

# The Establishment of an ERM Program in KKH – Sharing Lesson Learnt

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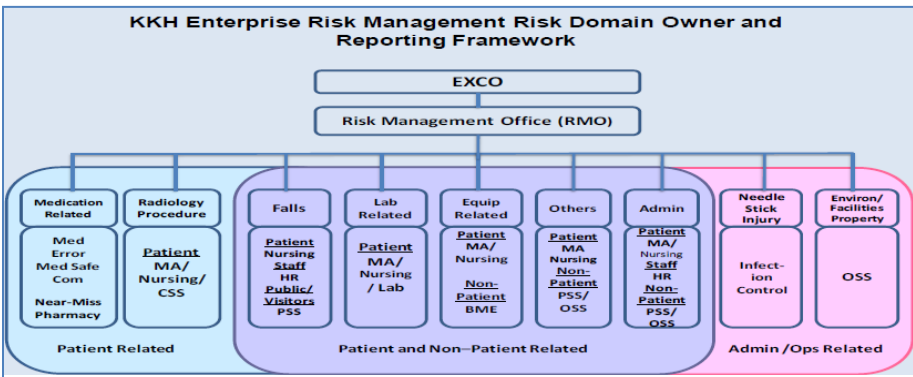
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**Background**  
 Healthcare environment has changed with increased complexity thus having a logical framework for identifying the potential risks that impact patient safety, evaluating risk exposures and responding to risk that affect the entity is thus essential. ERM framework has internal process of coordinated risk management with greater emphasis on cooperation with divisions and departments to manage risks as a whole. As KKH aspired to be The Healthcare Leader for Women and Children, there is a need for the adoption of a resonance business model to align strategy, processes, people, technology, and knowledge to manage uncertainties.

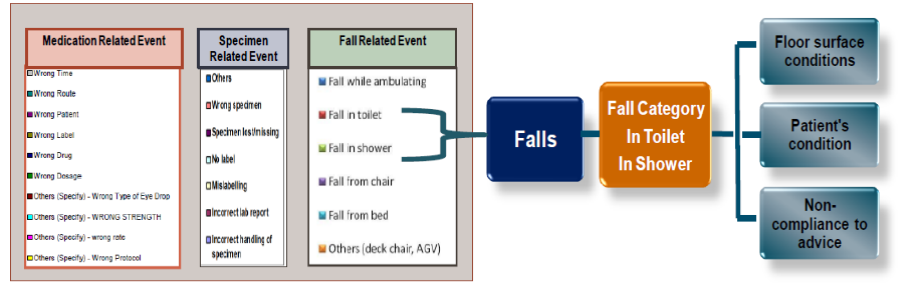
**Aim**  
 KKH implemented Enterprise Risk Management (ERM) in September, 2011 and the objective is to ensure the sustainability and enable KKH to create and capture the core business value.

**Methodology**  
 On the ERM implementation, the target timeframe for KKH to reach risk maturity of optimization level is 2 years and aiming at maximizing value creation in another 1 year period. The following elements were mapped to enforce a risk management plan and to ensure the program move on track:

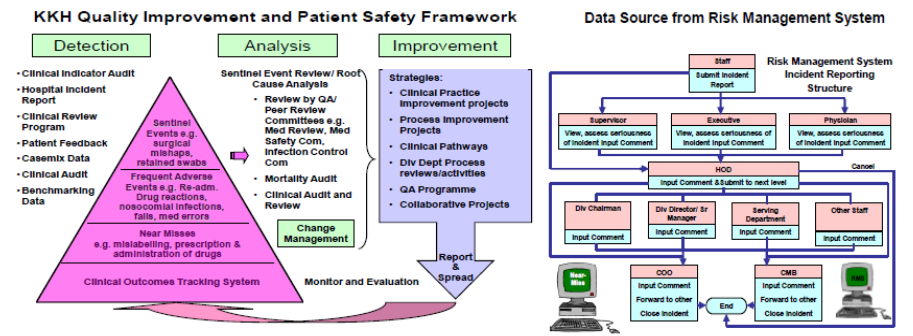
- Having senior leaderships setting clear objectives for delivery of expected outcomes in alignment with organization strategic map.
- Communication and information sharing in each implementation stage to update the progress.
- Provide ERM training to 5% of exempted staff to lead the Key Risk Mitigation (KRM) Work plan
- Formulated risk reporting framework to enable reporting of risk management functions and controls (as shown below).



