WAHNAPITAE FIRST NATION NORMAN RECOLLET HEALTH CENTRE RISK MANAGEMENT POLICY

Adopted by **Band Council Motion: 22/23-11-299**
At **Chief and Council Meeting of: November 8, 2022**

Managing Risk at Norman Recollet Health Centre of Wahnapitae First Nation Policy

Policy:
NRHC of Wahnapitae First Nation (WFN) protects the health and safety of its staff, clients, stakeholders and protects its assets and finances by having a risk management plan in place.

Purpose:
To identify, assess and mitigate risks. The risk management plan will be periodically updated as risk identification and mitigation efforts become more defined.

Risk is defined as actual or potential danger, harm, or loss. For NRHC of WFN, risk means the possibility that clients, staff, volunteers, or community members may experience danger, injury, or loss while receiving and/or providing services.

Undetected risk can result in injury to clients, damage to property or equipment and financial or reputational risks.

There are many types of potential risk for NRHC of WFN, including, but not limited to, the following:
- Risk related to service provision includes potential risks such as, improper wound dressing technique, medication error, and/or missed services.
- Physical risk to the client, such as a urinary infection, physical and/or other types of abuse, and/or poor circulation.
- Environmental risk, such as equipment failure, inadequate handicapped access, and/or smoking.
- Emotional risk, which can result from discrimination, harassment, social isolation, and/or depression.
- Informational risk, resulting from a breach of confidentiality and/or lack of informed consent.
- Financial risk, which can occur because of misuse of supplies and/or inadequate funding.
- Personal injury that is accident-related, such as a person slipping and falling.
- Risk to property, which may occur, for example, when personal belongings are broken.
- Legal risk resulting from the failure to disclose, and/or the inadequate credentialing of care providers.
- Other risks such as building shutdown, natural disasters, etc.

Not all risks are identifiable and not all harm is preventable, even if risks are identified. Fortunately, not all risks cause harm.

NRHC of WFN must consistently take reasonable measures to detect and mitigate risks and to quickly respond. If the NRHC does not take reasonable measures, it could result in loss of credibility and negative impact on reputation.

There are four steps in the risk management process as follows:

1. Risk Identification
Sources of actual and potential risk are identified. Key areas included are high volume, high risk, high cost, or problem prone. Quality and Safety Scans help to identify potential risks.

2. Risk Assessment:
Risks are assessed ranking the probability and the impact of a potential or actual adverse event.

3. Risk Mitigation/Risk Management
Develop risk mitigation strategies to eliminate or reduce the risk probability or impact using the Risk Identification, Assessment & Mitigation Form (please see aappendix).

4. Monitor & Update
Risks will be monitored to determine the effectiveness of the Risk Mitigation/Risk Management Plan and updated as required.

To understand risk management, we must first understand risk, good catches, adverse events, sentinel events, liability, accountability, and disclosure.

Good catches, adverse events and sentinel events are all ways to categorize the impact when a risk occurs.

Good catches are events or circumstances which have the potential to cause serious physical or psychological injury, unexpected death, or significant property damage, but do not happen due to chance, corrective action, and/or timely intervention. Also called "near misses," good catches are lessons in error prevention!
An example of a good catch: The Personal Support Worker (PSW) notices that the client's daughter has bought two scatter rugs for her mother's home. The PSW discusses the risk of slipping with both the client and her daughter and both decide to put the rugs on the wall instead.

Adverse events are negative or unfavorable incidents that are unintended, unexpected or unplanned and that usually have a low to moderate severity of negative consequences.
An example of an adverse event: An elderly woman living alone at home mistakenly takes a double dose of an antibiotic prescribed for her because she does not understand the instructions on the bottle. She has a bit of diarrhea and loss of appetite but is otherwise fine within a few hours.

A sentinel event is also an unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of health care services. A major, enduring loss of function is considered a sensory, motor, physiological, or psychological impairment does not present at the time services began, lasting for a minimum period of two weeks and not related to an underlying condition.
An example of a sentinel event: An elderly woman living at home alone mistakenly takes a double dose of an anti-hypertensive prescribed for her because it was inappropriately labelled. Later, when she stands up too quickly, the elderly woman becomes dizzy and falls down her front steps, fracturing her hip.

Liability: The NRHC could be held liable (legal risk) if another person or organization suffers an injury or loss related to NRHC action or inaction. Liability related to injury or loss can arise from an act, a failure to act, or from breaching a term of a contract or duty. The NRHC may also be liable if someone is injured on NRHC property. The NRHC of WFN must therefore obtain the necessary insurance coverage, inclusive of malpractice and liability for staff, general liability, and property.

Accountability: means assuming responsibility for actions taken. Individuals need to be accountable for their actions. The NRHC may also be legally accountable for any harm or damage resulting from its own activities and those of its employees.

Disclosure is information given by health care workers to clients or their significant others (families), about any healthcare event affecting or liable to affect the client's interests. Disclosure means telling clients when we, as healthcare providers, make a mistake. Proper disclosure ensures that a well-informed client, family and/or caregiver can help correct any harm already done and prevent any further harm.

