









Carefirst Seniors and Community Services Association
Risk Management (RM) Plan (2023/2024)
Log Summary

















RM Component	Source Material	Mitigation Strategies	Responsible Person(s)	Timeline	KPIs	PROGRESS TRACKING Green- In good progress Yellow- behind progress Red- Not started
FINANCE/ADMINISTRATION 1. Insurance Policies 2. External Financial Audit 3. Ad hoc Audits by Funders 4. Board Audit & Finance Committee 5. Accounting 6. Legal Services 7. Facilities Management 8. Landlord & Leases (Sub leases) 9. Funding agreements - Change of government/funders' funding policies – loss of funding 10. Budgetary overruns and potential deficit 11. Insurance coverage 12. Loss of revenue due to incapacity to meet service volumes, e.g. inadequate staffing 13.. Fundraising plan 14. Financial long-range	1. <i>Insurance policies (1)</i> 2. <i>External auditor (2)</i> 3. <i>Home and Community Care and Community Support Services (HCCSS) Service Agreements, and funding agreements with the different Ontario Health (Regional), etc. (3)</i> 4. Terms of Reference (4) 5. Policies and Procedures Manual—Section G (5) 6. Finance & Admin Policies and Procedures Manual (6)	1. Carefirst's Finance Committee monitors the financial performance of the organization on a regular basis 2. Committee role includes ensuring Carefirst's financial viability, an effective long range financial planning in place and anticipating any potential financial risks and minimizing such possibility 3. Carefirst meets insurance standards, monitors and tracks claims, reviews and ensures adequate insurance coverage 4. Annual financial statements externally audited 5. Committee selects a qualified and reputable external auditor	Board, Finance Committee, CEO, CFO, Finance Dept. & Administration	<ul style="list-style-type: none">Capital Campaign Long Range Fundraising Plan reviewed and revised in Aug 2021.Campus of Care fundraising work plan and progress was monitored and reviewed at every bi-weekly Capital Campaign Committee meeting since Sept 2021, as well as in every Foundation Board meeting to ensure fundraising target for the capital project will be achieved.	<ul style="list-style-type: none">Campus of Care Long Range Fundraising Plan, and 2021 / 2022 Campus of Care Fundraising Initiatives and Work Plan approved by Foundation Board.100% of fundraising target will be met.	 

planning		<p>6. Ad hoc financial audits by funders: <i>Ontario Health (Regionals)</i>, United Way, City of Toronto, and primary contractors, etc.</p> <p>7. Management reviews and evaluates the efficiency of the Finance Department – its human resources, work processes, and performance</p> <p>8. Management ensures comprehensive policies and procedures for accounts payable, budget process, capital expenditures, financial records, payroll etc.</p> <p>9. Management seeks legal advice for contract development and management.</p> <p>10. Management keeps proper maintenance of capital property.</p> <p>11. Board, Committee, and Management ensure that the organization meets all funders’ requirements in service delivery and performance measurements.</p>				
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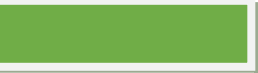



		<p>12. Seeks legal advice on liability issues as landlord on leases/subleases – relationship with tenants - environmental conditions in leased premises</p> <p>13. Management adheres to procurement and expenses policies and best practices</p> <p>14. Regular/ongoing environmental scans of potential changes in the community and government’s policies and development trends</p> <p>15. Communicates closely with HR and other service departments about their departments’/service performamnce as they impact organization’s revenue</p> <p>16. Monitors fundraising plans accomplishments in alignment with major capital project develop</p>				
<ul style="list-style-type: none">• <u>HUMAN RESOURCES (HR)</u>• Hiring and	<ul style="list-style-type: none">• HR Policies and Procedures Manual• HR relevant forms	<ul style="list-style-type: none">• Hiring processes minimize risk through police, reference,	<ul style="list-style-type: none">• HR Dept.• HR Committee• HR Dept. and CEO	<ul style="list-style-type: none">• Hiring & Recruitment	Hiring & Recruitment <ul style="list-style-type: none">• 100% completion of	




