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RISK MANAGEMENT

PURPOSE

The Risk Management Program is a facility wide systematic process of identification, assessment, action implementation, and evaluation of actions taken to prevent, minimize and manage clinical, administrative, environmental, occupational health and safety risks within the facility.

The focus of the risk management program is two fold:

1. To ensure an optimal quality of life for resident's, staff and visitors in the safest possible environment.
2. To minimize the potential for financial liability which could result in significantly increased operating cost of the facility.

The need for an effective risk management process is heightened due to the multitude of physical and mental disabilities of our residents. Injuries can affect the resident's quality of life and ability to function at his/her potential, and result in increased morbidity rates. Similarly, the work involved in a long-term care facility and the potential for work related injuries could lead to significant risks for staff. We recognize the importance of family members, visitors and volunteers in the enhancement in the quality of life of our residents and workplace, and we are responsible to ensure that systems are in place to identify, prevent and minimize risks for everyone who enters our workplace.

The administrator is responsible for ensuring the development, implementation, and evaluation of the facility wide risk management program. The administrator is also responsible for providing current information regarding risk management strategies and actions, and to ensure that systems are in place to prevent or minimize risk to residents, staff and visitors.

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OBJECTIVES

1. Development of a risk management program which incorporates a facility wide systematic process of identification, assessment and implementation of action to manage risks to residents, staff, visitors and the environment.
2. Implementation of a comprehensive risk management program, incorporating residents and their environment, administrative activities, occupational health and safety, and human resource management.
3. The establishment of policies and procedures relating to risk identification, risk assessment and action to manage and prevent risk occurrences.
4. Monitor and evaluate risk management activities by all departmental supervisors, committee members and all staff.

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THE FUNDAMENTALS OF RISK MANAGEMENT

The process of risk management can be broken down into a number of fundamental components that include:

- Identification of the facility's risks
- Assessment of relative importance of each of these risks
- The action taken to prevent or manage these risks

The success of risk management efforts is dependent on the facilities organizational ability to implement each component in a comprehensive and balanced manner.

Risk management is a term and process developed in industry more than 30 years ago and frequently associated with insurance and claims management. In the health care environment, however, risk management extends beyond this limited financial focus, to encompass all elements that directly and indirectly affect the safety and well being of residents, facility employees, other professional associate staff, and visitors. Risk management is thus concerned with resident care, the protection of human, physical, financial and information resources as well as with the general credibility of the facility and the professionals working in it.

The scope of risk management is much broader than that of continuous quality improvement programs, since the latter focuses on evaluation of care delivery process and facilitating positive outcomes.

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IDENTIFICATON OF RISKS

The prevention of professional malpractice and management of claims is not the only focus of the total risk management program. The identification of all risks associated with the physical resources; the provision of a high standard of resident care; employee, resident and visitor safety; human resources; and the need to promote an awareness of resident care activities at the board level. Our commitment to a total risk management program has led us to identify all these areas and prepare an inventory of existing mechanisms for the identification of risks. This approach allows us to build on our existing activities, prevent unnecessary duplication with new programs; pinpoint gaps and encourages a comprehensive approach to the management of risks. Building on existing strengths makes the development of risk management programs economically feasible, and acknowledge the wealth of structures and resources already at our disposal that can service as the basis of a formalized total risk management program.

RISK IDENTIFICATION AND CONTINUOUS QUALITY IMPROVEMENT PROGRAM

The results of the continuous quality improvement reviews are useful in the identification or risks, for residents and employees. The information pinpointed in these reviews can assists us to pinpoint problems, training and educational deficiencies, non-compliance with standards and best practice policies, communication failures and potential claims.

A partial list of sources of identification common to both risk management and continuous quality improvement includes:

- Chart reviews
- Recommendations from the Ministry of Health and Long Term Care
- Recommendations from Public Health
- Credentialing procedures
- Health and Safety inspections
- Incident reporting system

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Identification of Risks continued...

Facility committees that play a role in the identification of risk include:

- Medical records committee (Professional Advisory Committee)
- Ethics Committee (PAC)
- Wound and Skin Management
- Nutritional Risk
- Resident Council
- Health and Safety

Staff that provide information on both continuous quality improvement and risk management include:

- All managers
- Infection Control Nurse
- Medical Director
- Residents and their representatives
- Continuous Quality Improvement Chairperson
- Consultant Pharmacist
- All staff working in every department of the home.

