



MINISTRY OF HEALTH

ZOMBA MENTAL HOSPITAL



RISK MANAGEMENT POLICY

JULY, 2025

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FOREWORD

It is with great pride and commitment that I present the Zomba Mental Hospital Risk Management Policy. This document represents our collective dedication to ensuring the highest standards of safety, quality, and accountability in the care we provide.

Risk management is not simply a compliance requirement; it is an integral part of our mission to protect the well-being of our patients, staff, and public. In the mental health setting, where trust, dignity, and compassion are essential, proactive risk identification and mitigation help us create a secure and supportive environment for recovery and healing.

This policy reflects the collaborative effort of our management team, health professionals, support staff, and stakeholders who have contributed their expertise, experience, and commitment to service. By implementing these guidelines, we take another step toward fulfilling our vision of delivering safe, patient-centered, and high-quality mental health care for all.

I call upon every member of our hospital community to familiarize themselves with this policy and actively uphold its principles in their daily duties. Together, we can build a safer, more resilient, and more compassionate Zomba Mental Hospital.

Dr. Raphael L. Piringu

DIRECTOR OF MENTAL HEALTH SERVICES IN MALAWI.

ACKNOWLEDGEMENT

We extend our sincere appreciation to all individuals who contributed to the development of the Zomba Mental Hospital Risk Management Policy. Special thanks go to the Hospital Director who approved this activity and channeled resources towards this policy development. Much appreciation should go to the hospital management team, clinical and non-clinical staff, and the Risk Management Committee for their dedication, insights, and expertise throughout the process.

This work is a product of teamwork from all members of staff.

Deborah Mataka

RISK MANAGEMENT COORDINATOR

BACKGROUND

Zomba Mental Hospital is committed to providing high-quality mental health services to the public. As part of its commitment to excellence, the hospital recognizes the importance of effective risk management in ensuring the safety and well-being of its patients, staff, and the public.

In recent years, the hospital has experienced significant growth and development, which has led to an increase in the complexity of its operations. This growth has highlighted the need for a systematic approach to managing risks that could impact the hospital's ability to achieve its objectives.

The hospital's leadership team has identified the need for a comprehensive risk management policy to protect patients, staff, and the public, safeguarding hospital assets, ensuring compliance with regulatory requirements, and enhancing reputation and credibility by demonstrating a commitment to risk management.

Considering these factors, the hospital risk management team has developed a Risk Management Policy that outlines the hospital's approach to identifying, assessing, analyzing, and managing risks. The policy is designed to be proactive and forward-thinking, enabling the hospital to anticipate and respond to potential risks in a timely and effective manner.

METHODOLOGY

The development of the Zomba Mental Hospital Risk Management Policy involved a comprehensive and inclusive approach, incorporating the following steps:

1. Stakeholder Engagement

A multidisciplinary team of stakeholders, including hospital leadership, clinical staff, administrative staff, and the risk management team, was engaged in the development of the policy. This ensured that the policy reflected the needs and perspectives of various stakeholders.

2. Risk Assessment

A thorough risk assessment was conducted to identify potential risks that could impact the hospital's operations, patients, staff, and the public. This involved reviewing existing policies, procedures, and practices, as well as consulting with staff and patients, and it showed that there were no existing policies.

3. Review of Best Practices

Relevant national and international best practices in risk management were reviewed and incorporated into the policy. This included guidelines from the Ministry of Health, World Health Organization (WHO), and other reputable sources.

4. Policy Development

Based on the findings of the risk assessment and review of best practices, a draft policy was developed. The policy outlines the hospital's approach to risk management, including risk identification, assessment, analysis, mitigation, and monitoring.

5. Consultation and Feedback.

The draft policy was presented to hospital management and the risk management team for review and feedback. Comments and suggestions were incorporated into the policy to ensure that it was comprehensive and effective.

6. Approval and Endorsement

The final policy copy was approved and endorsed by the hospital's leadership team, ensuring that it is aligned with the hospital's strategic objectives and values.

INTRODUCTION

Zomba Mental Hospital, established in 1953, is the only tertiary-level psychiatric referral hospital in Malawi, providing specialized mental health services to patients across the country. It offers a wide range of services, including inpatient and outpatient psychiatric care, psychosocial support, and rehabilitation. Zomba Mental Hospital is committed to continuous quality improvement in the delivery of mental health services to ensure patient, healthcare workers, and the public's safety for effective care, and client satisfaction.

