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The implementation of the hospital risk management approach: The case of proximity Azemmour hospital provincial hospital center of El Jadida

Sakhr Ahizoune [1], Rajaa Benkirane [2], Asmae Mdaghri Alaoui [3]

[1] PhD, Student at the Center for Doctoral Studies Life and Health Sciences, Training in Clinical Epidemiology and Medical-Surgical Sciences, Congenital Anomalies Research Team, of the Faculty of Medicine and Pharmacy Rabat Under The University Mohammed V Rabat, Morocco

[2] PhD at the National School of Public Health Rabat, Morocco

[3] Professor of Higher Education at the Faculty of Medicine and Pharmacy Rabat under the University Mohammed V Rabat, Morocco

Corresponding Author**: Sakhr Ahizoune**

Abstract

Objectives: Contribute to the implementation of the risk management approach in the Azemmour Proximity Hospital (PH).

Methods: The study was conducted from January to May 2019 at the PH. It is an exploratory descriptive study of action research type.

Results: Following data collection, 91% of the participants have not received HRM training. The main determinants of implementation of the HRM approach were ranked by health professionals: 100% for training and reporting tools, 83.3% for awareness and 50% for staff adherence. The frequent risks are blood exposure accidents and risks related to healthcare.

Discussion: the team was able to set up an HRM committee, provide ongoing HRM training sessions, provide awareness-raising for the benefit of the participants, set up a procedure and tool for reporting and notifying incidents.

Conclusion: the HRM is a lever for change and for improving quality and safety in healthcare institutions.

Keywords: hospital, risk management, security

Introduction

The health sector has changed significantly over the past 20 years. However, the major challenge facing the health system today is not to use recent clinical procedures or high-tech equipment, but to ensure the safety of the care provided in a complex where speed of action is paramount [1]. In the field of health care, risk takes place to give us several meanings. The Directorate of Hospitalization and Organization of Care (DHOS) defines risk as "an undesired situation with negative consequences resulting from the occurrence of one or more events whose occurrence is uncertain, in a health establishment, these events are those whose occurrence disrupts the fulfillment of its primary mission: to provide quality care to people in complete safety" [2]. In order to deal with the many hospital risks, an approach was adopted with the aim of improving the quality and safety of care, hence the existence of risk management procedures [3-6]. Risk management (HRM) in the field of health care institutions is inseparable from health safety, which has become one of the major components of health policy in the last ten years [7]. At the level of health care institutions, several risks exist due to the diversifications of the activities carried out, the main risks are, on the one hand, the risks related care and support and on the other hand, the risks related to hospital life [8], the latter concern carers and nursing staff [8]. This approach aims to take charge of the risk with its consequences and dangers and to make it acceptable and manageable [9]. The aim of HRM is to ensure the safety of patients and the care they receive and, in particular, to reduce the risk of adverse events occurring in patients [10]. Safety of care in health care institutions does not mean the absence of risk or its complete reduction, but safety of care means indentifying and minimizing risks. Therefore, this risk management approach tends to make the risk acceptable [9]. The implementation of HRM is a major issue that the hospital of the future cannot neglect [11]. The notion of health safety and hospital risk management are relatively recent concepts in our Moroccan context, both in teams of strategic orientations and regulations. The aim of our study is to contribute to the reinforcement of hospital safety with a view to implementing the risk management approach at PH Azemmour.

Methods

Our study is exploratory descriptive and action-research type. It aims to describe the state of play of PH Azemmour in relation to HRM and implementation of an organizational model of risk management by the various actors involved.

Risk is the intrinsic ability of a situation or equipment to create damage [8]. The French High Authority for Health (HAH) gives a more precise definition by distinguishing two families, event linked to avoidable complications and serious accidents that should never have happened, in which case it is a serious adverse event (AE) [8]. An adverse event is an unfavorable event occurring in a patient or in the care process, whatever its severity or nature, as a result of prevention, diagnosis, treatment, care or rehabilitation strategies and actions. It is an event that deviates from expected outcomes or care expectations and is not related to the natural course of disease [10]. Finally, an incident is "an action or situation that does not affect the state of health or well-being of a user, staff, concerned professional or third party but whose outcome is unusual and which on other occasions could result in consequences" [12].

The mains risks encountered in health care institutions are risks associated with the care related to medical and nursing acts and the organization of the care provided to patients, the risks related to so-called support activities without which the care could not be properly implemented. These are precisely the risks related to material resources and equipment such as breakdowns and fixed assets and the risks related to the hospital life and the internal environment of the hospital such as hotel and laundry activities [13].

Our study is conducted at the PH Azemmour which is part of the Provincial Hospital Centre of the Medical Delegation of El Jadida in Morocco. The study lasted five months from January 2019 to May 2019.

The target population includes all health care professionals (doctors, nurses, midwives and health technicians) at PH, based on exhaustive sampling since the number of professionals et PH Azemmour is limited.

