HIROC

TOP HEALTHCARE RISKS

2023

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

April 2023

Healthcare Insurance Reciprocal of Canada
HIROC.com

4711 Yonge St., Suite 1600
Toronto, Ontario M2N 6K8
Tel: 1-800-465-7357
riskmanagement@hiroc.com

1200 Rothesay St.
Winnipeg, Manitoba R2G 1T7
Tel: 1-800-442-7751
westernregion@hiroc.com

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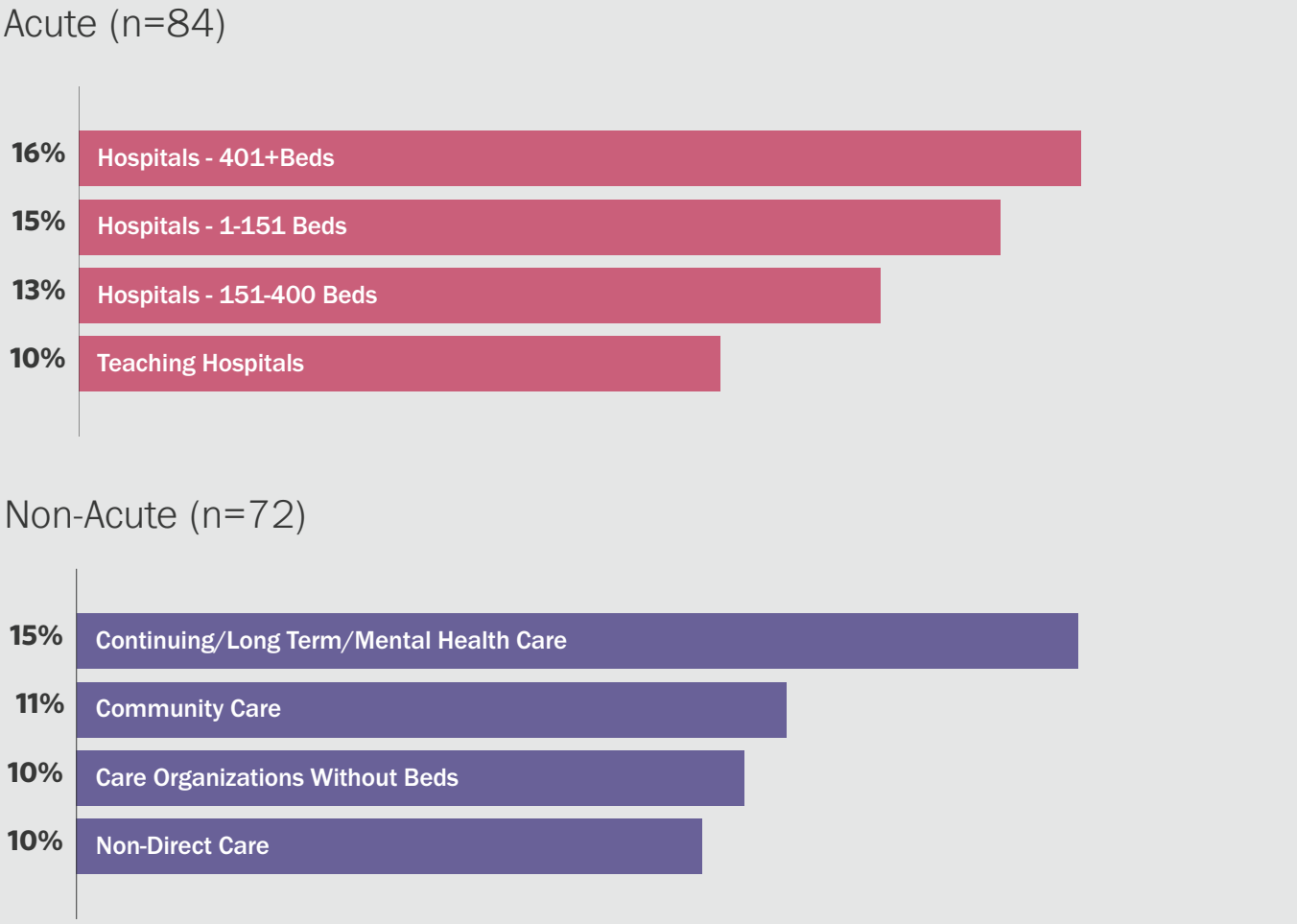
Introduction

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.

Since the Risk Register was introduced in 2015, over 5500 risks have been tracked by 86 acute care and 79 non-acute organizations across Canada.

