



TOP HEALTHCARE RISKS

2024




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

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Healthcare Insurance Reciprocal of Canada

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INTRODUCTION

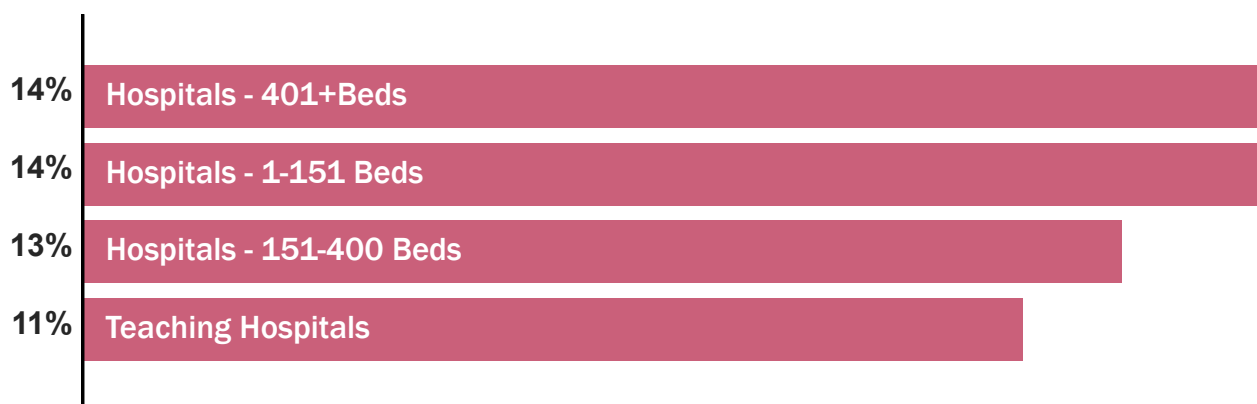
Management and oversight of key organizational risks is a critical function for healthcare leaders and governing boards. It is prudent for leadership teams to take a proactive approach to identify and manage risks. Consequences of ineffective management of risks can range from underperformance to significant financial, reputational, operational losses or harm to patients/residents/clients and staff. Integrated Risk Management 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 6,000 risks have been tracked by organizations across Canada. This report focuses on open risks in the Risk Register as of the end of December 2023.

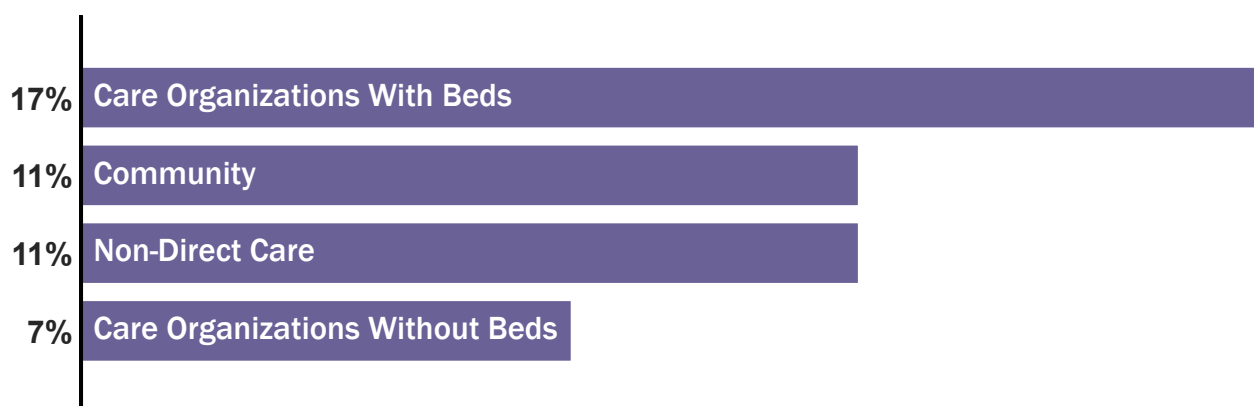
FIGURE 1

Risk Register participants with open risks by peer group over the last five years (n=166)

Acute (n=88)



Non-Acute (n=78)



Integrated Risk Management risk informed practices

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

Appendix A – Integrated Risk Management risk informed practices.

How can this report help you advance your Integrated Risk Management program?

- This information can help facilitate committed conversations to advance your Integrated Risk Management program with your senior team and board. The analysis of aggregate data, which shows 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/residents/clients and staff—while maintaining a balanced appreciation in other key areas.
- Review of this report with your risk, safety, finance, facility, and quality teams may build awareness of common Canadian 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.

When assessing key risks, determining the need for action is an essential part of the Integrated Risk Management process. Based on risks currently open, 40% of organizations utilize the Risk Register's *Actions* feature to track accountability, progress, and due dates to mitigate their organizational risks.

HIROC's Risk Register 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 Canadian healthcare system—particularly the objective of ensuring high quality and safe care for patients/residents/clients.

DATA ANALYSIS METHODOLOGY

The following report aggregates all tracked open risks in the Risk Register as of the end of December 2023. The data analysis includes ranking trends of the top ten tracked open risks by all four parameters of likelihood, impact, frequency, and risk rating.

- 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 2023 top ten 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 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 appendices.

- [Appendices B](#) , [Appendices C](#), [Appendices D](#)

Organizations highest ranked likelihood risks

On page 14 (Figure 4) for acute care and page 18 (Figure 5) for non-acute care, shows the percentage of organizations highest ranked likelihood risks. This was calculated, by ranking each organizations risks based on likelihood. Next, the number of organizations per top ranked likelihood risk was calculated, and then divided by the total number of organizations by sector.

This resulted in a list of risks and the associated percent of organizations that have those risks as their highest likelihood risk.

Peer grouping

Data is aggregated based on the organization's care delivery service.

Acute

- Teaching Hospitals
- 401+ Beds
- 151-400 Beds
- 1-151 Beds

Non-Acute

- Care Organizations With Beds
- Care Organizations Without Beds
- Community
- Non-Direct Care

Data privacy

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

FIVE YEAR EVOLUTION

These visualizations offer insights into the shift in focus of what organizations with continued use over the last five years are currently monitoring. The plots illustrate changes in Risk Register composition for risk categories over a five year period comparing 2019 to 2023 (Figure 2). As well as the changes to specific risks (Figure 3). The analysis was limited to organizations with continued use to account for changes in risk counts by new Risk Register organizations.

