

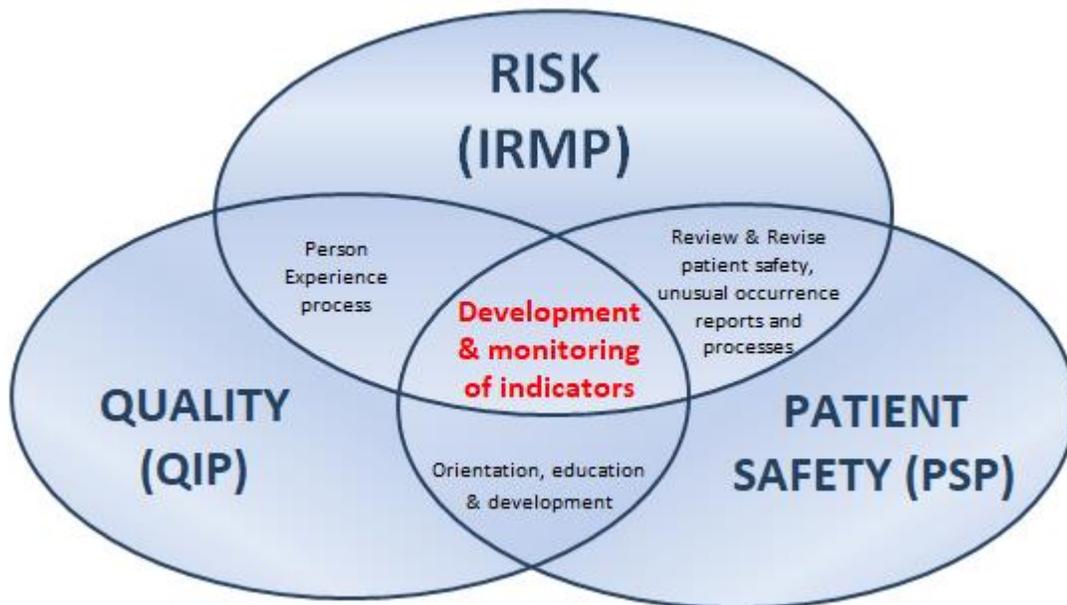
Manitoulin Health Centre (MHC) Integrated Risk Management Plan (IRMP) 2018-2019

Philosophy & Purpose

MHC recognizes that sound Integrated Risk Management (IRM) contributes to the corporation's overall ability to fulfill its mission.

Through the purposeful application of the elements of IRM, risks are identified, assessed, mitigated and reported at all levels of the organization, resulting in better outcomes, higher levels of safety and efficacy, and sound use of resources.

MHC's IRMP, along with its Quality Improvement Plan (QIP) and Patient Safety Plan (PSP), provide a fulsome quality and safety framework which is then operationalized into the day-to-day through departmental measures. All supporting a culture of safety at MHC. The following illustrates some intersection points between Quality, Risk and Safety.



What is Risk?

Risk refers to a degree of uncertainty that surrounds possible future events that may occur and the potential impacts that may result from their outcomes. It can be expressed as both likelihood of occurrence and the degree of impact that may be felt on the organization's ability to achieve elements of its mission (i.e. diminished ability for the completion of strategic objectives, impact on financial resources, loss of political power, loss of public trust, etc.)

What is Integrated Risk Management (IRM)?

IRM refers to the continuous, proactive and systematic application of process-driven mechanism, aimed at understanding and managing risks across the organization. It is about making concrete strategic decisions that contribute to risk mitigation, allowing for better corporate outcomes.

MHC's IRM process aligns with various other ongoing organizational efforts such as, MHC's Compliments and Concerns process, annual renewal of confidentiality attestations, robust educational, competency validation and credentialing requirements, to mention only a few.

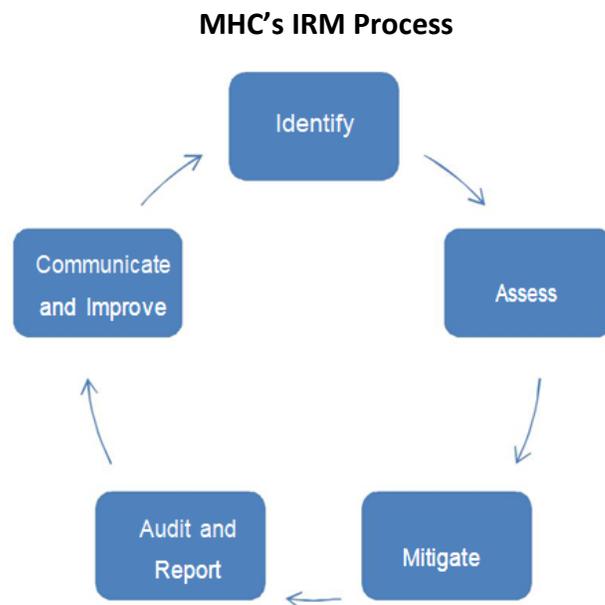
Accountability

The overall responsibility for IRM resides with the Board of Directors. This is executed through the Senior Leadership Team and Quality Assurance Committee, with responsibilities assigned to other individuals and committees.

