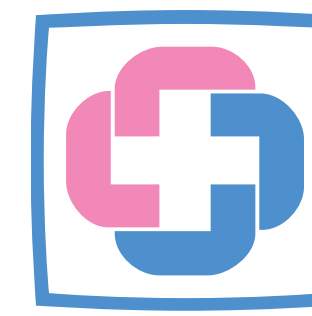


KKH Enterprise Risk Management Journey: Breaking Down The Silos

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Background

The Enterprise Risk Management (ERM) concept embodies the notion that has risk management cut across the entire organisation; its framework has internal process of coordinated risk management that places a greater emphasis on cooperation among institutions, divisions and departments to manage a wider range of risks as a whole. ERM facilitates key risks and mitigation reviews, plus develop ERM work plans that further bring alignment to Quality and Patient Safety Standards. Undeniably delivery of safe, effective, patient-centered, efficient care in a prevailing health care setting requires successful strategic integration of the various departments, programs, procedures of the particular aspect of our system.

Aim

To break compartmental silos, increase staff ownership and cross-departmental collaboration in effecting ERM to accomplish hospital vision, mission and core values.

Methodology

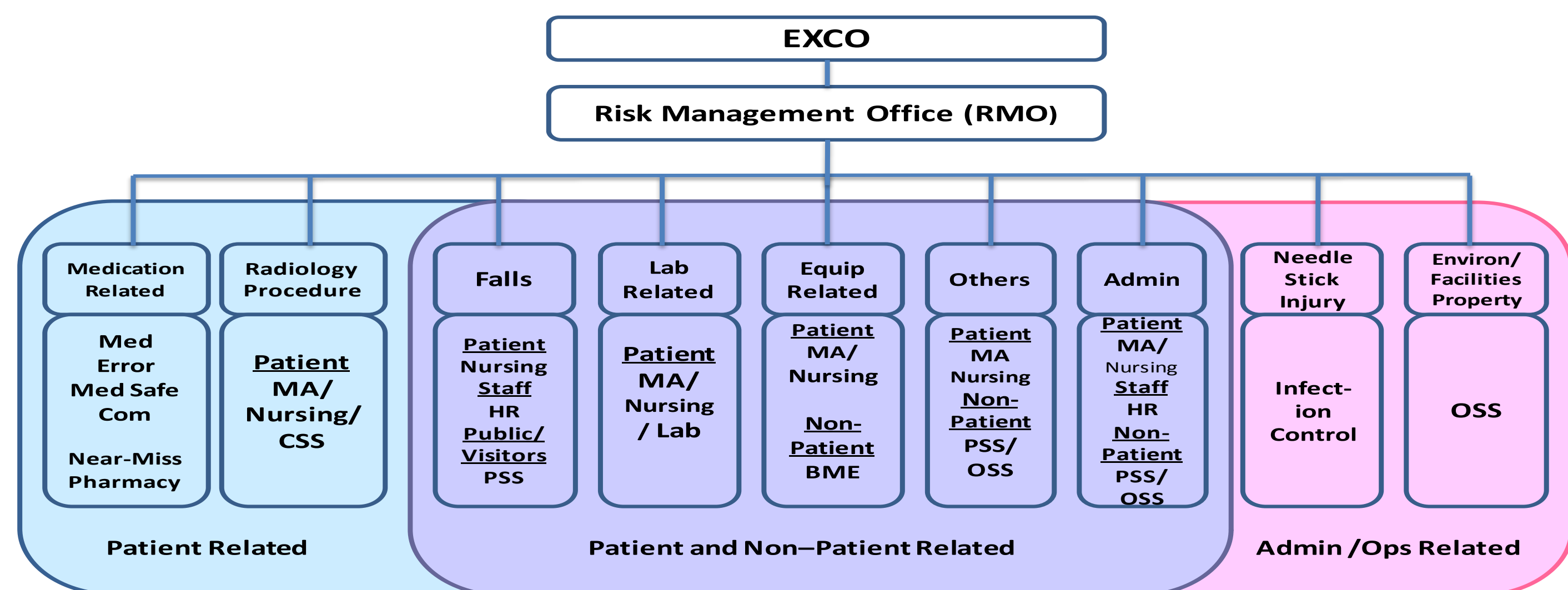
KKH adapted COSO integrated framework to respond to risk management. The two main drivers to effect the implementation are leadership direction in setting clear objectives for the delivery of expected outcomes; and alignment with organisation strategic goals. The establishment of ERM policy and procedures and the alignment of risk mitigation strategy with hospital's Strategic Score Card (BSC) indicators was mapped. As healthcare system and function are complex, therefore having an integrated platform to work in a collaboratively manner would help in fostering multidisciplinary solutions to maximise the efficiency especially in multifaceted risk issues. In addition, the hospital has mandated the need for all divisions and departments to have indicators that promote cross-department participation in quality and risk mitigation projects (see figure 1).

