UNIVERSITY OF GHANA

EXAMINATION OF CLINICAL RISK MANAGEMENT AT UNIVERSITY OF GHANA HOSPITAL, LEGON.

BY

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THIS LONG ESSAY IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF MASTERS OF BUSINESS ADMINISTRATION IN HEALTH SERVICES MANAGEMENT

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DECLARATION

I do hereby declare that this project work was carried out independently by me. I take full responsibility for whatever has been reported here. Related work by others, which served as a source of information has been duly acknowledged by reference to the authors.

…… **……**

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CERTIFICATION

I hereby certify that this long essay was supervised in accordance with guidelines on supervision laid down by University of Ghana.

…….. ……

DR. PATIENCE ASEWEH ABOR **DATE**

(SUPERVISOR)

DEDICATION

I wish to dedicate this work to my grandmother, Madam Afua Badu and my lovely mother, Mrs. Betty Bonsu for their prayers, understanding, sacrifices and support.

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LIST OF ACRONYMS

CRM	Clinical Risk Management
ICPS	International Classification for Patients Safety
ISO	International Organization for Standardization
RM	Risk Management
NHS	National Health Service
UG	University of Ghana
UK	United Kingdom
USA	United State of America

ABSTRACT

Clinical risk management is a specific form of risk management concentrating on clinical process that is directly and indirectly linked to the patient. The main objective of the study was to examine clinical risk management practices in University of Ghana Hospital. Specific objectives were to investigate the clinical risk management practices in University of Ghana Hospital, identify policies that are available for clinical risk management practices and the challenges in the implementation of clinical risk management practices at the hospital. The study used questionnaire as its main research instrument to obtain data from sampled 74 health professionals who included 10 Doctors, 45 nurse/midwives, 5 pharmacists, 5 laboratory technologists and 9 other health professionals from 298 medical staff at the University of Ghana Hospital. The quantitative data was analysed using the Statistical Package for Social Sciences (SPSS). The study revealed that University of Ghana Hospital has quality improvement committees, teams and offices for implementing its clinical risk management practices. It has a safety plan to ensure effective implementation of clinical risk management practices. The study then revealed that university of Ghana hospital has risk management policies, clearly defined risks evaluation systems and has established clinical risk management framework. It also revealed that the hospital takes too long to implement clinical risk management practices, fail to monitor and communicate its risk effectively. The study therefore recommends that management of the University of Ghana Hospital should employ skilled risks management Personnel in required department for monitoring and reporting risk. There should also be effective communication of clinical risk to avoid repetition of those risks.

CHAPTER ONE

INTRODUCTION

1.1 Background of study

A serious regular worry in high-risk organizations like hospitals is dealing with the unexpected (Weick et al, 2011). Current medicine has contributed to raise the dimension of intricacy in hospitals because of the progressively complex cure and method of care. This has resulted in a scope of chances for enhancement of care, yet it has increased the chance of adverse events and damage of patients. Dangers related to patient care cannot be totally removed, along these lines; CRM plays a pivotal role in empowering health facilities to improve upon the safety of patients (WHO, 2006)

Risk management mainly includes dangers associated with legal, political as well as business environs (Briner et al, 2010)). It is important in healthcare because human lives might be on the line. Researches usually place an emphasis on the activities of individual doctors and hardly examine the background to these events. CRM is a crucial method to safeguard health organization (Sendlhofer et al, 2015). CRM offers the basis for integrating the numerous projects, systems and practices made known into care in the health sector with the objective of enhancing the protection of patients. CRM framework may aid tactical decisions on the health facility level in addition to implementation techniques for CRM practices. Clinical Risk Management supports staff at health facilities in sustaining and improving patient protection through identifying, enabling and mitigating risks to systematically enhance the safety of patients (Vincent, 2006). CRM is a particular type of RM concentrating on medical procedures that is linked to patients directly or indirectly. We explain CRM as all structures, approaches, instrument and activities that empower workers at health facilities to become aware of, analyze, contain and oversee dangers whereas giving medical treatment and care of patients

(Middendorf, 2005 & Vincent, 2006). Because of this, parts of the general governance of health facilities or policy problems were not painstaking in building up an observing instrument, in spite of the fact that they do impact the safety of patients. Like the concept of "safety management systems" (Hale et al, 1998: Waring, 1996 & Wilpert, 2004), orderly CRM coordinates both active and responsive methodologies and frames the health facilities as a system rather than emphasizing on people and their possibility for making mistakes (Baker, 2001, Misson, 2001 & Reason, 2000). An obvious precedent is incidence reporting. On the country wide and worldwide dimension, several safety of patients and care tasks had been launched. Evidence exists on the implementation of final measurement associated with safety of patients. To create and actualize interventions on CRM effectively and monitor the advancement after some time, health facilities require efficient information on their strength as well as weakness (Leape et al, 2005) As health facilities are not centralized and divided with reference to organizational strategies, structures, and lifestyle (Donaldson et al, 2000), the instrument separates among many services within a health facility. Thus, an instrument gives clear perspective of CRM in both the health facility entirely and services inside the facility. In the nationwide dimension, makers of policies could utilize the consequences of efficient checking to set up straightforwardness, bolster change, and organize diverse CRM related projects. In this manner, numerous instruments and activities are produced autonomously and executed locally. Across the nation CRM observing could give significant information expected to successfully aid local, regional and country wide development efforts.

1.2 Statement of the problem

CRM plays a key part in facilitating health facilities to detect, cover, and manage risks related to patient safety. CRM in hospitals focuses on medical processes without delay and in a roundabout way related to the affected person. Hospitals with a systematic CRM are able to

integrate both approaches and structure the health facility as a system for patient centered health care, rather than focusing on people and the likelihood of committing mistakes. In part, health care authorities and patient safety experts strongly suggest the open disclosure of mistakes and damaging occasions to patients as a critical aspect of effective medical risk management in health (Johnstone, 2008). Best and Slavin (2002) noted that when CRM is efficiently practiced in hospitals, patient health will benefit and greatly improve.

Despite the benefits of CRM, Boateng and Arthur (2014) observes that the level of implementation of CRM in Ghanaian hospitals leaves much to be desired. Generally, the healthcare delivery system in the country faces numerous challenges (Peters et al, 2008). However, at the point where those who can afford to, neglects public healthcare provision to focus on private health care and in some cases, seek international help in times of crises, there is a clear indication of a sub-standard health care practice. As it pertains to patients, it can be argued from findings by Marchal et al (2010) that, CRM in Ghanaian hospitals is poor and heavily challenged.

The challenge of CRM in Ghana is not unique. Briner et al (2010) notes that despite the existence of a range of packages, initiatives, and tools that may be regarded as element of CRM, there may be a lack of information regarding their implementation in hospitals. Lagomarsino et al (2012) mentioned that high morbidity rates, complications, and medical mistakes and so on are prevalent in health care institutions especially in developing countries.

Given that each organization faces unique challenges in their environment, there is not a solution that fits all in clinical risk management. However, what can be argued for, is the importance of CRM in improving service provision and patient centered healthcare. For this reason, challenges of CRM must be addressed significantly. To do this will require a proper assessment of CRM practices in hospitals, the related policies and the challenges in

implementation of adopted CRM challenges. This study will consider the CRM situation in the Legon Hospital in Ghana.

