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PURPOSE:

1. The purpose of the risk management program is to protect its patients, employees and clients from injury or accident. It is to describe hazard, risk, safety and daily management that our hospital has put into place to achieve the lowest potential for adverse impact on the safety and health of patients, staff and other people coming to the hospital facilities.
2. The risk management plan is a primary tool for implementing the organization's overall risk management program. It is designed to provide guidance and structure for the organization's business services that drive quality patient care while fostering a safe environment.

LEVEL:


The Risk Management Policy applies to the entire employees of Dr. Pablo O. Torre Memorial Hospital facility, clients, patients and stakeholders.

DEFINITION OF TERMS

Hazard – means a source or a situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Risk – means a combination of the likelihood of an occurrence of a hazardous event with specified period or in specified circumstances and the severity of injury or damage to the health of people, property, environment or any combination of these caused by the event.

Risk Level- is the value of for each threat calculated as the product of likelihood and severity Risk level= Likelihood X Severity

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Risk Level = Likelihood x Severity

High Risk – requires IMMEDIATE action to control the hazard as detailed in the hierarchy of control. Actions taken must be documented on the risk assessment form including date for completion.

Medium Risk – requires a planned approach to controlling the hazard and applies temporary measure if required. Actions taken must be documented on the risk assessment form including date for completion.


Low Risk – a risk identified as LOW may be considered as acceptable and further reduction may not necessary. However, if the risk can be resolved quickly and efficiently, control measures should be implemented.

Likelihood - is an event likely to occur within the specific period or in specified circumstances.

Severity- the highest level of damage possible when an accident occurs from a particular hazard

Safety Hazards - are the most common and will be present in most workplaces at one time or another. They include unsafe conditions that can cause injury, illness and death.

Biological Hazards - also known as biohazards, refer to biological substances that pose a threat to the health of living organisms, primarily that of humans.

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Physical Hazards – are factors within the environment that can harm the body without necessarily touching it.

Chemical Hazards – Are present when a worker is exposed to any chemical preparation in the workplace in any form (solid, liquid or gas).


Ergonomic Hazards - Occur when the type of work, body positions and working conditions put strain on your body.

Work Organizational Hazards - Hazards or stressors that cause stress (short-term effects) and strain (long-term effects). These are the hazards associated with workplace issues such as workload, lack of control and/or respect, etc.

Risk Assessment- is the process of evaluating and comparing the level of risk against predetermined acceptable levels of risk.


Risk Management- is the application of a management system to risk and includes identification, analysis, treatment and monitoring.

Root Cause Analysis (RCA)- identification and evaluation of the reason for non-conformance, an undesirable condition or a problem which when solved restore the status.

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POLICY:

1. Risk Management Plan is designed to identify and manage the risks of the environment of care operated and owned by Dr. Pablo O. Torre Memorial Hospital (DPOTMH).
2. The Company is committed to high standards of business conduct and good risk management to:
 - 2.1. Protect the company's assets;
 - 2.2. Achieve sustainable business growth;
 - 2.3. Take risk adjusted business decisions;
 - 2.4. Ensure compliance with applicable legal and regulatory requirements.
3. This policy is intended to ensure that an effective risk management framework is established and implemented within the Company and shall provide regular reports on the performance of that framework, including any exceptions to the Risk Management Committee of the hospital.
4. The Risk Management Committee shall periodically assess the impact of changes in external and internal environment on the pertinence of this policy. And if the Risk Management Committee deems fit, it may approve necessary changes to this policy to align it with the prevailing business circumstances.
5. Risk Management Plan shall be evaluated annually to determine if it is accurately describing the program and that the scope, objectives, performance, and effectiveness of the program are appropriate.
6. Appropriate documentation of the risk management process shall be followed. This framework provides a guide to documentation standards and how they are to be utilized. The documentation will serve the following purpose:
 - 6.1. To demonstrate that the risk management process is conducted properly.

