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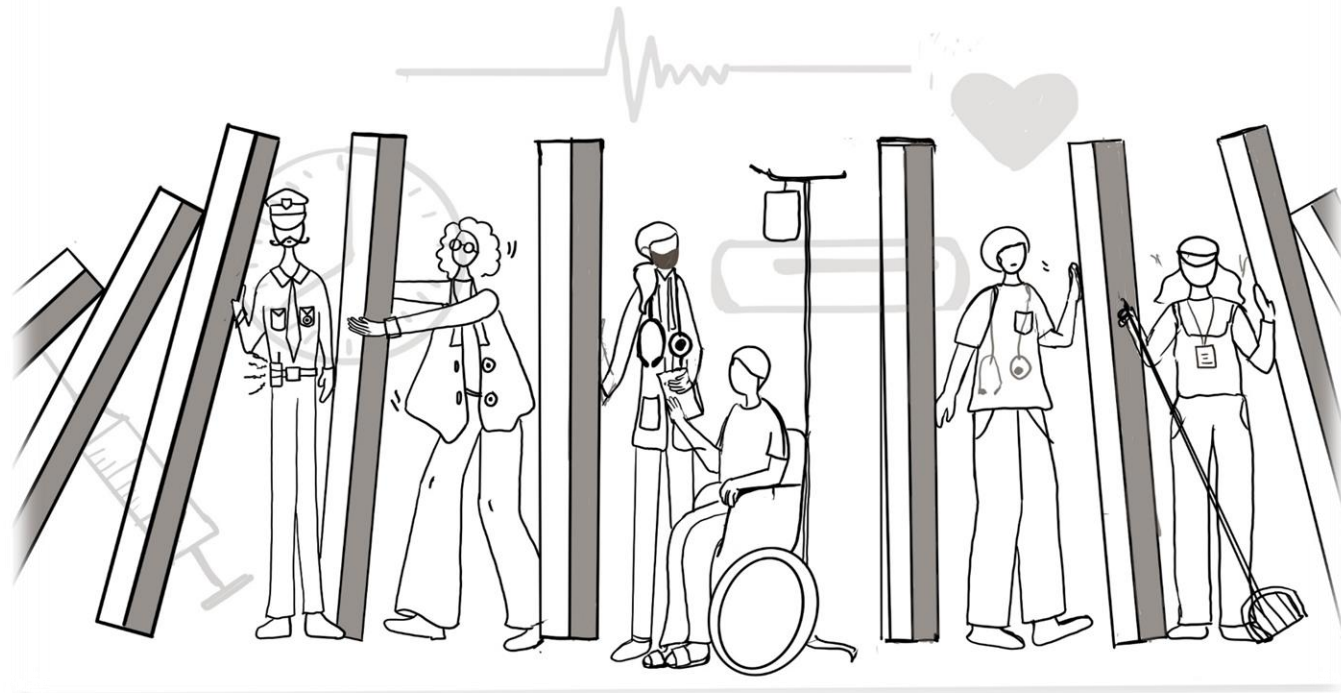
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Khamma Gani

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Risk Management Framework Manual for District Hospitals



1 Introduction



STANDARD G9

Facility has defined ,approved and communicated risk management framework for existing and potential risks.

ME G9.1
Risk Management
Framework defined

Risk Management framework are defined including context, scope, objectives and criteria

All
Departments

ME G9.2
Identify and Manage

Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions

All Clinical
Departments

ME G9.3
Reporting incidents and
potential risk

Risk Management framework includes process of reporting incidents and potential risks to all stakeholders

All
Departments

ME G9.4
Current and potential
risks

Risk A comprehensive list of current and potential risk including potential strategic, regulatory operational, financial, environmental risks has been prepared

All
Departments

ME G9.5
Staff Training

Modality of staff training on risk management is defined

All Clinical
Departments

ME G9.6
Reviewed

Risk Management framework is reviewed periodically

All
Departments



STANDARD G10

The facility has established procedure for assessing, reporting, evaluating and managing risk as per risk management plan

ME G 10.1
Approved

RMP has been prepared and approved by the designated authority and there is a system of its updating at least once in a year

General Admin

ME G10.2
Communicated

Risk Management Plan has been effectively communicated to its staff as well relevant stakeholders

General Admin

ME G10.3
Criteria and checklists

Risk Assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders

General Admin

ME G10.4
Physical & electrical risks

Periodic Assessment for physical and electrical risks is done as per defined criteria

All Departments

ME G 10.5
Potential Disaster

Periodic Assessment for potential disasters including fire is done as per defined criteria

General Admin

ME G10.6
Medication & Patient safety

Periodic Assessment for Medication and Patient care safety risks is done as per defined criteria

General Admin



STANDARD G10

The facility has established procedure for assessing, reporting, evaluating and managing risk as per risk management plan

ME G10.7
Safety and security of
staff

Periodic Assessment for potential risk regarding safety and security of staff including violence against service provider is done as per defined criteria

**General
Admin**

ME G10.8
Severity rating

Risks identified are analyzed, evaluated and rated for severity

**All
Departments**

ME G10.9
Risks are treated

Identified risks are treated based on severity and resources available

**General
Admin**

ME G10.10
Risk Register

A risk register is maintained and updated regularly to risks records identified risks, there severity and action to be taken

**General
Admin**



HAZARD

A Shark in the sea is
Hazard



Anything that has a
potential for harm

RISK

Swimming with a Shark is a
Risk



Impact of uncertainties on
objectives of a hospital

UNCERTAINTY

Will Shark attack? Is
Uncertainty



Unknown probabilities with
unknown outcomes.