1.3 Research Objectives

To examine clinical risk management in Legon Hospital is the main objective of this study.

The following are specific objectives that have been drawn from the main objective.

- To investigate clinical risk management practices.
- To identify policies available for clinical risk management.
- To identify challenges with the implementation of CRM policies.

1.4 Research Questions

Specific questions that need to be addressed include the following:

- What are clinical risk management practices?
- What policies are available for clinical risk management?
- What are the challenges in the implementation of Clinical Risk Management policies?

1.5 Significant of the study

This work will be of great benefit to all stakeholders in the health sector. Findings from this work will enable managers at all tiers of decision making in the health institution recognize the major factors of clinical risk.

Additional findings from this work will enable them to know whether the efforts they make to manage risk yield the projected results or not henceforth take proper actions.

Lastly, this will serve as reference material for other facilities to understand how well to manage clinical risk.

1.6 Operational Definitions

Clinical risk; Clinical risks are risks related to health sector.

Risk Management; This is the identification, evaluation and prioritization of dangers observed by using coordinated and inexpensive application of assets to decrease, reveal, and control the chance of unlucky events

Clinical risk management; CRM are the entire units, structure, procedures, in addition to actions which specializes in identifying, analyzing, avoiding and managing clinical risks (Briner, Manser and Kessler (2013)).

World Health Organisation; World Health Organisation is a specific agency under the United Nations which is tasked with international public health.

International Organisation for standardization; this is an international standard-setting body that comprises of representatives from several national standards organisations.

1.7 Organisation of the study

The work is presented in maximum chapters of 5. The first will cover subtopics such as study background, statement of the problem, objectives, significance as well as the overview of this study.

Chapter two will present a review on theoretical, conceptual framework and empirical evidence.The third chapter will extensively cover the kind of methodology that will be employed.

Chapter four will contain results and discussions of the work and the last chapter will present summary, conclusions and recommendations from the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section presents a theoretical overview, conceptual framework and empirical review of CRM and its related concepts. The chapter also examines CRM in Ghana.

2.2 Theoretical Background

This section presents a theoretical overview of concepts of Clinical Risk Management (CRM), CRM practices and policy guides for CRM. It also discusses the theories on implementation of CRM.

2.2.1 Risk Management theory

Aita et al (2017) discusses that the idea of managing hazard, frequently employed in the automobile companies since the 1960s, was first applied to clinical laboratories and clinical procedures. International Organisation for Standardization (ISO) (2012) explains that the idea of hazard was made specific and focused on patients in the 2012 revision of worldwide standard for medical laboratories. This study revision notes that "risk management" is not applied now in corrective actions but in preventive actions and continual improvement. That is, it stems from a proactive method and is focused on approaches rather than events. Eventually, it promotes a lifestyle of prevention and continual development. Risk is no longer idea in terrible experience, but as a process for figuring out possibilities. According to Aita et al (2017), "preventive action is a proactive process for identifying opportunities for improvement rather than a reaction to the identification of problems or complaints".

According to ISO (2010), RM is defined as “the systematic application of policies, procedures and management practices in the activities of communication, consultation, in establishing the context and also to identify, to analyze, to assess, to treat, to monitor and correct the risk”. Risk management is a worldwide technique, which should anticipate what may fit incorrect (non-conformities, mistakes and injuries), therefore assessing plausibility of mistakes occurrence in conjunction with results they cause and enforcing strategies to lessen the hazard of potential harm. Since there may be no zero-risk activity, the final goal of this system is to lessen the hazard to a suitable degree for each patients and clinicians. Eliza and Minodora (2015) suggests many qualitative and semi-quantitative scales for clinic professionals and states that, they have to select the most appropriate one, consistent with the level of evaluation they are performing and records and records they're willing to obtain. According to Aita et al (2017), risk estimation, also defined risk assessment, is a vital step of the risk control process. As soon as priorities had been described, medical institution personnel need to put in force preventive/corrective moves for keeping the risk an acceptable level. However, as validated by Lao et al (2017), there may be some differences in distribution of failures, and then in interventions prioritization, relying on whether potential dangers or actual dangers are assessed. Employees at the health facilities need seeks to lower failure to an acceptable level, however need to be conscious and prepared to keep away from potentially critical risks (however less common) that might be masked. The ultimate step of Risk Management process, the risk control, entails comparing the effectiveness of the entire process. The risk should be monitored continuously for verifying that the control measures has been effective, but also for detecting different mistakes neglected at this point, so finally ensuring client safety.

2.2.1.1 Common Sense Theory

This kind of concept is frequently formed by a person's peculiar personal experience or developed from supportive hints passed on from circle of relatives, friends, or colleagues. Common sense theory is often the basis for our decisions on the risk management to adopt. (Dainton & Zelley, 2015)

This theory explains the fact that people use their own common senses and ideas as the basis of managing risk. From the theory above, any health organization with his or her common sense will opt to develop a flexible but formalized safety risk management process for all high consequence decision, except in situations deemed to be an emergency. An enterprise should use a proper, disciplined and documented decision-making process to deal with safety risks. To manage those challenges, one method is the establishment of CRM system (Briner et al., 2013; Khalify-nejad et al., 2008).

2.2.1.2 Kantian Ethics Theory

Deontological ethics is a technique to ethics that regulates goodness or rightness from probing acts, or the regulations and obligations that the individual acting the act endeavored to meet. In deontology, an act can be taken into consideration even if the act produces a horrific outcome that is the rational, duty bound technique to decision making. People in the health care delivery can make decisions that are truly moral when they are rational decision makers. Autonomy is important to ethical decision making as it frees the choice maker from the subjective worries of personal desires, fears of poor repercussions, or different biased decision-making influences. For deontologists, the ends or effects of people's actions are not crucial in and of themselves, and people's intentions are not essential in and of themselves. This principle of ethics is measured deontological for several distinctive motives (Kelly, 2006). First, Kant contends that to act in the morally accurate way, humans need to act from responsibility. Second, Kant

contended that it was not significances of actions that make them proper or incorrect however the reasons of the person that carries out the action. He concludes that there is one factor that is clearly appropriate: not anything within the world may be known as precise without qualification except an awesome will (Kant, 1785).

2.2.2 Theoretical review

Medical risks have produced more evils in healthcare sectors consisting of critical damaging effect on the safety of patients and improving economic load on health (Jamileh et al., 2015). Thus, medical risk management system was brought for enhancing the quality and safety of care in the health centre.

