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BMNS4008
Managing Organisations in Nursing

Event Risk Management

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Introduction

Overview of the Report

The following academic report provides a risk assessment of a patient's transfer logistics to a new high-dependency local hospital unit. The primary purpose of this report is to determine, analyse and recommend measures to remove or reduce the risk factors of transporting patients from neighbouring hospitals and handling them in the unit when they arrive.

Context of the Report

The need for such environments for patients with dementia and the lack of specific guidance on managing risk for these patients prompt the development of this report. Patients will be transferred from neighbouring hospitals, and many of them will be acutely unwell, with high dependency needs because of cognitive and physical disabilities and co-morbidities. All potential risks must be identified during the planning and operation phase so that every risk to the patient's care and safety is known and managed.

Key Definitions

Care Quality Commission (CQC): England's independent health and social care regulator ensures that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages improving services (Care Quality Commission, 2022a).

Cognitive Impairment: a substantial decline in mental functioning that compromises a person's ability to process information, make decisions, solve problems, and recall events, including memory loss. In dementia patients, this impairment is progressive and is typically associated with a growing inability to perform tasks of daily living (American Psychiatric Association, 2013).

Dementia: a decline in cognitive functioning so severe that it interferes with activities of daily living. It is most commonly characterised by memory impairment but also a decline in thinking and reasoning, environmental and self-awareness, decision-making, problem-solving, language, and executive functions such as judgement—a wide range of diseases and injuries to the brain cause dementia (Dementia UK, 2023).

High Dependency Unit (HDU): a hospital ward specialising in intensive care and monitoring for patients who do not require complete intensive care but who need more observation and treatment

than would be received in a general ward (Gu, Zheng and Dai, 2022).

Impact of Risk Occurrence: the possible severity of the consequences should the risk event occur. Measures the degree of damage or disruption a risk might cause, from minor (1) to severe (5) (Ansar, 2023).

Infection Control: preventing the spread of infectious disease through policies and procedures, particularly in the hospital setting and other places, such as the home. Infection control measures are essential in high-dependency units, where patients are more susceptible to infections (Centers for Disease Control and Prevention, 2022).

Patient Transport: refers to the procedures and services associated with moving patients from place to place, in this case, between care facilities, also refers to the movement of dementia patients from wards to the high-dependency unit (Wilson *et al.*, 1995).

Probability of Occurrence: risk measurement used in risk assessments to indicate the likelihood that a risk event will occur within a given period or in given circumstances. It is usually expressed on a scale of 1 (very unlikely) to 5 (almost certain) (Haase, Renkewitz and Betsch, 2013).

Risk Assessment: a structured assessment of the potential risks involved in an activity or a project. In the essay context, it identifies and assesses risks involved in transporting and caring for dementia patients in the HDU (Menoni, Natale Battevi and Cairolì, 2015).

Risk Mitigation: the process of minimising the negative consequences of potential risks. This includes prioritising, implementing, and maintaining the most effective precautions possible to minimise the chance that the risk event will happen and to reduce the consequences if it does occur (noliftnemt.com, 2024).

Risk Score: a number calculated to quantify the level of risk, a product of the probability of a risk event occurring and the effect that that event would have. This score determines the severity of a risk and the priority for risk mitigation (Hutchins, 2018).

Risk Severity: the scale associated with the risk score and indicates the level of urgency and type of resources allocated to address risk. Risks are high risk (high urgency), medium risk, and low risk (Air & Surface Transport Nurses Association *et al.*, 2023).

Method

Description and Justification of the Methodology

The risk assessment brought together the following components for the identification of risk and recommendations on controls:

- **Literature Review:** a systematic review of existing research, guidelines and reports from industry bodies, case studies from academic journals and the grey literature to ensure that the assessment was evidence-based and drew upon the latest developments and challenges in the field.
- **Stakeholder Consultation:** engagement with staff, third-party suppliers, patients, and their advocates to identify potential risks and their appropriate control.
- **Expert Panels:** using expert panels or working groups with multidisciplinary input to validate the risk identification process and, in turn, the effectiveness of proposed control recommendations to ensure the work was comprehensive and drawn upon the broadest knowledge base.

