n 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, HIROC (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, accountability 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. In 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 to in some way address the antithetical natures of transparency and non-punitive 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 relation to healthcare 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. The recipients were honored with a description of their contribution to healthcare 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.

Acknowledgments

T he evolution of risk management in Canadian healthcare

Where is clinical risk management in 2005?

Submitted by Saskatchewan Centre of the Arts


2. HIROC website: http://www.hiroc.com/who_we_are.html#qop


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

Health care excellence recognized with the Saskatchewan Healthcare Excellence Awards

Ten individuals and teams were recognized earlier this year for their contributions 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 Health care excellence award program.

The Saskatchewan Centre of the Arts. The recipients were honoured with a description of their contribution to healthcare 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 practi- tioner Sharon Stanicki of Yorkton
- Community care adminis- trator Carla Bolen
- Radville Emergency Medical Services
- Healthy lifestyle advocates
- Radville Emergency Medical Services
- Dr. J.S. McMillan of Regina
- The Sherbrooke Community Centre in Saskatoon
- The Native Access Program to Nursing Advisors
- Palliative care provider Parish\n- 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.