The PH is a hospital under the Provincial Hospital Centre of El Jadida. Ti is of the pavilion type with a theoretical bed capacity of 45 beds and has five basic disciplines: medicine, surgery, maternity, emergency and pediatrics. The PH has 72 health professionals including 18 doctors, 46 nurses and health technicians and 8 administrative staff.

The questionnaire was chosen as the data collection method and tools. It is a self administered questionnaire with 17 questions, the first four of which are socio-professional while the rest are related to knowledge and attitudes towards HRM. The questionnaire was tested at Mohammed V Hospital in El Jadida to ensure and understanding of the questions by professionals.

The results of the questionnaires, after transcription, are presented in the from of tables and graphs with comments using the statistical software SPSS and Excel.

Our study respected certain ethical considerations, namely: having the permission and agreement of those in charge of the study environment, having consent of the participants, after having explicitly communicated to them the purpose and objectives of the research as well as the fate of the information given, being open and respectful towards the participants and guaranteeing their anonymity and confidentiality.

The study has been approved by the ethics committee for biomedical research of the MOHAMED V Faculty of Medicine and Pharmacy in RABAT (N/R: folder number 728/18).

Results

With the aim of contributing to the reinforcement of hospital safety through the implementation of the risk management approach at PH Azemmour. A first of the inventory showed that about 64% of the human resources are nurses and midwives, 25% are doctors and 11% are technicians. 92% of the participants have never had any training in HRM while the 8% have had basic notions on HRM in continuing education. Therefore, the need for HRM training was expressed by 92% of the participants. All the participants a affirmed the absence of HRM committee (INSERT FIGURE 1 HERE).

With regard to the determinants of the implementation of this approach, all the participants attest that HRM training and the risk declaration tool are essential for the implementation of this approach, in addition to 83% of the professionals maintain that awareness is the second main determinant of implementation and finally 50% confirm that adherence of professionals to the concept of a culture of safe care is a determinant for the implementation of HRM (INSERT FIGURE 2 HERE).

Regarding the risks related to care in the different departments, 93% of the participants confirm that they are present for both the care receiver and the caregiver in their workplace. Ninety percent of the participants reported being confronted with accidents involving exposure to blood (BEA), while 85% mentioned the risks related to patient care practices (RCP), 77% mentioned the risks of nosocomial infections and only 35% participants precisely those who work in the medical technical services are confronted with the immobilization and malfunctioning of equipment (breakdowns of equipment in the medical-technical services) (INSERT FIGURE 3 HERE)..

Regarding the non-reporting of adverse events (AE), the main causes of non-reporting are in 73.3% the lack of procedures (LP), in 71.6% the lack of reporting support (LRS), in 68.3% the lack of HRM committee (LCo), in 35% the ignorance of the reporting procedure (IRP) and in 21.6% the fear of sanction (FS).

Then the implementation stage of HRM approach was carried out following inventory of fixtures. During the first five months of reporting, we received 13 reports of adverse events of which 30.76% came from the emergency department, 23.07% from the maternity ward, 15.38% from the operating theatre and the radiology department and 7.69% from medical department and the laboratory.

On the other hand, 46.15% of the risks were related to care, 38.46% of the risks were related to support activities and 25.38% of the risks were related to hospital activity.

Discussion

Our research project on hospital risk management is an action research type project. In order to operationalize it, we must go through three crucial steps. We began with a diagnostic stage to establish the state of the art, then an organizational stage in which we remedied the various points detected in the first stage and finally a technical stage of really give concrete expression to the hospital risk management approach at the PH Azemmour.

The diagnostic stage revealed that the majority of professionals (92%) did not have HRM training. This is a worrisome fact, since training plays a key role in enabling professionals to truly implement the HRM approach. Indeed, the majority of professionals claim their training needs in HRM.

Other national studies report results similar to those found in our study regarding the lack of HRM training for hospital-based health professionals in 69% [14] and 65% [15] respectively, leading them to support the need for a training program. This finding reveals the causes of the lack of a safety culture among healthcare professionals.

The organizational stage revealed the absence of a security policy, as all participants (100%) attest to the absence of a hospital risk management committee, which is supposed to be the first responsible for the implementation of this HRM approach.

With regard to the determinants of the implementation of this approach, all the participants affirmed that training and reporting tools occupy the first place in the implementation of the HRM approach, in second place awareness and finally the adhesion of professionals. Other studies show that awareness is essential because the majority of professionals are not aware of HRM, i.e. 77% [14] and 71% [15], and therefore awareness remains a crucial determinant in the implementation of the HRM approach.

For this and order to implement the HRM approach, it is essential to carry out continuous training sessions for professionals and raise their awareness in order to adopt a culture of hospital risk management.

The most common risks encountered are BEA, risks related to care activities, risks related to nosocomial infections and risks related to the immobilization of devices. This is in line with the findings of studies conducted in Morocco at the Sefrou hospital in which the most common. BEA were related to risks linked to healthcare activities [15] and in the Regional hospital Center of Agadir.

