

Exhibit 4. ERM Applications Related to Health Care

(Please refer to **Exhibit 15-** for health risks, etc.)

Whereas traditional risk management in healthcare was borne out of protecting hospitals and doctors from surge of malpractice and professional liability suits of the 1970s and 1980s (such as happened in the USA) **ERM is more holistic. It takes into account much more than one hot-button issue at a time-** looking across departments at operational, financial and strategic risks, in addition to anticipating one-off unexpected risks BEYOND the health issues such as was/is desperately needed in the **COVID-19 pandemic.**

While the healthcare industry in Canada (and elsewhere!) face a multitude of unique risks and challenges that don't apply to any other industry it can still benefit from the lessons learned by other industries that adopted ERM in its more fledging state years ago.

In fact, healthcare organizations that adopt the ERM process may have a considerable advantage. They may avoid the growing pains early adopters experienced and implement industry-neutral ERM best practices "off the shelf" rather than invent or reinvent the wheel.

Some health care ERM application examples

a) Nurse Key

Here Come the Nurses – "Pioneering" the Principles of **ERM in health care!**

<https://nursekey.com/enterprise-risk-management-in-healthcare/>



It is ironic that one the most helpful group of employees, nurses, serving during the COVID-19 pandemic, are associated with an organization that is more progressive in utilizing **universal standards of risk mitigation** than most of our Canadian governments (exception- the BC Government.)

(The information in this reference source should be circulated and applied to not only ALL of the nurses performing their valuable COVID-19 duties, but also especially to their management, including ALL (health) responsible government levels in Canada and most importantly to the maligned "WHO" which should remember that economic and financial risk damages are also part of COVID-19 damage created and should be measured continuously during that existence. (WJP).

Special attention should also be given to the reference **ISO 31000.**

ISO 31000 is a group of standards relating to **risk management codified by the **International Organization for Standardization.** The purpose of ISO 31000 is to provide principles and generic guidelines **on risk management.** ISO 31000 seeks to provide a**

universally recognized paradigm for practitioners (which includes governments) and corporations employing risk management.

(The reader should also note this organization's formulae employed for determining the "probably" and "impact" quantities under "ERM".

Rating Scales



(NOTE: This is the formula compatible with ISO-31000 used in computing the risk "amount" in ALL risk calculations in other ERM applications-

-Please note also that neither formulae are of the "test tube" variety!! -WJP

b) Australian Department of Health


A local risk management policy, framework and any other supporting documentation, aligned with AS ISO 31000:2018

[\(Please refer to this link for more information- WJP\)](#)

Please take special note of:

3.4 Enterprise Risk Management System

It is recommended that Health Service Providers use the Enterprise Risk Management System (ERMS) to record risks and risk management activities.



Government of Western Australia
Department of Health

Policy Frameworks
MP 0006/16
Effective from: 1 October 2019

Risk Management Policy

Extract:

"...3.4 **Enterprise Risk Management System**

It is recommended that Health Service Providers use the Enterprise Risk Management System (ERMS) to record risks and risk management activities. The ERMS supports the integration of risk management into decision making and enables effective monitoring, review and reporting. Where Health Service Providers elect to use the ERMS, the Enterprise Risk Management System Mandatory Business Rules published by the Department of Health System Governance and Assurance unit must be adopted and complied with..."

(More comprehensive reference sources to the application of ERM to health organizations appear elsewhere in this submission- WJP)

It most certainly IS NOT a (CDN) TBS version! -WJP

c) Other sources of the application of ERM to Health Care

Many healthcare organizations are realizing that their current strategic planning efforts lack a risk vs. opportunity discipline and a performance management focus. Their

traditional risk programs are largely disjointed from strategic planning. Consequently, the programs are not positioned to make risk-informed decisions, including resource allocations, aimed at achieving performance management objectives. **ERM appears to be the answer.**

ERM for Health Care Organizations: An Economic Enterprise Risk Management Innovation Program [at this link.](#)

How the healthcare industry is elevating the ERM agenda- [link](#)

Enterprise Risk Management (ERM) resources- (ASHRM) (American Society for Health Care Risk Management) [link](#)

*(This source is far more informative than most if not all organizations in health care risk management – including the WHO. Regrettably TBS did not have access to this resource when compiling its **outdated** version of “risk management” (a number of years ago) although it was available for any “updating” that should have taken place long BEFORE COVID-19 ruled!! - WJP*

Enterprise Risk Management: A key success factor under value-based Care
[Link](#)

A proliferation of race-based contracts *(example- vaccination contracts just recently entered into by the Canadian Government)* in today’s healthcare environment has made **Enterprise Risk Management (ERM)** an imperative for health provider establishments.

By doing so, an organization can progress beyond a mindset where the focus is on mitigating risk on a department-by-department basis. (Example: The lab work and research, validation for vaccines, etc. being done by the Federal Government at the present through several departments.