<ul style="list-style-type: none"> recruitment • Staff Orientation • Performance Review • Training/Education • Lunch & Learn • Occupational Health and Safety, incl. Support to Health & Safety Committee, Infection Prevention and Control, and staff's vaccinations during flu season and pandemic • Health education, especially on hand hygiene Job Descriptions • Job class evaluation and salary band review • Worklife and Staff feedback on HR Management • Recruitment & Retention • Competition for HR, e.g. health (clinical) HR and PSWs • Lead HR Board Committee • Staff shortage during COVID-19 pandemic, including staff's isolation policies due to exposure to COVID-19 	<ul style="list-style-type: none"> • HR Operations Manual • Infection Prevention and Control Manual (is this HR's responsibility?) • Health & Safety Manual), • Staff's vaccinations during flu season and pandemic, monitor flu shots and COVID-19 vaccinations • Staff in-service training and education plan • Healthy Work Environment Plan • Work Life Pulse survey, Workplace Violence Policies/Procedures and Program • Succession planning identification of potential staff, staff training and development, staff mentoring/grooming • Prioritize employee's health and well-being at all times, whether they are at work or away from work. • Carefirst is committed to increasing overall employee health and 	<ul style="list-style-type: none"> credentialing and health status checks as well as skill and knowledge level tests. • Require all staff comply with Carefirst's policies and procedures, including the Code of Ethics the Client Bill of Rights, confidentiality, etc.) • Comprehensive onboarding, orientation procedures exist for the staff, and the Board of Directors Job descriptions are revised to reflect current responsibilities and skill requirements • Probationary and annual performance review procedures are monitored for timely completion. • Continued education is encouraged and a wide range of professional development courses are offered internally each year. Support to attend external courses is also available. Specific training is provided as 	<ul style="list-style-type: none"> • Officer, HR • Officer, HR • Quality and Safety Committee • Health & Safety Committee (including Infection Prevention and Control Task Group) • Provision of flu vaccination by the Carefirst Family Health Team • Board, HR Department and CEO looking into succession planning • Carefirst Vocational Training Centre for promoting PSWs students/graduates • HR Department for EDI training program • Carefirst EDI Work Group 	<ul style="list-style-type: none"> • ongoing • Onboarding & Orientation • Capstone Project with Ryerson University (DEC 2021); Buddy / Check-In (June 2022) • Training & Education • Update Policies (JAN 2022); ON-GOING • Retention • Focus Groups (JAN 2022); ON-GOING • Compensation & Benefits • External environmental scan/market pay trend review and survey on employee engagement - ongoing • Succession Planning 	<ul style="list-style-type: none"> aptitude/skill test for relevant positions to ensure suitability before hiring decision is made. • 100% return of vulnerable sector police check / medical check / reference check for conditional offers during the onboarding process. • Job descriptions are updated when there are changes of responsibilities <p>Onboarding & Orientation</p> <ul style="list-style-type: none"> • 100% of new hires are invited to attend orientation • 100% of Home Care CSCs are assigned a buddy as part of the pilot program <p>Training & Education</p> <ul style="list-style-type: none"> • 90% attendance rate of PSW Enhancement Training Sessions 	  
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<ul style="list-style-type: none"> • Workplace Violence Prevention and Management (clients, staff, and volunteers) • Succession Planning of CEO and Finance Controller • Workplace Violence/Risk Assessment Survey • Equity, diversity, and inclusivity (EDI) values and principles as they apply to HR management and staff issues 	<p>wellness and providing employees with a better work–life balance.</p> <ul style="list-style-type: none"> • Work-related pressure can lead to deterioration of mental health, burnout, low productivity and high turnover rate. • These risks can be mitigated through the development of health promotion programs such as Employee and Family Assistance Programs, Stress Management Programs, Relaxation Training, subsidized fitness program. • Other recommendations to reduce work stress include tracking and avoiding overtime work, developing the Right to Disconnect policy, reducing the incidence of non-supportive management by providing leadership training • Carefirst EDI policies, statement, 	<p>indicated.</p> <ul style="list-style-type: none"> • The Joint Occupational Health and Safety Sub-committee ensures adherence to OHSA and WHIMIS legislated workplace safety requirements, including workplace violence prevention risk surveys and assessments • Staff welfare and benefits include RRSPs, Employee Assistance Program, and Medical Benefits • Social and health promotion programs are offered periodically to encourage good mental and physical health and minimize stress. • IPAC Committee to help coordinate health education workshops on safety, enforces infection prevention/control, especially on hand hygiene, use of PPE, flu shot and education on COVID-19 vaccinations for staff and volunteers. 		