This year there was a 20% increase in the number of continued use organizations (n=108) compared to the previous year (n=86).

During this period, the focus continued to shift towards Human Resources and Information Management/Technology risks (Figure 2). Specifically Recruitment/Retention, Psychological Injury, Shortage, and Breach/Loss of information risks appear as the top four risks (Figure 3). For the Care category, Infection Control risks increased.

On an overall basis, risks in the categories of Leadership, Care, Regulation-Professional, External Relations and Regulatory had decreased over this period.

Organizations with five years of continuous Risk Register use (n=108)

FIGURE 2

Change in total number of risks by strategic objective risk category, for organizations with continued use over five years, comparing 2019 to 2023.

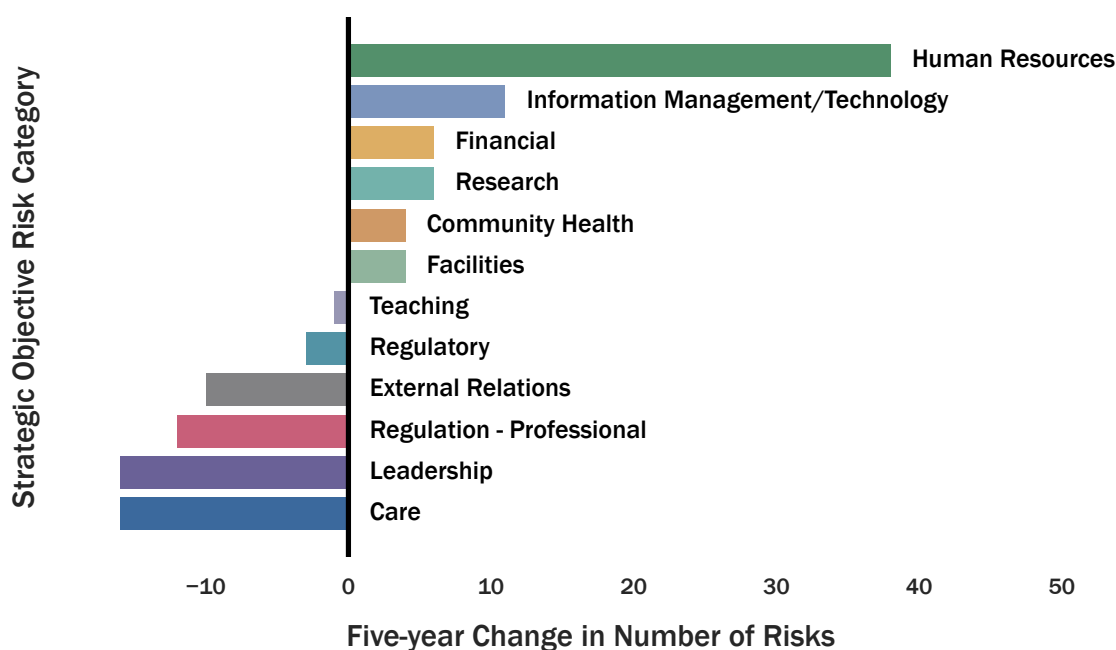
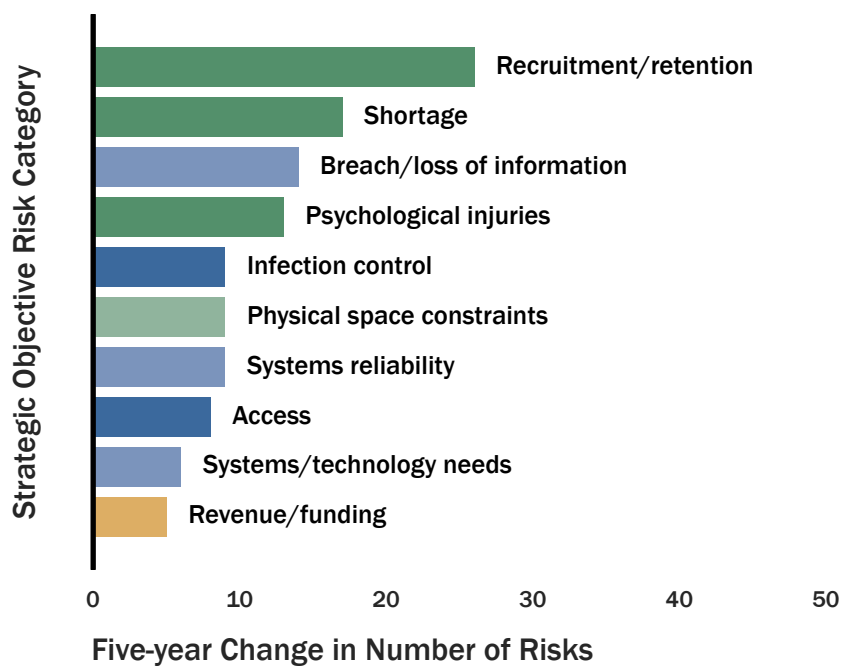


FIGURE 3

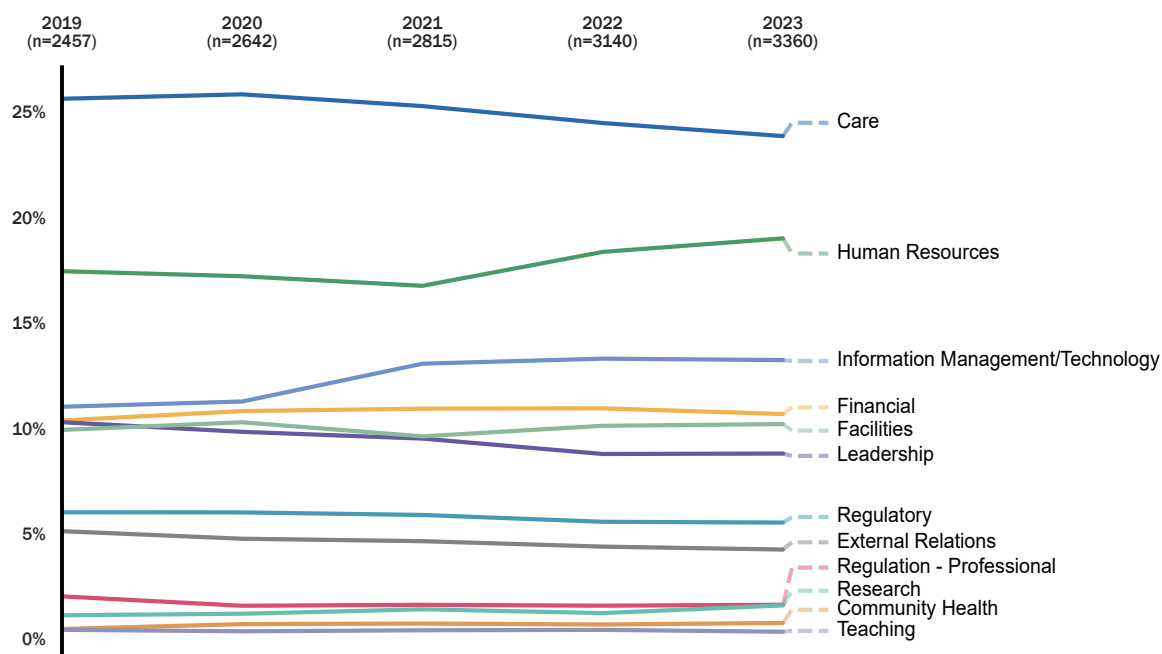
Change in total number of risks for top 10 risks with positive change for organizations with continuous use over the last five years, comparing 2019 to 2023.



