The Hong Kong Council of Social Service

Seminar on Risk Management

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Risk/ Crisis Management

- The process of planning and mitigating the impact of a risk/crisis.

- The essence of risk/crisis management is to plan for worst-case scenarios and then seek to management the risk/ crisis in the best manner should it occur. (Spillan & Crandall, 2002)

Typology

Basic Threat	Conflict Crisis	Solidarity Crisis
Domain/ Origin	Endogenous/ Exogenous	Endogenous/ Exogenous
International	Terrorism	Nuclear Plant Explosion
National/ Local	Riot	Fire

Risk/Crisis Management and Decision making

Decision making	Features	Traditional	Modern
Regular	Pattern, standard process	convention, Standard,	Operation research, Automation
Risk/Crisis Magt	Non-pattern,	Judgment, Intuition	Knowledge Magt,

Categories of Crisis Events at Organizational Level

- 1. Operational Crisis
- 2. Publicity Problems
- 3. Fraudulent Activities
- 4. Natural Disasters
- 5. Legal Crisis

- (adapted from Cradall, McCartney, & Ziemnowicz, 1999)

(1) Operational Crisis

- Loss of records permanently due to fire
- Computer system breakdown
- Loss of records permanently due to computer system breakdown
- Computer system invaded by hacker
- Major industrial accident
- Major product/ service malfunction
- Death of key executive
- Break down of a major piece of production/ service equipment

(2) Public Problems

- Boycott of consumers or the public
- Product sabotage
- Negative media coverage

(3) Fraudulent Activities

- Theft or disappearance of records
- Embezzlement by employee(s)
- Corruption by management
- Corporate espionage
- Theft of company property
- Employee violence in the workplace

(4) Natural Disasters

- Flood
- Tornado
- Snowstorm
- Hurricane
- Earthquake

(5) Legal Crisis

- Consumer lawsuit
- Employee lawsuit
- Government investigation
- Product recall