Given the complexity and sensitive nature of mental health care, Zomba Mental Hospital acknowledges that various risks may affect the achievement of its mission and the quality of services delivered. These risks include clinical risks, occupational health and safety risks, and environmental risks.

In response, this Risk Management Policy is designed to support Zomba Mental Hospital in proactively identifying, assessing, mitigating, and monitoring risks to patient safety, staff wellbeing, and the institution's operational integrity. This policy aligns with Malawi's recently enacted Mental Health Act, 2025, which emphasizes a rights-based approach, informed consent, oversight via a Mental Health Board, and strict protection of patient dignity and quality standards.

Through effective risk management, Zomba Mental Hospital aims to strengthen its operational resilience, enhance patient and staff safety, and support the continuous improvement of mental health services for the people of Malawi.

POLICY PURPOSE

The purpose of this Risk Management Policy is to establish a systematic and comprehensive approach to identifying, assessing, mitigating, and monitoring risks that may impact the health, safety, and well-being of patients, staff, and the public at Zomba Mental Hospital. The policy aims to protect the hospital's reputation, ensure compliance with national and international healthcare standards, and improve operational efficiency by proactively managing risks in clinical, administrative, and environmental contexts.

SCOPE

This Risk Management Policy applies to all employees, departments, and operations of Zomba Mental Hospital. It covers all clinical, administrative, operational, and infrastructural activities within the hospital, as well as interactions with external stakeholders, such as government agencies, contractors, suppliers, and the community.

The policy scope includes, but is not limited to:

1. Patient Care and Safety Risks:

- Clinical risks related to diagnosis, treatment, and care delivery (e.g., medication errors, misdiagnosis, treatment complications).
- Risks of patient harm, abuse, or neglect.
- Infection control, hygiene, and sanitation standards.
- Safeguarding of vulnerable patients (e.g., those with severe mental illness, minors, or those with limited capacity).
- Searching and retrieval of absconded patients

2. Staff Safety and Wellbeing:

- Health and safety risks to staff, including workplace accidents, exposure to hazards (e.g., infectious diseases), and burnout.
- Training and competency requirements to ensure staff are equipped to handle high-risk situations
- Psychological and emotional well-being of staff, including support services for burnout prevention and post-traumatic care.
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3. Operational and Administrative Risks:

- Management of hospital resources, including staffing, finances, and supplies, to prevent shortages or inefficiencies.
- Administrative risks such as mismanagement of patient records, breach of confidentiality, or non-compliance with regulatory requirements.
- Technology and information systems risks (e.g., data security breaches, system failures, cyber threats).

4. Legal, Regulatory, and Compliance Risks:

- Adherence to national and international healthcare standards, including compliance with the Mental Health Act (2025), Occupational Safety and Health Regulations, and Public Health and Safety Act.

- Risks associated with breaches of patient confidentiality, malpractice claims, and failure to meet legal standards for mental health care.
- Ongoing monitoring of compliance with national mental health policies and the integration of patient rights into everyday care.

5. Environmental and Facility Risks:

- Physical infrastructure risks, including fire safety, building integrity, security measures (e.g., locks, surveillance), and emergency preparedness.
- Environmental risks such as natural disasters, epidemics, or other external factors that may affect hospital operations or patient safety.
- Waste management and the safe disposal of hazardous materials in accordance with health and environmental regulations.
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6. Communication and Crisis Management Risks:

- Effective internal and external communication during a crisis, such as a public health outbreak, security breach, or patient abscondment.
- Crisis management planning, including response protocols, incident reporting, and coordination with relevant authorities (e.g., Ministry of Health, law enforcement, emergency services).
- Reputation management and transparency in the event of adverse incidents or public scrutiny.

7. External Stakeholder Risks:

- Collaboration and contractual risks with external partners, including suppliers, contractors, service providers, and governmental or non-governmental agencies.
- Managing partnerships with other healthcare providers and ensuring smooth referral processes.

8. Risk Reporting and Review:

- The scope includes the ongoing monitoring and review of identified risks, with regular reporting mechanisms to the hospital's **Risk Management Committee** and senior leadership.

- Continuous risk assessments and the updating of mitigation strategies based on emerging threats or operational changes.