Nolan (2000) identifies three different ways to come up with systems of safe care, prevent errors; make errors visible; mitigate the effects of errors. Combining clinical risk management with lean management approach could help healthcare organizations in facing multiple challenges (Crema and Verbano, 2015). Redesigning internal processes through tools and practices of lean management could lead to a decrease in the probability of occurrence of clinical and medical errors. Lean management is diffused in health care organizations during the last years, especially in the UK and the USA; it was initially adopted by the production system of the Japanese company “Toyota Motor Corporation” (Burgess, Radnor; 2011). To improve healthcare processes performance in respect to the efficiency, effectiveness and security means to increase the quality of healthcare services and the patients; perceived results. The staff training becomes an important requisite to prepare the organization to the effective and sustainable use of the lean tools (Centauri et al., 2016). In healthcare, Rapid Improvement Events represent a powerful tool to give an impulse to the change, to face the resistances and transfer values and technical and methodological knowledge to the staff, useful for the application of lean principles in the whole organization (Spear, 2005; Radnor, 2010). The

implementation of a lean strategy presumes a change in the values and organizational culture, orienting the involved staff in the single processes to improve them, generating value for the patient at each level of activity. However, in the healthcare sector and especially in hospitals, there is often a gradual approach to lean, based on the improvement of the single processes. The lean management has, therefore, two main operative aims which is to reduce waste to bring the development of an organization which fosters the "self-improvement organization" in which the staff is responsible for the continuous improvement of its work (Spear, Bowen, 1999; Spear, 2005).

In 2001 NHS Modernisation Agency first published referred on Lean Britain Health system. (Brando de Souza, 2009). Within a wider program of modernization of the British National Health Service, the case of Royal Bolton Hospital NHS was one of the most relevant. Since that moment there are numerous publications coming from different Countries, many of which, through the study of successful cases, examine the different approaches to the implementation of lean management in healthcare. In the application of lean principles particular emphasis is placed on the pursuing of improvement objectives, through the diffusion of the problem-solving culture in the management of everyday operations from all the staff, at each level of activity and function (Furman and Caplan, 2007; Mazzocato, 2012). It should be noted that the complexity of the organizational system in which productive processes are carried out allows only a gradual implementation of lean management. Consequently, the improvement approaches can foresee with difficulty radical changes in the organizational management of a public healthcare company.

2.3 Concepts of CRM

The idea of CRM has been proposed to systematically discover, examine and prioritize real and capability clinical risks of medication errors and to put together, put into effect and compare risk management strategies to avoid affected patient harm.

A scientific procedure is needed to comprehensively identify all medical dangers within a health facility/health provider (ground-Schreudering, 2014). CRM offers an organized approach for identification of risk and management of the risks after identification of the (causes of) errors.

There are several ways of identifying possible risks in clinical risk management. Some of these methods are: clinical incident data, accreditation standards, freedom of information requests, etc.

2.3.1 Aims of CRM

RM can generally be described as risk minimization, by way of recognsing and, not close as possible, removing threats (Clements, 1995). The targets of CRM are to lessen the frequency of damaging activities and damage to patients, lessen the danger of the claim that will be made and also control expenses of the claim being made. The number one focus is on malpractice, which causes monetary losses however additionally affects the recognition and morale of a trust and its team of workers (Clements, 1995). CRM also entails the persevering with care of the injured patients and swift agreement of justified claims. Proper analysis of risk control reporting systems and an audit of clinical court cases additionally offer invaluable opportunity to enhance quality in a manner that is securely targeted at the welfare of the affected person (Clements, 1995). Improvement of quality must be the best precedence, for only by means of this exposure can the exposure to litigation sooner or later be removed.

2.3.2 Risk Forms

During care delivery, organisations can be exposed to lots of risks (floor-Schreudering, 2014). These include:

Operational dangers include clinical services and strategies, clinical control management failures, or lack of training and compliance with credentialing requirements.

Legal dangers include complaints, medico-legal liability or statutory liability.

Political or strategic dangers inclusive of organisational governance or Federal regulation.

Financial dangers consisting of resource allocations, budget and resources management technology risks associated with the procurement, development, deployment and use of ICT structures/applications.

2.3.3 Assessing Clinical Risk

There are three methodologies that may be used to calculate the 'effect' and 'probability' of the risks: quantitative, qualitative and semi-qualitative (department of fitness, 2016).

Quantitative method can be the most correct method of amassing information. for instance, information can be available to outline quantitative risk ranges for a selected medical procedure or outline the likelihood and outcomes of a disease growth in a special situation (Department of Health, 2016). A few examples of quantitative techniques of analysing hazard consist of: descriptive facts along with frequencies, cross tabulations, percentages and rates, opportunity evaluation, simulation/computer modelling, life-cycle value analysis, fault tree and event tree analysis, outcome analysis, statistical/numerical evaluation, and so forth.

Qualitative methodology is predicated on a manager use of his/her experience, judgement and intuition to calculate the level of danger based totally on their know-how (Department of health, 2016). Examples of qualitative methods, consist of: structured interviews/questionnaires, expert and professional judgement, peer overview and/or discussion, networking with industry

and professional associations, assessment using multi-disciplinary companies, bench-marking, qualitative mapping, based interviews with specialists in the place of hobby, and many others. Where a qualitative method is to be used to identify the extent of clinical threat, managers have to ensure that they have got a sound know-how in their agency's hazard criteria and organisational context, and locate the closest match in the descriptions (Buurma et al, 2006).

A semi-quantitative technique allocates numbers to qualitative work rankings along with high, medium or low (floor-Schreudering, 2014). The scores have to be shown against the suitable numerical scale, which allows the information to be processed quantitatively. If the usage of a semi-quantitative approach, it's far crucial that managers do not interpret the consequences to a finer stage of precision than is sincerely contained within the preliminary word ranking. Additionally, assessors should now not use the numbers to present an appearance of precision in which it does not exist. Where a qualitative technique is for use to become aware of the extent of medical danger, managers have to ensure that they have a valid knowledge of their enterprise's danger criteria and organisational context.

2.3.4 Clinical Risk Consequences

In analysis risk, it's far crucial not to forget the results of chance from a superb and terrible angle and the likelihood of these outcomes happening. The rate of medical risk is described as through the connection of outcome and probability relevant to each of the risk recognised (Floor-Schreudering, 2014).

For the health department, clinical risk may impact on a unit within an organisation. Regarding the directorate, clinical risk can impact on multiple units within the organisation (Floor-Schreudering, 2014). For the overall hospital, the circumstance can affect inside the company which may extend beyond it.

2.3.5 Elements of Clinical Risk Management

According to Brinner et al (2010), the elements of CRM are:

The systematic approach to medical risks and patient safety: Vincent (2001) considers this as a key requirement for CRM. Using a systematic process involving standard tools and a pattern for interpretation of results takes the responsibility off the risk assessor places the responsibility for action on the systems provide to ensure effective risk management.

Implementation of the RM process: This is also a key requirement for systematic CRM. To ensure a proper CRM process, the stated guidelines and steps must be implemented. This will ensure that, all steps are well adhered to and are directed towards the results of effective CRM.

Leadership: Leadership is considered a necessary condition for successful execution of CRM. CRM cannot be effective without the presence of the required leadership to ensure that all steps are followed and that there is effective monitoring of the process.

Participation of staff: Staff participation is also a necessary condition for successful execution of CRM. Leappe et al (2002) explains that, the staff must be completely involved in the CRM process as they are a major part of the process.

Safety culture: Safety culture is also a necessary condition for blame-free CRM. The main focus of CRM is the patient and therefore, there must be a culture of safety on the part of health care providers and the health care system.

Learning from incidents or errors: Practitioners must also learn from incidents or errors so as not to repeat mistakes. Eliminating or minimizing errors will be a positive step for cultivating a safety culture.

