

Risk management assessment summary essay sample

[Business](#), [Management](#)



In the 1970s, an upsurge in malpractice suits created a crisis situation for health care providers. Faced with the threat of lawsuits involving huge dollar amounts, the health care institutions like family practice clinics employed risk management personnel and initiated activities designed to prevent adverse patient outcomes (APOs) and potentially compensable events (PCEs). For family practice clinics, risk management is a structured attempt to classify, evaluate and decrease, where appropriate risks to staff, patients, assets of company and visitors. It is vital for the health care organization to satisfy patients in terms of service quality to create happy customers as happy customers aren't complaining .

Risk Management is a series of tasks and functions the purpose of which is to reduce unplanned or unexpected financial loss to an organization. The first medical malpractice crisis stimulated the development of risk management programs in America Health Care facilities aimed to reduce the financial losses to health care organizations resulting from known yet improbable situations of crisis. According to Carroll (2009), " Different Health care organizations face different degrees of risk. Medical groups have boards and recognize the need for governance responsibilities, yet the need for risk management is unique by the type of organization. All require significant responsibilities for the care of patients" (Carroll, 2009, p. 158).

In general, the risk management process consists of five steps:

Identifying and analyzing the exposures to loss.

Examining the feasibility of alternative techniques, risk control to stop losses, and risk financing to pay for losses.

Selecting the apparent best technique(s).

Monitoring and improving the risk management program itself.

It is vital to realize that risk identification can't be considered as just the once static investigation. The continuous identification of possible liability risks, like unanticipated outcomes of treatment, complaints of patients', and unfavorable events that did, or could, cause harm, must be an ongoing process. Early warning data can occur in security reports, quality assessment studies, accreditation and licensure surveys, and patient complaints. Risk management ought to receive a steady stream of information from specific department, such as when attorney seeks chart information from medical records in preparation for a suit; billing offices, following up on delinquent statements, hear aggravated complaints; volunteers hear complaints because patients don't regards them as employees; and quality assessment activities yield data connected with their screening and review procedures.

The first process in risk management; risk analysis entails the evaluation of past experience and present exposure to remove or limit significantly the effect of risk on staff morale, reputation in community and cash flow.

Seriousness of the risk must be considered in terms of the probable severity to the individual and to the organization, the number of people possibly hurt, and the likelihood and frequency of occurrence.

Identification and analysis of risks is followed by risk control and treatment of risks. This is the response of organization to significant risk areas, as well as rejoinder to limit the liability associated with events that have occurred. This

function is most frequently associated with risk management. Risk control and management plan classify the possible liability problems into four areas; injury to body, loss of liability, loss of property and other consequential losses.

There are a variety of methods and a combination of techniques for controlling the risks; risk acceptance, exposure avoidance, loss prevention, loss reduction exposure segmentation and contractual transfer.

The major categories of hazard which can occur in family practice clinics are biological, chemical, psychological, physical and environmental. The biological hazard includes the transferable/biological agents, which includes bacteria, fungi, or parasites that can get transmitted through contact with contaminated patients or infected body fluids. Chemical hazard comprises of a variety of chemicals which are toxic or can cause irritation to the body systems, with medicines, gases and solutions. Psychological hazard include situations and factors faced with one's work environment that has the potential to create and elevate stress. Physical hazard include the factors comprising of agents capable of causing tissue trauma and environmental hazard are the factors encountered in the work environment like tripping hazards. Recently, an emerging trend has been identified which puts clinics at risk; phone consultations.

Family practice clinics are prone to all the risks mentioned above and the three typical cases that can occur would include; infection spread, phone consultation and out of hour service. These three are high risk area which

can jeopardize the reputation of the clinic and can cause immense financial loss. In case of spread of infection from one patient to others through clinic staff, the clinic is liable for the spreading the infection and the license can be cancelled for malpractice and inadequate hygiene practice. This also puts other patients at clinic at high risk of acquiring the disease. Many hospitals and clinics have struggled to stop staph infection from spreading through clinic staff. Phone consultation puts clinics at risk due to miscommunication and misinterpretation of the prescription by patient and of symptoms by clinical staff. This can result in lawsuit on clinic leading to financial losses and reputation loss. Third high risk area is the patients and attendants dissatisfaction from out of hour services provided by clinic. This gives reasons to patients to complaint.

These risks have to be controlled and monitored through controls over work practice, equipment which are efficient and personal protective, HBV vaccinations, appropriate training and necessary education to staff on adopting hygiene practices and ensuring data security. The specific risks like phone encounters and out of hour service patient dissatisfaction can be managed by through documentation and pleasant attitude, exceptional and reassuring service.

References

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