RISK IDENTIFICATION AND RESIDENT/FAMILY RELATIONS

The effectiveness of resident/family relationships can have significant implications for the quality of care being delivered in the facility and does reflect on the general reputation of the facility.

Resident/family complaints and concerns are a valuable source of information about problems and thus a source of risk identification. Action taken after a complaint has been received can reduce the risk of financial loss to the facility, while fulfilling the primary mandate of a resident representative that is to act as an advocate for the resident.

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Basic categories of complaints useful to the facility include the following:

- Complaints pertaining to physicians
- Complaints about available services
- Complaints about access to information
- Complaints about infringements on residents rights
- Complaints pertaining to any facility staff
- Complaints related to hotel services in the health care institution
- Complaints related to services from the finance department

RISK IDENTIFICATION AND SAFETY AND SECURITY

The safety component of a risk management program should include environmental safety and security risks and occupational health and safety.

OCCUPATIONAL HEALTH AND SAFETY:

The identification and follow up of employee related risks are beneficial to both the employee and the facility because it protects human and financial assets. Hazards that can affect the health or safety of employees also pose a risk to the facilities assets because of lost working hours, the cost or replacing or retraining staff and WSIB claim cost. Occupation health and safety risks can be identified in the following ways:

- Statistical reports on staff injuries
- WSIB claim reports
- Environmental reports on the worksite risks such as biological hazards, chemical/gas hazards and equipment problem
- Employee complaints pertaining to compliance with procedures, communication problems and unsafe working conditions

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ENVIRONMENTAL SAFETY

Environmental problems pose a risk to the safety of resident, employees, and visitors and to the financial viability of the facility. Risk of loss caused by the environment can be identified through the following:

- Safety/fire inspection results
- Fire drill reports
- Physical facilities review
- Property claims review
- Equipment review and maintenance reports
- Federal government and manufacturer alert notices regarding products and supplies
- Electrical safety systems and hazard identification
- Reports from public health inspectors
- Occupational health and safety reports
- Reports from the Ministry of Health and Long Term Care
- Review of employee complaints pertaining to environmental problems

THE IDENTIFICATION OF SECURITY RISK

The Administrator coordinates all efforts directed at the identification and management of safety and security risks. The Administrator ensures that systems are in place to provide a safety environment for residents, staff and visitors and to protect the facilities assets. Security reports and statistics in a number of areas can assist the facility to identify their risks and in determining where efforts should be focused:

- Reports on theft
- Reports on missing or vandalized property
- Reports on property damaged from environmental problems such as floods and electrical failure\

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- Assaults, threats and disputes
- Reports on break ins
- Reports on motor vehicle accidents on the property
- Bomb threats
- Reports on any matters that may result in an insurance or liability claim
- Review of planned emergency evacuation procedures
- Result of simulated resident search procedures
- Results of disaster drills
- Review of any police reports
- Review of trends in security incidents.

IDENTIFICATION OF LIABILITY RISKS

Risk management is concerned with the prevention of loss by minimizing the occurrence of claims. It is also concerned with efforts to minimize the extent of liability in the event the facility is held responsible for a claim. The following sources of information can be used to assist in the identification of liability risks:

- Provincial / federal/legal precedents and trends
- Review of previous claims and settlements
- Review of significant incidents in the facility
- Review of contractual agreements within the facility
- Examination of the adequacy of insurance coverage for professional liability, directors, officers' liability, WSIB, employees dishonesty and civil liability
- Examination of previous insurance records and claims success
- Review of the success of liability reduction programs
- Review of incident reports and policies and procedures to determine are all standards and criteria are being met

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RISK ASSESSMENT OR ANALYSIS

Risk analysis can be subdivided into three methods. The first involves the evaluation of individual incidents to determine causality. The second method is global analysis, which involves the institution wide evaluation of risks to establish priorities for management, and the third method of analysis involves and organization wide audit of risk management and intervention strategies.

RISK ALAYSIS OF INDIVIDUAL OCCURRENCES

Each incident should be analyzed to determine causality and the appropriate remedial action. The process can be facilitated by including descriptive criteria on the incident report, such as time and location on the incident report, and the environmental circumstances that may have contributed to the occurrence of the incident. By examining these criteria, the staff member and the immediate supervisor should be better able to evaluate why the incident occurred and to develop strategies to prevent a future occurrence. In addition to determining why the problem has occurred, risk analysis can help to assess the chance of repercussions arising from a particular incident.

