HIROC

2022

TOP HEALTHCARE RISKS

Seventh Annual Report
on a Shared Canadian System
for Integrated Risk Management

November 2022

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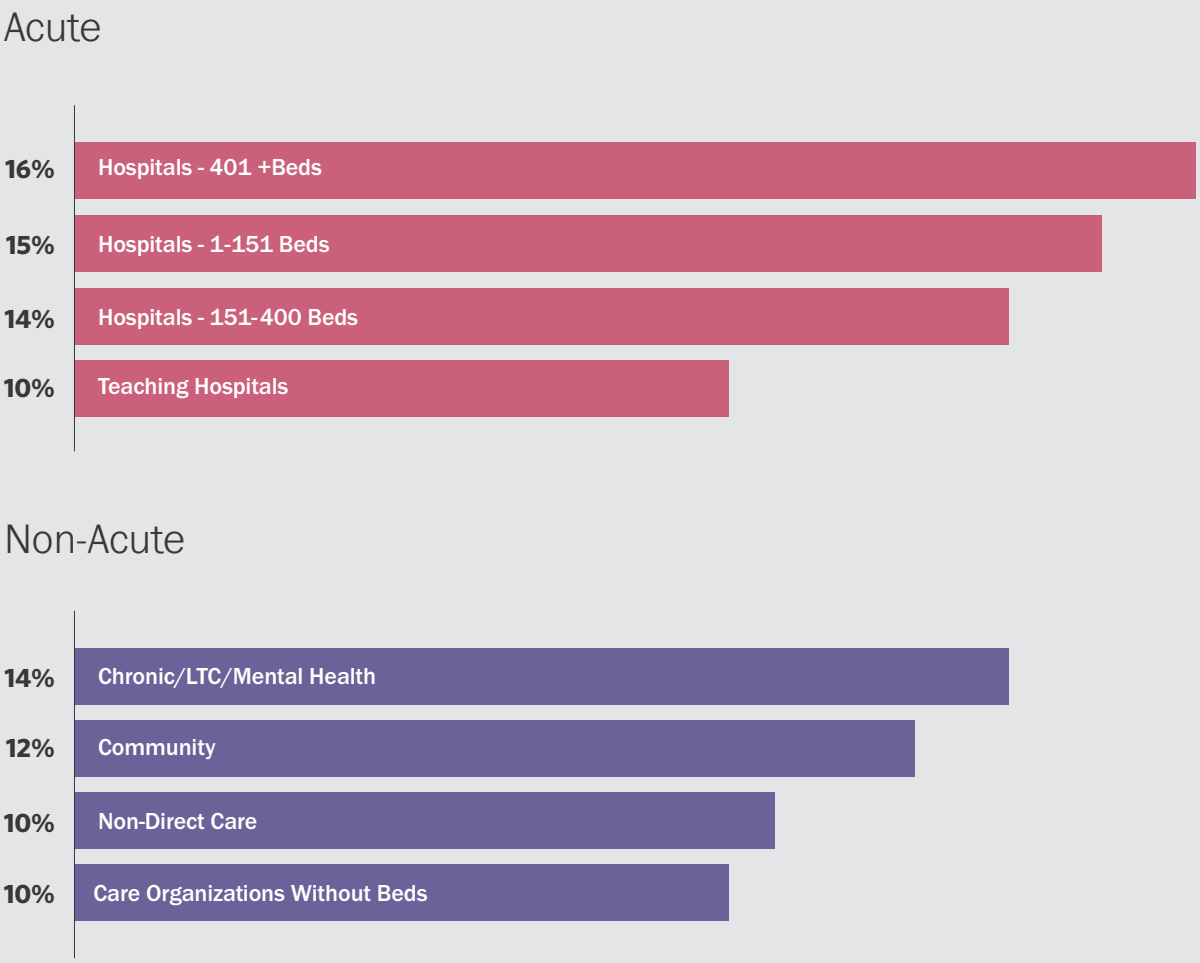
Introduction

Management and oversight of key organizational risks is a critical function for healthcare leaders and governing boards. It is prudent for leadership teams to take a proactive approach to identify and manage risks. Consequences of ineffective management of risks range from underperformance to significant financial, reputational, and operational losses. Integrated Risk Management (IRM) provides a framework for prioritizing different types of risks from across an organization to prevent or reduce losses.

At the end of 2021, a total of 4905 risks have been tracked within the Risk Register by 147 organizations (80 acute-care and 67 non-acute-care) across Canada.

Figure 1 **Risk register participants with open risks by peer group over the last five years (n=147)**



IRM best practices

1. Create investment with board risk governance and senior leadership ownership
2. Prioritize risks to patients and staff
3. Align risks to strategic objectives wherever possible
4. Keep it simple

Appendix A – IRM best practices, expands on these four key wise practices.

How can this report help you advance your IRM program?

- This information can facilitate the conversation with your senior team and board to advance your IRM program. The analysis of aggregate data, which reveals top risks by frequency, and by average ratings of likelihood and impact, can assist in risk identification. Consider significant risks in your own organization and the most important risks in healthcare—the risk of harm to patients and staff—while maintaining a balanced appreciation in other key areas.
- Review of this report with your safety, risk, patient safety, and quality teams will build awareness of common risks. The information in this report is meant to help your team and organization systematically identify and assess key risks internally while developing mitigation strategies.
- Identifies areas of opportunity in your own IRM program, informing your committed conversations on risk management and safety.
- By evaluating the linkage of Risk Register data with other data sources such as the HIROC claims database, will further refine risk areas to explore.

The Risk Register application will continue to yield valuable insights and share knowledge to improve the management of key risks and thereby assist in the achievement of strategic objectives across the healthcare system—particularly the objective of ensuring high quality and safe care for patients.

Data Analysis Methodology

Risk Register participants assess risks using likelihood and impact, following a common scoring matrix (Appendix B). The data analysis on the following report aggregates all tracked open risks until the end of December 2021 using these two parameters—likelihood and impact—as well as frequency of occurrence, and risk rating. In this report, the analysis includes ranking trends of the top 10 tracked open risks by all four parameters—likelihood, impact, frequency, and risk rating—over the past five years.

- The *frequency* ranking is based on how often a *risk* is tracked in the Risk Register, i.e., number of entries.
- The *likelihood* and *impact* rankings are based on the average of the assigned scores in the registry.
- The *rating* ranking is based on the average of the multiplication of *likelihood* and *impact* scores across entries.

Likelihood, *impact*, and *rating* rankings compare *risks* against other *risks*, without accounting for the frequency of each *risk*.

