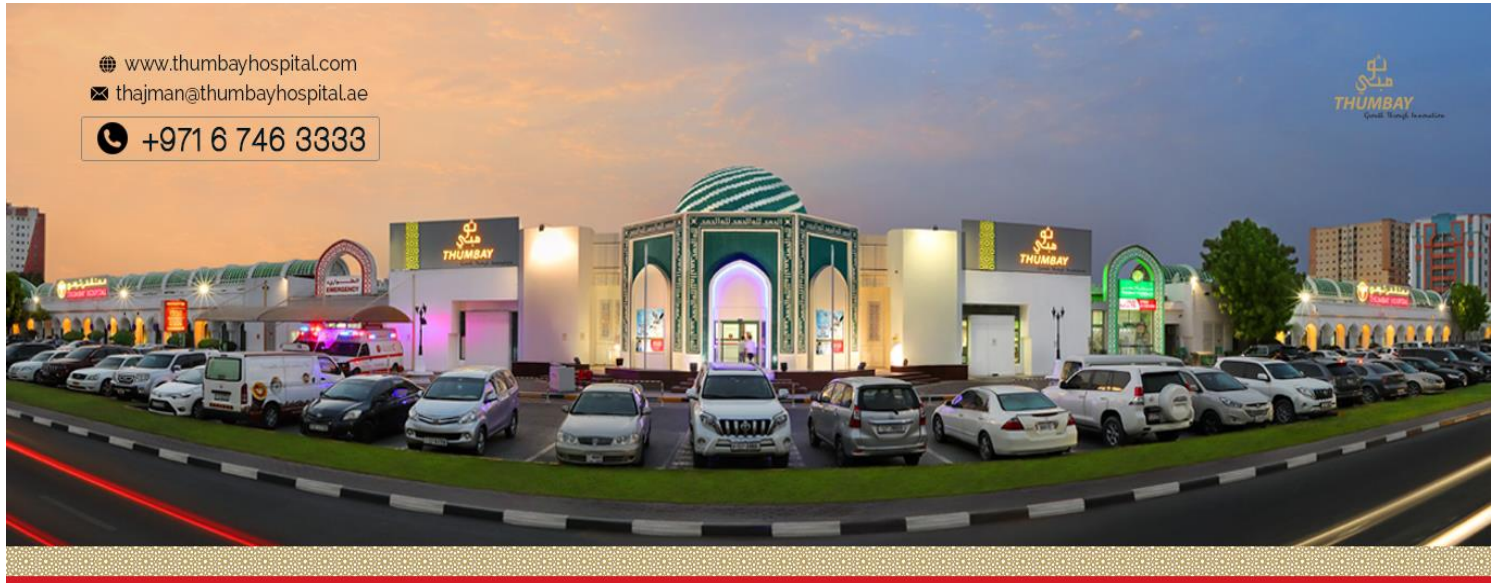
RESEARCH PROJECT



A study on "Risk identification, Assessment and Development of Risk Management strategies for Non-Clinical Departments in Thumbay Hospital, Ajman, UAE

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About the Hospital

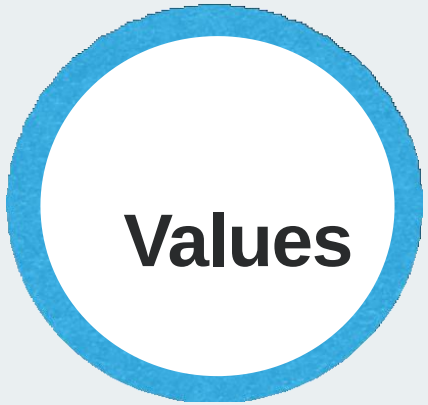
Thumbay Hospital is a chain of academic hospitals based in the UAE, affiliated to Gulf Medical University (GMU), Ajman. Thumbay Hospitals are located in Ajman, Dubai, Fujairah, Sharjah and in Hyderabad-India. The hospital chain is owned by Thumbay Group.

Today, Thumbay Hospital is considered as one of the largest private healthcare provider in the region, catering to patients from over 175 nationalities and having staff from over 20 nationalities, speaking over 50 languages.

