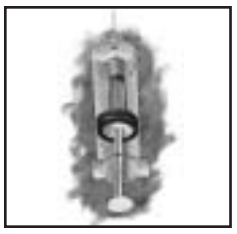

The evolution of risk management in canadian healthcare

Where is clinical risk management in 2005?

By Katherine Mellon, LL.B., MHSc

In order to find out where risk management in Canadian healthcare is moving it is important to have some understanding of how risk management came to be an integral component of healthcare administration. The literature indicates that the introduction of risk management and healthcare administration was a by-product of the malpractice insurance crisis of the 1970's in the United States.

Initially risk management in healthcare was primarily a reactive business geared toward damage control and cost containment. In other words, risks were typically identified only after incidents or claims materialized.

In Canada, in the mid 1980's the healthcare industry experienced unprecedented increases in insurance rates, mainly associated with an increase in the frequency and severity of claims experienced in the commercial insurance marketplace. In response to the rising costs, the Ontario Hospital Association (OHA) commissioned two independent consultant's reports, both of which recommended the formation of an insurance reciprocal exchange. In 1987, HIRO (later to become HIROC), the Hospital Insurance Reciprocal of Ontario was founded. A reciprocal with a healthcare industry focus, provided a stable, financially sound and practical alternative to the commercial insurance market, and brought with it a strong incentive for the practice of good risk management.

Through the late 1980s and early-mid 1990s healthcare risk management programs developed and became increasingly linked with quality programs. This being said, much of the practice was still quite reactive and resources mainly focused on putting out the fires. In the late 1990's and into the 21st century, societal expectations around transparency, disclosure and accountability in healthcare clashed with tort law making it increasingly difficult for health care organizations to encourage incident reporting, participation in incident reviews and making improvements in care delivery. This environment highlighted the value of near miss reporting and analysis. Many organizations incorporated near miss categories in their reporting tools and processes.

Further, incident reporting in general began to be perceived as a mechanism for improving patient safety and performance, and later for the making of business cases.

Into the 21st century risk management in the clinical setting has become, in many instances, synonymous with patient safety and system improvement.

This systems focus is evidenced by the emergence of failure modes and effects analysis, human factors analysis, and generally a move away from only performing root cause analysis towards multi-factorial analysis in risk management literature and practice. There is a greater recognition by Canadian healthcare organizations of the need to integrate risk management and quality improvement efforts throughout their organization. In other words, healthcare organizations have expanded their opportunities to proactively improve safety, systems and clinical practice through leveraging risk management activities.

In recognition of the integral role of risk management activities in improving quality of care and to in some way address the antithetical natures of transparent, non-punitve cultures in healthcare and the law in Ontario/Canada, the Province of Ontario passed the Quality of Care Information Protection Act (QCIPA). The intent of the Act is to protect 'quality review information' (which includes incident or occurrence review [aka risk management] documentation). The Act as mentioned above, also recognizes the central role that risk management plays in quality improvement and patient safety in the clinical setting. Among other things, the Act mandates the designation of a Quality of Care Committee, which is to carry on activities for the purpose of studying, assessing or evaluating the provision of healthcare with a view to improving or maintaining the quality of healthcare or the level of skill, knowledge or competence of the person providing healthcare. In a number of organizations it is the Clinical Risk Management Committee that has been so designated and renamed. Also, it is Risk Managers that are mainly responsible for ensuring that their respective organizations comply and align with the legislation.

There are many healthcare organizations that are grappling with the integration of or relationship between quality/performance measurement, risk management and patient safety, as there is significant overlap. In a sense, risk management adopts and integrates the principles of quality improvement and patient safety in a more tangible operational way.

Over the last three or more decades, clinical risk management in Canadian healthcare has evolved from primarily being a reactive cost containment activity to being more of a proactive quality of care activity. Risk Management has evolved into a multi-faceted entity in its own right. Perhaps its time to find another name for clinical risk management to ensure that it ceases to get lost in discussions of performance measurement and patient safety.

References

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This article was written by Katherine Mellin, LL.B., MHSc, Manager, Risk Management, University Health Network.

Health care excellence recognized

The group medical services saskatchewan healthcare excellence awards

Submitted by Saskatchewan Centre of the Arts

Ten individuals and teams were recognized earlier this year for their contribution to health care excellence in Saskatchewan. The local heroes were presented with a Group Medical Services Saskatchewan Healthcare Excellence Award in front of their peers at a presentation at the Saskatchewan Centre of the Arts.

Recipients were honoured with a description of their contribution to health care and presentation of their award at a Gala Banquet and Awards Presentation, hosted by Dr. Roberta McKay.

Now in their fourth year, the awards are an opportunity for members of the healthcare profession to nominate a colleague for outstanding dedication and excellence.

Awards were presented to:

- Health information practitioner Sharon Stanicki of Yorkton
- Community care administrator Carla Bolen
- Radville Emergency Medical Services
- Healthy lifestyle advocates In Motion, from Saskatoon
- Dr. J.S. McMillan of Regina
- The Sherbrooke Community Centre in Saskatoon
- The Native Access Program to Nursing Advisors
- Palliative care provider Paul Benson
- Planned Parenthood Regina administrator Barb McWatters
- Registered Nurse Jan Cibart, of Regina.

Congratulations to all the finalists, and the award recipients.

Group Medical Services is the presenting sponsor for the annual awards.