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- 6.2. To provide evidence of a systematic approach to risk identification and analysis.
 - 6.3. To provide a record of risks to support the development of a database of the Company's Risks.
 - 6.4. Provide responsible management with risk treatment plans for approval and subsequent implementation.
 - 6.5. Provide accountability for managing the risks identified.
 - 6.6. Facilitate continuous monitoring and review.
 - 6.7. Provide an audit trail.
 - 6.8. Share and communicate risk management information across the Company.
7. The key documents pertaining to the risk management process that needs to be maintained by the Company are:
 - 7.1. **Risk Register.** It contains list of all risks that have been identified during the periodical review. It is the key document used to communicate the current status of all known risks and is used for management control, reporting and reviews.
 - 7.2. **Risk Assessment Template.** The Risk Assessment Template is used to document group's likelihood and impact rating for each identified risk. It is a base document to capture group's risk and controls self-assessment ratings.
 - 7.3. **Risk Profile.** The risk profile provides detailed documentation and attributes of risk along with details of actions planned for risk mitigation.
 - 7.4. **Risk Management Report.** The Risk Management report is to be placed before the Management Committee for review and approval.

8. Risk Management Organization/Committee

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DOCUMENTATION:

New Policy

DISSEMINATION:

1. Hospital Manual on Hospital-wide Policies and Procedures
2. Hospital Communicator
3. Hospital-wide orientation




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MEMORIAL HOSPITAL

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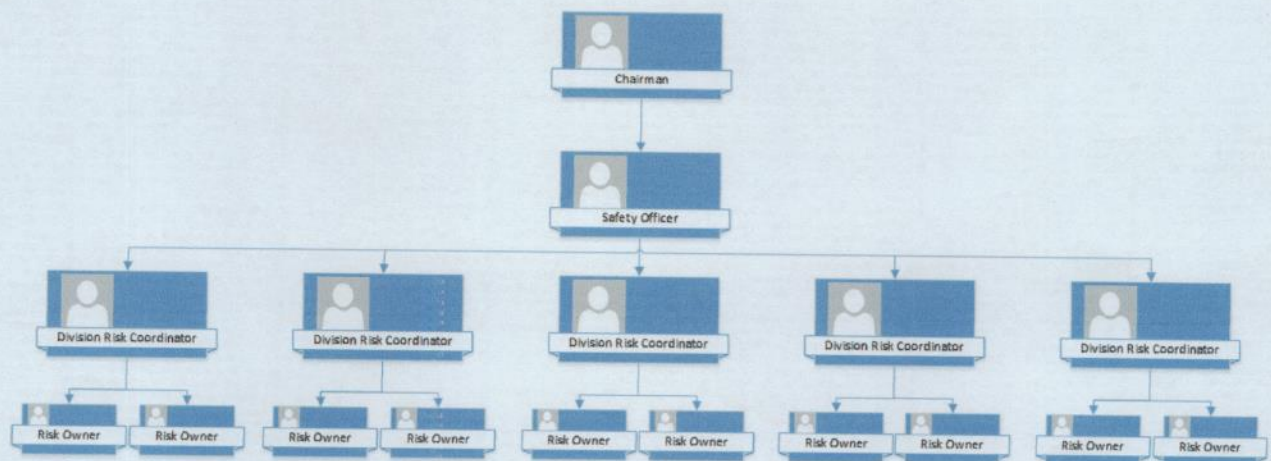
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APPROVAL:

	Name/Title	Signature	Date
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Verified:	ENGR. JOJIE G. DELIMA Safety Officer		
Reviewed:	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor		8-27-2022
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	ROSARIO D. ABARING, MN, MBA-HA, PhD, FPCHA Ancillary Services Division Officer		8-27-2022
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	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		9-27-22
	SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA Vice President – Chief Operating Officer		9/27/2022
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		9/29/22

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ANNEX A:



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PURPOSE:

To adopt a defined process for managing risks on an ongoing basis and to implement a structured and comprehensive risk management process, which establishes a common understanding, language and methodology for identifying, assessing, monitoring and reporting risks and which provides the hospital with the assurance that key risks are being identified and managed.

SCOPE:

Applies to all employees of Dr. Pablo O. Torre Memorial Hospital


PERSON RESPONSIBLE:

Employee, Risk Owner, Division Risk Coordinator, Section/Department Heads, Division Heads, Risk Management Committee, and Management Committee

PROCEDURE:

RISK IDENTIFICATION

1. Identification should include all risks whether or not they are under the control of the hospital. Risks can be identified in a number of ways, viz:
 - 1.1. Structured workshops
 - 1.2. Brainstorming sessions
 - 1.3. Occurrence of an incidence/Incident Reports
 - 1.4. Review of documents
2. Risk Owners and Division Risk Coordinator periodically review the risks within their risk category. Workshops or brainstorming sessions will be conducted amongst the focus groups to identify new risks that may have emerged over a period of time.
3. The Risk Owner updates all identified risks in a risk register. Risks that would have ceased should also be closed appropriately.


