



HOPE STREET
FREE CLINIC
FAITH, HOPE AND LOVE

Risk Management Manual

Table of Contents

1. Introduction
 2. Scope and Purpose
 3. Roles and Responsibilities
 4. Risk Management Plan
 - Annual Review
 - Governing Board Approval
 5. Risk Management Committee
 6. Event Reporting and Analysis
 - Event Reporting Processes
 - Analysis and Resolution
 - Follow-Up
 7. Risk Assessment and Action Plans
 8. Risk Management Training
 - Annual Training Plan
 - Documentation and Tracking
 - Training Content
 - HIPAA and Medical Record Confidentiality
 9. Credentialing and Privileging
 - Temporary Credentialing
 - Biannual Renewal
 10. Systems to Track Referrals, Hospitalizations, and Diagnostic Procedures
 11. Annual Reporting
 12. Monitoring and Evaluation
 13. Appendices
-

1. Introduction

This Risk Management Manual outlines the policies and procedures implemented at our health center to manage and mitigate risks associated with our clinical services. It is designed to ensure a strong culture of safety and compliance with regulatory requirements, including the Federal Tort Claims Act (FTCA) guidelines.

2. Scope and Purpose

The purpose of this manual is to:

- Provide a comprehensive risk management framework.
- Ensure compliance with FTCA requirements.
- Promote patient safety and minimize clinical risks.
- Document the procedures for managing and mitigating risks.

3. Roles and Responsibilities

Risk Manager

- Designated individual responsible for overseeing the risk management program.
- Ensure compliance with risk management policies.
- Coordinate risk assessments, training, and reporting.

Medical Director

- Oversee the implementation of the risk management plan.
- Ensure staff adherence to risk management procedures.

Health Center Volunteers

- Participate in risk management training.
- Report incidents and potential risks.
- Follow risk management policies and procedures.

4. Risk Management Plan

Annual Review

- The risk management plan is reviewed at least annually.
- Revisions are made based on identified risks and changes in regulations.

Governing Board Approval

- The risk management plan is presented to and approved by the governing board.

5. Risk Management Committee

- Composed of Risk management coordinator, Medical Director and members evaluated and approved by the board.
- Meets quarterly to review risk management activities and incidents.
- Provides oversight and guidance on risk management strategies.

6. Event Reporting and Analysis

Event Reporting Processes

- Staff are required to report incidents and near-misses immediately.
- Use the incident report form to document details of the event.

Analysis and Resolution

- The risk manager conducts a thorough analysis of each reported event.
- Develop action plans to address and resolve identified risks.

Follow-Up

- Ensure follow-up actions are implemented and monitored.
- Document outcomes and lessons learned.

7. Risk Assessment and Action Plans

Quarterly Risk Assessments

- Conduct quarterly risk assessments to identify areas of high clinical risk.
- Develop and implement action plans to mitigate identified risks.

Self-Assessment

- Perform an annual organizational self-assessment to identify and prioritize risks.

8. Risk Management Training

Annual Training Plan

- Develop and implement an annual health care risk management training plan.
- Training covers the period from January 1 to December 31.

Documentation and Tracking

- Use the FTCA Educational Training Tracking Form to document attendance and training completed.
- Maintain records of all training sessions.

Training Content

- Focus on areas of highest clinical risk.
- Include HIPAA medical record confidentiality requirements.

HIPAA and Medical Record Confidentiality

- Ensure all staff are trained on HIPAA regulations and the importance of maintaining medical record confidentiality.

9. Credentialing and Privileging

Temporary Credentialing

- Follow current guidelines in the FTCA Health Center Policy Manual for temporary privileging of clinical providers in response to declared emergency situations.

Biannual Renewal

- Renew the credentials and privileges of all Licensed Independent Practitioners (LIPs), Other Licensed or Certified Practitioners (OLCPs), and Other Clinical Staff (OCS) at least every two years.

10. Systems to Track Referrals, Hospitalizations, and Diagnostic Procedures

- Implement robust tracking systems to monitor:
 - ER and specialty referrals.
 - Hospitalizations.
 - Diagnostic procedures.

11. Annual Reporting

Report to the Board

- Submit an annual risk management report to the governing board covering the period from January 1 to December 31.

FTCA Documentation

- Upload evidence to the FTCA that the risk manager has completed health care risk management training.

12. Monitoring and Evaluation

Continuous Monitoring

- Risk management is an ongoing activity, not a quarterly task.
- Monitor the implementation of action plans and risk mitigation strategies.

Evaluation

- Regularly evaluate the risk management program to identify areas for improvement.

13. Appendices

Appendix A: Incident Report Form

Appendix B: FTCA Educational Training Tracking Form

Appendix C: Annual Risk Management Training Plan

Appendix D: Quarterly Risk Assessment Template

Appendix E Risk Management Action Plan

Appendix F: Confidentiality Agreement

Appendix G: Temporary Privileging Guidelines

By adhering to this Risk Management Manual, our health center ensures a proactive approach to managing clinical risks, promoting patient safety, and maintaining compliance with FTCA and other regulatory requirements.