

**Eastern HARP  
Bridging Clinical Risk Management Project**

# **Interagency Clinical Risk Management Toolkit**

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# Interagency CRM Model

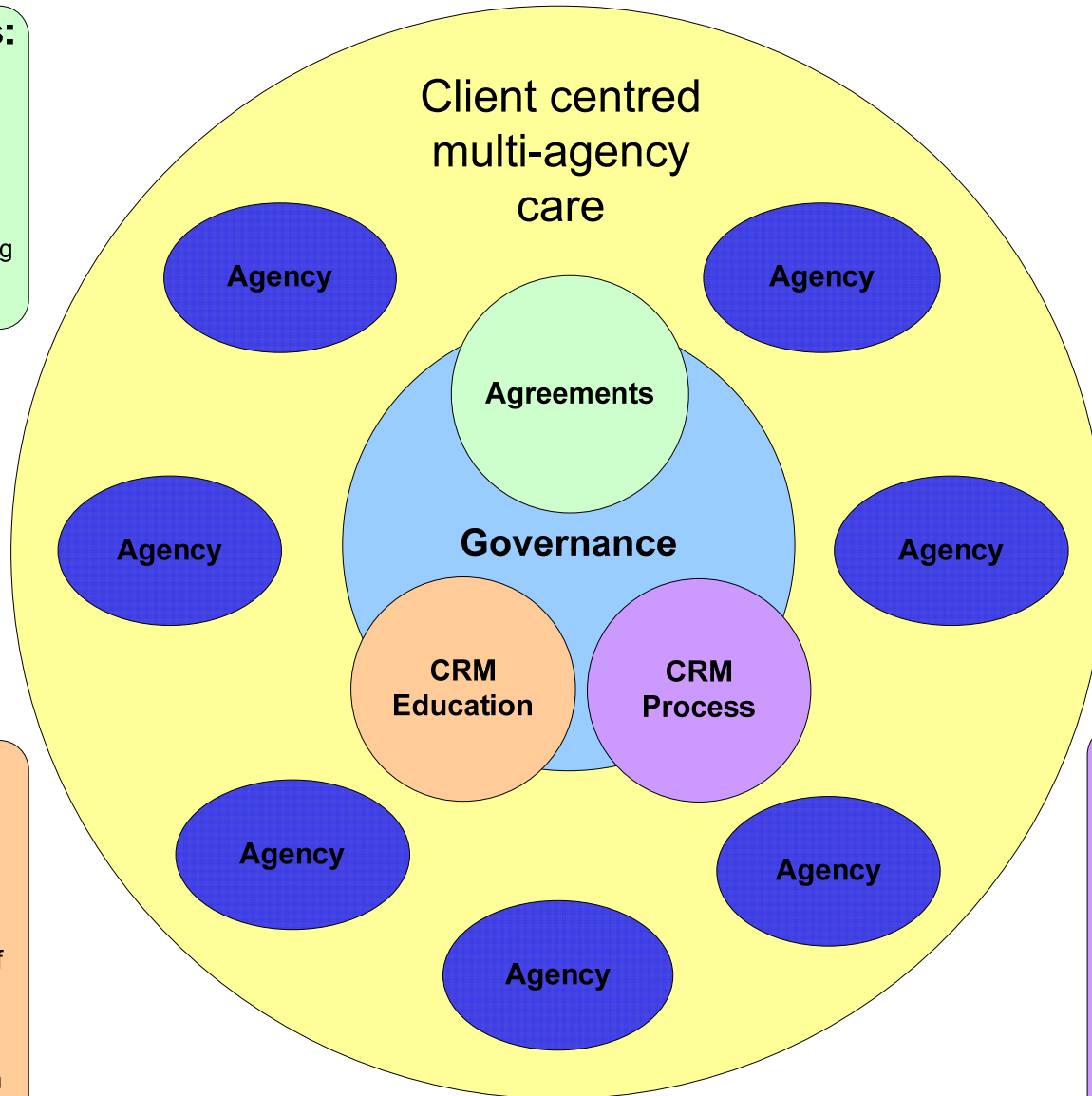
## Agreements:

Clearly articulated agreements are required to outline:

- Accountabilities
- Governance
- Education
- Information sharing
- Allocating resources

## Governance:

- Define Governance Structure
- Integrate CRM into existing Quality Improvement systems
- Embed CRM across agencies



