A STUDY ON RISK REGISTER FOR CLINICAL DEPARTMENTS AT THUMBAY HOSPITAL, AJMAN

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INTRODUCTION

- The process of risk management includes coordinated efforts for initiating the risk management planning, identification, evaluation and constant monitoring to minimize the probability/impact of any adverse event.
- Clinical Risk Management ensures patient safety and creates awareness in employees to establish a safety culture amongst visitors and patients.
- The statistics show that adverse event rates in healthcare globally continue to be a leading cause of injury and death (Sheps & Cardiff, 2011).
- Therefore, it becomes necessary to forecast and maintain the risk register for prevention of errors and also improving the knowledge of staff on clinical risk management.

RESEARCH QUESTIONS

- What is the distribution of risks related to patient care in clinical departments at Thumbay Hospital?
- What are the types of risk present in clinical departments at Thumbay hospital ?
- What are the risks that require highest concentration in clinical departments at Thumbay hospital ?

OBJECTIVES

- To determine the risk distribution related to patient care in clinical departments at Thumbay Hospital.
- To identify the types of risk present in clinical departments at Thumbay Hospital.
- To determine the risk requiring highest priority on the basis of Risk Priority Number(RPN).

METHODOLOGY

Study Setting: The study was conducted in following departments: Internal Medicine, Dental, Emergency, General Surgery, ENT, Pulmonology, Nephrology, Neurology, Ophthalmology, Orthopaedics, Gastroenterology, Paediatrics, Endocrinology, Dermatology, Infection Control Department, Nursing, Laboratory, ICU, Physiology and Rehabilitation, Radiology, Inpatient Department.

Research Design: Descriptive Cross-sectional study.

Duration: 2 months.

Study Participants: Staffs from various clinical departments were included in the study : HOD’s, administrative staff and paramedical staff.

Inclusion Criteria:

Staff of clinical departments who are directly involved in patient care and safety.

Exclusion Criteria:

Staff of non-clinical departments were excluded.

RISK ASSESSMENT

Phase 1

Identification of all types of risks categorically for each department

Phase 2

Listing of existing controls used for risk mitigation with help of designated staff

Phase 3

Risk Analysis

1) Risk calculation for each risk type.
2) Colour coding to the RPN according to the probability-impact

Phase 4

Designing a set of countermeasures to mitigate described risk.

Tool: Risk Register Template

Thumbay Hospital Ajman,Risk Register

			Risk Ownership, Definition and Existing Controls				Initial risk			Proposed risk treatment
S. No.	Clinical Department (Medical Specialities)	Risk Owner	Risk type (see common risk language)	Risk description	'Actual' or 'Potential' risk?	Existing Controls	Consequences	Likelihood	Initial Risk Rating	Risk reduction strategies/additional controls required
1	Internal medicine	HOD of Internal Medicine	Patient Care and Safety	Risk of misdiagnosis/wrong diagnosis	Actual	1) The provision of case discussion with the colleagues within the same department and also cross department via cross consultation forms. 2) A team of doctors from different specialities(inter-disciplinary team) goes on rounds for patient evaluation. 3) The cases with difference in pre operative and post operative diagnosis discrepancy are monitored as one of the key performance indicator. 4) Availability of clinical practise guidelines.	3	3	9	1) Provision of accessibility of patients diagnosis and previous treatment for the complex care patients. 2) Encourage proactive patient and family participation in the treatment plan which would result in discussions between the patient /family and the physician. 3) Work with clinicians to create a standardized protocol for these errors and turn them into learning experiences.Such errors shall be percolated among the staff so that an action plan is formulated and implemented.
2	Internal medicine	HOD of Internal Medicine	Patient Care and Safety	Risk of misidentification of the patient	Actual	1) Two patient identifiers are used for the inpatients as well as the outpatients for patient identification. 2) Monitoring of patient identification protocols as one of the quality indicators. 3) Patient identification is done at nurse station & reassured again by a doctor. 4) Policy on Patient identification -IPSG1. 5) Regular training on IPSG.	3	2	6	Nil
3	Internal medicine	HOD of Internal Medicine	Patient Care and Safety	Risk of injury to the patient due to the patient fall attributed to the patient's underlying condition, due to the treatment/medication(s) administered to the patient or due to the unintended consequences of the measures taken to reduce falls (For example: risk of child falling by slipping through the bed rails)	Actual	1) Fall risk assessment is done for all the patients at the time of admission and during outpatient visit. 2) The patients prone to increased risk of fall are identified as vulnerable patients and fall prevention precautions are initiated including patient and family education during their stay/visit in the hospital. 3) Placing LEAF signage at bed side (Let's Eliminate All Falls) for all the patients who are identified at a risk of fall. 4) Fall pevention education is documented by nurses in patient's record. 5) Provision of call bell in the washrooms in case the patient needs assisstance. 6) Provision of side rails for inpatient beds and seat belts for wheel chairs.	3	3	9	1) Taking account of physical disabilities such as poor vision, limited mobility in planning and design will help to reduce the risk. 2) Floor contamination and obstacles can prevent contamination (wet floors, greasy floors, paper wrappings etc) and improve housekeeping and will reduce if not eliminate the risk. 3) Report any health and safety risks to HODs and raise an incident report(OVR).

