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An integral approach in the development of risk registers to strengthen risk management in the NTWC
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Introduction
Each year, annual risk registers (RRs) have to be formulated at the cluster, hospital and departmental levels to facilitate risk monitoring and implement risk mitigation actions.   In the past, there was no strong linkage between the different levels and the RRs were mainly formulated by subjective judgment, experience and perception of senior management staff with the aid of inconsistent and limited information.   In view of this, the NTWC Quality and Safety Division had revamped the risk management framework and RR development process in December 2012.

Objectives
(1) Strengthen the framework in risk identification, monitoring, reporting and RRs development process; (2) Provide a NTWC common risk language for better communication; and (3) Provide departments and cluster/hospital management with the updated risk performance.

Methodology
In the NTWC, risks were identified in both bottom-up and top-down approaches. Firstly, departments formulated their departmental RRs (i.e. top 3 to 5 risks). Workshops were held to let department heads be familiar with the RR development process.   Quarterly departmental incident trends were provided to facilitate their consideration.   A NTWC common risk language was also implemented December 2013 to enhance communication of risk terms among staff.   All departmental RRs would then be aggregated and provided with relevant data (e.g. incident rates and manpower statistics) as references for respective hospital management to formulate the hospital's RRs (i.e. top 10 risks).   The cluster RRs would then be formulated by referencing to the hospital RRs and cluster-wide data.   All cluster/hospital RRs would be endorsed by the Cluster/Hospital Management Committee.   After the RR formulation, risk custodians were identified for planning risk mitigation actions and monitoring the risk performance.   The cluster/hospital management would be half-yearly reported about the latest risk performance through risk control sheets, incident rates and relevant trends.   Apart from the top risks, a 'risk watch' mechanism was developed to monitor other 'potential' risks which worth monitoring and use for consideration of the next year's risk registers.

Result

4 workshops were held in 2012 and 2014 with 135 attendees. Quarterly incident trends were provided to departments with positive feedback. Cluster/hospital management were regularly and timely updated about the risk performance. It can be concluded that the revamped risk management framework and risk register development process could provide comprehensive risk profiles to management staff and implement appropriate strategic actions accordingly.