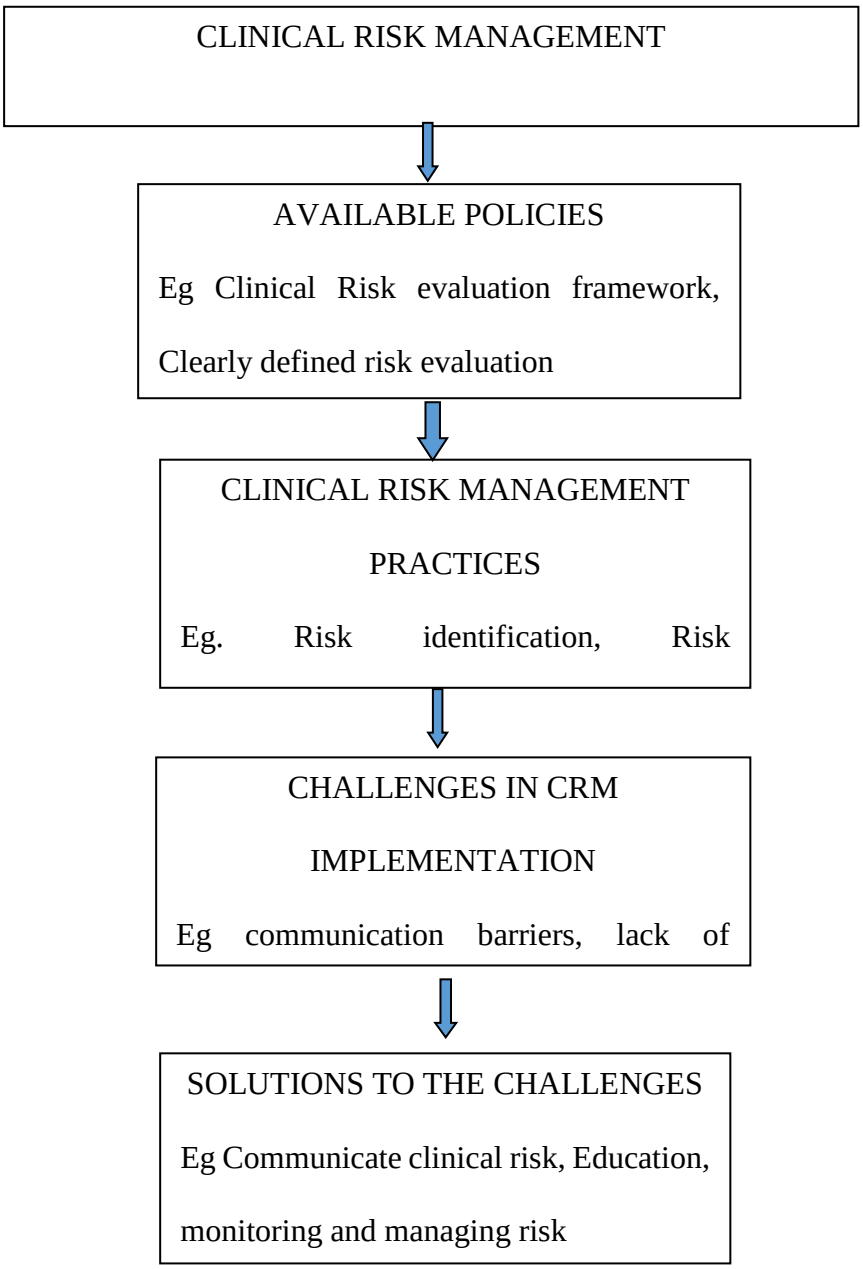
Education and training: Finally, the education and training of health care workers is the most essential part of CRM. Health care practitioners and policy makers must understand the purpose of CRM and how it can be achieved. Knowledge and skills need to be regularly updated

2.3.6 Implementing Risk Management

A motion to reduce medical risk ought to no longer encompass punitive actions against people that make the mistakes but instead action on systems inside which the error happened (Misson, 2001). Human beings do not need to make mistakes and it's often unnecessary to chastise them for doing so. There is not a single action on the way to lessen mistakes, as there may be no panacea for a specific trouble; as a substitute, it's far a complex integration of activities that results in an error (Misson, 2001). There are 3 documented pivot factors which make the system safer (Misson, 2001). These include designing structures to prevent mistakes, designing procedures for you to make errors visible once they do occur, and designing strategies to reduce the effects of mistakes when they are no longer detected or intercepted (Nolan, 2000). The principles of industrial and commercial risk management, identification, analysis, control, and funding can be applied to the clinical arena. Currently, funding is at present in large part outside the control of individual provider units, although the creation of a relevant fund may go some manner toward offering the opportunity for prudent financial management. But, identification and evaluation of risks and the steps taken to lessen and manipulate risks are at the coronary heart of medical threat control. numerous key issues have to be addressed whilst a risk management system is established.

2.4 Conceptual framework

Figure 2.1 Development of conceptual framework



Clinical Risk Management is a crucial method to safeguard health organisations. (Sendhofer et al, 2015) This framework consists of the following domains; policies on CRM, CRM practices, challenges in the implementation of CRM practices and Solutions to the challenges. The framework will enable service providers to effectively implement CRM so that they can provide services that will improve safety in the health facilities.

Clinical risk management policies: Policies are adopted to guide decision and achieve rational outcome. For CRM to be effective there should be policies in place that will guide actions of all stakeholders. These policies should not just be present but must effectively be implemented to achieve the desired outcome. The presence of policies and whether they are effectively implemented help health facilities to successfully manage risk. Policies such as an established clinical risk management framework and a clearly defined risk evaluation forms a major part of policy implementation. Following the formulation of policies, it is imperative to practice those outlined.

Clinical risk management practices: This refers to the practices of identifying potential risks in advance, analyzing them and taking precautionary steps to reduce or eliminate them. Under CRM, certain practices when undertaken, will go a long way to improve CRM thereby reducing or if possible, eliminating risk entirely. To be able to successfully implement risk management, certain activities must be initiated. They include;

Communication of risk: Clinical risk should be communicated to avoid repetitions.

Clinical risk assessment: Assessment of clinical risk is to identify hazards and risk factors that have the potential of causing harm so that reasonable steps can be taken to reduce or eliminate them.

Challenges in clinical risk management: Identification of challenges is key in the implementation of Clinical risk management. Some challenges include communication barrier, lack of monitoring and lack of staff education on clinical risk can affect CRM implementation. Challenges when identified will aid hospitals to be able to find solutions that will help them improve on their clinical risk management implementation thereby reducing or if possible, have a risk-free environment.

Solutions to the challenges identified: After identifying challenges, the next step to undertake is to find solutions to them so that effective implementation of risk management will be achieved.

Improvement of clinical risk communication, monitoring and reporting of risk can have a positive impact on CRM implementation.

This will go a long way to solve the issues that comes with the challenges.

2.5 Empirical Evidence

A number of studies have been undertaken by various scholars on the subject of clinical risk management.