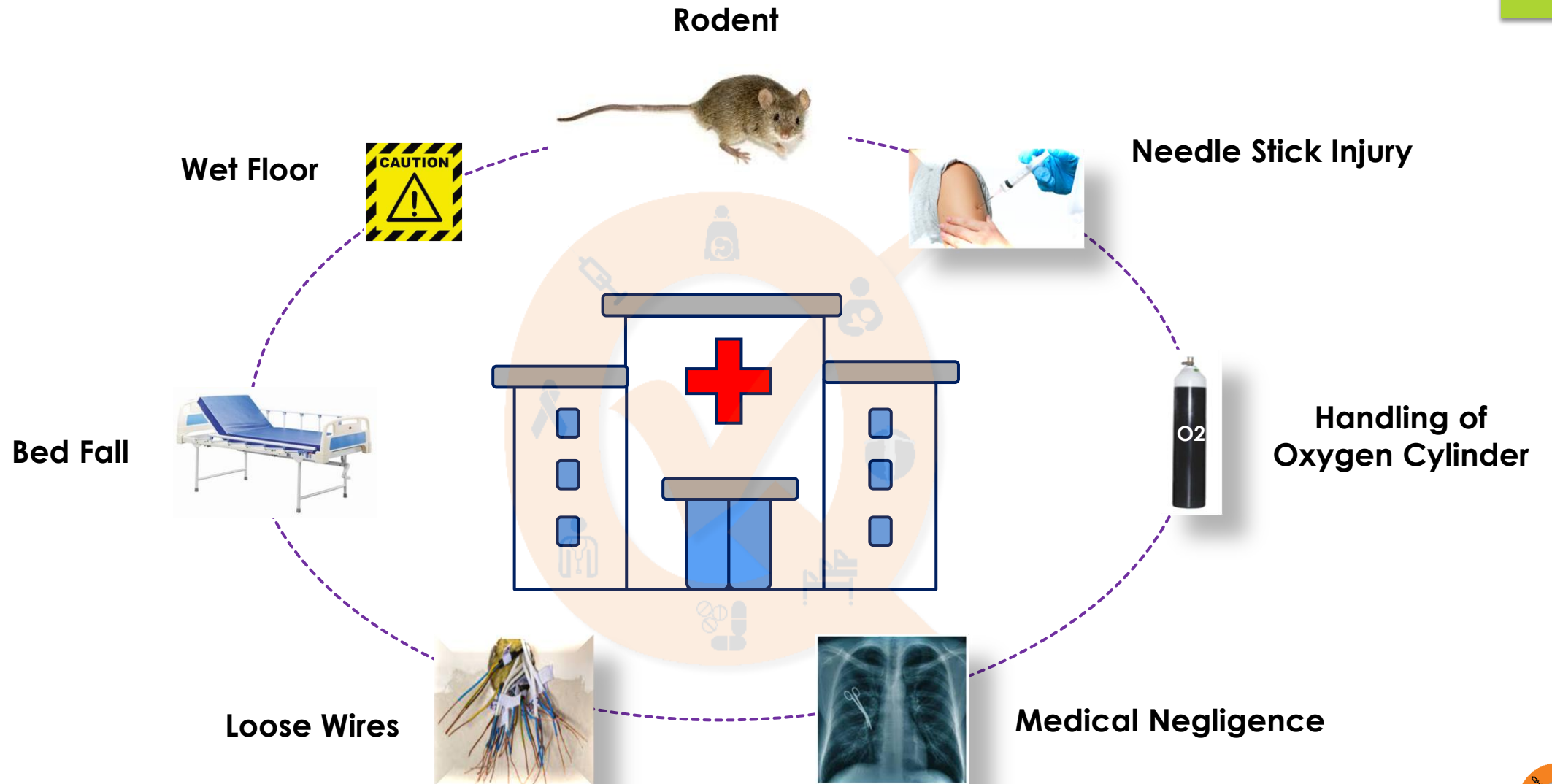


WHY DO WE NEED RISK MANAGEMENT FRAMEWORK?