Vision, Mission & Values

"To be the leading network of academic hospitals in the Middle East"

"To provide patient Centred care of the highest quality in an academic set up "



- ✓ ***Excellence***
- ✓ ***Trust***
- ✓ ***Client Cantered***
- ✓ ***Ethics***
- ✓ ***Continuous Learning***
- ✓ ***Teamwork***
- ✓ ***Integrity***

BACKGROUND OF THE STUDY

- As of 2015, according to the latest figures from the U.A.E. statistics authority, the U.A.E. had 126 public and private hospitals with a combined capacity of over 12,000 beds thus with the increasing Healthcare Facilities, risk related to patients, staff, and other departments of hospital are also prevalent in healthcare industry
- It is necessary for an organization to have dedicated hospital risk management system to assess, develop, implement, and monitor risk management plans with the goal of minimizing exposure

INTRODUCTION

- Risk is a probability/threat of damage, liability, injury that is caused by vulnerabilities and that may be avoided by Pro – active actions
- A risk register is part of the process of recording how you will manage the risks in your work area or organisation. Each risk that is identified should be recorded in a register that summarises:
- Description of the risk
- Its cause and impact
- The existing controls for the risk
- An assessment of the consequences and likelihood of the risk happening with the existing controls
- The risk rating: low, medium, high or very high and the overall priority of the risk

RATIONALE OF STUDY

Hospitals are a common setting for the prevalence of risk due to high volume of care transactions and interventions that take place during hospital stay. Any kind of risk actual/ potential of any degree extreme to low can be of potential threat to the hospital in terms of financial loss, decreased work efficacy and efficiency, Patient satisfaction, service outcome or reputation. Thus, A risk management system should be implemented in order to control the prevalence or incidence of the risks. A risk register thus, would help to mitigate the existing risk and control the future risks

RESEARCH QUESTION

What are the strategies that can be incorporated by the non-clinical departments of Thumbay hospital Ajman to reduce the incidents of the identified risks at the hospital?

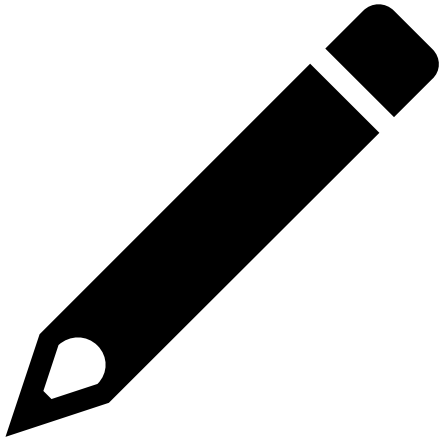
AIM:

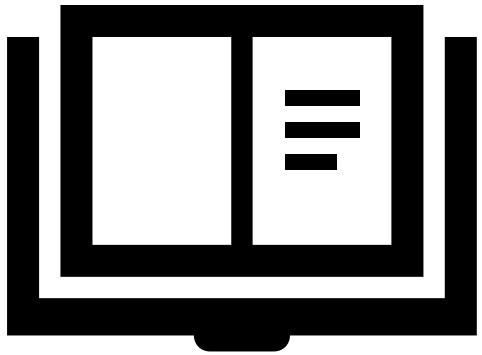
- To improve the work efficiency and patient’s outcome by studying the incidents of risks in the non-clinical departments of Thumbay Hospital.

OBJECTIVES:

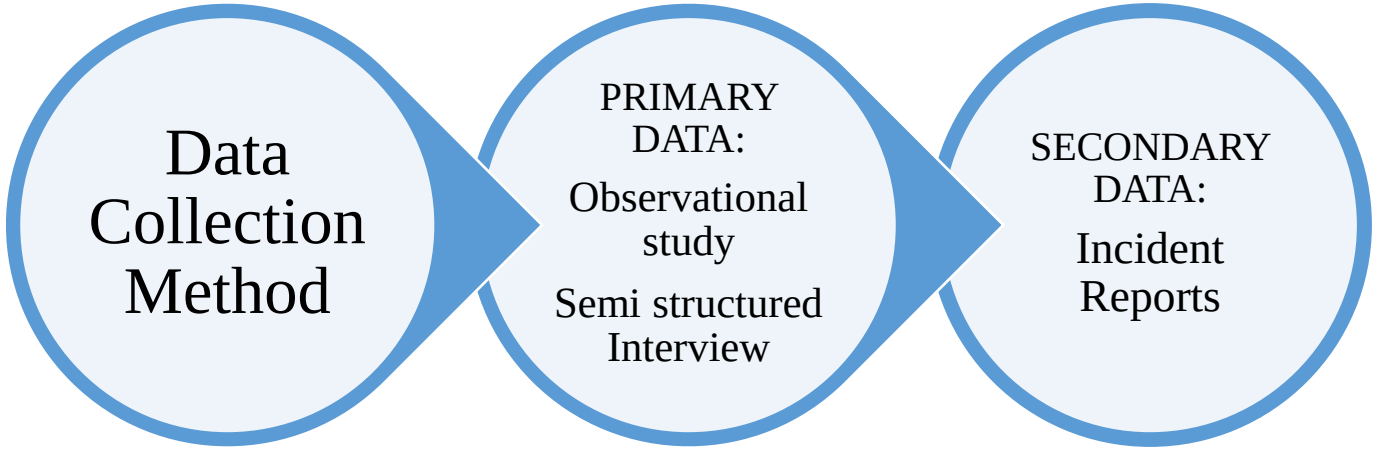
- To identify and describe the risks in non-clinical departments for managing the risk register.
- To depict the organization’s competence to mitigate the risks which were identified through existing controls
- To prioritize the risk based on likelihood and consequence of the reported incidence.
- To propose additional risk management strategies to combat the stated risks.