DATA COLLECTION

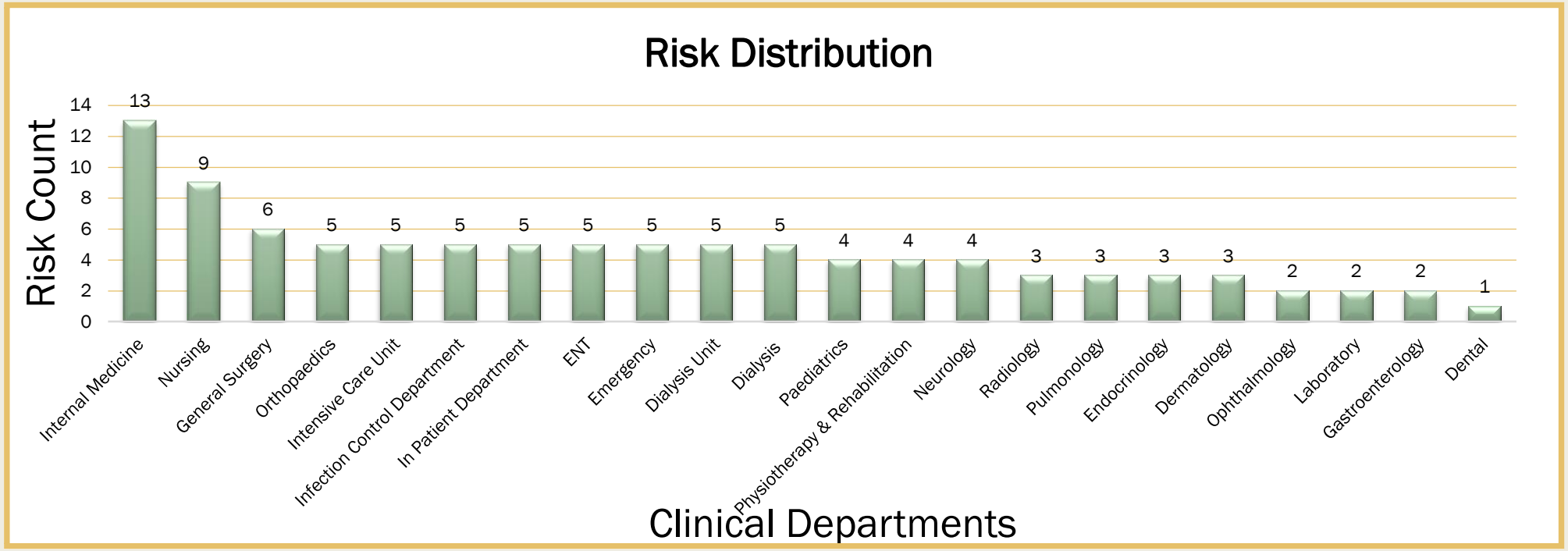
- Appointments were scheduled for the interviews with the key stakeholders. Face to face interviews were conducted using the risk register template.
- Participation in the study was voluntary and prior to conducting the interviews. The willing participants were given verbal briefings regarding the purpose of the study.