## CRM

### Education:

- Organisation wide approach
- Awareness education for all staff
- Comprehensive education for CRM champions
- Targeted education for governance group

## CRM Process:

- Establish Context
- Communicate/Consult
- Structured approach to risk:
  - Identification
  - Analysis
  - Evaluation
  - Treatment planning
  - Ongoing Monitoring & Review (of individual risks, treatments and overall CRM plan)

# Interagency CRM Governance

Effective governance sets the tone for the delivery and safe and effective client care and organisation wide quality improvement. Clinical risk management is an important component of governance and should be considered not only within an organisation but also across partners who share client care. Sharing client care across a number of agencies creates additional and unique clinical risks. Therefore, open and transparent governance arrangements are particularly important in an interagency setting to mitigate these risks while maximising patient outcomes and supporting staff.

## Define Governance Arrangements

Governance arrangements need to be clearly articulated to ensure a common understanding of interagency CRM and should be tailored to meet the specific needs of the partnership. Governance arrangements should include definitions of structure, leadership, membership, scope of the group and purpose.

## Integrate CRM into existing Quality Improvement Systems

To ensure sustainability, interagency CRM needs to be considered in the context of the partnership. CRM plans should therefore be integrated into the quality improvement plans of each agency, as well as the overarching risk management planning processes of the interagency network (where appropriate).

## Embed CRM across agencies

Effective CRM relies on a consistent, organisation wide approach. This requires governance support and clear direction from leaders. In an interagency context, consistency may be a particular challenge. Shared direction from the governance group and 'CRM champions' disseminated across agencies are identified as pivotal to consistent and effective CRM education and processes

# Interagency CRM Agreements

To effectively manage clinical risks across multiple organisations, it is essential that participating agencies reach agreements to address a number of issues. Many programs and partnerships are supported by pre-existing arrangements such as FASA and MOU. These may address elements of CRM however may need to be revised to better support interagency CRM > Collaborations or networks that are not supported by documented agreements will benefit from the development of a shared interagency CRM agreement.

From a legal perspective, it is important to understand the implications, particularly in regards to the accountabilities of each organisation. The responsibilities of each organisation need to be clearly articulated and understood.

Elements of a shared interagency CRM agreement that support effective, sustainable CRM include:

- Accountabilities for staff / agencies
- Governance structure and arrangements
- Input of Interagency CRM into overall Quality Improvement plans
- Education for clinical staff, 'CRM champions' and the governance group
- Strategies for information sharing and escalation of risks (including adverse event reporting and risk treatment plans)
- Commitment to allocating appropriate resources for effective CRM.

# Interagency CRM Education

Organisation wide education is a vital strategy to embed a culture of interagency CRM into a program. Education can facilitate an “all teach, all learn” approach and ensure all staff accept responsibility for playing a role in effective CRM. In addition to general education about risk management, it is important to ensure that all staff understand the definitions of both clinical and interagency risks and how these apply to their clinical practice. Widespread education enables a greater level of consistency within the network to facilitate shared understanding and goals. 3 levels of education are identified as relevant:

## **Awareness education for all staff**

Basic education is required for all clinical staff. This staff education program should include an introduction to the program’s approach to CRM, skills required for proactive risk identification and strategies for information sharing. Introductory CRM education may begin during orientation of new staff and continue through staff in-services and team meetings.

## **Comprehensive Education for CRM Champion Clinicians**

Comprehensive training for a core group of staff, ‘CRM Champions’, enables ongoing iteration of CRM across the program. The education needs to be delivered by an expert and be competency based to provide skills for risk identification, analysis and treatment planning.

## **Targeted education for Governance group**

In order to develop and embed a culture of CRM across agencies, education for the governance group is essential. This education needs to reinforce the importance of interagency CRM, create shared goals and establish accountabilities.

# Interagency CRM Processes

Simple, standardised processes are essential to ensure CRM can be effectively integrated into practice without overburdening staff. Eastern HARP have developed a number of tool and templates to support effective CRM, these are included in the table on the following pages.

It is important to consider how these templates can be tailored to meet the needs of each partnership. They should be used to support, not replace, staff's clinical reasoning. Particularly while the amount of objective clinical risk data remains minimal, effective CRM remains reliant on informed, but subjective, decision making.