Figure 1 – KKH Balance Scorecard

S/N	Perspective	KKH Strategic Objective	Scorecard Indicator (FY2015)	Weightage (%)
1	Outcomes	Clinical Outcomes & Patient Experience	Corporate Scorecard Alignment of Department to Corporate	
3				
4		Team Loyalty & Engagement	No. of completed PIP/CPIP/EPIC projects that involves 2 or more departments (including volunteers)	No. of completed cross departmental Quality Projects /FMEA participated by QSRM staff
5		Learning Outcomes & Experience		
7	Process	Sustainable Healthcare & Better Health		
8		Patient Safety & Relationship	No. of risks identified and mitigated for 6 International Patient Safety Goals (IPSGs)	No. of KRM projects related to 6 IPSG completed
9				

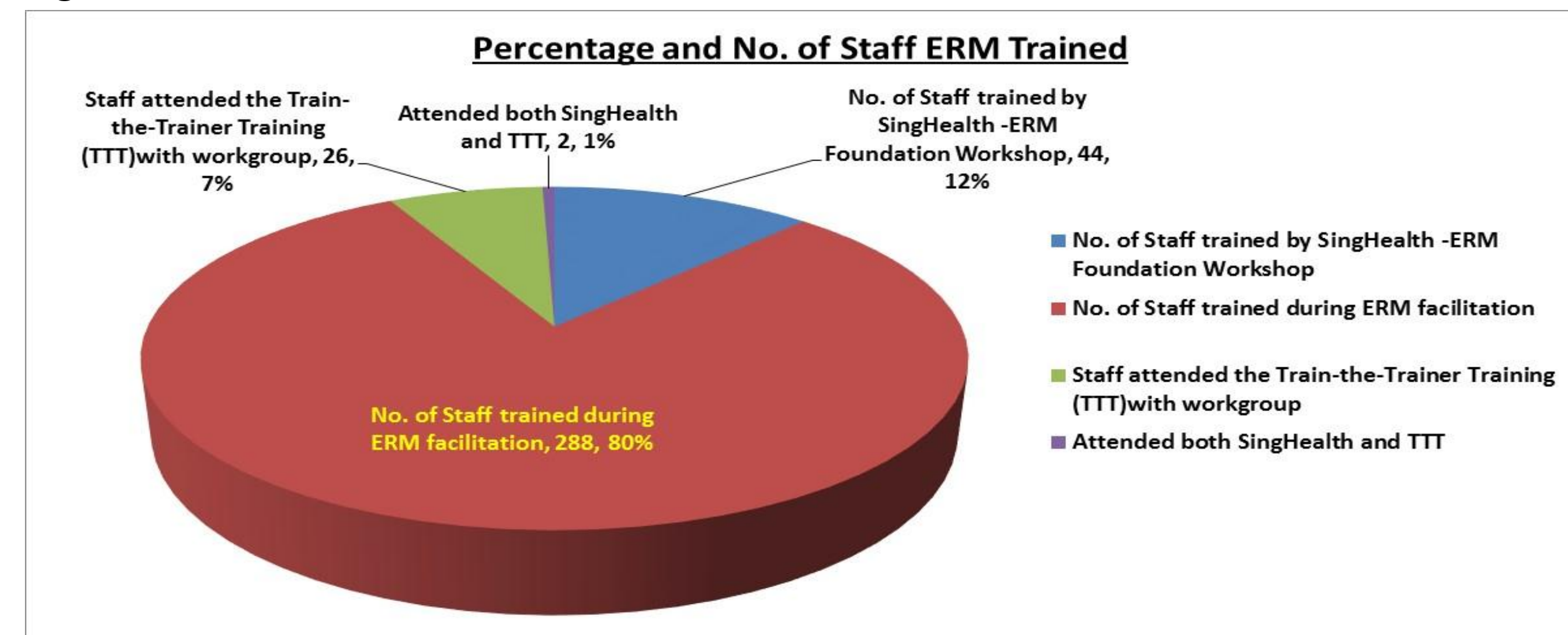
The ERM implementation involves all of the functional departments hence it demands the effort and cooperation of technical and business unit partners, process owners as well as the frontline or backroom staff to materialise this effort. The designation of owners in each risk domain to support risk mitigation activities (see figure 2) and reporting framework was formulated. Every discipline would require specific risk domain owner with performance capability to take responsibility for its completion and follow-up from the work team. Domain owners are assigned to action items related to risk responses as well as milestones and timelines for completion.

