**Explanation/Instructions:**

1. Confirm the project objectives
2. Have key stakeholders (often the Steering Committee members and/or the doctors) brainstorm the risks that may prevent the project from meeting its objectives. This is best done in a face-to-face work shop, where people can feed off of each others’ ideas.
3. Get the group to agree on the risks that should be listed
4. For each risk listed, each stakeholder involved in the brainstorming should rank the risk’s likelihood, impact and tolerance
* Likelihood – this is the probability that the risk will come to fruition. Let’s use a High, medium or low rating to keep it simple
* Impact – if the risk comes to fruition, how bad will things be? (again use H, M or L rating)
* Tolerance - How much do we care if the risk comes to fruition?
1. Average the responses of likelihood, impact and tolerance for each risk.

The results of this analysis tell us how much effort is needed to mitigate the risk. If the risk is High likelihood and High impact and we have a Low tolerance, we will put a lot more effort into our mitigation plan compared if the rating was (e.g.) High likelihood, Moderate impact, High tolerance. For some risks with High tolerance, you might decide to accept the risk without doing anything.

Q: This may all seem very obvious - why complete this exercise at all?

A: This is a best practice in project management. This a good double check to ensure you have mitigation plans in place where needed. Also, the exercise of documenting concerns and thinking through the “so what” often improves confidence that all is in hand.

NOTE: THE FOLLOWING TEMPLATE IS COMPLETED FOR A SAMPLE PROJECT USING BLUE FONT.

**Project Goals:**

* To ensure patients and families in \_\_\_\_\_\_\_\_ have timely, continuous access to appropriate care in meeting their primary health care needs
* To increase clinic space to adequately accommodate existing physicians and patients in \_\_\_\_\_\_.
* To allow room for additional new physicians to be recruited to better accommodate population growth in the region.
* To improve practice satisfaction for family practice physicians
* To encourage physician recruitment and retention and provide enhanced practice opportunities that both support current teaching practices and encourage new physicians to come to the community as required
* To improve efficiencies and effectiveness in the delivery of continuous, comprehensive, multi-disciplinary-based, integrated primary care to individuals and families
* To improve partnerships between care providers, specialist services and agencies in the provision of primary care

Risks that may prevent achievement of the objectives include:

| **Risk #** | **Risk Statement** | **Likelihood****(H,M,L)** | **Impact if Occurs****(H,M,L)** | **Tolerance****(H,M,L)** | **Mitigation Plan** |
| --- | --- | --- | --- | --- | --- |
| 1 | Clinic will not be ready for operations by planned launch date resulting in compromised patient access to healthcare | L | H | M | Close monitoring and good communications with builder and other contractorsProject Plan that maps critical path ActivitiesProcess in place to get timely decisions to deal with any issues that arise |
| 2. | Public and patients don’t understand and/or buy in to the new clinic scope of services so are dissatisfied and believe they do not have timely, continuous access to appropriate primary health care. | M | L | M | Develop and implement a stakeholder assessment and comprehensive communication strategy that has strong clear messaging to support expectation management. |
| 3. | Pace of change per plan may exceed staff capacity for change or staff does not agree with new policies/workflows resulting in disengagement, dissatisfaction, unionization or poor quality integration. | M | H | L | See 2. AboveEstablish and communicate appropriate milestones and targets and be transparent about reporting results. Hire Business Mgr to take on the role of HR supervisor to ensure there is clear, timely and consistent messaging to staff. Bus Mgt will also build a relationship with each staff member and be responsible for identifying issues early and developing solutions with the doctors in a timely way. |
| 4. | Implementation may exceed budget, resulting in hardship on physicians (dissatisfaction) | M | M | M | Close monitoring of contractor progressAll purchase decisions require approval of all doctors |
| 5. | New clinic does not attract any new family physicians, resulting in no improvement in capacity to serve community or patient attachment levels | M | M | M | Communication Strategy to address physician recruitmentNew office operations will be based on best practices |
| 6.  | Partner backs out of partnership resulting in cost pressures on the doctors | L | H | L | Sign long term arrangement with partner which includes strict termination clauses |
| 7. | EMR not implemented in a timely way, resulting in lack of integrated processes (inefficiencies, increased costs, doctor and staff dissatisfaction).  | M | M | M | Develop/implement staged EMR implementation plan |
| 8. | Personality or other conflicts arise among doctors impacting successful achievement of project goals | L | M | M | Terms of working together agreed to in advance by all doctors: * Cost sharing agreement
* Team charter
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