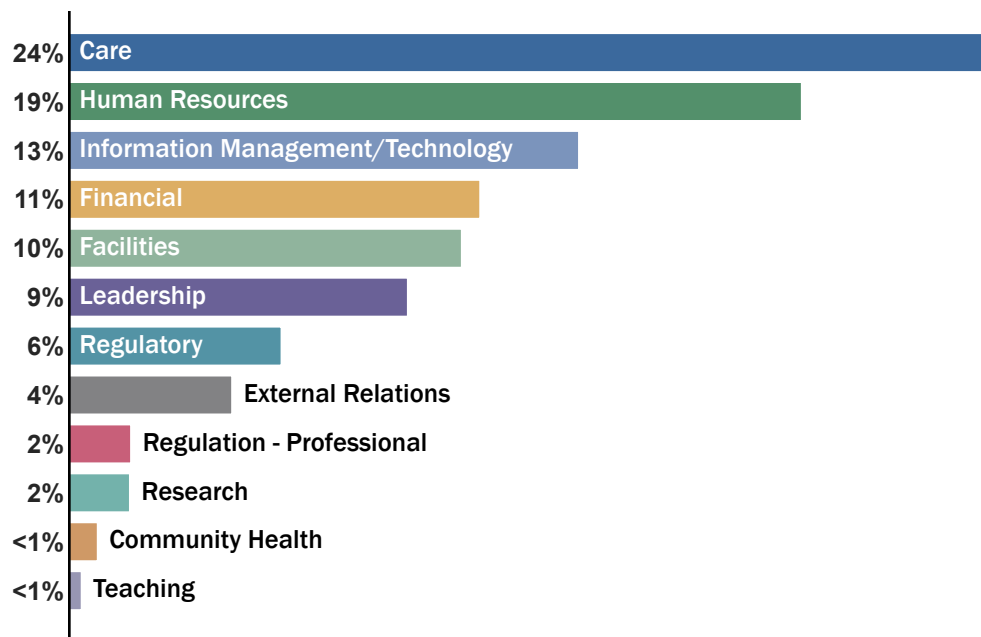
TOP HEALTHCARE RISKS: ALL ORGANIZATIONS

The five-year trend reflects a slight decrease in the proportion of Care risks, and an increase in Human Resources risks and Information Management/Technology risks. The emphasis on risks to people and to organizational infrastructure is an important outcome of the system with a focus on patients/residents/clients and staff safety.