EXAMPLES OF RISKS IN HOSPITALS

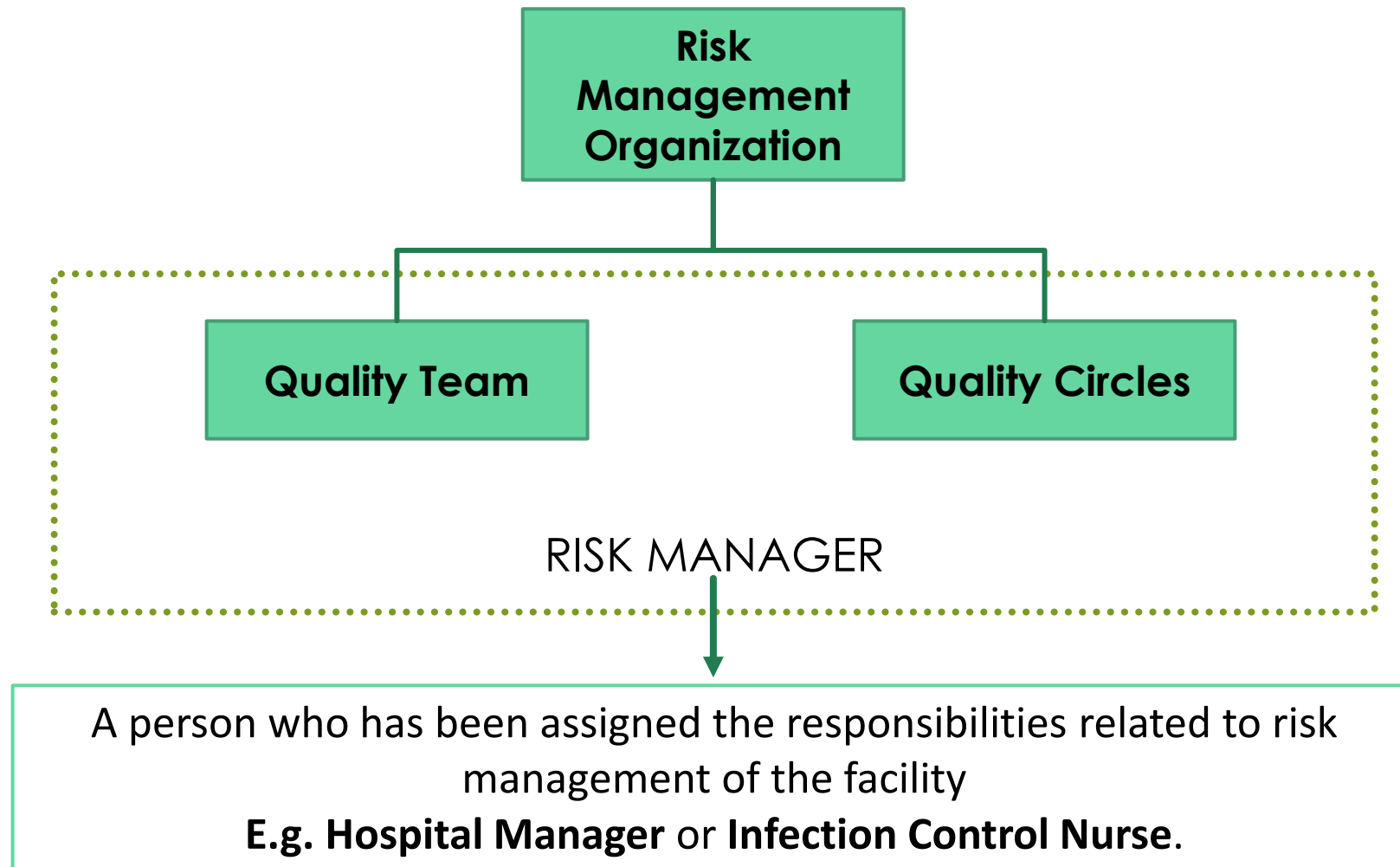
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Risk

2 Management Organizational Framework





Risk Manager : Roles and responsibilities

- ❖ To **Review** all the past and current incident reporting forms to ensure all the incidents have been managed.
- ❖ To ensure **Implementation** of Risk management framework at all the functional levels.
- ❖ To **Collate risks** of an impact factor of more than equal to 15 from all the Quality Circles.
- ❖ To ensure that **Timelines** related to mitigation of risks are strictly adhered to.
- ❖ To **Inspect** if control measures to prevent or mitigate risk are still sustained.
- ❖ To provide a Risk Management **Report** in every DQAT meeting and to ensure all the effective measures are taken by the Quality circles as prescribed by Quality teams.
- ❖ To form a yearly risk management report and to **Showcase month-wise progress** pertaining to risk management.
- ❖ To ensure implementation of amendments made by DQAT for risks that require a **Change in SOP's** and policies.



Quality Team

Facility level

Operational Framework

- D**iscuss the Risks with an impact factor of more than equal to 15.
- R**everview similar past risks and measures taken to prevent them.
- A**ssess the risks that are closed and should review or randomly audit to ensure that control measures are in place.
- A**mend SOP's and protocols if required, to treat risks requiring a change in policies.

Composition of Quality Team

- ☐ I/C hospital /Medical Superintendent: Chairperson
- ☐ I/C Operation Theatre/ Anesthesia I/C, Surgeon
- ☐ I/C Obstetrics and Gynecology
- ☐ I/C Lab Services (Microbiologist/Pathologist)
- ☐ I/C Nursing
- ☐ I/C Dialysis Unit
- ☐ I/C Ancillary Services
- ☐ I/C Transport
- ☐ I/C Transport
- ☐ I/C Stores
- ☐ I/C Records
- ☐ Hospital Manager / Quality Consultant or equivalent (Member Secretary)

Periodicity

As per existing standards, QT meetings will happen on a monthly basis, and it should integrate Risk Management as a permanent discussion topic.



Quality Circles

Department level

Operational Framework

- R**Review all the risks – identified and reported by all the members.
- A**ssess all the risks and give each risk an impact score.
- P**rioritized basis their impact factor.
- M**itigation plan is created for all the risks,
- D**ocument risks – Risk registers, Risk assessment reports, and incident reporting.