RISK ANALYSIS FROM A GLOBAL PERSPECTIVE

The analysis of risk refers to the process of determining the possibility and probability of loss in relation to a given hazard. Analysis is undertaken by reviewing and categorizing data over a given period of time using different criteria.

Risk is analyzed as a function of frequency and severity. The frequency refers to the number of times an incident occurs within a given period of time. The severity of the incident is a measure of the potential as well as of the actual impact that an event has had on an institution. Factors that should be taken into consideration when determining the severity factor include estimated time and cost to correct the risk, potential liability, potential for recurrence and public interest regarding risk.

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Risks that are classified as **High Frequency – Low Severity Risks** include resident falls and medication errors as the most common. Few results in injuries and even less result in successful claims against the facility. To manage limited resources, incidents of high frequency but low severity should take a lower priority than incidents of higher severity, regardless of visibility in the organization.

Risks that are classified as **Low Frequency – Low Severity Risks** involve low frequency or recurrence and both the actual and potential severity are low, the resources commitment in the management of these risks should also be low. While these incidents are not the focus of risk management efforts, an evaluation is useful to determine if there are gaps in policies and procedures or in the general provision of health care that require attention. An example of an incident that occurs with low frequency and low severity is loss or theft of items from the nursing units.

Low Frequency – High Severity Risks are those incidents occurring with low frequency, but very high severity and these incidents should be the focus of loss control efforts in the facility. An example includes a resident fall that results in fracture or death. When these events occur, the outcome can be devastating.

High Frequency – High Severity Risks are indicative of a very serious problem within the organization. An example is a series of unexplained deaths occurring over a short period of time, such as during an outbreak. Although we are rarely faced with incidents occurring at high frequency and high severity, it is recommended that planning for such an event be undertaken in much the same manner in which disaster planning is undertaken.

RISK ANALYSIS THROUGH AN ORGANIZATION WIDE AUDIT

An organization wide risk evaluation should occur on an annual basis. The facilities insurance portfolio, for example should be reviewed annually to assess its adequacy of coverage. The fire inspection report should also be reviewed annually. Departments should evaluate their internal risks, formulate their specific objectives and departmental priorities and formulate their action plan on the basis of the evaluation.

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An inventory of risk control mechanisms should be undertaken and reviewed every two years. The risk manager should collaborate with various safety, quality assurance and medical staff committees to ensure that risk management issues are not only reported but also evaluation and acted upon using the organizations committee system. The items that should be audited include:

- Departmental policies and procedures
- Committee membership
- Auditing procedures
- Medical bylaws, rules, and regulations
- Equipment reviews systems
- Material management product evaluation
- Infection control
- Senior management direction and participation
- Staff selection and participation
- Orientation and continuing education sessions
- Admitting and identification procedures
- Use of consent forms
- Documentation and record keeping
- Quality Improvement programs
- Incident reporting system
- Programs designed to reduce WSIB claims and penalties
- Emergency and disaster planning
- Security program evaluation and development (IT)

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MANAGEMENT OF RISK

After the identification and investigation and analysis of actual and potential risks has occurred, steps should be taken to select or develop the best way to address these identified risks. Following the implementation of a program, the results of the activities should be monitored and revised. Risk management strategies include risk avoidance, risk retention, risk reduction or elimination and risk shifting or transfer.

Risk avoidance refers to the conscious decision by an organization to eliminate a particular activity because the risks that are posed outweigh the benefits. To avoid a risk, one must refrain or withdraw from an activity.

Risk Retention occurs when the facility assumes the financial responsibility for all losses. Risk retention occurs when an institution decides to assume the financial risk rather than obtain insurance because the cost of the coverage is greater than the anticipated loss.

Risk Reduction or Prevention involves investigating incidents and developing policies and procedures that will reduce or prevent the risk from occurring, and example includes back injury prevention programs, needle stick injury education and prevention strategies.

A risk management program can help to coordinate and strengthen these activities.

