



*Carefirst Family Health Team*  
*Risk Management Plan 2023 - 2026*

## OVERVIEW

Risk Management is defined as the “exposure to any event which may threaten or jeopardize the organization, its patients, dependents or operations” (Accreditation Canada, 2018), and the identification, assessment, analysis and reduction or elimination of risk. Risk management is also a systematic process that involves all the activities of the organization and all personnel connected to the organization. The objectives and purpose of risk management are:

- To reduce the actual and potential risks that may lead to financial or reputation loss to Carefirst FHT, its patients, staff, students and volunteers
- To reduce the actual and potential risks that may lead to physical or emotional harm to patients and their families, staff, students and volunteers
- To protect the financial assets of the organization by assuring adequate insurance coverage against potential liability, reducing liability when untoward events occur and preventing events that are most likely to lead to liability

This Plan outlines the various systems, practices and accountabilities Carefirst FHT has implemented to minimize risk and support an integrated safety and quality approach to patient care and services for staff, students, and volunteers.

The contents of this Plan include:

- Roles and responsibilities in risk management
- The PEST used to identify risk and considered in planning
- Overview of organizational risks and prevention strategies
- Annual Risk Register

## ROLES & RESPONSIBILITY IN RISK MANAGEMENT

<b>Role</b>	<b>Responsibility</b>
FHT Board of Directors	<ul style="list-style-type: none"> <li>- Establish a risk aware culture</li> <li>- Ensure a proactive and comprehensive approach to risk</li> <li>- Contribute to risk identification and mitigation</li> <li>- Continuous monitoring and learning</li> </ul>
FHT Executive Director	<ul style="list-style-type: none"> <li>- Promoting a risk aware culture</li> <li>- Plan development</li> <li>- Register development</li> <li>- Ensure mitigation strategies are implemented</li> <li>- Regular monitoring and updates</li> </ul>
FHT Leads	<ul style="list-style-type: none"> <li>- Review and input into Plan and Register</li> <li>- Lead on relevant mitigation strategies</li> <li>- Escalation of any new risks and challenges with mitigation strategies</li> </ul>
FHT staff	<ul style="list-style-type: none"> <li>- Awareness and understanding of Plan and Register</li> <li>- Contributions welcome upon review</li> <li>- Participation in risk mitigation strategies as relevant</li> </ul>
FHT Patients	<ul style="list-style-type: none"> <li>- Leverage input from patient experience survey in the Risk Plan and Register</li> <li>- Participate in relevant risk mitigation strategies (through Advisory Council or specific projects)</li> </ul>

**RISK IDENTIFICATION, STRATEGIES AND OVERSIGHT.**

The table below details types of risks, examples and associated activities that Carefirst FHT takes into account when dealing with risk. The accreditation process focuses on all the types of risk outlined below, and places an emphasis on a positive organizational culture as the underpinning to successful management of risks/threats through continuous quality improvement

<b>RISKS</b>	<b>DETAILS</b>	<b>CFHT STRATEGY</b>	<b>OVERSIGHT</b>
<b>Organization</b>	<ul style="list-style-type: none"> <li>• Organization structure, accountabilities, or responsibilities are not designed, communicated or implemented to meet the organization’s objectives</li> <li>• Culture and management commitment do not support the formal structures systems &amp; operations</li> <li>• Strategies and policies fails to achieve required results</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic Plan and annual priorities</li> <li>• Organizational Chart</li> <li>• Current Job Descriptions</li> <li>• Current Policies &amp; Procedures</li> <li>• Privacy Officer in place</li> <li>• Annual Training Plan for all staff, which includes reviews of Policies &amp; Procedures</li> <li>• Orientation of Board Members</li> <li>• Charity Village course on Governance for all new Board members</li> <li>• Up to date By-Laws</li> <li>• Skills Matrix review of Board of Directors</li> <li>• Annual goal development for the Board</li> </ul>	FHT Board of Directors
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>• Recruitment and retention of a qualified work force with requisite language skills</li> <li>• Fulfillment of job requirements due to: resignations, skills, burnout, injury or sickness</li> </ul>	<ul style="list-style-type: none"> <li>• WorkLife Pulse administered annually</li> <li>• HR Policies and Procedures Manual</li> <li>• Annual training and audits</li> <li>• Joint Health and Safety Committee</li> <li>• Workplace Violence Risk Assessment</li> <li>• Professional Development Plans &amp; budget in place</li> <li>• Annual Performance Reviews</li> <li>• Succession Planning (Leadership)</li> <li>• Qualifications confirmed on hire/annually, contract development &amp; reference checks</li> <li>• Updated job descriptions</li> </ul>	HR Committee

		<ul style="list-style-type: none"> <li>• Orientation, onboarding and probationary periods</li> <li>• Exit Interviews</li> <li>• Wellness strategy</li> <li>• AODA (in compliance)</li> <li>• Staff investment plan</li> <li>• HR Committee</li> <li>• Staff vaccinations</li> <li>• Strategy and annual priorities</li> </ul>	
<b>Clinical service delivery</b>	<ul style="list-style-type: none"> <li>• Service disruption</li> <li>• Medical device malfunction</li> <li>• Failure to meet performance targets and expectations in accountability agreement</li> <li>• Failure to meet expectations of patients, families, partners</li> <li>• Risk of legal issues from injured patients, families (e.g. falls, incidents, infection) and complaints</li> <li>• Reputational risk to Carefirst as an organization</li> <li>• Address changing needs of the patients/community we serve</li> </ul>	<ul style="list-style-type: none"> <li>• Patient experience surveys administered annually and input incorporated into annual priority setting</li> <li>• Strategy and annual priorities</li> <li>• Partner feedback collected for review as part of the annual priority setting process</li> <li>• Pursuing Qmentum Accreditation Canada status</li> <li>• Performance Scorecard developed and reported quarterly to SQSC, the Board and staff</li> <li>• Annual Operating Plan for the Ministry of Health and Long Term Care</li> <li>• Annual workplans for each FHT Team; reviewed bi-annually</li> <li>• Quarterly reporting to the Ministry of Health and Long Term Carefirst</li> <li>• Incident Reporting &amp; Disclosure Policies/Procedures and annual training</li> <li>• Patient complaints process</li> <li>• Privacy Policies</li> <li>• Patient Safety Plan</li> <li>• Root Cause Analysis done on all Harm/No Harm events</li> <li>• Home Safety Risk Assessment &amp; Environmental Scan Checklist</li> <li>• IPAC/Falls Prevention Strategies in place</li> <li>• Medication Management</li> </ul>	Service Quality and Safety Committee

