

Overview of Risk Management in the HSE

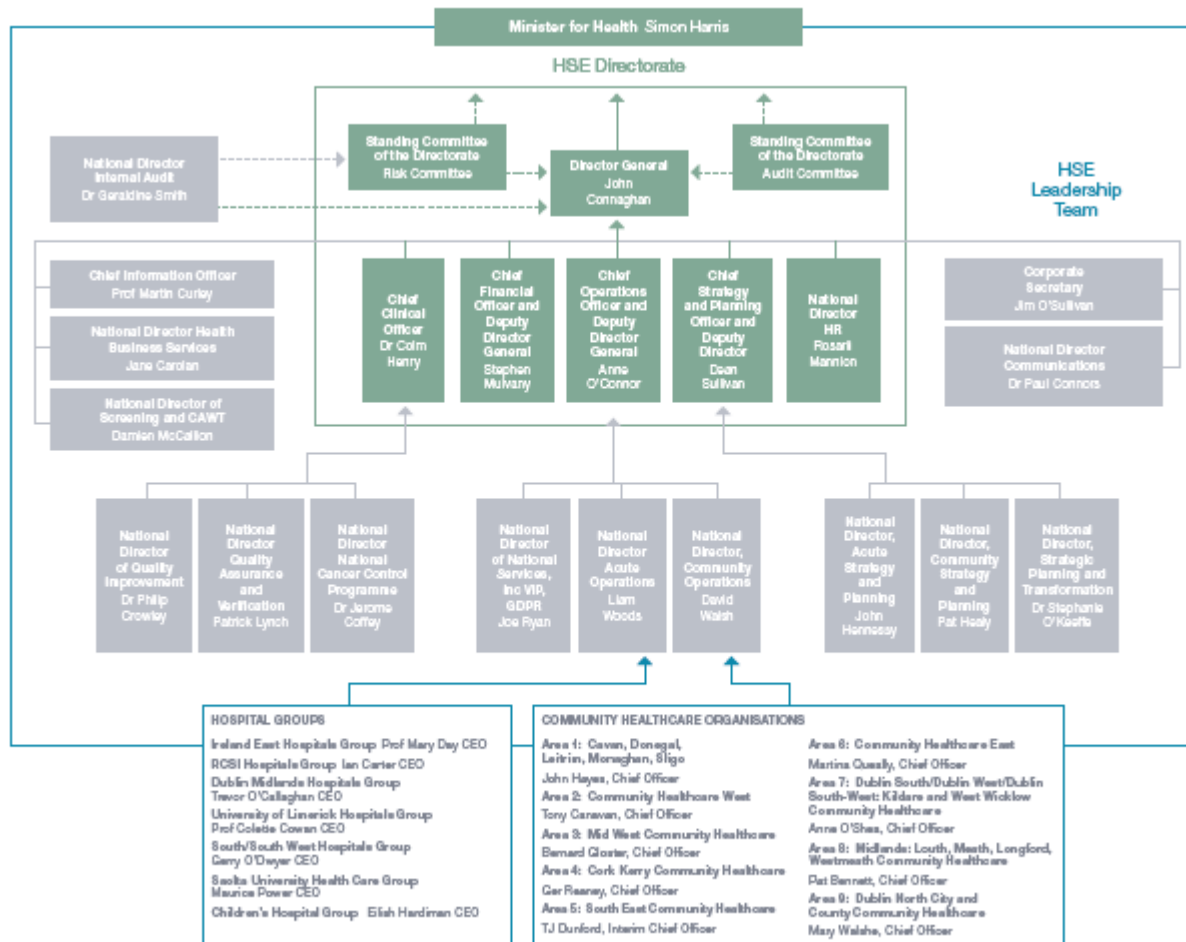
Cornelia Stuart

Assistant National Director

Quality Assurance and Verification Division



HSE Structure



Scale of Operations



€5.9bn
gross expenditure on acute hospital services



110,795
whole time equivalents (WTEs) employed



€3.8bn
gross expenditure on primary care services including PCRS



399
increase in medical/dental staff since 2016



€3.1bn
gross expenditure on social care services



942
increase in nursing staff since 2016

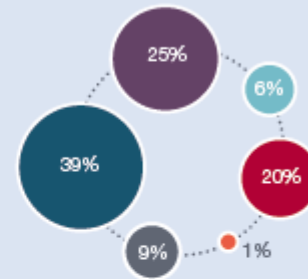


€0.8bn
gross expenditure on mental health services



4.4%
annual absence rate

Breakdown of Expenditure 2017