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

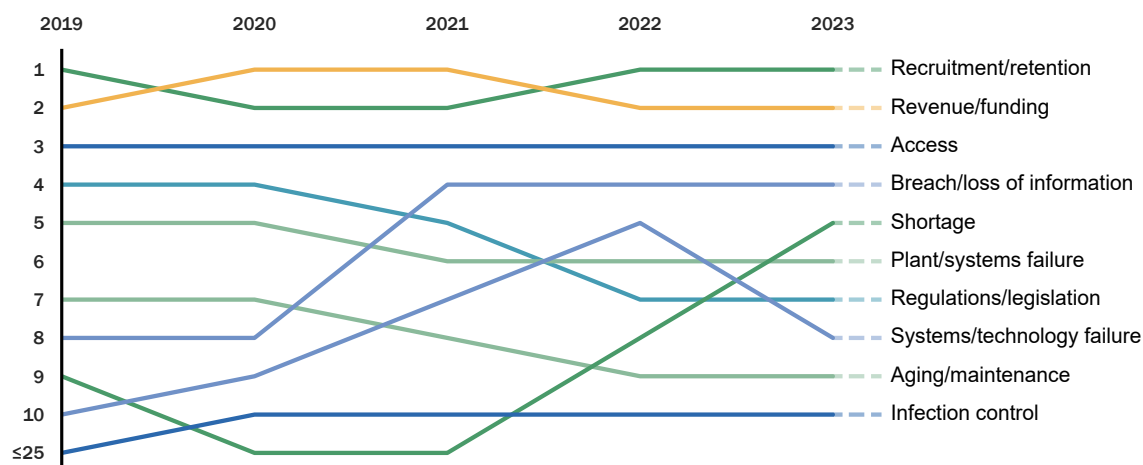


2023 Percentage of tracked risks by *strategic objective risk category* in Risk Register



Percentage of Tracked Risks by Strategic Objective Risk Category

Trend of 2023 top 10 ranking by *frequency* of Risk Register tracked risks

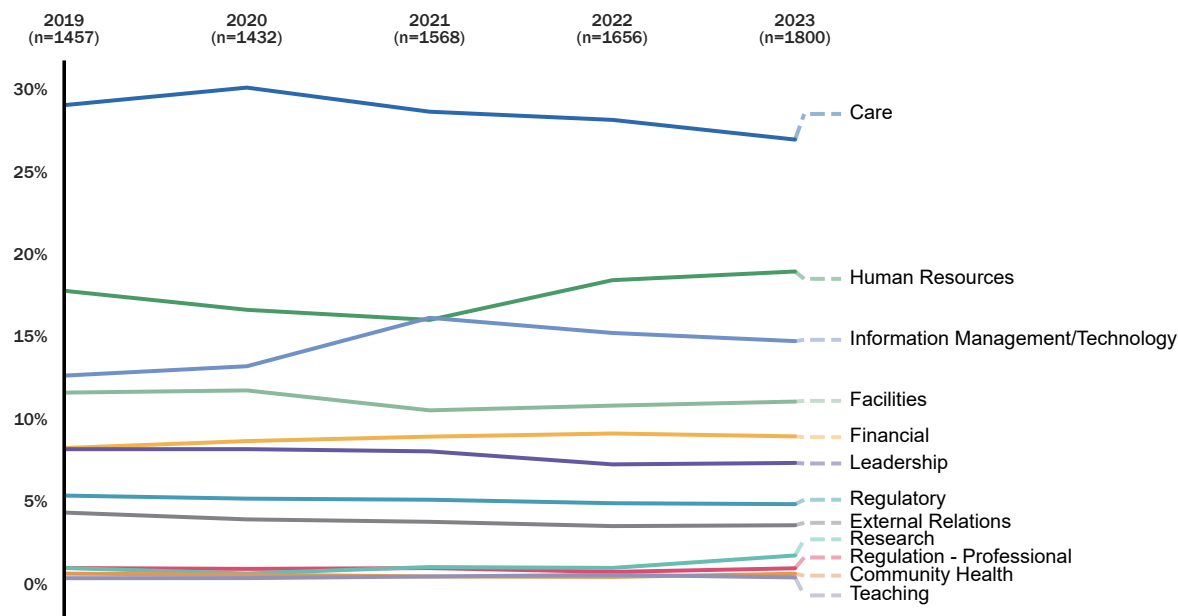


All Organizations Top 10 Risk Register 2023 by *Risk Parameter*

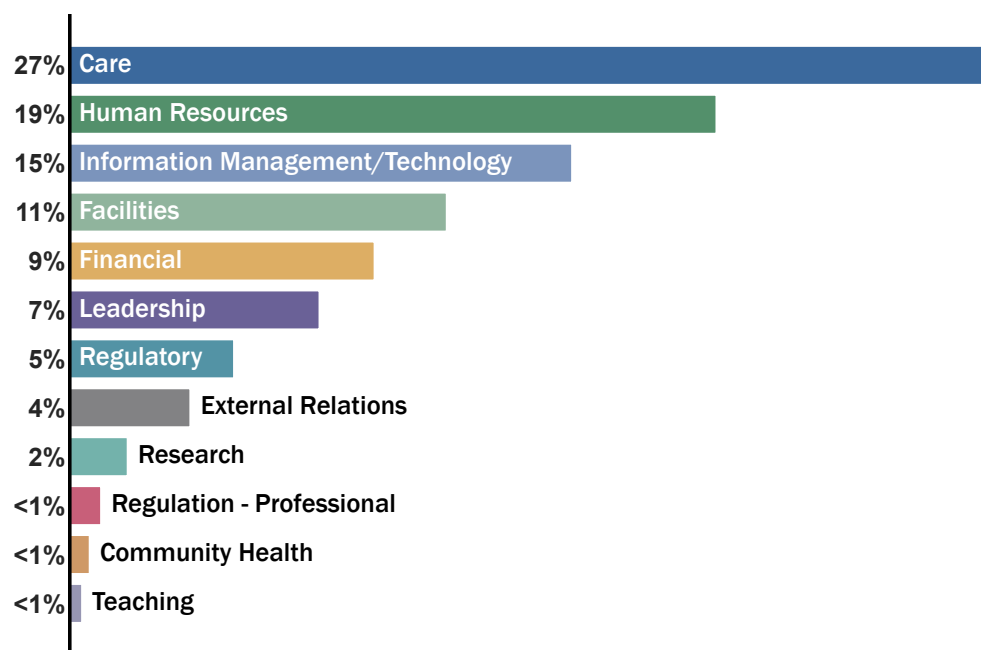
	Likelihood		Impact		Rating	
#	Category	Risk	Category	Risk	Category	Risk
1	Care	Supply shortages	Care	Death by suicide/self-harm	HR	Recruitment/retention
2	HR	Recruitment/retention	Care	Birth trauma	HR	Psychological injuries
3	Care	Access	Care	Restraints/entanglement/entrapment	Financial	Revenue/funding
4	Care	Discharge/transitions	Financial	Revenue/funding	Care	Access
5	Lead.	Change management	IM/T	Breach/loss of information	Care	Multi-incident
6	Care	Multi-incident	Care	Security/assault	Lead.	Politics
7	HR	Psychological injuries	Care	Multi-incident	IM/T	Breach/loss of information
8	Lead.	Politics	Reg. Prof.	Complaints/resolution	Care	Discharge/transitions
9	Research	Funding (research)	Financial	Supply chain	Financial	Supply chain
10	HR	Shortage	HR	Recruitment/retention	Care	Supply shortages

TOP HEALTHCARE RISKS: ACUTE CARE

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



2023 Percentage of tracked risks by *strategic objective risk category* in Risk Register

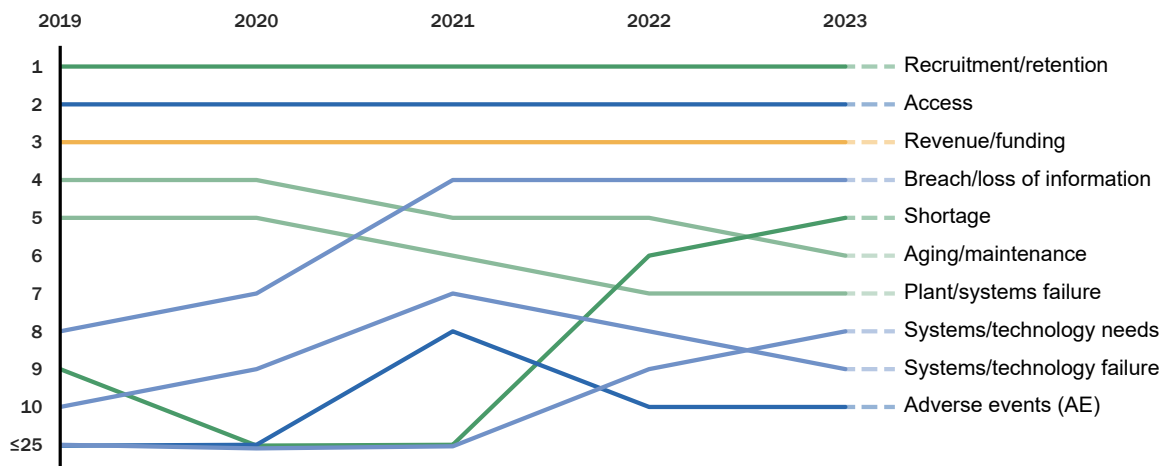


Percentage of Tracked Risks by Strategic Objective Risk Category

Top 10 Risk Register 2023 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	HR	Shortage
6	Facilities	Aging/maintenance
7	Facilities	Plant/systems failure
8	IM/T	Systems/technology needs
9	IM/T	Systems/technology failure
10	Care	Adverse events (AE)

