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|  <p>DR. PABLO O. TORRE<br/>MEMORIAL HOSPITAL</p> | Document Code:      | DPOTMH-HW-P19                             |
|   | Effective Date:     | 07-30-2022                                |
|   | Document Type:      | Policy                                    |
|   | Page Number:        | 1 of 6                                    |
|   | Department/Section: | Accreditation Section                     |
|   | Document Title:     | <b>RISK MANAGEMENT PLAN (NON-MEDICAL)</b> |

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6100

### 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

**Risk-** probability or threat of a damage, injury, liability or other negative occurrence caused by external or internal vulnerabilities and which may be neutralized through pre-meditated action.


**Hazard-** something that can cause harm if not controlled

**Likelihood-** is a qualitative description of probability or frequency.

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

**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 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.

#### **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




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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.
  - 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



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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

#### **DOCUMENTATION:**


New Policy

#### **DISSEMINATION:**



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

#### **REFERENCES: SHOULD BE IN APA 7 FORMAT**




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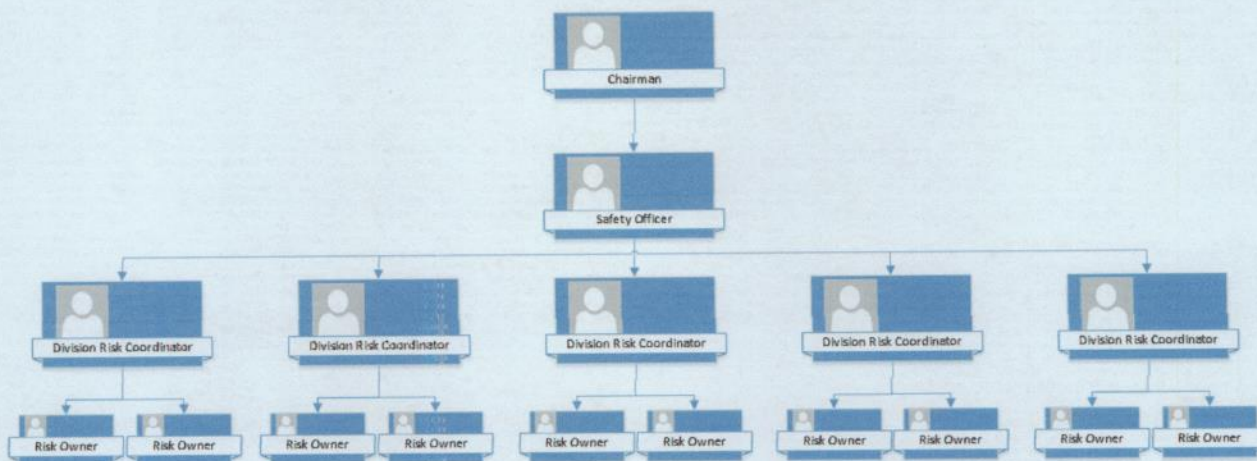
**APPROVAL:**


|                           | Name/Title   | Signature   | Date     |
|---------------------------|--|---|----------|
| Prepared by:              | <b>AMY E. MORDEN, RN, MN</b><br>Accreditation and Documentation Supervisor                           |  | 7/1/2022 |
| Verified:                 | <b>ENGR. JOJIE DELIMA</b><br>Safety Officer  |   |          |
| Reviewed:                 | <b>DENNIS C. ESCALONA, MN, FPSQua</b><br>Quality Assurance Supervisor                                |  | 7/1/2022 |
| Recommending<br>Approval: | <b>NANCY B. HIZON, MS Psych, FPCHA</b><br>Human Resource Division Officer                            |   |          |
|                           | <b>MARIA LIZA C. PERAREN, RN, MAN</b><br>Nursing Service Division Head                               |   |          |
|                           | <b>RICKY G. SALIDO</b><br>Logistics Division Head  |   |          |
|                           | <b>ROSARIO D. ABARING, MN, MBA-HA, PhD, FPCHA</b><br>Ancillary Services Division Officer             |   |          |
|                           | <b>ENGR. NOEL P. GARBO, FPCHA</b><br>Engineering and General Services Division Officer               |   |          |
|                           | <b>FREDERIC IVAN L. TING, MD</b><br>OIC- Total Quality Division                                      |   |          |
|                           | <b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b><br>Vice President – Chief Medical Officer             |   |          |
|                           | <b>SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA</b><br>Vice President – Chief Operating Officer |   |          |
| Approved:                 | <b>GENESIS GOLDI D. GOLINGAN</b><br>President and CEO  |   |          |



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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 Owners, 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.



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3. The Risk Owner updates all identified risks in a risk register. Risks that would have ceased should also be closed appropriately.
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:

| <b>LEVEL</b> | <b>DESCRIPTOR</b>    |
|--------------|----------------------|
| 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 impact

| LEVEL | DESCRIPTOR       |
|-------|------------------|
| 5     | VERY HIGH IMPACT |
| 4     | HIGH IMPACT      |
| 3     | MODERATE IMPACT  |
| 2     | LOW IMPACT       |
| 1     | VERY LOW IMPACT  |

### RISK EVALUATION

1. Risk Owner combines impact 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 "extreme" and require immediate action plans to close a significant control gap. (Average score of 11 and more)
  - 3.2. Risks that score within the yellow zone are considered "high" where action steps to develop or enhance existing controls is also needed. (Average score in the range of 6 to 11)
  - 3.3. Risks that score within the green zone are considered "moderate" or in control. (Average score less than 6).