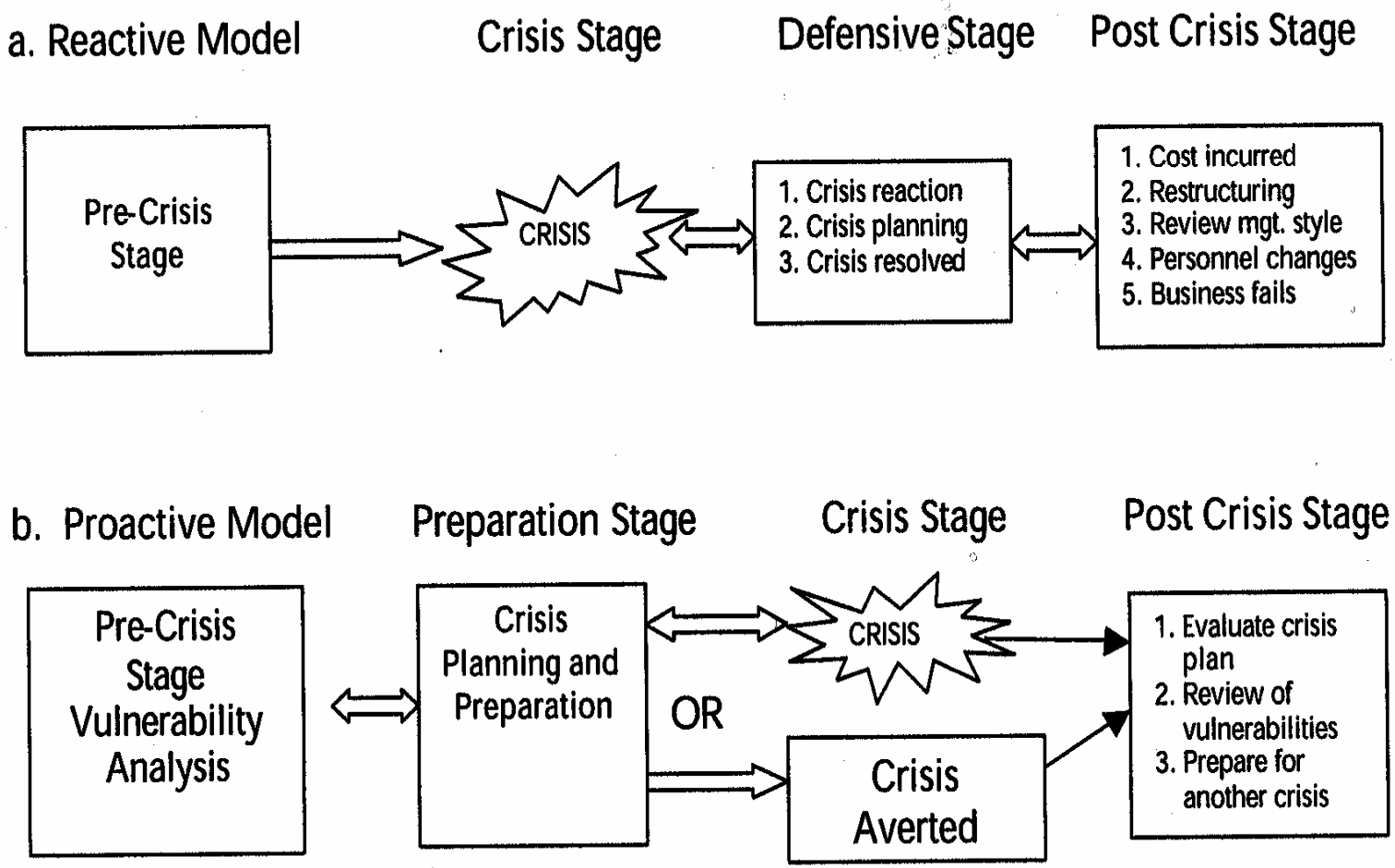
Key concepts in risk analysis

- 1. assets
- 2. vulnerabilities
- 3. threats
- 4. impacts
- 5. likelihood
- 6. safeguards

Two Models

- A) The Reactive Model
  - The decision about planning take place during and after the event(s) occur(s).
- B) The Proactive Model
  - Decision makers have already anticipated various form of crisis and have developed plans to deal with their eventuality.
  - Efforts are made shortly after the crisis to learn how to better deal with the next crisis.

FIGURE 1
CRISIS MANAGEMENT PROCESS—TWO MODELS



Framework for Risk Management

- A) Understand the system
- B) Establish Surety Objective
- C) Understand Component Vulnerabilities
- D) Characterize Threat Agents
- E) Assess the System
- F) Rank Assessment Findings
- G) Safeguard the System

(A) Understand the System

- 1. Understand its Behaviour
- 2. Understand its Physical Structure
- 3. Understand its Environment and Spatial Relationship
- 4. Understand the Role of Timing in the system
- 5. Understand the History of the Component
- 6. Understand which System Elements Serve Protective Functions

(B) Establish Surety Objectives

- 1. Identify Stakeholders
  - Users, persons affected by the system, operators etc.
- 2. Elicit Surety Objectives
  - a. For this element or flow, are here any thing that we must prevent or assure?
  - b. Which of these objectives are mandatory/ optional?
  - c. Do any of the collected objectives conflict? If so, how to resolve?
  - d. What is the relative importance of the various objectives?

(C) Understand Component Vulnerabilities

- a. How can a flow be perturbed?
- b. How can relationships between system elements be alternated?
- c. What is the effect of each perturbation or change on the system and its associated elements?
- d. Can an element exist in a fault state? How does the fault state affect the elements' behaviour?
- e. What immediate influences could cause the element to enter a fault state?
- f. Can a system element respond to say other flows that are not part of the normal system model but cause the element to fail or be subverted?

(D) Characterize Threat Agents

- a. What agent is capable of producing or influencing a flow or system?
- b. Which elements could be this agent?
- c. What are capabilities of this threat agent?
- d. If this an active threat agent, what are its characteristics?
- e. If a threat agent has any capabilities that are not currently modeled in the system description, could these capabilities be significant to the functioning of the system?

(E) Assess the System

Common approaches:

- 1. Deductive logic technique
- 2. Inductive logic technique
- 3. Heuristic searching
- 4. Simulation

(F) Rank assessment findings

- 1. What are the costs associated with failure to meet this objective?
- 2. How important is one cost relative to other costs to met this objective?
- 3. In relative term, which outcome is most at risk?
- 4. What system elements or flows contribute most to the aggregate system risk?
- 5. Which system element is found in the greatest number of undesirable outcomes?