Thus, the methodology incorporated various sources and ensured that potential risks were not underreported or underestimated (Covello and Merkhoher, 2014).

Risk Assessing Areas

- **Patient Transportation:** identifying risks of moving patients from neighbouring hospitals to the new high-dependency ward.
- **Care of Patients on Arrival at the Ward:** identifying risks in the ward in terms of staffing levels, physical infrastructure, and contingency plans, such as emergency preparedness and infection control.

Risk Assessment Method

The risk assessment process proceeded as follows:

- **Risk Identification:** Using information from the literature review and stakeholders to identify potential risks in patient transport and ward care.
- **Risk Analysis:** for each risk, we evaluated likelihood and impact using data from past

investigations and expert judgments, where available, and employing predictive analytics or modelling where data were sparse.

- **Risk Prioritisation:** ranking risks based on their severity and probability to enable the planning of resources to the most critical and impactful risks.
- **Mitigation Strategy Development:** for each high-priority risk, advice on specific mitigation strategies should be sought to reduce the likelihood or minimise impact.
- **Implementation of Controls:** if each risk is deemed acceptable, the recommended controls, which involve changes to procedures, staff training, or enhancements to physical and technological infrastructure, will be implemented.
- **Monitoring and Review:** regular audits monitored implemented controls, feedback loops, and incident investigations; monitoring and revising the risk assessment over time as new information became available, operational contexts changed, and controls might be deemed ineffective.

Compliance

Legislative requirements:

- **Health and Safety at Work. Act 1974:** provided a working and care environment that is safe and without risks to staff and patients. The risk assessment meets the act's requirements (Bradley, 2001).
- **Mental Capacity Act 2005:** assessing and minimising risks to safeguard cared and transported patients provides a legal framework for making decisions on behalf of people who lack the mental capacity to make decisions for themselves, such as those suffering from dementia or stroke. Risk assessments ensure that the provision meets the codes of practice in the act, as far as a person is concerned, and cannot make their own decisions on their care and safety (Fergus Smith, 2009).
- **The Equality Act 2010:** protects against discrimination by identifying and addressing risks to those with dementia and other impaired cognitive abilities. The risk assessment prevents discrimination in how patients receive the facility or its services (Mccolgan, 2021).
- **Care Standards Act 2000:** defines the standard of provided care and assistance in health and social care settings, also evaluating risks to those receiving care and transport; the risk assessment ensures that its commitment to providing safe care with dignity and respect meets the standards in the act (Engelman, Spencer and Great Britain, 2003).
- **Data Protection Act 2018:** incorporating GDPR secures and maintains personal data privacy and susceptible health information provided by patients and others (Feiler, Nikolaus and Weigl, 2018).

Industry standards and best practices

- **National Institute for Health and Care Excellence (NICE) Guidelines:** offers best practice standards that guide care, including those involved in caring for those with dementia. The risk assessment ensures that guidance on patient safety, standards of care, and medication use is followed, among other requirements (NICE, 2017).
- **Care Quality Commission (CQC) Standards:** the CQC regulates all health and social care services in England, ensures that the risk assessment is in place and complied with, that the safe provision of care and treatment meets safeguarding from abuse, and that proper governance is in place (Care Quality Commission, 2022b).

Implementation and monitoring

The risk assessment cycle is a procedure that involves constantly checking the to-do list, doing it, and then checking that it has been done (and done correctly). It also involves setting up action plans in response to risk. Staff should be trained on risk recognition and dealing with identified risks, such as updating the risk assessment to reflect evolving practices, new regulations, or emerging risks (HSE Books and Health and Safety Executive, 2006).

Regular auditing is conducted to spot risks not previously accounted for or dealt with and to obtain feedback from patients and staff.

Review meetings ensure the unit stays current with legislation requirements, good industry practices, and consistent best practices.