		<ul style="list-style-type: none"> <li>• Pandemic Plan</li> <li>• Emergency Response Plans</li> <li>• Advance Care Planning</li> <li>• Legal counsel</li> <li>• All Physicians are registered with the College of Physician and Surgeons Ontario (CPSO)</li> <li>• Social Workers all members of the Ontario College of Social Workers &amp; Social Service Workers</li> <li>• Registered Nurses (RN's) all members of the College of Nurses (CNO)</li> <li>• Patient/Client Advisory Counsel</li> <li>• Joint Health and Safety Committee</li> <li>• Partnerships and awareness of other community services and supports for referral/comprehensive care offerings that we may not provide</li> <li>• MOUs (Service Agreements) for medical devices</li> <li>• Virtual care offerings</li> <li>• Annual Report</li> <li>• Centralized media approach through Carefirst Seniors</li> <li>• Use of Electronic Medical Records</li> </ul>	
<b>Information and Information Technology</b>	<ul style="list-style-type: none"> <li>• Information produced or used, is incomplete, out-of-date, inaccurate, irrelevant or inappropriately disclosed (Right to Privacy)</li> <li>• Theft</li> <li>• Loss of Information</li> <li>• Breaches of Confidentiality</li> <li>• Information technology infrastructure does not support &amp; align with business requirements, and does not support availability, access, integrity, relevance and security of data</li> </ul>	<ul style="list-style-type: none"> <li>• Current IT Use policy</li> <li>• IT Recovery Plan</li> <li>• Quality Data Information Specialist (QDISS)</li> <li>• Privacy Officer in place</li> <li>• Updated Privacy Policies</li> <li>• Annual Confidentiality Pledge</li> <li>• Secure Passwords &amp; Server Backup</li> <li>• Patient /Client Consent Forms</li> <li>• E-faxing</li> <li>• Back-up Recovery</li> <li>• Technology Policy &amp; Procedure developed which includes replacement/</li> </ul>	IT Committee

	<ul style="list-style-type: none"> <li>• Cyber security</li> </ul>	<ul style="list-style-type: none"> <li>• Up-dating technology</li> <li>• IT integrity Policy in place for privacy/off-site storage</li> <li>• All staff have secure passwords assigned</li> <li>• Compliant with PHIPAA/FIPPA requirements</li> <li>• Business Continuity Plan in place shared with Carefirst Seniors/Pandemic Plan</li> <li>• Remote access</li> <li>• Two factor identification</li> <li>• Tools and software to protect against cyber attacks; policies and procedures</li> </ul>	
<b>Financial</b>	<ul style="list-style-type: none"> <li>• Financial losses, overspending or the inability to meet budgets and plans</li> <li>• Inflation</li> <li>• Landlord and lease</li> </ul>	<ul style="list-style-type: none"> <li>• Current Financial Policies &amp; Procedures</li> <li>• Monthly Finance Committee</li> <li>• Quarterly financial reporting to funder</li> <li>• Quarterly Budget/Variance report review with CFO</li> <li>• Insurance</li> <li>• Annual financial statements externally audited</li> <li>• Legal advice for contract development and management</li> <li>• Adherence to procurement and expenses practices</li> </ul>	Finance Committee
<b>Facility</b>	<ul style="list-style-type: none"> <li>• Emergency evacuation required</li> <li>• Unfit environment posing danger to staff and/or patients/families</li> <li>• Equipment malfunction</li> </ul>	<ul style="list-style-type: none"> <li>• Building Maintenance Committee</li> <li>• Emergency Response Plans</li> <li>• Mock drills</li> <li>• Insurance</li> <li>• Joint Health and Safety Committee</li> <li>• Lease agreements</li> <li>• Cleaning contracts</li> <li>• Facility management manual and procedures</li> <li>• Equipment maintenance manuals and contracts</li> <li>• Equipment inspections and audits</li> </ul>	Building Committee

## THE RISK MANAGEMENT PROCESS & “CQI” FRAMEWORK

The risk management process includes:

- Risk identification
- Risk assessment
- Risk management strategies and
- Risk evaluation