METHODOLOGY





- **Type of Study**: Observational Descriptive Study
- **Study Location**: Thumbay hospital, Ajman
- **Study Duration**: 2 Months
- **Inclusion Criteria**: Non- Clinical Departments of Thumbay Hospital, Ajman
- **Exclusion Criteria**: Quality Department & Clinical Departments
- **Study Instruments** – Risk Assessment Tool and MS Excel



Study Setting (Departments and Areas)

1. Biomedical
2. Guest Service
3. In – Patient
4. Insurance
5. Marketing
6. Medical Records
7. Patient Happiness
8. Public Relations and Medical Affairs
9. Human Resources
10. Training
11. Store
12. Crèche
13. CSSD
14. Disaster
15. Ethics committee
16. Housekeeping
17. Information Technology
18. Facility Management Services (Maintenance, Fire and Safety, Security)
19. Nutrition
20. Pharmacy

NON - CLINICAL DEPARTMENTS										
			Risk Ownership, Definition and Existing controls				Initial risk			Proposed risk treatment
S. No.	Non- Clinical Department	Risk Owner	Risk type	Risk description	'Actual' or 'Potential' risk?	Existing Controls	Consequences	Likelihood	Risk Priority Number	Risk reduction strategies/ additional controls required

Steps involved in preparation of Risk Register:

Risk Identification: To Identify and describe the Undesired events

- Description of the system to be assessed was done
- Undesired Events were defined
- Contributory factors and owner of risk was determined

Risk Analysis: To know the level of risk

- Examination of current controls was done
- Categorization of risk was done on the basis of Actual/Potential risk
- Severity of risk was estimated on the basis of Consequence and Likelihood Scale
- Risk priority number was assigned to each risk
- Risk Classification was done with the help of Risk Quantification Matrix

Risk Evaluation: Is there a need of action?

- Required Controls were listed down on the basis of Risk Tolerability
- Required actions were defined
- Findings were documented and communicated in the concerned departments

Consequence Table

Descriptor	Level	Definition
Insignificant	Level 1	No Injury
Minor	Level 2	Injury/ill health requiring first aid
Moderate	Level 3	Injury/ill health requiring medical attention
Major	Level 4	Injury/ill health requiring hospital admission
Severe	Level 5	Fatality