Risk assessment register

The following risk assessment register evaluates and quantifies the risks associated with the transportation and care of dementia patients in a new high-dependency unit. Each identified risk is rated based on the likelihood of occurrence, the impact of risk occurrence, a calculated risk score, and assigned a severity level.

Transportation Risks

1. Risk of Patient Elopement or Wandering during Transport
2. Risk of Medical Instability during Transport
3. Risk of Inadequate Patient Supervision

Risks at the Ward

4. Risk of Inadequate Staffing Levels
5. Risk of Falls and Injuries
6. Risk of Inadequate Emergency Procedures
7. Risk of Infection

Table 1.

Ref	Risk Description	Likelihood of occurrence (Score 1-5)	Impact of Risk occurrence (Score 1-5)	Risk Score (Likelihood x Occurrence)	Risk Severity (High, Medium, or Low)
1	Patients may attempt to leave the vehicle due to confusion or disorientation.	3	4	12	High
2	Transportation could exacerbate existing medical conditions or induce stress and disorientation.	3	4	12	High
3	Insufficient or inadequately trained personnel may fail to manage patient needs adequately during transport.	2	4	8	Medium
4	Insufficient staffing to effectively care for high dependency patients.	3	5	15	High
5	Patients are at high risk of falls due to mobility and cognitive impairments.	4	4	16	High
6	Lack of proper emergency procedures for sudden medical or behavioral crises.	2	5	10	Medium
7	High risk of infection due to compromised immune systems and close quarters.	4	3	12	High

Conclusions and recommendations

Summary of findings

The risk assessment conducted for the new high-dependency unit for patients with dementia at the local hospital has identified several key areas of concern both in the transportation of patients and their care upon arrival. Significant risks were categorised based on their likelihood of occurrence and potential impact, revealing priority areas that require immediate attention to mitigate potential harm.

Transportation Risks: patient elopement or wandering during transport and medical instability are rated high due to their considerable potential impacts on patient safety. Inadequate patient supervision was identified as a medium risk.

Ward Care Risks: inadequate staffing levels and the risk of falls and injuries were identified as high risks, given their direct effect on patient safety and the quality of care. Risks associated with inadequate emergency procedures and infections were also significant but varied in their likelihood of occurrence.

The risk scores determined that the areas requiring the most immediate focus are preventing falls, ensuring adequate staffing levels, and managing the risks associated with patient transport, particularly elopement and medical stability.

Recommendations

To address these identified risks effectively and ensure a safe and secure environment for both patients and staff, the following recommendations are proposed:

- **Enhance Transportation Safety:**

- Implement comprehensive training for all staff transporting dementia patients, focusing on handling emergencies and managing behavioural challenges.
- Utilise GPS tracking systems in transport vehicles to monitor routes and ensure rapid response if a patient elopes.
- Establish protocols that require a minimum number of trained personnel to accompany patients during transfers.

- **Strengthen Ward Safety and Care:**

- Increase staffing ratios to align with best practice standards for high-dependency units. This includes hiring additional specialised staff trained in dementia care.
- Extensive physical safety measures, such as handrails, non-slip floors, and adequate lighting, should be installed to minimise the risk of falls.
- Develop and regularly update emergency response procedures tailored to the unique needs of dementia patients, including immediate medical interventions and behavioural crisis management.

- **Infection Control:**

- Implement rigorous infection control protocols, including regular ward sanitation and adherence to guidelines for managing infectious diseases in healthcare settings.

- **Continuous Training and Audits:**

- Provide ongoing training for all staff members on the latest dementia care techniques and risk management strategies.
- Conduct regular risk assessment audits to evaluate implemented strategies' effectiveness and make necessary adjustments.

- **Feedback Mechanisms:**

- Establish a robust system for continuously collecting feedback from staff, patients, and families to improve safety measures and care practices.

By implementing these recommendations, the high-dependency unit can significantly reduce the risks associated with the care of dementia patients and enhance the overall safety and quality of the care environment. This proactive risk management approach will comply with relevant legislative and industry standards and demonstrate a commitment to delivering high-quality, patient-centred care.

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