

PROGRAM HISTORY



TOP THREE IDENTIFIED BEST PRACTICES FOR EFFECTIVE IRM

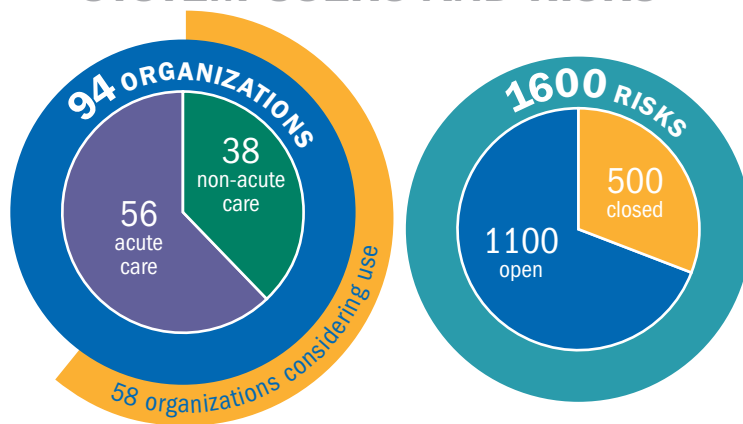
- 1** Board and senior leadership ownership
- 2** Focus on risks to key strategic objectives (including those related to care, human resources, leadership, external relations, IM/IT, facilities, etc.)
- 3** Keep it simple

PROGRAM COMPONENTS

- 1** Evidenced-informed best practice guide and resources
- 2** Common taxonomy of key risks in healthcare organizations
- 3** Shared, on-line "Risk Register"



SYSTEM USERS AND RISKS



TOP THREE

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|--|---|
| Acute Care risks by CATEGORY | <ol style="list-style-type: none"> 34% Care 15% HR 10% IM/IT |
| Acute Care risks by FREQUENCY | <ol style="list-style-type: none"> Care - Communication/coordination Care - Medication adverse events Finances - Revenue/funding |
| Non-acute Care risks by CATEGORY | <ol style="list-style-type: none"> 19% HR 18% Care 18% Finances |
| Non-acute Care risks by FREQUENCY | <ol style="list-style-type: none"> Finances - Revenue/funding Regulatory - Regulations/legislation HR - Recruitment/retention |
| Risks by LIKELIHOOD | <ol style="list-style-type: none"> HR - Failure to pay benefits/OT HR - Violence/disruptive behaviour IM/IT - Technology failure |
| Risks by IMPACT | <ol style="list-style-type: none"> Care - Wrong patient/site Regulatory - Privacy breach Facilities - Plant/system failure |

PRE/POST IMPLEMENTATION EVALUATION

Estimated healthcare cost savings:

- \$650,000 per organization (consultants, technology, and human resources)
- \$61 million for all 94 organizations on the system

