Policy Applies to:
- Board of Directors
- Mercy Hospital staff
- Credentialed Specialists
- Patients, Allied Health Professionals, Contractors, Students and Visitors.

CEO and Executive will facilitate compliance with this policy for the above groups.

Related Standards
- EQuIP Criterion 2.1.2 – Integrated Organisation-wide Risk Management Framework ensures that Corporate and Clinical Risks are Identified, Minimised and Managed
- NZS 8134:2008: 2.3 Health and Disability Services Standards: Quality and risk management systems
- Health Quality Safety Commission (HQSC); National Adverse Events Reporting Policy 2017
- Hazard Analysis Critical Control Point (HACCP) Food Safety Programme – New Zealand Food Safety Authority

Rationale
Mercy Hospital will minimise and manage inherent risks involved in providing healthcare services.

Objectives:
- To identify actual and potential risks associated with all aspects of Mercy Hospital’s operation.
- To prioritise each identified risk using a standardised process
- To develop and implement controls to mitigate each risk appropriately
- To ensure a robust system is in place to report, monitor and review each risk

Definitions:
Risk: 
*The effect of uncertainty on objectives*

ISO 31000 states:
“a risk is a future event and not something that is currently happening, but it could....there is no guarantee that it will happen but it is likely to be subject to a probability which we can predict. It will also have a cause and a consequence”
Risk Categories:
Risk at Mercy Hospital will be categorized as:
- Corporate Risk Register
- Clinical; Infra-structure; Operational; Corporate governance; Environmental; Business Integrity.
- Health and Safety Risk/Hazard Register
- Biological; Chemical & Dust; Ergonomic; Physical; Safety; Work Organisation

Risk Management:
Coordinated activities to direct and control an organization with regards to risk

Risk Assessment:
Risk assessment is a process that is used to identify the level of risk utilizing a likelihood and consequence matrix.

- Likelihood: the state or fact of something’s being likely; probability
- Consequence: a result or effect, typically one that is unwelcome or unpleasant

Likelihood x Consequence (Table 1) = Level of Risk

Implementation:
- All policies and processes support risk mitigation at Mercy Hospital
- Significant risks are elevated to the appropriate Executive member for assessment and review at Executive meetings.
  Managers, Coordinators and Leaders are responsible for the identification and the active management of risks in their areas. They work with the Health and Safety Coordinator and Health and Safety Representatives (HSR) to ensure that all identified risks and their controls are accurately reflected in the Health and Safety Hazard and Risk Register.
- The CEO manages the Corporate Risk Register. Risks identified on this Register require action and review at specified intervals.
- The CEO (or designate) has responsibility to notify Mercy’s insurer where the level of risk is deemed ‘extreme’ (refer Risk Assessment Tool on TPSC system)
- Risk assessment is standardised using the tool on the TPSC system
- Review frequency is managed according to the level of risk and the control measures in place determined at Executive review
- Education is provided for staff to ensure risk assessment and management procedures are disseminated, discussed and applied via HODs, HSR’s, incident reports, completion of action plans, feedback and meeting minutes
Evaluation
• Reviewed action plans for the Corporate Risk Register are reviewed at Executive, Quality and Risk Advisory Committee and Board of Directors Meetings monthly.
• All other Corporate risks are reviewed according to the agreed risk review cycle
• Risk Management Global Audit – annually
• Risks included in the Health and Safety Risk and Hazard register are reviewed a minimum of annually through the Category Risk audit process

Associated Documents
• External
  • EQuP Standard 2.1 – Quality Improvement and Risk Management, Criteria 2.1.1 and 2.1.2
  • Health & Safety at Work Act 2015
  • National Adverse Events Reporting Policy 2017

Internal
  • Quality and Risk Advisory Committee Terms of Reference
  • Quality and Risk Frameworks and Plan
  • Emergency Management
  • Fire Plan
  • Incident Management Policy
  • Complaints Policy
  • Delegation of Authorities Policy
  • Credentialing Policy
  • Hazard Management Policy
  • Health and Safety Policy