



Implementation of Medical and Non-Medical Risk Management Infertility and Gynecology Over Kamala Clinics

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KAMALA Clinic is the main clinic which is a network of private clinics that provide fertility and gynecology special health services. KAMALA is under PT. Medika Sehat Utama and have committed to developing fertility and gynaecology clinics as well as offering an In Vitro Fertilization (IVF) program with a guarantee (self-insurance). However, the operation in this clinic requires risk management to protect the clinic from a significant level of risk which is hinder the achievement of Kamala's clinical vision. In achieving optimal service to patients, this clinic carries out of risk identification, risk analysis, and risk evaluation. In order to prevent and minimize the impact of risks on every part of the clinic, the risk management is used on ISO 31000 in 2018. The stages of the ISO 31000 in 2018 process, include communication and consultation, setting context, risk assessment consisting of risk identification, risk analysis and risk evaluation, risk mitigation, monitoring and review as well as recording and reporting. Meanwhile, the risk criteria used in the risk assessment are low, moderate, high and extreme/catastrophic risk. Each risk is managed by the risk owner by conducting a risk register, then assessing the likelihood of risk occurring and assessing the risk impact based on risk criteria. the results of the risk management assessment are carried out as supporting material in decision making in mitigating the impact of risks that occur so that management can improve the effectiveness of risk management implementation.

Keywords: Risk Management, ISO 31000: 2018, Kamala Clinic

1. INTRODUCTION

Risk is the potential for loss, which may arise from processes or activities carried out now or events in the future. Risk management is a process of a proactive approach, to identify, assess and prioritize risks that aim to eliminate or minimize their impact. Risk management is an important element in running a health service business due to the development of health world and the increasing complexity of service activities also increased the level of risk faced by the clinic. In order to achieve the goals, the clinical management must be accommodating the clinical strategy to design risk management. Here, the one analysis to assess risk management at the Kamala clinic is based on ISO 31000 in 2018. In general, the goal of risk management to protect the clinic from a significant level of risk, which would hinder the achievement of Kamala's clinical vision. The goals of Kamala clinic want to achieve are having clinics in several major urban areas in Indonesia and upgrading the clinic to become a mother and child hospital. Here, ISO 31000 in 2018 is emphasizes the

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objective of risk management, which is to create and protect value. This goal is realized by (1) improving performance, (2) encouraging innovation, and (3) supporting target achievement [1]. Risk management is a part of governance and integrated over organizational processes. Here, the implementation of risk management requires leadership and commitment from top management as well as the active involvement of all members of the organization [2].

2. METHODOLOGY

The Principles of Risk Management carried out by the Kamala clinic based on ISO 31000: 2018, which include several factors, as follows [3, 4]:

A. Structured and comprehensive

Risk management is implemented with a structured and comprehensive approach so that expected to provide consistent and sustainable results [4]. Risk treatment is carried out then concluded in order to improve clinical performance.

Table I. Risk Criteria

RISK MATRIX						LEVEL			ACTION				
Likelihood (L)	Almost Certain	5	10	15	20	25	4	17-25	Extrime/ Chatastrophic	- Immediate action is required, maximum 45 days - Attention to the Board of Directors			
	Likely	4	8	12	16	20				3	10-16	High	- It needs to be studied in detail and requires immediate action, no later than 45 days - Requires Top Management attention
	Possible	3	6	9	12	15	2	5-9	Moderate				- conduct a simple investigation, 2 weeks at the latest - the clinics manager / lead should be assessing the impact cost of the operational clinic
	Impossible	2	4	6	8	10							1
	Rare	1	2	3	4	5							
		1	2	3	4	5							
		Insignificant	Minor	Moderate	Major	Catastrophic							
		Impact (I)											

B. Customized / Adjustment

Risk management frameworks and processes are adapted to the internal and external context of the clinic and all parties involved in risk management.

C. Inclusive

All levels of clinical management are fully responsible for carrying out risk management with awareness and information based on their views, perceptions and knowledge so that the transparency of clinical performance can be monitored.

D. Dynamic

The risks faced can change and disappear as the clinic operates both internally and externally. Risk management is structured to avoid, reduce and transfer risks and handle changes and events that occur quickly and precisely.

