HealthFirst Care Risk Register and SWOT Analysis

Capstone Project M05L01

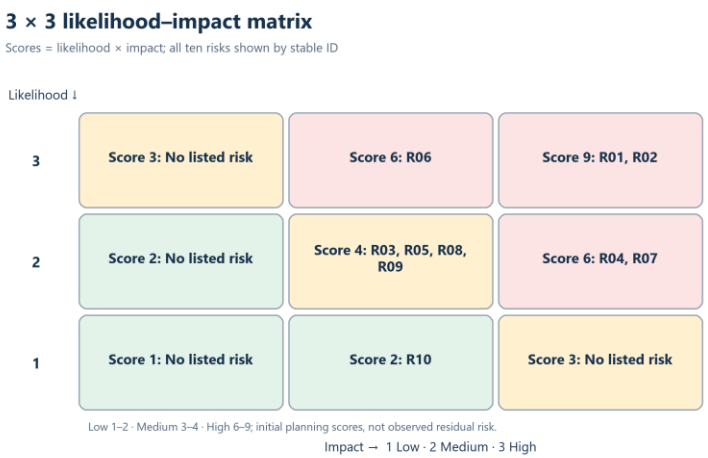
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Method

Risks are written as cause, event and consequence. Likelihood and impact each use the course's three-point Low (1), Medium (2) and High (3) scale. Multiplication gives Low 1–2, Medium 3–4 and High 6–9. These initial scores are analyst planning judgments for owner validation, not measured probabilities or approved residual risks.

ID	Risk	Category	L	I	Score	Owner	Control	Trigger
R01	Configuration does not prevent scheduling conflicts, so double bookings continue and patient delay persists.	Operational	3	3	9	Operations manager	Conflict rules, scenario UAT and daily exception review	Double booking or override trend
R02	Legacy interfaces fail or lag, creating incomplete records and unreliable operational decisions.	Technical/data	3	3	9	IT manager	Field mapping, reconciliation, retry queue, monitoring and rollback	Stale sync or reconciliation variance
R03	Demand exceeds staffing, room or equipment capacity, shifting rather than removing bottlenecks.	Capacity	2	2	4	Clinical operations	Department thresholds, protected capacity and escalation	Wait or utilisation threshold breach
R04	Weak access or notification controls expose patient information and create privacy harm.	Security	2	3	6	Security lead	Least privilege, MFA, audit logging, encryption and incident exercises	Unauthorized access or delivery exposure
R05	Staff bypass the new workflow, creating duplicate entry and inconsistent records.	Adoption	2	2	4	Change lead	Co-design, role training, floor support and usage review	Bypass or duplicate-entry trend
R06	Missing, duplicated or mismatched source data distorts dashboards and priorities.	Data quality	3	2	6	Data owner	Validation rules, exception queue, ownership and quality scorecard	Missing or duplicate keys rise
R07	Network downtime interrupts booking, check-in or notifications and delays service.	Continuity	2	3	6	IT incident lead	Downtime procedure, monitoring and reconciliation drills	Connectivity or service outage
R08	Patient self-service design excludes users who need assisted channels.	Stakeholder/access	2	2	4	Patient experience lead	Accessibility review, assisted booking and usability testing	Abandonment or support complaints
R09	Unapproved or poorly defined KPI thresholds create misleading performance judgments.	Governance	2	2	4	Project sponsor	Metric dictionary, denominator review and formal baseline approval	Conflicting dashboard interpretations
R10	Scope expands into clinical decision-making or full platform replacement, delaying the pilot.	Scope	1	2	2	Project manager	Scope baseline, change assessment and sponsor decision	Unplanned deliverable or dependency

Likelihood and impact matrix



Risk placement is linked to the register scores and should be reassessed after control testing.

SWOT analysis

Strengths	Weaknesses	Opportunities	Threats
Operational datasets and concrete profiles exist	Disconnected systems and missing or duplicated records	Shared capacity visibility and conflict controls	Security or notification exposure
Named workflow pain points support traceability	Low completion and material no-show signals	Timely notices and assisted channels	Poor adoption creates parallel work
A phased pilot can limit exposure	Only department links all datasets	Governed analytics can support local action	Peak demand may shift bottlenecks
Editable project artifacts support review	Targets and approvals are not yet baselined	Exception data can guide iteration	Scope expansion can delay the pilot

How SWOT changes priorities

- Pilot where department signals justify it; show data-quality exceptions before leadership relies on the dashboard.
- Pair automation with assisted access and downtime procedures; make security, continuity, reconciliation and conflict detection release gates.
- Owners review triggers at each gate and after incidents; only the sponsor accepts residual risk.