Figure 2 KKH Enterprise Risk Management Risk Domain Owner and Reporting Framework



KKH has leveraged on several training platforms to equip the staff with risk management and mitigation skills to conduct their projects. During the training, specific emphasis is made for fostering collaboration through cross functional and multidisciplinary team participation so as to focus on organization-wide solutions and support (see figure 3).

Figure 3



Result

ERM was implemented in September 2011 and within three and a half year period, KKH has initiated a total of 78 ERM risk mitigation work plans (see figure 4) with 55 completed and 23 work in-progress. There were multiple stakeholder ownerships to the ERM risk mitigation work plans (see figure 5) and 100% participation from all the divisions. Such collaboration has essentially improved staff decision in directing their work towards a common goal. Apart from the collaboration, our staffs were able to remove departmental silos where risk was dealt by individuals or unit. With cross-departmental collaboration, the teams were able to source or select system-wide risk management solution and strategy to effect their risk mitigation work plan.

Figure 4

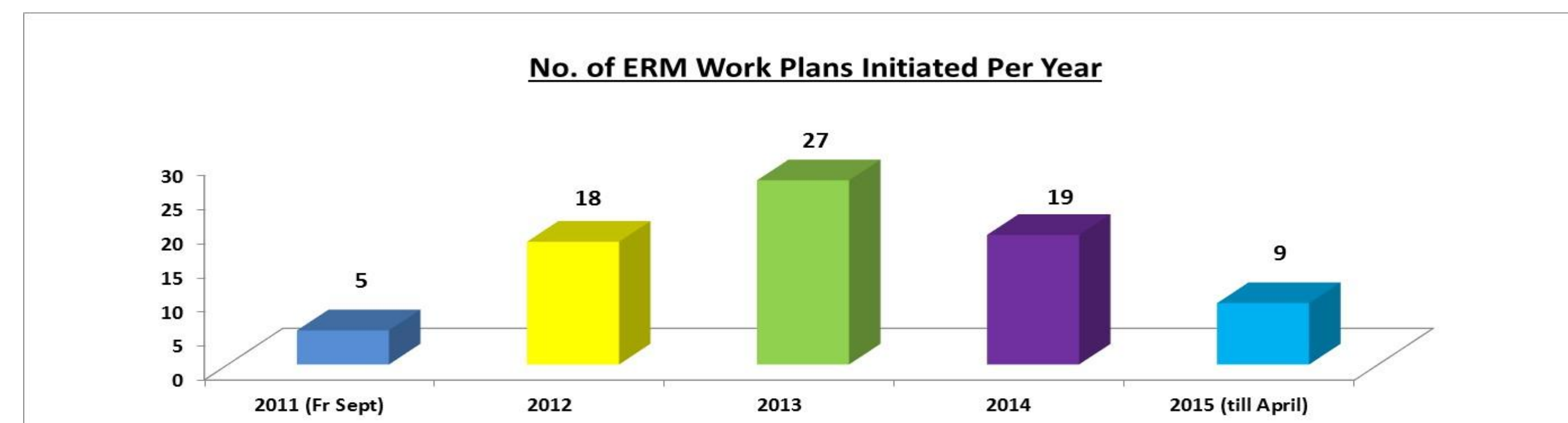


Figure 5

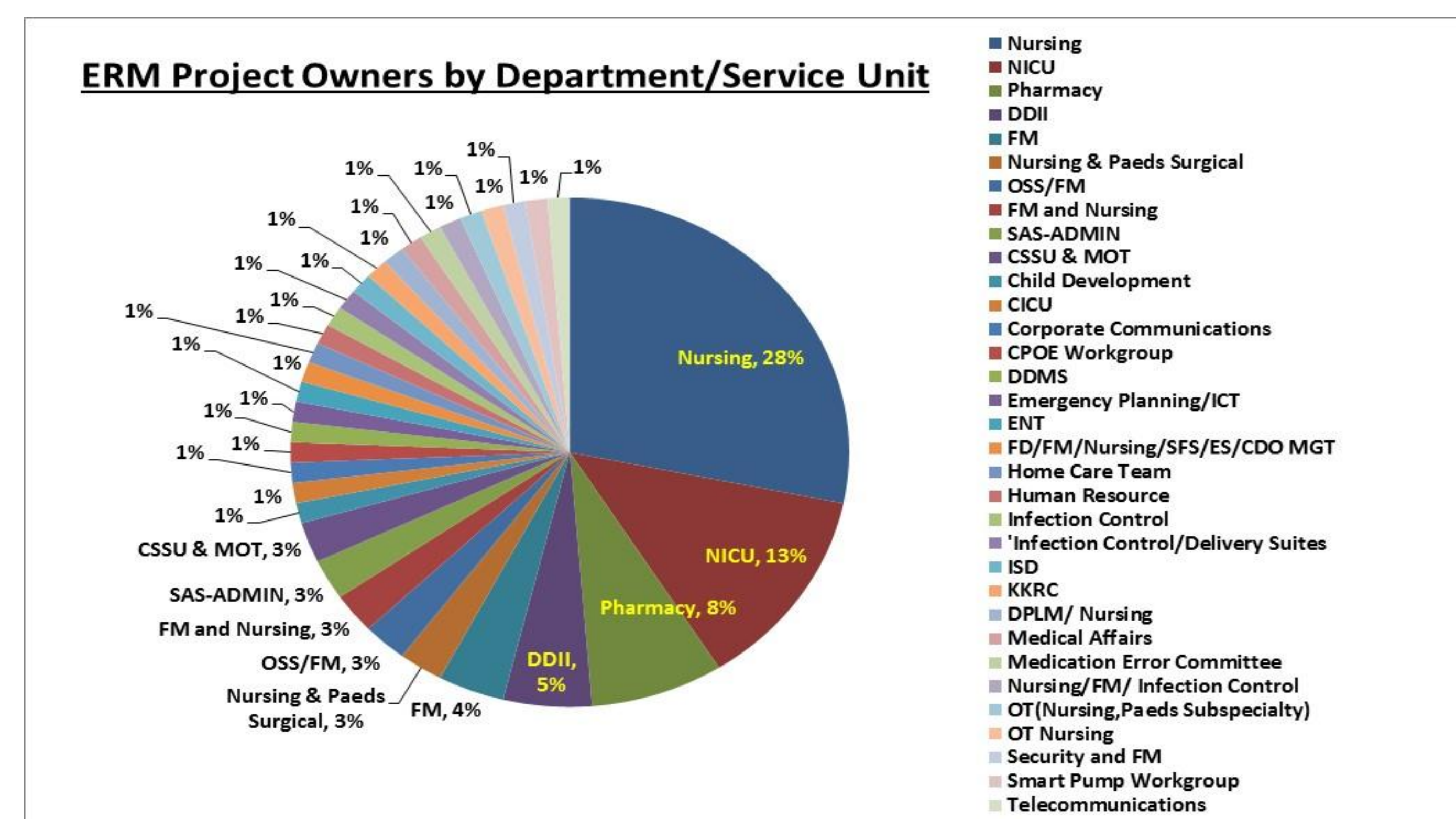


Figure 6 showed the percentage of participation from multiple categories of staff. Nursing is about 40% of total hospital staff and their participation in ERM has reflected an equal representation itself. Out of the 78 ERM Work Plans, 30% of the projects were with co-owners and figure 7 showed the multidisciplinary and cross-departmental participation. This has demonstrated the close cooperative effort made to co-manage and mitigate risks that were identified.