Composition of Quality Team

- ☐ Informal group of the staff in each department
eg: medicine will include all the MO's and SMO's of the medicine department, nursing staff, matrons, and support staff

Periodicity

Quality circle meetings must take place once every month or earlier as per any urgent requirement.

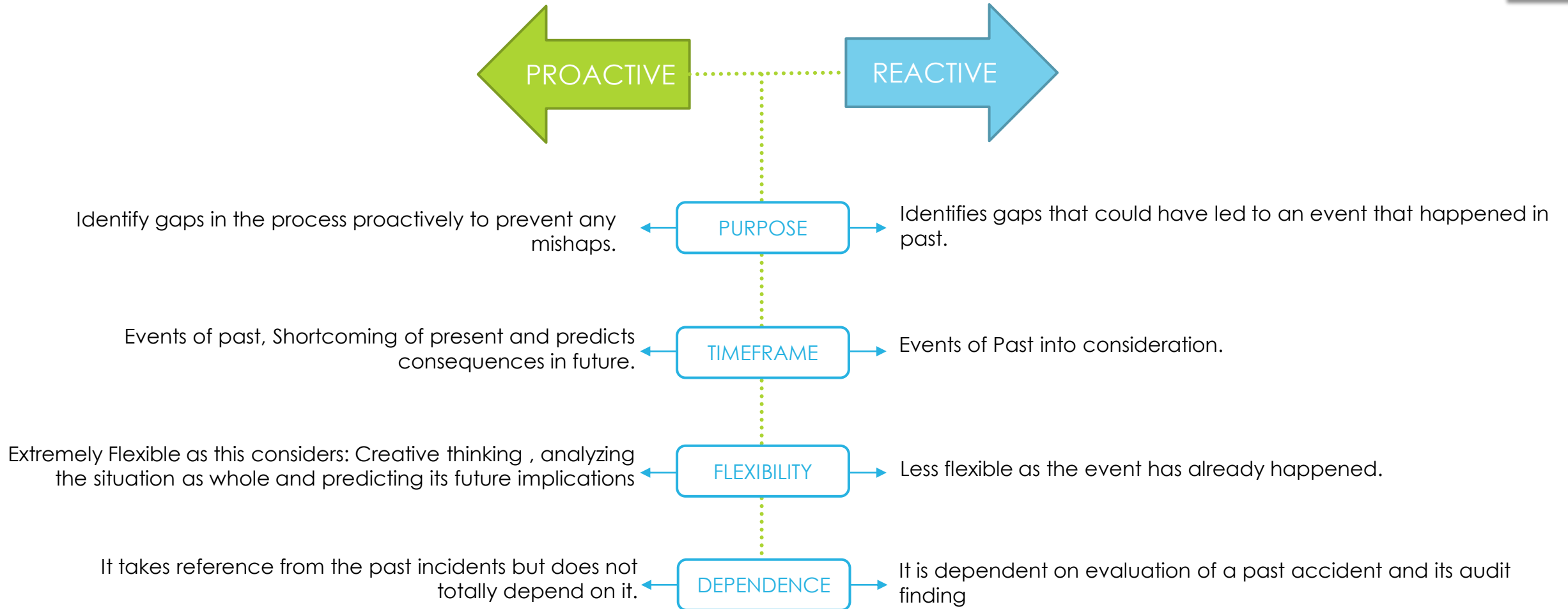
It should be ensured that the Quality circle's team should be kept a week prior to the Quality team's meeting so as to give Quality Circle enough time to collate and assess risks at the departmental level.





3 Risk Management Framework







1

Risk Management Plan

Fundamental components in a healthcare risk management plans

Education & Training



Patient & Family Grievances



Purpose, Goals, & Metrics



Communication Plan



Contingency Plans



Reporting Protocols



Response & Mitigation



2

Establish the Context

This broadly involves identifying the location/processes where the risk happened, such as



ICU (Intensive care unit)



O.R (Operation room)



Other areas.

It is imperative to identify all potential contexts of risks so that any identified risk can be appropriately designated and controlled.



3

Identifying Risks

Q: How Do We Identify the Risk?

A: There are various tools to identify the Risks, such as:

Brainstorming

Root Cause
Analysis
(Why-Why
Analysis)