E. The best information available

The risk management decisions taken must be correct based on valid and up to date information and data as materials for risk mitigation evaluation [4, 5].

F. Human and cultural factors

Human culture and behavior greatly influence the risk management aspects of all levels of management and employees, both medical and non-medical. For this reason, the Kamala clinical culture that has been established must be carried out to support the achievement of clinical goals [5, 6].

G. Continual improvement

Kamala Clinic is actively making continuous improvements based on experience and lessons related to risk management which aim to improve clinical performance [6].

3. RESULT & DISCUSSION

Based on the description of the risk management process, here are the results of the discussion by the Kamala Clinic team.

A. Scope, Context, and Criteria

The scope of application of the business purpose in business management. Companies in planning this must pay attention to the goals and decisions taken. The context for implementing risk management includes the internal context and the external context. This context relating to the environment in which the company sets targets and goals. The risk that may occur is determined then determined based on the importance of the risk. This is done as a support in decision making. The criteria set by the Kamala Clinic is showed in Table I, while the Risk Probability Criteria is shows in Table II and Table III showed Risk Impact Criteria.

Table II. Risk Probability Criteria

Score	Probability	Percentage (%)	Description
1	Rare	(0% < p ≤ 20%)	The odds are almost nonexistent
2	Impossible	(20% < p ≤ 40%)	likely doesn't happen in 3 years
3	Possible	(40% < p ≤ 60%)	The possibility of occurring once in 3 years
4	Likely	(60% < p ≤ 80%)	The possibility of occurring once in 2 years
5	Almost Certain	(80% < p ≤ 100%)	Can be happen every year / unexpected

Table III. Risk Impact Criteria

Consequence	Score	Description
Insignificant	1	Doesn't disturbing with company operations
Minor	2	Disturbing the administration
Moderate	3	Disturbing with some activities
Major	4	Threatens partly of the program
Catastrophic	5	Threatens the organization as a whole

B. Assessment Risk

In order to achieve the result, we described the risk assessment activities at the Kamala clinic (see Tables IV to Table VI).

Table IV. Risk Assessment

No	Assessment	Description
1	Risk identification	Identify risk based on the risk context which then determines risk events, causes of risk, risk symptoms, positive factors (controls), and qualitative impacts.
2	Risk analysis	Done by determining the likelihood and impact of the risk so a Risk Priority Number (RPN) is obtained.
3	Risk evaluation	compare the results of the risk analysis with the risk criteria to determine how risk management will be applied.

C. Risk Treatment

The treatment is carried out using the results of a risk analysis which is the management given a mitigation plan. The mitigation plan determined by each risk is determined by the risk owner as a form of implementation responsibility. Thus, the establish options and tolerance limits set by management whether risk is avoided, transferred, reduced or accepted. After the mitigation plan is carried out, the risk will decrease the Risk Priority Number (RPN). This is the residual value. After the values are obtained, they are summarized on the residual risk map (see Table VII).

Table V. Risk Register

RISK REGISTER								RISK TREATMENT				
No	Risk Code	Risk Matrix Zone	Risk Variable	Impact	Likelihood	Impact	Risk Priority Number (RPN)	Strategy	Action	Risk owner	Mitigation factor	Residual Risk
1	A1	Yellow	Lost Key Personnel	The salary received does not match expectations	3	3	9	Accept, avoid	Conduct coaching and introduce of reward with performance based (KPI)	Human Capital	60%	3
2	A2	Yellow	Patient satisfaction	Patients don't get good service	2	3	6	Avoid	Conduct training and coaching to provide excellent service according to the clinical	Human Capital	50%	2
3	B1	Yellow	IT system failure	- The system is under repair - Slow in accessing the system	3	3	9	Accept, avoid	conduct check of cables Periodically and increase bandwidth	Operational	60%	3
4	B2	Orange	Website can't be accessed	Network disconnected	4	4	16	Reduce, Avoid	Selection of the best internet provider	Operational	80%	8
5	B3	Yellow	Failure to comply with regulatory requirements	Belated to reporting renewal license	2	3	6	Avoid	Scheduled so that no errors occur	Operational	50%	3
6	B4	Red	Disaster	Fire, Flood, Earthquake	4	5	20	Risk Transfer	Risk insured	Operational	90%	10
7	B5	Yellow	File service was delay	Power outage	2	3	6	Accept, avoid	Provide a generator, just in case there is a power cut	Operational	50%	2
8	B6	Yellow	health equipment	- The equipment unable to used - Can't be using the equipment	2	4	8	Avoid	- Conduct training on the use of new equipment	Operational	55%	2
9	C1	Orange	Decreasing / Losing market share	Competitor rate	4	4	16	Reduce, Avoid	Active in Research & Development	Marketing	80%	8
10	D1	Red	Pharmaceutical supplier is late in supplying	Increase in prices	3,5	5	18	Accept	Conduct adjustments to the selling price	Finance	85%	6
11	D2	Red	The patient's failures in the IVF program	unknown	3,5	5	18	Accept	Premium managed appropriately	Finance	85%	6