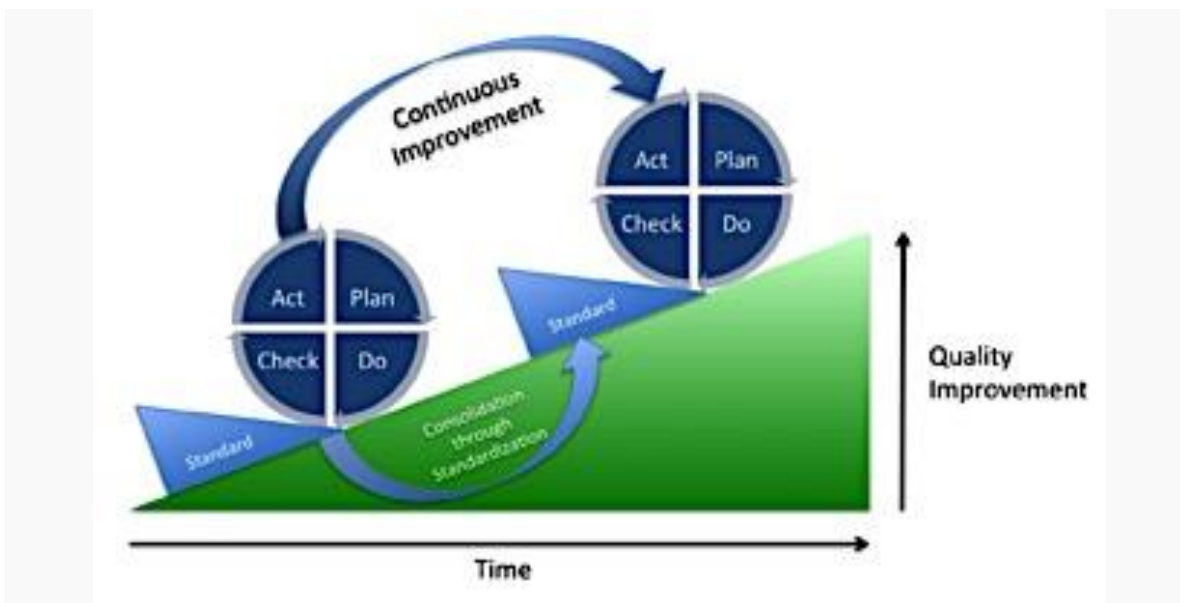
In order to identify, assess and manage risk, the primary focus of risk management at Carefirst FHT is the promotion of a Continuous Quality Improvement (CQI) framework. Carefirst FHT has designed processes, which link risk management with CQI e.g., patient and staff safety measures, supporting strategies such as infection prevention and control (IPAC), falls prevention, and incident reporting.

For Carefirst FHT’s purpose, CQI is defined as:

- A planned and comprehensive program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care
- Identification of opportunities to improve care and to resolve identified problems and/or anticipate potential high risk activities, in order to address them in advance (e.g. Prospective Reviews).

Carefirst FHT has adopted the CQI framework of PDSA (plan–do–study–act), which is a four-step management method used in business, for the control and continuous improvement of processes and products.

### CQI FRAMEWORK AT CFHT



Carefirst FHT has also developed an annual **Quality Improvement Plan (QIP)**, which is monitored on a quarterly basis by the FHT leadership team and our Quality Improvement

Decision Support Specialist. This plan focuses on four themes as identified by Ontario Health: 1) Timely and Efficient Transitions, 2) Service Excellence, 3) Safe and Effective Care and 4) Equity.

The QIP and supporting strategies as well as a PDSA approach ensure the ongoing development and monitoring of related activities to foster an integrated quality, risk management and safety culture approach.

## **CAREFIRST FHT RISK MANAGEMENT STRATEGIES**

Carefirst FHT has developed protocols and strategies for risk management in three (3) main categories:

- A. Risk to patients
- B. Risk to staff, students and volunteers
- C. Risk to the organization

Carefirst FHT's integrated risk management strategies and reporting processes are integrated within the organization's governance and management structure. The Executive Director is responsible for overseeing the organization's risk management plan.

### **A. RISK TO PATIENT**

#### **PATIENT IDENTIFICATION & HOME SAFETY RISK ASSESSMENT & ENVIRONMENTAL SCAN CHECK LIST**

Many Carefirst FHT patients have the same first and last names, and occasionally the same date of birth. This presents challenges in identification and an increased risk to patients i.e. failure to properly identify a patient can result in mixed patient/client files and medications/treatment.

In order to mitigate this risk, Carefirst FHT has implemented a patient identification policy, which requires 2 (or more if necessary) pieces of identification.

Carefirst FHT's Privacy Officer receives quarterly notices of any privacy breaches that may have occurred and the steps taken to address the breach. Breaches in confidentiality are treated as a reportable incident. Any such incidents and complaints are monitored and reported to the Service Quality & Safety (SQS) Board & Staff Committee.

Carefirst FHT Social Workers (SW) & Registered Nurses (RN) are registered members in good standing with their Colleges. When conducting a home visit the SW & RN:

- Conduct a Home Safety Risk Assessment & Environmental Scan (See below)
- Obtains appropriate consents for the service/care plan
- Assesses patient equipment needs and make safety recommendations as required
- Assesses fall risk
- Reviews Carefirst FHT's patient Welcome/enrolment package if applicable, reinforces patient roles and responsibilities in quality and safety, gains permission to link to additional resources if required, and provides education as needed.



CFHT has developed a **Home Safety Risk Assessment & Environmental Scan Checklist**.

The Checklist is used to complete a risk assessment during an initial home visit by the SW/RN and during re-assessment or when there is a change of condition/incident (e.g. fall at home). The assessment is used as a guide to identify and assess the level of safety risks in the home including physical location, environment, presence or absence of equipment, fall risk, dementia specific risks, and patient health and psychosocial status. These risks may be applicable to the patient, the family/caregiver and/or Carefirst FHT staff, students or volunteers.

Identified risks and recommendations are documented in the permanent patient health record in the EMR, discussed with the patient and family/caregiver, and communicated to Carefirst FHT staff involved with their care. Additional education maybe recommended and is provided to mitigate safety risks. Equipment repairs and/or needs will be discussed and patients/caregivers will receive a local vendor list to further investigate recommendations. The checklist is reviewed as necessary and in 2018, Carefirst FHT expanded the checklist to identify additional fall prevention needs, which would trigger a falls prevention risk assessment and a code of “high, medium and low would be entered into the EMR by the FHT Physiotherapist or other members of the team. This code and resulting strategies would be communicated to all team members providing care. The check list is currently under review in 2023 and any appropriate updates will be made.

## **MEDICATION MANAGEMENT/RECONCILIATION PROGRAMS**

Although Carefirst FHT staff does not administer medication except for purposes of immunization and oxygen therapy during a medical emergency, medication management remains a key component of ensuring safe medication use. Communicating effectively about medications is also a critical component of delivering safe care.

Carefirst FHT has therefore implemented a Medication Management Program Policy and uses Medication Reconciliation as a formal process to work together with patients, families, and other healthcare professionals to ensure accurate and comprehensive medication information is communicated across transition points of care (e.g. hospitalization discharge, intake, emergency visits, specialist visits and transfers to long term care and retirement homes).