Additionally, any CRM processes implemented can only be effective when underpinned by appropriate governance, staff education and service agreements as described previously.

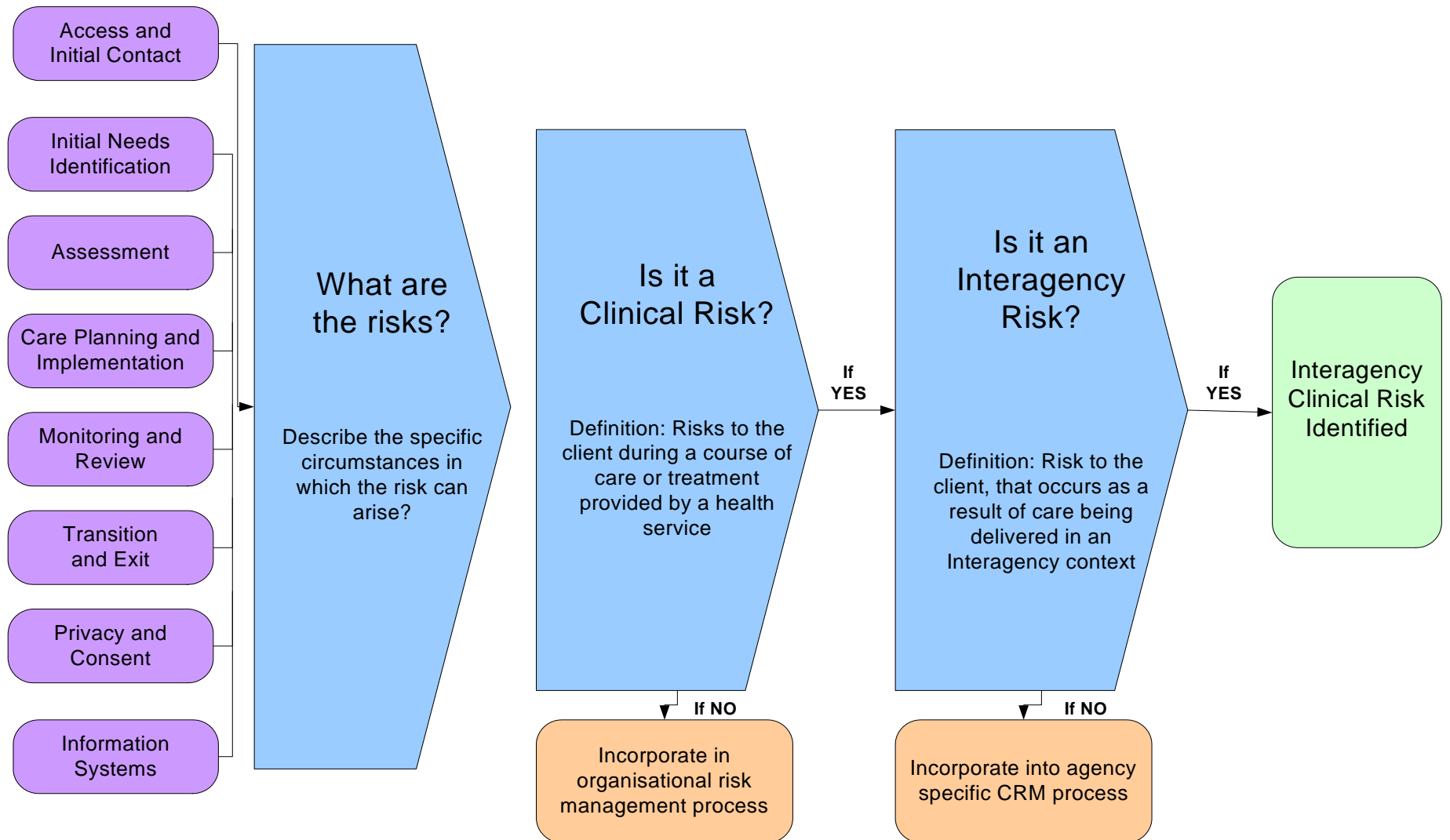
# Interagency CRM Process Summary

Stages of Interagency CRM	Steps / Information Required	Tools / Templates & Support Mechanisms in Place
<b>1. Identify Risks</b>	<p>Report risks to leaders for discussion and initial information gathering.</p> <p>Describe risk in context of the 'risk to the client'</p> <ul style="list-style-type: none"> <li>- Require detailed contextual information in description of risk including risk factors / descriptors to ensure that risk can be adequately understood by all members of the interagency team.</li> <li>- Identify and record existing controls</li> </ul>	<p>Strategies for <b>active risk identification</b>:</p> <ul style="list-style-type: none"> <li>• Staff forum / brainstorming</li> <li>• Team meeting discussion</li> <li>• Consumer feedback</li> <li>• Incident reporting</li> <li>• Case study review</li> </ul> <p>Consider risks in relation to each area identified in the CRM Domains Tool</p> <p><b>Interagency CRM Risk Identification Template</b></p>
<b>2. Analyse Risks</b>	<p>Use Risk Rating tools (Domains, Consequence, Likelihood and Rating Matrix) to provide consistency in the evaluation and rating of each risk</p> <ul style="list-style-type: none"> <li>- Is this risk both a clinical and interagency risk? (If no, report risks back through individual agencies quality improvement committees)</li> <li>- Rate according to the MOST LIKELY consequence of this event occurring rather than the most serious consequence</li> <li>- Consider how likely is this risk to occur, given the existing controls</li> </ul> <p>Record information on centralised Interagency CRM register</p> <p>NB: Any urgent/sentinel events should be managed immediately by notifying agency according to agency procedures</p>	<p><b>Risk Rating Tools</b></p> <ul style="list-style-type: none"> <li>• Consequence rating scale</li> <li>• Likelihood Criteria</li> <li>• Risk Identification Template</li> <li>• Risk Matrix</li> </ul> <p><b>Interagency CRM Risk Register</b></p>
<b>3. Evaluate Risks</b>	<p>Review Interagency CRM Register in a leadership meeting</p> <p>Critically examine the risk ratings and decide which interagency clinical risks are going to be treated – evaluate the acceptability and priority of risks</p>	<p>CRM champions / leadership group</p>