The study participants justified the lack of AE reporting by lack of knowledge of the AE reporting procedure, lack of a reporting tool, lack of a hospital risk management committee, ignorance of the reporting procedure, and fear of punishment. These arguments have also been reported in similar studies carried out at national level and are consistent with the classic causes of underreporting of AE, which cite lack of knowledge of the reporting procedure, lack of awareness, fear of sanction, fear of prosecution, lack of this culture and underestimation of risks as causes of non reporting of AE [14, 15].

The study showed the absence of a general and a formalized organization dedicated specifically to HRM within the hospital. Thus, coordination as a factor underlying good risk management and the pooling of resources, tools, methods and actions of the various players is largely deficient.

In the light of this observation, the second organizational step takes place for the formalization of a risk management approach by setting up a formal organization and a specific system to identify, analyze ant treat risks within PH. Our project team has adopted the following steps:

- Since more than two thirds of the professionals at the Azemmour Proximity hospital are nurses, midwives and health technicians, we took the opportunity of the council of Nurses (CNN), which is a periodic hospital management body, to propose our project for the implementation of the hospital risk management approach and consequently we agreed on the way it would be implemented;
- The establishment of hospital risk management committee to steer this implementation project through the organization of a dedicated meeting for this purpose;
- Raising the awareness of HRM professionals in the various meetings, hospital management committee and meetings;
- The organization of continuing education sessions for PH Azemmour professionals;
- The development of the HRM procedure, as well as the reporting tool and the adoption of the necessary resources for the operationalization of the HRM approach.

Finally, the third technical step is the operationalization of the HRM approach based on the notification of the risks run by healthcare professionals, analyze by the hospital risk management committee and feedback to the professionals. The notification of risks is based on several supports, in particular those describe in the literature, namely the declaration from and the vigilance report from regulated by the Ministry of Health. Then we opted for the installation of cardboard boxes that were made available to the various services to facilitate the filing of declarations for all professionals and at any time.

The risks incurred at the hospital level come from the various departments, i.e. the emergency department, the maternity ward, the operating theatre department, the radiology department and the medical department, as well as from the laboratory. These results could be explained by the fact the emergency department and the maternity ward are the most attractive and productive services in the hospital. These results are consistent with data in the literature which report that 71% of risks come from the emergency department, 43% from surgery, 29 from the operating room, 21% maternity ward and 21% from trauma [14].

Following these statements, the Risk Management Committee was able to organize periodic analysis meetings, i.e. a monthly meeting, and studied the various risks and proposed ways to improve the quality and safety of care at PH Azemmour.

Conclusion

The High Authority for Health affirms that risk is part of all human activity, a fortiori in the field of health, which is complex and constantly evolving [10], hence the need to implement a risk management approach within health establishments with the aim of improving quality and patient safety. This approach, which has just come into being in recent years in our Moroccan context, is necessary today in order to meet the needs of the population and professionals. All this underlines the importance of implementing tools for early detection of risks and effective barriers for continuous improvement of the quality and safety of care in the hospital environment.

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References

1. World Health Organization. Patient Safety Curriculum Guide - Multi-professional Edition, 2011, 8-10.
2. Directorate of Hospitalization and Organization of Care (DHOS). Recommendation for the development and implementation of a risk management program in health care facilities, 2004, 3.
3. Tixier J, Dusserre G, Salvi O, Gaston D. Review of 62 risk analysis methodologies of industrial plants. Journal of Loss Prevention in the Process Industries. 2002; 15(4):291-303.
4. Gourc D. Towards a general risk model for the steering and conduct of goods and services activities. Habilitation à Diriger des Recherches, Toulouse, France: Institut National Polytechnique de Toulouse, 2006.
5. Grimaldi S, Rafele C. A tool selection and support methodology for project risk management. In Roma, Italy, 2008.
6. Sienou A. Proposal of a methodological framework for integrated risk and business process management. PhD thesis, Institut National Polytechnique de Toulouse, 2009.
7. Farge-Broyart A, Rolland C. Government Policy about Risk Management in Hospitals. Réanimation, 2005, 419-422.
8. Hospital and ambulatory care management (HACM). Methodological guide for hospital risk management in Morocco. Edition, 2015.
9. Nitaro L, Roberts T. Measuring the acceptability of risks related to care Litterature review, 2009.
10. High Authority of health. Managing risks. Risk management and cooperation protocols (Article 51 HPST Act) Put online on, 2016.
11. Caroline B. Risk management a new deal for hospital management: the example of the Stasbourg University Hospitals. ENSP, 2002.
12. Official publisher of Quebec. An Act respecting health services and social services.
13. High Authority of health. Patient safety implement Risk management for care in healthcare institutions. From concepts to practice, 2012.
14. Mars A. Proposal for the implementation of a risk management approach associated with care, case of the regional hospital center of Agadir. ENSP, 2017.
15. Amaati M. Proposal for the implementation of a risk management approach in the hospital environment. Case of the Mohamed V Provincial Hospital of Séfrou. ENSP, 2014.