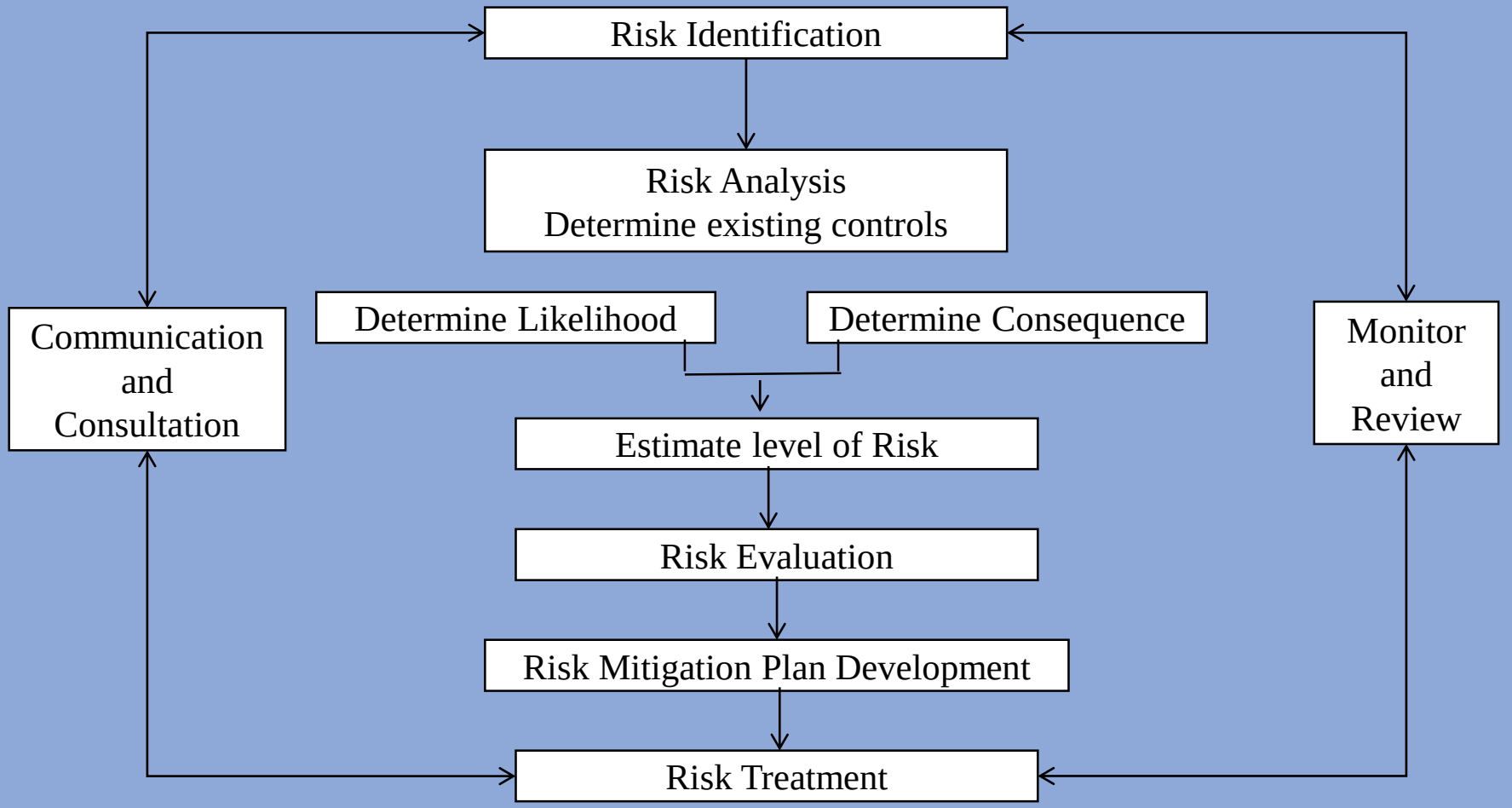
Likelihood Table

Descriptor	Level	Definition
Rare	Level 1	The event may occur only in exceptional circumstances
Unlikely	Level 2	The event may occur at some time, say once in 10 years
Possible	Level 3	The event should occur at some time, say once in 3 years
Likely	Level 4	The event will probably occur in most circumstances, say once a year
Almost Certain	Level 5	The event is expected to occur in most circumstances

