**Risk Mitigation**

Student’s Name:

Institution:

Course:

Professor:

Date:

## Risk Management Plan

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| --- | --- | --- | --- |
| **Risk identified by SAFER Guides** | **Possibility of Occurrence(Frequent, Sometimes, Never)** | **Potential for Harm(Severe, Mild, None)** | **Mitigation to address risks** |
| Not standardized abbreviations and acronyms  |  Sometimes | Mild | Standardization of abbreviations and acronyms |
| Lack of additional safeguards like double checking in EHR | Frequent | Severe | Introduces double-checking features when prescribing high-risk medications |
| The user-entered orderable items are not matched to the list of standard terms | Sometimes | None | Matching the user-entered orderable items to the list of standard terms |
| Medical record numbers do not incorporate a “check digit” to prevent data entry errors | Sometimes | Severe | Incorporate "Check digit" features on medical record numbers to mitigate data entry errors |
| There is no assigning of a temporary unique patient ID if the patient registration system is unavailable | Sometimes | Mild | Assign temporary unique patient IDs for situations where the registration system breaks down |
| The EHR does not limit the number of patient records displayed on the same computer at the same time to one | Frequent | None | Reset the EHR system to limit the number of patient records displayed on a computer to one |
| The EHR does not permit nurses to evaluate their electronic communication status | Frequent | Mild | The EHR should introduce features that indicate if their electronic communication was delivered, opened, or acknowledged  |
| The electronic message does not distinguish urgent messages | Sometimes | Severe | The electronic message should identify urgent messages |
| The EHR does not display time-sensitive and time-critical information | Sometimes | Severe | The EHR should display time-sensitive and time-critical information |

## Ethical or Legal Issues Related to Identified Risks

##  The identified risks initiate ethical and legal dilemmas when applying the proposed EHR technology in clinical care practices. These issues range from patient privacy to the boundary of competency and exposure to harm. First, the limitation and gaps in the adopted technology impact the confidentiality of patients’ personal information (American Psychological Association, 2017). In this case, the SAFER Guides establish that the EHR fails to restrict the number of clients displayed on the same computer at the same time. This exposes patients' information to multiple clinicians without their consent and authorization. Similarly, privacy issues are evident when the adopted EHR system fails to assign a temporary-unique ID to patients when the registration system is unavailable. This exposes their confidential details to unauthorized users.

 Secondly, the identified risks subject patients to harm and injuries resulting from medical and prescription errors. For instance, the SAFER Guides indicate that the CPOE lacks standardized abbreviations and acronyms. This causes misinterpretation of clinical communications to impact care coordination during diagnosis, treatment, and medical prescriptions. Similarly, the lack of additional safeguards like "double-clicking" in EHR affects the prescription of high-risk medication. It exposes patients to the unforeseeable danger of medication errors that affect their health. Additionally, data entry errors subject patients to the risk of harm and injuries resulting from wrong diagnoses or prescriptions (American Psychological Association, 2017). This is evident when the medical record number fails to incorporate a “check digit”.

 Thirdly, the identified risk breach patients’ boundaries of competencies during the implementation of the proposed technology in clinical care. For instance, the SAFER Guides establish that the EHR does not permit nurses to evaluate their electronic communication status. This limits them from determining whether or not the information was delivered, opened, or acknowledged. As a result, it hinders effective inter-professional collaboration and coordination with patients. Similarly, the technology fails to identify urgent messages and to display time-sensitive and time-critical information. This impacts their response to emergencies to mitigate adverse health complications.

## Justification of Actions to Address Identified Risks

 The justification for the need to address the identified risks is evident in the quality and safety improvements in nursing practice. First, multiple changes in the CPOE systems will boost coordination in clinical decision-making between various healthcare specialists (Young & Nesbitt, 2017). For instance, standardization of abbreviations and acronyms enhances effective communication of critical patient information. Similarly, the "double checking" features on the CPOE enable accurate prescription of high-risk medications in complex scenarios. Additionally, the EHR's capacity to match the user-entered orderable items to the list of standard terms enhances clinical decision-making. It ensures clinicians adhere to the set regulations that guide healthcare technology applications.

 Secondly, the changes boost effectiveness and accuracy in patient identification to minimize the risks of wrong prescriptions. For instance, the proposed EHR will incorporate "Check digit" features on medical record numbers to mitigate data entry errors (Jara et al., 2012). This ensures clinicians address health issues that are specific to a particular patient. Besides, the changes enable the temporary assignment of unique patient IDs, where the registration system breaks down. This minimizes confusion and mix-up of patient health details. Furthermore, the changes ensure the EHR system limits the number of patient records displayed on a computer to one. As a result, clinicians can concentrate on every patient without distractions.

 Thirdly, the initiatives to address the identified risks enhance clinical communications that guide care coordination (Young & Nesbitt, 2017). For instance, the EHR introduces special features that evaluate nurses' electronic communication status. This ensures they attain feedback from patients and colleagues as they indicate when the message is delivered, opened, and acknowledged. Besides, it inspires immediate response to emergencies, as the technology identifies urgent electronic messages. This is vital in care collaboration and coordination of clinical interventions. Lastly, the changes allow the EHR to display time-sensitive and time-critical information to inspire efficiency in clinical care.

## Change Management Strategies

 The management must adopt appropriate change management strategies to implement the proposed action plan. This initiative must be team-based and organization-wide to incorporate different factors and diverse needs of the patients and clinicians. Therefore, the initial strategy entails proper planning to ensure the changes achieve desired goals and objectives (Ginter et al., 2018). In this case, the management evaluates the proposed project to determine the timeline, deliverables, and possible concerns. Secondly, the strategy of constant communication enhances team coordination during change execution. It informs clinicians about the project and convinces the clients of the appropriateness of these changes. Additionally, it provides a roadmap that guides the teams toward attaining the set goals and objectives.

 Thirdly, the change management strategy entails training and employee empowerment to understand the shifts in technologies and processes. In this case, the team must demonstrate competency to facilitate clinical activities using the new procedures. Similarly, capacity building inspires individuals who are reluctant to accept and adopt the proposed changes (Ginter et al., 2018). It also elevates skills in employees with limited abilities to ensure successful project implementation. Fourthly, the change management strategies entail active leadership to guide and motivate the team and clients to adopt the proposed changes (Ginter et al., 2018). Lastly, it mandates monitoring and evaluation to identify and address potential concerns.

References

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