(G) Safeguard the System

- 1. Identify Constraints on Safeguards
  - a. Who is impacted
  - b. What resources can be used?
  - c. what legal, regulatory or political constraint?
  - d. how firm are each of these constraint?
  - What is the relative importance of various constraints?
- 2. Evaluate and rank candidate safeguard

- 2. Evaluate and rank candidate safeguard
  - Which safeguards will address the ranked system problems?
  - How should these individual safeguards be combined into suits to achieve the best mitigation effect subject to the constraints?
  - What are the relative strengths and weakness of each suite?
  - Which suite gives the best overall reduction in system risk?
  - Which suite gives the most balanced approach to security?

Illustration in Social Service

Risk Assessment Evaluation & Planning

Name:	Date:
Participants:	
Tasks Completed for Assessment:	
Documents Reviewed:	
People Interviewed:	
Assessments Completed or Referral Made:	
Significant Risks Identified:	
Plan:	
Location of Plan Information:	
Other Information:	

Risk Assessment Evaluation & Planning

Name: Stephan Anderson | **Date:** January 22, 2003

Participants: Brenda Smith, Service Coordinator; Mary Anderson, Mother; Rhonda Johnson, XYZ Day Services; Frances Mathers, Administrator

Tasks Completed for Assessment:

Documents Reviewed: Complete case record; medication history ; history and physical; CDER 11/27/02; PT Eval 10/11/02; Clinical Team Report 12/16/02

People Interviewed: All above participants and Dr Michael Holmes, neurologist

Assessments Completed or Referral Made: Seen by Clinical Team 12/16/02

Significant Risks Identified: 1. Uncontrolled seizures as defined as averaging six per year for the past four years.

Plan: 1. Stephen must never be alone in a situation where a seizure could risk his life – bath; must be accompanied when traveling; (Residence, day program, family)

2. Modify environment for safety: bed rails because 4/6 seizures occurred at night (residence)
3. Quarterly monitoring of blood levels of medications (Dr Holmes-residence will document)
4. High protein diet as recommended by neurologist (home)
5. Consumer education – to help Stephen make informed decisions- (day program)

Location of Plan Information: IPP of January 21, 2003; monitored quarterly

Other Information: Although Dr Holmes strongly recommends the use of a helmet, Steve stated on January 21, 2003, that he would "…never get a girlfriend wearing one of those things". XYZ will provide education about safety and helmets and will reevaluate Steve's preferences in April, 2003. Steve did agree to this education and to bed rails and a special diet. He takes his medication independently and appears to understand the danger of being hurt if he is alone. He said that he doesn't want to drown in the tub like his friend Frank R., and it is okay for staff to be near as long as they don't watch him bathe.

Preventative Action Checklist

The following steps will assist you to develop preventative actions in response to a report of a special incident. The steps on the left are intended to guide you through the process. The strategies on the right are suggested guidelines for completing each step. The strategies are generic. Not all will be applicable in every situation. Strategies should be coded Y = Yes; N = No; NA = Not Applicable.

Steps	Strategies
Does the action address the cause of the incident?	___ Have all "who", "what", "when", and "where" questions been answered? ___ Does the incident description adequately depict what happened? ___ Could the incident occur again? ___ Is more than one explanation possible for what could have happened? (Don't draw conclusions about what happened.)
Have prior data and documentation been analyzed to determine possible contributing factors?	___ Has there been a record review? ___ Has there been documented deterioration in skills, sleep or eating disturbances, or medication changes? ___ Has there been a change in events, stressors, and/or noise levels? ___ Has the person been a victim of abuse/neglect? ___ Can you identify patterns (employees, place, times of day, setting conditions, other consumers, etc.)? ___ Have environmental issues been identified and corrected?
Does the preventative action plan include specific actions?	___ Is it measurable? ___ Are timelines for preventative action included? ___ Does the preventative action plan include the responsible person(s) and actions needed by each?
Are the preventative actions doable?	___ Are noted actions within the control of the service coordinator, regional center, and/or provider? ___ Are resources available? ___ Does the responsible person have authority to implement prescribed actions?
Can it be monitored?	___ Is there a clear and objective system in place to monitor the implementation and effectiveness of the preventative action plan?
If the preventative actions are implemented effectively, will recurrence of the incident be prevented?	___ Have past preventative actions been effective in reducing risk? ___ Have all elements of previous preventative action plans been implemented?
If the incident was linked to a medical issue, is medical or clinical assessment or follow-up needed?	___ Was it completed? ___ Was it documented?
If the incident was linked to a behavioral issue, does the person(s) involved have a behavior plan?	___ If no, is one needed? ___ If yes, has it been reviewed to determine continued effectiveness? ___ Was it implemented effectively?
If the incident was linked to an environmental factor, was the issue rectified?	___ Was the action implemented and documented?
If the incident was linked to a programmatic issue, has the person responsible for the training program been notified?	___ Has the program been reviewed and revised as necessary? ___ Are any revisions documented?

