

# RISK MANAGEMENT MANUAL

## MAIN OPD BLOCK

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The Risk Management Manual will be maintained by Dr. Sapna Paul (MOI/C OPD), Ms. Sapna Sharma (Nursing Officer OPD) and manual will be kept in the O/o AMS OPD.

(Amendments as required will be done subsequently)

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# **RISK MANAGEMENT MANUAL: MAIN OPD BLOCK**

## **OBJECTIVE**

Risks and uncertainties form an integral part of any hospital or healthcare setup.

The manual will enable service providers to render quality health services in a safe environment by treating and controlling the residual risks.

Objectives of the manual:

1. To facilitate healthcare professionals to transit from a reactive approach in risk management to a proactive approach.
2. To enable the service providers to identify and assess risks and enforce ways to mitigate them
3. To encourage a culture of incident reporting across all the departments of the hospital in order to achieve maximum monitoring of adverse events.
4. To accustom all the stakeholders with the framework of risk management.

Types of Hazards

1. Infrastructural Hazards
2. Physical Hazards
3. Chemical Hazards DS
4. Psychological Hazards

Why Hazards occur? Because of uncertainties like

1. SCIENTIFIC
  - Diagnosis
  - Prognosis
  - Causal Explanations
  - Treatment
  - Treatment Recommendations
2. PRACTICAL
  - Competence
  - Quality of care
  - Processes & Procedure
3. PERSONAL
  - Effect of illness & treatment of patient
  - Psychosocial effects



## **DEFINE RISK**

Risk is the uncertainty that negatively impacts objectives of an organization. It is essential to differentiate between risk from its causes and effect, as many a time's either cause or effect is misunderstood as risk.

Example

“Risk of fire “- In this case, Fire is the effect and not the risk.

“Risk of harm due to fire” - In this case, fire is the cause and again, not the risk.

“Risk of harm to the infrastructure and lives because of short circuit of wires that can lead to fire” In this case, Short circuit of wire is the cause , fire is the effect and Risk is – “harm to lives and infrastructure”

## **RISK IN HEALTHCARE**

Few examples of risks in a hospital are:

1. Facility and infrastructure risks
  - Risk of fall due to uneven surface
  - Risk of interruption to important surgery due to loss of power supply
2. Occupational Health risk
  - Risk of exposure to radiation
  - Risk of HIV infection because of a needle stick injury
3. Communication risk
  - Risk of falling sick due to incorrect dispensing of prescribed medication
  - Risk of wrong site surgery due to failure in communication
4. Operational risk
  - Risk of patient dissatisfaction due to employee attitudinal issues
  - Risk of delay of supplies due to logistics mismanagement
5. Security risk
  - Risk of a staff getting harmed due to a security breach
  - Risk of infant abduction due to non- functional alarm system



## APPROACH FOR HAZARD MANAGEMENT

Generally, an individual is blamed for the failure of a process, but the right approach is to identify errors in the system that led to human failure or mistake of that staff nurse or a system failure wherein her efficiency was compromised because of the overload she served. INDIVIDUAL ERROR FAILURE OF THE SYSTEM ERROR HUMAN FAILURE.

### PROACTIVE VS. REACTIVE APPROACH IN HEALTHCARE

<u>PROACTIVE</u>		<u>REACTIVE</u>
To identify gaps in the process proactively to prevent any mishaps.	PURPOSE	It identifies gaps that could have led to an event that happened in past.
It considers events of past, shortcoming of present and predicts probable consequences of the future.	TIMEFRAME	It majorly takes past accidents into consideration.
It encourages creative thinking in analyzing the situation as whole and predicting its future implications. Hence it is extremely flexible	FLEXIBILITY	This approach is less flexible as the event has already happened.
It takes reference from the past incidents but does not totally depend on it.	DEPENDENCE	It is dependent on evaluation of a past accident and its audit finding

### RISKS DUE TO DEFFICIENT STRUCTURE

#### Proactive Approach

##### **1. Risks due to lack or irregular inspection and non-maintenance of equipment**

- Regularly ensuring that all equipment are covered under AMC including preventive maintenance and it is being followed
- Regularly ensuring that there is system of timely corrective break down maintenance of equipment
- Regularly ensuring that operating instructions for critical equipment are available

##### **2. Risks due to non establishment of program for fire safety**

- Ensuring on regular interval that facility has sufficient fire exits to permit safe escape to its occupants at time of fire
- Ensuring on regular interval that facility has installed fire extinguishers that is class A, class B, class C types or ABC types
- Regularly checking for staff competencies for operating fire extinguishers and what to do in case of fire

##### **3. Risks due to lack of drugs and consumables required for assured lists of services**

- Regular ensuring availability of analgesics, antipyretics, anti inflammatory, antibiotics, IV Fluids
- Regularly ensuring availability of vaccines as per national immunization programs
- Regularly ensuring availability of HIV testing kits 1,2 and 3 at ICTC