Vincent (2001) finds that, the purpose of CRM is to reduce the risks of medical treatment and enhance the safety of patients in all areas of healthcare. According to him, the development of clinical risk management considers the actions of human error, the unconscious incidence of causing harm to patients, among others. It is also noted that, the reduction of risk in clinical practice in a significant practice in medicine. Vincent (2001) further notes that, clinical risk management practices will include safe practices, such as communication of risk to patients, the design of inclusive medical equipment, proper supervision and training of healthcare workers, and effective teamwork.

Another study assessed hospitals' CRM in the development of a monitoring device. (Briner et al, 2010) CRM plays a crucial role in enabling hospitals to identify, contain, and manage risks related to patient safety. They observe that, at the time of the study, no instruments are available to measure and monitor the level of implementation of CRM. Thus, they require the development of an instrument for assessing CRM in hospitals.

The study identified key elements of CRM to include: a systematic approach to clinical risks and patient safety, implementation of the RM process, leadership, participation of staff, safety

culture, and learning from incidents or errors, and finally, education and training. Best and Slavin (2002) suggest an alternate view of CRM, mentioning that components of risk management include planning, identification, quantification, action, measurement, outcome assessment, and post-implementation review. In line with its objectives, the study developed an instrument for assessing development stages of CRM in hospitals that should be feasible for a continuous monitoring of developments in this important area of patient safety. The monitoring instrument provides several benefits at the hospital, service and national level, allowing hospitals to achieve comprehensive and systematic data on their CRM by delivering an individual assessment of each participating hospital. The study found that monitoring CRM focuses primarily on resources, structures, and processes, but CRM eventually aims at enhancing patient safety and improving medical services and care. Therefore, to investigate the link between CRM and patient safety, any monitoring instrument should be correlated with data on clinical outcomes and with other empirical data.

Despite the success of developing a monitoring instrument, the study focuses on the evaluations of the hospitals' clinical risk manager, whose assessment may be different from perceptions of individual clinicians in the hospital. Also, an assessment of this nature can generate quite different responses depending on the focus of the study.

Another study also assesses clinical risk management system in hospitals, as an approach for quality improvement. (Farokhzadian et al, 2015). According to them, clinical risks have created major problems in healthcare system such as serious adverse effects on patient safety and enhancing the financial burden for the healthcare. CRM system has been introduced for improving the quality and safety of services to health care. This study was to assess the status of CRM in the hospitals. The study found that many hospital staff participated in at least one of training sessions on CRM. It was also found that, the status of CRM system was ranked from weak to moderate. In addition, it was indicated that among the six domains of CRM system,

staff performed better in monitoring of analysis, evaluation and risk control but staff's knowledge, recognition and understanding of CRM were poor. There were also no integrated electronic systems for recording and analyzing clinical risks and incidents in the hospitals. Their study indicated that, despite the establishment of clinical governance and accreditation approaches, the status of CRM in the surveyed hospitals is not appropriate. In effect, health care in southeast Iran is not advancing positively towards high quality and safe practice, and yet to meet international standards.

The limitations of the study are that, it only assessed the status of CRM in three teaching and physical care hospitals affiliated with the Kerman University of Medical Sciences. This poses a gap in research since a more comprehensive profile and insight into the CRM, will require inclusion of hospitals of different types, such as psychiatric, ownership, geographical status, and cultural and environmental conditions. Thus, the challenges faced by CRM in the country were not fully addressed.

2.6 Chapter Summary

The review of literature indicates that, CRM system is introduced in other to improve service quality. Also, this literature reviewed shows that there is an insufficient lack of data on clinical risk management in the Ghanaian context. Despite the number of health centers set up across the country, and the presence of health institutions of higher learning, limited studies have been done to examine CRM in the country. Most literature reviewed in this study is based on clinical risk managements' conditions in foreign teaching health facilities in developed nations whose CRM and strategic approach is different from that of Ghana. Hence, there is a research gap on the subject matter in the Ghanaian situation since a more comprehensive profile and insight into the CRM, will require inclusion of different hospitals in Ghana. This study will address the gap in literature and explore CRM in University of Ghana.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The section will focus on procedure used in acquiring applicable data for the success of the research targets. This study employs quantitative research method. It covers the area of study, research design, paradigm, Target populace, sampling method and sample size, ethical issues, instrument, how data will be analysed as well as presentation of study. Selection of appropriate methodology was guided by the theoretical underpinning of the kind of research problem, the research objectives, the type of data and analysis that will be performed.

3.2 Research Paradigm

Research paradigm may be described as a manner that a study uses to examine social phenomenon from which particular understanding of the phenomenon may be gotten (Saunders et al, 2009). This study focused on providing clarifications about the management of clinical risks, the levels of implementation and areas for improvement to be able to provide quality health care. This research is guided by functionalist paradigm based on the know-how that agencies are rational entities, in which rational explanations are had to offer answers to rational problems (Scott et al, 2015).

3.3 Research design

This is described as plans and procedures for research which span the selection from large assumptions to more exact method of data collection and analysis (Cresswell, 2009). This study will apply a Descriptive research design. Descriptive design is a study designed to depict the

contributors in a correct manner in which no attempt is made to exchange behavior or conditions.

3.4 Research Approach

Cresswell (2009) broke down research design into three main components; quantitative, qualitative and the mixed approaches. Qualitative approach seeks to apprehend troubles or specific situations by means of looking at the views and character of people in situations and the context within which they act (Kaplan & Maxwell, 2005). Mixed method is an approach that seeks to investigate a world which involves more than one methodological approach and thus more than one kind of technique for gathering, analysing and presenting human phenomena – all for the essence of better comprehension (Greene, 2006). Quantitative research is explained in terms of quantities, meaning that the extent to which something either does or does not happen in terms of number, frequency, amount, and so on (Jonker & Pennink, 2010). Quantitative method was chosen for this research. This is because it will allow the researcher to draw a better conclusion on the issue of CRM in Legon Hospital. Also, because the results are numerical, one can use statistical analysis to gain additional understanding from data.

3.5 Study Area

This study was conducted at University of Ghana Hospital commonly referred to as Legon Hospital which is located in Accra and owned by the University. It was built and commissioned in 1957 at the same period as the school was in western part Achimota School compound.

A Scottish Doctor called Dr. A. B Boyd was put in charge with support from a nurse. It began as clinic enjoying similar services with the Achimota Hospital.

Presently, it is located behind the Legon Police station on the Accra Aburi road. (University of Ghana Health services, 2019)

The hospital is a district hospital with a bed capacity of 130 which serves about 5 million people. (University of Ghana Health services, 2019)

Services provided at Legon Hospital include the following: General Medical Practice, Out-Patient Department, Ante-Natal and Post-Natal Services, Anti Retro Viral (ART) Clinic, Tuberculosis (TB) Clinic, Pharmacy Services, Laboratory Services, Orthopedics, Obstetrics and Gynecology, Pediatrics, Ear, Nose and Throat (ENT) Clinic, Eye Clinic, Dermatology, Accident & Emergency Services, Laundry, Diabetic / Hypertensive Clinic and X – ray Service. Departments involved in the supply chain management of the facility are: Accounts, Administration (includes the Medical Superintendent of the facility, the Health Services Administrator, Procurement Officer), Pharmacy, Laboratory, Supply Officer and Store Keeper. (University of Ghana Health services, 2019)

University of Ghana Hospital in Legon was chosen due to the fact that it is expected to facilitate easier accessibility of the target needed for the study and also the populace it serves as well as the location which is not difficult for the researcher.