ROLES AND RESPONSIBILITIES

The successful implementation of the Risk Management Policy at Zomba Mental Hospital requires a collective effort from all staff, leadership, and departments. The following outlines the specific roles and responsibilities for risk management within the hospital:

1. Hospital Management

- To provide oversight in the risk management framework in accordance with national regulations and best practices.
- To approve the Risk Management Policy, ensuring its alignment with the hospital's mission, values, and strategic objectives.
- To provide strategic direction in setting the overall risk management goals and ensuring they are integrated into the hospital's long-term strategy.
- To be accountable for the proper implementation and monitoring of risk management activities.
- To allocate resources (human, financial, and technological) to risk management activities.
- To ensure open lines of communication between the management and staff on risk-related issues.

2. Risk Management Coordinator

- Responsible for leading risk identification efforts, documenting risks, and recommending appropriate actions to mitigate those risks.
- To maintain the hospital's risk register and ensure it is up to date with identified risks, their severity, and the action plans in place.
- To generate periodic reports on risk management activities, incidents, and trends for the Risk Management Committee and management.
- To provide training and guidance to departments on how to identify and assess risks and use risk management tools effectively.

3. Risk Management Committee

- Responsible for overseeing the day-to-day management of risks, coordinating the risk identification process, and developing mitigation strategies.
- To conduct regular risk assessments across all wards and departments to identify emerging risks and evaluate existing controls.
- To ensure that the Risk Management Policy is regularly updated to reflect changes in the internal and external environment.
- To report to the hospital management through the risk management coordinator on the status of risk management activities, including key risks, mitigations, and incidents.
- To promote risk management awareness and mentorship across all hospital staff, ensuring they understand their role in managing risks.

4. Wards/Departmental Heads

- To identify and manage risks specific to their area of operation (e.g., clinical, administrative, environmental).
- To ensure that risk mitigation measures are implemented within their wards/departments, such as following clinical safety protocols or ensuring compliance with safety regulations.
- To ensure prompt reporting of any risk-related incidents or near misses within their wards/department to the Risk Management Coordinator and Risk Management Committee.
- To regularly review the effectiveness of risk controls within their wards/departments and make adjustments where necessary.

5. Technical Staff (Doctors, Nurses, Therapists, etc.)

- To identify and manage clinical risks that may affect patient safety, such as medication errors, infection prevention and control, and patient care complications.
- To report adverse events, near misses, and unsafe practices to their supervisors or through the hospital's formal incident reporting system.
- To follow hospital protocols, clinical guidelines, and safety procedures designed to mitigate risks in patient care.

- To participate in ongoing training on risk management, safety practices, and ethical standards in mental health care.

6. Support Staff

- Responsible for maintaining a safe physical environment within the hospital, including securing the premises, managing waste disposal, and maintaining facility infrastructure.
- To ensure that hospital facilities are in good repair, fire safety measures are in place, and emergency preparedness protocols are followed.
- To assist in managing emergencies, such as evacuations, containment of infectious diseases, or security breaches.
- To identify and report any environmental hazards, security breaches, or operational risks.

7. Patients and the public

- Responsible for following hospital safety rules, including infection control procedures and respecting security measures.
- To report any safety concerns, including incidents of harm, abuse, or neglect, either to staff or through the designated patient rights channels (Hospital Ombudsman).

8. External Stakeholders (Suppliers, Contractors, etc.)

- To comply with contractual obligations and regulatory requirements. This includes ensuring that supplies, services, and construction work meet health and safety standards.
- To engage in proactive communication and collaboration with the hospital to identify and manage risks associated with external services, materials, or products.

RISK MANAGEMENT PROCESSES

The Risk Management Process at Zomba Mental Hospital follows a cyclical and continuous approach designed to identify, assess, mitigate, and monitor risks at every level of the institution. The key stages in this process are:

1. Risk Identification

- **Objective:** To identify and document all potential risks that could impact patient care, staff wellbeing, hospital operations, or compliance with legal/regulatory standards.
- **Methods:**
 - **Regular Risk Assessments:** Conduct periodic reviews of clinical practices, administrative processes, and infrastructure to identify risks.
 - **Incident Reporting:** Collect data from staff on near misses, adverse events, or safety concerns via an established reporting system (e.g., incident reporting forms, patient and staff feedback surveys, suggestion boxes).
 - **Stakeholder Input:** Involve patients, the public, and external agencies in identifying risks related to hospital services or environments.
 - **External Audits:** Use audits from external agencies (e.g., the Ministry of Health, the Malawi Human Rights Commission) to uncover potential risks.
 - **Workshops and Risk Mapping:** Organize departmental workshops and team meetings to identify emerging or overlooked risks using risk mapping or brainstorming sessions.