Trend of 2023 top 10 ranking by *frequency* of Risk Register tracked risks



Risk frequency by acute peer group

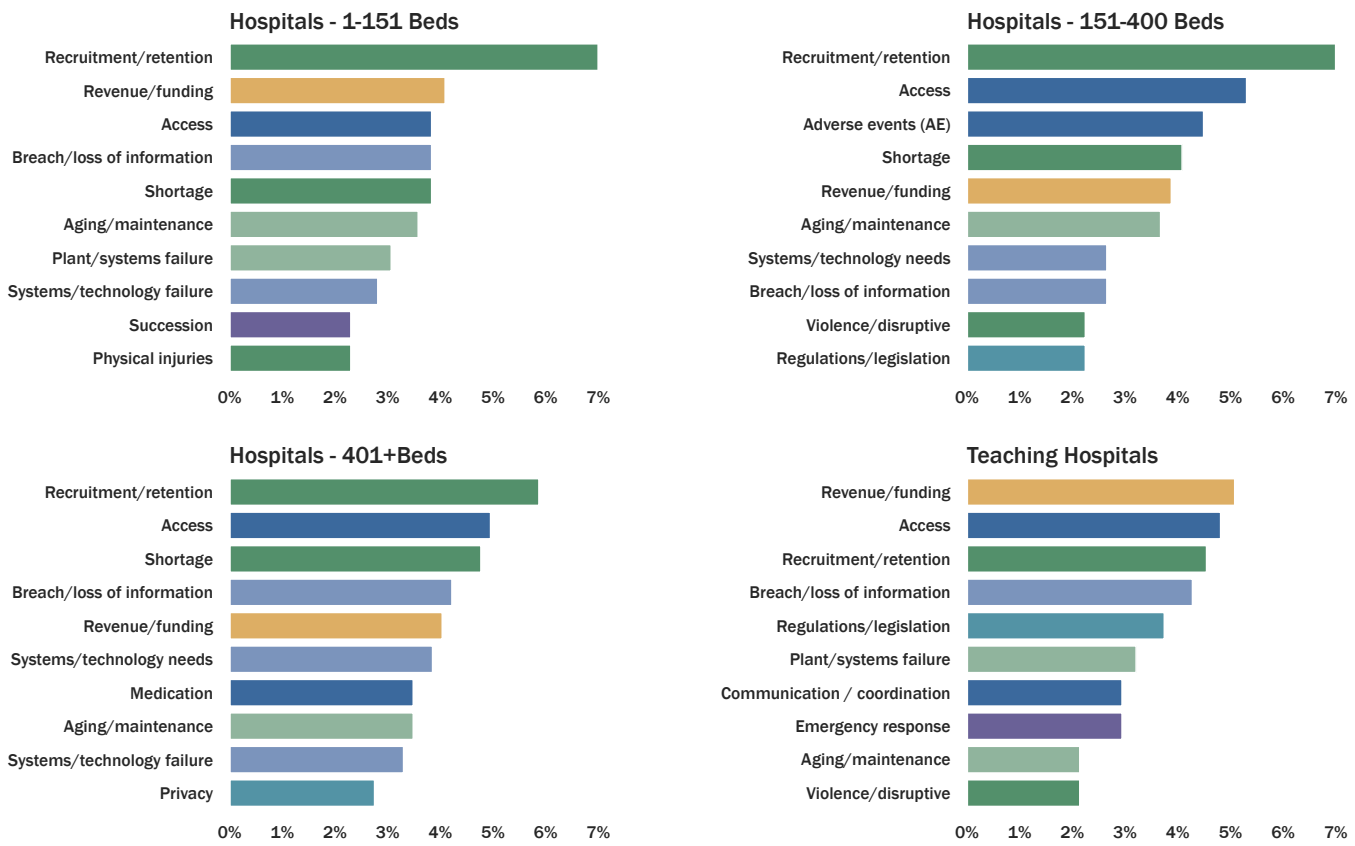


FIGURE 4

Organizations highest ranked likelihood risks



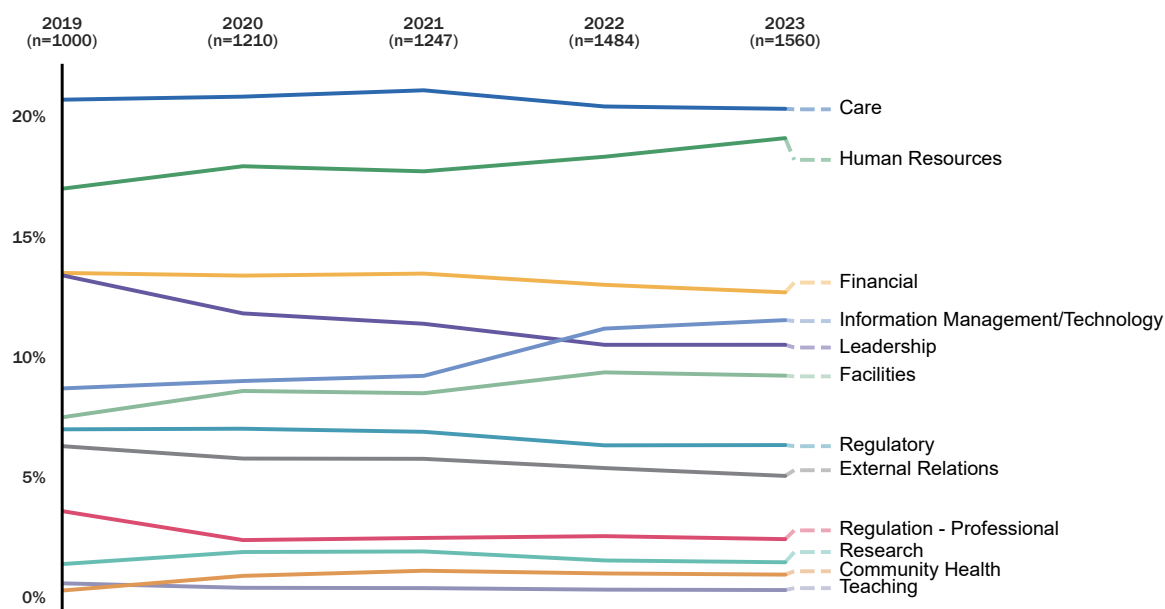
Acute Top 10 Risk Register 2023 by *Risk Parameter*