3.6 Target population

Target population is the whole set of cases from which samples are taken. (Saunders et al (2009) The population for this study will include health professionals at the Legon Hospital who have worked in the facility for at least a year. The population of the study represented all the health professionals in Legon Hospital. According to management, Legon hospital has staff strength of 435 as at January 2019, which included both medical and non-medical staff. The number of health professionals alone was about 298.

3.7 Sampling technique and sample size

Sample is simply a limited number of situations that a researcher wishes to observe by defining it in a more specific way or manner. (Fisher (2010) In order to get access to the required information for the study, simple random sampling was used to pick respondents relevant to this study so as to offer each member of the populace the same opportunity of being chosen. The study therefore sampled its populace so that it will save time and gather detailed form of information to be able to come up with an academically relevant work. Out of 298 medical staff at the hospital, 74 health professionals who included doctors, nurses/midwives, pharmacists, medical laboratory technologists and other health professionals were chosen using open epi sample size calculation **Formula**

sample size, $n = (DEFF*Np(1-p)/((d^2/Z^2_{1-\alpha/2}*(N-1) +p*(1-p))$

$n= [1*(298*1) (1-90)]/ [(5^2/Z^2_{1-\alpha/2}*(298-1) +90*(1-90)]$

Sample size *n* =74

Determination of sample size for health professionals

Population size (for finite population correction factor or fpc) (N)	298
Hypothesized % frequency of outcome as in the population (p)	90%
Confidence outcome as 1% of 100(absolute+-%) (d)	5%
Confidence level Design effect (for cluster surveys-DEFF)	90% 1
Sample size	**74**

3.8 Data Collection Procedure

The segment provides the varieties of data used on this study. It indicates the strategies that were used to accumulate facts that resulted in the compilation of this work. The 74 respondents were the health professionals which included doctors, nurses, pharmacists, laboratory technologists and other medical staffs at the Legon Hospital.

Questionnaire was applied in collecting information for this research. The questionnaire was categorized into four parts. The first part was on the demographic information of the respondent. This will require the respondents to answer questions pertaining to sex, profession/ designation and number of years he/she has worked with the facility and this enable the researcher to get information on the profile of respondents. The remaining three sections focused on the three research objectives (Risk Management practices, policies and implementation). Questions that had a binary response (ie Yes or No) were given a follow up questions to reflect the purpose of this study. The researcher administered questionnaire to the medical staff. This was used for this study based on the belief that respondents could have greater time to express their views and opinions. It was distributed to the health professionals at the various departments of the hospital by myself and was collected immediately after they are completed directly from the respondents.

The researcher used two weeks to administer questionnaire to all the medical staffs that has worked with the facility for at least a year.

3.9 Research Instrument

The research device used in this study was closed and open-ended questionnaires. The open-ended questions gave the respondents the choice to determine the detail and length of their answers. It enabled the respondents to offer a clearer presentation and bring flexibility in their preference. The closed ended questions turned into designed to hold the questionnaire to a

reasonable duration and this encouraged response and validity in terms of the representativeness of the returns.

3.10 Data Analysis

Data analysis is the process through which the researcher places facts he has amassed so as to summarize it and place it into categories Fisher (2010).

The ultimate purpose of analysing data is to treat the evidence fairly, to provide compelling analytical conclusion and to rule out alternative interpretations (Yin, 1994).

After the gathering of the data through questionnaire, it was coded using numerical codes and then entered into a PC. In order to obtain quantitative information, Statistical Packages for Social Scientists (SPSS) computer software model 20 using descriptive statistics was used.

3.11 Validity test

Experts for face validity, readability and clarity, examined the instrument before it was used. For a research work to be valid, the researcher used pretesting (Ivankova, 2002). The research employed the use of questionnaires amongst the sampled respondent to get all the required information to obtain a reliable data. Pretesting was done before the main research was carried out. Following the assertion that "a legitimate measure is always dependable, but a dependable data may also or won't be legitimate" (Singleton and Strait, 2010), it is worth stating that once data validity has been done with pretesting of the research device, facts reliability is certain within the work.

3.12 Ethical Issues

According to Cooper and Schindler (2008), ethics may be defined as the norms or requirements of conduct that guide moral choices about our conduct and relationships with others. Formal

ethical approvals had been observed to make certain that it is in accordance with all the prescribed ethical standards before starting the data collection procedure. Respondents' permissions have been sought earlier before data collection. Also, this study did not use illegal method in gathering the forms of records used. Qualified respondents had been engaged in finishing certain aspects of the questionnaires. This helped construct credibility inside the findings and additionally prevented unqualified employees to offer unreliable responses to positive questions. The required respondents responsible for a specific data have been duly engaged.

Findings had been kept anonymous as expected by respondents so no one can know their identity. Divulging the identity of particular respondents in relation of precise data is deemed unethical, hence, keeping all findings anonymous.

3.13 Chapter summary

The chapter presented the methodology which comprised of the research design and approach, the study area, sample size and sampling technique, data collection and procedure that were used. Descriptive design was used to conduct the quantitative research using questionnaire.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF RESULTS AND DISCUSSIONS

4.1 Introduction

The chapter presents the results and discussions of the study "Examination of Clinical risk management at University of Ghana hospital". Under this chapter, the study first explored the demographic profile of respondents using percentages and frequencies. The study further investigated the clinical risk management practices of University of Ghana Hospital using percentages and frequencies.

In addition, the study identified the policies available for clinical risk management at University of Ghana Hospital using percentages and frequencies. The current study finally identified the challenges of the implementation of clinical management practices at University of Ghana hospital also using percentages and frequencies.

4.2 Presentation and Analysis of Results

4.2.1 Demographic Profile of Respondents

This section presents the demographic profile of the sampled seventy-four (74) medical staffs of University of Ghana Hospital. The Table 4.1 below estimated percentages and frequencies on gender, designation and level of experience of respondents.

Table 4.1 Descriptive statistics on the demographic profile of respondents

	Frequencies (n = 74)	**Valid Percentages (%)**
Gender		
Male	24	32.4

	Frequencies (n = 74)	Valid Percentages (%)
Female	50	67.6
Profession		
Nurse/Midwives	45	60.81
Doctor	10	13.51
Pharmacist	5	6.76
Laboratory Technologist	5	6.76
Other health professionals	9	12.16
Working Experience		
Below 2 years	8	10.8
2-4 years	55	74.3
Above 4 years	13	14.9

source: field data (2019)

As Shown in Table 4.1 most 50(67.6%) of the respondents were females whilst 24(32.4%) were males. In addition, most 45(60.81%) of the respondents were nurses/midwives whilst 10(13.51%) were Doctors, 5(6.76%) were Pharmacists, 5(6.76%) were Laboratory Technologists. 9(12.1%) of the respondents were other health professionals.

Out of the 74 respondents, 8(10.8%) were workers of the facility for less than 2 years, 55(74.3%) for 2 to 4 years. 11(14.9%) were health professionals with more than 4 years working experience at the facility.

