

# ICT Patient Safety Risk Report

The purpose of an ICT Patient Safety Risk Report is to ensure, to the extent possible, that all risks to patient safety resulting from the deployment of a system/application have been identified, treated and evaluated, so that the residual risks may be accepted before there is a transfer (of the system and risks) to operations.

This Report is a required Specialist Product to be delivered during the Delivery Phase of the Project Delivery Lifecycle, prior to approval for transition to operations*.* Once in operation, patient safety risks should be reviewed and updated periodically and as required.

|  |  |  |
| --- | --- | --- |
| Program Title (if applicable) | |  |
| Project Title | |  |
| Executive Sponsor | |  |
| Project Manager | |  |
| Background & Application/System Description | | |
| [Insert a description of:   * the purpose of the application/system * its intended use * interfaces, inputs, outputs * operational environment * deployment details * applicable Health Service Provider or whole of Health * any relevant safety background/history] | | |
| Scheduled Transition / Go-Live Date | |  |
| Record Keeping  File Location / Doc ID | | [Please provide the Electronic Document and Records Management System (EDRMS) file location for this system/application’s PSRA documentation]. |
| **Stakeholder Consultation** | | |
| Risk assessment - Clinical Risk Workshop/s | | |
| [Please indicate dates of Clinical Risk Workshops held as part of the risk assessment and indicate the project stage when the workshop was held. Please attach details of the Workshops such as list of participants and workshop agenda]. | | |
| Risk assessment - other stakeholder consultation | | |
| [Please describe any further stakeholder consultation here:   * Name, position, role, input provided] | | |
| **Risk Evaluation and Acceptance** | | |
| *The Officer accepting the risks confirms that all that is practicable, within our power and resources to do and that any reasonable person would be expected to do in the circumstances, or is required by law or otherwise required, is to be done in controlling and treating these risks and fulfilling our duties of care.[[1]](#footnote-1)* | | |
| The Project Board shall determine the specific risk management strategy and tolerance levels for this project. The acceptance tiers provided in this section align with the [WA Health Risk Management Policy](http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13313).]   |  |  |  | | --- | --- | --- | | Level of risk | Descriptor | Information | | 1-4 | Low | Acceptable with controls | | 5-9 | Medium | Tolerable with adequate controls | | 10-16 | High | Intolerable and controls should be improved | | 20-25 | Extreme | Intolerable and controls must be improved immediately | | | |
| **Low Risks**   |  |  |  |  | | --- | --- | --- | --- | | Risk reference & description | =>Tier 5 Acceptance Y/N | Risk Owner Accepting  (Name, Role) | Comments | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | |
| **Medium Risks**   |  |  |  |  | | --- | --- | --- | --- | | Risk reference & description | =>Tier 4 Acceptance Y/N | Risk Owner Accepting  (Name, Role) | Comments | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | |
| **High Risks**   |  |  |  |  | | --- | --- | --- | --- | | Risk reference & description | =>Tier 3 Acceptance Y/N | Risk Owner Accepting  (Name, Role) | Comments | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | |
| **Extreme Risks**   |  |  |  |  | | --- | --- | --- | --- | | Risk reference & description | =>Tier 2 Acceptance Y/N | Risk Owner Accepting  (Name, Role) | Comments | |  |  |  |  | |  |  |  |  | | | |
| **Comments:**  [Please discuss any unacceptable levels of risk, ongoing actions or issues here, including any actions required to reduce risk to acceptable levels]. | |
| **Review and Approval** | |
| Product Certification | |
| *The Project Manager certifies that the PSRA product has been delivered in accordance with WA Health policy, standards and guidelines.* | |
| * Certified by |  |
| * Date |  |
| Quality Review | |
| *The Risk Management Officer certifies a Quality Review of this document has been undertaken and the PSRA product conforms with WA Health policy, standards and guidelines.* | |
| * Reviewed by |  |
| * Date |  |
| Product Approval | |
| *The Executive Sponsor agrees this Patient Safety Risk Report has been delivered to the stated requirements and quality standards, that risks and controls have been identified and accepted and that responsibility for ongoing management can be transferred to the relevant support/business area.* | |
| * Approved by |  |
| * Date |  |
| **Final Risk Transfer** | |
| *At Project Closure, responsibility for all final and ongoing patient safety risks must be reflected in End Project Documentation for transfer to Operations. “****Operations****” includes the relevant Application / System Support Team (technical) and Application Owner (business user).* | |
| Application Business Owner |  |
| Application/System Support Manager |  |

|  |  |
| --- | --- |
| **Attachment Checklist** | |
| Patient Safety Risk Register | ❑ |
| Fishbone (Cause and Effect) Diagram (if used) | ❑ |
| Clinical Risk Workshop/s – further details eg dates and list of participants | ❑ |

1. *WA Health Integrated Corporate and Clinical Risk Analysis Tables and Evaluation Criteria 2009.* [↑](#footnote-ref-1)