##### **4. Risks due to lack of 24\*7 water and power back up**

- Ensuring at regular intervals that the facility has availability of 24\*7 running and potable water
- Ensuring at regular intervals that there is the availability of power backup, UPS and emergency lights in the facility
- Regularly ensuring the availability of hot water in the maternity ward

(B)



#### **5. Risks due to lack of availability of adequate specialist doctors as per service provision**

- Ensuring availability of Ob & G specialist on duty
- Ensuring the availability of a pediatrician
- Ensuring the availability of an anesthetist

#### **RISKS DUE TO INEFFICIENT PROCESSES**

1. Risks due to non establishment of procedures for antenatal care as per guidelines
  - Ensuring on regular basis that high risk pregnant women are referred to specialists
  - Regularly auditing internally if pregnant women are educated for nutritional requirements, breast feeding etc.
  - Regular internal audits of prescription slips in the ANC clinics to check if diagnostic tests under ANC checks ups are being prescribed and undertaken
2. Risks due to non execution of procedures for ensuring hand hygiene practices and antisepsis
  - Ensuring availability of hand washing facility and running water at all the points of use
  - Regular audit of staff for knowledge and adherence to six steps of hand washing
  - Ensuring display of 6 steps of hand washing near hand washing facility
3. Risks due to non- attainment of patient satisfaction
  - Interview of patients on quality of food , cleanliness of linen etc
  - Interviewing patients on behavior of staff
  - Interview of patients on availability of services



## RISK MANAGEMENT PROCESS

- Executive committee reports
- Facility management & safety committee report
- Patient complaints and satisfaction survey results
- Specialized committee reports (such as Morbidity and mortality committee, medication management and use, Infection control, blood utilization, facility management and safety committee).

### Assessment and Evaluation of Risk

The objective of risk evaluation using a risk rating matrix is to understand the nature and magnitude of the risks. All risks can be assessed qualitatively and quantitatively. Not every risk has the same impact or can disrupt the functioning of the facility to the same extent. Therefore, it is essential to list the risks on the basis of their impact on the functioning of an organization.

#### An Impact factor is derived considering two major parameters:

<b>Likelihood</b>	<b>Severity</b>
How likely or often can a risk happen? If a risk is experienced five times in two months, Risks due to that hazard have a higher likelihood than risks due to hazard occurring once in two months.	How much damage a risk can cause to the objective of an organization? Risks arising due to less space in OPD have lower severity than risks due to fire in the hospital.

These two parameters are used to deduce a Total Impact Factor.

## RISK MANAGEMENT PROCESS

Total Impact Factor: An impact score of the risks. This score combines the “likelihood of its occurrence” and “severity” that it can cause. The higher likelihood and higher severity can cause a greater impact.

		Severity						
		1	2	3	4	5		
			Negligible	Minor	Moderate	Major	Catastrophic	
Risk Rating Matrix	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

### Risk Rating Matrix



## Calculating the Risk-impact factor

**Example 1:** Incidence of needle stick injury was reported three times in two months. Wherein, all the emergency measures were taken such as washing with soap and running water, reporting to immediate supervisor, PEP protocols were followed immediately after AEB, etc. But in 1 case – staff was found to be exposed to a blood sample of an HIV patient.

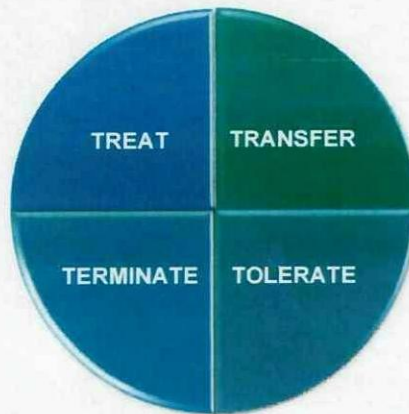
<b>Likelihood – 4 Points</b>	<b>Severity – 5 Points</b>
Likelihood of getting a needle stick injury is high; therefore a score of 4 is attributed.	Severity of this incidence is high as it can expose the patient to diseases like HIV, HBV and HCV therefore; a score of 5 is attributed.

**Total Impact factor:**  $4 \times 5 = 20$  (refer figure 7 to calculate the impact factor)

This falls in the red zone and should be looked into immediately and CAPA should be performed to ensure that this incidence has minimal chance of repetition. This incidence should be escalated and should be discussed in Quality team meetings and if required be, changes in the SOP's should be made with immediate effects.



## Risk Mitigation/Termination Strategies



### TREAT

Risks that fall under this category can be treated or reduced to a level where the impact or likelihood of its occurrence or severity diminishes to minimal levels. Once the risk is treated, changes in SOPs should be documented and relevant alterations should be made in policies and communicate to each staff member. For example: if there is recurrent incident reporting of trips and falls in the OPD waiting area, certain immediate measures should be taken to prevent its occurrence such as:

- Cleaning all spills immediately
- Marking spills and wet areas
- Mopping or sweeping debris from floors
- Removing obstacles from walkways and always keeping walkways free of clutter
- Securing (tacking, taping, etc.) Mats, rugs and carpets that do not lay flat
- Always closing file cabinet or storage drawers
- Covering cables that cross walkways
- Keeping working areas and walkways well lit
- Replacing used light bulbs and faulty switches

### TRANSFER

In this method, the liability of the risk is transferred to a third party, or the risk is pooled among multiple parties. Liabilities in such cases generally are pre-assigned or delegated.