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**Example for calculation of group score:**

**Rating of Risk X**

|   | <b>LIKELIHOOD (A)</b> | <b>IMPACT (B)</b> |
|---|-----------------------|-------------------|
| RISK OWNER  | 2                     | 5                 |
| DIVISION RISK COORDINATOR                                 | 3                     | 5                 |
| SAFETY OFFICER  | 4                     | 5                 |
| <b>TOTAL</b>  | 9                     | 15                |
| <b>GROUP SCORE<br/>(Total/No. Of Participants)</b>        | 3                     | 5                 |
| <b>COMBINED SCORE<br/>(Group Score A * Group Score B)</b> | <b>15</b>             |                   |



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## RISK MATRIX

| LIKELIHOOD                  |                        |                   |                        |                    |                         |
|-----------------------------|------------------------|-------------------|------------------------|--------------------|-------------------------|
| 5<br>(VERY HIGH LIKELIHOOD) | 5                      | 10                | 15                     | 20                 | 25                      |
| 4<br>(HIGH LIKELIHOOD)      | 4                      | 8                 | 12                     | 16                 | 20                      |
| 3<br>(MODERATE LIKELIHOOD)  | 3                      | 6                 | 9                      | 12                 | 15                      |
| 2<br>(LOW LIKELIHOOD)       | 2                      | 4                 | 6                      | 8                  | 10                      |
| 1<br>(VERY LOW LIKELIHOOD)  | 1                      | 2                 | 3                      | 4                  | 5                       |
|                             | 1<br>(VERY LOW IMPACT) | 2<br>(LOW IMPACT) | 3<br>(MODERATE IMPACT) | 4<br>(HIGH IMPACT) | 5<br>(VERY HIGH IMPACT) |
| IMPACT                      |                        |                   |                        |                    |                         |



- LOW LIKELIHOOD and IMPACT (NEED ANNUAL REVIEW)




- HIGH IMPACT or LIKELIHOOD (NEED PERIODIC MONITORING)



- MOST CRITICAL (NEED ACTIVE MONITORING)



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## 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.

## 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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### APPROVAL:

|                           | Name/Title   | Signature   | Date      |
|---------------------------|--|---|-----------|
| Prepared by:              | <b>AMY E. MORDEN, RN, MN</b><br>Accreditation and Documentation Supervisor                           |  | 7-01-2022 |
| Verified:                 | <b>ENGR. JOJIE DELIMA</b><br>Safety Officer  |  | 7-01-2022 |
| Reviewed:                 | <b>DENNIS C. ESCALONA, MN, FPSQua</b><br>Quality Assurance Supervisor                                |   |           |
| Recommending<br>Approval: | <b>NANCY B. HIZON, MS Psych, FPCHA</b><br>Human Resource Division Officer                            |   |           |
|                           | <b>MARIA LIZA C. PERAREN, RN, MAN</b><br>Nursing Service Division Head                               |   |           |
|                           | <b>RICKY G. SALIDO</b><br>Logistics Division Head  |   |           |
|                           | <b>ROSARIO D. ABARING, MN, MBA-HA, PhD, FPCHA</b><br>Ancillary Services Division Officer             |   |           |
|                           | <b>ENGR. NOEL P. GARBO, FPCHA</b><br>Engineering and General Services Division Officer               |   |           |
|                           | <b>FREDERIC IVAN L. TING, MD</b><br>OIC- Total Quality Division                                      |   |           |
|                           | <b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b><br>Vice President – Chief Medical Officer             |   |           |
|                           | <b>SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA</b><br>Vice President – Chief Operating Officer |   |           |
| Approved:                 | <b>GENESIS GOLDI D. GOLINGAN</b><br>President and CEO  |   |           |






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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 PROFILE

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>RISK REFERENCE NO.</b>               |   |                                      |   |
| <b>RISK CATEGORY</b>                    |   |                                      |   |
| <b>RISK STATEMENT</b>                   |   |                                      |   |
| <b>RISK OWNER</b>                       |   |                                      |   |
| <b>DATE OF NEXT REVIEW</b>              |   |                                      |   |
| <b>CONTRIBUTING FACTORS:</b>            |   |                                      |   |
| 1.                                      |   |                                      |   |
| 2.                                      |   |                                      |   |
| 3.                                      |   |                                      |   |
| <b>LIKELIHOOD RATING (A)</b>            |   |                                      |   |
| <b>IMPACT RATING (B)</b>                |   |                                      |   |
| <b>OVERALL RISK RATING</b>              |   |                                      |   |
| <b>RISK TREATMENT PLAN</b>              |   |                                      |   |
| <b>Proposed Risk Treatment Actions:</b> |   |                                      |   |
| <b>No.</b>                              | <b>Description of Measures</b>                | <b>Target Date of Implementation</b> | <b>Status</b>                             |
| 1.                                      |   |                                      |   |
| 2.                                      |   |                                      |   |
| 3.                                      |   |                                      |   |
| 4.                                      |   |                                      |   |
| <b>Signature of Risk Owner</b>          | <b>Signature of Division Risk Coordinator</b> | <b>Signature of Safety Officer</b>   | <b>Signature of Division Head/Officer</b> |