Risk Registry Enhancement in KCC FM & GOPC
Dr HUI LC(1), Dr CHAN SLD(1), DR CHAN KHK(1)
(1)Department of Family Medicine & General Out-Patient Clinics, Kowloon Central Cluster

Keywords:
Risk management
Patient safety

Introduction
A HA-Wide Advanced Incident Reporting System (AIRS) is used to report adverse events. In our department, a top three risk registry system is in-place, which acts as a central registry for risks identified by our department. A comprehensive AIRS data analysis and monitoring may facilitate our planning of department risk registry and enhance our clinical risk management.

Objectives
1. To form an objective basis for risk registry development
2. To enhance governance of risk management

Methodology
In year 2014, the risk registry and AIRS reporting system was revamped in our department. The department’s AIRS data recorded in our central office from year 2010 to 2013 were reviewed. AIRS data including the quantity and trend of incidents were recorded. Those incidents with high likelihood and impact were also highlighted. The AIRS cases were reviewed and shared in department's Q&S subcommittee meeting. This forms an objective basis for risk registry development. After thorough discussion, the subcommittee members came up to 3 major risk areas in our department. These areas were selected as Department Top Three Risk Registry of our department in 2014.

Result
The top three risk registry in our department in year 2014 includes medication safety, computer system failure and patient identification. After identification of the above areas, different strategies and risk-reduction actions were implemented. A Prescription Intervention Report System (PIRS) was implemented to monitor the potential prescribing risks in our department. Power system failure drills were
conducted in each clinics to review staff’s preparedness in situations of electricity and computer system failure. For patient identification, staff performance was monitoring regularly by a half-yearly audit. Learning points were disseminated to our staff through different channels, including department’s peer visit rounds, individual clinic meetings and department’s web site. In conclusion, a systematic application of AIRS data analysis can enhance the tasks of identifying, analyzing, evaluating, treating & monitoring risks in our department. It forms an objective basis for risk registry development. Through this continuous improvement process, the governance of risk management in our department was enhanced. It helps to build the culture of AIRS reporting and awareness of important risk areas in our department. The system also facilitate early learning and sharing of incident information among our front-line staff.