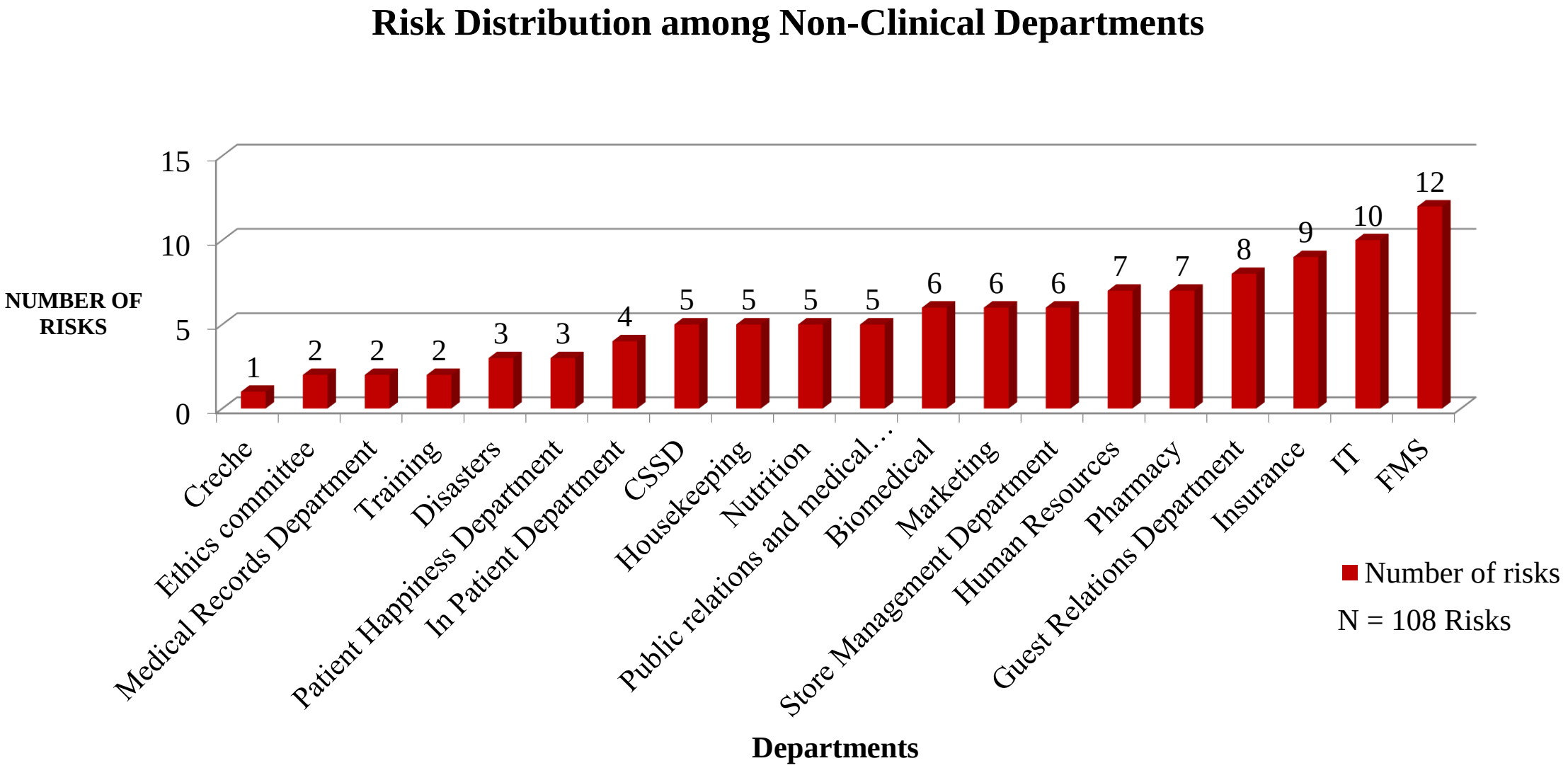
Risk Matrix

Likelihood	Consequence				
	Insignificant	**Minor**	**Moderate**	**Major**	**Severe**
Almost Certain	High	High	Extreme	Extreme	Extreme
Likely	Medium	High	High	Extreme	Extreme
Possible	Low	Medium	High	Extreme	Extreme
Unlikely	Low	Low	Medium	High	Extreme
Rare	Low	Low	Medium	High	High

