

SUBJECT: **Monthly Risk Meeting Residential**

NO: **C-534**

REVISION DATE: March 22, 2018

EFFECTIVE DATE: February 14, 2012

INTENDED USER(S): Arizona Training Program at Coolidge

Purpose:

- 1.0 A Monthly Risk Meeting (MRM) is held by the Habilitation Supervisor II or designee for every ICF resident.
 - 1.1. In addition to the Habilitation Supervisor II or designee, the participants in the MRM include staff and relevant members of the Treatment Team (e.g., physician, nurse, QIDP, clinicians, therapists.)
 - 1.2. The purposes of the MRM's include:
 - 1.2.1 A review of all incidents which occurred in the residence during the previous month;
 - 1.2.2 The identification of trends related to the incidents;
 - 1.2.3 Strategies to prevent the recurrence of incidents; and
 - 1.2.4 Review the Infections Review Reports to:
 - 1.2.4.1 Identify and eliminate opportunities for cross contamination
 - 1.2.4.2 Ensure maintenance of a sanitary environment
 - 1.2.4.3 Strategize precautionary measures.
 - 1.3 The MRM Form is updated during the MRM and used as a working document to track completion of action items listed.
- 2.0. Infections Review Reports are created by the Registered Nurse (RN). The RN obtains information regarding frequency and type of infections from the Clinic Nurse.
 - 2.1 The RN will complete the *Review of Infections* form prior to the MRM and presents the review at the meeting. Information to be included and discussed in the MRM are:
 - 2.1.1 Time period for the infections being reported;
 - 2.1.2 Name of each person who had an infection;
 - 2.1.3 Type of infection that each person had; and
 - 2.1.4 Identify if there are any specific circumstances that could account for that infection. For example, the person was hospitalized from 1/2/17 to 1/10/17 with a probable exposure to MRSA
 - 2.2. At the MRM, the infections will be discussed to identify any trends, possible causes and/or needed prevention.
 - 2.3. If a trend or cause is identified, note what follow-up action will occur with a timeline (e.g., update the resident's risk assessment in the Planning Document).
 - 2.3.1 Attach the Monthly Risk Meeting form to the MRM. The original should be kept in the home with a copy to the Superintendent for discussion by the Infection Control Committee.

2.3.2 If any suspected abuse neglect is identified, the Habilitation Supervisor or designee shall follow the reporting procedure listed in C-504.

3.0 Follow-up on Action/Risks Identified

- 3.1 The Habilitation Supervisor maintains the MRM meeting minutes.
- 3.2 The Habilitation Supervisor forwards the MRM meeting minutes to the QAM and the Superintendent.
- 3.3 The Habilitation Supervisor:
 - 3.3.1 Presents the MRM findings and minutes at the QAC and
 - 3.3.2 Returns QAC recommendations to the MRM.
- 3.4 Follow-up on Action Items/Risks Identified are captured on the MRM Form during the meeting.
- 3.5 The RN is to ensure that any medical follow-up identified or needed is scheduled with medical professional.
- 3.6 The results of the action item follow up are documented in the Interdisciplinary Team Progress Notes (IDT notes) by a designated member of the team.
- 3.7 Action Items assigned are reviewed at the next MRM (unless more frequent follow up is identified and assigned) to ensure resident's needs are met.