# Interagency CRM Process Summary

Stages of CRM	Steps / Information Required	Tools / Templates & Support Mechanisms in Place
<b>4. Treat Risks</b>	Develop a treatment plan to address all interagency clinical risks identified for treatment. Plans should specify actions, accountability, timeframes and measures	<b>Interagency Risk Treatment Schedule</b>
<b>5. Monitor and Review</b>	<ul style="list-style-type: none"> <li>• Ongoing Evaluation of CRM framework and treatment plans (effectiveness, cost efficiency and appropriateness)</li> <li>• Aggregate reviews of local incident data</li> <li>• Involve staff, leadership and governance group the monitoring and review process</li> </ul>	Established protocol for feedback (to staff, organisational and interagency governance groups)
<b>6. Communication &amp; Consultation</b>	<p>Notify risks within agency and escalate to interagency reporting point</p> <p>Share risk information openly and efficiently</p> <p>'CRM Champions' continue to reiterate HARP CRM 'no blame' culture, encourage and celebrate risk identification and treatment</p>	<p>Leadership/CRM Group</p> <p>Staff Communication strategies (e.g. team meetings, email, newsletters etc.)</p>
<b>7. Context</b>	<p>Articulate strategic, organisational and risk management context through governance structure and agreements</p> <p>Understand shared and Individual Governance arrangements</p> <p>Agree upon goals, objectives and parameters of CRM framework</p>	<p><b>Agreements.</b> These may include:</p> <ul style="list-style-type: none"> <li>• MOU</li> <li>• FASA</li> <li>• Program guidelines</li> </ul>

# Interagency CRM Domains Tool



# Interagency CRM Likelihood Rating Scale

Rating	Descriptor	Description	Anticipated frequency
1	<b>Rare</b>	No identified or known incidents	Only occurs in exceptional circumstances Less than 1% chance
2	<b>Unlikely</b>	Few identified or known incidents	Unlikely to occur, Less than 10% chance
3	<b>Possible</b>	Some incidents have been identified	Could occur at some time, 10-30% chance
4	<b>Likely</b>	Several incidents have been identified	Will probably occur in some circumstances, 30-65% chance
5	<b>Almost Certain</b>	Multiple incidents have been identified	Can be expected to occur in most circumstances; More than 65% chance

**NB: This table is used to answer the question:  
“How likely is this risk (event) to occur within the context of Eastern HARP?”**

