

safe and trusted healthcare

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Risk Management

Rebalancing risk management—Part 1: The Process for Active Risk Control (PARC)

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Risk assessment, by itself, does nothing to reduce risk or improve safety. It can only change outcomes by informing the design and management of effective risk control interventions. But current practice in healthcare risk management suffers from an almost complete lack of support for risk control. This first installment of a 2-part series on rebalancing risk management describes a new framework to guide risk control practice: The Process for Active Risk Control.

INTRODUCTION

Risk assessment, by itself, does nothing to reduce risk or improve safety. It can only change outcomes by informing the design and management of effective risk control interventions. But, while current practice in healthcare risk management is supported by a bewildering array of risk assessment (problem exploration) tools,¹ there is very little support for the problem-solving process of risk control.²⁻⁴ This may reflect the fact that healthcare risk management relies on approaches that were originally developed for high-reliability fields (eg, power generation, manufacturing, the chemical industry, etc), in which the risk management process is typically led by safety/reliability engineers.

Engineers receive extensive training in converting requirements (such as those identified through risk assessment) into robust and effective interventions,⁵ which may prepare them to bridge the gap between risk assessment and the design of high-quality risk controls. This is not the case in the healthcare industry⁶ where risk assessment techniques are used largely by healthcare workers who have deep clinical knowledge, but often lack training in fields like engineering or ergonomics.⁷ Perhaps as a result, healthcare workers have a difficult time generating and assessing risk control options, leading to overuse of weak risk controls, including some that may do more harm than good.^{6,8-14}

Author Bios

ABOUT THE AUTHORS

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