<ul style="list-style-type: none"> • Review and update policy (Feb 2022); Develop talent review criteria/competency model (Dec 2022); • Identification of talent (Mar 2023); • Review and analyze potential talent (Sept 2023); • Identify training needs (Mar 2024); • Evaluation and Communication (Ongoing) • Occupational Health & Safety • ON-GOING • Workplace Violence & Harassment • Updated Policies, Training, Risk Assessment (Mar 2022) • Work-Life Balance & Wellness • Health Promotion Programs and Initiatives (June 2022) • Legislative 	<ul style="list-style-type: none"> • Full/part-time PSWs should at least attend 2 skill/knowledge enhancement training per year • 80% completion of HR Downloads training for new hires • Completion of training plan every 12 months <p>Retention</p> <ul style="list-style-type: none"> • Review and share exit interview data with senior management on a quarterly basis • Conduct focus groups at least once a year to identify/analyze gaps in retention <p>Compensation & Benefits</p> <ul style="list-style-type: none"> • Pay trend analysis conducted every 2 years • Conduct compensation /benefits survey every year 	       
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	proposal/work plan	<ul style="list-style-type: none"> Staff surveys and exit interviews are conducted to collect feedback on continuous quality improvement regarding the organization as a whole and HR management. Training is provided on Workplace Violence and Harassment Prevention Policy and Program (clients, staff, and volunteers) and a report and work plan will be developed based on the workplace violence risk assessment survey. Review and adopt more effective recruitment and retention strategies Succession plans in place - identification of potential staff, staff training and development, staff mentoring/grooming, external searching for talents and candidates with caliber. The Board and CEO continue to update 		<ul style="list-style-type: none"> Compliance ON-GOING Performance Management Update Policies (March 2022); Train-The-Trainer & Recognition Program (MAR 2023) HRIS Review Current System & Needs Analysis (MAR 2023) FHT and HR will send out reminder for flu vaccine by October of every year Staff received vaccination by December 15 or earlier every year Mandatory <u>Annual hand hygiene</u> /PPE training by Dec. 31, Participate in Annual Hand hygiene Day by 	<ul style="list-style-type: none"> Regularly review turnover rate and data derived from exit interviews <p>Succession Planning</p> <ul style="list-style-type: none"> 80% potential successors for senior and middle management are identified by March 2023 Develop training plans for potential successors by Mar 2024 <p>Occupational Health & Safety</p> <ul style="list-style-type: none"> 100% completion of health and safety awareness training 100% participation rate in hand hygiene audit <p>Workplace Violence & Harassment</p> <ul style="list-style-type: none"> Workplace Violence and Harassment Policy 	     
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		<div>succession plans and coach senior management candidates as potential CEO successor.</div> <ul style="list-style-type: none">Carefirst Vocational Training Centre actively promotes enrollment of students and provides PSW Certificate Training Program to produce more PSW graduates for the labour market. (NEW)20. Increasing the capacity and resources of HR Department to mitigate the related HR risks as follows:Capacity to keep pace with new legislative HR requirements and develop/update policies and manualscapacity to provide comprehensive orientationcapacity to develop and implement succession plans, update job descriptionscapacity to track monitor, identify and analyze trends, and		<div>May 30</div> <ul style="list-style-type: none">Education on IPAC by Dec. 31 every yearEducation on Covid 19 vaccination updates information monthlyOn-going EDI education and training for staffs and volunteersAn EDI Work Plan by endof fiscal 2023/2024	<div>reviewed on an annual basis</div> <ul style="list-style-type: none">Risk assessment completed by end of Mar 2022100% of staff are provided training on Workplace Violence and Harassment <div>Work-Life Balance & Wellness</div> <ul style="list-style-type: none">Decrease 10% of overtime over the next 5 years (March 2027)90% staff scheduled to take their annual vacationLeadership training to supervisors/managers are provided on a regular basis <div>Legislative Compliance</div> <ul style="list-style-type: none">100% of new employees receive AODA training100% completion of	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