RESULTS

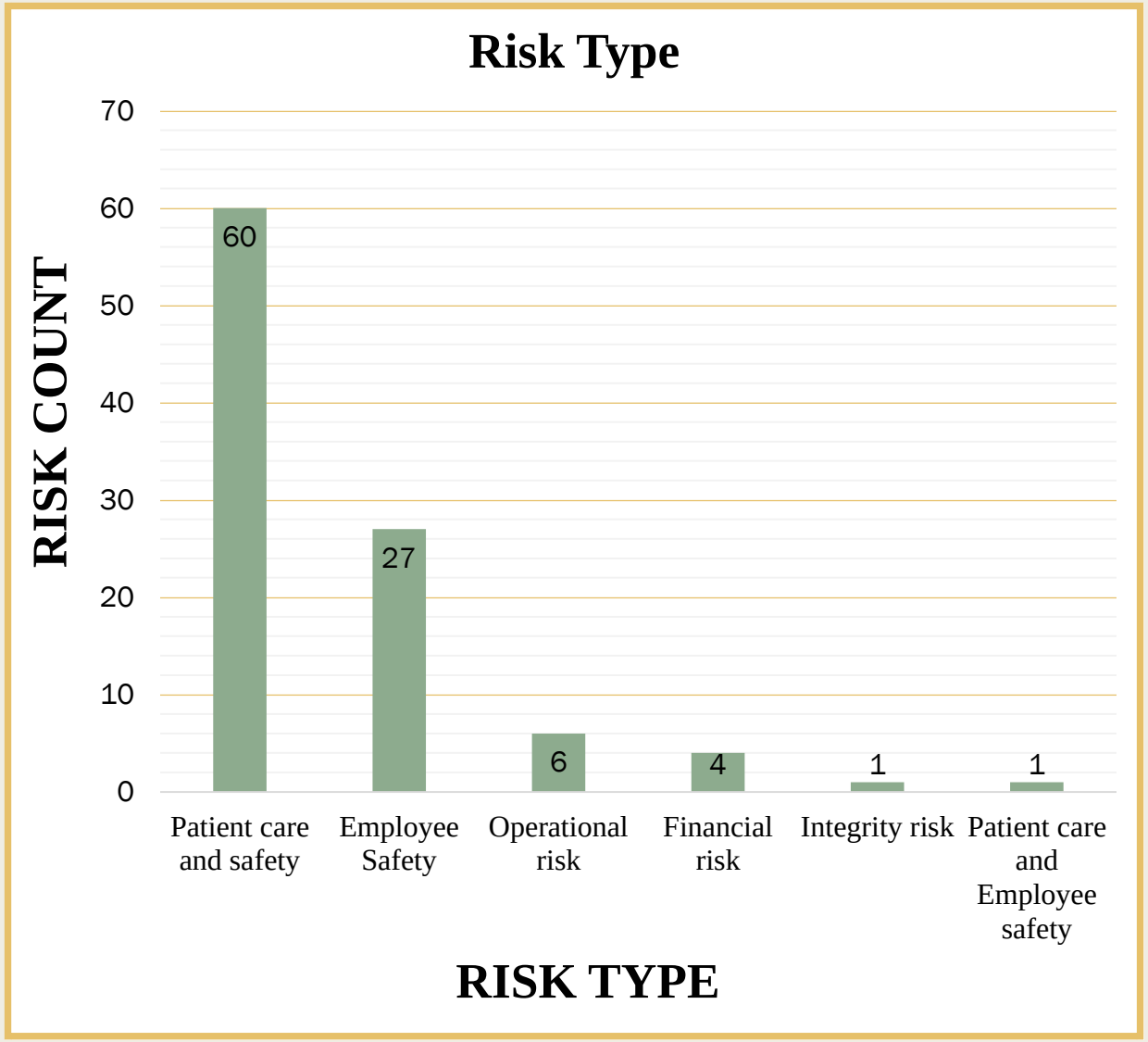
The results were divided into section A,B,C depending on the three objectives of the study.