Peer Review
Technique

FMEA

Analogy

Surveys

Audits



Brainstorming

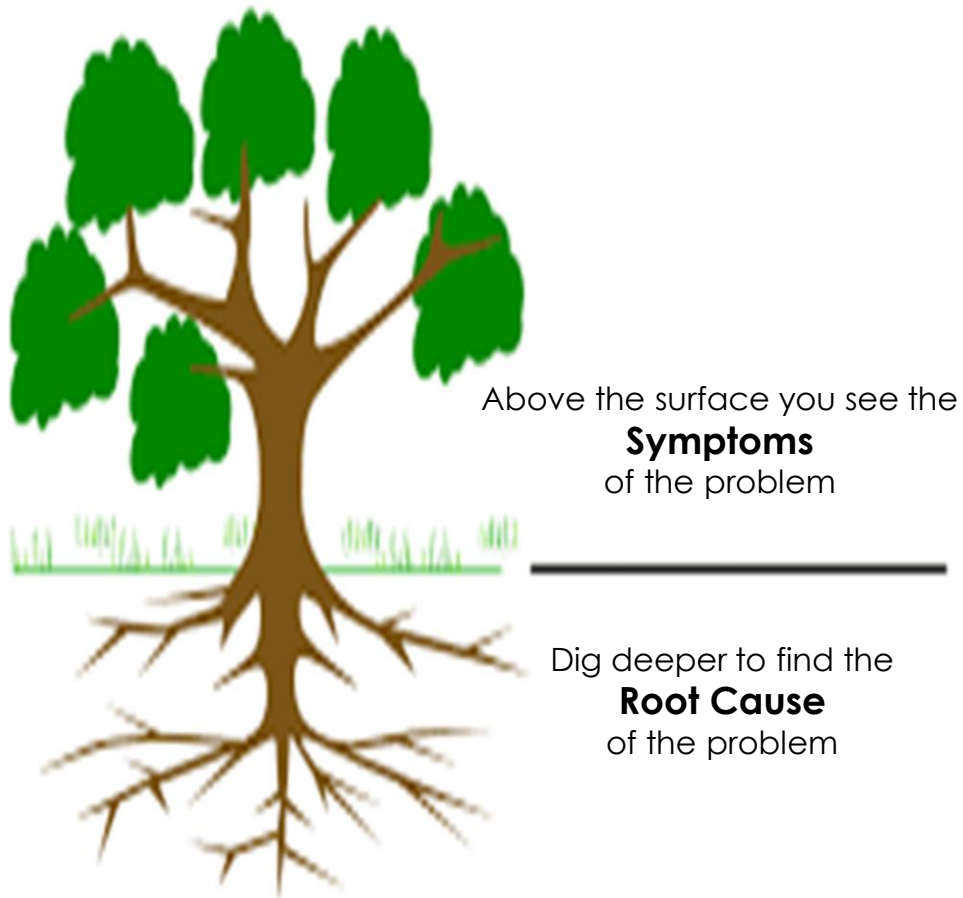
❖ Group/team exercise

Rules

1. Defer judgment
2. Encourage “out of the box” or new ideas.
3. One conversation at a time.
4. Build on ideas of others.
5. Encourage members for listing of as many risks as possible
6. Stay relevant and focused on the topic



Root Cause Analysis (Why-Why Analysis)



- ❖ Helps the team to reach beyond the evident reasons or cause of the hazard.
- ❖ The staff member performing the hazard should continue asking the question "Why" until he/she reaches the most logical and explanatory cause of the hazard.
- ❖ One must ensure that only relevant reasons should be kept in the process and ones with less probability of causing the hazard should be disregarded.