Risk Assessment Inventory: Major Depression

The ID Team should consider the need to address any identified risk factor including further evaluation by the approved professional or clinical team.

Personal Risk Factors

√ if Present	Risk Factor
	Loss of interest in things you used to enjoy, including sex
	Feeling sad, blue, or "down in the dumps"
	Feeling slowed down or restless and unable to sit down
	Feeling worthless or guilty
	Changes in appetite or weight (loss or gain)
	Thoughts of death or suicide; suicide attempts
	Problems concentrating, thinking, remembering, or making decisions
	Trouble sleeping or sleeping too much
	Loss of energy or feeling tired all of the time
	Headaches
	Other aches and pains
	Sexual problems
	Digestive problems (upset stomach, etc.)
	Feeling pessimistic or hopeless
	Being anxious or worried

Consumer: _____ **Date**_____

The ID Team should consider the need to address any identified risk factor including further evaluation by the approved professional or clinical team.

Personal Risk Factors

√ if Present	Risk Factor
	History of falls
	Previous falls resulting in a fracture or laceration
	Frequent falls (two or more per month)
	Impaired vision
	Muscle or strength weakness
	Gait or balance disorders
	Dizziness or vertigo
	Incontinence or frequent toileting
	Agitation
	Sleep Disturbance
	Medications with known side effects that may affect balance or ability to ambulate
	Orthostatic hypotension (dizziness upon standing)
	Impaired mobility
	• Requires assistance with ambulation
	• Uses mobility equipment (wheelchair, walker, cane)
	Foot or leg deformity
	Seizures

Environmental Risk Factors

√ if Present	Risk Factor
	Poor lighting
	Wet or slippery floors
	Loose electrical cords
	Inappropriate footwear
	Loose rugs
	Other: specify _____

Consumer: **Date:**

Risk Assessment Inventory: Osteoporosis

The ID Team should consider the need to address any identified risk factor including further evaluation by the approved professional or clinical team.

Personal Risk Factors

√ if Present	Risk Factor
	In women, early menopause (before 45 years old)
	In women, early hysterectomy (before normal menopause age of 50)
	Long term use of high dose corticosteroids
	In women, irregular or infrequent periods during your lifetime
	Heavy smoking (or passive smoking)
	Heavy drinking
	Immobility
	Lack of sunshine
	Low calcium intake
	Other diseases
	Family history of osteoporosis or fractures
	Fracture after a minor bump or fall
	Loss of height
	Back pain

Consumer:_____**Date**_____

The ID Team should consider the need to address any identified risk factor including further evaluation by the approved professional or clinical team.

Physical Management

√ if Present	Risk Factor
	Does the consumer have difficulty with gross motor skills such as walking or sitting?
	Does the consumer have:
	• contractures (severe joint tightness)?
	• severe scoliosis and/or kyphosis (curvature of the spine)?
	• windswept deformity of the legs (both legs fixed or pointed to one side)?
	• severe muscle tightness (spasticity) or muscle weakness (floppy)?
	Does the consumer maintain his/her head in a tipped back (hyperextended) position?
	Has the consumer had problems with skin breakdown, redness that does not disappear after 20 minutes, or skin breakdown that doesn't heal?
	Does the individual have poor bladder or bowel control?

Nutritional Management

√ if Present	Risk Factor
	Are there special dietary needs (i.e., caloric, consistency, texture)?
	Has the consumer received modified food textures in the past (i.e., blended, chopped)?
	Does the consumer need assistance to eat?
	Does the consumer cough during meals?
	Does the consumer have a history of choking?
	Does the consumer frequently refuse certain types of foods or liquids?
	Does the consumer eat in other than an upright position?
	Does the consumer exhibit poor head control?
	Does the consumer have a problem with:
	• poor lip closure and/or tongue thrust
	• bite reflex
	• gagging during meals and/or tooth brushing
	• rumination • excessive belching
	• frequent vomiting
	• persistent drooling
	Has the consumer experienced dehydration in the past 12 months?
	Does the consumer have a history of nasogastric (NG) and/or gastrostomy (G) tube use?
	Does the consumer tip his/her head back to swallow?
	Does it take more than 30 minutes for the consumer to eat a meal?
	Does the consumer have to swallow repeatedly to clear the mouth?
	Has the consumer had any episodes of not breathing, turning blue, severe wheezing, or pneumonia during the past year?
	Is the consumer agitated during or after meals?
	Does the consumer have reddened or whitened gums, visible film or plaque on the teeth, or other significant dental problems?
	Does the consumer not tolerate tooth brushing or being touched around the mouth?
	Does the consumer eat rapidly; take large mouthfuls or too large bites?

