



MISSION

The Office of Risk Management (ORM) provides risk identification, analyses, control and financing direction and support to District Agencies so they can minimize the total cost of risk and improve safety in the workplace.

SUMMARY OF SERVICES

The Office of Risk Management supports agencies' efforts to minimize the total cost of risk. ORM services include identifying gaps in agencies' risk management practices, recommending and overseeing the implementation of appropriate responses, administering the District of Columbia Government Employees' Disability Compensation Program and Tort Liability Program, providing risk management training to District employees, and conducting risk management assessments of all District Government facilities and operations.

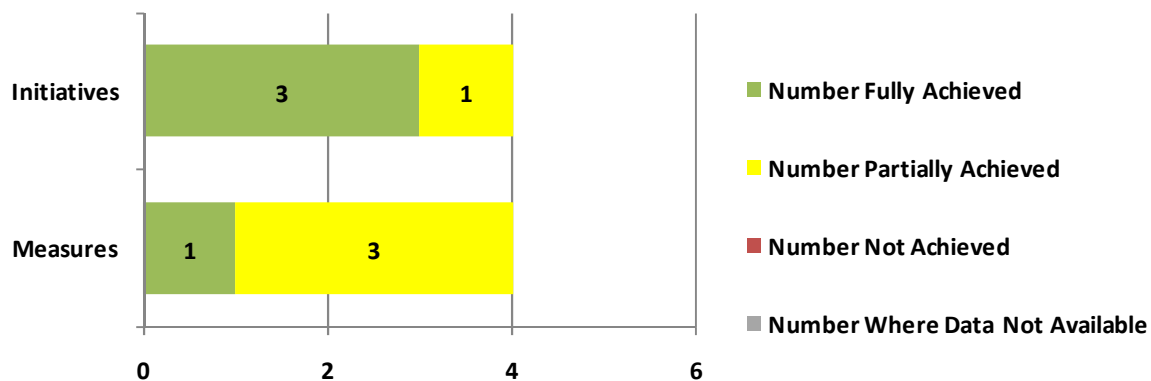
AGENCY OBJECTIVES

1. Reduce occupational risk for the District.
2. Reduce lost work time due to on-the-job injuries.
3. Ensure the viability of the non-profit health clinic network.

2 KEY ACCOMPLISHMENTS

- ✓ Achieved numerous service-related initiatives and accomplishments that have reduced total DCP program cost and enhanced the services provided to District employees including the overall reduction in the number of open claims from 3,558 in FY05 to 1,397 in FY08. This represents a claim reduction of 2,161 claims successfully closed over a three-year period.
- ✓ On May 29, 2008, the District of Columbia Medical Liability Captive Insurance Company received its Certificate of Authority, and is currently providing Malpractice Insurance to 5 community health centers at a deeply discount premium rate, ensuring the viability of the non-profit health center network.

OVERVIEW OF AGENCY PERFORMANCE







Performance Initiatives – Assessment Details


Performance Assessment Key:

-  Fully achieved  Partially achieved  Not achieved  Data not reported


OBJECTIVE 1: Reduce occupational risk for the District.

-  **INITIATIVE 1.1: Implement a District-wide occupational safety and health “Public Awareness Campaign.”**
Fully Achieved. In FY2008, DCORM worked closely with DCHR and OLRB to develop and implement a training module and materials to train District employees on Occupational Safety and Health. The goal is to ensure that 10% of District-Employees receive Level 1 basic occupational safety & health awareness training by the end of the fiscal year.
-  **INITIATIVE 1.2: Implement a “How Am I Driving?” Program for District of Columbia government vehicles.**
Partially Achieved. In FY2008, DCORM, DCHR and OLRB developed an infrastructure to ensure that all government vehicles receive the most updated “How Am I Driving? Call 311” bumper stickers. All teams worked together for the legal review of the Accident Reporting Procedures and to design the bumper stickers. In FY2009, after the completion of the District-wide fleet reduction initiative, the program will be implemented and 100% of District government vehicles will be scheduled to affix the sticker. DCORM has also partnered with Spingarn High School’s Auto Collision/DPW Fleet Training Program to work closely with designated DC Government agencies to affix the bumper stickers.

OBJECTIVE 2: Reduce lost work time due to on-the-job injuries.

-  **INITIATIVE 2.1: Develop and implement a comprehensive Return-to-Work Program.**
Fully Achieved. In FY2008 DCORM established a Return to Work Program. The Program was presented to DCHR Management and HR Advisors to ensure their understanding and support of the program. Several training Sessions have been held with EOM Agencies to ensure that the appropriate procedures are followed when returning employees back to work. The goal of the program is to reduce lost work time by 5% in FY09, FY10 and FY11.

OBJECTIVE 3: Ensure the viability of the non-profit health clinic network.