Figure 1 **Risk Register participants with open risks by peer group over the last five years (n=156)**



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 areas.

How can this report help you advance your IRM program?

- This information can help facilitate committed conversations 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 risk, patient safety, and quality teams will build awareness of common healthcare risks. The information in this report is meant to help your team and organization systematically identify and assess key risks while developing mitigation strategies.
- 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. The data analysis on the following report aggregates all tracked open risks until the end of December 2022 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 trend plots illustrate the ranking history of the 2022 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 B – All Organizations
- Appendix C – Acute Care Organizations
- Appendix D – Non-Acute Care Organizations

Organizations 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 as a teaching hospital. The non-acute peer groupings are identified in four groups.

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 2018 and 2022 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 *Human Resource Shortage* risks(Figure 3).

Organizations with five years of continuous Risk Register use (n=86)

Figure 2

Change in total number of risks by *strategic objective risk category* for organizations with continuous use over the last five year (2018-2022)

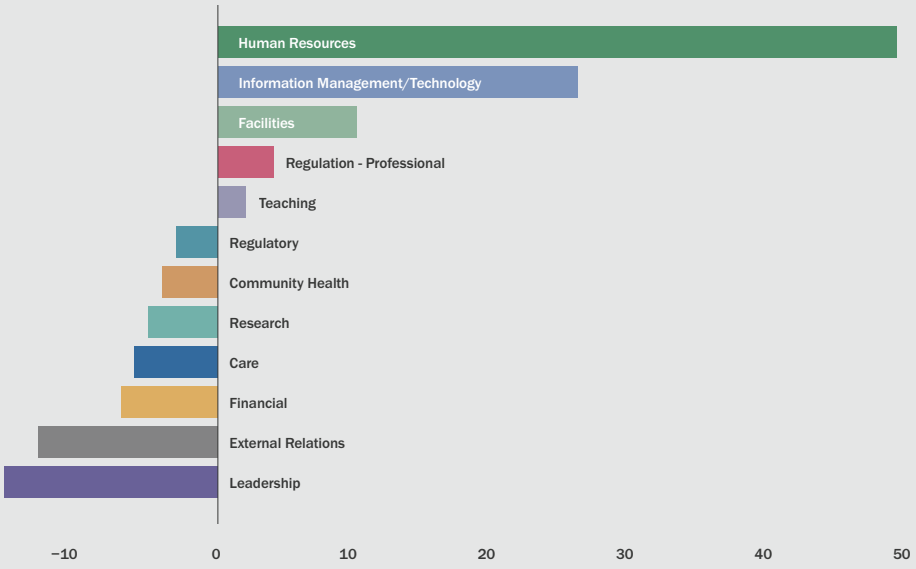
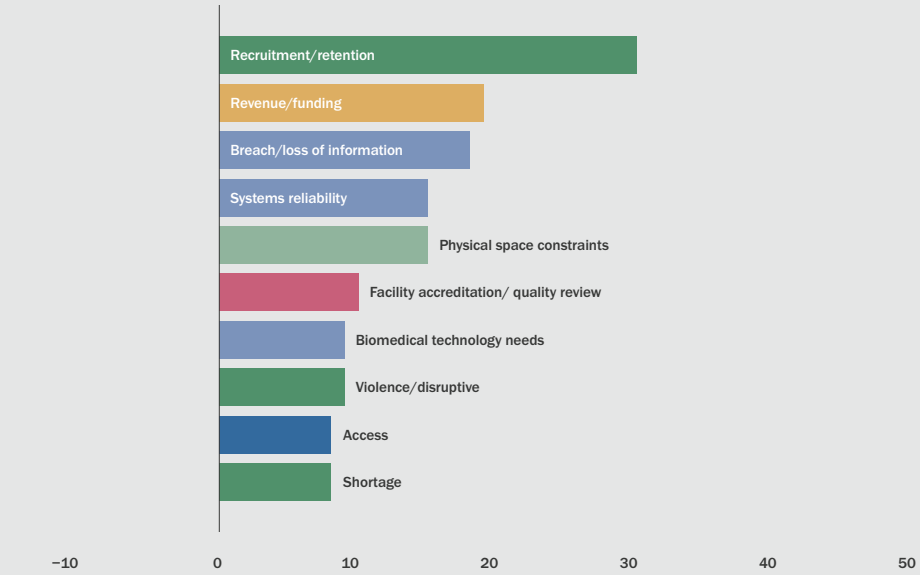