Each of these groups and committees is responsible for five shared risk management activities:

- Seek out information about areas of risk within their span of control
- Identify areas of risk and risk prone processes within their span of control
- Implement or recommend for implementation strategies to eliminate or reduce identified areas of risk.
- Monitor to evaluate the impact of risk management activities.
- Report to the Quality Improvement and Quality Assurance Committees, as appropriate, on risk management activities

Process



Utilizing a continuous improvement cycle mechanism, the following steps are identified as those that comprise MHC's IRM Process:

Identify

It is essential that there is a sentinel approach taken at all levels of the organization. All personnel must approach their tasks with an eye for safety and the potential for risks. This attitude is actively supported at MHC. One of our main safety message objectives was to alert all staff to being a "safety sentinel".

Risks may be broadly classified as falling into one or more of the following categories:

1. Quality/Safety – uncertainty as to the safe and effective delivery of services, through the application of sound processes and skills, to meet patient needs
2. Privacy/Confidentiality/Security – uncertainty as to the safeguarding of corporate interests (people, data, infrastructure) from unintended consequences from dangerous inputs
3. Stakeholder Perception – uncertainty as to how our stakeholders, both internal and external, view the organization and its mission
4. Information/Knowledge – uncertainty as to the reliability of information or the access to that information
5. Technology – uncertainty with respect to the degree of alignment that exists between the corporation's technology needs and the actual available infrastructure on-hand and its application (IT, Diagnostics, Equipment, etc.)
6. Other Infrastructure – uncertainty to the degree of useful lifespan of the organization's other physical resources, including buildings and other major capital assets
7. Legal – uncertainty with respect to the degree of compliance that exists throughout the organization with laws, standards, policies and procedures, contracts. Lapses may expose the organization to fines, penalties, legal representation costs, etc.
8. Financial – uncertainty that exists in obtaining and maintaining the various revenue streams that are required to sustain the mission of MHC
9. Political – the degree of uncertainty that exists in working within a very politicized public service, that is centrally controlled by government policy, law and the changing drivers of government
10. Human Resource – uncertainty as to the ability of MHC to attract and retain the right mix of professionals within the organization's available financial resources and operational needs

Assess

Once a potential risk has been identified, assess the potential Impact, likelihood of occurrence, and possible timeframe to occur.

These attributes of a potential risk can be used to effectively weigh the importance of one risk versus other risks, thus allowing for a prioritization of which risks to tackle in what order.

Risk Prioritization Matrix:
(1 – low, 5 – high)

I M P A C T	5					
	4					
	3					
	2					
	1					
		1	2	3	4	5
		LIKELIHOOD				

Assess the risk by giving it a value for the impact it may have on the organization and the likelihood of it actually occurring, and when it might occur. Multiply the Impact number by the Likelihood number for the Risk Value. For example, if a potential risk is expected to be very unlikely to occur, assign a “1” for Likelihood. If it would be anticipated to have a minor impact on operations, without jeopardizing the outcome, assign it a “2”. Multiply “1 x 2 = 2” to determine the overall risk score. In like manner, score other potential risks.

Use the rating definitions below to aid in this scoring determination for each risk being assessed.

Rating

Value	Likelihood	Impact
1	Unlikely to occur	Negligible, will not be problematic to outcomes
2	May occur infrequently	Minor impact, but is not threatening to outcome
3	Is as likely to occur as not to occur	Moderate, may impact on timeliness, cost or quality
4	Is likely to occur	Substantial impact to timeliness, cost or quality
5	Almost certain to occur	High threat of complete failure of the initiative

Overall Risk Prioritization

Utilize the product number determined from multiplying the Likelihood and Impact, and estimate the Timeframe for Occurrence. This will help in determining your priorities.

If two risks have a similar Number, but one is expected to occur before the other, consider working on it first.

Number	Timeframe
1-4	More than 24 months
5-9	12 to 24 months
10-14	6 to 12 months
15-19	Less than 6 months
20-25	Imminent

Mitigate

Potential risks may be mitigated using various strategies. Formulate and apply control mechanisms on a particular risk, so as to decrease the likelihood of occurrence, and/or to lessen the severity of potential impact.

The particular mitigation strategies utilized will depend upon the nature of each possible risk.

However, mitigation strategies often share common attributes. They are often seen to be SMART - specific, measurable, achievable, realistic and applied over a defined timeframe.

Audit and Report

It is important to consider using audit tools in measuring the progress of risks and their particular mitigation strategies. Through the process of auditing, trends will emerge and the degree of intended or unintended consequences can be gleaned. Report creation will take this information and place it within an organized framework. This will aid in communicating the findings to the targeted stakeholders.

Communicate and Improve

Communicate these findings appropriately. Identify your intended stakeholders for the reported information. This can involve senior management, the Board, front-line staff and clinicians. In some instances, it will be communicated publically, through MHC's website.