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4. Division Risk Coordinator periodically review risk registers to ensure pertinence of the risks listed.

RISK ASSESSMENT

1. The risks will be assessed on qualitative two-fold criteria. The two components of risk assessment are:
 - 1.1. the likelihood of occurrence of the risk event
 - 1.2. the magnitude of impact if the risk event occurs
2. Risk Owners and Division Risk Coordinator rates the likelihood and impact of the risks identified every 3 months.
3. Risk Owners and Division Risk Coordinator assesses the magnitude of impact of an event should it occur, and the likelihood of the event and its associated consequences.
4. In determining what constitutes a given level of risk the following scale is to be used for **likelihood (L)**:

LEVEL	DESCRIPTOR
5	VERY HIGH LIKELIHOOD
4	HIGH LIKELIHOOD
3	MODERATE LIKELIHOOD
2	LOW LIKELIHOOD
1	VERY LOW LIKELIHOOD


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5. In determining what constitutes a given level of risk the following scale is to be used for Severity (S).

LEVEL	DESCRIPTOR
5	VERY HIGH SEVERITY
4	HIGH SEVERITY
3	MODERATE SEVERITY
2	LOW SEVERITY
1	VERY LOW SEVERITY

RISK EVALUATION:

1. Risk Owner combines severity and likelihood to produce a level of risk.
2. Risk Owner determines the average of the group's score to determine the risk level.
3. The risk should be classified into three zones based on the combined scores of the group.
 - 3.1. Risks that score within a red zone are considered "HIGH" and require immediate action plans to close a significant control gap. (Average score of 15 and more)
 - 3.2. Risks that score within the yellow zone are considered "MEDIUM" where action steps to develop or enhance existing controls is also needed. (Average score in the range of 5 to 12)
 - 3.3. Risks that score within the green zone are considered "moderate" or in control. (Average score less than 5).

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RISK MATRIX

Likelihood (L)	Severity (S)				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

	High 15-25	A HIGH risk requires <u>immediate</u> action to control the hazard as detailed in the hierarchy of control. Actions taken must be documented on the risk assessment form including date for completion.
	Medium 5-12	A MEDIUM risk requires a planned approach to controlling the hazard and applies temporary measure if required. Actions taken must be documented on the risk assessment form including date for completion.
	Low 1-4	A risk identified as LOW may be considered as acceptable and further reduction may not necessary. However, if the risk can be resolved quickly and efficiently, control measures should be implemented and recorded.

Hence, risk can be calculated using the following formula:


$L \times S = \text{Risk}$

L = Likelihood

S = Severity

RISK TREATMENT/ACTION PLAN


1. Risk Owners, Division Risk Coordinator and Safety Officer identify the range of options for treating risk, assessing those options, preparing risk treatment plans and implementing them. Treatment options may include:
 - 1.1. Accepting the risk level within established criteria;
 - 1.2. Avoiding the risk by hedging / adopting safer practices or policies; and
 - 1.3. Reducing the likelihood of occurrence and/or consequence of a risk event
2. The risk assessed as critical should be profiled in the 'Risk profile format' provided in Annex A. The profile contains details of the risk, its contributing factors, risk scores, controls documentation and specific and practical action plans.
3. Risk Management Committee mitigates practices and controls by determining policies, procedures, practices and processes in place that will ensure that existing level of risks are brought down to an acceptable level.

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
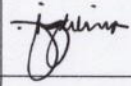


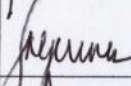
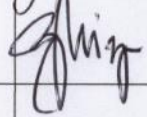

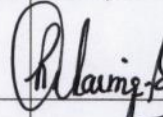
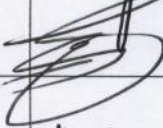
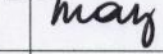
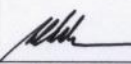
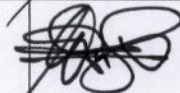
RISK REVIEW AND REPORTING:


1. Risk reviews should form part of agenda for Management Committee meeting.
2. Risk Management Committee monitors the risks and the effectiveness of control measures to ensure changing circumstances do not alter risk priorities.
3. Risk Owners and Division Risk Coordinator review, assess and update the risk register on a periodic basis.
4. The frequency of review and reporting of the risk management process is given below:

Activities	Frequency
Updating Risk register	As and when risk are identified and assessed, at least once in a half year
Updating Risk profile including mitigation plans	Half Yearly
Risk Management Reporting	Quarterly

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Verified:	ENGR. JOJIE G. DELIMA Safety Officer		
Reviewed:	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor		8-27-2022
Recommending Approval:	RICKY G. SALIDO Logistics Division Head		8-27-2022
	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Head		8-27-2022
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	ENGR. NOEL P. GARBO, FPCHA Engineering and General Services Division Officer		9/15
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		9-27-22
	SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA Vice President – Chief Operating Officer		09/27/2022
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		9/29/22

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ANNEX A: RISK REGISTER

RISK ID NO.	CATEGORY	RISK STATEMENT	CONTRIBUTING FACTOR	LIKELIHOOD SCORE	IMPACT SCORE	TOTAL SCORE	RISK OWNER

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ANNEX B: AGGREGATE SCORE CARD

REFERENCE NO.	RISK CATEGORY	RISK STATEMENT	INDIVIDUAL RATINGS										
RISK X				1	2	3	4	5	1	2	3	4	5
			RISK OWNER										
			RISK COORDINATOR										
			SAFETY OFFICER										
			GROUP'S AVERAGE RATING										
			COMBINED RISK RATING										



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ANNEX C: RISK ASSESSMENT FORM



RIVERSIDE MEDICAL CENTER, INC.

Owner and Operator of the Dr. Pablo O. Torre Memorial Hospital
A proud member of the Metro Pacific Hospital Holdings, Inc.

RISK ASSESSMENT FORM

RISK REFERENCE NO. _____

Inspection Location: _____ Date: _____
Department/Area covered: _____ Time: _____

Identified Hazard: ☐ SAFETY ☐ BIOLOGICAL ☐ PHYSICAL
☐ CHEMICAL ☐ ERGONOMICAL ☐ WORK ORGANIZATIONAL

Element at Risk: ☐ PEOPLE ☐ ENVIRONMENT ☐ EQUIPMENT ☐ MATERIALS

Response Level: ☐ LOW ☐ NORMAL ☐ URGENT ☐ CRITICAL

Risk Level: ☐ LOW ☐ MEDIUM ☐ HIGH

Likelihood: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Severity: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Responsible Personnel:

☐ ELECTRICAL ☐ PLUMBING ☐ CARPENTRY ☐ HVAC ☐ SAFETY ☐ OTHERS

Recommendation:

Likelihood (L)	Severity (S)				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

High 15-25	A HIGH risk requires immediate action to control the hazard as detailed in the hierarchy of control. Actions taken must be documented on the risk assessment form including date for completion.
Medium 5-12	A MEDIUM risk requires a planned approach to controlling the hazard and applies temporary measure if required. Actions taken must be documented on the risk assessment form including date for completion.
Low 1-4	A risk identified as LOW may be considered as acceptable and further reduction may not necessary. However, if the risk can be resolved quickly and efficiently, control measures should be implemented and recorded.

Hence, risk can be calculated using the following formula:

$L \times S = \text{Risk}$

L = Likelihood


S = Severity

DPOTMH-SAFE-F003


Effective Date: 09-01-2022

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
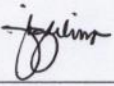


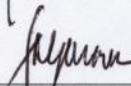
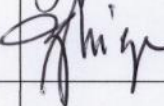

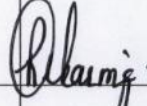
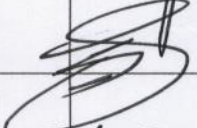
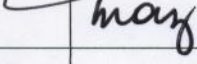