2. Risk Assessment and Analysis

- **Objective:** To evaluate the likelihood and potential impact of identified risks and prioritize them based on severity.
- **Methods:**
 - **Risk Matrix:** Use a **risk matrix** to categorize risks based on their likelihood (e.g., rare, possible, likely) and impact (e.g., low, medium, and high). This helps in determining which risks require immediate attention.

- **Qualitative and Quantitative Analysis:** For high-priority risks, perform in-depth qualitative or quantitative analysis, such as:
 - Clinical, environmental, and other audits to assess risk
- **Vulnerability Assessment:** Identify the hospital's vulnerabilities (e.g., staff skill gaps, inadequate facilities) that could amplify certain risks.
- **Risk Scenarios:** Create realistic scenarios (e.g., an infectious disease outbreak, mass patient intake) to assess how the hospital would respond and what risks would arise.

3. Risk Mitigation and Control

- **Objective:** To develop strategies and actions to reduce or eliminate identified risks.
- **Methods:**
 - **Preventive Measures:** Establish preventive measures such as:
 - Standard Operating Procedures (SOPs) for clinical care.
 - Securing access to medications
 - Infection control protocols and staff training.
 - Fire safety training
 - Emergency evacuation plans and fire drills.
 - **Risk Treatment Strategies:** For each high-priority risk, develop specific risk treatment strategies, including:
 - **Risk Avoidance:** Change processes or systems to eliminate the risk (e.g., removing dangerous items from patient access, implementing strict supervision protocols, and providing a safe and supportive environment).
 - **Risk Reduction:** Implement measures to reduce the likelihood or impact (e.g., providing additional staff training, upgrading medical equipment).
 - **Risk Sharing:** Transfer the risk to another entity (e.g., outsourcing high medical procedures, referral arrangements for patients with medical complications)

- **Risk Retention:** Accept certain low-priority risks when the cost of mitigating them is greater than the potential impact (e.g., low likelihood of minor incidents).
- **Resource Allocation:** Allocate resources (staff, budget, training) to implement risk treatment strategies.
- **Policy and Procedure Updates:** Modify hospital policies to reflect updated risk management strategies, ensuring all departments follow standardized processes.

4. Risk Monitoring and Evaluation

- **Objective:** To continuously track and evaluate the effectiveness of risk management actions and identify new or emerging risks.
- **Methods:**
 - **Performance Indicators:** Develop and track key performance indicators (KPIs) to measure the effectiveness of risk mitigation strategies (e.g., reduction in medication errors, increased staff safety).
 - **Audits and Inspections:** Conduct regular internal audits and external inspections to ensure compliance with risk management practices.
 - **Incident Tracking:** Keep a detailed record of incidents, near misses, and safety reports to monitor trends and adjust mitigation efforts accordingly.
 - **Regular Reviews:** Conduct regular reviews of risk management procedures, ensuring they remain relevant and effective in the face of new challenges (e.g., changes in regulations or hospital services).
 - **Feedback Mechanisms:** Gather feedback from staff, patients, and external stakeholders to assess the effectiveness of risk control measures and identify areas for improvement.
- **Risk Monitoring Tools:**
 - **Risk Registers:** Regularly update the hospital's risk register to reflect newly identified risks, treatment actions, and their effectiveness.
 - **Dashboards:** Use visual dashboards to track real-time risk indicators and the status of ongoing risk management efforts.

5. Risk Communication

- **Objective:** To ensure clear communication of risks and risk management actions across all levels of the hospital.
- **Methods:**
 - **Proper documentation and regular reporting:** Provide regular risk management reports and documentation to the Risk Management Committee and management.
 - **Staff Communication:** Use memos, internal newsletters, training sessions, and team meetings to communicate risks and mitigation strategies to all hospital staff.
 - **External Communication:** Develop protocols for communicating risks to external stakeholders, including regulatory bodies, contractors, and the public, especially in crisis situations.
 - **Patient and Visitor Awareness:** Ensure that patients and the public are informed of safety protocols and can report concerns through proper channels.

