

RISK MANAGEMENT

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Introduction

What is risk? If risk is the possibility of injury, damage or loss to a person or organisation, then risk management could be defined as a programme of measures designed to reduce risk and minimise the impact of injury, damage or loss upon the person or organisation.

This seems very dry and theoretical, but practical examples can be found in everyday life. Most car owners make arrangements to have their car routinely serviced, with the aim of ensuring that expensive and potentially dangerous problems do not arise, and avoiding the consequences of having a car off the road for some time. It would be possible to have videocassette recorders routinely serviced in the same way, but very few people do so. The consequences of the video recorder failing are far from catastrophic, and the ease and low cost of replacing the unit make the proposition of paying for servicing seem unattractive. Somewhere in between might be the servicing of cameras; a professional photographer working with expensive equipment might consider routine servicing worthwhile, but the amateur enthusiast might not. These are all simple examples of everyday risk management which we are all engaged in – balancing the potential cost of something going wrong against the real costs of keeping it or putting it right.

In the NHS, of course, things are more complicated, but the principles of risk assessment are basically the same in any sphere of activity.

Risk Assessment

The first step towards managing a risk is to identify and assess the risk. Risk assessment has often been broken down into four steps:

1. identification of risk
2. analysis of risk
3. control of risk
4. costs of risk control

There are other models available, but the four steps listed above are a good starting point.

The identification of risk is deciding what might go wrong. Of course, at one level this could be an almost endless list, but it can nevertheless be a useful exercise to undertake. It can be broken down into manageable chunks – e.g. “What could go wrong with our record keeping?” and so on.

The analysis of risk is the next step – deciding what are the chances of something going wrong, and what are the consequences if it does go wrong. These consequences could be harm to patients, loss of staff, physical damage to the practice, financial costs to the practice, etc.

The next step is to decide if the risk can be controlled at all. Some risks have obvious remedies – a worn or frayed carpet that might cause an elderly patient to fall can be repaired or replaced. Other risks e.g. a vehicle crashing into the shop front, probably cannot be avoided.

The final step of the risk assessment is to look at costs – the cost of getting it right versus the cost of it going wrong. The cost of putting something right will often need to be measured in terms of time and effort, as well as money.

Risk Management and Optometrists

Optometrists will simply not have the resources to immediately carry out a full risk assessment of all aspects of the practice’s activities. It is therefore useful to look at discrete areas, and the judgement of where to start will have to be made locally, based on knowledge of your own circumstances. Here are some suggestions to help you, however, taken from a survey of optometrists carried out earlier this year by the AOP.

- patient confidentiality
- loss of computer data
- incorrect px issued
- keeping full clinical records
- safety of patients on premises
- submission of claims
- keeping up to date clinically
- missed pathology
- mis-diagnosis

Clearly, there is a mixture here of administrative and clinical issues. Equally clearly, some of the areas are related. Keeping up to date clinically, for example, might reduce the risk of mis-diagnosis, while keeping good clinical records can play a major part in helping optometrists who are sued by patients.

Risk Management and Shared Care Schemes

One area in which PCTs may wish to work with LOCs/AOCs to reduce risk is shared care. The focus of this activity could be clinical – i.e. missing pathology – in which case the key areas will be the clinical protocol underpinning the shared care scheme, audit, and any education and training issues relating to participation in the scheme. As the paymasters of the scheme, the PCTs have a legitimate interest in ensuring the quality of the scheme.

The focus might also be non-clinical, such as the accidental disclosure of sensitive patient information collected during the provision of care. Here the focus might be on the proper collection and storage of information (especially if it is held on computer) and might involve consideration of the role of reception staff.

Examples of Risk Identification

In identifying risk, what sort of things are we looking for? Let us look at three examples in a little more detail.

1. Reviewing patient information leaflets; the risk here is that patients will act on incorrect or out-of-date information and suffer some sort of damage to their well-being, with a consequent share of the blame (and perhaps legal action) being directed at the practice. It is important to check, therefore, that the practice has confidence in the information and advice given in the leaflets. It is all too easy to assume that because leaflets come from a recognised or ‘reputable’ source they will contain advice which the optometrist would always agree with. Leaflets describing shared care schemes should also be checked to make sure that modifications to the protocol which may have been made since the scheme began have been reflected in the literature. Finally, a check should be made that all addresses, telephone numbers, websites, etc are given correctly.