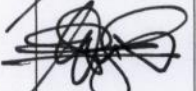
KEY TASKS	PERSON RESPONSIBLE
RISK IDENTIFICATION	
1. Identifies risks in a number of ways.	Risk Owner
2. Review the risks within their risk category. Conducts workshops or brainstorming sessions amongst the focus groups to identify new risks that may have emerged over a period of time.	Risk Owners and Division Risk Coordinator
3. Updates all identified risks in a risk register. Risks that would have ceased should also be closed appropriately.	Risk Owner
4. Reviews risk registers to ensure pertinence of the risks listed.	Division Risk Coordinator
RISK ASSESSMENT	
1. The risks will be assessed on qualitative two-fold criteria.	Risk Owner
2. Rates the likelihood and impact of the risks identified every 3 months.	Risk Owners and Division Risk Coordinator
3. Assesses the magnitude of impact of an event should it occur, and the likelihood of the event and its associated consequences.	
RISK EVALUATION	
1. Combines severity and likelihood to produce a level of risk.	Risk Owner
2. Determines the average of the group’s score to determine the risk level.	
3. Classifies the risk into three zones based on the	

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combined scores of the group.	
RISK TREATMENT/ACTION PLAN	
1. Identify the range of options for treating risk, assessing those options, preparing risk treatment plans and implementing them.	Risk Owners, Division Risk Coordinator and Safety Officer
2. Mitigates practices and controls by determining policies, procedures, practices and processes in place that will ensure that existing level of risks are brought down to an acceptable level.	Risk Management Committee
RISK REVIEW AND REPORTING	
1. Monitors the risks and the effectiveness of control measures to ensure changing circumstances do not alter risk priorities.	Risk Owner
2. Review, assess and update the risk register on a periodic basis.	Risk Owners, Division Risk Coordinator and Safety Officer

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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	AMY E. MORDEN, RN, MN Accreditation and Documentation Supervisor		8-27-2022
Verified:	ENGR. JOJIE G. DELIMA Safety Officer		
Reviewed:	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor		8-27-2022
Recommending Approval:	RICKY G. SALIDO Logistics Division Head		8-27-2022
	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Head		8/27/2022
	NANCY B. HIZON, MS Psych, FPCHA Human Resource Division Officer		8/27/2022
	PRINCESS M. ABELLON, MBA Pharmacy Division Head		9/14/22
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	SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA Vice President – Chief Operating Officer		09/27/2022
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		9/29/22



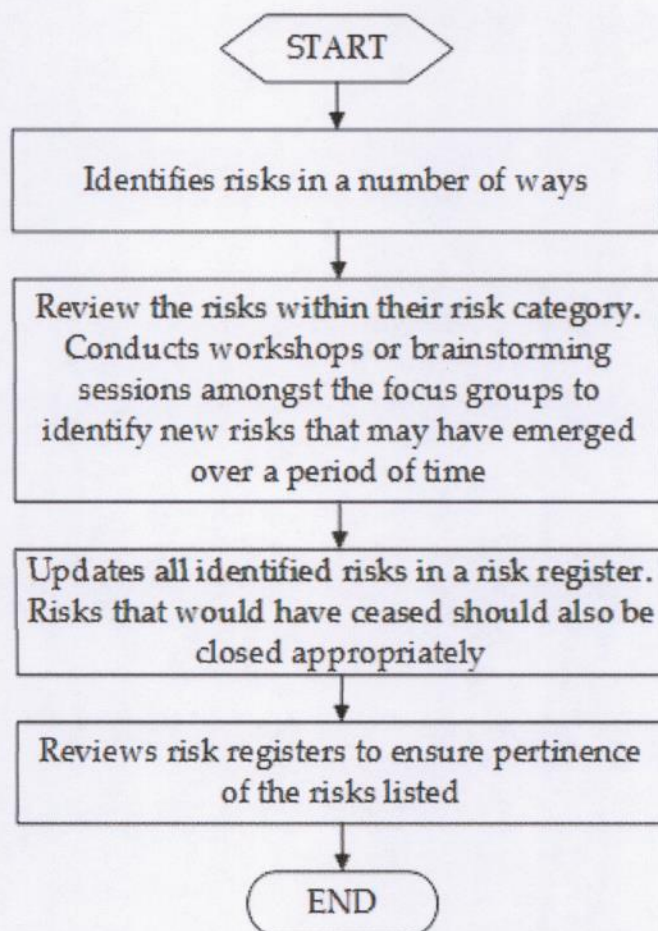
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RISK IDENTIFICATION