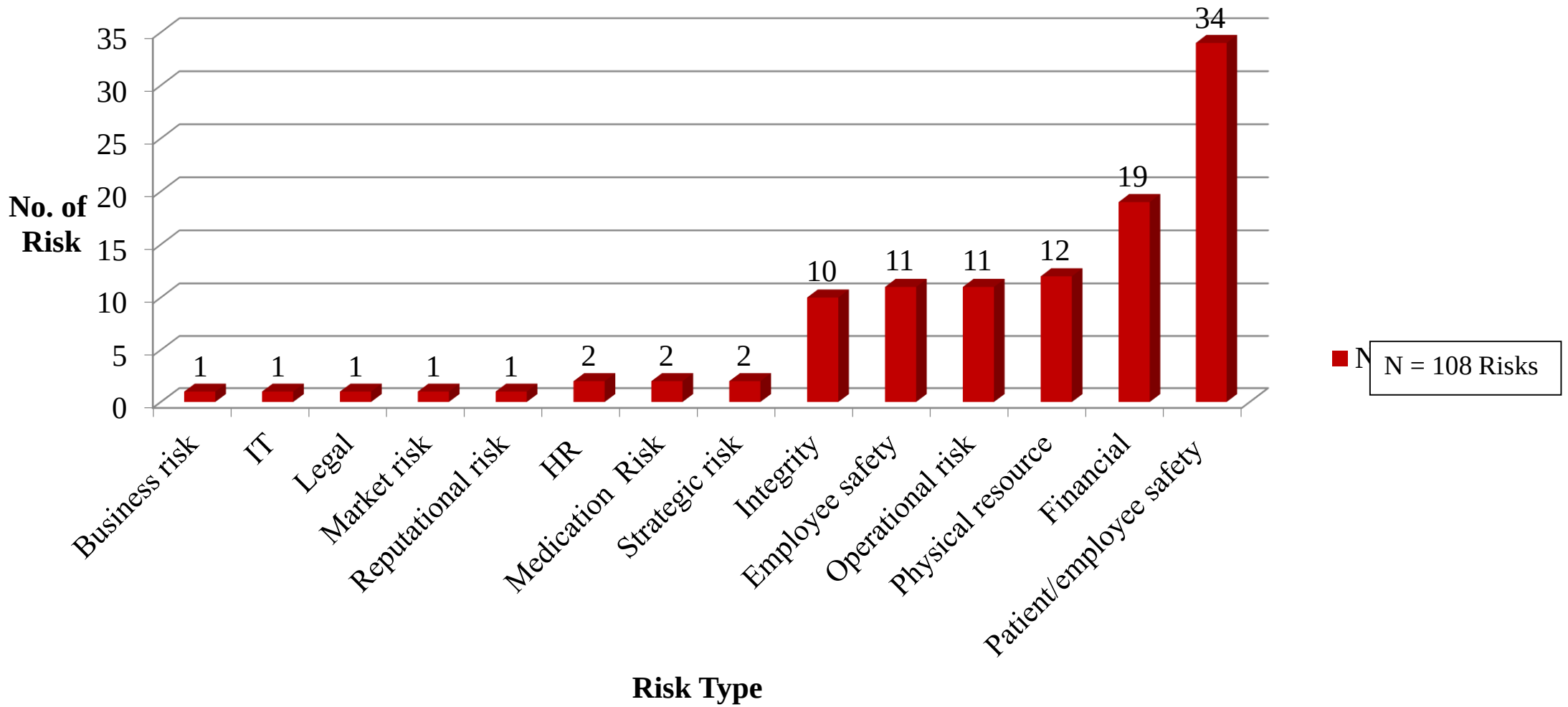
RISK REGISTER DEVELOPMENT PROCESS



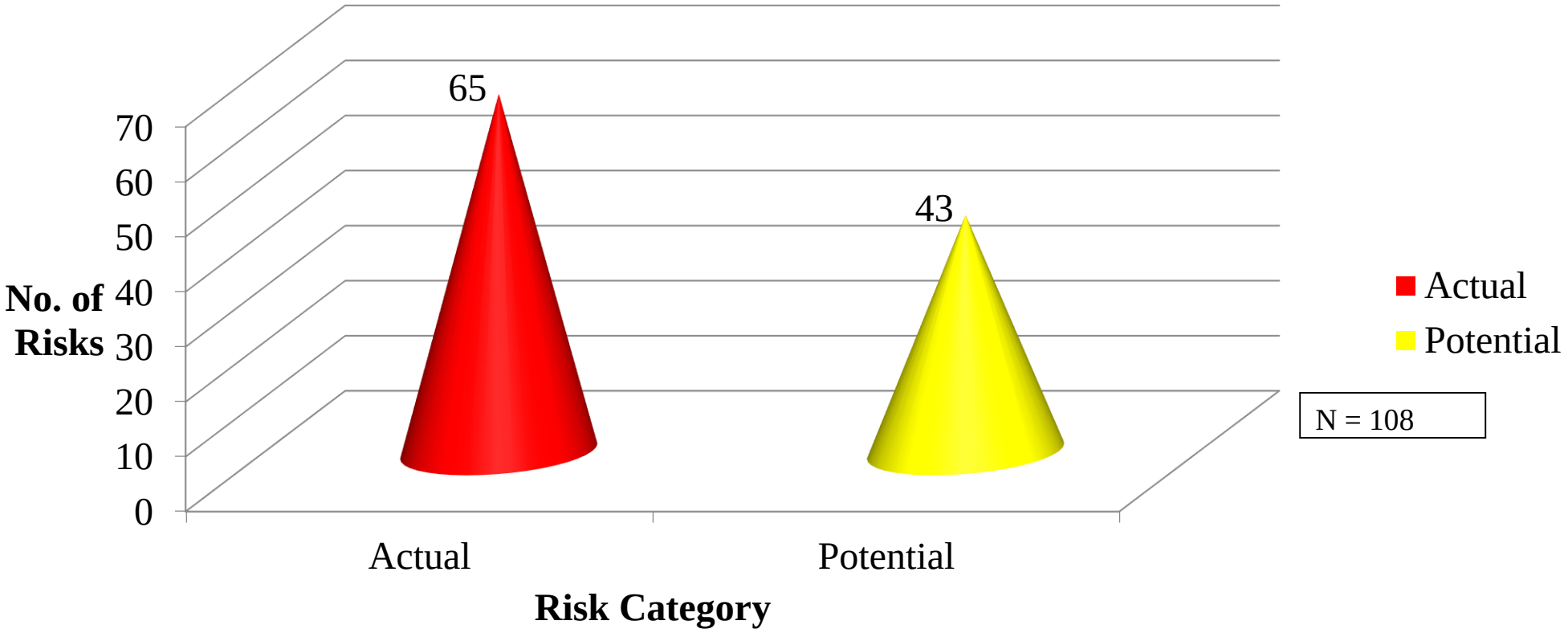
RESULTS


Risk Distribution among Non-Clinical Departments
NUMBER OF RISKS
15
10
5
0
1
2
2
2
3
3
4
5
5
5
5
6
6
6
7
7
8
9
10
12
Creche
Ethics committee
Medical Records Department
Training
Disasters
Patient Happiness Department