The process of thoughtful and appropriate communication is important in the improvement cycle. It allows for stakeholders to understand the current strategies of risk mitigation, what trends and outcomes are emerging, and to lead to the flow of improvement ideas which may be adopted into the mitigation strategies for the next time period of adoption and assessment.

MHC's 2018-2019 IRM Plan follows.

MHC'S 2018-2019 INTEGRATED RISK MANAGEMENT PLAN

Risk	Classification	Matrix Score	Timeframe Estimate	Priority	Mitigation	Measure	Reporting
Nursing – Medication Errors	Quality/Safety	15	Imminent	Hi	Medication Reconciliation Monitoring Patient Safety Incidents	% Reconciliation on admission & discharge Incidents of Harm	QI/QA QIP P&T
Nursing – A Patient Falls and is injured	Quality/Safety	20	Imminent	Hi	Falls Prevention Strategy	TUG Assessment Number of patient falls	QI/QA QIP
Nursing – ED – TNK not given or slow to receive	Quality/Safety	15	Imminent	Hi	TNK to be administered within 30 minutes of arrival of Pt.	% Patients receiving TNK within 30 minutes	QI/QA ED Committee
IT - Improper Internet usage by staff	Privacy/C/S	12	Imminent	Med	IT to perform random audits of internet use history	Report to Senior Admin on unusual traffic	By incident
IT – Intrusion of Worms and Viruses	Privacy/C/S	12	6 – 12 Months	Med	IT to continue upgrades to anti-intrusion software and hardware	Report to Senior Admin on intrusion risk	By incident
Food Services – poor patient perception of food served	Stakeholder Perception	4	6 – 12 Months	Low	Provide meal options and variety, within retherm capabilities	% Satisfaction	Departmental Level Measure
Admin – Loss of confidence in MHC by the public	Stakeholder Perception	10	6-12 Months	Med	Manage press release through CEO. Provide positive news stories. Lead patient centred elements.	% of Patients surveyed who would recommend MHC Inpatient & ER departments	QI/QA QIP
Medical Staff – access to required data in primary care setting impeded	Information/ Knowledge	15	Imminent	Hi	Continue expansion of efforts to partner with 3 FHT's, create interoperable infrastructure	Bring 3 FHT's behind MHC's firewalls, update hardware	Project completion, Senior Team

Risk	Classification	Matrix Score	Timeframe Estimate	Priority	Mitigation	Measure	Reporting
Lack of Patient information on care transitions	Information/ Knowledge	20	Imminent	Hi	Improve communication at care transitions	LACE tool /discharge notification to primary care Measuring Patient Experience	QI/QA QIP
MHC's HIS becomes outdated	Technology	14	More than 24 Months	Med	Work with ONE project, explore MediTech 6.1	Regional and NEON 6.1 Plan	Board
Patient Flow for ED patients leads to slow triaging of a serious case	Other Infrastructure	20	6 to 12 Months	Hi	ED renovation at LC site is complete, focus on workflow improvements Mindemoya	Complete by June, 2018	Senior Admin
Staff experience workplace violence	Legal and Quality/Safety	5	6 to 12 months	Med	Staff adoption of Personal alarm system NVCIT for high and medium risk staff, Revision of Code White	Number of workplace violence incidents reported by hospital workers	Senior Admin, QI/QA,QIP
Lab – transfusion reaction – patient sues	Legal and Quality/Safety	5	More than 24 Months	Low	Utilize informed consent for blood and blood products	% compliance with informed consent	QI/QA
Corporate – insufficient funds to meet an emergency	Financial	8	12 to 24 Months	Low	Investments to be managed as per board policy and asset mix	Annual report from Investors	Board
Corporate – loss of focus on rural healthcare	Political	15	6 to 12 Months	Med	MHC CEO to engage politically with OHA and NELHIN	CEO's report	Board
Corporate-Loss of experience across organization	Human Resources	16	12 to 24 Months	Med	Students, Mentoring, Scheduling, Casual pool – recruitment of professionals, NOSM students	Staff Turnover rate, number of vacant leadership & physician positions filled	QI/QA, Physician Recruitment Committee, Board

Risk	Classification	Matrix Score	Timeframe Estimate	Priority	Mitigation	Measure	Reporting
Radiology – OP revenue decreases because of no-shows for US	Financial	15	Immediate	Med	Utilize a procedure for calling OP's just prior to their US appointments	% No show rates	QI/QA
Health Records charts not completed, leaving gaps in pt. information, leads to a sentinel event	Legal and Quality/Safety	8	More than 24 Months	Low	Health Records policy for timely completion of chart elements	% completion	QI/QA
Plant Operations & Maintenance – Requirement for expanded Fire Safety Planning	Quality/Safety	16	6 to 12 Months	Hi	Review annually the new Fire Safety Plans, in consultation with local Fire Marshalls	Complete by April, 2018	Senior Admin
Improper Patient Identification	Quality/Safety	20	6 to 12 months	Hi	Root Cause Incident Analysis and Action Plan	Completed March 2018	QI/QA