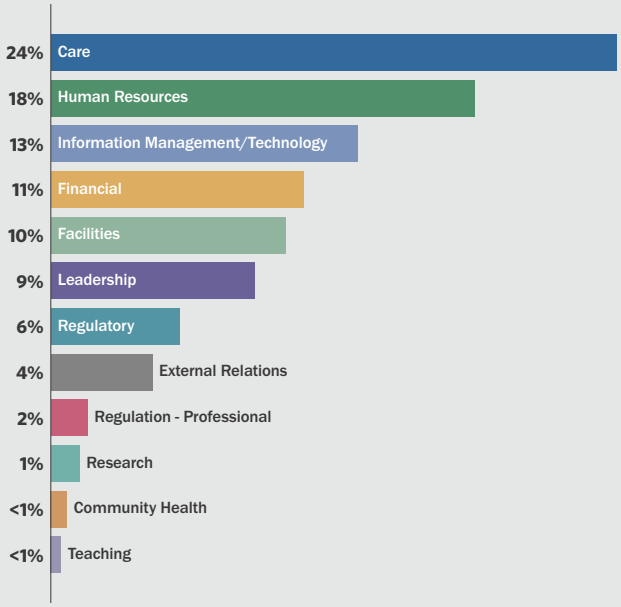
Figure 3

Change in total number of risks for top 10 risks with positive change for organizations with continuous use over the last five years (2018-2022)

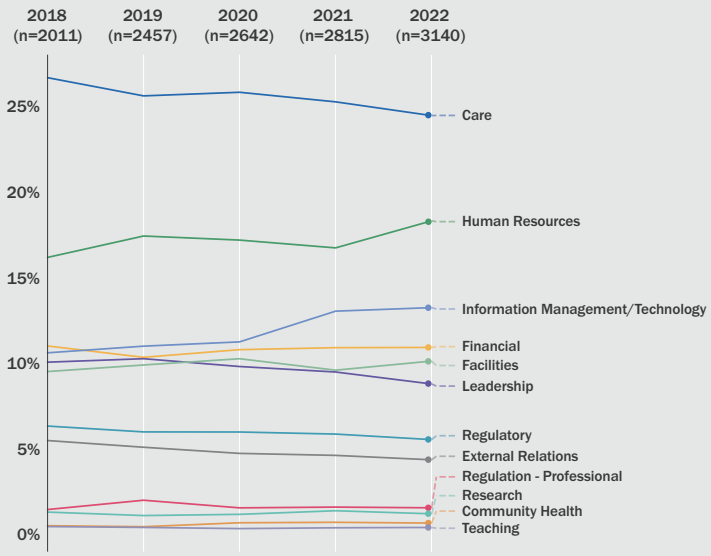


Top Healthcare Risks: All Organizations

Distribution of risk by *strategic objective risk categories*

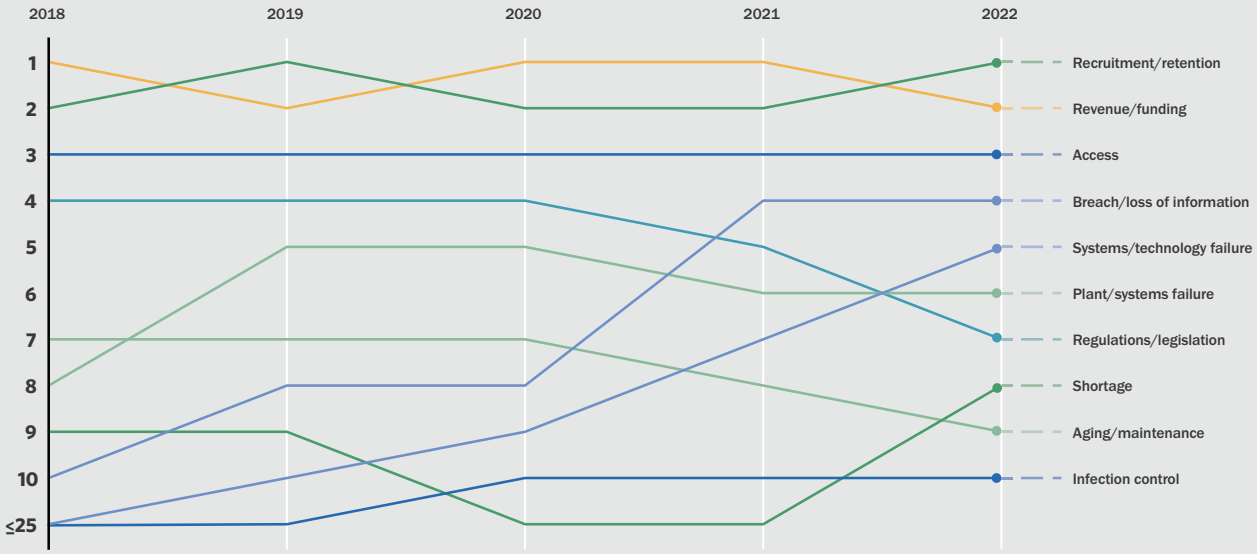


Trend of distribution by *strategic objective risk categories*



The five-year trend reflects slight decrease in the proportion of *Care risks*, and slight increase in *Human Resources risks*. 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 2022 top 10 ranking by frequency of Risk Register tracked risks