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		<p>make informed recommendations in a timely fashion</p> <ul style="list-style-type: none"> • These risks are the result of current HR Resources and Systems, which have not been able to keep pace with organizational growth. For example, HR staff ratios might range from 1 HR person to about 50/60 employees in a relatively stable environment, or higher based on turnover rates. In addition, many processes are labour intensive and require manual input. • Compensation rates coupled with language requirements result in ongoing recruitment for the department (posting, screening, interviewing, reference calls, police checks, orientation, etc.) • In an ideal world, mitigation strategies might include any or a combination of the 			<p>Confidentiality pledge forms during onboarding process</p> <p>Performance Management</p> <ul style="list-style-type: none"> • 100 % completion of PA every 3 months, 6 months, and 80% completion of PAs annually <p>HRIS</p> <ul style="list-style-type: none"> • 30% of manual work reduced (paperless) by end of 2023 • Vaccination rate reaching 50% • -No. of flu vaccine clinic host by FHT or partnership with pharmacy. • 100% compliances on hand hygiene procedures • 100% compliances on annual hand hygiene training 	     
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		<p>following:</p> <ul style="list-style-type: none"> • Increase HR staff from 3 to 9 staff • Plan and implement the Schedule and Leave system modules • Review compensation and leave policies • Delegate certain functions to management program staff • Outsource specific functions if/where appropriate • Workplace Violence/Risk Assessment Survey • Develop a Healthy Workplace Environment plan from worklife pulse survey and workgroup – 2 year plan 2022/2023 • Develop an EDI proposal and workplan 2023/2024 			<ul style="list-style-type: none"> • 90% of staff received at least 2 IPAC training within 12 months period • An EDI Work Plan and training plan • 80% of Management received EDI training 	
<ul style="list-style-type: none"> • <u>CLIENT SERVICES</u> • Assessment of Client Vulnerability/Risk (including risks of fall) • Informed Consent • Safety education (for 	<ul style="list-style-type: none"> • Service Providers Manual (includes Health & Safety Manual) • Field Supervisors Manual • Client Services; 	<ul style="list-style-type: none"> • A process to assess client risk levels is used in all service areas upon admission and regularly thereafter. Risk and potential risk are dealt 	<ul style="list-style-type: none"> • Service Coordinators & Supervisors • Field staff, service coordinators & field supervisors • Field staff, service coordinators & field 	<ul style="list-style-type: none"> • Review and update IPAC measures weekly in the huddle meeting • Hybrid Model of ADP 	<ul style="list-style-type: none"> • Staff and clients comply to the safety protocol • Tracking of work place acquired Covid 19 and monitoring the surveillances 	 




		<p>support. They conduct home visits to assess service needs and quality for all new personal support clients and ongoing client visits are conducted as per current Carefirst policies & funder expectations. In the area of Nursing Services, a Clinical Supervisor is available to assist staff and clients. Additional visits & specialized investigations are conducted as needed.</p> <ul style="list-style-type: none"> • Specialized & client specific training provided to field staff. Including training & monitoring. • Assessment information is utilized to develop an appropriate care or service plan with the inputs from clients and families. The plan is monitored, revised as necessary, and communicated to others. • Policies and procedures for client 			<p>Prevention Strategy and Work Plan</p> <ul style="list-style-type: none"> • All service units adopted virtual care/programing in service delivery • Sustained the partnership to meet the program objectives • Actively participated in 3 OHT's vaccination strategies and programs • Improve risk of falls • Improve safety from Home Safety assessment completion • Decrease falls, medical error, hospitalization • Improve safety through enhanced on site supervision • Improve Care planning process • Improve Staff compliance through continuous training • Improve IPAC compliance for staff and 	        