In Patient Department
CSSD
Housekeeping
Nutrition
Public relations and medical…
Biomedical
Marketing
Store Management Department
Human Resources
Pharmacy
Guest Relations Department
Insurance
IT
FMS
Number of risks
N = 108 Risks
Departments

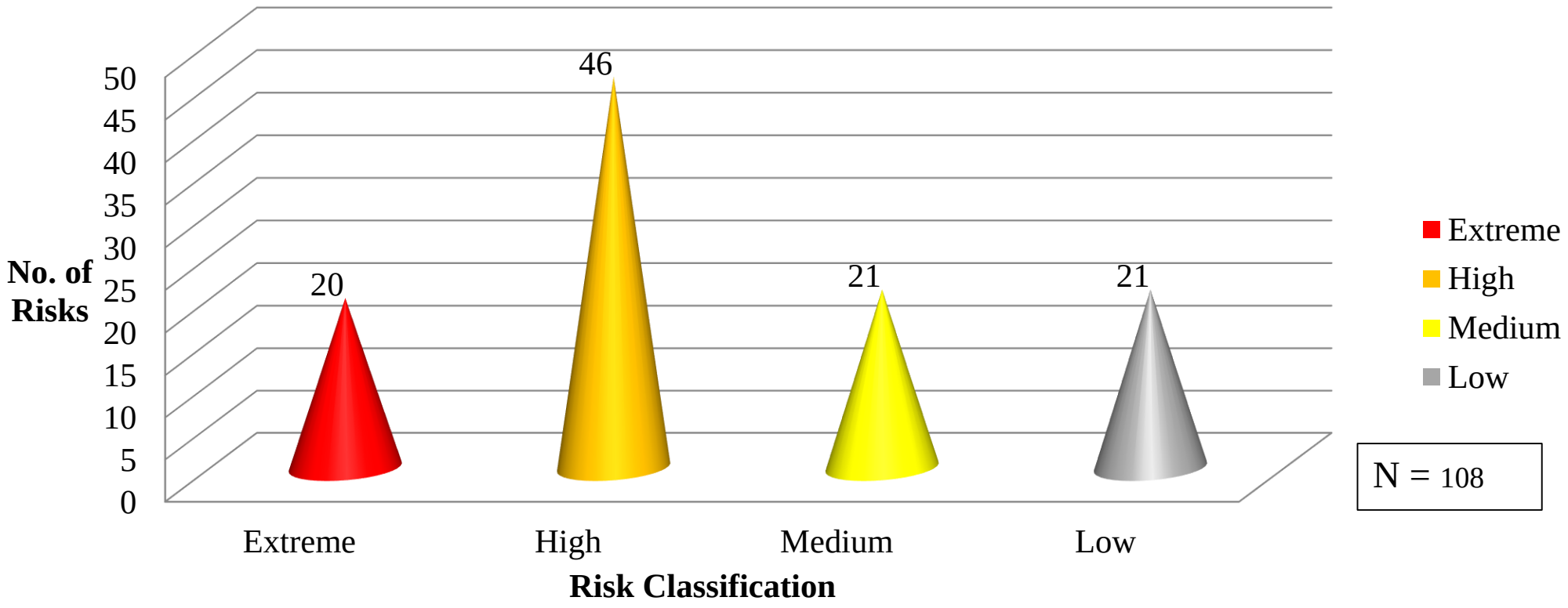
Frequency Distribution of risk on the basis of risk type



