CHAPTER: 17

STUDY ON "RISK IDENTIFICATION, ASSESSMENT AND DEVELOPMENT OF RISK MANAGEMENT STRATEGIES FOR NON-CLINICAL DEPARTMENTS IN THUMBAY HOSPITAL, AJMAN, UAE

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INTRODUCTION

Risk pertains to the likelihood or potential for harm, legal responsibility, or injury arising from vulnerabilities, and it can be lessened through proactive measures. For organizations, risk management is a structured endeavor to systematically recognize, evaluate, and appropriately diminish risks affecting patients, visitors, staff, and organizational assets. Risks within the hospital setting are significant and evolving, necessitating a methodical examination of existing and potential risks, coupled with the formulation and execution of strategies to counter them. A prominent hospital in Turkey employs a two-stage fuzzy multi-criteria approach to enhance decision-making consistency and derive appropriate hazard type rankings. Once a hazard control hierarchy is established, measures are put into effect, and areas for enhancement are pinpointed [1].

Risk management has become a vital aspect of hospital administration in developed nations, particularly in the USA. However, developing countries must give greater attention to the principles and procedures of risk management. Given the global interconnectedness and advancements in communication technology, there is a potential for patients to initiate legal actions against healthcare providers and hospitals for medical malpractice and negligence, posing a threat to patient safety. It is advisable for hospitals to seriously contemplate the implementation or enhancement of risk management programs to protect their assets and minimize financial losses [2]. The development and application of a risk register are essential components in reducing error rates. Global incidents and errors leading to harm or fatalities are extensively documented, underscoring the significance of effective leadership, fostering a positive culture of patient safety, and improving communication to enhance the quality of care [3].

RATIONALE

Hospitals frequently encounter various risks due to the substantial volume of care transactions and interventions occurring during patients stays. Any form of risk, whether actual or potential and

ranging from extreme to low degrees, poses a potential threat to the hospital, affecting aspects such as financial loss, reduced work efficacy and efficiency, patient satisfaction, service outcomes, or reputation. Therefore, it is essential to establish a risk management system to monitor and mitigate the occurrence of risks. The implementation of a risk register is a valuable tool for addressing existing risks and controlling potential future risks.

RESEARCH OBJECTIVES

1. To recognize and detail the risks in non-clinical departments for inclusion in the risk register.
2. To illustrate the organization's capability to mitigate the risks identified through current controls.
3. To prioritize the risks based on the likelihood and consequence of the reported incidents.
4. To suggest supplementary risk management strategies to address the identified risks.

RESEARCH METHODOLOGY

A three-month Observational Descriptive study took place at a 250-bed hospital in Ajman, UAE. The study focused on identifying and assessing risks in 20 non-clinical departments of the hospital, followed by the development of Risk Management strategies. The data collection process involved using a risk register template, conducting brief discussions, semi-structured interviews with designated staff and Heads of Departments (HODs) in the relevant departments, as well as a comprehensive observation and tracking of incident reports within those departments.

RESULTS & DISCUSSION

A total of 108 risks were identified across 20 non-clinical departments in the hospital, with 65 categorized as actual risks and 43 as potential risks. Among these, the majority, comprising 34 risks, were related to patient/employee safety. Utilizing the Consequence and

Likelihood Scale, a Risk Priority Number was assigned to the 108 identified risks, classifying them into 20 Extreme Risks, 46 High Risks, 21 Medium Risks, and 21 Low Risks based on the risk matrix. The financial resources required for implementing additional controls could not be determined. Due to time constraints, the calculation of residual risk, which refers to the risk remaining after the implementation of additional strategies/controls, was not conducted. Consequently, the effectiveness and efficiency of the control measures could not be assessed.

CONCLUSION

The risk register is deemed suitable for continuously recording information throughout the entire project cycle, serving as a valuable tool for enhancing quality and patient safety. Towards the project's conclusion, it proves beneficial for refining the probability and impact factors of recurrent risks. When employed judiciously, it is effective in managing and illustrating risks; however, poorly documented risks might lead colleagues astray. Risk assessment aids decisions concerning potential adverse events. Despite healthcare professionals and organizations' considerable efforts, there remains room for enhancing the current risk assessment practices in hospitals to ensure quality assurance.

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