Ranking position for a particular *risk* is determined by their calculated score, and how it compares to the scores of other *risks*. As such, a change in ranking positions for a risk may occur due to other risk scores changing. For example, a *risk* can drop from first to fifth place in the likelihood ranking with no change to their likelihood score. Additionally, the closing of risks—excluded from the analysis—influences the calculated scores and rankings.

Trend plots

The plots illustrate the ranking history of the 2021 top 10 risks for each parameter. To have an accurate representation of trends over time the actual ranking value for each year of a particular risk is included. All ranking values on the vertical axis are not shown to optimize readability, as such rankings 11 and above are being combined together into four groups:

- ≤25 – ranks between 11 and 25
- ≤50 – ranks between 26 and 50
- ≤75 – ranks between 51 and 75
- >75 – ranks greater than 75

All *risks* in the Risk Register can be found listed by frequency of occurrence within each *strategic objective risk category* in the following appendices:

- Appendix C – All Organizations
- Appendix D– Acute Care Organizations
- Appendix E – Non-Acute Care Organizations

Organization's highest ranked likelihood risks tables

The percent of organizations was calculated by ranking each organization's risks based on likelihood, then the number of organizations per top ranked risk was calculated, and then divided over the total number of organizations by sector, resulting in a list of risks and the associated percent of organization's that have those risks as their highest likelihood.

This analysis facilitates understanding the perceived importance of certain risks across organizations based on the likelihood of an event occurring.

Peer Grouping

Data is aggregated based on the organization's care delivery service. Acute care hospitals are grouped by number of beds, or if a teaching hospital. The non-acute peer groupings have been adjusted from eight groups in previous reports to four. The intention of the updated groupings is to provide more focused information for the overall non-acute sector.

Data privacy

All data is aggregated and anonymized prior to publication. To address confidentiality and privacy, risks submitted by less than five organizations were excluded from the top-rated risks analysis.

Five Year Evolution

The following visualizations provide insights of the shift in focus of what organizations with continued use over the last five years are currently monitoring. The plots show the difference in the number of risks between 2017 and 2021 for *strategic objective risk categories* and *risks* for these organizations, illustrating the change in the Risk Register composition. The analysis was limited to organizations with continued use, to account for changes in *risk* counts by new Risk Register organizations.

Over this period, focus has shifted towards *Information Management/Technology (IM/T)* and *Human Resources* risks (Figure 2). Specifically in *Breach/Loss of information* and *Systems reliability* risks, as well as in *Recruitment/Retention*, *Violence/Disruptive*, and *Psychological injuries* risks (Figure 3).

Organizations with five years of continuous Risk Register use (n=66)

Figure 2

Change of frequency by *strategic objective risk category* for organizations with continuous use over the last five year

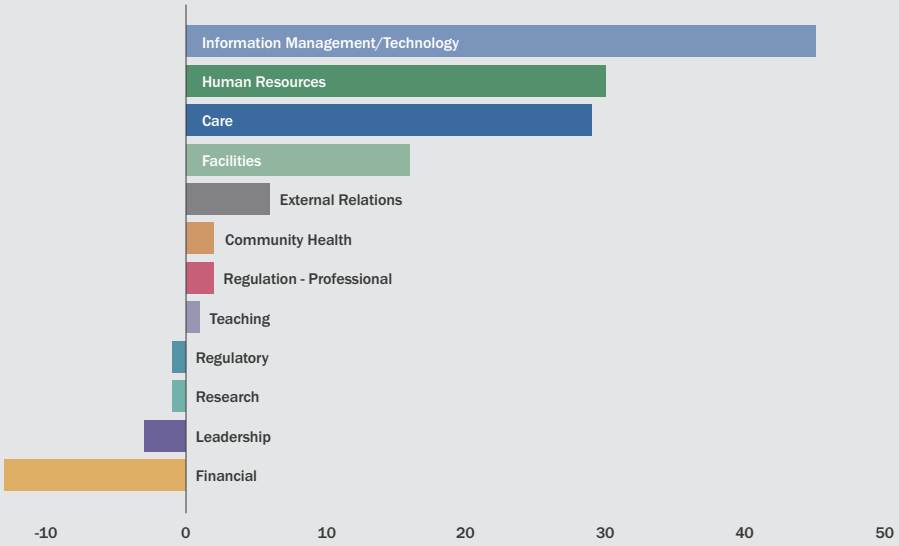
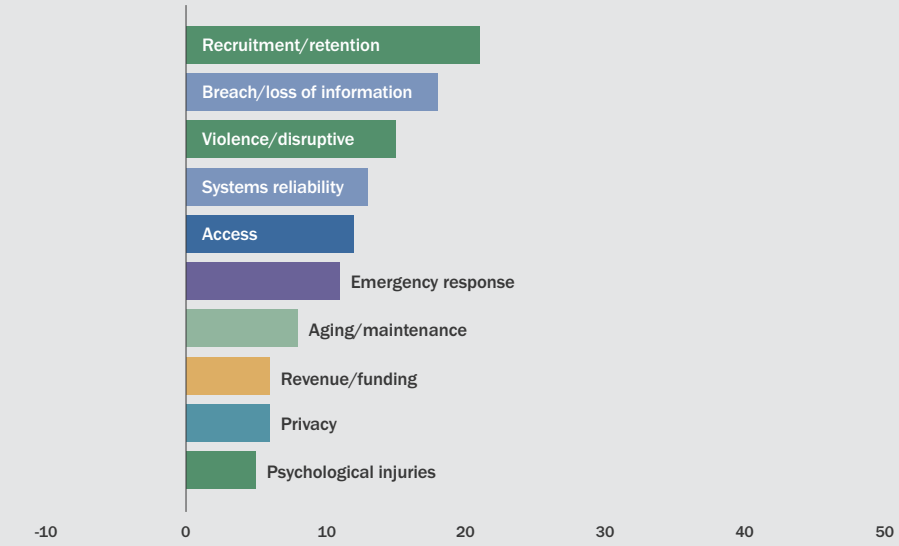