NRHC of WFN will manage risk by looking at potential and actual physical, environmental, informational, and financial risks across all levels and at all stages of the continuum of care. NRHC will set priorities based on the degree of risk associated with each event based on probability (how likely it is that the event will occur), and impact (the severity of the consequences should the event occur) and put in place appropriate measures to eliminate or reduce these risks and prevent resulting impacts. Finally, we will respond to adverse events when they occur in a timely and appropriate fashion to minimize the actual harm done.

Systematic risk management seeks to understand and address the circumstances in the structure and the processes of NRHC to identify and reduce potential risk and respond rapidly and appropriately to adverse outcomes that result when unintended risk cannot be avoided.

A culture of safety encourages identifying and reporting unsafe acts within an organization. A culture of safety at the NRHC is one where individuals accept personal accountability and systems are examined to see how to help individuals to do their work more effectively and more safely. When an organization has a culture of safety, it not only identifies safe care as a priority, but it also promotes the reporting of any potential system gaps and/or inadequacies as a way to improve the overall system functioning.

Staff are orientated and review regularly their role in managing risks.

In order to assess risks to the NRHC, its staff, clients and stakeholders, we will look at ways to identify potential risk before errors and adverse events happen. To do so, we will use the Formal Risk Identification, Assessment and Mitigation form.

To address risk and correct problems after errors and/or adverse events have occurred, we may also use a retrospective risk management in the form of brainstorming and/or the root cause analysis. We ask the following questions: What happened? – Why did it happen? - How to prevent it? - Action plan/risk reduction strategies - Evaluate effectiveness.

The NRHC of WFN risk management plan/policy applies to all NRHC programs. It is recognized that interactions with clients, staff, community members and stakeholders are potential risk areas for the NRHC. NRHC infrastructures, clients' homes, financial sustainability, state of medical/office equipment, policies (or lack of) and programs delivered are also risk areas.

Risk management ideally goes through the phases of risk identification, risk assessment and risk mitigation.

1.1 Risk Identification:

Risks/hazards are identified by staff and/or managers.
Risks/hazards are reported directly to the manager using the incident form.
Risks at the NRHC can be found in the following areas of operation:
- ➢ Interactions with clients
- ➢ External Environment
- ➢ Information & Communications Systems
- ➢ Interactions with staff
- ➢ Workplace harassment & violence
- ➢ Interactions with community members
- ➢ Interactions with stakeholders
- ➢ Infection prevention and control
- ➢ Potential of suicide
- ➢ Financial sustainability
- ➢ Operational sustainability
- ➢ Weather & Natural Disasters
- ➢ Business continuity

1.2 Risk Assessment:

For each risk identified, we will assess the risk probability. We will rate the likelihood of the risk occurring on a scale of 1 to 3 (1 low, 2 medium or 3 high).

We then rate the impact if the risk should occur on a scale on a scale of 1-3 (1 low, 2 medium or 3 high).

The score for probability is multiplied by the score for impact to get a total risk score that will range from 1-6.

The total risk score informs the priority level of identified risks. Higher priority items will generally be reviewed to determine risk mitigation strategies before lower priority items. Risk mitigation actions will normally be assigned to a most responsible manage who will be accountable for implementing the risk mitigation strategy and updating reporting on the risk and risk mitigation.

Procedure:

Each Program Heads are responsible for ensuring that the NRHC - Risk Identification, Assessment & Mitigation Form (attached) is completed for all programs/services they are responsible for.

The Health Director along with the Program departments will review the forms to create a consolidated NRHC organization wide NRHC - Risk Identification, Assessment & Mitigation Form.

All staff will participate in development/review of the Risk Identification, Assessment and Mitigation Forms for their area as required.

The Risk management topic will be placed on the regular agenda for staff meetings.

The Health Director will ensure that Program department review and update their Risk Forms on a yearly basis.

The Health Director will share the consolidated NRHC Risk Form with the Executive Director and the Health Committee and update as required.

Risk Identification, Assessment & Mitigation Form

WFN - Risk Identification, Assessment & Mitigation Form							
Risk Issue (Short description of the risk)	Who is at Risk? (Staff, clients, community members, other)	Probability (Chance of it occurring – how often) 1- Low 2- Medium 3- High	Impact 1- Low 2- Medium 3- High	Total Risk Score 1-6 scale (Probability Score times Impact Score)	Risk Mitigation (Actions to eliminate/reduce risk probability/impact)	Risk Owner (Most responsible manager)	Status (Update risk assessment/status of mitigation efforts)
Ex. Staff not following chain of command	Could be all of them	2	2	4	Policy where all staff sign agreeing there is a chain of command Accountability from the hierarchy about following chain of command	Health Director	-spoke with staff -spoke with leadership

1. Which risk/s can you identify in your program?

EXAMPLES

➢ Interactions with clients – can staff identify a risk?
   o Insurance, land based, medication error
➢ External Environment – away from the organization – travel for work –
➢ Information & Communications Systems
   o communication plan, letting staff know we have all of the policies on the drive, how does the manager ensure staff have read the policies?
➢ Interactions with staff
➢ Workplace harassment & violence
➢ Interactions with community members
➢ Interactions with stakeholders
➢ Infection prevention and control
➢ Potential of suicide
➢ Financial sustainability
➢ Operational sustainability
➢ Weather & Natural Disasters
➢ Business continuity