurring frequently, but also those potential for severity.

_____	_____
_____	_____
_____	_____
_____	_____

4. Highlight trends that were on the previous RM Trending Worksheet and are still identified as a trend.
5. Cross out any trends that have decreased since an action plan has been implemented.
6. Using the Action Plan Worksheet, select the highlighted trends that are not crossed out first and revise an Action Plan.
7. Using the Action Plan Worksheet, select the remaining trends that have not been crossed out and develop an Action Plan.

Action Plan Worksheet

__/__/20__ to __/__/20__

(Use this form to help determine the action plan needed for each identified trend. Take each listed trend from the Risk Manager's Trending Worksheet and answer the following questions for each trend.)

Identified Trend: _____

- | | | |
|---|-----|----|
| 1. Did you receive a deficiency for that trend? | Yes | No |
| 2. Have you ever been sued for the same issues as identified with this trend? | Yes | No |
| 3. Have any adverse incidents been reported due to this identified trend? | Yes | No |
| 4. Has an action plan been in effect to minimize this trend? | Yes | No |

If yes, please describe: _____

- | | | |
|---|-----|----|
| Were policies and procedures focused on decreasing or preventing this trend readily available ? | Yes | No |
| 5. Is this trend occurring on low risk residents? | Yes | No |
| 6. Have complaints by family members or residents been lodged because of this trend? | Yes | No |
| 7. Is this trend negatively effecting our quality indicator report? | Yes | No |
| 8. Have staff, independent practitioners, contract labor or physician extenders been disciplined because of the issues surrounding this identified trend? | Yes | No |
| 9. Has third party auditors or assessors made recommendations regarding possible causes of this trend? | Yes | No |
| 10. Has employee skills or turnover rate negatively effected this trend? | Yes | No |

~~If you have answered yes to any of the questions 1-10, implement an effective action plan immediately.~~

Action Plan

Education: _____
P&P Changes: _____
Care Plan Changes: _____
Other: _____
Other: _____
Other: _____
Other: _____

Date Implemented: __/__/__
Date Implemented: __/__/__
Date Implemented: __/__/__
Date Implemented: __/__/__
Date Implemented: __/__/__
Date Implemented: __/__/__
Date Implemented: __/__/__