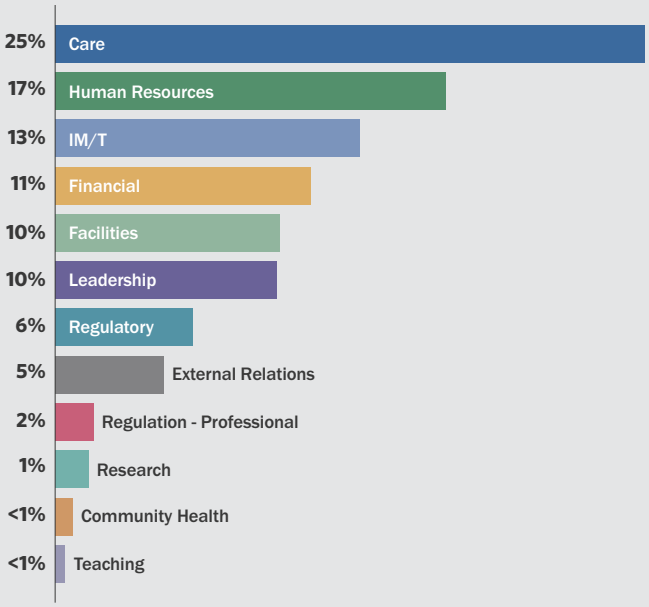
Figure 3

Change of frequency for top 10 risks with positive change for organizations with continuous use over the last five years

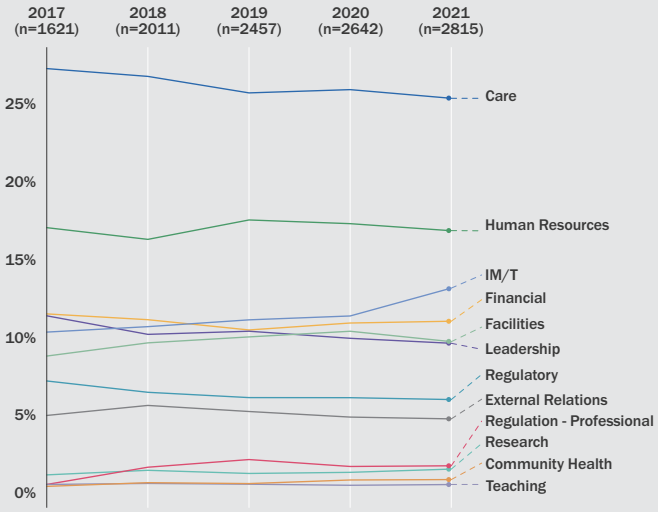


Top Healthcare Risks: All Organizations

Distribution of risk by *strategic objective risk categories*

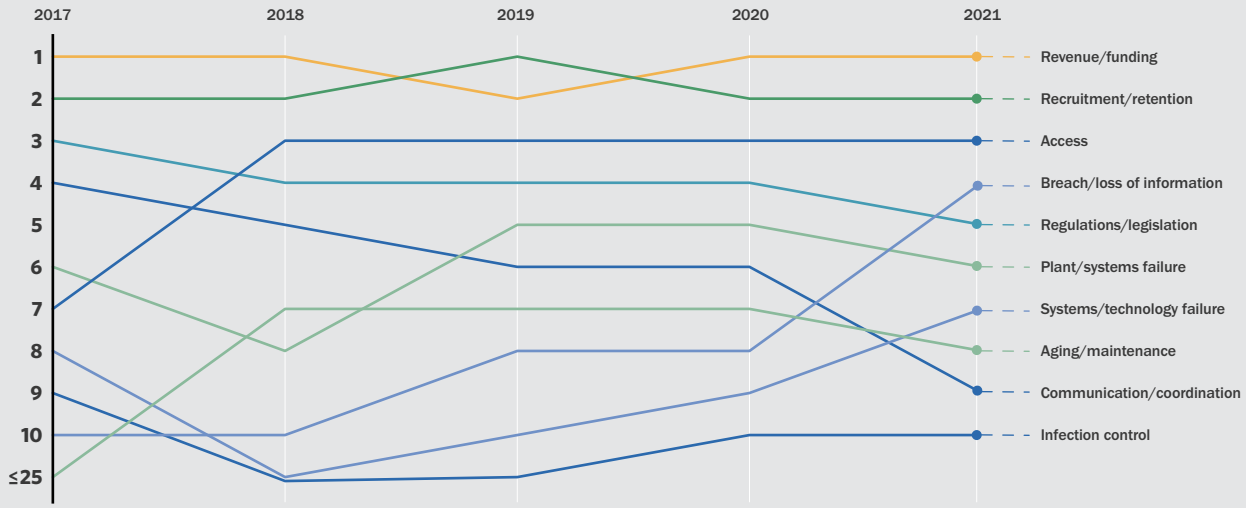


Trend of distribution by *strategic objective risk categories*



The five-year trend reflects a slight decrease in the proportion of *Care* risks, this could be attributed to the increase tracking of risks in other *strategic objective risk categories*, such as *Information Management/Technology* and *Human Resources*. The emphasis on risks to people and to organizational infrastructure is an important outcome of the system with a focus on patient and staff safety.

Trend of 2021 top 10 ranking by frequency of Risk Register tracked risks



ALL ORGANIZATIONS BY RISK PARAMETERS

Top 10 Risk Register 2021 tracked risks by *likelihood*

	CATEGORY	RISK
1	HR	Recruitment/retention
2	IM/T	Biomedical technology needs
3	Care	Length of stay
4	HR	Benefits/overtime
5	Facilities	Physical space constraints
6	Care	Supply shortages
7	Care	Access
8	HR	Psychological injuries
9	Care	Discharge/transitions
10	Lead.	Change management

Top 10 Risk Register 2021 tracked risks by *impact*

	CATEGORY	RISK
1	Care	Birth trauma
2	Care	Abduction
3	Care	Death by Suicide/self-harm
4	Reg. Prof.	Complaints/resolution
5	HR	Psychological injuries
6	Care	Diagnostic errors
7	Financial	Revenue/funding
8	IM/T	Breach/loss of information
9	Care	Multi-incident
10	Reg. Prof.	Registration/licensure

Top 10 Risk Register 2021 tracked risks by *rating*

	CATEGORY	RISK
1	Care	Length of stay
2	HR	Psychological injuries
3	IM/T	Biomedical technology needs
4	Care	Acuity
5	Facilities	Physical space constraints
6	HR	Recruitment/retention
7	Care	Discharge/transitions
8	Care	Access
9	Care	Birth trauma
10	Financial	Revenue/funding

ACROSS SECTORS BY FREQUENCY

All Organizations

Top 10 Risk Register 2021 tracked risks by *frequency*

	CATEGORY	RISK
1	Financial	Revenue/funding
2	HR	Recruitment/retention
3	Care	Access
4	IM/T	Breach/loss of information
5	Reg.	Regulations/legislation
6	Facilities	Plant/systems failure
7	IM/T	Systems/technology failure
8	Facilities	Aging/maintenance
9	Care	Communication/coordination
10	Care	Infection control