Figure 6

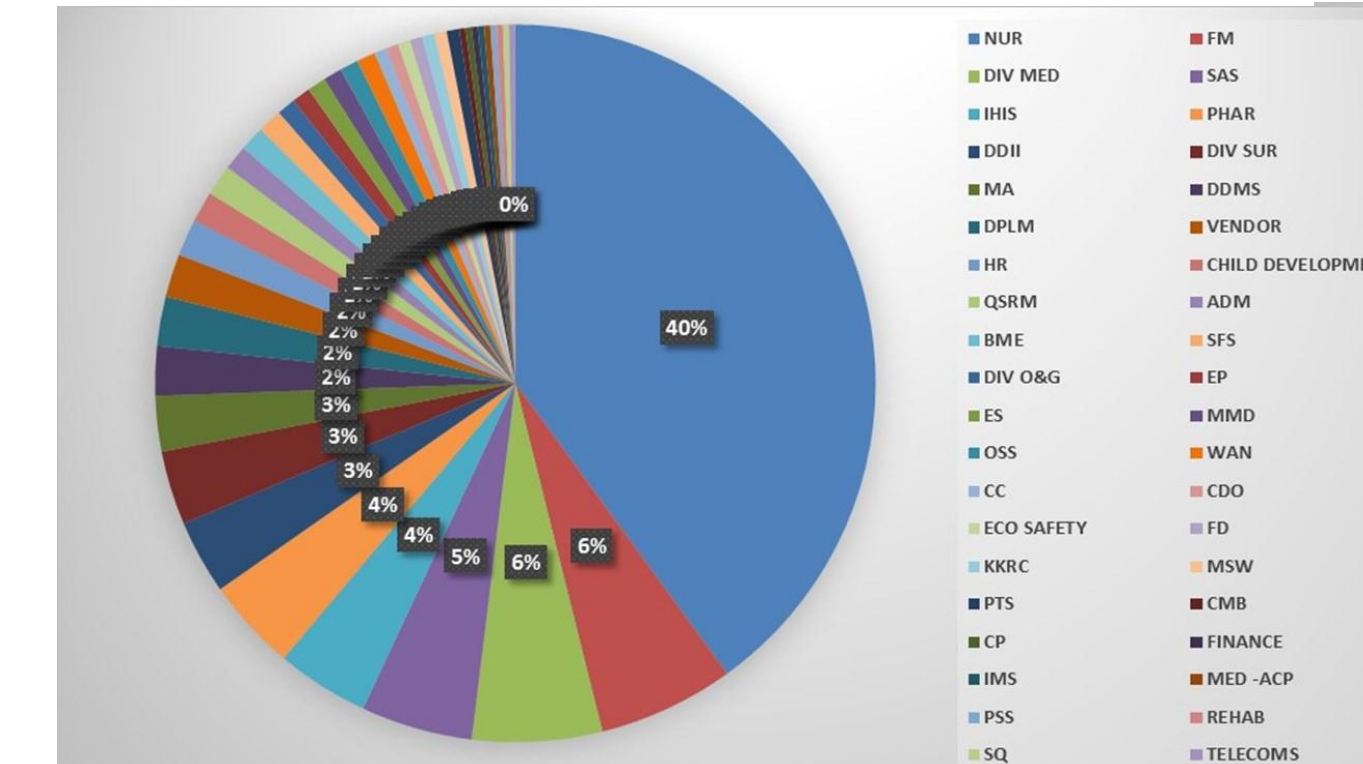
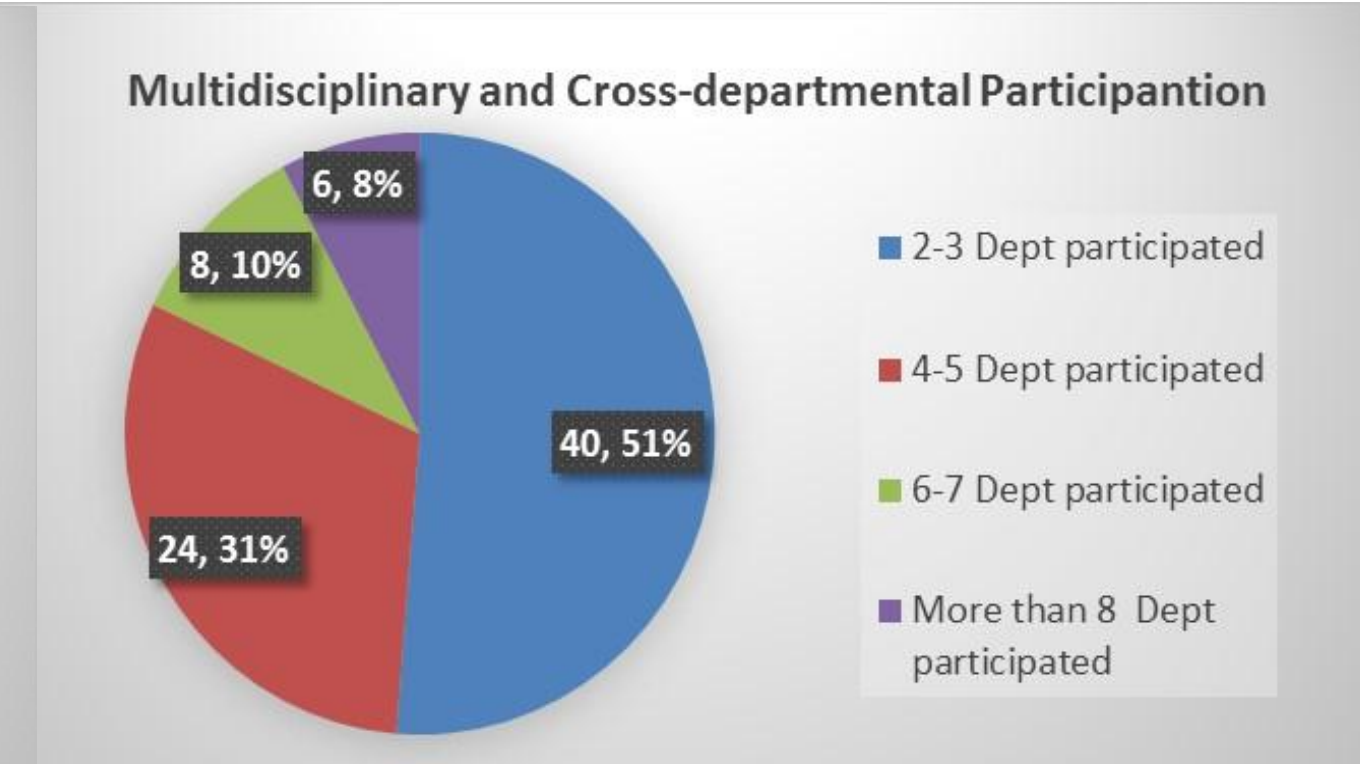


Figure 7



Conclusion

ERM in KKH is evolving as it continues to adapt to the changes in healthcare. Medical care in the present day is very dependent on the interactions between many different individuals and parts of the healthcare system, which made cohesion and collaboration critical to enhance the quality and safety of care. The success in establishing risk management framework and the overall role of risk mitigation initiatives, risk awareness and safety culture is evidently shown by the commitment of the different levels of staff in KKH. Besides, there is translation of the written work plans into functional risk management processes and close collaboration of multidisciplinary team in managing risks as a whole. As KKH aspires to be "The Healthcare Leader for Women and Children", the adoption of a risk management model with multi-level staff involvement and aligned with the strategy, processes, people, technology, and knowledge is very essential to delivering the best patient care possible.