#	Likelihood		Impact		Rating	
	Category	Risk	Category	Risk	Category	Risk
1	HR	Recruitment/retention	Care	Wrong patient/site	Financial	Supply chain
2	Care	Access	HR	Scope of practice	Financial	Revenue/funding
3	Care	Discharge/transitions	Care	Death by suicide/self-harm	HR	Recruitment/retention
4	Financial	Supply chain	Financial	Revenue/funding	Care	Access
5	Research	Funding (research)	Care	Birth trauma	Care	Discharge/transitions
6	Lead.	Succession	Care	Elopement/unauthorized absence	Lead.	Succession
7	Financial	Revenue/funding	Financial	Supply chain	IM/T	Breach/loss of information
8	Care	Supply shortages	IM/T	Breach/loss of information	HR	Violence/disruptive
9	Lead.	Change management	IM/T	Systems/technology failure	HR	Psychological injuries
10	Financial	Costs	Care	Security/assault	Lead.	Culture

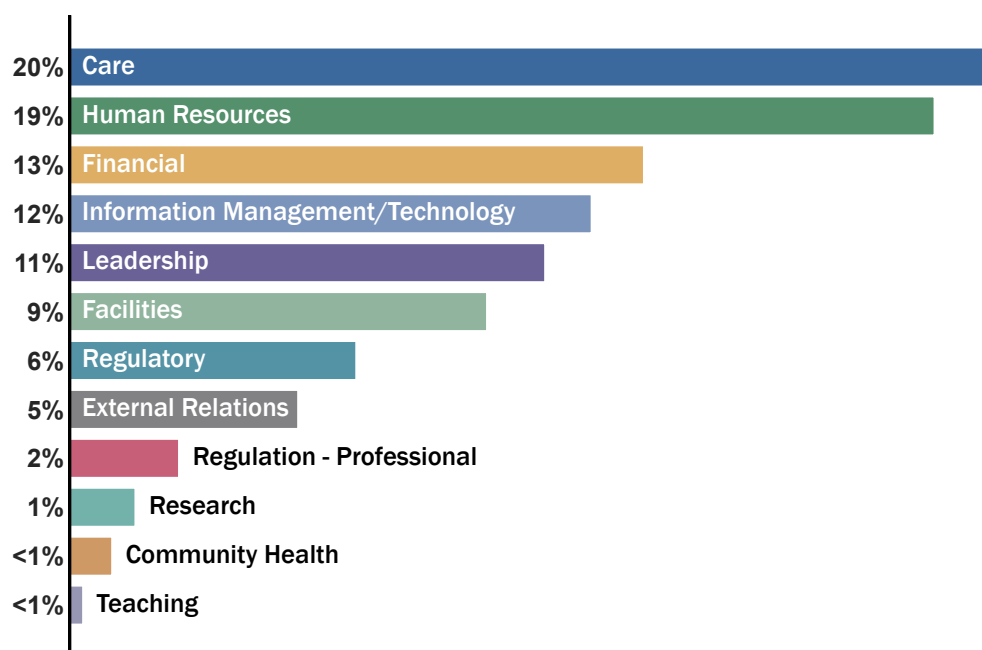
TOP HEALTHCARE RISKS: NON-ACUTE CARE

Non-Acute

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



2023 Percentage of tracked risks by *strategic objective risk category* in Risk Register

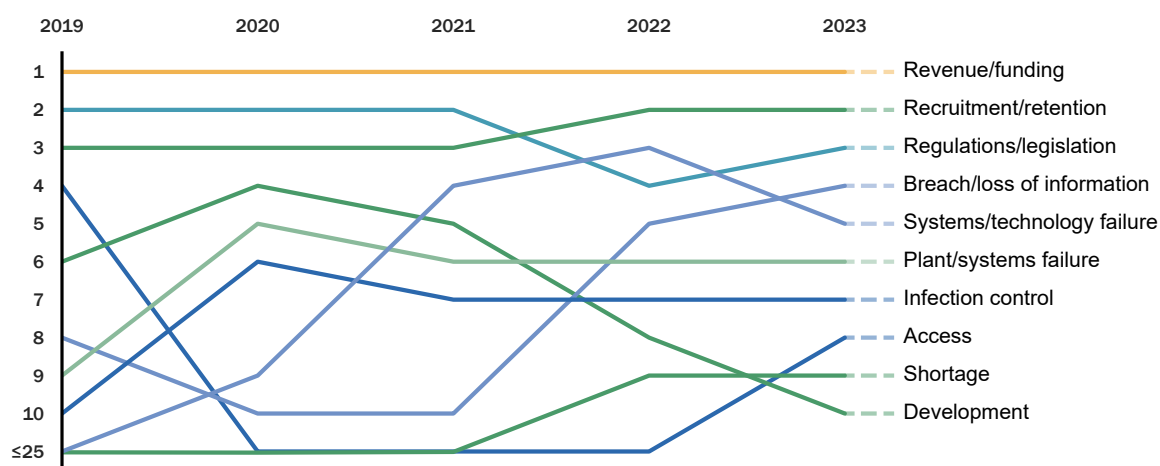


Percentage of Tracked Risks by Strategic Objective Risk Category

Top 10 Risk Register 2023 tracked risks by *frequency*

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

Trend of 2023 top 10 ranking by *frequency* of Risk Register tracked risks



Risk frequency by non-acute peer group

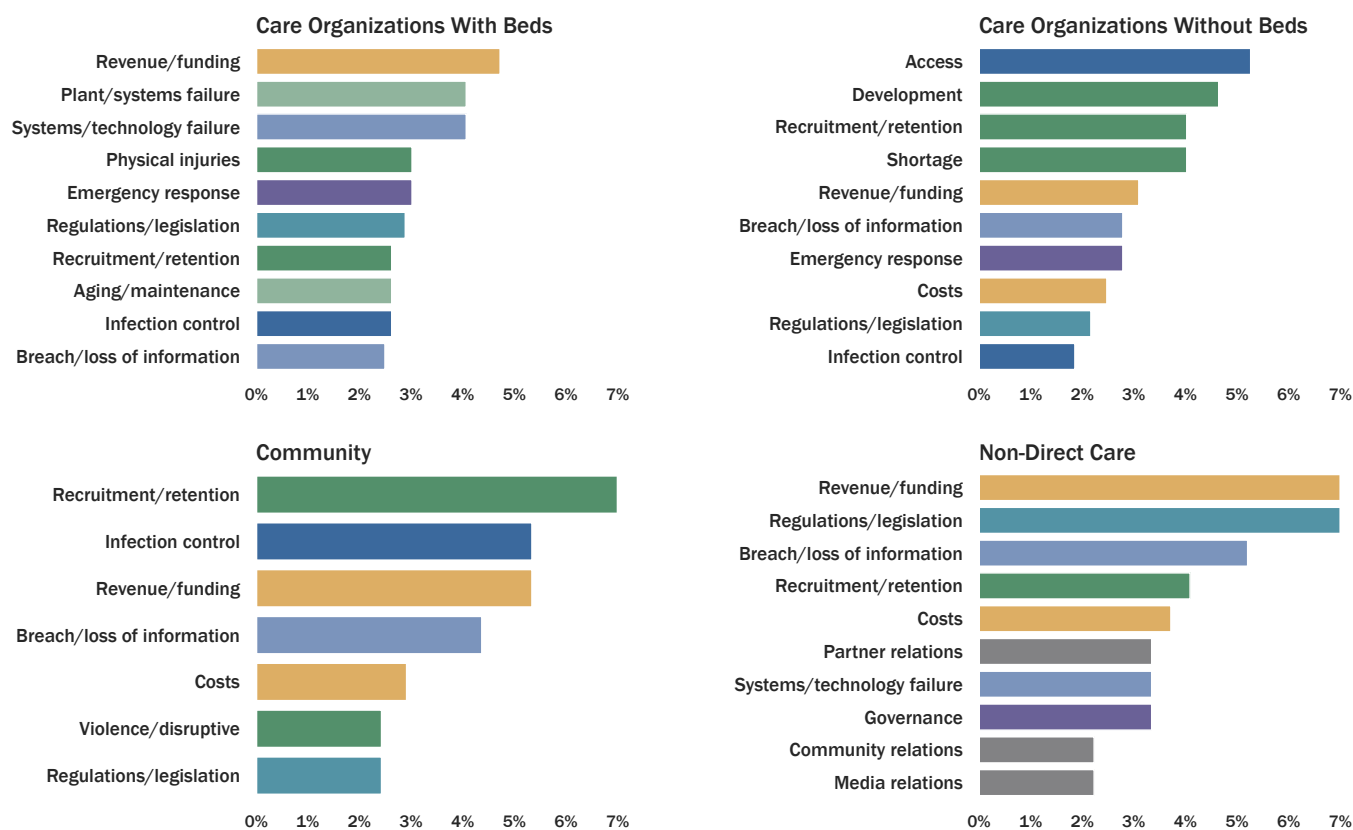


FIGURE 5

Organizations highest ranked likelihood risks

Recruitment/
retention

19%

Patient/resident/
client falls

12%

Breach/loss of
information

11%

Revenue
/funding

11%

Percentage of Organizations

Non-Acute Top 10 Risk Register 2023 by *Risk Parameter*

#	Likelihood		Impact		Rating	
	Category	Risk	Category	Risk	Category	Risk