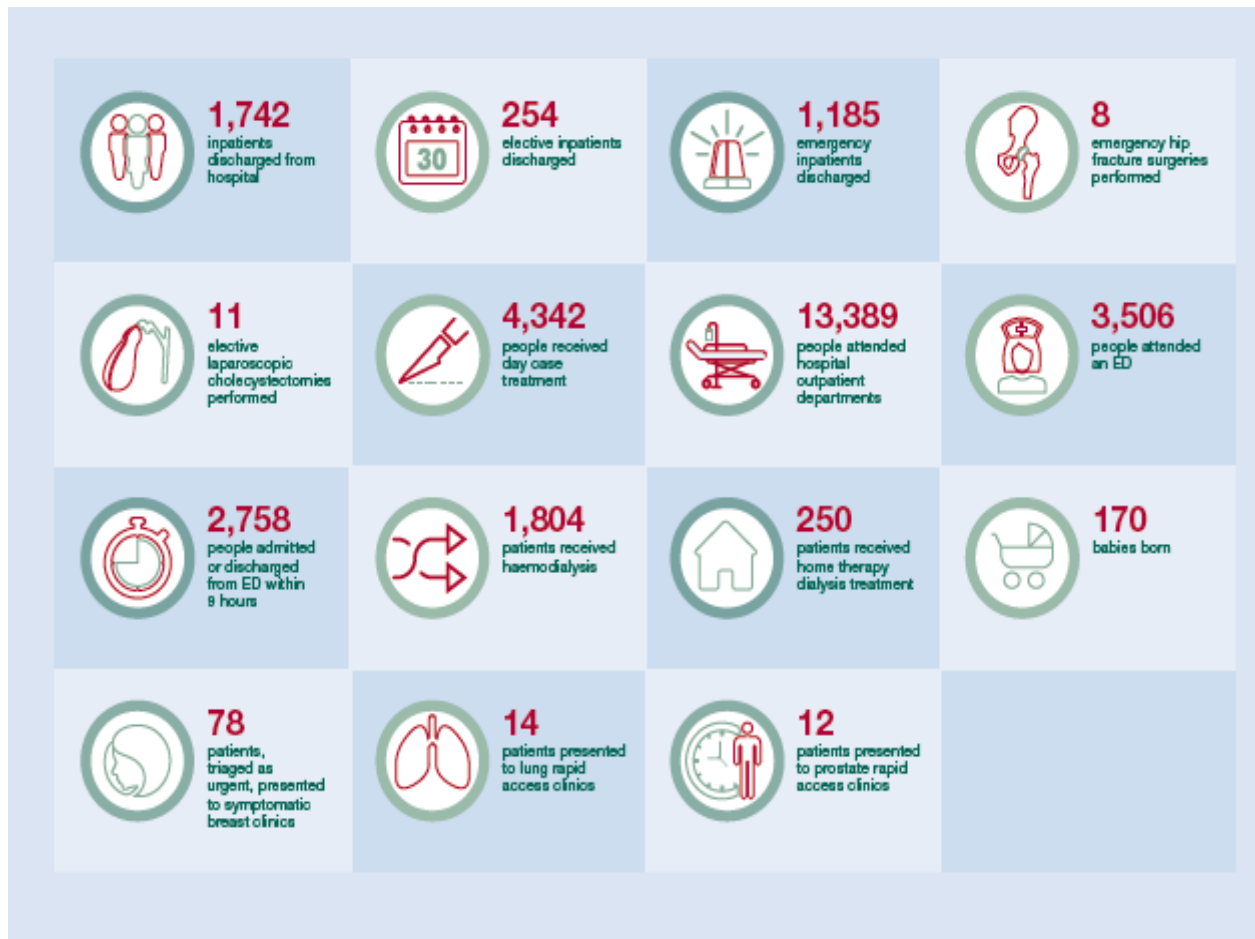


- Acute Hospitals
- Primary Care
- Mental Health
- Social Care
- Health and Wellbeing
- Corporate Support Services

Staff Distribution December 2017



On a typical weekday....



Delivery System

9 Community Health Organisations



7 Hospital Groups

- South/South West Hospitals Group
- FCSI Hospitals Group
- Ireland East Hospitals Group
- Dublin Midlands Hospitals Group
- Children's Hospital Group
- Saolta University Health Care Group
- UL Hospitals Group



NATIONAL
AMBULANCE
SERVICE



National Cancer
Control Programme

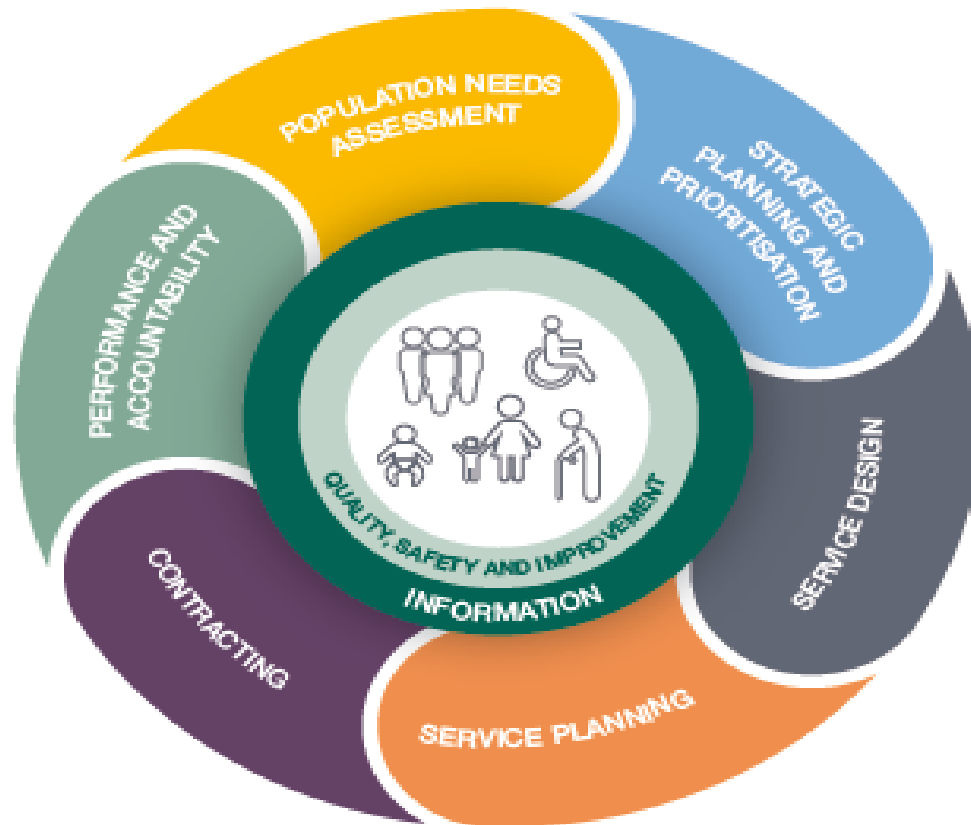


An tSeirbhís Náisiúnta Scagthástála
National Screening Service



Féilínneamhacht na Seirbhíse Sláimne
Health Service Executive

Way of Working



However ... Healthcare is a high risk industry

Adverse events in 211/1574 admissions to acute hospitals

- 15% had more than one event

247 adverse events

- >70% preventable
- ↑ risk with ↑age (61.8 vs 55.4yrs)
- female=male
- median los 7 vs 4 days
- 50% system-related

Of the 247 adverse events identified

- 67% resulted in no harm or mild to moderate harm
- 10% resulted in permanent harm
- 7% potentially contributed to death

This is not a problem unique to Ireland as results of the Irish study are in line with similar studies conducted in other developed countries.