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		<p>emergencies ensure timely and appropriate response.</p> <ul style="list-style-type: none">• Policy exists for service withdrawal in situations where continuing service would present an unacceptable risk to the service provider, or the expectations and/or needs of the client go beyond the capabilities of the service. Alternate service for client is arranged where possible.• Established reporting procedures including field staff & field supervisors' reports to service coordinators/supervisors & service coordinators reports to funders monitor changes in client condition, status, and functioning.• Developed an organizational Falls Prevention Strategy and Programs for the implementation by the different service departments.• Adopted integrated			<p>client</p> <ul style="list-style-type: none">• Client experience and satisfaction	
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		<p>care model (based on Program for Inclusive Care for the Elderly, U.S.) since 2013. Evolved and spread the model of care to Carefirst INTEGRATE model to provide seamless, wrap around integrated care to serve the clients with complex care needs.</p> <ul style="list-style-type: none">• Expanded the integrated circle of care by working with the acute care hospitals, and the primary care sectors, e.g. Carefirst Family Health Team, to address the needs of complex care clients. (NEW)• Expanded Carefirst's spectrum of services, e.g. to include the Transitional Care Centre, Chronic Disease management Programs, and the mobile Geriatric Assessment and Intervention Network Clinic, to address the needs of complex care clients and their families.				
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		<ul style="list-style-type: none"> Converted to virtual care platform to supplement client care monitoring and enhancing clients' access to care services, e.g. virtual home exercise and health education Expanded partnership with 24 local service agencies to roll out High Priorities Community Program to support the COVID-19 hot zone area of south Markham Supported several OHTs' COVID-19 vaccination programs, including stationary and pop-up vaccination clinics (Scarborough OHT, North York Toronto Health Partners, and East York Region and North Durham OHT) 				
<ul style="list-style-type: none"> <u>FACILITY BUILDING MANAGEMENT</u> Policies & Procedures Review Facility Management Manual and Procedures Risk Assessment 	<ul style="list-style-type: none"> Emergency preparedness/ Pandemic Contingency Plan Policies & Procedures Federal & Provincial Legislation and Regulations, Municipal By-laws 	<ul style="list-style-type: none"> Building Maintenance Committee monitors the Risk Management Plan in Facility Management. Contracts a professional facility management company to support 	<ul style="list-style-type: none"> Building Committee Finance Department Facility Management Department Contract Management Companies – the Comfield management Inc. and 	<ul style="list-style-type: none"> Cleaning method according to Spaulding classification Cleaning procedures in place in IPAC manual 	<ul style="list-style-type: none"> Log sheet available for auditing Record of annual staff training on cleaning procedures 	 

<p>Collection & Planning</p> <ul style="list-style-type: none"> • Emergency Preparedness Plan • Relevant equipment maintenance manuals and contracts • Relevant insurance certificates • Infection and prevention control during COVID-19 pandemic 	<ul style="list-style-type: none"> • Risk Assessment Collection & Planning • Organization’s Risk Management Plan Manual • Accreditation Program • Risk Assessment Collection & Planning • COVID-19 management manual • IPAC policies and procedures (revised version) 	<p>the facility building management of the new building at 300 Silver Star Blvd, Scarborough</p> <ul style="list-style-type: none"> • Set up a Facility Management Department in providing the day-to-day maintenance of the new centre and other off-site facilities • The Facility Management Department puts a process (i.e. Identify, Document, Plan, Deploy) in place to manage risks and to reduce the likelihood of accidents or failure events and to MINIMIZE the consequences of accidents or failure events. • The Building Committee sets aside an annual budget and Repair and Maintenance Reserve Fund to address all issues of risk management, repair and maintenance issues that are related to the building facilities so that when 	<p>other related vendors</p> <ul style="list-style-type: none"> • Facility Manager • Office Managers • Program Directors • Service Unit Staff • IPAC team 			
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		<p>these events do occur that the result will be fail safe or have minimum impact on the operation of the organisation.</p> <ul style="list-style-type: none"> Management Team and Facility Management worked with the local Hospitals (Scarborough Health Network and North York General Hospital) in the set-up of the COVID-19 vaccination program in regards to all protocols and staff training of the vaccination program (NEW). 				
