Singapore Healthcare Management 2017

Risk Profiling at SingHealth – Institutional & Cluster Level

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BACKGROUND & OBJECTIVES

The SingHealth Risk Survey 2015 is a perception survey of staff on their assessment and evaluation of enterprise risks at SingHealth. The survey was conducted via online and paper form during February to June 2015.

The aim of the survey was to provide inputs for –

- review of the risk profile based on perceived key risk concerns
- ranking and prioritisation of the key risks identified
- selection of the top key risks for addressing

RESPONDENT PROFILE



Target respondent: Leadership & Management level staff who were HODs & Above from 10 SingHealth institutions

Survey Response Rate: 50% (290 of 585 eligible staff responded the survey)





26%

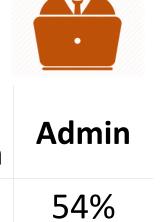
Doctors Nurses

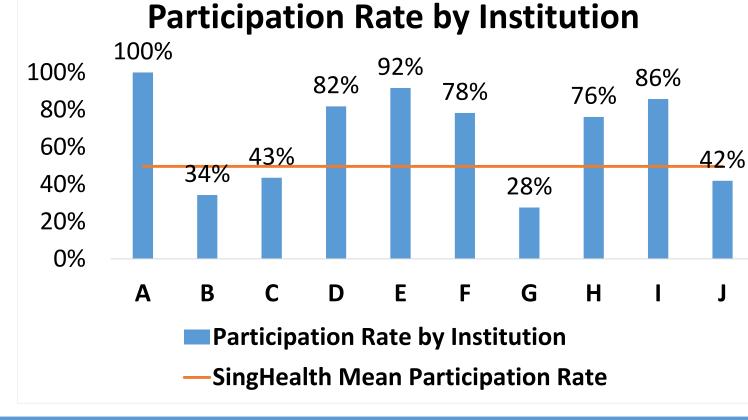




6%



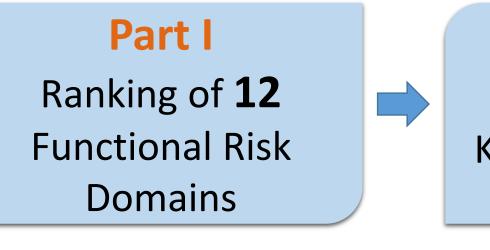




METHODOLOGY

14%

Survey Structure



Part II Ranking of Key Risk Area

Part III **Evaluation of Risk** Statements by applying risk scores

Identification of Top 10 Risks

Analysis of Top 10 Risk At Cluster Level

A total of **106** top risk statements were pooled for analysis

Identify Top 10 Risks At Institution Level

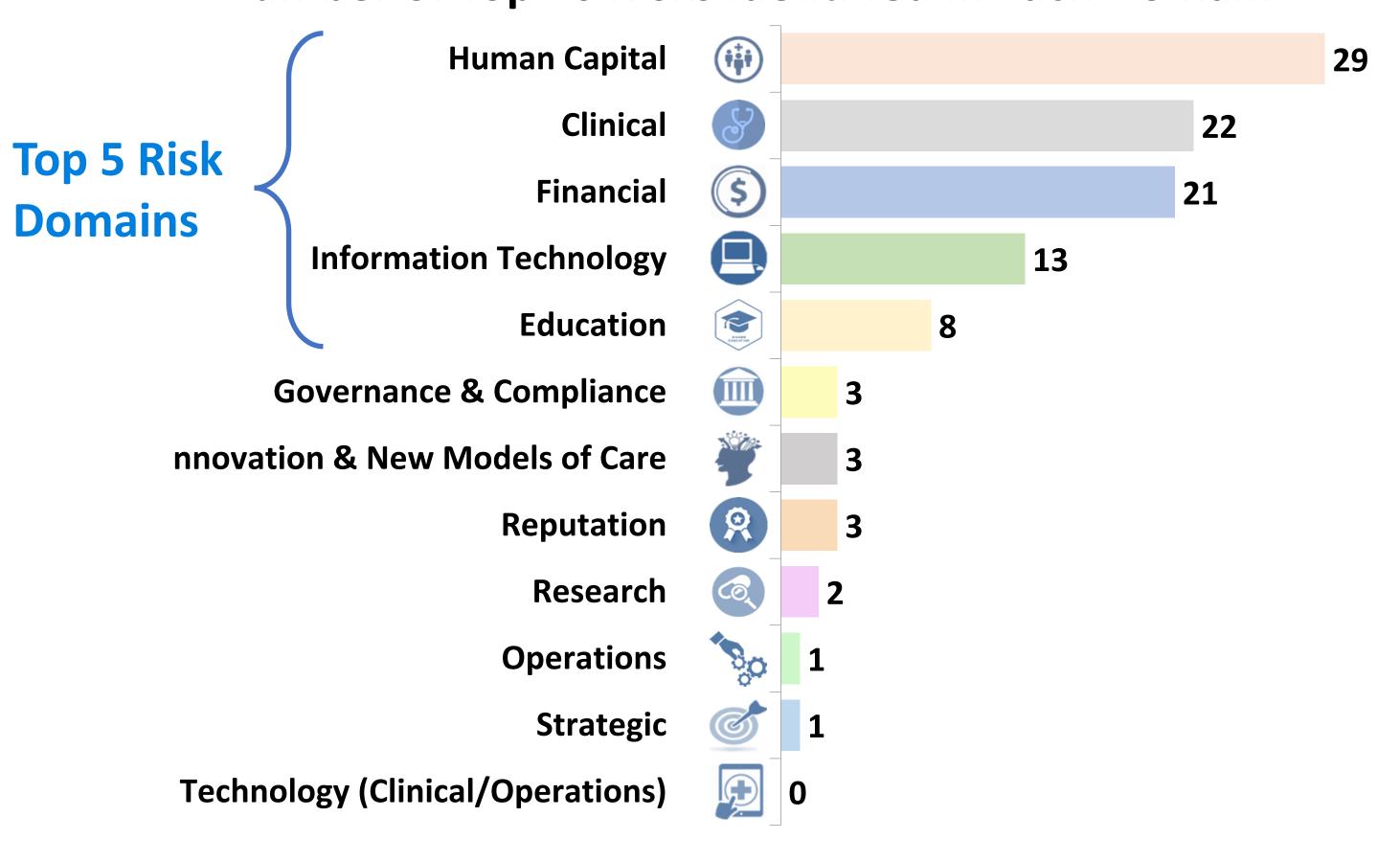
10 Risk Statements with the highest risk score were chosen