Carefirst FHT implemented, in 2013, a medication management program entitled MedsCheck for all patients with three (3) or more medications for reconciliation by the pharmacist from local community pharmacies. In addition, Carefirst FHT implemented a further level of safety with introducing medication reconciliation at intake, after hospital discharge or ER visits, following referral to specialist or other physicians and discharges or transfers to other physicians. More recently in 2023 the team identified a quality improvement opportunity in this area. The number of patients who have had their MedsCheck done by the pharmacist has been identified as a key initiative for the team. Our target is 275.

The Medication Management Program Policy fosters an environment of safe medication practices that:

- Improves interdisciplinary communication to encourage actions that support seamless care within the local health care community

- Conducts medication management needs assessments and identify priorities for learning
- Provides public health services e.g. smoking cessation programs and flu vaccinations
- Provides support and monitoring of medication adherence programs
- Links to resources e.g. pharmacist

Carefirst FHT developed a Samples & Supplies Policy and Procedure ensuring the safety of dispensing, documenting, and disposing of samples and supplies including diabetes supplies and nutritional supplements. At Carefirst FHT, only physicians, nurse practitioners and designated diabetes educators may dispense sample medications and supplies. In addition, only designated/certified nurse may dispense Nicotine Replacement Therapy (NRT) supplies for patients enrolled to the STOP program. Designated staff monitors the inventory monthly, check expiry dates and dispose of outdated medication and supplies according to the Policy and Procedure. We conduct audits every 6 months and share any comments, improvements to relevant team members as applicable.

Roles and Responsibilities of Carefirst FHT Integrated Healthcare Providers (IHPs):

Key responsibilities for Carefirst FHT IHPs are to:

- Assist patients in making informed decisions and learning more about health issues through information, education and discussion
- Ensure that they are aware of the risks and benefits of medicines, and continually develop knowledge and skills to use medicines appropriately
- Utilize objective information, resources and services to make decisions and take actions that enable medicines, when required, to be chosen and used wisely
- Administer immunization vaccines according to physician's orders and in the case of the Influenza Vaccine, by the Ontario Immunization Guide, 2018, Vaccine Safety in Canada (PHAC 2018) (and standing physicians orders or medical directive)
- Store medication and vaccines in allocated secure areas according to procedures e.g. locked cupboards/medication cart, individually labelled medications, allergies noted, appropriate light, etc.

Registered nurses and registered practical nurses conduct comprehensive medication reconciliation with all patients/clients at critical transition points such as:

- Intake or follow up (CDMP)
- Post discharge from hospital
- Post discharge from the emergency department
- Transfer in or out of Carefirst FHT
- Post referral to a Specialist
- Discharge to Long Term Care/Retirement Home or other
- Change in medical status

Registered nurses conduct quarterly audits including the medication reconciliation process. Medication incidents are monitored and reported on Comply Track. A Root Cause Analysis (RCA) is conducted by staff with all harmful, unharmed, and near miss events and are reported to the SQSC.

## INFECTION PREVENTION & CONTROL (IPAC)

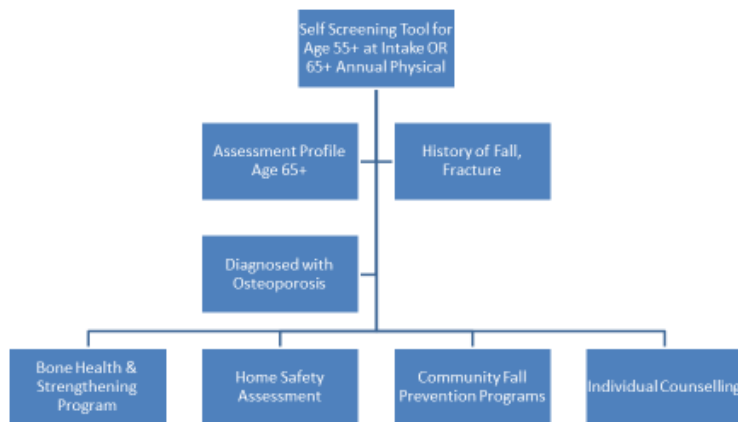
Carefirst FHT has committed resources to support IPAC activities within the organization. Carefirst FHT has a designated RN at each site to lead & monitor IPAC activities as follows:

- Track and communicate organizational infection and flu immunization rates and provide recommendations to reduce outbreaks
- Develop a flu and hand hygiene strategy, review annually, and train all staff
- Develop education on hand hygiene and other IPAC related information using multiple modalities for training and supported by the IPAC consultant through Carefirst Seniors
- Monitor whether hand hygiene protocol is delivered (audits, annual training plan) to staff including communicating results and recommendations to achieve full compliance
- Ensure IPAC manual and information is current and accessible
- Identify gaps and recommend quality improvement initiative priorities based on gaps, emerging patient safety trends, population and community health, and organizational standards identified by AC ROPs
- Ensure Carefirst FHT staff is aware of and follows evidence-based international, federal, and provincial IPAC guidelines
- Provide support to the Leadership Team in outbreak situations and pandemics as necessary
- Participate in the quarterly (monthly during the COVID pandemic waves) IPAC Committee as a member

## FALLS PREVENTION

Carefirst FHT has developed a Falls Prevention Strategy 2023 -2024 and assigned dedicated resources to build capacity related to falls prevention. Below is the framework for the Fall Prevention Strategy.