4.3 Investigating Clinical Risk Management Practices at University of Ghana Hospital

This section presents responses on clinical management practices at University of Ghana Hospital. Responses where on a nominal scale where 1 = yes, 2 = no and 3 =

somehow/sometimes/not sure. The Table 4.2 presents estimated percentages and frequencies on the responses.

Table 4.2 Estimated Responses on Clinical Risk Management Practices

	Frequencies(n=74)	Percentages (%)
Communication of clinical Risk		
Yes	20	27.0
Sometimes	54	73.0
Assessment of Risk		
Yes	20	27.0
Not sure	54	73.0
Department Risk Assessment		
Yes	26	35.1
No	48	64.9
Quality Improvement Committee, Team and Office		
Yes	49	66.2
No	25	33.8
Safety Plan		
Yes	60	81.1
No	14	18.9

source: field data (2019)

As shown in Table 4.2, most 54(73.0%) of the respondents indicated that risk is sometimes communicated at University of Ghana Hospital whilst 20 (27.0%) agreed that risk is effectively communicated. Most 54(73.0%) of the respondents were not sure if risk assessments were done at University of Ghana Hospital whilst 20(27.0%) agreed that risks were assessed. In addition,

most 49 (66.2%) of the respondent indicated University of Ghana Hospital have quality improvement committees, team and offices for clinical risk management whilst 25(33.8%) indicated otherwise.

Finally, most 60(81.1%) of the respondents indicated that they have in place a safety plan for effective clinical risk management whilst 14(18.9%) indicated otherwise. This implies that University of Ghana Hospital have quality improvement committees, teams and offices for implementing its clinical risk management practices, have safety plan to ensure effective implementation of risk management practices and effectively assess their departmental risk. Similar results were obtained by Verbano et al (2010, Aita et al (2017) among others.

4.4 Identifying Policies Available for Clinical Risk Management at University of Ghana Hospital

This section presents responses on clinical risk management policies in University of Ghana Hospital. Responses where on a nominal scale where 1 = yes, 2 = no and 3 = somehow/sometimes. The Table 4.2 presents estimated percentages and frequencies on the responses.

Table 4.3 Estimated Responses on Clinical Risk Management Policies

	Frequency (n = 74)	**Percentages (%)**
Clinical Risk Management Strategy/Policy		
Yes	74	100.0
No	0	0

	Frequency (n = 74)	Percentages (%)
Effectiveness of Policy		
Yes	37	50.0
No	37	50.0
Office/Individual responsible for risk management strategy/Policy		
Yes	44	59.5
No	30	40.5
Clinical Risk Evaluation Clearly Defined		
Yes	39	52.7
No	35	47.3
Established Clinical Risk Management Framework		
Yes	40	54.1
No	34	45.9

Source: Field Data (2019)

As shown in Table 4.3, all the respondents indicated that University of Ghana Hospital have risk management strategy/policy. In addition, half 37(50.0%) of the respondents indicated that University of Ghana risk management strategy is effective whilst the other half 37(50.0%) indicated otherwise. A little above half 44(59.5%) of the respondents indicated that University of Ghana Hospital have offices/ individuals responsible for it risk management policies whilst 30(40.5%) indicated otherwise.

Furthermore, most 39(52.7%) of the respondents indicated that University of Ghana clinical risk evaluation is clearly defined whilst 35(47.3%) indicated otherwise. Finally, most 40(54.1%) of the respondents indicated University of Ghana hospital have established risk management framework whilst 34(45.9%) indicated otherwise. This implies that Ghana hospital have risk management policies, clearly defined it risks evaluation systems and had established clinical risk management framework.

Lao et al (2017), revealed similar findings as risk management policies. This however confirms the findings of the current study.

4.5 Challenges to the Implementation of Clinical Risk Management Practices at University of Ghana hospital

This section presents responses on the challenges to the implementation clinical management practices at University of Ghana Hospital. The Table 4.2 presents estimated percentages and frequencies on the responses.

Table 4.4 Estimated Descriptive on the Challenges to the Implementation of Clinical Risk Management Practices

	Frequencies (n = 74)	Percentages (%)
Failure in monitoring and managing risk	25	33.8
Failure in communicating risk	17	23.0
It takes too long to implement	32	43.2

Source: Field Data (2019)

As shown in Table 4.4, 32(43.2%) of the respondent indicated that University of Ghana Hospital take too long to implement its clinical risk management practices, whilst 25 (33.8%) indicated that there is failure in monitoring and managing risk and 17(23.0%) indicated that there is failure in communicating risk at university of Ghana Hospital.

Thus, the following factors affect the effectiveness of clinical risk management practices at University of Ghana Hospital. These challenges when addressed will boast the effectiveness of CRM practices at university of Ghana Hospital.

Briner et al., 2013; Khalify-nejad et al., 2008 identified similar factors as factors affecting the effective implementation of CRM practices. This confirms findings of the current study.

4.6 Discussion

4.6.1 Clinical Risk Management Practices at University of Ghana Hospital

The current study investigated the CRM practices at Legon Hospital and revealed that the hospital has quality improvement committees, teams and offices for implementing clinical risk management practices. They have safety plans for ensuring effective risk management practices. Finally, majority of the respondents were not sure if they assess clinical risk. Legon Hospital have the necessary authority and offices in implementing clinical risk management practices. Legon Hospital would therefore be able to implement and manage its clinical risks in ensuring that those risks are minimized if not entirely prevented. Thus, available offices and committees would work with the safety plans to ensure that the organizational goal in line with managing clinical risk is achieved in both the short and long run.

Verbano et al (2010), Aita et al (2017) among others identified that management commitment through diligence in assessing clinical risk and implementing the needed polices toward curbing clinical risks are fundamental in tackling clinical risks in health institutions. This confirms the findings of the current study.

4.6.2 Policies for Clinical Risk Management Practices at University of Ghana

The current study further investigated the policies available for clinical risk management practices at University of Ghana Hospital and revealed that the Hospital have functioning clinical risk management policies. The study also revealed that university of Ghana Hospital clearly define its risks evaluation systems and have excellent CRM framework. Thus, Legon Hospital clearly defined its risk evaluation systems to ensure transparency and increase awareness of its measures of tackling clinical risk as part of its policies for CRM. This would increase all stakeholders of clinical risk management involvement and would definitely ensure effectiveness and efficiency in clinical risk management of the hospital. As part of Legon Hospital policies for clinical risks management, they have clinical risk management framework that would ensure that measures for managing clinical risks at the hospital are obtained and implemented to enhance the conditions of clinical risk management policies at the hospital.

Lao et al. (2017) revealed similar findings in line with those of the current study. Lao et al. (2017) identified that creating clinical risk evaluation systems and framework are required for managing clinical risk in health institutions.

4.6.3 Challenges to the Implementation of Clinical Risk Management Practices at University of Ghana Hospital.

To address the prime objective, the study identified the challenges to the implementation of clinical risk management practices at Legon Hospital. The study revealed that the hospital takes too long to implement its CRM policies. Legon Hospital failure to immediately implement its clinical risks management policies would sometimes delay the impact of the clinical risk management policies and therefore prevents the health institution from entirely achieving its goals in clinical risk management policies. It is therefore important for the hospital to ensure that its CRM policies are immediately implemented so that the impact of its clinical risk

management would holistically be felt and likewise the goal and objectives of the hospital in line with clinical risk management.

