

Manual	GOVERNANCE POLICY		POLICY
Section 3.0	Program Quality and Effectiveness		
Title	RISK MANAGEMENT		
Issuing Body/ Prepared By	Quality Committee		
Approved by	Board of Directors		Number: GOV 3.40
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Purpose

As part of its responsibility for ensuring program quality and effectiveness, the Board recognizes the importance of reducing or preventing the potential for injury or loss to patients, visitors, and Hospital personnel or damage to Hospital assets. The Board will ensure that the Hospital establishes a process for identifying, managing and monitoring organizational risks. This policy sets out processes to support the Board in fulfilling this responsibility.

Policy

The Board will ensure that the Hospital has in place a risk management system which addresses the risks faced by the organization. Such system will include:

1. Review of the frequency and severity of adverse events.
2. Analysis of incidents to identify trends, new or increased risks, and opportunities for improvement.
3. Promoting the ongoing search for leading practices and benchmarking opportunities.
4. Fostering a quality improvement culture throughout the organization.
5. Taking action to avoid risk, mitigate impact and provide appropriate response to incidents.
6. Setting clear expectations, goals, and objectives to reduce harm and improve patient safety.
7. Encouraging communication and a blame-free dialogue about patient safety issues, incidents, and potential problems.

The Board delegates responsibility and authority to the Chief Executive Officer to develop, implement, support, and evaluate a risk management program consistent with this policy.

Monitoring:

Method: 1. Review of the policy
 2. Review of the risk management program and its outcomes.

Frequency: Annually