2. Taking and passing on telephone messages; the risks here are that messages will either not be passed on, be passed on incorrectly or to the wrong person, or be misunderstood by the person receiving them. Failure to act on messages could result in poor patient care and/or lost business for the practice. Most practices will by now have message books in which messages are written, but it may be worthwhile checking that steps are taken to make sure that patients with identical or similar names are properly differentiated, times of calls are recorded, and by recording how the message was dealt with by having a ‘signing off’ action column.

3. Proper clinical record keeping ; the risks are in providing proper care to patients and, when something goes wrong, a defence for the clinician. Besides clinical details, a check could be made on legibility (for hand-written records), dates, patient identification, consistent use of meaningful abbreviations, etc.

Techniques for identifying risk

Sitting down with a blank sheet of paper and thinking of all the things that could go wrong is a good enough way to start, but it is likely to be more productive if the exercise is shared between two or more people – or even all the practice staff. It is certainly important that all staff members feel involved in the risk management process.

‘Brainstorming’ is a technique for getting groups of people to contribute ideas at the start of an exercise such as risk management. If it is to be used, it is important to do this correctly. The process needs to be properly facilitated and recorded. It is useful to have a question to focus thoughts – an example might be “How can we make sure that elderly people visiting the practice are made safer?” The basic idea is that the entire group give their ideas, which are written down by the facilitator. These suggestions should not be discussed as they are made, no matter how off-the-wall they may seem to be, in order to encourage people to think creatively. Only after the ‘brainstorming’ has finished should the ideas produced then be discussed in detail.

Other techniques include analysis of patient complaints, feedback from patient suggestion boxes, and the analysis of practice trends e.g. in revenue sources, manpower, staff turnover etc.

Another technique is to consider ‘near misses’, in other words, potentially serious incidents which were narrowly averted.

Health and Safety Risk Assessment

Optometrists should be aware that all employers are now required by law to carry out a health and safety risk assessment. Any business with more than five employees is also required to keep a written record of the risk assessment and any changes made as a result of this. The risk assessment should be repeated whenever a significant change is made to the place of work – e.g. an extension of the premises, introduction of new equipment, etc.

The principles and practical experience of a health and safety risk assessment would make an ideal starting point for an optometrist wanting to carry out a risk assessment of a more complicated area – e.g. handling of patient data.

After the assessment – risk management

Risk assessment is, of course, only a part of risk management. It is probably more difficult to then go on to actively manage the risks you have identified. Planning your risk management will help make the task a little easier. It is important to record in a written form the steps taken in risk management.

After identifying the risk, it can be useful to list in detail the range of risks to be tackled. A narrow and winding staircase might present a danger to elderly patients, for example, but might also be a danger to staff carrying equipment or records. A clinician’s failure to keep good quality records may present dangers to patient care,

but may also have consequences for that clinician. Risks should be recorded in a way that indicates all the groups of people they may threaten.

Turning to the control of risk, begin by listing any current controls e.g. an annual inspection of equipment or fire safety check, an audit of shared care schemes, etc, and then list what additional controls could be introduced. It is important to recognise that some of these controls will be unrealistic (on the grounds of cost or practicality), so comments should be included as to which are considered realistic and will therefore be acted upon. For shared care schemes, of course, any additional controls would require the wider agreement of interested parties.

A lead should then be appointed who will have responsibility for making the required changes – usually the optometrist or practice manager.

A timetable should be drawn up to allow progress to be measured, and a written record should be made of all activity undertaken, including a review of the effectiveness of the actions taken.

Annex

There are a number of sites on the Internet which deal with risk management and related issues;

The International Risk Management Institute www.irmi.com

Medical Risk Management www.medrisk.com **NB.** this site offers courses

Society for Risk Analysis www.sra.com (includes some links)

Global Risk Management Network www.grmn.com/pages/default.asp

In Scotland, the NHS has commissioned a risk management strategy. This is called CNORIS and can be found at www.cnoris.com

The Health and Safety Executive offer assistance to small businesses wishing to carry out health and safety risk assessments. Their helpline is 08701 545 500, and their leaflet Five Steps to Risk Assessment can be downloaded from their website at www.hse.gov.uk/pubns/indg163.pdf