• Stratification and identification of risk categories enable the management measures to be more directed and have tailor preventive or risk control measures.

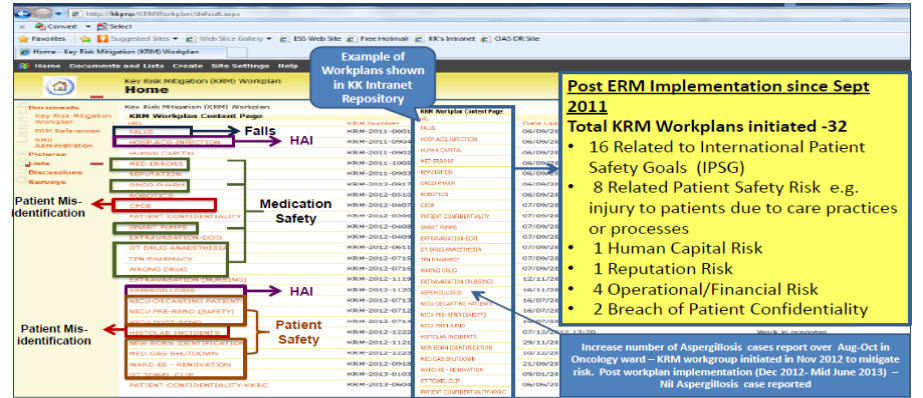


- Risk Management Office provides oversight to risk mitigation review with the following efforts made:
  - Data collected individually are drawn and analysed centrally by Risk Management Office
  - Data collected are also reviewed and analysed to support decision for risk mitigation /treatment, and it is incorporated as part of ERM scope. (refer to below chart).

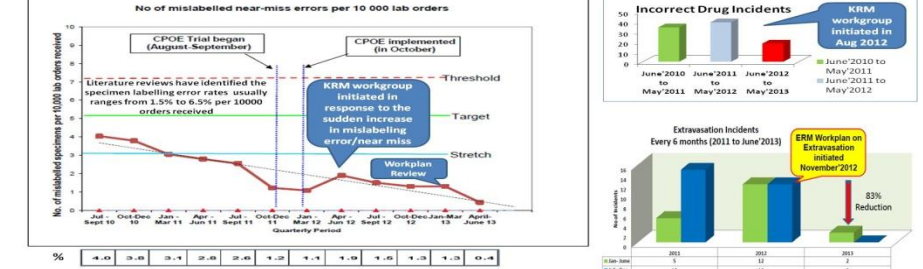
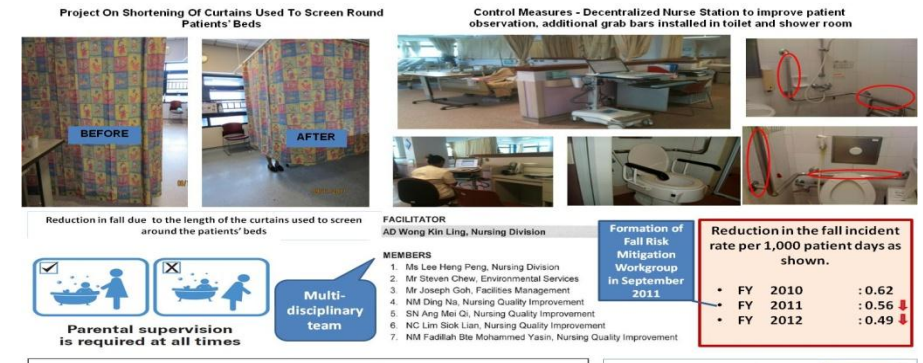