ALL ORGANIZATIONS BY RISK PARAMETERS

Top 10 Risk Register 2022 tracked risks by *likelihood*

	CATEGORY	RISK
1	HR	Recruitment/retention
2	Care	Access
3	HR	Psychological injuries
4	Care	Supply shortages
5	HR	Benefits/overtime
6	Care	Discharge/transitions
7	Care	Multi-incident
8	Lead.	Change management
9	Lead.	Politics
10	HR	Engagement

Top 10 Risk Register 2022 tracked risks by *impact*

CATEGORY	RISK
Care	Death by Suicide/self-harm
Care	Abduction
Care	Birth trauma
IM/T	Breach/loss of information
HR	Benefits/overtime
Care	Diagnostic errors
Reg. Prof.	Complaints/resolution
Financial	Revenue/funding
Care	Restraints/entanglement/entrapment
HR	Psychological injuries

Top 10 Risk Register 2022 tracked risks by *rating*

CATEGORY	RISK
HR	Recruitment/retention
HR	Psychological injuries
Care	Access
Care	Birth trauma
Care	Multi-incident
HR	Benefits/overtime
Care	Discharge/transitions
Lead.	Politics
Financial	Revenue/funding
Care	Supply shortages

ACROSS SECTORS BY FREQUENCY

All Organizations

Top 10 Risk Register 2022 tracked risks by *frequency*

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

Acute

Top 10 Risk Register 2022 tracked risks by *frequency*

CATEGORY	RISK
HR	Recruitment/retention
Care	Access
Financial	Revenue/funding
IM/T	Breach/loss of information
Facilities	Aging/maintenance
HR	Shortage
Facilities	Plant/systems failure
IM/T	Systems/technology failure
Care	Adverse events (AE)
IM/T	Systems/technology needs

