Department:	Quality Management And Patient Safety		
Document:	Administrative Policy and Procedure		
Title:	Risk Management Plan		
Applies To:	All MCH Staff		
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HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER MATERNITY AND CHILDREN HOSPITAL

1. OVERVIEW:

1.1 The Quality Management and Patient safety department focuses on identification and prevention of risk exposures within the hospital that could:
    1.1.1 Cause injury to patients, visitors and employees
    1.1.2 Jeopardize the safety and security of the environment
    1.1.3 Result in costly claims and lawsuits with subsequent financial loss to the organization.

1.2 This risk Management program of the Hospital is an integrated comprehensive proactive program designed to oversee all aspects of risk identification, risk evaluation and coordination of corrective and preventive action implementation.

1.3 Risk Management is the responsibility of every employee in the hospital. Due to the size and complexity of the facility and its programs, participation for all the staff is necessary for effective management of risk.

1.4 All healthcare providers in collaboration with medical staff are responsible for the safety, health and well-being of patients, visitors, and hospital staff. Thus it is a team work and the responsibility of all healthcare providers to work collaboratively to promote safe work practices to improve quality of care.

2 PURPOSE:

2.1 The purpose of the Risk management Plan is to document an organized, coordinated and clear way to identify what activities, behaviours, procedures, physical conditions, environmental issues or potential situations that may put either a patient or staff at risk of any harm.

3. GOAL:

3.1 To focus on identification and prevention of risk exposures within the hospital.

4. OBJECTIVES:

4.1 To identify factors that can cause potential injury to patients, visitors or staff, or other risk of hospital liability or damage to the hospital property.

4.2 Minimize the events or situations that lead to injuries and liability claims.

4.3 Reduce the risk through proactive loss control programs.

4.4 The risk management program is a part of the hospital mission for providing the best quality and safe health care services to its patients and safe work place for personnel. Maintenance of good communication with patients, families, caregivers, consultants and referring physicians is absolutely vital to safe patient care.

5. DATA RESOURCES FOR RISK MANAGEMENT:

5.1 Events reporting (Risk identification)
5.2 System performance improvement activities.
5.3 Utilization management

5.4 Safety committee reports
5.5 Health information reports.
5.6 Infection control reports
5.7 Patient and family complaints
5.8 Medical staff request
5.9 Administration (privileging and credentialing)
5.10 Patient satisfaction surveys.

6. CONFIDENTIALITY OF RISK MANAGEMENT INFORMATION:

6.1 All documents and records that are part of internal risk management program are kept under safe custody as per the Risk management policy. It will not be subjected to judicial or administrative proceeding except for proceeding by the department responsible for disciplinary action.

7. COMPONENTS OF RISK MANAGEMENT PROGRAM:

7.1 To identify potential, actual risk in patient care and safety data sources mentioned above, the event reporting system is designed to identify, evaluate, trend, and report analysis of findings to assist in reducing the frequencies of adverse occurrences. The steps are as follows, which defines in itself

　7.1.1 **Event Reporting**:

　　7.1.1.1 **Risk Identification**: This is the identification of what, why and how events arise as the basis for further analysis.

　　7.1.1.2 **Analyze Risks**:This is the determination of existing controls and the analysis of risks in terms of the consequence and likelihood in the context of those controls. The analysis should consider the range of potential consequences and how likely those consequences are to occur. Consequence and likelihood are combined to produce an estimated level of risk.

　　7.1.1.3 **Evaluate (Prioritize) Risks**. This is a comparison of estimated risk levels against pre-established criteria. This enables risks to be ranked and prioritized.

　　7.1.1.4 **Treat (Manage) Risks**: For higher priority risks, the hospital is required to develop and implement specific risk management plans including funding considerations. Lower priority risks may be accepted and monitored.

　　7.1.1.5 **Monitor and Review**: This is the oversight and review of the risk management system and any changes that might affect it. Monitoring and reviewing occurs concurrently throughout the risk management process.

　　7.1.1.6 **Communication and Consultation:** Appropriate communication and consultation with internal and external stakeholders should occur at each stage of the risk management process as well as on the process as a whole. In addition on how to manage related claims.

　　7.1.1.7 **Event follow-up**: via written report, oral notification, event screening, or patient complaint feed-back. It should be as per the event reporting and sentinel event policy, to recommend corrective and preventive action, implementation and follow up.
　　　Hospital wide review of events and injuries to patients and safety hazards shall be reported as evidence of risk management function.