6. Continuous Improvement

- **Objective:** To continuously improve the hospital's risk management system and adapt to new challenges.
- **Methods:**
 - **Lessons Learned:** After significant incidents or near misses, conduct post-incident reviews to capture lessons learned and improve future risk mitigation.
 - **Feedback Loops:** Regularly update risk management strategies based on feedback from staff, patients, and regulatory bodies.
 - **Adapting to Change:** Ensure the risk management process is flexible enough to adjust to changes in hospital operations, patient care standards, or external factors like legislation or pandemics.

ACCEPTABLE RISKS

Acceptable risks refer to situations or circumstances where the potential harm or negative consequences are deemed tolerable or manageable, given the benefits or goals of a particular activity, treatment, or decision, while upholding safety and ethical considerations. **Recognizing that not all risks can be eliminated**, mental health services shall adopt a balanced approach that supports positive risk-taking as part of therapeutic care. Decisions regarding acceptable risk will be based on comprehensive risk assessments, involve multidisciplinary input, and be clearly documented. This includes identifying the nature of the risk, possible consequences, mitigating actions, and rationale for proceeding.

In the context of mental health care, acceptable risks might include:

1. Calculated risks

- Risks that are carefully assessed and managed to minimize potential harm. For example, medication adjustment trials, and group therapy.

2. Therapeutic risks

- Risks that are inherent to a particular treatment or intervention but are deemed necessary to achieve therapeutic benefits. For example, medication side effects.

3. Residual risks

- Risks that remain after implementing risk mitigation strategies and safeguards. For example, medication noncompliance and some other psychotic symptoms.

REFERENCE AND ASSOCIATED DOCUMENTATION

The Risk Management Policy relies on comprehensive reference materials and associated documentation to ensure effective identification, assessment, and mitigation of risks. The associated documentation includes tools and internal policies that work in conjunction with this policy to ensure the hospital maintains a safe environment for patients, staff, and the public while promoting a culture of continuous improvement and accountability.

These references and documents include:

- Mental Health Policy
- Mental Health Treatment Act
- Quality Management Policy
- Infection Prevention and Control Policy
- Waste Management Policy
- Occupational Health and Safety Policy
- Care of Carers Policy
- Fire Safety Policy

TRAINING AND EDUCATION

This policy shall ensure all staff are adequately trained and educated in risk management principles, practices, and responsibilities to promote a safe environment for patients, staff, and stakeholders.

Activities involved are as follows:

- Orientation on the Risk Management Policy for all new staff and interns.
- Periodic in-service training sessions on risk identification, incident reporting, and mitigation procedures.
- Departmental meetings to review risk issues and encourage staff participation in risk management.
- Simulation drills and case discussions on managing identified risks such as fire, patient absconding, and infection prevention failures.
- Continuous mentorship by the Risk Management Committee to reinforce staff competencies in risk management practices.

MONITORING AND EVALUATION

8.0 MONITORING COMPLIANCE WITH POLICY IMPLEMENTATION

Element to be Monitored	Responsible	Monitoring Tool	Frequency of Reporting	Compliance Reporting Arrangements	Performance Indicator	Target (%)
1. Risk identification	All staff	Risk assessment form	Monthly	Submitted to RMC	Number of risks identified	100%
2. Risk Register Updates	Section Heads	Risk Register Template	Monthly	Submitted to Risk Management Committee	% of departments updating risk registers	100%
3. Incident Reporting	All Staff	Incident Reporting Forms	Monthly	Submitted to RMC, ombudsman, and summarized quarterly	Number of incidents reported	100%
4. Mitigation Actions Implementation	All staff	Mitigation Action Tracker	Quarterly	Reviewed during quarterly risk meetings	% of mitigation actions implemented	85%
5. Staff Training on Risk Management	HR, RMC	Training Attendance Registers	Quarterly	Reports submitted to management	% of staff trained	100%
6. Supervision Visits for Policy Adherence	Management	Supervision Checklists	Quarterly	Reports shared with all staff	Number of supervision visits	100%
7. Feedback Collection and Action	RMC	Feedback Forms/Meeting Notes	Monthly	Included in risk committee meetings	Number of feedback issues resolved	80%

8. Integration with Quality Improvement	Quality Improvement Team, RMC	Quality Supervision Reports	Quarterly	Reports shared with management and the QI team	Risk management reflected in QI reports	100%
9. Compliance with the accuracy, completeness, and timeliness of reporting	Section Heads	Reports	Monthly	Submitted to RMC	Number of reports submitted (first week of the following month)	100%

POLICY REVIEW

The policy will be reviewed after a year of approval, since the policy is newly developed. Thereafter, every 5 years, and when necessary.