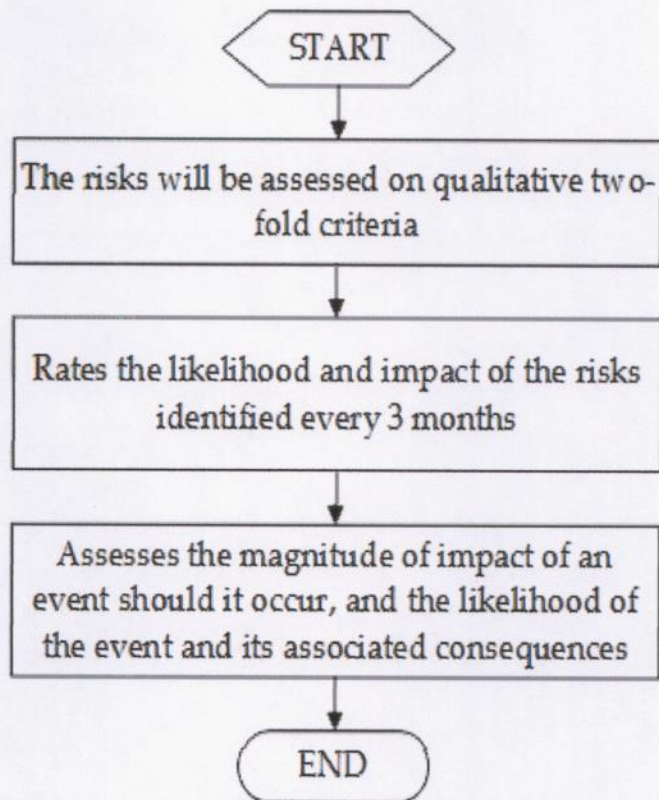
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RISK ASSESSMENT





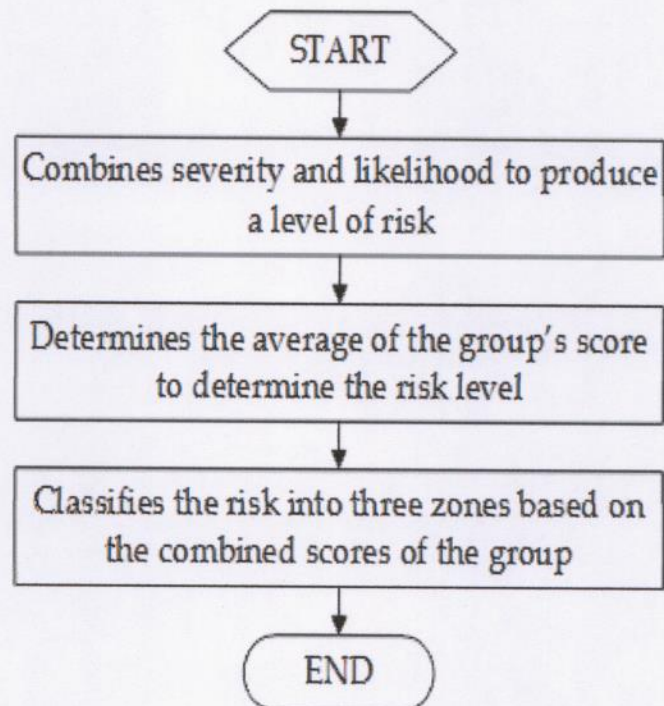
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RISK EVALUATION