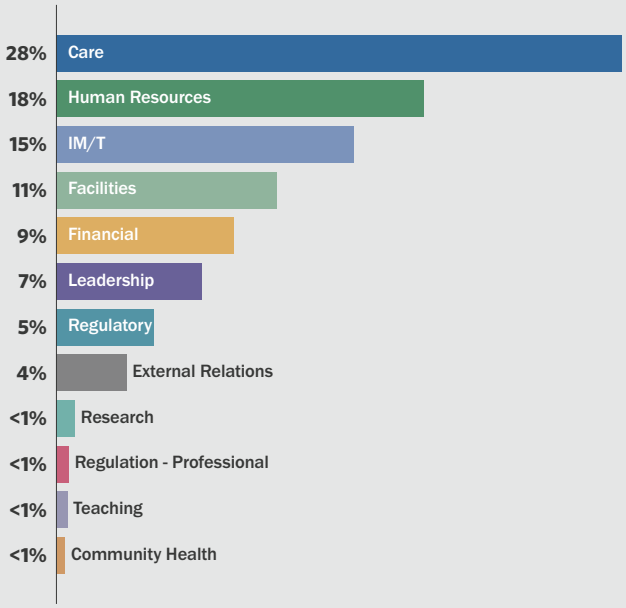
Non-Acute

Top 10 Risk Register 2022 tracked risks by *frequency*

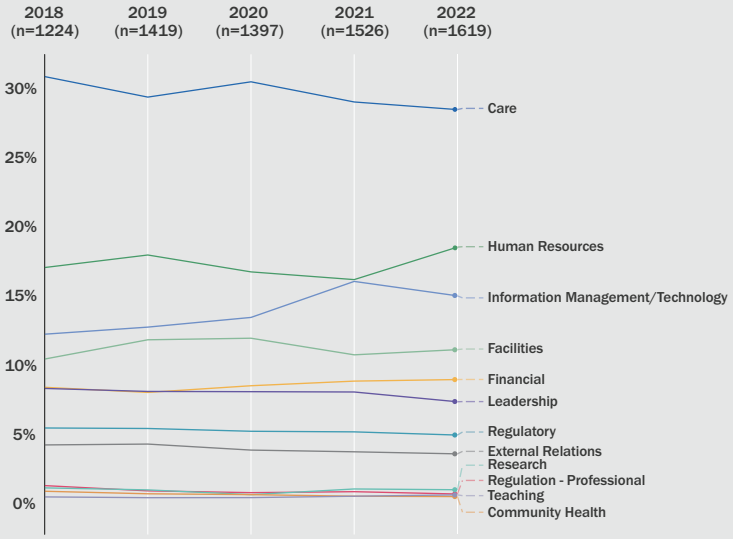
CATEGORY	RISK
Financial	Revenue/funding
HR	Recruitment/retention
IM/T	Systems/technology failure
Reg.	Regulations/legislation
IM/T	Breach/loss of information
Facilities	Plant/systems failure
Care	Infection control
HR	Development
HR	Shortage
Lead.	Emergency response

Top Healthcare Risks: Acute Care

Distribution of Risk Register 2022 tracked risks by *strategic objective category*



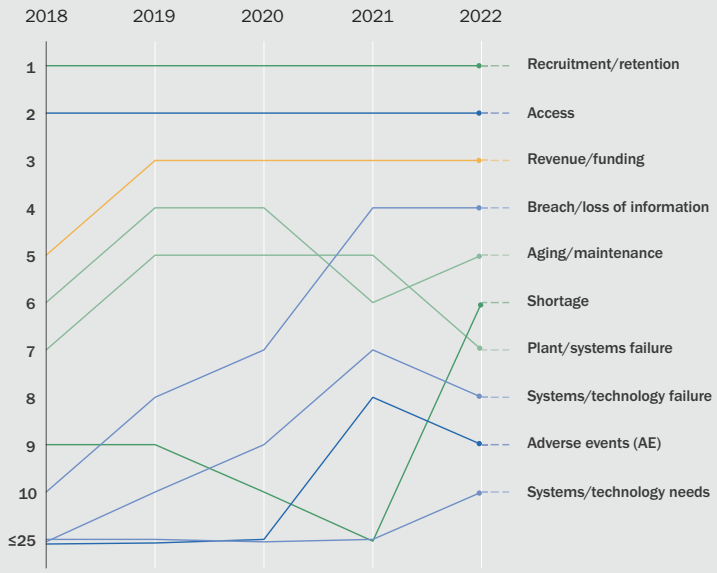
Five-year trend of distribution of Risk Register tracked risks by *strategic objective category*



Top 10 Risk Register 2022 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	Aging/maintenance
6	HR	Shortage
7	Facilities	Plant/systems failure
8	IM/T	Systems/technology failure
9	Care	Adverse events (AE)
10	IM/T	Systems/technology needs

Trend of 2022 top 10 ranking by *frequency* of Risk Register tracked risks



Top 10 Risk Register 2022 tracked risks by *likelihood*

	CATEGORY	RISK
1	HR	Recruitment/retention
2	Care	Access
3	Care	Discharge/transitions
4	Care	Elopement/unauthorized absence
5	Financial	Costs
6	HR	Psychological injuries
7	HR	Engagement
8	Financial	Revenue/funding
9	Care	Supply shortages
10	Lead.	Strategic projects

Top 10 Risk Register 2022 tracked risks by *impact*

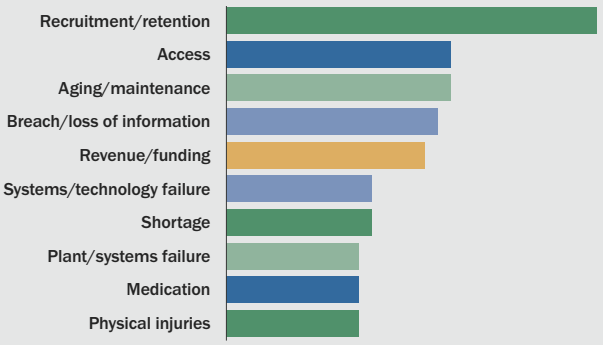
CATEGORY	RISK
Care	Death by Suicide/self-harm
Care	Birth trauma
HR	Psychological injuries
Financial	Revenue/funding
Care	Security/assault
Care	Discharge/transitions
Care	Diagnostic errors
Care	Elopement/unauthorized absence
HR	Scope of practice
Financial	Supply chain