# Interagency CRM Consequence Rating Scale

Level & Descriptor	Health Impacts	Client Wellbeing	Critical Services interruption	HARP integration / collaboration outcomes / objectives	Reputation & image per issue	Non-compliance HARP guidelines/ Legislation
<b>Insignificant (1)</b>	Minor change in symptoms/First aid required, no ongoing impact	Client and/or family inconvenienced, minimal time delay	No material disruption	Little impact	Non-headline exposure, not at fault. No impact	Innocent procedural breach; evidence of good faith; little impact
<b>Minor (2)</b>	Temporary minor decline in health status. Requires routine, home based medical intervention 1 – 14 days	Client/family inconvenienced due to delays in service delivery. Reduced confidence in HARP services	Short term temporary suspension – backlog cleared < 1 day	Inconvenient delays, duplication of processes to ensure coordination	Non-headline exposure , clear fault settled quickly; negligible impact	Breach; objection/complaint lodged; minor harm with investigation
<b>Moderate (3)</b>	Decline in health status, requires increased, home based medical attention 2 – 12 wks Requires unplanned Emergency Department attendance	Client refuses HARP / community service provision due to significant delays / inconvenience	Medium term temporary suspension – backlog cleared by additional resources	Coordination not optimised, breadth of service not utilised. Material delays; marginal under-achievement of target performance	Repeated non-headline exposure; slow resolution; DHS/Ministerial enquiry/briefing	Negligent breach; lack of good faith evident; performance review initiated
<b>Major (4)</b>	Major health decline, client requires hospitalisation or significant increase in service delivery	Client disengagement results in hospitalisation or significant health status decline	Prolonged suspension of work – additional resources required; performance affected	Uncoordinated care provision. Significant delays; performance significantly under target	Headline profile; repeated exposure; at fault or unresolved complexities; ministerial involvement	Deliberate breach or gross negligence;; formal investigation; disciplinary action; Mediation process
<b>Catastrophic (5)</b>	Major injury, health crises or death	Client refuses all community services and hospitalisation resulting in major injury or death	Indeterminate prolonged suspension of work; non performance.	Breakdown in partnership, integration of care	Maximum high level headline exposure; Ministerial censure; loss of credibility	Serious wilful breach; criminal negligence or act' prosecution; dismissal; Termination of Contract

# Interagency CRM Risk Identification Template

<b>Raised by Staff Member:</b>	<b>Clinical Leader:</b>	<b>Agency:</b>
<b>How was the Risk identified?</b> (Has this arisen as a result of a specific incident, complaint suggestion, brainstorming, audit , data etc?)		
<b>Agencies Involved:</b> (include all agencies internal and external to Eastern HARP)		
<b>Risk Descriptor:</b> ( provide detail of the circumstances / event which may occur to impact on client care)		
<b>Risk Factors:</b> (underlying factors/circumstances/systems that give rise to the risk)		
<b>Is this a Clinical Risk?</b> (Definition: Risks to the client during a course of care or treatment)		<b>YES / NO</b>
<b>Is this an Interagency Risk?</b> (Definition: Risks to a patient/patients, that occur as a result of care being delivered in an interagency context)		<b>YES / NO</b>
<b>What controls are currently in place to manage this risk?</b>		
<b>What is the MOST LIKELY consequence of this risk?</b>		
<b>Additional Information:</b>		

# Interagency CRM Risk Matrix

Likelihood	Consequence				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain (5)	Medium	High	High	Extreme	Extreme
Likely (4)	Medium	Medium	High	High	Extreme
Possible (3)	Medium	Medium	High	High	High
Unlikely (2)	Low	Low	Medium	Medium	High
Rare (1)	Low	Low	Low	Medium	Medium

# Interagency CRM Risk Register

Continuum Category	Risk Descriptor	Risk Factors	Clinical Risk	Inter-agency Risk	Existing Controls	Most Likely Consequence	Consequence Rating	Likelihood Rating	Residual Risk Rating
Access and Initial Contact									
Initial Needs Identification									
Assessment									
Care Planning & Implementation									
Monitoring & Review									
Transition & Exit									
Privacy & Consent									
Information Systems									

# Interagency CRM Risk Treatment Schedule

Ref No.	Risk	Risk Priority	Activity Plan	Responsibility	Timeline	Measures	Monitoring - Who? - When?	Action Completed (date)