Estimating the economic impact

(applying the findings to Irish public hospital activity in 2009)

- 41,000 admissions in 2009 associated with AEs
- Each adverse event
 - mean 6.1 additional bed days
 - €5550 per event (€909 per day)
- Estimated annual cost €194 million in 2009
- Underestimate
 - adult inpatients only, most obstetric and psychiatric not included
 - additional bed days only (not step-up care/surgery, clinic visits)
 - societal costs and litigation not included



Why is Healthcare a high risk industry?

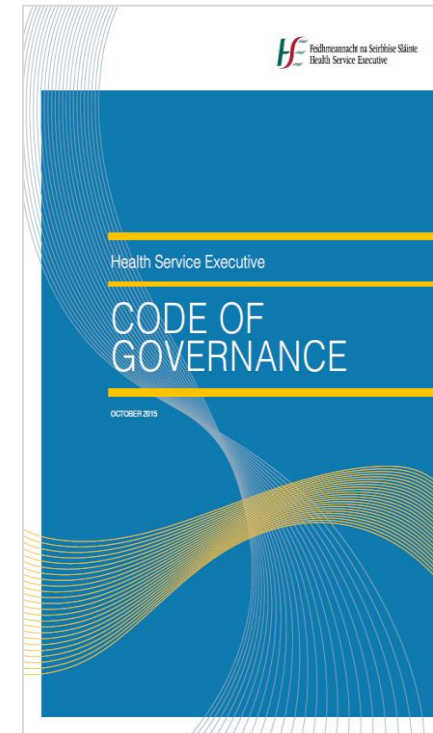
Healthcare by its nature is a high risk industry due to the

- vulnerability of patients,
- complexity of the care system
- range and complexity of care provided,
- uncertainty of the response of patients to many treatments and
- dependence on humans to deliver services.



Arrangements for Risk Management

- Recognises the importance of risk management,
- Requires each Division to describe accountability arrangements for managing risk at all levels within the Directorate.
- Each service/function is obliged to identify, assess and manage risk relevant to their area.
- The risk register is the principal tool to enable communication of this risk information.



Risk Management Policy

HSE Integrated Risk Management Policy in place since 2007

Revised in:

2011 to align it to the ISO 31000:2009
and again in

2017 to simplify the process and provide more
guidance.



Supporting implementation of the 2017 Policy

- Development of supporting guidance
 - Managing risk in everyday practice
 - Risk Assessment and Treatment
 - Managing and Monitoring Risk Registers
- Emphasis on a shift from reactive management of incidents to proactive management of risk
- Training to build capacity and capability amongst
 - Managers at all levels
 - Quality Patient Safety Advisors
 - All staff
- Development of risk register software for use in services



Current Position

Work in progress to consider the impact of the;

- recent changes to the organisational structure on the accountability arrangements for risk
- re-establishment of the Board and appointment of a new CEO
- recommendation on risk in the Scally report



Personal reflections

On the positive side

- Good policy, training and resources available to support practice.
- Growing awareness of the need to focus on risk management in a more active way
- Significant changes to the way the HSE manages and reviews incidents
- Service planning and resource allocation is taking a more risk based approach

However ...

- Positioning RM within QPS not optimal
- Need for greater alignment to the performance framework
- Absence of a Board since 2011 has impacted on the embedding of RM as a core element of corporate governance.
- RM is often seen as a compliance requirement rather than as adding value and central to decision making.
- Need for a greater focus on key strategic population based risks

Personal reflections