### *Carefirst FHT Framework /Approach of Fall Prevention/ Intervention*



The Goals of Carefirst FHT Fall Prevention:

- Reduce the number of falls
- Reduce fracture or other injuries related to falls
- Reduce ED visit and hospitalization due to fall
- Improve independence and quality of life for seniors

Carefirst FHT has adopted the definition of a fall “...A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level. Fall-related injuries may be fatal or non-fatal though most are non-fatal. (*WHO, 2021*). All the staff at Carefirst FHT have responsibilities to patients’ safety and fall prevention. A team of multidisciplinary members collaborate to achieve the following:

- Increase awareness
  - Include falls prevention resources in Welcome Package, Intake Form and CFHT website
  - Outreach –education talk for seniors in the community
  - Support /Train Staff for fall prevention and osteoporosis
- Be proactive in identifying /assessing risk factors
  - Fall Self -Screening Tool at admission/annually for 55+
- Supports a best practice approach including joining a network and Community of Practice ( LOOP) to build competency, applying proven prevention into existing Carefirst FHT services/programs, developing and implements fall prevention programs into self-management e.g. Bone Health
- Develop Osteoporosis and Fracture /Fall Prevention Program as below
- Standardize Fall Reporting, Trending Data
- Develop/Revise Algorithm of Fall Prevention/ Intervention as appropriate

## Integrated Osteoporosis & Fall/Fracture Prevention Program

### Education and Exercises Topics

Education Topics	Discipline	Exercises Focus	Discipline
Osteoporosis and Fracture Prevention and Treatment	RN	Posture Exercise	PT
Osteoporosis Medications and Falls Prevention	Pharmacist	Strengthening	PT
Bone Health Diet	RD	Balance	PT
Osteoporotic Fracture Prevention and Rehabilitation	PT	Aerobic	PT

### INCIDENT AND COMPLAINT REPORTING

The goal of incident reporting is to document and inform management and the Board of potential or actual risks or harm to patients, staff, students, volunteers, and the organization or physical facility. Through this process of identification and assessment, recommendations are made for action or changes in policy or procedures for the purpose of reducing or preventing future risks and thereby improving quality.

Carefirst FHT adopted the AC Incident Analysis Framework (AC ROPs 2018) illustrated in the figure below. Staff receive annual review training on incident reporting, most recently in November 2022.

### Accreditation Canada Incident Analysis Framework



The Incident Reporting & auditing of reported incidents continues with immediate follow-up with the supervisor or designate to reinforce practice through the initiative. Carefirst FHT

also removed the incident note from the permanent patient health record in keeping with documentation legislation, legal, and reporting practice.

All staff, students and volunteers are trained and are required to report, monitor and make observations related to patient and staff safety. Staff, students and volunteers are required to provide Emergency First Aid care and immediately report events and observations to their Team Lead, Manager or designate.

All Team Leads designates are trained to:

- Conduct a thorough investigation
- Complete a Root Cause Analysis (RCA) or other Human Factor Design tool for all “harmful” events
- Identify and implement corrective service/care plan interventions or process improvements
- Record the details in the incident reporting COMPLY TRACK module noting contributing factors and corrective actions taken
- Communicate information to the patient/client and/or family related to the “harmful “ event based in accordance with the Disclosure Policy and Procedures
- Follow up as required to resolution
- Gather data to report trends to the SQSC

Carefirst FHT has been developing an electronic complaint reporting process adding to the existing Incident Reporting COMPLY TRACK system. After completing an extensive review of the types of complaint categories common within the FHT and aligning with Carefirst Senior’s program and service complaints, eight (8) categories of complaints were identified. The table below lists the Complaint Categories and Definitions.

### Complaint Categories and Definitions

Complaint Category	Definition
1. Attitude	The extent to which staff are perceived as courteous, helpful & sensitive to patient/client needs e.g. respectful
2. Service Co-ordination	The extent to which staff communicate appropriately with patients/clients/family caregivers, partners & stakeholders e.g. scheduling related issues
3. Staff Performance & Service Delivery	The extent to which staff conduct themselves including lack of skills, judgement (competency) & issues related to professionalism e.g. arrive late, leave early, violations of the code of conduct
4. Service Accessibility	The inability to access services/programs e.g. unable to schedule same day appointment, long waiting lists
5. Patient/Client Safety	Issues related to personal security and safety e.g. patient/client left alone unlocked doors, lack of security of belongings
6. Facility Management	The physical characteristics of the facility do not meet standards e.g. IPAC, cleanliness, parking issues, signage, way finding
7. Financial	The completeness/accuracy of billing/charges or other finance issues e.g. inability to manage fees, complaints about fees
8. Other	e.g. Contract provider complaints

Carefirst FHT staff has received training related to electronic complaint reporting and a new revised policy and procedure has been developed and revised. Complaint incidents are reported, analysed and trended based upon the above categories with recommendations and action plans presented and followed-up with the Board led SQSC.

#### **PATIENT & STAFF SAFETY BOARD REPORT**

Each quarter the Executive Director create a performance scorecard in which a summary of any incidents and complaints are included. This scorecard is reviewed with the Board of Directors and shared with the whole team at the monthly team meeting.

Details of all FHT incidents and complaints are also reported to SQSC as part of the new dashboard

#### **PATIENT/CLIENT WELCOME/ ENROLMENT PACKAGE**

Patients who enroll with Carefirst FHT receives a patient welcome package which, aside from the enrolment/clinic information, also includes risk management items such as:

- Patient's Bill of Rights & Responsibilities
- Emergency and Disaster Preparedness
- Falls Prevention information
- IPAC specific information (Hand Hygiene) & seasonal info
- Privacy consent for Disclosure of Personal Health Information
- Medication Management
- How to provide Feedback, concerns and Complaints
- After-Hours Care and Urgent Care Options
- Consent for Collection, Sharing, and Service Provision
- Carefirst FHT & Seniors Programs and Services

#### **PATIENT/CLIENT INFORMATION CONSENTS**

At Intake, all patients are required to sign consent forms in order to proceed with an assessment, which is then scanned into the electronic Medical Record (EMR). Only personal information that is needed for legitimate purposes is collected and shared with those who need to know for the provision of services. This consent remains in place for the duration of the patient's services, subject to patient disclosure requests and legislative requirements.

A patient has the right to adjust the nature of the consent, which may include withdrawal or modification of some or all of the consented options including the IAR. A dated and initialled notation must be made on the rescinded consent and in the patient permanent record to document the request and includes a revised consent reviewed and signed by the patient. Withdrawal or modification requests are subject to legislative requirements.