Acute

Top 10 Risk Register 2021 tracked risks by *frequency*

	CATEGORY	RISK
1	HR	Recruitment/retention
2	Care	Access
3	Financial	Revenue/funding
4	IM/T	Breach/loss of information
5	Facilities	Plant/systems failure
6	Facilities	Aging/maintenance
7	IM/T	Systems/technology failure
8	Care	Adverse events (AE)
9	Reg.	Regulations/legislation
10	Care	Communication/coordination

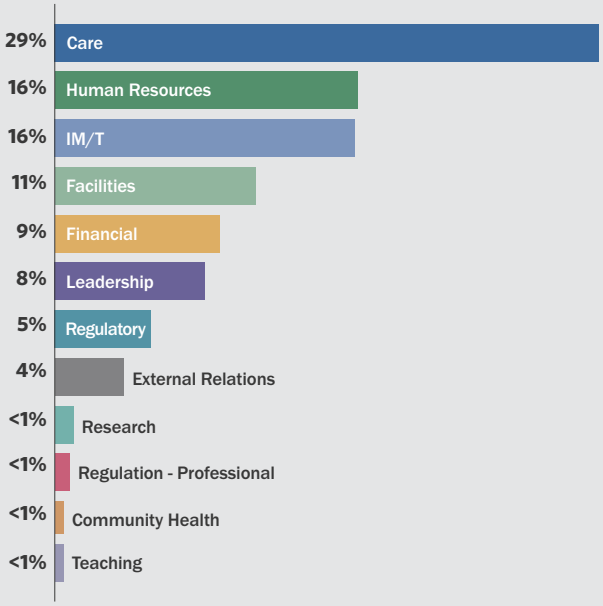
Non-Acute

Top 10 Risk Register 2021 tracked risks by *frequency*

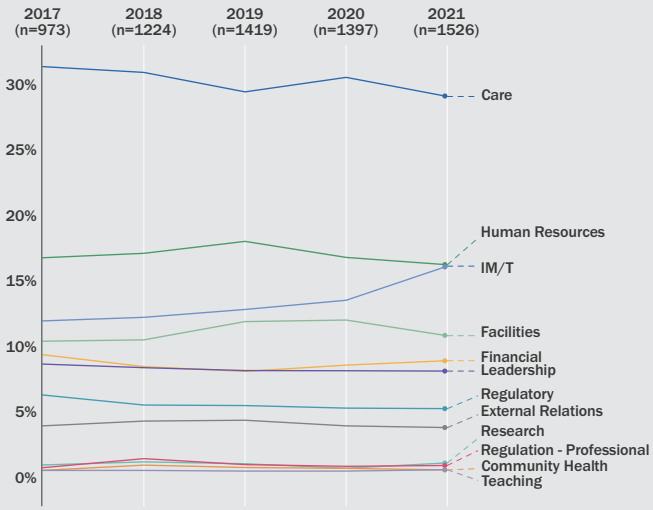
	CATEGORY	RISK
1	Financial	Revenue/funding
2	Reg.	Regulations/legislation
3	HR	Recruitment/retention
4	IM/T	Systems/technology failure
5	HR	Development
6	Care	Infection control
7	Facilities	Plant/systems failure
8	Care	Communication/coordination
9	Lead.	Emergency response
10	IM/T	Breach/loss of information

Top Healthcare Risks: Acute Care

Distribution of Risk Register 2021 tracked risks by *strategic objective category*



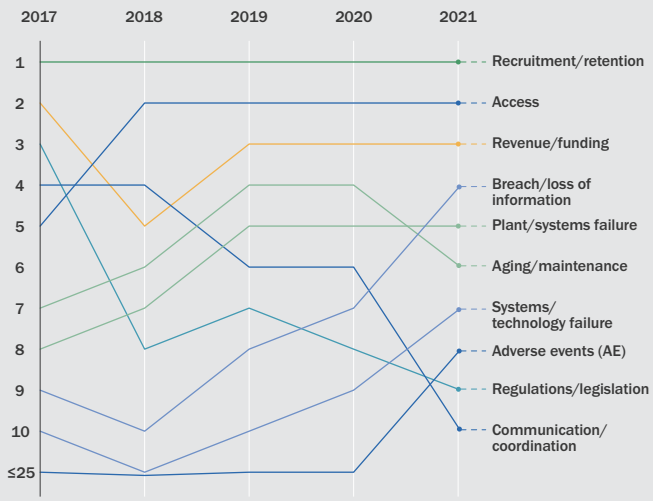
Five-year trend of distribution of Risk Register tracked risks by *strategic objective category*



Top 10 Risk Register 2021 tracked risks by *frequency*

	CATEGORY	RISK
1	HR	Recruitment/retention
2	Care	Access
3	Financial	Revenue/funding
4	IM/T	Breach/loss of information
5	Facilities	Plant/systems failure
6	Facilities	Aging/maintenance
7	IM/T	Systems/technology failure
8	Care	Adverse events (AE)
9	Reg.	Regulations/legislation
10	Care	Communication/coordination

Trend of 2021 top 10 ranking by *frequency* of Risk Register tracked risks



Top 10 Risk Register 2021 tracked risks by *likelihood*

	CATEGORY	RISK
1	HR	Recruitment/retention
2	HR	Psychological injuries
3	Financial	Revenue/funding
4	Care	Access
5	Financial	Costs
6	HR	Engagement
7	Care	Discharge/transitions
8	Facilities	Physical space constraints
9	HR	Violence/disruptive
10	Lead.	Change management

Top 10 Risk Register 2021 tracked risks by *impact*

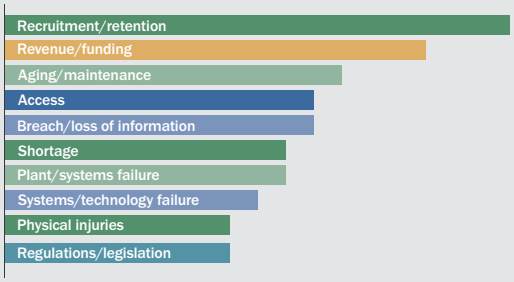
CATEGORY	RISK
Care	Birth trauma
Care	Death by Suicide/self-harm
Care	Diagnostic errors
HR	Psychological injuries
Care	Wrong patient/site
Facilities	Hazardous materials
Care	Discharge/transitions
Lead.	Emergency response
Care	Security/assault
Financial	Revenue/funding