1	Care	Supply shortages	Care	Death by suicide/self-harm	HR	Psychological injuries
2	HR	Psychological injuries	Care	Restraints/entanglement/entrapment	Care	Restraints/entanglement/entrapment
3	Reg.	Performance agreements	IM/T	Breach/loss of information	Lead.	Politics
4	Lead.	Politics	Financial	Revenue/funding	Financial	Revenue/funding
5	Lead.	Change management	HR	Benefits/overtime	Care	Death by Suicide/self-harm
6	Care	Acuity	Care	Adverse events (AE)	IM/T	Breach/loss of information
7	HR	Recruitment/retention	Care	Security/assault	Care	Acuity
8	HR	Shortage	Care	Experience/relations	Care	Supply shortages
9	Facilities	Physical space constraints	HR	Psychological injuries	HR	Recruitment/retention
10	HR	Engagement	Lead.	Culture	Reg.	Performance agreements

TOP RISKS SUMMARY

Across Sectors by Frequency

Top 10 Risk Register 2023 tracked risks by *frequency*

All Organizations			Acute		Non-Acute	
#	Category	Risk	Category	Risk	Category	Risk
1	HR	Recruitment/retention	HR	Recruitment/retention	Financial	Revenue/funding
2	Financial	Revenue/funding	Care	Access	HR	Recruitment/retention
3	Care	Access	Financial	Revenue/funding	Reg.	Regulations/legislation
4	IM/T	Breach/loss of information	IM/T	Breach/loss of information	IM/T	Breach/loss of information
5	HR	Shortage	HR	Shortage	IM/T	Systems/technology failure
6	Facilities	Plant/systems failure	Facilities	Aging/maintenance	Facilities	Plant/systems failure
7	Reg.	Regulations/legislation	Facilities	Plant/systems failure	Care	Infection control
8	IM/T	Systems/technology failure	IM/T	Systems/technology needs	Care	Access
9	Facilities	Aging/maintenance	IM/T	Systems/technology failure	HR	Shortage
10	Care	Infection control	Care	Adverse events (AE)	HR	Development