One of the key examples belonging to this category is insurance coverage for family planning surgeries, AMC/CMC of equipment.

## **TOLERATE**

When risk benefits outweigh the risk cost, the risk should be tolerated. This action does not require an immediate change in policies, procedures and SOPs. Most of the clinical risks and interventional treatments form the major constituent of this category. For example- Even though endoscopy is considered a safe procedure, still there are certain risks involved with the procedure like perforation, reaction to sedation, infection, bleeding etc. Even though the surgeon is aware of these risks, she/he decides to proceed with this intervention as it provides a confirmed diagnosis and treatment plan, thereby including likelihood of survival. Tolerating the risk involves maintenance of the risk at its current level (any failure to maintain the risk may lead to increased risk exposure).

## **TERMINATE**

If any procedure or activity gives rise to significant risk – Risk that bears capacity to alter or disrupt normal functioning of the hospital or can cause loss of life and major loss of credibility of the hospital, that activity should either be performed in a different manner or should be permanently stopped. For eg, terminating the practice of use of single-use needle.



## **RISK MANAGEMENT POLICY**

The risk management policy should identify:

- **Who:** is required to report, communicate, act
- **What:** is required to be reported by staffs, managers, committees, etc.
- **When:** risks are to be reported
- **Where:** information to be stored, communicated
- **How:** tools & processes are to be used

### **EXAMPLES:**

1. Risk of falling sick due to inavailability of Hepatitis B vaccination
2. Risk to disaster related to overcrowding (Avoid Stampede)
3. Risk of disaster due to fire related to non functional fire extinguisher
4. Risk of fire due to faulty electric wires
5. Risk of fall & injuries due to hanging wires
6. Risk of falling sick due to Shortage of water
7. Risk of falling sick due to undrinkable water (RO not working)
8. Risk to injury due to chemical spills and Blood spill in Minor OT
9. Risk of sepsis due to improper hand hygiene
10. Risk of delay in communication due to improper maintenance of records keeping and supervision of records
11. Risk of falling sick due to Wrong technique of immunization
12. Risk of falling sick due to Improper maintenance of cold chain
13. Risk of interruption in treatment due to Failed communication
14. Risk of patient dissatisfaction due to Poor drug Distribution practice
15. Risk of falling sick due to Legible handwriting
16. Risk of interruption in treatment due to drug labeling, packaging and nomenclature
17. Risk of patient dissatisfaction due to Work flow and staffing pattern
18. Delay of treatment due to Insufficient referral system
19. Risk to women molestation due to Inadequate security
20. Risk to patient dissatisfaction due to Incompetent staff
21. Risk of fall due to uneven surface
22. Risk of interruption to important surgery due to loss of power supply
23. Risk of exposure to radiation
24. Risk of HIV infection because of a needle stick injury
25. Risk of falling sick due to incorrect dispensing of prescribed medication
26. Risk of wrong site surgery due to failure in communication
27. Risk of patient dissatisfaction due to employee attitudinal issues
28. Risk of delay of supplies due to logistics mismanagement
29. Risk of a staff getting harmed due to a security breach
30. Risk of infant abduction due to non- functional alarm system



## **RISK MANAGEMENT REGISTER DETAILS**

Detail of section in risk register

1.	Department	Name of the department where the risk has happened or is likely to happen
2	Date of identification	When the risk was first identified in DD-MM-YYYY format
3	Risk Title	Broad category of the risk. Few examples have been added in the attached excel for reference.
4	Risk Description	Detail of the risk including description of incident, activity or hazard leading to risk or a sentinel event
5	Possible Cause	The most relevant and logical reason of occurrence of the risk
6	Likelihood Rating	How often can that risk happen or how higher are the chances of the risk getting repeated
7	Severity Rating	How damaging is the risk to lives, property and processes
8	Impact Factor (Risk Profile)	A result of multiplication of severity and likelihood factors. This factor describes the overall impact that particular risk can cause on the hospital
9	Risk category	Risk with an impact factor of more than equal to 15 have been termed as high category. Risk with an impact factor of more than equal to 8 until 15 have been termed as moderate category. Risks below 8 are termed as low category risks.
10	Risk Owner	Any person who takes the responsibility to mitigate or resolve the risk. Risk owner is not necessarily someone from that particular department only
11	Date of Assessment	When the risk was first assessed/evaluated in DD-MM-YYYY Format
12	Date of Resolve	When the risk was mitigated to most achievable level and its non-recurrence was ensured in DD-MM-YYYY format
13	Residual Risk	Reduced impact factor after the mitigation strategies have been executed
14	Date of surveillance	When the risk was monitored or observed to identify if it has been mitigated to most achievable levels in DD-MM-YYYYYY format
15	Risk Avoidance/Mitigation	Details of strategies applied to mitigate or resolve the risk including actions taken to avoid its recurrence in future

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