Top 10 Risk Register 2022 tracked risks by *rating*

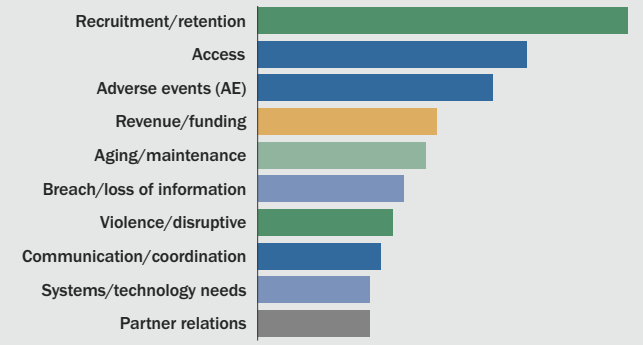
CATEGORY	RISK
HR	Recruitment/retention
HR	Psychological injuries
Care	Elopement/unauthorized absence
Care	Discharge/transitions
Financial	Revenue/funding
Care	Access
HR	Engagement
HR	Scope of practice
Financial	Supply chain
Lead.	Culture

Risk frequency by acute peer group

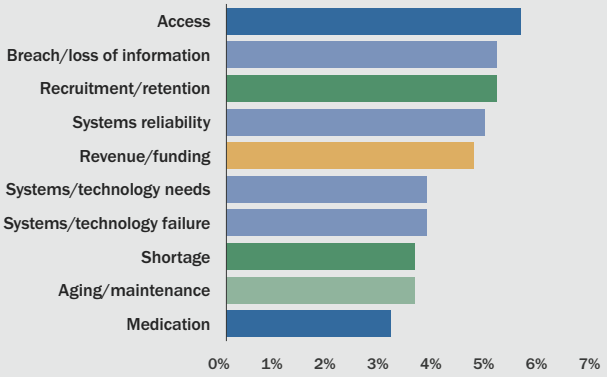
Hospitals 1-151 Beds



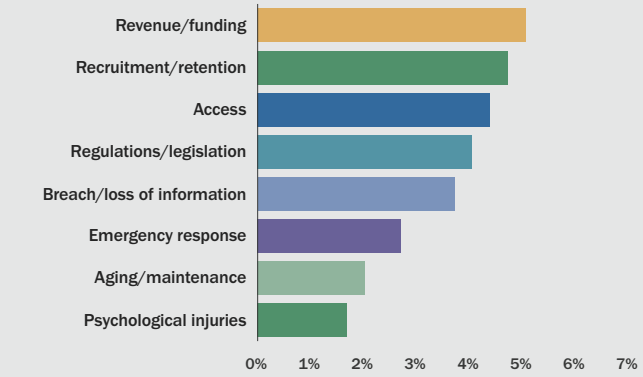
Hospitals 151-400 Beds



Hospitals 401+ Beds



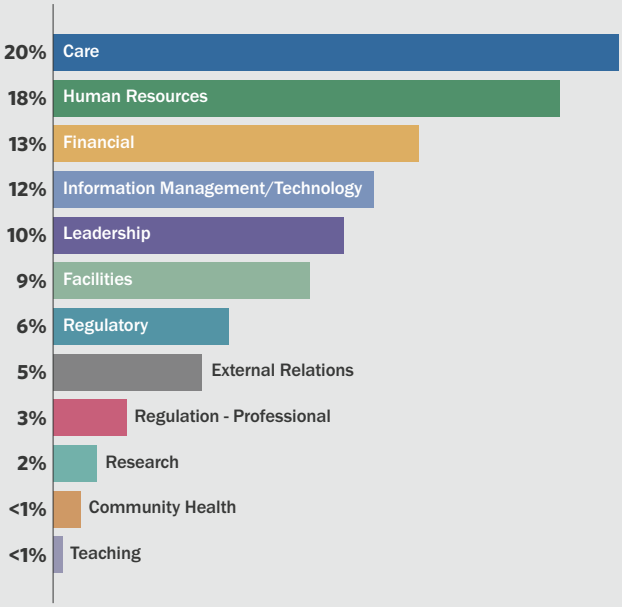
Teaching Hospitals



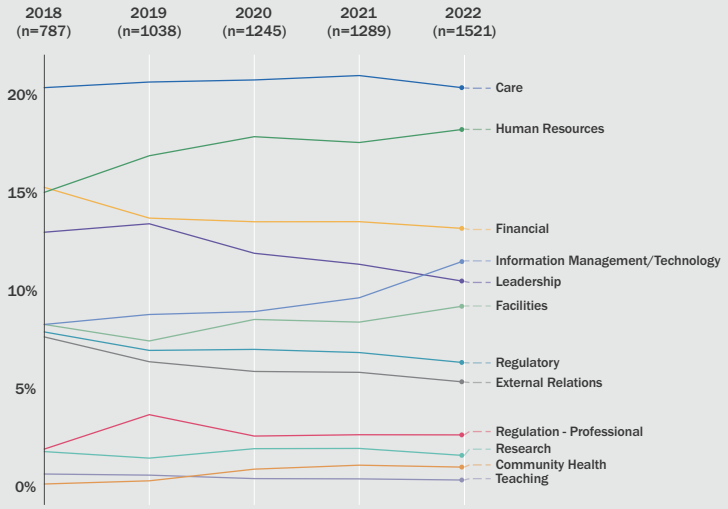
Organization's highest ranked likelihood risks	31% Recruitment/ retention	23% Access	19% Revenue/ funding	9% Breach/ loss of information	9% Aging/ maintenance	PERCENTAGE OF ORGANIZATIONS / RISK

Top Healthcare Risks: Non-Acute

Distribution of Risk Register 2022 tracked risks by *strategic objective category*



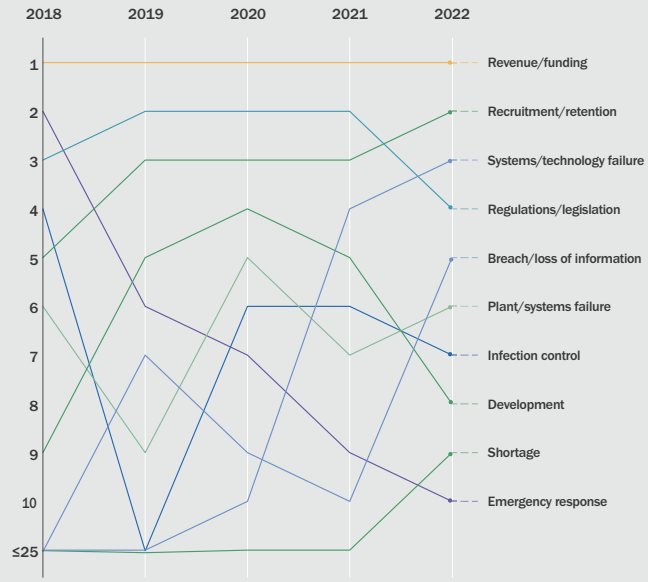
Five-year trend of distribution of Risk Register tracked risks by *strategic objective category*



Top 10 Risk Register 2022 tracked risks by *frequency*

