Risk Management

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Chicken and Egg

• Risk Management and Adverse Outcomes
• Should be Adverse Outcomes and Risk Management
What’s It All About

• The whole point about Risk Management is to minimize and if possible prevent, adverse outcomes

• CRM – Clinical Risk Management
Adverse Outcomes

- Adverse outcomes can be:
  - Due to negligence
  - Due to mistakes
  - Due to errors of judgement
  - Due to incompetence
  - Due to failures of equipment
  - Due to recognized complications
Risk Management

• **Risk Management seeks to minimize these occurrences by**
  – Putting systems in place that will minimise risk
  – Making sure that the systems are implemented
  – Responding appropriately to adverse outcome events
  – Retraining or reinforcing the use of systems if they fail
  – Constantly upgrading and modifying the systems
Risk Management for Us

• Implementation of risk management requires its own system in the institution
  – Setting up a Risk Management Committee
  – Encouraging the implementation of risk management in adjoining institutions
  – Developing a risk management program for
    • the District
    • the Area
    • the Province
Risks

• Risks
  – Source
  – Severity of loss
  – Probability of occurrence
  – Threats
  – Common risk checking

Rate of occurrence times impact equals risk
Managing Risk

• Risks may be
  – Avoided (eliminated)
  – Reduced (mitigated)
  – Retained
  – Transferred (insurance)

• Acronyms
  – ACAT – Avoid, Control, Accept, Transfer
  – LAOS – Limited Adverse Occurrence Screening
Adverse Events

- Adverse events
  - Proper documentation
  - Proper analysis
  - Protocol in place to handle them
  - An opportunity to improve practice and patient safety
  - Sentinel events
Another Point of View

- **Risk Management in Hospitals**
  - The concerns of doctors regarding their risk of malpractice litigation and the costs of indemnity premiums are resulting in calls for legal reforms to limit their liability. We do not believe these returns will be successful either practically or politically.
  - Medical defence organisations often attempt to vindicate the doctor rather than settle the dispute -- a strategy that might be morally satisfying to doctors but which is also more expensive than the approach taken by commercial insurers.
  - Risk management -- the activities required to minimise financial loss for hospitals and the doctors who work in them -- is disorganised or absent in most hospitals.
  - Hospital managers lack incentives for risk management because the costs of litigation do not come out of their budgets.
  - The implementation of risk management activities in hospitals is the immediate responsibility of hospital management, not doctors.
  - The five mainstays of effective risk management are:
    - credentialling of medical staff
    - incident monitoring and tracking
    - complaints monitoring and tracking
    - infection control
    - documentation in the medical record.
What to Do

• **Response to Adverse Events**
  – Acknowledge the unexpected bad result
  – Apologise to the patient and/or the patient’s family
  – Explain what will be done to set the situation to rights
  – Explain what will be done to try to avoid a recurrence in the patient or another patient
Compensation

- Compensation:
  - Compensation can be offered without conceding guilt or negligent practice
  - An apology can be given without conceding liability
The End

Time for Discussion