#### **WORKER IDENTIFICATION**

All Carefirst FHT personnel visiting patients will produce two (2) pieces of identification to the patient or family/caregiver before entering the patient's home. The photo identification is one identifier and shall identify personnel as an employee, agent or representative of the agency.

At Carefirst FHT clinics, all staff, students and volunteers will wear their assigned nametag with photo identification on a lanyard clearly displayed on the uniform or lab coat.

### PATIENT SPECIFIC EMERGENCY

Patient specific emergencies are defined as circumstances when:

- The patient is injured or in significant physical or emotional distress,
- The patient is experiencing an allergic reaction to an immunization vaccine
- The patient has fallen and cannot get up,
- The patient appears to be dead.

All staff is trained on “what to do” in each of the above applicable scenarios during orientation, after receiving First Aid training (minimum of every 3 years), and regular training. All staff is trained to call 911 in an emergency situation and to report the incident immediately to their Manager and Executive Director.

### POLICY AND PROCEDURES - PATIENT / STAFF FOCUS

Policies to protect and apply to both patients and staff include but are not limited to:

- |  |  |
|--|--|
| √ Discrimination & Harassment                                    | √ Hand Hygiene and other IPAC related policies |
| √ Fire & Safety Evacuation                                       | √ Incident Reporting                           |
| √ Home Safety and Risk Assessment & Environmental Scan Checklist | √ Falls Prevention Strategy 2023/2024          |
| √ Disclosure of Harmful Events                                   | √ Home Visit                                   |
| √ Workplace Violence   | √ Heat Alert                                   |
| √ Patient Identifier   | √ Privacy related Policies                     |

### INFECTION PREVENTION & CONTROL POLICIES AND PROCEDURES

- √ Routine Precautions
- √ Outbreak Policy
- √ Personal Protective Equipment (PPE)
- √ Immunization
- √ Staff Immunization
- √ Cold Chain
- √ Needle- stick/ Sharps
- √ Hand Hygiene
- √ Pandemic Plan
- √ IPAC Manual



## WORKER SCREENING PROTOCOLS

All potential staff, students and volunteers are screened in the following manner prior to an offer of employment being made:

- Completion of application for employment and personal interview
- Reference checks, minimum two
- Police screening within last twelve months (vulnerable sector check)
- Immunization screening with valid TB 2 step Mantoux required
- Proof of required educational requirements
- Valid CPR & first aid
- Proof of current N95 Mask FIT Testing (within 2 years)
- Valid credentials

## **B. RISK TO STAFF**

### **OVERSIGHT**

All staff report to an assigned Manager who:

- Assesses competency in accordance with performance standards
- Ensures compliance with organizational/program specific patient safety and risk management Policies and Procedures
- Evaluates performance through annual performance appraisals, and
- Identifies gaps in learning needs and supports professional development opportunities.

### **WORKPLACE VIOLENCE RISK ASSESSMENT**

As part of Carefirst FHT's commitment to health and safety for staff, students, volunteers, patients and visitors, the agency looks for ways to continuously improve its Health and Safety program, and to ensure that Carefirst FHT meets the requirements set out in the *Occupational Health and Safety Act* (OHSA).

The OHSA requires that Carefirst FHT have a policy to address and prevent workplace violence and harassment. Carefirst FHT recently revised its Workplace Violence as well as the Discrimination and Harassment Policy. The policies are posted on the health and safety board, the shared drive and posted in common places in the clinic.

In accordance with the Act, Carefirst FHT also conducted a workplace risk assessment related to Workplace Violence and Harassment (2016) to help identify and prevent potential risks and to maintain a violence-free workplace. This assessment was conducted again in 2023 by the Joint Health and Safety Committee and then shared with all staff at a monthly staff meeting for input.

An action plan for associated risks and recommendations will be developed.

### **HOME VISITS**

The safety of all personnel is a high priority for Carefirst FHT.

Visiting patients in the home setting is significantly different from providing care in an institutional setting. The potential risks faced by staff, students and volunteers are also significantly different. Carefirst FHT maintains an established protocol for identifying and managing these unique situation-specific risks in order to protect staff and minimize the potential for adverse/harmful outcomes.

All risk situations are immediately reported in accordance with Carefirst FHT's home visit reporting process. Patient homes that have been identified as potentially harmful to staff and students are clearly identified in the EMR through alerts on the message screen. Social Workers (SW), Registered Nurses (RN) or other IHPs will screen the patient on the phone before visiting (See Home Safety Risk Assessment & Environmental Scan), and if safety of the IHP is in question, several mechanisms may be employed. The SW/RN or other IHP may:

- Provide support by telephone only and mail resource /educational material to patient

- Meet patient in a mutually agreed upon community setting (e.g. coffee shop)
- Conduct home-visits in pairs with another IHP for safety purposes
- Request support staff or supervisor to call and confirm SW/RN or other IHP's safety during and after the home visit, and/or
- Visiting IHP to call supervisor or support staff to confirm successful completion of home visit
- Ensure EMR work status is updated in real time.

In addition, during the visit, all staff have the right to ask the patient or family/caregiver to:

- Refrain from smoking and drinking alcohol
- Remove pets from the room
- Securely store away firearms or other dangerous weapons such as large knives
- Be committed to providing a home environment free of any act or threat of aggression that causes or has potential to cause physical or emotional harm, including but not limited to assault, threats, verbal abuse, sexual harassment, racial or religious harassment.

All staff should be kept fully informed of patient risk issues and environments where there may be safety risk and they have the right to decline to work in such situations.

## **EDUCATION, TRAINING, AND ORIENTATION**

Carefirst FHT is committed to investing in the recruitment and retention of staff, students and volunteers and has developed several new systems to support this objective:

- New recruitment check list to ensure all required documentation is in place on hire
- New/revised HR employee file system that is well organized, transparent and complete
- New/revised Job descriptions
- Onboarding process in development
- Revision of the orientation program

All new staff, students and volunteers receive orientation training at the Carefirst FHT administration office prior to joining the specific program/service. During the orientation session, Carefirst FHT's Mission, Vision, Values, Patient's Bill of Rights & Responsibilities and Code of Ethical Conduct Policy are discussed in detail. Policies such as Conflict of Interest, Confidentiality, Workplace Violence, and Discrimination & Harassment must be reviewed by the individual and signed to acknowledge understanding. The signatures are included in the HR file for future reference. Carefirst FHT has purchased HR Downloads to provide additional educational and training support for all staff.