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

Trend of 2022 top 10 ranking by *frequency* of Risk Register tracked risks



Top 10 Risk Register 2022 tracked risks by *likelihood*

	CATEGORY	RISK
1	Care	Supply shortages
2	HR	Psychological injuries
3	Reg.	Performance agreement
4	Lead.	Politics
5	Lead.	Change management
6	HR	Shortage
7	Care	Access
8	HR	Recruitment/retention
9	Care	Acuity
10	Care	Discharge/transitions

Top 10 Risk Register 2022 tracked risks by *impact*

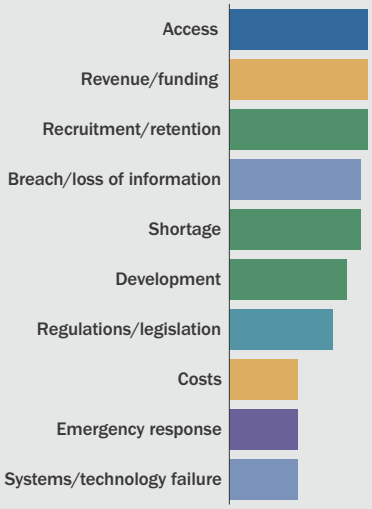
CATEGORY	RISK
Care	Death by Suicide/self-harm
HR	Benefits overtime
Care	Restraints/entanglement/entrapment
Reg. Prof.	Complaints/resolution
IM/T	Breach/loss of information
Care	Experience/relations
Financial	Revenue/funding
Lead.	Culture
Reg. Prof.	Clinical quality assurance
Care	Acuity

Top 10 Risk Register 2022 tracked risks by *rating*

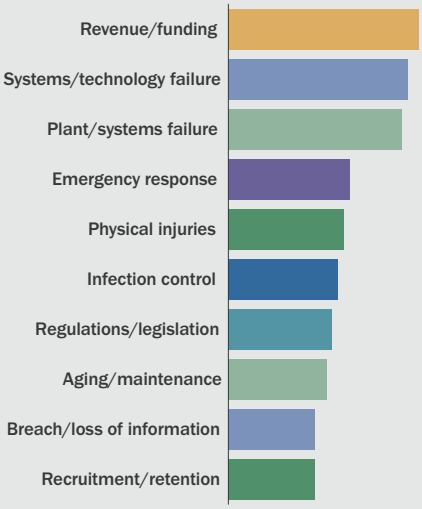
CATEGORY	RISK
Lead.	Politics
HR	Psychological injuries
HR	Benefits overtime
Care	Acuity
HR	Recruitment/retention
IM/T	Breach/loss of information
Care	Death by Suicide/self-harm
HR	Shortage
Financial	Revenue/funding
Care	Restraints/entanglement/entrapment