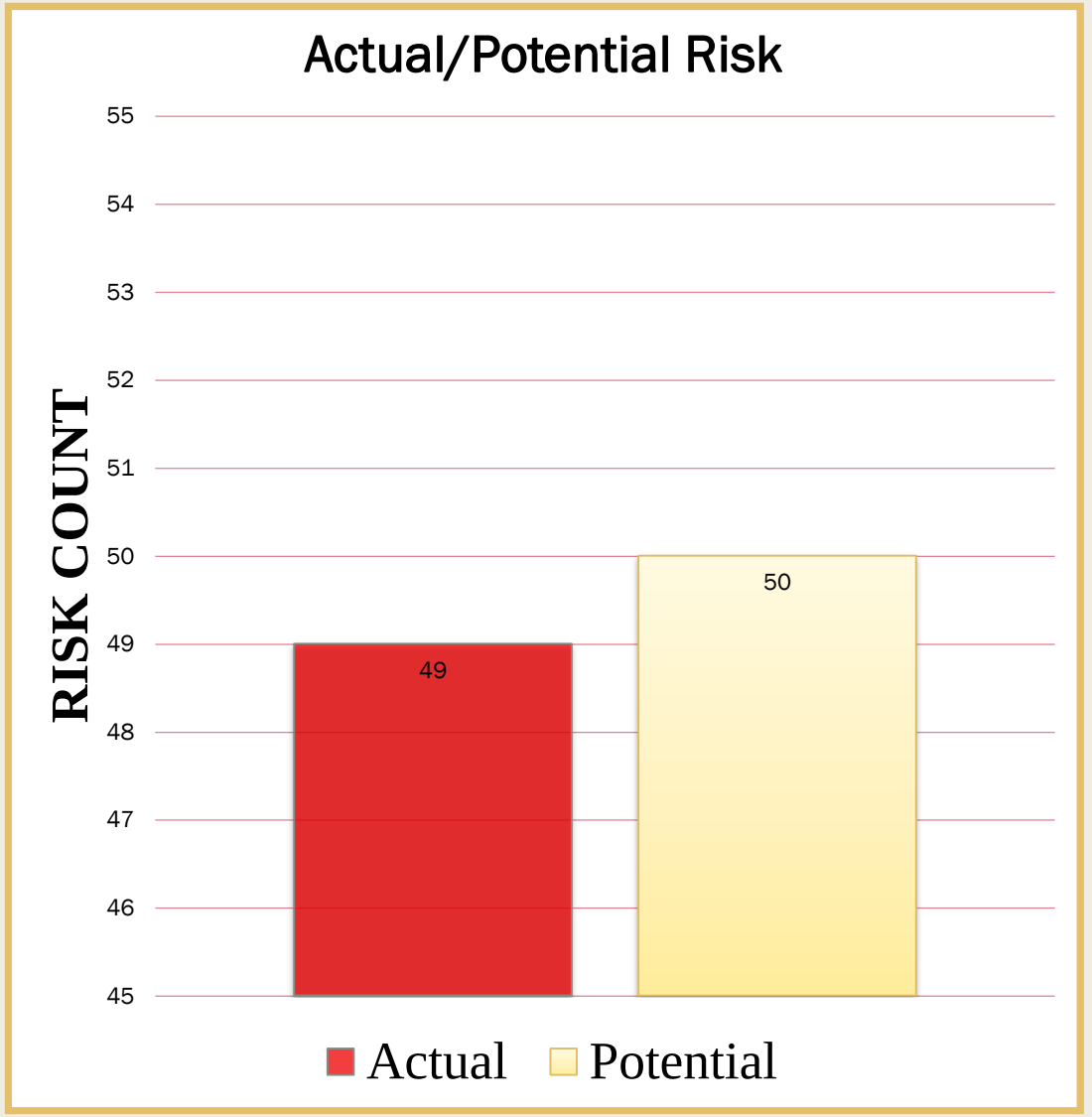
The study was conducted in 23 clinical departments of Thumbay Hospital.