Table VI. Inherent Risk Map

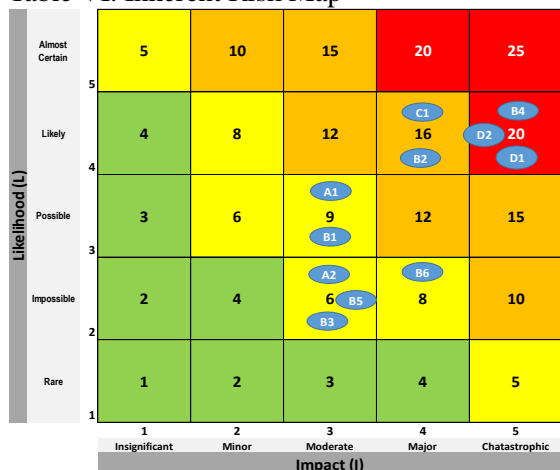
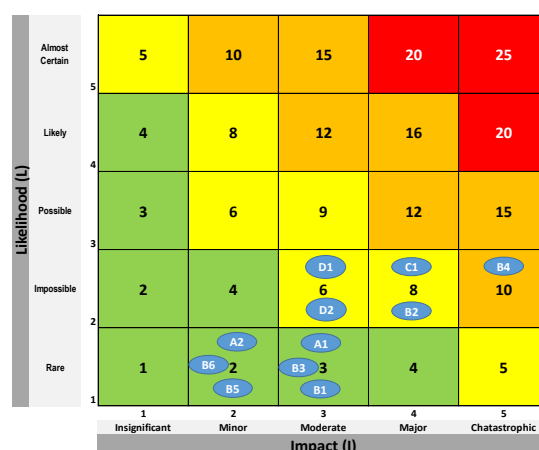


Table VII. The residual risk maps



D. Communication and Consultation

The next step for Kamala Clinic is to determine the level of escalation based on the level of risk and the value of risk. Communication and consultation are carried out differently based on the level of risk. The higher the level of risk, the higher the level of authority granted by management.

E. Monitoring and Review

Monitoring and review is set out in the following table to monitor management risk (see Table VIII).

Table VIII. Monitoring and Review

No	Activities
1	The management is ready for a risk register form, which is fill by each risk owner every month.
2	The risk owner conducts a risk assessment and then maps the risk, to be conduct risk treatment every quarter.
3	The management monitors and reviews and then summarizes risk events for reported each semester.
4	All the risk events are summarized in an annual risk management report for reporting to top management for managed.

F. Recording & Reporting

The following is a plan for storing and recording risk reporting which is carried out as the final stage in the risk management process at the Kamala clinic (see Table IX).

Table IX. Recording and Reporting

No	Time	Activity	Pic	Monitored By
1	Quarterly (3 months)	Create a report of events that occurred during 3 months	Risk Owner	Supervisor
2	Semester (6 months)	Create a resume reports of risk events that occurred for 6 months	Supervisor	Manager
3	Annual	Create Risk Management Reports	Manager	Director

4. CONCLUSIONS

In this study of Implementation of Medical and Non-Medical Risk Management has been successful. Here, the risk management is arising from services provided both medical and non-medical, improving the quality of clinical services. Both of medical and non-medical effectively and supporting regulations / regulations as well as ensuring adequate capital for the continuity and development of the clinic. The Kamala Clinic was familiar and the services provided are medical and non-medical, namely support from technology such as digital marketing, electronic medical records and online consulting services which if not paid attention can have an impact on clinical. so that risk analysis and mitigation are required. sufficient bandwidth and choose a good provider so that the impact can be reduced and / or possibly avoided.