Top 10 Risk Register 2021 tracked risks by *rating*

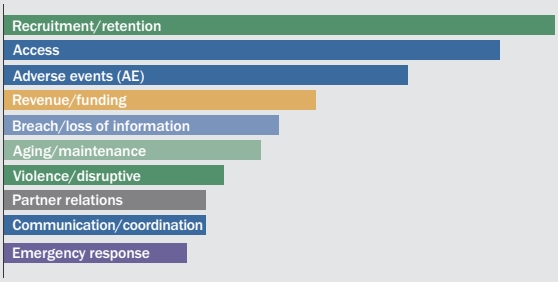
CATEGORY	RISK
HR	Psychological injuries
Financial	Revenue/funding
Care	Discharge/transitions
Care	Elopement/unauthorized absence
Care	Length of stay
Facilities	Physical space constraints
HR	Recruitment/retention
Care	Access
IM/T	Biomedical technology needs
Care	Acuity

Risk frequency by acute peer group

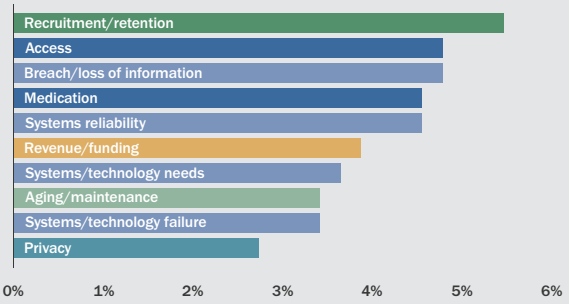
Hospitals 1-151 Beds



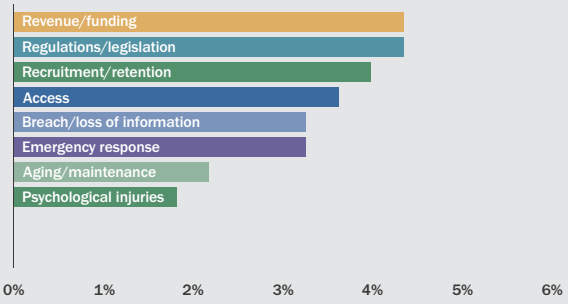
Hospitals 151-400 Beds



Hospitals 401+ Beds



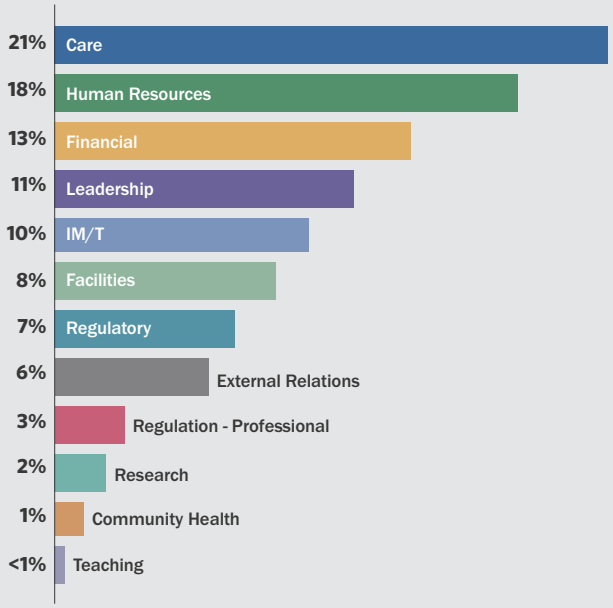
Teaching Hospitals



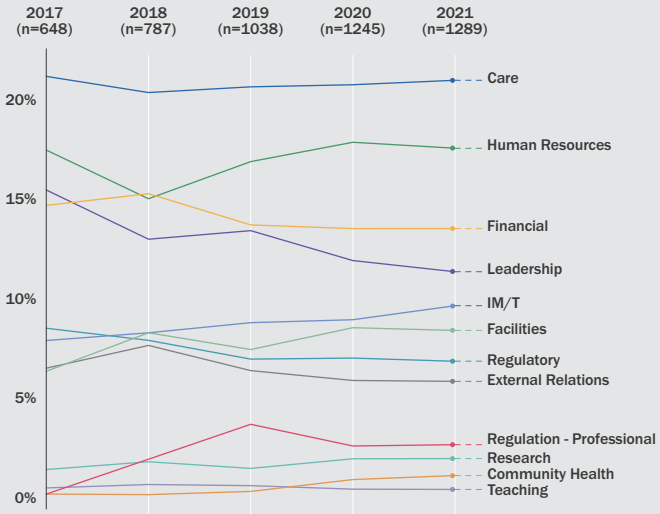
Organization's highest ranked likelihood risks	25% Recruitment/ retention	21% Access	21% Revenue/ funding	11% Violence/ disruptive behaviours	9% Aging/ maintenance
	PERCENTAGE OF ORGANIZATIONS				
	RISK				

Top Healthcare Risks: Non-Acute

Distribution of Risk Register 2021 tracked risks by *strategic objective category*



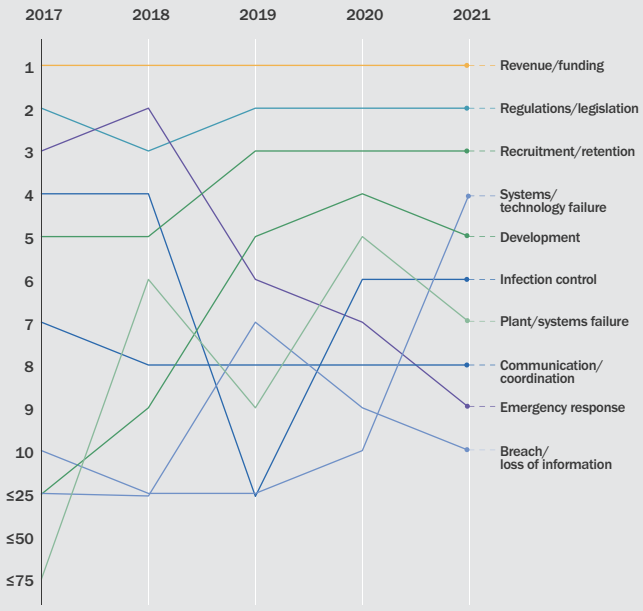
Five-year trend of distribution of Risk Register tracked risks by *strategic objective category*