<ul style="list-style-type: none"> <u>INFORMATION & TECHNOLOGY MANAGEMENT</u> Technology Privacy & Security New technologies, IT equipment, privacy and security of organizational records, including health records Cyber security 	<ul style="list-style-type: none"> IT Policies and Procedures Privacy and Confidentiality Policies and Procedures Cyber security checklist and audit report 	<ul style="list-style-type: none"> Carefirst develops and enforces policies/procedures in minimizing any breach of privacy legislation/breach of confidentiality Carefirst develops policies and established practices of data back up in case of system breakdown/network breakdown and data recovery (ref.: Disaster 	<ul style="list-style-type: none"> IT Committee Service Quality and safety Committee IT Team IT Team 	<ul style="list-style-type: none"> Jan-2022 completed Jan-2022 completed 	<ul style="list-style-type: none"> All IT policies reviewed and approved. Privacy and Confidentiality Policies reviewed and approved. Annual IT security audit completed and remediation plan created, if vulnerability found. 	  

<ul style="list-style-type: none"> Migration to new client information management system (Alayacare) 		<p>recovery/emergency preparedness policies)</p> <ul style="list-style-type: none"> Carefirst develops and has in place policies and protocols to protect any leakage of health information, personal information – safekeeping and disposal of patient records Carefirst has installed tools and software to protect from cyber attacks. The organization develops and has in place policies and protocols to protect cyber security. Conduct cyber security audit by an external provider Upgrades of client information management system from CIMS to Alayacare 		<ul style="list-style-type: none"> Jan-2022 completed cyber audit by an external provider Migration to Alayacare in process fiscal 2023/2024 	100% successful migration to Alayacare	
<ul style="list-style-type: none"> <u>ORGANIZATION-WIDE</u> Risk Management Policies & Procedures Review Emergency Preparedness Plan Records Management 	<ul style="list-style-type: none"> Emergency/Contingency Plan Policies & Procedures Federal & Provincial Legislation and Regulations, Municipal By-laws Governance Total Quality Management 	<ul style="list-style-type: none"> Annual review and update of on-line quality risk management policies, procedures and manual. Emergency preparedness plan is reviewed bi-annually 	<ul style="list-style-type: none"> Administration Office Administration Information Management Team ED, H.R. Supervisor, All Service Units, Team Leaders - QI Work Group. 	<ul style="list-style-type: none"> 11. Ongoing, meeting bimonthly 	<ul style="list-style-type: none"> 80% of membership agreed the Council has the opportunity to promote client Client experience and satisfaction 	<ul style="list-style-type: none">   

<ul style="list-style-type: none"> Computer Security Cyber Security Privacy Confidentiality Performance Management and CQI Programs Service/Quality and Safety Standards Relevant Legislations, e.g. workplace violence, and flu/COVID-19 vaccination policies (NEW) Contract Management re: Sub-contractors Board of Directors, Service Quality and Safety Committee, Local Service Quality and Safety Committee Accreditation Process Risk Management Program Evaluation Client/Family Advisory Council Relevant federal, provincial and municipal's COVID-19 pandemic legislations (NEW) Accreditation survey completion and review Patient Safety, Worklife pulse. 	<ul style="list-style-type: none"> Manual and Plan Accreditation Program Terms of reference of Client/Family Advisory Council Cyber security checklist COVID-19 pandemic work manual, 2020 (NEW) 	<p>and updated as required. Plan includes procedures in cases of weather and transportation related emergencies, system failures, office evacuation, etc.</p> <ul style="list-style-type: none"> Policies and procedures for information and records management include: consent and authorization, security, record retention and disposition. Chart audits are done to ensure completeness and accuracy of documentation. IT Officer and Program Directors oversee computer security, cyber security, and adherence to policy. Staff hiring, orientation, and ongoing education include a focus on confidentiality issues. Performance monitoring system has been developed and continues to be refined, reviewed and enhanced on an 	<ul style="list-style-type: none"> All staff, ED, Quality Improvement Associate, Team Leaders - QI Work Group. Joint Management Committees Board of Directors Standing Committees All staff & Board Client/Family Advisory Council IT Committee 	<ul style="list-style-type: none"> IPACC procedures are updated in alignment to Ontario Health recommendations or legislation annually or ad hoc during pandemic 	<ul style="list-style-type: none"> Cost per unit services Cost per client serviced Alternative level of Care days Wait time for services Staff retention rate Access to integrate service Staff Vaccination rate High risk population serviced Decrease falls, medical error, hospitalization Improve safety through enhanced on site supervision Improve Care planning process Improve Staff compliance through continuous training Improve IPAC compliance for staff and client 	              