Consumer: _____ **Date:** _____

Risk Assessment Inventory: Skin Breakdown

The ID Team should consider the need to address any identified risk factor including further evaluation by the approved professional or clinical team.

Personal Risk Factors

√ if Present	Risk Factor
	Inability to Move
	Bed or Chair Confinement
	A person in a chair who is able to shift his or her own weight
	Loss of Bowel or Bladder Control
	Poor Nutrition
	Lowered Mental Awareness

Consumer:_____**Date**_____

Specific Clinical Risk Factors: Aspiration Pneumonia

James G. Willcox, MD

Aspiration or oropharyngeal contents occurs in 45% of healthy persons during sleep yet pneumonia is uncommon, probably due to efficient clearance and host defense mechanisms.

Risk factors:

- altered consciousness (alcohol or substance abuse, administration of sedatives or anesthesia, head trauma, seizures, other neurological disorders)
- dysphagia, GI motility disorders, and GERD and their underlying etiologies
- recurrent emesis

Aspects of the aspirated material:

- Content: oropharyngeal contents vs. gastric contents
- Volume: Small amounts over time (chronic pulmonary changes)

Mendelson's Syndrome

Large volume of acidic gastric contents

- Chemical pneumonitis – atelectasis, pulmonary edema, hemorrhage, and necrosis
- tachypnea, dyspnea, fever
- cyanosis, bronchospasm, rales
- RLL, LLL, multiple lobes
- progresses to necrotizing pneumonitis, cavitary lesions, abscesses, and empyema
- therapy may include immediate pharyngeal and endotracheal suctioning, bronchoscopy, IV fluids, monitoring of blood gases and respiratory status, oxygen, intubation and mechanical ventilation, steroids, sputum cultures, antibiotic therapy

Look for underlying etiology. Treat etiology as a symptom.

Once etiology is determined, the treatment regimen is based on prevention.

Risk Assessment Inventory: Substance Abuse

The ID Team should consider the need to address any identified risk factor including further evaluation by the approved professional or clinical team.

√ if yes	Risk Factors
1. FREQUENT INTOXICATION	
	Does the consumer report or appear to be frequently high or intoxicated?
	Does the consumer's social activities focus on drinking or other drug use, including obtaining, using and recovering from use?
	Has the consumer ever expressed his/her concerns about needing to cut down on use of drugs or alcohol?
2. ATYPICAL SOCIAL SETTINGS	
	Does the consumer's immediate peer group encourage substance abuse?
	Is the consumer socially isolated from others and is substance abuse occurring alone?
	Is the consumer reluctant to attend social events where chemicals won't be available?
3. INTENTIONAL HEAVY USE	
	Does the consumer use alcohol with prescribed medications?
	Does the consumer use more alcohol than is safe in light of prescribed medications or compromised tolerance?
	Does the consumer have an elevated tolerance as evidenced by the use of large quantities of alcohol or other drugs without appearing intoxicated?
4. SYMPTOMATIC DRINKING	
	Are there predictable patterns of use which are well known to others?
	Is there a reliance on drugs or alcohol to cope with stress?
5. PSYCHOLOGICAL DEPENDENCE	
	Does the consumer rely on drugs or alcohol as a means of coping with stress or problems?
6. HEALTH PROBLEMS	
	Are there medical conditions which decrease tolerance or increase the risk of substance abuse problems? Are there recurring bladder infections, chronic infections, bed sores, seizures, or other medical conditions which are aggravated by repeated alcohol or other drug use?
7. JOB PROBLEMS	
	Has the consumer missed work or gone to work late due to use of alcohol or other drugs?
8. PROBLEMS WITH SIGNIFICANT OTHERS	
	Has a family member or friend expressed concern about the consumer's use of alcohol or drugs?
	Have important relationships been lost or impaired due to substance abuse?
9. PROBLEMS WITH LAW OR AUTHORITY	
	Has the consumer been in trouble with authorities or arrested for any alcohol or drug related offenses?
	Have there been instances when the consumer could have been arrested but wasn't?