Top 10 Risk Register 2021 tracked risks by *frequency*

	CATEGORY	RISK
1	Financial	Revenue/funding
2	Reg.	Regulations/legislation
3	HR	Recruitment/retention
4	IM/T	Systems/technology failure
5	HR	Development
6	Care	Infection control
7	Facilities	Plant/systems failure
8	Care	Communication/coordination
9	Lead.	Emergency response
10	IM/T	Breach/loss of information

Trend of 2021 top 10 ranking by *frequency* of Risk Register tracked risks



Top 10 Risk Register 2021 tracked risks by *likelihood*

	CATEGORY	RISK
1	Care	Supply shortages
2	Care	Acuity
3	Facilities	Physical space constraints
4	Lead.	Politics
5	Care	Discharge/transitions
6	Lead.	Change management
7	Care	Patient falls
8	HR	Shortage
9	Care	Access
10	HR	Psychological injuries

Top 10 Risk Register 2021 tracked risks by *impact*

CATEGORY	RISK
Care	Death by Suicide/self-harm
Reg. Prof.	Clinical quality assurance
IM/T	Breach/loss of information
Care	Experience/relations
Financial	Revenue/funding
Care	Acuity
HR	Psychological injuries
Lead.	Culture
IM/T	Records management
IM/T	Systems project

Top 10 Risk Register 2021 tracked risks by *rating*

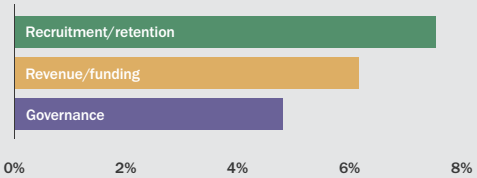
CATEGORY	RISK
Care	Acuity
Lead.	Politics
Care	Death by Suicide/self-harm
Financial	Revenue/funding
HR	Psychological injuries
Care	Discharge/transitions
Care	Experience/relations
Facilities	Physical space constraints
HR	Shortage
IM/T	Breach/loss of information

Peer Group Frequency Analysis

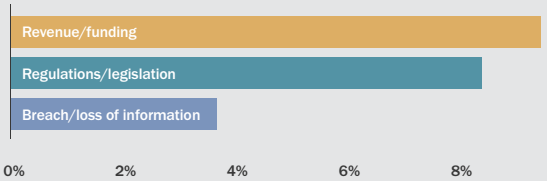
Care Organizations Without Beds

Chronic/LTC/Mental Health

Community



Non-Direct Care



Organization's highest ranked likelihood risks	12% Patient Falls	12% Recruitment/ retention	10% Regulations/ legislation	8% Infection control	8% Revenue/ funding
	PERCENTAGE OF ORGANIZATIONS				
	RISK				

Glossary

Acute-care organizations
Refers to any hospitals including large/teaching hospitals and regional health authorities.

All organizations
Include both acute care and non-acute care organizations.

Closed risk
Risk status in the Risk Register is resolved or inactive.

Frequency
The number of times a particular risk has been entered into Risk Register by organizations.

The highest frequency risks are those with the highest count or prevalence in the system.

Likelihood
The probability of an event occurring.

The Risk Register allows for risks entered into the system to be assessed on a five-point likelihood/probability scale, with five being the highest (Common risk scoring matrix and likelihood scale available on Appendix B).

Average likelihood scores are used for aggregate analysis of risks in the Top Healthcare Risks report.

Impact
The consequences, losses that could result if that risk were to be realized – How bad? (e.g., patient harm, service interruption, financial costs).

The Risk Register allows for risks to be assess on a five-point impact/severity scale, with five being the highest (Common risk scoring matrix and impact scale available on Appendix B).

Average impact scores are used for aggregate analysis of risks in the Top Healthcare Risks report.

Integrated Risk Management (IRM)
Integrated risk management (IRM) is defined as "a continuous, proactive, and systematic process to understand, manage, *prioritize** and communicate, risk from an organization-wide perspective in a cohesive and consistent manner. It is about supporting strategic decision-making that contributes to the achievement of an organization's overall objectives". (Treasury Board of Canada Secretariat, 2016), *added by HIROC.

Non-acute care organizations
Refers to primary/community health centers, long-term care, hospices, rehab centers, mental health, and organizations that do not provide direct patient care.

Open risk
Risk status in the Risk Register is active or under initial review.

Rating
The overall risk rating is generated in the Risk Register system as the multiplication of likelihood and impact scores, with a total of 25 being the highest score.

Risk
Effect of uncertainty on objectives (ISO 31000).

A risk is the "chance or possibility of danger, loss, or injury. For health services organizations, this can relate to the health and well-being of clients, staff and the public, property, reputation, environment, organizational functioning, financial stability, market share and other things of value." (Accreditation Canada, 2009).

Strategic Objective Risk Category
Concise list of key risks related/aligned to a common set of strategic objectives.

Risk register
Online record and tool providing a high-level summary of the risks to the organization including information related to risk lead, risk ratings, and key controls.

Trend
Long-term pattern that is currently evolving.

Appendices

Appendix A IRM best practices

1. Ensure board and senior leader ownership

Boards must take an active and direct role in IRM (Caldwell, 2012) by asking management probing questions about key risks (Stevens, Willcox, & Borovoy, 2019). Please follow the link to see 21 Questions to ask senior leaders about risk. There must also be visible ownership of risks by senior leaders, ensuring accountability and resources for effective risk management.

2. Focus on risks to key strategic objectives

Evidence shows that in healthcare, there is no dichotomy between risks that are strategic and those that are operational. Rather, strategic risks are risks that if left unchecked, could negatively impact achievement of strategic objectives including risks in operational areas such as patient harm, staff harm, loss of resources or services. Operational events such as the high-profile death of a patient because of an adverse event or a fraud by a key staff member can quickly escalate into strategic risks. In the Canadian healthcare system, there is alignment around a common set of strategic objectives (see examples in Table 1) and risks related to these objectives are largely known.

Table 1. Strategic objectives risk categories.

CATEGORY	SAMPLE STRATEGIC OBJECTIVE STATEMENT
Care	Deliver safe, high-quality care
Community health	Develop effective health promotion and prevention programs
External relations	Listen to the needs of our community
Facilities	Strategically invest in facilities
Financial	Maintain strong financial performance
Human resources	Provide a safe and engaging work environment of staff and physicians
Information management/ technology	Use technology to improve quality, safety, and continuity of care
Leadership	Establish a culture that focuses on learning, collaboration, and improvement
Regulation-professional	Maintain good professional practice standards
Regulatory	Achieve exemplary accreditation standing
Research	Develop new knowledge and innovations
Teaching	Educate health care providers to meet the future needs of the community

3. Keep it simple

In complex human-based systems (such as healthcare), some important risks are hard to quantify and risk assessments by individuals and groups are inherently biased (Mikes & Kaplan, 2014). Organizations that have been successful in implementing IRM, simplify processes, iterate, and start with a few key risks and actions to improve these.