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		<p>ongoing basis. A number of risk related indicators (e.g. occurrences) are included in the monitoring system that is reported on quarterly. The tracking of these indicators, and other statistics that are monitored on a monthly basis, allows for timely identification, investigation and follow-up actions to resolve and manage problems/risk. Service processes and outcomes are assessed continuously and opportunities for improvement are addressed as they become identified.</p> <ul style="list-style-type: none">Carefirst maintains its own high quality standards and strives to meet and exceed those set out by others, such as Regional Ontario Health, Home and Community and Community Support Services (HCCSS) and other funding			<ul style="list-style-type: none">Client experience and satisfactionIPACC meeting monthlyStanding agenda item in Program Committee meeting, SQSC.IPAC chair siting in IPAC Community of Practices for ongoing information update provide by consultants	<div></div> <div></div> <div></div> <div></div>
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		<p>organizations, and the Accreditation Canada.</p> <ul style="list-style-type: none">• Carefirst complies with all relevant legislations. We receive updates on any recent changes to relevant legislation through communication with the Ministry of Health, Ontario Health (OH), Home and Community and Community Support Services (HCCSS), Ontario Community Support Association (OCSA) and our funding organizations. Retained consultants and legal advisors also assist in alerting us to legislation requirements.• Carefirst monitors and ensures the adherence to high quality standards by sub-contracted agencies. Policies and procedures exist around communication and reporting between Carefirst and primary contractors. Also, we have Joint				
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		<p>Management Committees to exchange information and address any issues.</p> <ul style="list-style-type: none">• Carefirst has a proactive and active Board of Directors and relevant standing committees (HR and Service Quality & Safety Committees) representing a wide range of valuable expertise and experience. Governance Members are clearly committed and well aware of their important role. Governance effectiveness is assessed on a regular basis with opportunities for improvement addressed in a timely manner.• Carefirst monitors and evaluates its Risk Management Program and makes modifications to improve it as indicated.• Carefirst develops and engages the clients/families by				
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		<p>establishing the Client/Family Advisory Council in 2016 to ensure services caters to the changing needs of the clients and aging population. The organization is evolving in its engagement of the clients and families in different levels, e.g. clients and families are participating in the Program Committee in co-designing the services and program evaluation.</p> <ul style="list-style-type: none">• Carefirst reviews, updates its emergency preparedness plan, develops a new COVID-19 pandemic work manual, as well updating relevant IPAC and vaccination policies and procedures for enforcement during the pandemic across the organization to protect its staffs, clients and volunteers during the pandemic.				
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- In addition to the Client Safety and Risk Management components outlined in the table above, the Risk Management Program at Carefirst includes identification, assessment, management and prevention of potential and actual risk. Staff education and awareness is central to a successful Risk Management Program such that all staff understand their role and responsibilities to identify, minimize, eliminate and prevent risk, especially during the past three years of the unprecedented COVID-19 pandemic.
- This document is updated on October 27, 2023 by Carefirst Management Team.