Peer Group Frequency Analysis

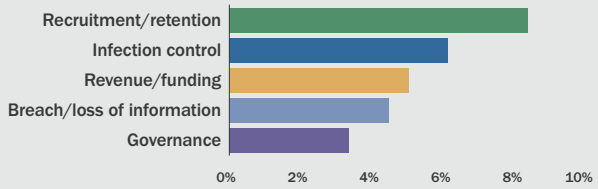
Care Organizations Without Beds



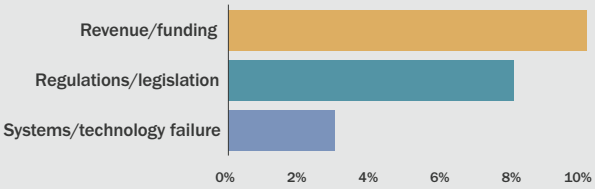
Continuing /Long Term /Mental Health Care



Community Care



Non-Direct Care



Organization's highest ranked likelihood risks	14% Recruitment/ retention	12% Access	10% Revenue/ funding	10% Breach/ loss of information	10% Infection Control	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.

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.

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.

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 a process that promotes a continuous, proactive, and systematic process to understand, manage 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).

Non-acute care organizations
Refers to community care, primary/community health centers, long-term care, hospices, rehab centers, continuing care 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, 2018).

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.

Appendices

Appendix A IRM best practices

1. Ensure board and senior leader ownership

Boards must take an active role in overseeing risk management systems and processes (Caldwell, 2022). By asking management probing questions about key risks it creates a space for dialogue (Stevens, Down, & Willcox, 2018). 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

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

HUMAN RESOURCES

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

FINANCIAL

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

LEADERSHIP

1 Emergency response
2 Strategy alignment
3 Governance
4 Information gaps
5 Succession
6 Culture
7 Change management
8 Strategic projects
9 Politics
10 Mergers
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 Records management
6 Technology use
7 Systems integration
8 Systems project
9 Biomedical technology needs
10 Biomedical technology failure

FACILITIES

1 Plant/systems failure
2 Aging/maintenance
3 Property damage
4 Building access
5 Building project/construction
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 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 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 Immunization
2 Demographics
3 Emergency medical services
4 Chronic disease management
5 Prenatal care
6 Primary care

Appendix C Risks by Frequency – Acute Care

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

HUMAN RESOURCES

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

FINANCIAL

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

LEADERSHIP

1 Emergency response
2 Strategy alignment
3 Change management
4 Culture
5 Succession
6 Governance
7 Information gaps
8 Strategic projects
9 Mergers
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 Technology use
6 Records management
7 Systems integration
8 Biomedical technology needs
9 Systems project
10 Biomedical technology failure

FACILITIES

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

HUMAN RESOURCES

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

FINANCIAL

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

LEADERSHIP

1 Emergency response
2 Strategy alignment
3 Governance
4 Information gaps
5 Succession
6 Strategic projects
7 Culture
8 Change management
9 Politics
10 Mergers
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 Records management
5 Systems reliability
6 Systems project
7 Technology use
8 Systems integration
9 Biomedical technology needs

FACILITIES

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

REGULATORY

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

EXTERNAL RELATIONS

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

REGULATION - PROFESSIONAL

1 Facility accreditation/quality review
2 Complaints / resolution
3 Quality assurance of clinical/ medical practice
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 Intellectual property
6 Conflict of interest
7 Grant usage
8 Inspections (research)
9 Misconduct

COMMUNITY HEALTH

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

Acknowledgement

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HIROC'S
INTEGRATED RISK
MANAGEMENT PROGRAM

4711 Yonge Street, Suite 1600
Toronto, ON M2N 6K8
Tel: 416-733-2773
Fax: 416-733-2438
Toll-Free: 1-800-465-7357
Fax: 1-800-668-6277

1200 Rothesay Street
Winnipeg, MB R2G 1T7
Tel: 204-943-4125
Fax: 204-949-0250
Toll-Free: 1-800-442-7751