Appendix B Risk Scoring Matrix Sample

Adapted from the 'A risk matrix for risk managers' guidance, National Patient Safety Agency, NHS, UK 2008 (NHS, 2008)

POTENTIAL IMPACT SCALE

DIMENSION	VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
Physical/ psychological harm	• Minimal harm, no/ minimal intervention or treatment • No time off work	• Minor harm or illness, minor intervention • Time off work for <3 days • Increase in LOS by 1-3 days	• Moderate harm, professional intervention • Time off work for 4-14 days • Increase in LOS by 4-15 days • Small number of patients	• Major harm leading to long-term incapacity disability • Time off work for >14 days • Increase in LOS by >15 days • Mismanagement of patient care with longterm effects	• Incident may lead to death • Multiple permanent instances of harm, irreversible health effects • Large number of patients
Disengaged staff/ physicians	• Low level of internal grievances	• Grievances occurring but not in large numbers	• Grievances show an increasing pattern • Low staff morale	• Grievances are increasing and more pervasive • Very low staff morale	• Grievances preoccupy the organization, arbitration and external review • Loss of several key staff
Financial loss	• Small loss	• 1% of budget	• 1-2% of budget	• 2-5% of budget	• >5% of budget
Reputation with stakeholders (including: community, donor, media, gov't, public, partners)	• Rumours • Potential stakeholder concern	• Local media coverage (short- term) • Elements of stakeholder expectation not being met	• Local media coverage (sustained) • Short-term reduction in stakeholder confidence	• National media coverage (short-term) • Potential for political involvement • Longer-term reduction in stakeholder confidence	• National media coverage (sustained) • Political intervention • Sr. leader termination • Long-term reduction in stakeholder confidence
Service/business interruption	• Interruption of >1 hour	• Interruption of >8 hours	• Interruption of >1 day	• Interruption of >1 week	• Permanent loss of service or facility
Compliance	• Minor noncompliance statutory duty	• Single failure to meet external standards or follow protocol • Recommendations to comply with external agency	• Repeated failures to meet external standards • Orders issued, report required by external agency	• Multiple statutory breeches /noncompliance with external standards • Prolonged inspection, significant findings • Prosecution initiated for non-compliance	• Gross failure to meet standards • Maximum fines • Criminal code violation • Impact on affiliation agreements
Business objectives/ projects	• Insignificant schedule delay	• Minor schedule delay • Small number of objectives not met	• Moderate schedule delay • Some objectives not met	• Significant schedule delay • Key objectives not met	• Initiative not implemented • Key objectives not met

LIKELIHOOD SCALE

DIMENSION	VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
Broad descriptors	• Will probably never occur/recur	• Do not expect it to happen/recur but it is possible	• Might happen or recur occasionally	• Will probably happen/ recur	• Will undoubtedly happen/ recur, possibly frequently
Time-frame	• Not expected to occur for years	• Expected to occur at least annually	• Expected to occur at least monthly	• Expected to occur at least weekly	• Expect to occur at least daily
Probability	• <0.1%	• 0.1-1%	• 1-10%	• 10-50%	• >50%

Appendix C Risks by Frequency – All Organizations

Below are all risks entered in the Risk Register to date for all organizations. They are sorted by most frequently cited within each *strategic objective risk category*. See the "Taxonomy of Healthcare Organizational Risks" for full list of key risks and longer descriptions.

CARE

1 Access
2 Communication/coordination
3 Infection control
4 Adverse events (AE)
5 Medication
6 Security/assault
7 Patient falls
8 Monitoring
9 Laboratory/radiology
10 Supply shortages
11 Experience/relations
12 Discharge/transitions
13 Wrong patient/site
14 Pressure injuries
15 Elopement/Unauthorized absence
16 Care/Consent conflicts
17 Death by Suicide/self-harm
18 Acuity
19 Diagnostic errors
20 Complaints management
21 Birth trauma
22 Restraints/entanglement/ entrapment
23 Multi-incident
24 Abduction
25 Contracted services monitoring
26 Length of stay
27 Pain management
28 Patient victimization
29 Support services
30 Retained foreign objects
31 Airway
32 Not seen not found
33 Readmissions

HUMAN RESOURCES

1 Recruitment/retention
2 Shortage
3 Development
4 Physical injuries
5 Violence/disruptive
6 Engagement
7 Labour relations
8 Psychological injuries
9 Scope of practice
10 Wrongful dismissal
11 Rights
12 Agency issues
13 Benefits/overtime

FINANCIAL

1 Revenue/funding
2 Costs
3 Inefficiencies
4 Reporting
5 Fraud
6 Contracts
7 Procurement
8 Fines/liabilities
9 Supply chain
10 Investments

LEADERSHIP

1 Emergency response
2 Strategy alignment
3 Governance
4 Change management
5 Strategic projects
6 Culture
7 Succession
8 Information gaps
9 Mergers
10 Politics
11 New program/technology
12 Alignment acute/non-acute
13 Conflict of interest

INFORMATION MANAGEMENT/TECHNOLOGY

1 Breach/loss of information
2 Systems/technology failure
3 Systems/technology needs
4 Systems reliability
5 Technology use
6 Systems project
7 Biomedical technology needs
8 Records management
9 Systems integration
10 Biomedical technology failure

FACILITIES

1 Plant/systems failure
2 Aging/maintenance
3 Building access
4 Property damage
5 Building project/construction
6 Hazardous materials
7 Physical space constraints
8 Visitor falls

REGULATORY

1 Regulations/legislation
2 Privacy
3 Accreditation
4 Credentialing
5 Performance agreements

EXTERNAL RELATIONS

1 Partner relations
2 Community relations
3 Media relations
4 Government relations
5 Donor relations

REGULATION - PROFESSIONAL

1 Facility accreditation/quality review
2 Quality assurance of clinical/ medical practice
3 Complaints/resolution
4 Registration/licensure

TEACHING

1 Student experience
2 Student performance
3 Accreditation (teaching)
4 Contracts (teaching)

RESEARCH

1 Funding (research)
2 Adverse events (research subjects)
3 Ethics
4 Intellectual property
5 Contracts (research)
6 Grant usage
7 Misconduct
8 Conflict of interest
9 Inspections (research)

COMMUNITY HEALTH

1 Demographics
2 Emergency medical services
3 Immunization
4 Chronic disease management
5 Prenatal care
6 Primary care

Appendix D Risks by Frequency – Acute Care

Below are all risks entered in the Risk Register to date for acute care organizations. They are sorted by most frequently cited within each *strategic objective risk category*. See the "Taxonomy of Healthcare Organizational Risks" for full list of key risks and longer descriptions.