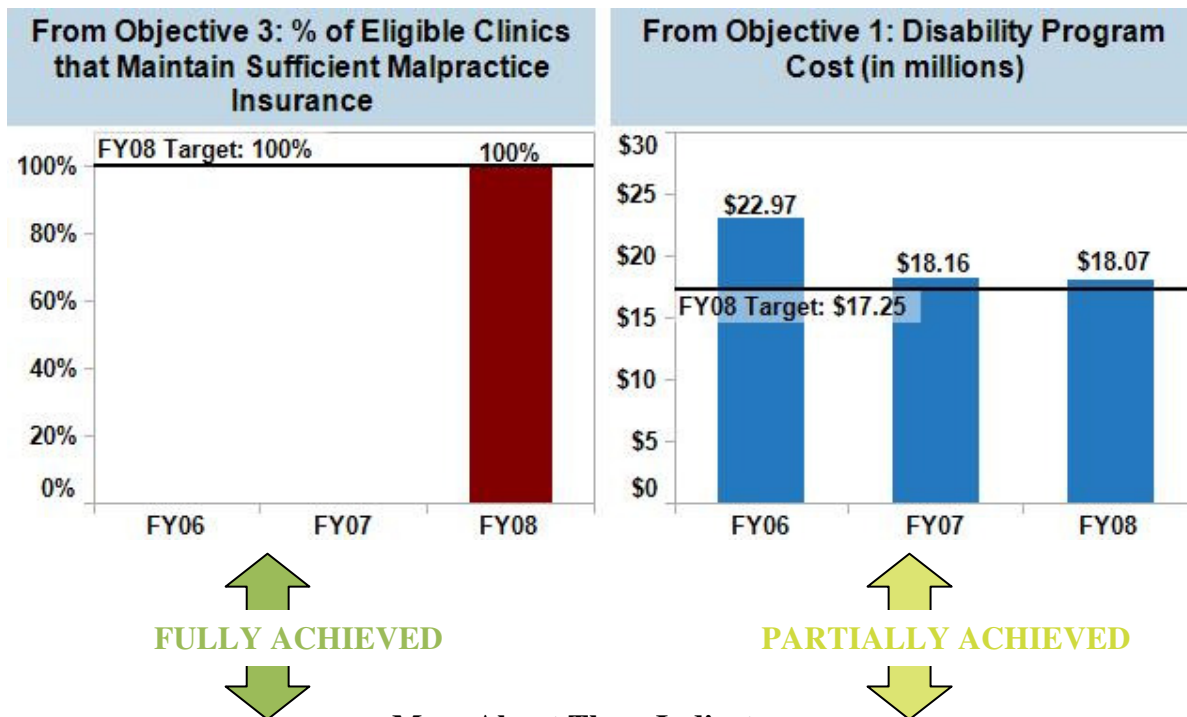
-  **INITIATIVE 3.1: Oversee the management of the District of Columbia Medical Liability Captive Insurance Company for non-profit community health centers in the District of Columbia.**
Fully Achieved. In June of FY08, immediately following the receipt of its Certificate of Authority, the DC Medical Liability Captive Ins. Co issued a blanket malpractice insurance policy for 5 Centers; and later issued Tail policies free of charge to those Centers switching from a Claims-made form to the Occurrence form. The Captive Insurance Company is also poised to write GAP insurance policies for those organizations, with FQHC status, operating outside of their designated scope of project. By November 14th, one additional clinic (Carl Vogel Center) will participate in the malpractice program. The 5 Healthcare centers who received malpractice coverage at 35% off of their previous premium rates starting June 30th, 2008 are: Bread for the City; SOME (So



Others Might Eat); Spanish Catholic Center of Catholic Charities; Family Health and Birth Center, Inc.; and Family Medical Counseling Services, Inc.



Key Performance Indicators – Highlights



More About These Indicators:

How did the agency's actions affect this indicator?

- To further comment on the success of the Captive: With the acquisition of experienced, key personnel to implement the Captive Insurance Co, the Office of Risk Management was able to navigate this process with relative ease and efficiency.

What external factors influenced this indicator?

- ORM's Captive Manager – AON (hired through RFP in April 2008) and DCPCA worked with local non-profit health centers to gather the data necessary to offer the broadest possible Medical Malpractice coverage at a premium discount of 35%.

How did the agency's actions affect this indicator?

- These numbers have been reduced to reflect settlement and adverse award amounts levied against the DCP program. The sum of these numbers represents the total cost of the program. "FY08 Actual" exceeded "FY08 Target" numbers primarily because of an increase in adverse award and settlement payments made to claimants.
- The early return to work program assisted in managing the lost time days as well as control of medical cost.
- DCP claim closures reduced the overall claim count; however, total payments were not substantially lower, thereby increasing the average cost per injury.

What external factors influenced this indicator?

- The DCP program cost is affected by the statutory provisions that govern the program. Adverse awards that encompass multiple years of benefits substantially increased the total cost of the program for FY08.



Key Performance Indicators – Details

Performance Assessment Key:

- Fully achieved
 ● Partially achieved
 ● Not achieved
 ● Data not reported

	FY06 Actual	FY07 Actual	FY08 Target	FY08 Actual	FY09 Projection
OBJECTIVE 1: Reduce occupational risk for the District.					
● Disability Program cost ¹	\$22,966,548	\$18,157,314	\$17,249,448	\$18,072,471	\$17,168,847
OBJECTIVE 2: Reduce lost work time due to on-the-job injuries.					
● Avg. Lost time per employee (days)153	163	155	189	180
● Average cost per injury	\$8,409	\$8,550	\$8,122	\$9,040	\$8,588
OBJECTIVE 3: Ensure the viability of the non-profit health clinic network.					
● % of eligible clinics that maintain sufficient malpractice insurance to stay in operation	N/A	N/A	100%	100%	100%

¹ These numbers have been reduced to reflect settlement and adverse award amounts levied against the DCP program, which totaled \$3,197,402 in FY08. The sum of these numbers represents the total cost of the program. “FY08 Actual” numbers appear to have exceeded the “FY08 Target” numbers. This is primarily due to an increase in the payment distributions of adverse awards and settlements to claimants – which is a benefit for the DCP program.