Risk Assessment Evaluation & Planning Worksheet

Individuals Name: Stephen Anderson	Date of Discussion: January 22, 2003	Date of Note: January 23, 2003

Participants:	1. Brenda Smith, SC	2. Mary Anderson, Mother	3. Rhonda Johnson, XYZ	4. Frances Mathers, Administrator	5. Steve Anderson

Significant Risk Factors in the Person's Life - List	Are risks present? YES	Are risks present? NO	Description of the risk, circumstances, frequency	Interventions required to eliminate or minimize risk
1. Qualifying Developmental Disability				
Seizure Disorder	X☐	☐	Average of six seizures per year for the last four years; takes medication. Four of the last six occurred at night.	Plan developed by team; see IPP and quarterly notes. Interventions are: supervision, medication monitoring, special diet, consumer education ands bed rails, Medic-Alert ID bracelet. IPP has been modified to include plans. See quarterly notes for details.
	☐	☐		
	☐	☐		
	☐	☐		
2. Other Disabilities / Health Conditions				
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
3. Special Conditions / Behaviors				
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
4. Skill Development				
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

Instructions for completing the risk assessment worksheet: Under each specific area, list the Significant Risks identified; Indicate "yes" or "no" as to whether a significant risk has been identified in the listed category; Indicate "yes" or "no" whether training/service plans are present for the specific risk; If training/service plans have been developed, indicate the training/area; Briefly, indicate a summary of the intervention required to eliminate or minimize the risk.

Risk Assessment Evaluation & Planning Worksheet						
Individuals Name:			Date of Discussion:		Date of Note:	
Participants:	1.	2.	3.	4.	5.	
Significant Risk Factors in the Person's Life - List	Are risks present? YES	Are risks present? NO	Description of the risk, circumstances, frequency		Interventions required to eliminate or minimize risk	
1. Functional Status						
a. Eating	☐	☐				
b. Ambulation	☐	☐				
c. Transfers	☐	☐				
d. Toileting	☐	☐				
2. Behavioral						
a. Self-abuse	☐	☐				
b. Aggression toward others or property	☐	☐				
c. Use of physical or mechanical restraint	☐	☐				
d. Emergency drug use	☐	☐				
e. Psychotropic meds	☐	☐				
3. Physiological						
a. Gastrointestinal conditions	☐	☐				
b. Seizures	☐	☐				
c. Anticonvulsant meds	☐	☐				
d. Skin breakdown	☐	☐				
e. Bowel function	☐	☐				
f. Nutrition	☐	☐				
g. Treatments	☐	☐				
4. Safety						
a. Injuries	☐	☐				
b. Falls	☐	☐				
c. Community Mobility	☐	☐				
5. Other	☐	☐				

Instructions for completing the risk assessment worksheet: Under each specific area, list the Significant Risks identified (modify this list as needed); Indicate "yes" or "no" as to whether a significant risk has been identified in the listed category; Indicate "yes" or "no" whether training/service plans are present for the specific risk; If training/service plans have been developed, indicate the training/area; Briefly, indicate a summary of the intervention required to eliminate or minimize the risk.

Spillan & Crandall's Study (2002)

- Hypothesis 1
  - Examine the mean differences in the respondents' degrees of concern in those organizations with crisis management teams vs. those without crisis team.
- Hypothesis 2
  - Examine the differences in mean degree of concern for each potential crisis depending on whether the event had occurred at the event had occurred at the respondent's organization.

Results

- Hypothesis 1 — Little support
- Hypothesis 2 — Strong support

- 1. the existence of a crisis management team within an NPO does not necessarily mean that concern for all types of crisis events increases.
- 2. NPO managers who have experienced a crisis are more concerned about crisis than those managers who have not experienced that crisis.

- 3. Regardless of the perceived crisis threat, implementing aggressive management practices is highly recommended.
- 4. NPOs should be aware of the potential for “smoldering’ crisis.
- 5. The diversity of crisis events leads to a paradox in crisis planning-the need to be both specific in preparing for worst-case scenarios and, simultanely, to be flexible in terms of planning for these events.

- 6. A caveat- smaller NPOs may be less sophisticated in their crisis management preparation than larger NPOs.

Thank You!