

Contents

Pages 1 and 4:
Enterprise Risk Management:
An Introduction
Pages 2 and 3:
A New Spin on Wheelchair
Safety



VA National Center for Patient Safety

P.O. Box 486
Ann Arbor, MI 48106-0486

Phone:(734) 930-5890

Fax:(734) 930-5877

E-mail:NCPS@va.gov

Web Sites:

Internet.....www.patientsafety.gov

Intranet...vaww.ncps.med.va.gov

Robin R. Hemphill, M.D., M.P.H.
VHA Chief Safety
and Risk Awareness Officer
Director, VA National Center
for Patient Safety

Editor

Joe Murphy, M.S., APR
Public Affairs Officer

Graphic Design and Copy Editing
Deborah Royal
Visual Information Specialist

TIPS is published bimonthly
by the VA National Center for
Patient Safety. As the official
patient safety newsletter of the
Department of Veterans Affairs, it
is meant to be a source of patient
safety information for all VA em-
ployees. Opinions of contributors
are not necessarily those of the
VA. Suggestions and articles are
always welcome.

Thanks to all contributors and
those NCPS program managers
and analysts who offered their
time and effort to review and com-
ment on these TIPS articles prior
to publication.

Enterprise Risk Management: An Introduction

By David Sine, Dr. BE., CSP, ARM, chief risk officer, Office of Quality Safety and Value

The overarching purpose of the Enterprise Risk Management (ERM) process is to protect an organization from risks that could interfere with its objectives and goals and mitigate risk, where it is unavoidable.

ERM represents a significant evolution beyond previous approaches to risk management in that it:

- Encompasses all areas of organizational exposure to risk (financial, operational, reporting, compliance, governance, strategic, reputational, etc.)
- Evaluates risks in the context of all significant internal and external environments, systems, circumstances and stakeholders
- Recognizes that individual risks across an organization are interrelated and can create a combined exposure that differs from the sum of the individual risks
- Provides a structured process for the management of risks, whether those risks are primarily qualitative or quantitative in nature
- Seeks to embed risk management as a component in all critical decisions throughout an organization
- Views effective management of risk as an advantageous element in the delivery of ethical, reliable, high-value health care
- Classifies risks in terms of strategic and legal implications, operational or reputational effects and financial obligations
- Identifies opportunities to apply an ERM model to strategic planning and organizational objectives
- Promotes an understanding of processes, systems and activities that generate internal risk and external uncertainties on an enterprise-wide basis

Building Stakeholder Value

ERM can be used to build VHA's organizational and stakeholder value through management of both the positive and negative risk potential. This is accomplished through alignment of a top-down

as well as a bottom-up understanding of key organizational risks and an overall agreement on an acceptable level of exposure to risk.

The top-down aspect concerns clarifying "risk appetite," the level of exposure to risk that an organization is willing to tolerate. The process also considers the 5-10 most important risks to VHA performance, in an effort to support risk-informed decisions and ensure proper risk oversight.

The bottom-up aspect focuses on an integrated approach to a comprehensive identification and prioritization process of important risks; as well as implementation of risk policies and processes that inform decision making and can ensure a robust risk culture, in order to balance risk with benefit.

Relation to Traditional Risk Management

In essence, ERM is a business decision-making process used to identify and manage risks across the continuum of an organization's structure and function.

But unlike traditional risk management, which focuses on loss, ERM emphasizes managing and preparing for change; and, it embraces the involvement of professionals at all levels of an organization.

ERM does, however, use traditional risk management processes to evaluate an organization's entire value chain; i.e., identifying, analyzing, mitigating and monitoring risk. But it adds an important element during its establishment: Aligning an organization's risk appetite with its strategic plan in an effort to develop long-term objectives and short-term milestones to sustain an organization's goals. (See Figure 1)

Though ERM adopts these standard risk management processes, it applies them for numerous issues facing an organization, not just liability or loss events: ERM, therefore, can be used to examine multiple forms of uncertainty as each affects a key objective of an organization. (See Figure 2)

ERM is designed to develop specific actions to reduce specific risks. Many risk assessment efforts generate multi-dimensional risk "heat" maps that

A New Spin on Wheelchair Safety

By Joe Murphy, M.S., APR, NCPS public affairs officer

The Pittsburgh H.J. Heinz Community Living Center (CLC) recently had the opportunity to participate in a “Virtual Breakthrough Series,” focused on reducing falls from wheelchairs.