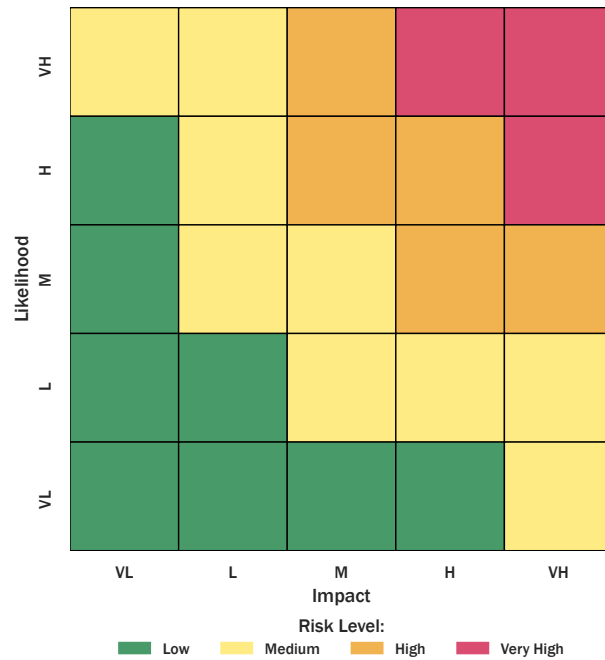
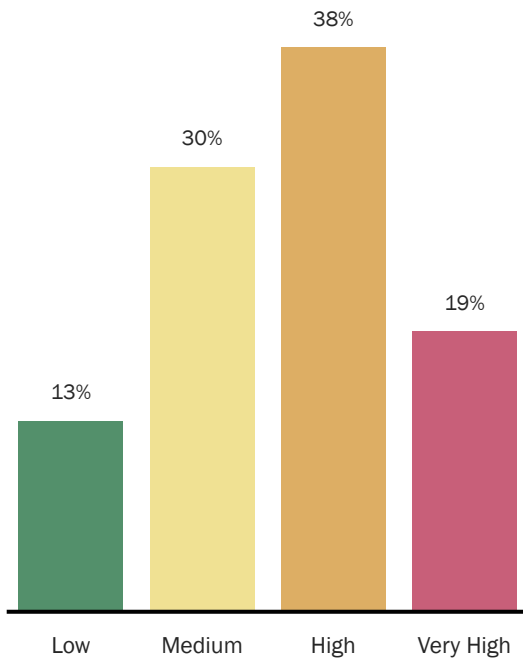
Across Sectors by Rating

Top 10 Risk Register 2023 tracked risks by *rating*

All Organizations			Acute		Non-Acute	
#	Category	Risk	Category	Risk	Category	Risk
1	HR	Recruitment/retention	Financial	Supply chain	HR	Psychological injuries
2	HR	Psychological injuries	Financial	Revenue/funding	Care	Restraints/entanglement/entrapment
3	Financial	Revenue/funding	HR	Recruitment/retention	Lead.	Politics
4	Care	Access	Care	Access	Financial	Revenue/funding
5	Care	Multi-incident	Care	Discharge/transitions	Care	Death by suicide/self-harm
6	Lead.	Politics	Lead.	Succession	IM/T	Breach/loss of information
7	IM/T	Breach/loss of information	IM/T	Breach/loss of information	Care	Acuity
8	Care	Discharge/transitions	HR	Violence/disruptive	Care	Supply shortages
9	Financial	Supply chain	HR	Psychological injuries	HR	Recruitment/retention
10	Care	Supply shortages	Lead.	Culture	Reg.	Performance agreements

Rating percentage: All Organizations

Percentage of risks by *rating*



Of the organizations that generated risks in the past 18 months for the 2023 data (n=768), 57 percent of risks were rated High or Very High (rating is the multiplication of likelihood and impact scores).

GLOSSARY

Acute-care organizations

Refers to any hospitals including large/teaching hospitals and regional health authorities.

All organizations

Includes 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 the 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 entered risks 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 or losses that could result if that risk were to be realized (e.g., patient/resident/client harm, service interruption, financial costs).

The Risk Register allows for entered risks to be assessed 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

Integrated Risk Management: "Risk Management cannot be practiced effectively in silos. As a result, *integrated* risk management 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/resident/client care.

Open risk

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

Rating

The risk rating is generated in the Risk Register system by multiplying likelihood and impact scores, with 25 being the highest.

Risk

Effect of uncertainty on objectives (ISO 31000, 2018).

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 description, risk lead, ratings, and key controls.

APPENDICES

Appendix A Integrated Risk Management risk informed 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

In healthcare, it is hard to separate risks that are strategic and those that are operational. Strategic risks are risks that if left unchecked, could negatively impact achievement of strategic objectives, including risks in operational areas such as patient/resident/client harm, staff harm, and loss of resources or services. Operational events such as the high-profile death of a patient/resident/client 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 for staff and privileged roles
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 healthcare providers to meet the future needs of the community

3. Keep it simple

Organizations that have been successful in implementing Integrated Risk Management 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. Discharge/transitions
11. Monitoring
12. Experience/relations
13. Death by suicide/self-harm
14. Acuity
15. Care/consent conflicts
16. Pressure injuries
17. Elopement/unauthorized absence
18. Wrong patient/site
19. Diagnostic errors
20. Complaints management
21. Restraints/entanglement/entrapment
22. Birth trauma
23. Multi-incident
24. Abduction
25. Support services
26. Airway
27. Contracted services monitoring
28. Not seen not found
29. Length of stay
30. Pain management
31. Patient victimization
32. Retained foreign objects
33. Readmissions

HUMAN RESOURCES

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

FINANCIAL

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

LEADERSHIP

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

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 project
8. Systems integration
9. Biomedical technology failure
10. Biomedical technology needs

FACILITIES

1. Plant/systems failure
2. Aging/maintenance
3. Property damage
4. Building access
5. Physical space constraints
6. Building project/construction
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. Quality assurance of clinical/medical practice
2. Facility accreditation/quality review
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. Contracts (research)
5. Intellectual property
6. Grant usage
7. Inspections (research)
8. Misconduct
9. Conflict of interest

COMMUNITY HEALTH

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

HUMAN RESOURCES

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

FINANCIAL

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

LEADERSHIP

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

INFORMATION MANAGEMENT/TECHNOLOGY

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

FACILITIES

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

REGULATORY

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

EXTERNAL RELATIONS

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

REGULATION - PROFESSIONAL

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

TEACHING

1. Student experience
2. Accreditation (teaching)
3. Student performance

RESEARCH

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

COMMUNITY HEALTH

1. Demographics
2. Chronic disease management
3. Immunization
4. Primary care
5. Prenatal 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 the full list of key risks and longer descriptions.

CARE

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

HUMAN RESOURCES

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

FINANCIAL

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

LEADERSHIP

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

INFORMATION MANAGEMENT/TECHNOLOGY

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

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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