Briner et al., (2013); Khalify-nejad et al., (2008) also identified delay in implementing clinical risk management as a factor that affect the effective implementation of clinical risk management policies.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

The chapter presents the summary, conclusion and recommendation of the study. The chapter first summarized the entire study and then made conclusion and recommendation from the findings.

5.2 Summary of the study

The main objective of the study was to examine clinical risk management practices in Legon Hospital. To answer this objective, the study first investigated the clinical risk management practices in Legon Hospital, identified the policies available for clinical risk management practices at Legon Hospital. Finally, the study identified the challenges in the implementation of CRM practices at Legon Hospital.

This study explored descriptive statistical method in obtaining and analyzing data to answer the various research objectives. Questionnaire were used to collect data from seventy-four (74) sampled respondents of Doctor, nurse/midwives, pharmacist, laboratory technicians and other health professionals from University Ghana Hospital. The study used SPSS statistical software in managing and analyzing the data.

The following are the key finding of the study

The study revealed that university of Ghana hospital does not assess its departmental risk effectively 48(64.9%). In addition, the study revealed that University of Ghana Hospital had Quality Improvement Committees, teams and Offices for implementing clinical risk management practices 49(66.2%). In addition, University of Ghana Hospital had safety plan to ensure effective risk management 60(81.1%).

The study also revealed that University of Ghana Hospital had risk management Strategies/policies 74(100.0%). The study revealed the Hospital risk management policies are not effective 37(50.0%). In addition, the Hospital has clearly defined risk evaluation systems 39(52.7%) and has established clinical risk management framework 40(54.1%).

The study further revealed that, University of Ghana hospital takes too long to implement clinical risk management practices 32(43.2%), fail to monitor it risks 25(33.8%) and fail to communicate its risk effectively 17(23.0%).

5.3 Conclusion

The study revealed findings that addressed the specific objectives and were consistent to literature. The University of Ghana Hospital had quality improvement committees, teams and offices for implementing its clinical risk management policies, safety plan to ensure effective implementation of risk management practices and sometimes communicate clinical risks to medical staffs.

They also have risk management policies, clearly defined its risks evaluation systems and have established clinical risk management framework. A number of factors that hinders the implementation of CRM practices at the Legon Hospital were identified. These factors include; long time to implement CRM policies, failure to monitor and communicate clinical risks effectively.

This therefore calls for effective communication of clinical risks to avoid repetition of those risks and employment of skilled personnel in all departments of the hospital to be in charge of monitoring and reporting risk to the appropriate authorities for immediate actions.

5.4 Recommendation

- The management of university of Ghana should employ skilled personnel in all departments of the hospital to be in charge of monitoring and reporting risk to the appropriate authorities for immediate actions.
- There should be effective communication of risk to avoid repetition of clinical risks.
- Education and training should be carried out to make health professionals understand the purpose of CRM and how it can be achieved. Knowledge and skills need to be regularly updated and this forms an essential part of CRM.
- University of Ghana Hospital should effectively perform risk assessments. This should be done so that risks will be identified before problems occur rather than reacting to an event.

5.5 Limitations of the study

The study was conducted on one particular hospital in Ghana with only 74 respondents and so makes it difficult to generalize the outcome nonetheless similar topics can look at more health institutions to increase the generalization of the findings.

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APPENDIX I

QUESTIONAIRE

Dear respondents,

Thank you in advance for your time in completing the questions for my research work. I am a graduate student of the University of Ghana Business School and currently undertaking a research on the EXAMINATION OF CLINICAL RISK MANAGEMENT AT UNIVESITY OF GHANA HOSPITAL.

Your identity will not be disclosed under any circumstances and observations as well as questions answered during this study shall be confidential. I therefore seek your concern to go ahead. You are however at liberty to discontinue with being part of this study at any point.

Kindly indicate if you want to be part of the study by ticking the options below:

Yes, I agree ( ) No, I do not agree ( ).

Date:……

DEMOGRAPHIC INFORMATION.

1. Male ( ) Female ( )
2. What is your profession/designation in this hospital please?

……

3. Can you please tell me how long you have been working here?

……

RISK MANAGEMENT PRACTICES.

4. What are the Hospitals top clinical risks?

   a.

   b.

c.

5. Does the Hospital Management effectively communicate the risk to employees?

Yes ( ) No ( ) Sometimes ( )

6. Does the Hospital assess its clinical risk?

Yes ( ) No ( )

7. Are risk assessments carried out within every department?

Yes ( ) No ( ).

8. Is the hospital effective in managing the risk?

Yes ( ) No ( ).

9. Is there any education provided to staff members on risk management?

Yes ( ) No ( ).

10. If yes to Q9 , how often

Every month Every quarter Once a year Other (specify)…….

11. Does the hospital have a risk management committee and team?

Yes ( ) No ( ).

12. Does the hospital have a Quality improvement committee, team and office?

Yes ( ) No ( ).

13. Does the hospital have Patients' complaints management?

Yes ( ) No ( )

14. Does the hospital have Safety plan?

Yes ( ) No ( ).

15. Does the hospital have Reporting system for adverse drug reactions (ADRs)?

Yes ( ) No ( )

16. Does the hospital have Incident reporting form?

Yes ( ) No ( )

17. If yes to Q 16 do the hospital reviews incident reports?

Yes ( ) No ( )

18. If Yes to Q 17, how often

Daily ( ) Weekly ( ) monthly ( ) Yearly ( )

19. Does the hospital have Labeling of medication packages?

Yes ( ) No ( )

20. Does the hospital have Electronic system for medication request?

Yes ( ) No ( )

RISK MANAGEMENT POLICIES.

21. Is there a risk management strategy in place?

Yes ( ) No ( )

22. If YES to Q 21, are staff members aware?

Yes ( ) No ( )

23. What kind/type of policies are in place

……

……

……

……

……

……

24. Are the policies available effective?

Yes ( ) No ( )

25. Is there anyone responsible for the Hospitals risk management strategy?

Yes ( ) No ( ).

26. Has the strategic and organisational context been clearly defined?

Yes ( ) No ( )

27. Has clinical risk evaluation criteria been clearly defined?

Yes ( ) No ( )

28. Has clinical risk management framework been established?

Yes ( ) No ( )

29. If yes to Q 28, has resources been established?

Yes ( ) No ( )

RISK MANAGEMENT IMPLEMENTATION

30. Has an organisation-wide risk management program that includes patient safety plan been implemented?

Yes ( ) No ( ). Not really sure ( )

31. If Yes to Q 30, List one

……

……

……

32. Do the organization-wide event management policy and procedures include directives for at least the following:

a. Definition of a reportable event (including examples)?

Yes ( ) No ( ).

c. Guidelines for documenting events in the medical record?

Yes ( ) No ( ).

33. What are some of the main challenges faced during the implementation of the clinical risk management practices in this facility?

……

……

…….

34. What do you recommend should be done to be able to effectively implement clinical risk management in this facility?

……

……

……

……

APPENDIX II