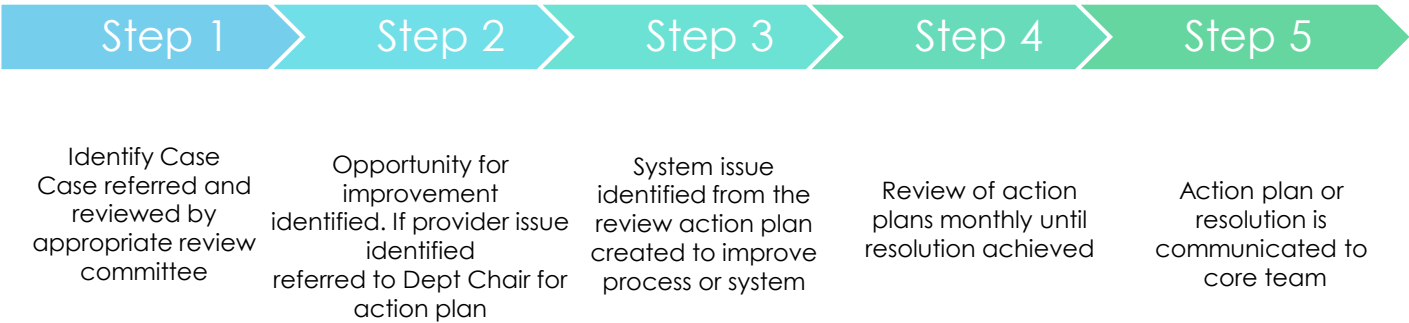


Peer Review Technique

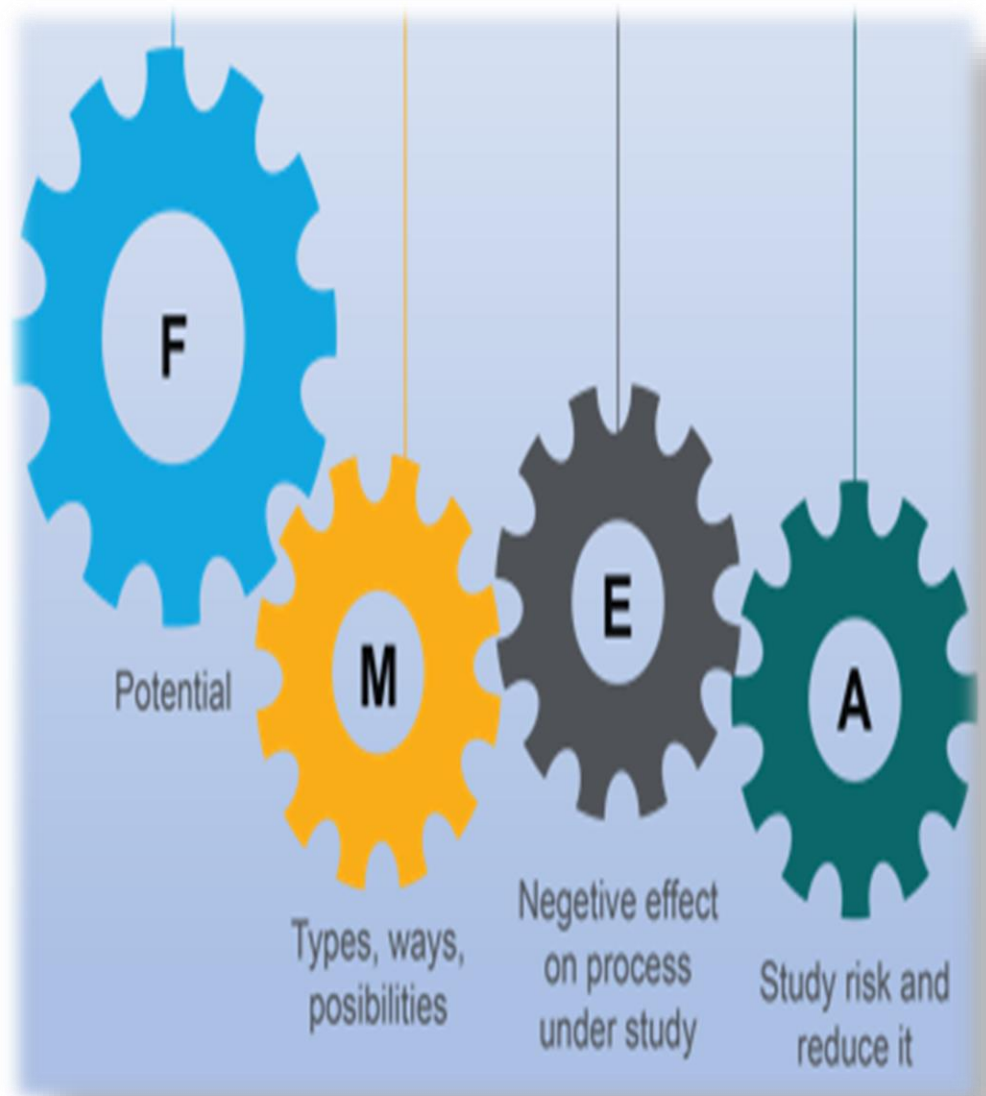


- ❖ Peers are people belonging to the same _____ and having a similar _____ and practicing in a _____.
- ❖ Peer review procedure is mostly executed for risks caused under the ambit of "Patient and Clinical safety".

Steps for the peer Review are as follows:



FMEA



Analogy

analogy

- a comparison of two things



Legs, Smiling, Full of
Solid Stuff



Colorful, Pump,
Full of Air

- ❖ Analogy in risk management means having a reference from the past in order to avoid certain risks and to predict potential risks.

Example

A review of past records reflects that the number of patients increases by two folds on every Monday OPD resulting in chaos, this information can be used as a reference point to avoid any risk due to overcrowding by undertaking relevant measures on Mondays.



Surveys



- ❖ Systematic feedback from the patients, staff, and visitors.
- ❖ The objective of not only achieving patient satisfaction but to optimizing the procedure and increasing patient safety.

Example

Patient satisfaction survey



Audits



- ❖ Independent, systemic, and documented procedure to gather information about an event.
- ❖ It can be inter-departmental, intradepartmental, or can be a facility audit.

Example

Prescription audits.



4

Assessment and Evaluation of Risk

Qualitative: Analyzing risk and prioritizing their effect on project objectives
Quantitatively: Measuring the Likelihood and Severity of risk

		Severity				
		1	2	3	4	5
X		Negligible	Minor	Moderate	Major	Catastrophic
Likelihood	5 Almost Certain	5	10	15	20	25
	4 Likely	4	8	12	16	20
	3 Possible	3	6	9	12	15
	2 Unlikely	2	4	6	8	10
	1 Rare	1	2	3	4	5

Total Impact Factor = Likelihood Rating x Severity Rating



4 Assessment and Evaluation of Risk

		Severity				
		1	2	3	4	5
		Negligible	Minor	Moderate	Major	Catastrophic
Likelihood	5 Almost Certain					
	4 Likely					20
	3 Possible					
	2 Unlikely					10
	1 Rare					

Example 1

Incidence of needle stick injury was reported three times in two months.

Likelihood – 4 Points

Likelihood of getting a needle stick injury is high.

Severity – 5 Points

Severity of this incidence is high as it can expose the patient to diseases like HIV, HBV and HCV therefore

Total Impact factor : $4 \times 5 = 20$

Example 2

Incidence of injury by a sharp object was reported in the psychiatry IPD

Likelihood – 2 Points

Likelihood of getting impacted by a sharp object is low, therefore.

Severity – 5 Points



Severity of getting harmed by a sharp object is high, therefore.