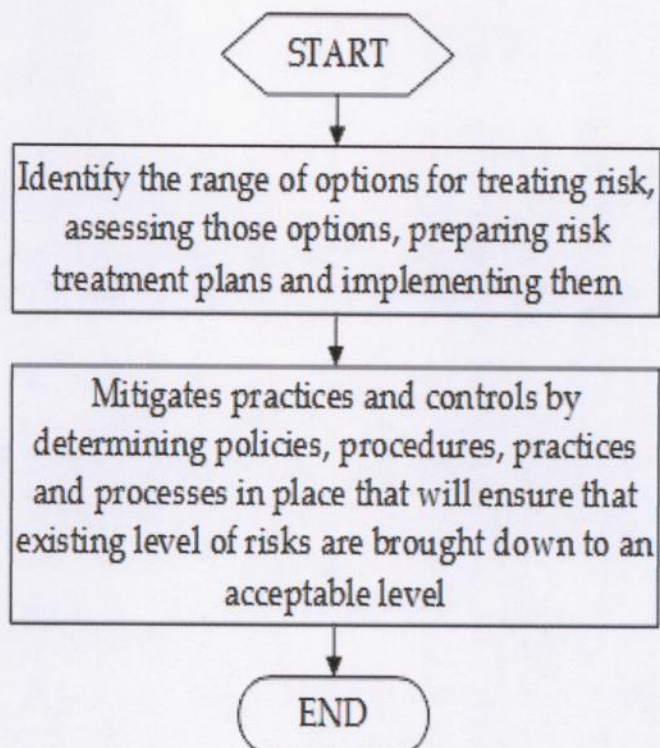
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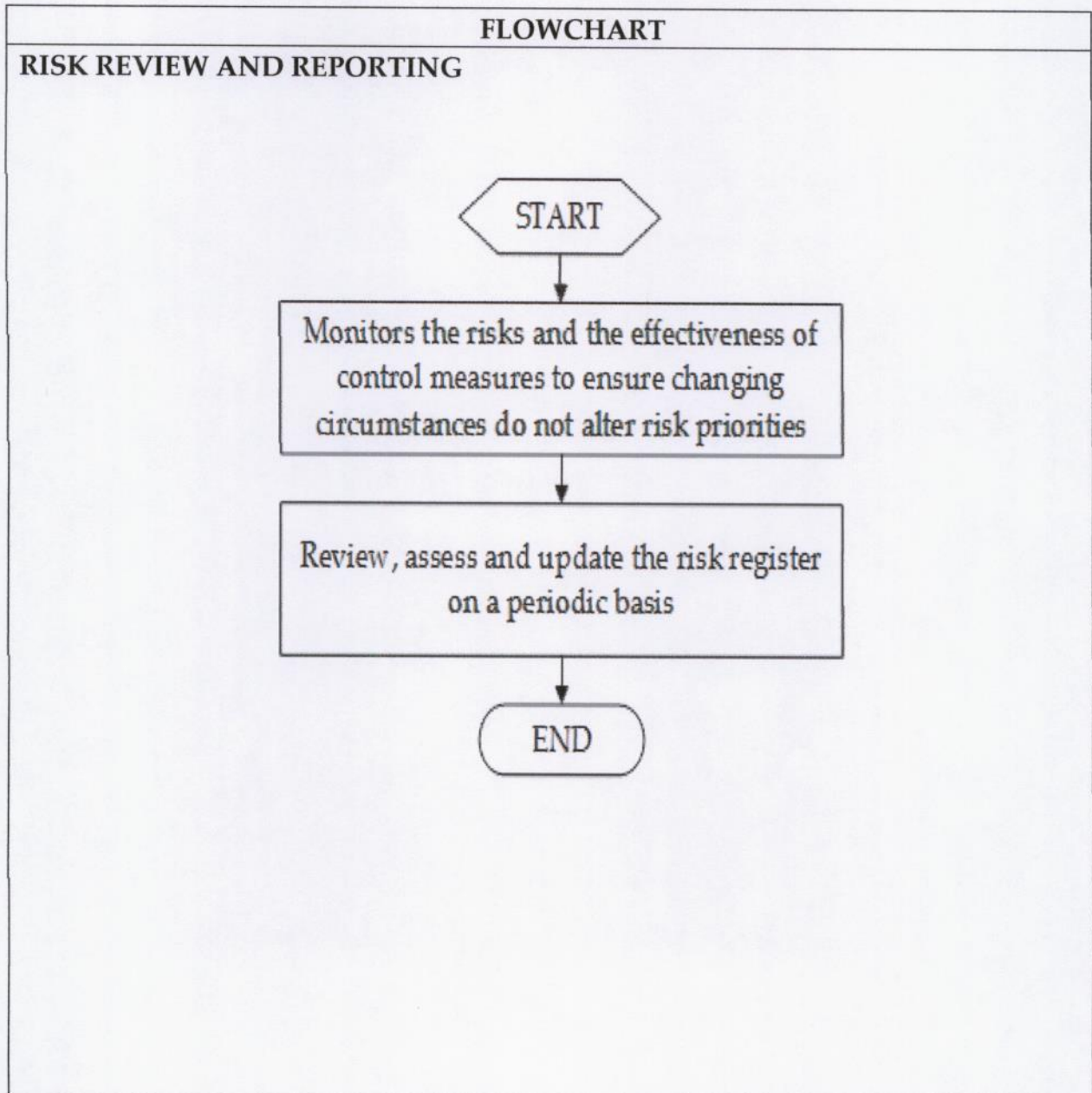
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RISK TREATMENT/ACTION PLAN



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