To keep IHP's up to date with current practice, staff attend monthly staff meetings and annual performance reviews with supervisory staff. Revised or new policies and procedures are added during the year as required and shared during staff meetings. Other specialized education sessions such as dementia, elder abuse, mental health, and falls prevention is offered on an ongoing basis and staff is encouraged to attend courses to enhance their knowledge and increase their skills. Staff and managers also discuss professional development opportunities at the annual performance appraisal to encourage further learning and skill development. The FHT budget related to professional development is

monitored monthly and reported quarterly to the Board as part of the performance scorecard. Relevant education and training for the team is also incorporated into monthly staff meetings by bringing in guest speakers and organizing lunch and learns. Carefirst FHT also supports physician's achieving their CME credits in pursuit of their professional development requirements.

#### **POLICIES AND PROCEDURES- WORKER FOCUS**

Policies to protect Workers include but are not limited to:

- Smoking
- Conflict Resolution
- Ethical Code of Conduct
- Conflict of Interest
- Home Visiting
- Dress Code
- Code White

#### **HEALTH AND SAFETY COMPLIANCE**

The Occupational Health & Safety Act & Regulations (OHSA) governs Ontario workplaces, which are enforced by the Ministry of Labour and upheld by Carefirst FHT.

Safety is a way of doing business and must be incorporated into daily routines. Employers must take all reasonable precautions to protect the health and safety of workers, and workers must work safely in accordance with the Act and Regulations.

#### **JOINT HEALTH AND SAFETY COMMITTEE (JHSC)**

The JHSC's mission is to enhance and manage the safety and health of Carefirst FHT's staff, students, and volunteers by empowering workplace parties to address and mitigate workplace risks.

This Committee consists of one certified management representative and one certified worker representative. Carefirst FHT has fulfilled these legislative requirements. Additionally, Carefirst FHT annually reviews the Terms of Reference, membership, and Health & Safety Policies & Procedures.

The JHSC focuses on three key areas:

1. Promotion and Communication, which includes:
  - Standards for safe work practices
  - Procedures for timely and effective treatment of injuries and illnesses
  - Continuous education programs on safety awareness
  - Workplace hazards
2. Monthly Inspections, involving
  - Swift correction of hazards or unsafe work methods
  - Recommendations for prevention techniques and hazard controls
3. Investigations , encompassing:
  - Analysis of incidents, accidents, and job-related illnesses to identify causes and prevent recurrences

- Addressing refusal-to-work situations

## WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS)

The goal is to reduce or eliminate the incidence of injuries and illnesses resulting from exposure to hazardous materials in the workplace.

Exposure to hazardous materials can cause or contribute to many serious health effects such as effects on the nervous systems, and can cause fires or explosions. WHMIS was created to help stop the injuries, illnesses, deaths, medical cost and fires caused by hazardous materials.

### Employer Responsibilities

- Worker education and training on labels, symbols, and proper handling, use and storage of hazardous materials.

### Worker Responsibilities

- Participate in annual e-learning WHMIS training
- Identify the potential hazards and the ways they may be eliminated or minimized e.g. Report the presence of potentially hazardous items to your JHSC member to protect yourself and others.
- Ensure that you do not remove, alter or deface a label on a container of hazardous material and that you immediately notify you're a committee member if any of these conditions exist.
- Properly use and maintain protective equipment, protective devices and protective clothing as required by the employer e.g. close lids properly, wear gloves, masks or aprons as appropriate.
- In the case of accident or injury, seek medical attention if necessary and inform your Manager or designate.

Carefirst FHT is compliant with this requirement and this is a mandatory module on HR Downloads that all staff must complete upon hire.

## C. RISK TO ORGANIZATION

### **SERVICE QUALITY AND SAFETY COMMITTEE (SQSC) COMMITTEE**

Carefirst FHT has developed a Board and Staff committee to provide leadership in support of the organizational culture of quality, risk management and safety. In particular, the committee oversees the development of best practices and improvements in primary health care services through process excellence, program evaluation, and patient/ program outcome measurements. The committee specifically monitors the incidents and events related to falls prevention, infection prevention & control (IPAC), and compliance of AC ROP standards. The SQSC reviews the incident and complaint reporting dashboard and discusses recommendations for continuous quality improvement initiatives.

### **JUST CAUSE/NO BLAME PATIENT /CLIENT SAFETY CULTURE**

Carefirst FHT recognizes that the capture, sharing and use of investigational knowledge cannot be left to chance and needs to be managed in such a way so that **all** employees feel able to share their concerns openly and without fear of any reprisal.

Staff must be encouraged to share the event before it reaches a stage where the situation is unrecoverable. No Board of Directors or management team wants to be left in the dark about a potential risk. According to research (Wachter et al, 2009, p. 36) most errors are “committed by good, hardworking people trying to do the right thing”. Therefore, the traditional focus on identifying who is at fault is a distraction. It is far more productive to identify error-prone situations and settings and to implement systems that prevent errors. Developing a “no blame culture” enables staff, students and volunteers to feel able to express any concerns they have about patient care and safety.