Total Impact factor : $2 \times 5 = 10$



Risk Escalation and Responsibility

30

Risk Score	Risk Response	Action	By Whom	Escalation
High Risk Treat/Transfer/Terminate				
15-25	Risks deemed as high require a systems approach to identify the root causes of the risk and thereby help choose an appropriate risk response. There should be a change in the existing structure so as to reduce the impact factor	<ul style="list-style-type: none"> ➤ Risk register reviewed by QT and make changes in policy framework of the organization ➤ QT makes changes in the SOP's of the activities where immediate termination of the risk is required . ➤ QT makes random audits to ensure that changes made in SOP's are executed 	Quality Team	
Moderate Risk Treat				
8-12	Risks deemed as moderate to high will require a treatment plan. Those risks where it is deemed that no further treatment can reduce the risk ,it should be continuously monitored to see impact on the organization	<ul style="list-style-type: none"> ➤ Risk register discussed with departmental heads ➤ Risks identified as red reported to the QT ➤ Amber and red risks and associated treatment plans reviewed by departmental heads and reported to QT in annual meeting ➤ Review of the similar category of risks that have taken place in the past and strategies applied to mitigate them are discussed within QC 	Quality Circles	
Low Risk Tolerate				
1-6	Risks graded as 1-6 either require no action or can be managed through local action or by an appropriate person or department.	<ul style="list-style-type: none"> ➤ Risk is identified ➤ Risk added to team risk register ➤ Action to reduce risk where necessary is considered ➤ Risk register discussed at QC meetings ➤ Departmental risks discussed with specific departments 	All Staff	



RISK MANAGEMENT POLICY

- 📖 Set of documents explaining existing risk management practices,
- 📖 SOP's pertaining to risk management on all the functional levels,
- 📖 Existing organizational framework/committee's or teams and periodicity of their meeting, defining roles and responsibilities of its members, explicating relevant existing documentation.

DQT and QC members should be well versed with Risk management policy. The policy should be strictly adhered to and should be kept flexible to include changes to match local needs at a later stage.



RISK REGISTER

 Document maintained by all the departments with the risk events called out.

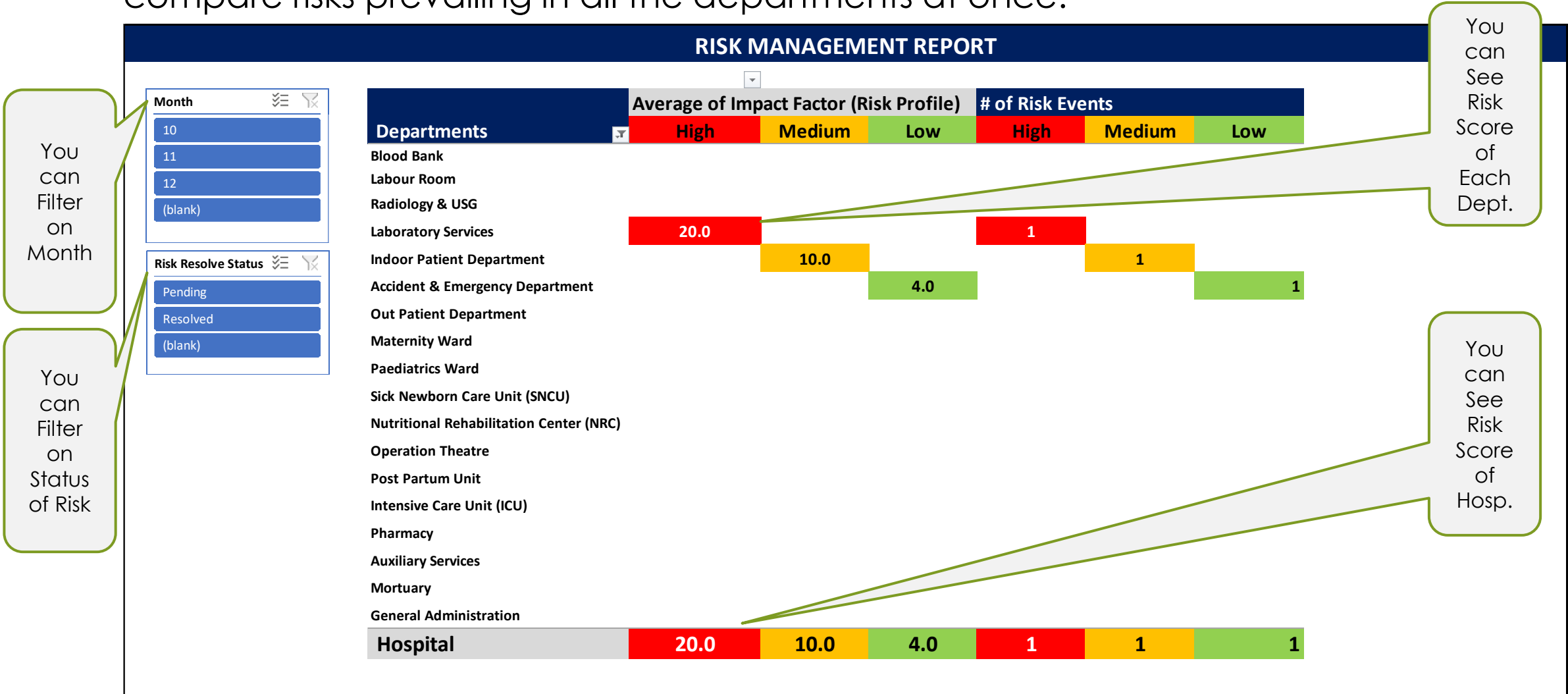
Date of Identification	Risk Title	Risk Description	Possible Cause	(A)	(B)	(AxB)	Risk Category
				Likelihood of Risk	Severity of Risk	Impact Factor	
6 th Nov 2021	Needle Stick Injury	Incidence of needle stick injury was reported three times in two months.	1. Not Wearing Double Gloves 2. Non-Vaccinated Staff	4	5	20	High