“We knew that we had many issues with our wheelchairs,” said Charlene David, R.N., a clinical nurse specialist at the CLC. “We decided to create a safety team to address this important issue. And we knew we could get help from NCPS when an opportunity came up to participate in a Virtual Breakthrough Series.”

The CLC consists of six nursing units with an average daily census of 160 residents. The facility offers a dementia care unit, hospice care unit, two long-term care units, and two skilled-care units, one of which houses a four-bed intensive rehabilitation program.

“We began taking a detailed survey of our long-term care units to find out exactly what our problems were and how significant they were,” she noted. “One thing was for sure: We knew we had a lot of falls that involved slipping or transferring from wheelchairs.”

“The survey helped us learn what the problems were,” David continued. “For example, the team identified many chairs that were in need of repair and Veterans who required a formal wheelchair evaluation. This resulted in our team placing numerous work orders for repairs and seating clinic consults.”

The process for how and when a Veteran obtained a wheelchair had become an issue. “We realized we had a major problem with wheelchairs after being issued to Veterans,” she said. “Wheelchairs were easily misplaced, since they were not personally identified.”

A Veteran might see a wheelchair in an outpatient wheelchair courtesy area that had a more pleasing color or looked like it might be more comfortable and switch to it. “Or they would go to a different facility for an appointment in an



issued wheelchair and come back with a different one, as the original chair might have been left in a corridor and moved during the appointment,” she continued.

The CLC staff members often found themselves filing VA police reports for missing wheelchairs, because once the chair had been issued it became the Veteran’s property.

“We also reviewed how each Veteran had gotten his wheelchair. Was this a courtesy wheelchair the staff provided? Or, was it actually issued by our seating department?” said David.

It became clear that a number of Veterans were using courtesy wheelchairs, some of which required repairs, but many of these Veterans needed detailed seating evaluations. “So we placed a number of consults so our Veterans could be evaluated for the proper device,” she said.

Other problems the team found included Veterans using wheelchairs with a seat belt, because it could be considered a restraint, problems with brakes, or with rips and tears on armrests that could increase the potential for infection.

“It was clear we also had a huge patient satisfaction issue,” David said, “as well as a safety issue.”

To focus on developing solutions and sustaining improvements, the team asked staff members to volunteer to become “Wheelchair Champions,” providing front-line support. “We asked the Wheelchair Champions to help keep our Veterans in their assigned wheelchairs,” David said. “We also needed help removing extra wheelchairs, labeling assigned wheelchairs, and looking for broken equipment.”

A Personal Vehicle

Labeling wheelchairs with a “license plate” to help prevent switching of assigned chairs became an idea that staff took to heart.

“Staff really liked this idea,”

David noted. “One staff member said, ‘It makes it their own personal vehicle.’ Because, when you think about it, so many of them have lost so much. Some have lost people they loved; their health; their homes; a lot of personal possessions; their freedom to move around freely.”

To make the idea a reality, the team was confronted with a number of challenges, such as: What kind of material would adhere to the back of a wheelchair and not be easily damaged? Would the material require lamination?

How would they be designed? And, by whom?

The CLC's Associate Chief Nurse Ellesha McCray came up with the idea for labeling the chairs with "license plates." This was mentioned to another colleague who suggested the plates be modeled after those used by the state of Pennsylvania. The idea was then shared with the team and Wheelchair Champions.

"The team then came up with the idea of having the Veterans select a service branch logo, as is done in Pennsylvania plates," David noted. "Marc Wichelmann, a champion on one of our long-term care units, created a template to ensure personalized license plates could easily be printed on each unit." The plates include the Veteran's last name or nickname and service branch logo.

The concepts for an improved approach to wheelchair identification had taken shape. But team members still weren't sure what sort of material would be needed and how much each plate would cost.

Another team member, Libor Kaplanek, suggested weather proof shipping labels that would adhere to the back of the wheelchairs — and could be purchased through the patient care service office supply budget for just 50 cents per plate.

"We tried to adhere the labels onto wheelchairs made of fabric and vinyl," David said, "and they actually stuck. To ensure that the lettering would not smear or erase, we wiped the labels with alcohol, bleach and soap-based wipes. The ink didn't come off! Then the chairs were put through the wheelchair washer and the labels stayed on and lettering was not affected."