Competence of medical personnel and personnel, the needs and needs of personnel in service, from medical personnel and personnel in following up on patient wants and needs. This will also increase confidence in the clinic. Analysis and risk mitigation to reduce or reduce these impacts, it requires selective Human Capital support in recruiting and continuing to conduct resource training, paying attention to employee welfare and promotion of employees / KPI of performance based. The risk of natural disasters and fire are the main impacts at the disaster level in clinical management, so risk analysis and mitigation must be carefully studied so that the impacts that occur can be avoided by placing risks on third party insurance companies. It takes an important role of BOD to minimize this situation.

From an operational perspective, mitigation clinics can be carried out by strengthening SOPs and reducing the cost of electricity consumption by choosing LED lights, choosing suppliers / suppliers with guaranteed quality at competitive prices, choosing good quality uniform materials so that they can be used for a long time to procure generators and diesel engines in Emergency status / power outage, selection of AC with a smaller wattage (low budget). Here, shareholders and clinic management must be able to anticipate risks that may occur. For the clinic, Kamala brings its own capital of 30%, and the remaining 70% comes from third parties, among others; investors, loan banks, and medical and pharmaceutical equipment partners. This requires teamwork and responsibility, both medical and non-medical, so that there is a clinical culture to achieve the vision / clinical goals.

The selling value of the Kamala clinic based on IVF program with a guarantee (self-insurance) where the risk of failure unknown, so the Kamala clinic must carry out the analysis appropriately and mitigate financial risks by managing premiums appropriately and making premium reserves. Thus, each risk is managed in each work area by recording every risk that occurs also the impact of the risk based on the risk criteria determined by the clinic, controlling, and making a risk assessment whether it can be tolerated or not. The green color identifies that the risk is classified as low, which is a risk that can be said to be small and does not require immediate treatment, but it must be ensured that the risk is very small so that it does not affect the continuity of clinical operations. Yellow indicates lower intermediate / medium risk. The role of risk management will be based on costs and benefits, if the risk of risk turns out to be large from the benefits, then there is no treatment for medium risk. But on the other hand, if the risk turns out to be large then action is needed. The orange color status is indicating high risk, needs to be

studied in detail and requires immediate management action. The red color identifies the extreme / catastrophic risk, this risk cannot be tolerated and can be classified as a priority because it is significant so that action must be taken immediately so as not to interfere with the continuity of clinical operations.

References

- [1] David, R. Freid. (2011). Strategic Management Concept and Cases. (Thirteenth Edition). United States of America: Pearson Education
- [2] Anderson, TJ & Schroeder, P.W. (2010). Strategic Risk Management Principle – How to Deal Effectively with Major Corporate Exposure Cambridge: Cambridge University Press.
- [3] Rona Novia, Tantri Yanuar Rahmat Syah, Rhian Indradewa, Semerdanta Pusaka, (2020). Hotel Risk Management Implementation Based on Technology over LH Hotel. Indonesia: *Journal of Multidisciplinary Academic*. 4 (2). 99-101.
- [4] Meydi Nindia Larasati, Rhian Indradewa, Tantri Yanuar Rahmat Syah, Diana Fajarwati. (2020). Application of Risk Management in Development Noor Halal Minimarket at Islamic Education Institutions. Indonesia: *Journal of Multidisciplinary Academic*. 4 (4). 199-202.
- [5] Ivan Lanin, Direktur Proxsis Banking and GRC [//www.linkedin.com/pulse/standar-baru-manajemen-risiko-iso-310002018-ivan-lanin/](https://www.linkedin.com/pulse/standar-baru-manajemen-risiko-iso-310002018-ivan-lanin/)
- [6] ISO 31000-Risk Management <https://www.iso.org/iso-31000-risk-management.html>

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