- Workgroup to be initiated by business unit to assess, and manage specific risk identified to reduce potential negative impact that associated with adverse events or business disruptions..
- Establishing ownership with the involvement of the functional departments and business unit partners, experts as well as process owner to promote buy-in for change.
- Have regular information sharing at EXCO to establishment support of senior leaders to effect change.
- Determine Risk Tolerance and Control based on the cost/benefit analysis and availability of resources.

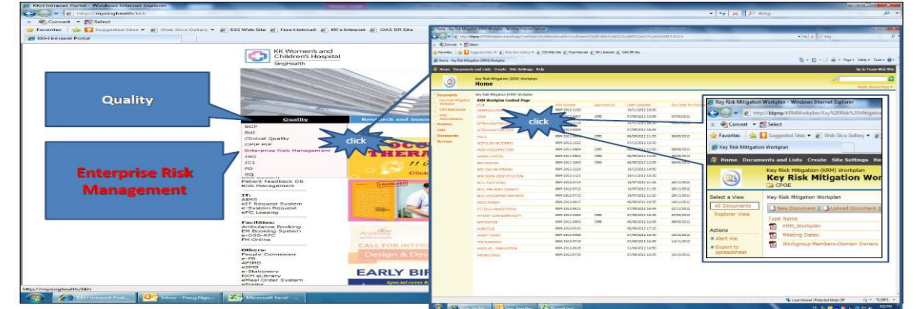
**Results**  
 • About 200 exempt staff (14%) had gone through workshop and classroom facilitation on ERM concept and the use of structured tools to mitigate risk.  
 • Multidisciplinary staff participations and collaboration in KRM Work Plans had amplified the success in gaining cooperation effort among divisions and departments.  
 • After 20 months of post implementation there are total of 32 KRM Work Plans initiated with 18 completed. The result far exceeded cluster target of 2 per/year (shown on next chart), and 95% reaped positive outcomes. There were also more departmental initiated risk mitigation work plans.



The ERM program has reaped significant positive impact and improvement, which translate to safer patient care and service improvement, and it has cascade into meaningful and value-added work.



- Inpatient fall rate - FY 2010 from 0.62 per 1,000 patient days to 0.49
- Extravasation rate **decreased by 83%** (6mth comparison)
- Reduction of mislabelled near-miss errors – from 1.9% to 0.4%
- KRM on incorrect drug incidents rate decreased by 54% in 2012 comparing with 2011.
- KKH has successfully mitigated a potential catastrophic risk event – Medical Gas and Vacuum shutdown on the entire floor which housed the critical areas/units.
- The uninhibited sharing of work plans and benefits in departmental/division meetings/ Medical Board, EXCO and CEO-CMB Forum appeared to be the most important single attribute to effective ERM implementation.
- The creation ERM Work Plans Repository in KKH intranet provides knowledge sharing to all staff who has network access and work plans can be downloaded for reference, with domain owners reflected to facilitate network connection for consultation.



**Conclusions**  
 ERM has allowed KKH to take a more "proactive" approach to achieve significant improvement of operational metrics; such as improve patient safety and having a more robust risk mitigation approach to avoid potential risk events. The senior leaders have broadened their focus toward enterprise risk considerations applied in the daily management and operation process to grow and sustain core business function and value. KKH now has a clearer risk mitigation and domain framework that enables risk managers to make more effective and timely decisions based on improved information and an enterprise-wide understanding of the impact. The success in establishing risk management's role to overall risk mitigation initiatives, risk awareness and safety culture is evident by the commitment shown by the levels of staff. There is also the translation of written plans into functional risk management processes with close collaboration of multidisciplinary team effort. ERM in KKH is evolving as it continues to adapt to the changes in healthcare.