Team members thought that creating the plates was going to be an overwhelmingly proposition. "But everyone took a little piece of the project," she said, "and before you knew it, we had a finished product that actually worked and everyone liked."

By including Veterans and unit staff into the wheelchair project, the team found that labeling assigned wheelchairs could be feasible and sustainable.

"In fact, a Veteran on our hospice unit who had his personal wheelchair

misplaced during an outpatient appointment, prior to creation of the plates, told us that he was jealous of others who had personalized license plates," said David, "believing his wheelchair would not have been misplaced if it were labeled. When his chair was replaced, we labeled it with a license plate that included an Army logo, which was very pleasing to the Veteran."

The consensus among unit management is that the program has been successful. "They say this has helped alleviate a long standing problem," she noted.

Improving the Ride

The CLC team studied their fall events not only by what had happened, but by what preceded the event. "We had many falls that occurred during transfer and many because Veterans were slipping out of the wheelchair," she said.

The study quickly focused on the quality of wheelchair cushions. Many Veterans disliked them. "We couldn't clean the cushions as they were made of foam," David noted. "And the Veterans piling pillows and blankets on top of the cushions, to make the seat more comfortable, also increased the risk of slipping from the chair."

A number of staff members also disliked them for the same reasons. "But people told us we'd never get rid of them because they cost \$7 and we were talking about replacing them with a \$39 cushion," she said.

David and her team asked key stakeholders specific reasons why the cushions needed to be replaced, including: infection control, skin care and rehabilitation service. "And we talked to our Veterans," she said, "who consistently noted the cushions were uncomfortable."

The team ordered samples of different types of cushions and asked stakeholders to test them. "We also asked a number of our Veterans to test them, too," David said. "And we came to the conclusion that a particular cushion made of gelfoam evenly distributed a person's weight, was skid-resistant and could be cleaned using a wipe."

David and the team set about making a business case, comparing the cost of a \$39 cushion with the cost to the facility of just one Veteran who would require

an evaluation in the emergency room after a fall. "I contacted our financial management services and not even taking into account an escort, lab and transportation costs, it was between \$700 and \$1,000 just for one ER evaluation. Not to include cost for an injury — just the evaluation," she said.

Preventing one fall at the lower ER estimated evaluation cost (\$700) would therefore cover the expense of nearly 18 cushions, indicating a sound business case. "Not to mention the importance of reducing potential harm to our patients and increasing their level of comfort!" David said.

Though some Veterans residing at the CLC require special, often expensive cushions, the majority simply need a standard cushion. "May was the first month of full use of the new cushions," she concluded, "and we had no falls related to slipping from a wheelchair."

Pittsburgh Wheelchair Team

- Charlene M. David, M.S.N., R.N., C.N.S., B.C.
- Jason P. Fay, P.T., D.P.T., rehabilitation site supervisor
- Amy Galie, B.S.N., R.N., assistant nurse manager
- Libor Kaplanek, B.S.N., R.N., staff nurse
- Diane McDade, B.S.N., R.N., assistant nurse manager
- Kevin Easley, nurse assistant
- Marc Wichelmann, nurse assistant

Note

A Virtual Breakthrough Series allows VA teams, often with members in different geographic locations, to meet by phone or video conference, rather than face-to-face. Such a series allows for effective sharing of ideas while avoiding travel expenses and staff time lost in travel. VA employees interested in further information: NCPS@va.gov

Enterprise Risk Management: An Introduction

Continued from page 1

cannot be operationalized into specific actions; or, black-box-like probability distributions that don't place risks in a useful context and whose true meaning is often largely mysterious.

A Look Ahead

The challenge at VHA, as at any complex organization, will be to enable ERM users to identify which early warning indicators should be sensibly tracked; and, to consider how to prepare for the various probabilistic consequences of risks and uncertainties.

By using ERM to provide a bridge between strategic objectives and enterprise-level risk tolerance, it can contribute to an organization's sustainability.

ERM's integrated, forward-looking and process-oriented approach to managing key operational risks (not just clinical or financial risks) offers an opportunity to maximize the value each stakeholder brings to an entire enterprise.

Figure 1

ERM emphasizes managing and preparing for change and enhances traditional risk management processes.

Figure 2

The wider group of influences that may represent risk are present when one considers ERM.