Section A: In total 99 clinical risks were identified.

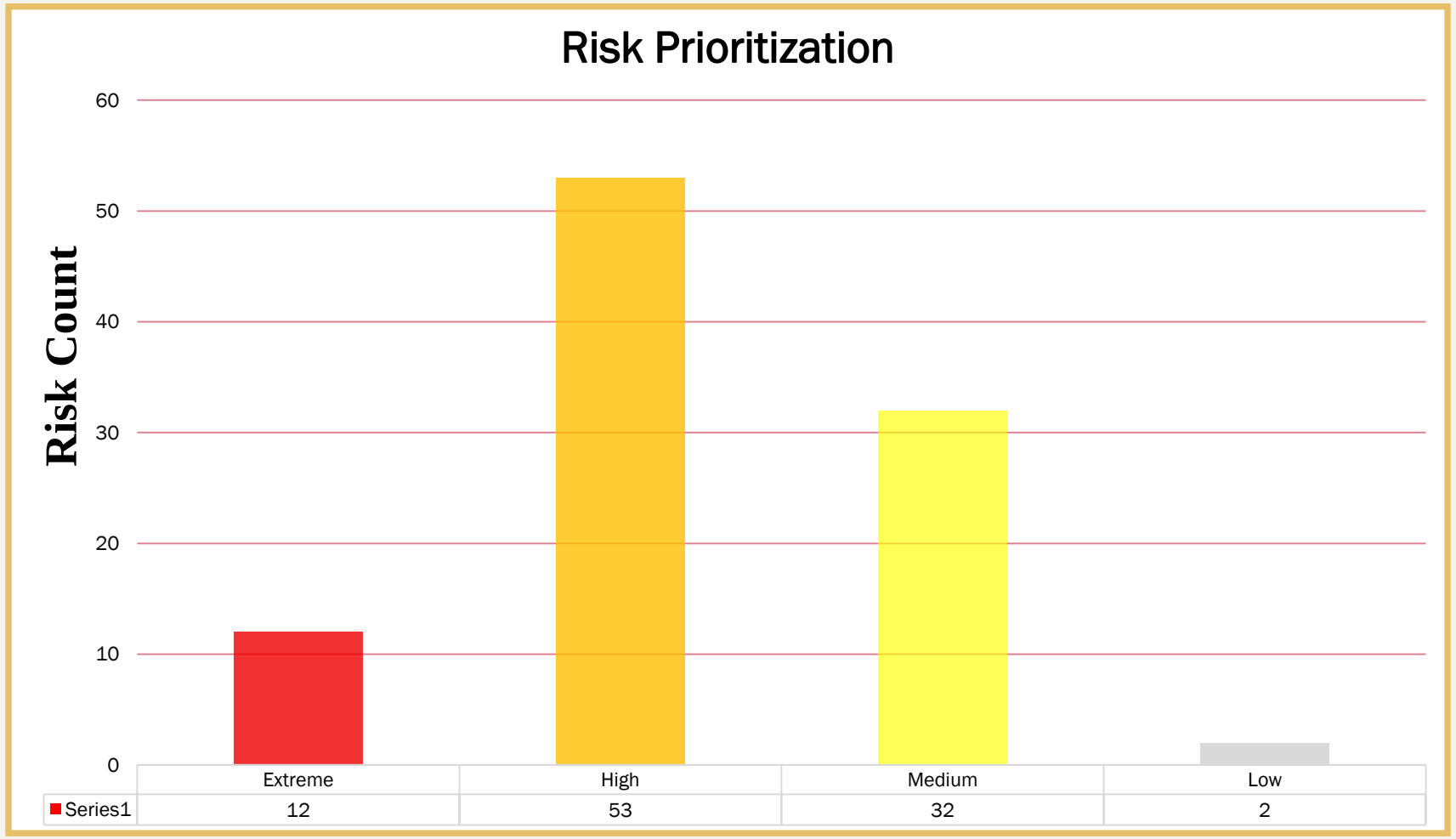


Section B: Type of Risks





Section C: Risk Prioritization



Risk- Probability Matrix

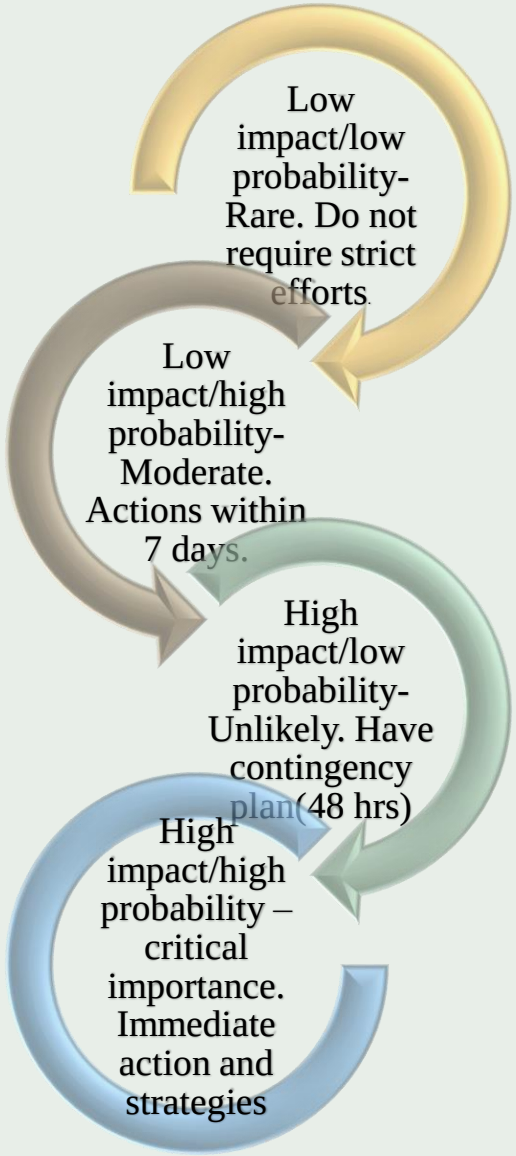
HIGH

Probability of occurrence

Harm to safety of employee d/t patient abuse Errors in B.P recording d/t torn handcuff Bad impression as physician cant access older MR Risk of fall in hypoglycaemic patients Damage to instruments High turnaround time of the patient	Dirty water from faucets Medication Error Equipment failure Fall Risk, non availability of drugs Risk of infections d/t undiagnosed infectious cases Risk of delay in patient care
Mismanagement or improper use of equipment. Patient collapse due to wrong triaging	Risk of radiation overdose to Radiology staff Misidentification of patient Ineffective treatment outcome Unauthorized release of medical records Patient leaving against medical advise Inaccurate money charged

Thumbay Hospital

LOW — Impact of Risk — HIGH



CONCLUSION

- During this study it was observed that the 99 clinical risk were identified in clinical departments of Thumbay Hospital, Ajman.
- The risks falls into different categories but the risk related to patient care and safety is highest. The risks which has propensity to occur in future is more than actual risks present in the clinical departments.
- The risk prioritization matrix helped to put risks into low, medium , high and extreme risks and accordingly risks management strategies were planned to mitigate each risk.
- Therefore, there was a need to improve the risk management practices and creating a culture of patient safety in the hospital.

SUGGESTIONS

- Effective incident reporting system shall be implemented which not only defines the incident but also the lessons learnt from it should be mentioned.
- Risk register template shall be available on HIMS so that departmental heads can easily maintain and update their departmental risk register.
- Training of paramedical staff to improve their knowledge about risk assessment and management practices.

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Thank You