Calculation of Risk Scores Likelihood x

Impact

RESULTS

Number of Top 10 Risks Identified In Each Domain



Common Risks Identified in Top Risk Domains

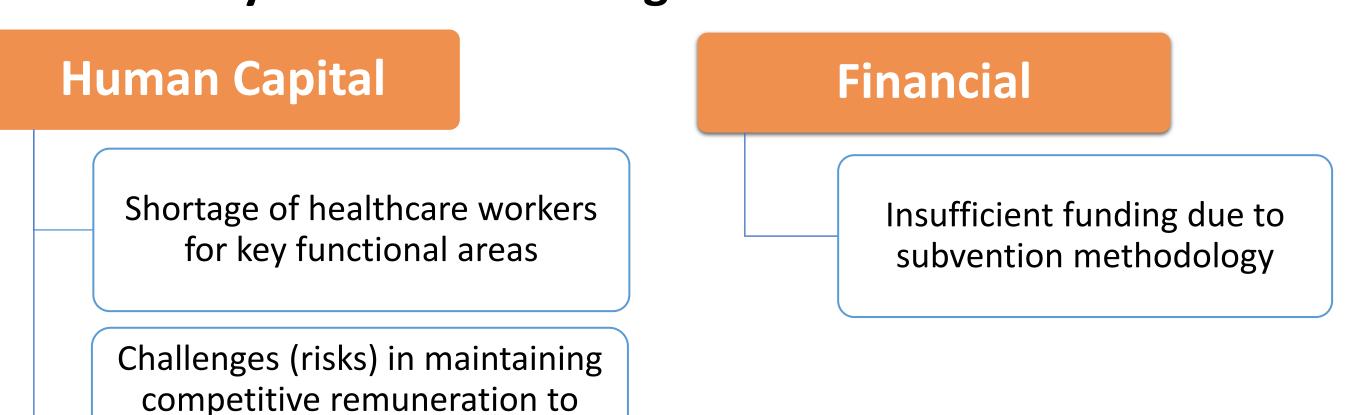
Risk Domain	Key Risks	No. of Institutions Identified the Risks
Human Capital	Shortage of healthcare workers for key functional areas	10
	Challenges (risks) in maintaining competitive remuneration to attract and retain high quality employees	9
	 Challenges (risks) in managing employee expectations for work/life balance 	5
	 Challenges (risks) in managing an increasingly diverse workforce (e.g. balancing the needs of baby boomers, generation X, Y & Z; foreign vs. local employees] 	3
Financial	Insufficient funding due to subvention methodology	8
	Constraints on fee revisions	8
	 Loss of private margins from declining private patient load squeezed by subsidised patient growth and new compensation models de-emphasising private patients 	8
Clinical	 Non-compliance with good Hand Hygiene practice (e.g. WHO 5 Moments) leading to inability to control spread of infectious pathogens among patients and staff 	4
	 Adverse medication events associated with allergies and drug-drug interaction 	3
	 Non-compliance with use of two patient identifiers to verify patient identity 	3
	Serious injuries resulting from patient falls	3
IT	 Unplanned disruption to business operations due to non- availability of IT systems and services 	4
	 Exposure to cyber security risks due to inappropriate use of corporate email, internet access, user IDs (e.g. unauthorized uploading/ downloading of corporate data, etc.); vulnerabilities in mobile applications and use of insecure personal devices (e.g. jail-broken device) 	3
	porocritic districts (c.g. jam is citati district)	

CONCLUSION

Common Key Risk Areas among Institutions

attract and retain high quality

employees



Most institutions had affirmed the top 10 risk areas from the survey results presented. Some institutions had identified their institution specific risks in addition to the top risk areas for addressing. Institution will carry out detailed analysis to assess adequacy of current mitigation measures and identify additional mitigation plans to manage the key risks.

SingHealth Cluster Risk Survey 2015 had provided prioritization of top risks for leadership to address the issues.

Feedback received on the 2015 risk survey tool would be taken into consideration for the design and development of Cluster Risk Survey 2018.