Frequency Distribution of Risk On The Basis of Risk Category



Frequency Distribution of Risk On The Basis of Risk Classification



THUMBAY HOSPITAL AJMAN - RISK REGISTER

NON - CLINICAL DEPARTMENTS

			Risk Ownership, Definition and Existing controls				Initial risk			Proposed risk treatment
S. No.	Non- Clinical Department	Risk Owner	Risk type	Risk description	'Actual' or 'Potential' risk?	Existing Controls	Consequences	Likelihood	Risk Priority Number	Risk reduction strategies/ additional controls required
1	Guest Service Department	Manager - Guest Service Department	Patient care and safety	Risk of transmission of infection to the paediatric patient/families due to the presence of wall mounted toys which serve as a common source of infection	**Potential**	Regular disinfection of the fixtures and toysin pediatric OPD.	4	3	**12**	Every one hourly the cleaning shall be done of the wall mounted toys
2	Guest Service Department	Manager - Guest Service Department	Patient care and safety Employee Safety	Security threat to the patients/visitors/staff in case of unguarded OPD entrance	**Actual**	Code white shall be activated in case of violence/security threat	2	5	**10**	1) Training of staff about code white 2) Regular mock drills to be conducted to check the awareness of the same
3	In Patient Department	In Patient Manager	Patient care and safety	Risk of delay in patient care(admission) because - patients do not carry the ID proof/documents required for the admission process.	**Actual**	1) The Emirates ID is scanned in the OPD and made available to the In-patient department at the time of admission. 2) Correct information about the admission procedure is communicated by the nursing staff to the patients(in case the patient byepasses the IPD during admission).	3	5	**15**	LED display screens informing the patient to bring their ID at the time of admission
4	Human Resources	HR	Human resource	Risk of losing talented staff to competitors	**Potential**	engagement activities are in place to retain the employees, Medical benefits, Competitive salaries, group life insurance covered around the globe, Accidental insurance, creche facility, Flexible working hours, Trainings are provided Recognition and rewards are given to the employees as an important and practical way to create positive organization culture.	3	4	**12**	An ongoing education Program shall be provided by the hospital to benefit and retain High-performers and high potential employees.

LIMITATIONS OF THE STUDY

- Financial Resources required to implement the additional controls could not be determined.
- Due to paucity of time the residual risk i.e. the risk left after the implementation of additional strategies/ controls could not be calculated. Hence, the efficiency and effectiveness of the control measures could not be measured

CONCLUSION

- During the study 108 risk were identified
- The risk falls into different categories but the risk related to Patient care and safety was highest.
- The risk prioritization matrix helped to put risk into low, medium, high and extreme risks and accordingly risk management strategies were planned to mitigate each risk
- Based on the Consequence and Likelihood Scale, Risk priority number was obtained, 108 risks identified, Out of which:

20 were Extreme Risks,

46 were High Risks,

21 were Medium Risks and 21 were low risk on the basis of risk matrix.

SUGGESTIONS

Regular risk management committee meeting:

- ✓ To discuss the incidences of risks reported through eHOR (Electronic Healthcare Occurrence and Variance Report)
- ✓ To discuss the developed strategies for the implementation, Review and modification
- ✓ To circulate the proposed risk register to the department heads for controlling future risk
- ✓ To set a timeline to implement the additional Strategies by the quality department