Risk Owner	Date of Assessment	Date of Resolve	Residual Risk	Date of Surveillance	Risk Avoidance/Mitigation
Dr ABC	9 th Nov 2021	20 th Nov 2021		17 th Dec 2021	



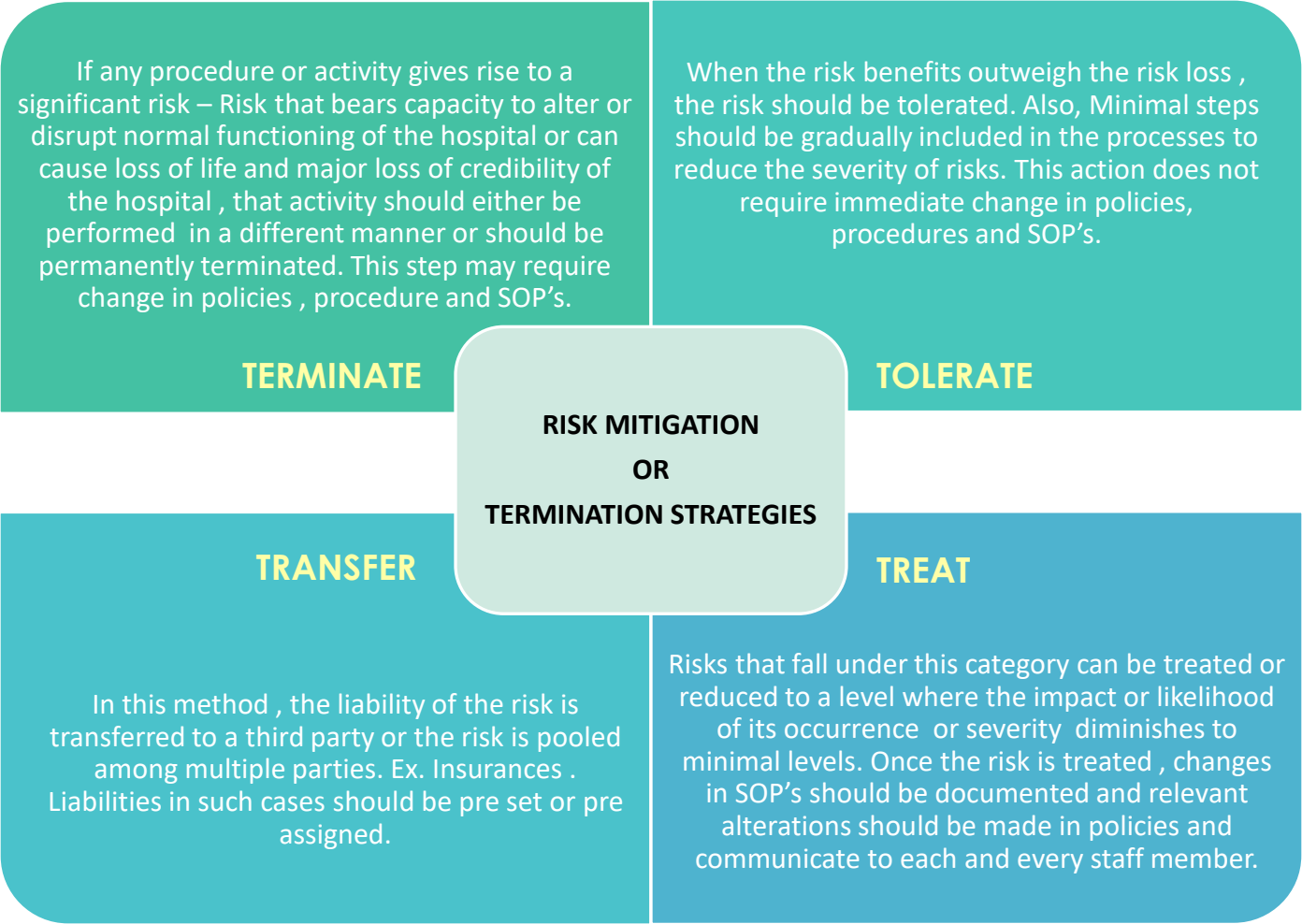
RISK MANAGEMENT REPORT

📖 Risk Management report acts as a dashboard where one can look and compare risks prevailing in all the departments at once.



5

Mitigation and Risk Response



5

RISK MONITORING AND CONTROL

- ☐ Ensuring employment and execution of Risk Management Framework in all the departments.
- ☐ Review of risk registers periodically to ensure enlisting of all the current and potential risks with their assessment scores and employed mitigation strategies. This should be done internally by Quality circles and externally by Hospital managers once in a month's time.
- ☐ Evaluations of mitigation strategies applied for each risk and ensuring their capacity to contain the risk. Mitigation strategies should be updated if they fall short to contain the risk.
- ☐ Enlisting potential risks from time to time and proactively taking measures to prevent them from happening or minimize their impact.
- ☐ Ensuring staff and hospital capacity in case of disasters, pandemics, and mass contingencies.
- ☐ Regular process remapping, risk audits, and re-assessment of risks.



THANK YOU