　7.1.2 **Integration of Risk Management and Performance Improvement**:

　　7.1.2.1 Identify risk, adverse events through event reporting system, and data sources. Assess incidents, adverse events and trend through performance improvement committee. Recommends corrective actions designed to reduce patient risk.
　　　Performance improvement includes identified problems through continuous monitoring of critical indicators of the quality and appropriateness of patient care.
　　　Assess performance improvement data through peer review. Monitor effectiveness of corrective action.

7.1.2.1.1 **Root Cause Analysis**:
Risk Management is responsible to facilitate a credible and thorough Root Cause Analysis (RCA), as defined by the event reporting and sentinel event RCA policies and procedures or any events where a suspected deviation from a known standard of care or an internal policy, may have been deviated from during the delivery of care. The quality management & patient safety Department works in collaboration with the appropriate hospital personnel to complete the required RCA process.

7.1.2.1.2 **Hazards Vulnerability Analysis**:
Risk Management is responsible to facilitate at least once annually risk assessment for the types of hazards within the organization environment in an effort to address proactively patient safety, risk reduction, and loss prevention.

7.1.3 **Integration of Risk Management and Safety, Security and Engineering:**

7.1.3.1 It includes Event Reporting and follow up for equipment related occurrence and medical device failure if requires.
Safety engineering aspect includes pre purchase review, pre operation testing, staff training, preventive maintenance and documentation. In case of equipment failure or due to medical device failure the safety officer is responsible in coordination with the risk manager for testing of the equipment/device by the hospital biomedical department, or by the company engineer who supplied the equipment.
The safety officer is responsible for securing, storing the identified equipment and aged piece of device/equipment, in determining other equipments in the hospital should receive a preventable check. The safety officer should notify as when required to the hospital administration.

7.1.4 **Integration of Risk Management and Education**

7.1.4.1 The risk manager will coordinate, plan and implement educational programs to all hospital care providers, mostly to doctors and nurses with regard to new policies and procedure pertaining to the events for which corrective actions has been taken. Regular training and orientation program should be conducted in all most all clinical departments which prevent events with in the facility.

7.1.5 **Integration of Risk management and Patient Relations**

7.1.5.1 Good communication with patient's problems and in the care process helps in reducing the errors which will cause harm to the patient. Patient grievances, with regard to medication delay, attitude of the care provider which dissatisfies the patient and timely interference and good communication avoid possible risk to the patient.

7.1.6 **Integration of Risk Management and Legal counsel**

7.1.6.1 Hospital administration, social service department and personal relation office cooperation with risk management help in solving legal issues (claims). These departments' personnel also coordinate a defensible representation through staff interview, documentation review, and preservation of evidence. Estimating damages and incurred expenses in proper settlement avoiding litigation, and proper settlement within the organization.

7.1.7 **Integration of Risk Management and Medical Records**

7.1.7.1 The hospital's Health Information Management Department provides security of medical records involved in potential or actual claims or in any adverse event in coordination with the Risk Manager till the concerned problem is solved.

7.1.8 **Integration of Risk Management and Medical staff**

7.1.8.1 The Risk Manager and the head of quality management and patient safety department provides risk related and potential corrective and preventive action report with follow up documentation as indicated to the concerned departmental staff for implementation. The identification and follow up of medically related incidents will be integrated in to the hospital's risk management and performance improvement program. The Quality

committee will review adverse events involving medical care and management, and report their findings through the performance improvement process.
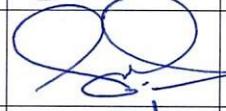
The medical staff will participate in risk management activities related to the clinical aspects of patient care and safety as follows:

7.1.8.1.1 The identification of general areas of potential risk in the clinical aspects of patient care and safety.

7.1.8.1.2 The Correction of problems in the clinical aspects of patient care and safety identified by risk management activities.

7.1.8.1.3 The design of programs to reduce medical /health care errors and improve patient safety in conjunction with the organizational patient safety program.

7.1.8.1.4 Another area is management involve in assuring implementation of informed consent. Informing the patient regarding risk of medical and surgical procedure is part of good medical management, legal requirement and good physician's practice. It is the responsibility of the treating physician in informing to patient or his relative both medical as well as surgical procedures.

7.1.8.1.5 The regular policy and required form with regard to informed consent as well as procedure to be implemented.

8. REFERENCES:

8.1 Central Board for Accreditation of Health Institutes (CBAHI),3'd edition

8.2 MCH, Directorate of Health Affairs Holy Capital, Saudi Arabia

9. APPROVALS:

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