After conducted the patient safety culture in 2023, actions for the Carefirst include:

1. Executive Directors / Team Leads to meet regularly with staff involved in incident and develop learning plan collaboratively & offer positive & constructive feedback
2. Provide positive reinforcement & feedback frequently to promote confidence and trust.
3. Conduct survey instrument every 2 years to monitor progress towards developing a No Blame/Just Culture
4. Implement new external complaint policy
5. Review & reinforce Carefirst’s FHT Disclosure Policy & Procedure
6. Conduct review and training with all Harmful & Near Miss events with staff and communicate findings with staff process & learning’s
7. Share learning’s from incident analysis in Carefirst FHT Team meetings
8. Conduct staff education re: No Blame/Just Culture
9. Share results of learning’s with staff about incidents (harmed, unharmed and near misses)
10. Provide staff education on giving & receiving feedback
11. Review of Conflict Communication Policy & Procedure
12. Continue to conduct RCA and sharing of results to staff & Board
13. Ensure staff are provided with required training opportunities for their role and areas of care/service where they feel necessary

## FUNDERS AND OTHER SERVICE PROVIDERS

Agency risk issues are monitored regularly by Leadership and the risk register is reviewed at each Board meeting. The Finance Committee meets every six (6) weeks to review financial statements and variance report. The Treasurer represents the Finance Committee and reports to the Board for any financial and risk issues. An annual financial audit is conducted by accountants licensed to practice as a public accountant in the province of Ontario and appointed by members of Carefirst FHT at each year's Annual General Meeting. Insurance coverage is reviewed annually by Finance Committee with advice from insurance broker on risk areas including liability policies and Directors' and Officers' insurance.

Processes to track and assess financial risks, contingencies, liabilities and irregular transactions include the following:

- i) Negative earnings trends and losses or reductions in revenue from a significant contract are tracked and assessed as follows:
  - Management on a monthly basis reviews financial and statistical information. This review includes variance analysis of actual vs. budgeted revenue and expenses, trending and forecasting. Action plans are put into place if negative earnings trends are experienced
  - Finance committee meets every six weeks to review financial statements. Variances against budget are reviewed as well as negative earnings trends or reduction in revenue
  - The Board of Directors receives financial and statistical information on a quarterly basis including identification of risk areas and negative trends
- ii) Unusual or non-recurring events are assessed as follows:
  - The Board of Directors receives report from Executive Director/CEO, which identifies any risk items or unusual or non-recurring events and action plans taken to address the event
  - Finance committee meets every six weeks and will review any unusually or non-recurring event that have a financial or statistical impact on Carefirst FHT
- iii) Defaults under significant agreements are assessed as follows:
  - The Board of Directors receives report from Executive Director/ CEO, which identifies any defaults under significant agreements and action plans taken to address any ramification
  - Finance Committee meets every six weeks and will review any defaults under significant agreements that have a financial or statistical impact on Carefirst FHT or any penalties paid
- iv) Legal proceedings against Carefirst FHT:
  - Legal proceeding would be managed by the Executive Director/CEO and the Board of Directors
  - Legal proceedings would be covered by Insurance. A thorough review of insurance coverage is conducted annually. CFHT's Board of Directors receives an annual report on insurance coverage to ensure that the organization is appropriately

insured. These policies provide added protection for risk situations related to Bodily Injury, Property Damage, Administrators Errors & Omissions, Legal Expense, Contingent Employers Legal Liability and Crime. The Professional Liability policy covers claims, which cause an economical loss, which are caused by negligent, acts, and errors, omissions that result from covered activities.

## INSURANCE

An annual review of Carefirst FHT insurance coverage is conducted yearly and reported to the Board of Directors.

Insurance coverage includes a \$5 million Commercial General Liability, Professional Liability and Directors and Officers Liability. Full details are included in the Insurance Certificate.

## PANDEMIC PREPAREDNESS PLAN

In response to the declaration of a pandemic by the World Health Organization (WHO), the Pandemic Preparedness Plan sets forth the minimum standards necessary for managing essential services and bolstering surge capacity in support of the York Region Public Health Pandemic Plan and the Toronto Public Health Pandemic Plan. Carefirst FHT's Pandemic Plan (2023) details the organization's effective response and recovery strategies during a pandemic event.

\*For more details, refer to the Pandemic Preparedness Plan and the Carefirst COVID-19 Pandemic Preparedness Plan.

## EMERGENCY AND DISASTER PLAN

A comprehensive emergency and disaster plan has been developed as a guide to direct staff in the event of an emergency situation. Standard operating procedures have been established for emergency situations, which may be designated code yellow, orange or red to denote the level of emergency. Emergency training has been incorporated into new employee training staff orientation. The Fire Safety and Emergency Evacuation Policy are reviewed with all employees and updated annually or as new/revised procedures are implemented.

The patient services emergency and disaster plan consists of the following major components:

- Carefirst FHT infrastructure breakdown
- Public infrastructure breakdown
- Inclement weather
- Fire or bomb or pipe leakage threat at the Carefirst FHT office
- Fire at the patient's location of service
- Fire or bomb or pipe leakage threat after hours
- Labour disputes, lockouts, strike
- War, terrorism and other hostilities
- Natural disasters
- Computer Backup
- Power Failure
- Emergency Communications

For more complete information, refer to the Carefirst FHT Fire Safety and Emergency Evacuation and the Carefirst FHT Emergency Quick Response Guide



## INFORMATION MANAGEMENT AND TECHNOLOGY

With constant changes and updates to technology, the Carefirst FHT is regularly reviewing our policies and procedures to ensure privacy and security of our information. To minimize the risk of any breaches Carefirst FHT has:

- Developed and reinforces policies and procedures to minimize any breach of privacy legislation/breach of confidentiality
- Established practices of data back up in case of system breakdown/network breakdown and data recovery (Reference: disaster recovery/emergency preparedness policies)
- Developed policies and protocols to protect any leakage of health information, persona information – safekeeping and disposal of patient records
- Installed tools and software to protect from cyber attached and policies and protocols to protect cyber security
- PHIPA and PHI-compliant platforms - data must be stored within Canada

Practically, FHT staff must change their computer passwords 90 days, pass the two step identification process to access the system remotely and complete relevant annual training on IT security and privacy.

Any new technology procured and implemented (e.g. Ocean eReferrals, Mikata patient reminder, Aircall) all go through rigorous checks and sign off to ensure utmost security and PHIPPA compliance to protect our information.

For our patients, personal health information can only be provided over secured and/or Ontario Health-approved platforms.