CARE

1 Access
2 Adverse events (AE)
3 Communication/coordination
4 Medication
5 Infection control
6 Patient falls
7 Security/assault
8 Monitoring
9 Supply shortages
10 Laboratory/radiology
11 Pressure injuries
12 Experience/relations
13 Discharge/transitions
14 Wrong patient/site
15 Acuity
16 Care/consent conflicts
17 Death by Suicide/self-harm
18 Diagnostic errors
19 Birth trauma
20 Elopement/unauthorized absence
21 Complaints management
22 Length of stay
23 Pain management
24 Restraints/entanglement/ entrapment
25 Multi-incident
26 Abduction
27 Patient victimization
28 Retained foreign objects
29 Support services
30 Contracted services monitoring
31 Not seen not found
32 Readmissions

HUMAN RESOURCES

1 Recruitment/retention
2 Shortage
3 Violence/disruptive
4 Physical injuries
5 Engagement
6 Development
7 Psychological injuries
8 Scope of practice
9 Labour relations
10 Wrongful dismissal
11 Agency issues
12 Rights
13 Benefits/overtime

FINANCIAL

1 Revenue/funding
2 Costs
3 Inefficiencies
4 Procurement
5 Fraud
6 Fines/liabilities
7 Reporting
8 Supply chain
9 Contracts
10 Investments

LEADERSHIP

1 Emergency response
2 Change management
3 Strategy alignment
4 Culture
5 Governance
6 Strategic projects
7 Succession
8 Mergers
9 Information gaps
10 New program/technology
11 Politics
12 Alignment acute/non-acute
13 Conflict of interest

INFORMATION MANAGEMENT/TECHNOLOGY

1 Breach/loss of information
2 Systems/technology failure
3 Systems/technology needs
4 Systems reliability
5 Biomedical technology needs
6 Technology use
7 Systems project
8 Systems integration
9 Records management
10 Biomedical technology failure

FACILITIES

1 Plant/systems failure
2 Aging/maintenance
3 Building project/construction
4 Building access
5 Property damage
6 Physical space constraints
7 Hazardous materials
8 Visitor falls

REGULATORY

1 Regulations/legislation
2 Privacy
3 Accreditation
4 Credentialing
5 Performance agreements

EXTERNAL RELATIONS

1 Partner relations
2 Community relations
3 Media relations
4 Government relations
5 Donor relations

REGULATION - PROFESSIONAL

1 Quality assurance of clinical/ medical practice
2 Facility accreditation/quality review
3 Registration/licensure
4 Complaints/resolution

TEACHING

1 Student experience
2 Accreditation (teaching)
3 Student performance

RESEARCH

1 Funding (research)
2 Adverse events (research subjects)
3 Ethics
4 Intellectual property
5 Contracts (research)
6 Grant usage
7 Misconduct

COMMUNITY HEALTH

1 Demographics
2 Immunization
3 Chronic disease management
4 Primary care

Appendix E Risks by Frequency – Non-Acute Care

Below are all risks entered in the Risk Register to date for non-acute care organizations. They are sorted by most frequently cited within each *strategic objective risk category*. See the "Taxonomy of Healthcare Organizational Risks" for full list of key risks and longer descriptions.

CARE

1 Infection control
2 Communication/coordination
3 Access
4 Medication
5 Security/assault
6 Adverse events (AE)
7 Laboratory/radiology
8 Patient falls
9 Elopement/unauthorized absence
10 Monitoring
11 Supply shortages
12 Complaints management
13 Discharge/transitions
14 Experience/relations
15 Wrong patient/site
16 Care/consent conflicts
17 Death by Suicide/self-harm
18 Diagnostic errors
19 Acuity
20 Contracted services monitoring
21 Pressure injuries
22 Restraints/entanglement/ entrapment
23 Abduction
24 Airway
25 Multi-incident
26 Support services
27 Birth trauma
28 Not seen not found
29 Patient victimization

HUMAN RESOURCES

1 Recruitment/retention
2 Development
3 Shortage
4 Physical injuries
5 Labour relations
6 Violence/disruptive
7 Engagement
8 Scope of practice
9 Psychological injuries
10 Wrongful dismissal
11 Rights
12 Agency issues
13 Benefits/overtime

FINANCIAL

1 Revenue/funding
2 Costs
3 Reporting
4 Fraud
5 Contracts
6 Inefficiencies
7 Fines/liabilities
8 Procurement
9 Supply chain
10 Investments

LEADERSHIP

1 Emergency response
2 Governance
3 Strategy alignment
4 Information gaps
5 Strategic projects
6 Succession
7 Culture
8 Change Management
9 Mergers
10 Politics
11 Alignment acute/non-acute
12 New program/technology
13 Conflict of interest

INFORMATION MANAGEMENT/TECHNOLOGY

1 Systems/technology failure
2 Breach/loss of information
3 Systems/technology needs
4 Systems reliability
5 Records management
6 Systems project
7 Technology use
8 Systems integration
9 Biomedical technology needs

FACILITIES

1 Plant/systems failure
2 Aging/maintenance
3 Building access
4 Hazardous materials
5 Property damage
6 Physical space constraints
7 Building project/construction
8 Visitor falls

REGULATORY

1 Regulations/legislation
2 Privacy
3 Accreditation
4 Performance agreements
5 Credentialing

EXTERNAL RELATIONS

1 Community relations
2 Partner relations
3 Media relations
4 Donor relations
5 Government relations

REGULATION - PROFESSIONAL

1 Facility accreditation/quality review
2 Quality assurance of clinical/ medical practice
3 Complaints/resolution
4 Registration/licensure

TEACHING

1 Student performance
2 Contracts (teaching)
3 Student experience

RESEARCH

1 Funding (research)
2 Adverse events (research subjects)
3 Ethics
4 Contracts (research)
5 Grant usage
6 Intellectual property
7 Conflict of interest
8 Inspections (research)
9 Misconduct

COMMUNITY HEALTH

1 Emergency medical services
2 Demographics
3 Immunization
4 Chronic disease management
5 Prenatal care

Acknowledgement

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