A few of the many strategies available for reducing risk include:

- Implementation of policies and procedures
- Introduction and review of safety equipment
- "Hold harmless" clauses in contracts
- Meaningful credentialing and reappointments
- Occupational health and safety programs, including back care and lifting sessions, safety disposal of sharp instruments such as needles
- Environmental safety programs, including monitoring of renovation activities, monitoring or hazardous materials, routine checks of the emergency power generators
- Security programs including, evacuation plans and drills, systems for the protection of resident valuables, plans for searching for lost residents
- Early warning systems and monitoring systems

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Risk Shift or Transfer occurs when a health care organization shifts the “burden of financing pure risk to a third party” in order to reduce or eliminate liability for particular activities. The Risk Manager must be constantly aware of the risks imposed upon the facility by individuals and take advantage of opportunities to reduce these risks. Independent contractors, such as physicians, repair workers and so forth should be required to provide proof of insurance coverage to reduce the liability facing the institution. Another method of risk shifting is the use of “hold harmless” clauses. Informed consent is another method of risk shifting.

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RISK MANAGEMENT/SENIOR MANAGEMENT

PURPOSE

To ensure that the facility's responsibilities with respect to quality of care and safety for residents and visitors are properly carried out, and that an institutional wide awareness of the need of risk management in organizational functions be maintained.

RESPONSIBILITIES

The key responsibilities of the risk management/senior management can be summarized as follows:

1. To ensure that review mechanisms are in place to assess the quality of care provided to the residents at the facility.
2. To ensure that the outcome of these reviews considered and that appropriate changes to policies and procedures or educational programs are initiated to correct problem area.
3. To ensure that potential risks and untoward incidents facing the health care facility, its residents, visitors, employees and associates are systematically identified.
4. To ensure that potential risks, untoward incidents, and related patterns are systemically and thoroughly investigated to determine their causes.
5. To ensure that corrective measures are taken to prevent the occurrence and recurrence of untoward incidents and to correct and/or contain the effects of such incidents.

To ensure an institution wide awareness program exists on the subject of risk management including quality improvement.

MEMBERSHIP

Administrator
All Senior Managers
Staff involved in Committees

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Resident Representatives through Resident Council

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MEETING

The risk management committee meets at least quarterly in conjunction with Professional Advisory Committee

MINUTES

Minutes of all committee meetings are recorded and posted for staff to review.

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ROLE OF RISK MANAGER

IDENTIFICATION OF RISK

1. To maintain an inventory of mechanisms used in the identification of risks for all departments and services.
2. To implement or coordinate mechanisms for risk identification where gaps exist in the system.
3. To verify the effectiveness of the various risk identification mechanisms.
4. To provide all senior managers with an understanding of the actual and potential risks.

EVALUATION OR ANALYSIS FUNCTION

1. To verify that all incidents are evaluated or analyzed by the individual concerned and their respective supervisor.
2. To act as a resource individual to assist staff in the evaluation or analysis of risks specific to their particular department or service.
3. To undertake or coordinate a trend analysis of statistical reports for the detection of problems and risks in the different areas of the facility.
4. To rank the various risks facing the facility to ensure that appropriate financial and time resources are invest to their management.
5. To report results of evaluations or investigations to the Continuous Quality Improvement Committee and all senior managers.

TREATMENT (CORRECTION / PREVENTION) FUNCTION

1. To coordinate institution wide efforts directed at the reduction, avoidance or elimination of identified risks.
2. To act as a resource for departments and services in choosing appropriate strategies for the treatment of risks.
3. To establish a sense of risk awareness among staff.

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4. To communicate the manner in which the risks are being corrected/prevented to the CQI committee and all senior managers.

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NATURE AND SCOPE OF THE RISK MANAGERS ACTIVITIES

The specific activities undertaken by the Risk Managers will vary. There are, however, a number of basic functions that are common, including the management of incidents, reporting of resident care activities, handling the insurance portfolios and claims, and activities related to the risk management committee.

INCIDENT MANAGEMENT

Every incident that has occurred within the facility should be reviewed, regardless of whether there is an adverse outcome. The risk manager plays an important role in coordinating this review process. The activities of the risk manager in incident management include, but are not restricted to, the following:

1. To establish policies and procedures for incident reports including the purpose, the definition of a reportable incident, information to be included, the routing, the analysis and follow up of incident reports.
2. To review a copy of all resident related, occupational health and safety and security incidents within 24 hours of their occurrence to ensure the rapid identification and follow up of situations representing liability exposure to the facility.
3. To follow up with the department or service to ensure the required identification, analysis or corrective action has been undertaken.
4. To facilitate the communication and cooperation required for timely problem resolution for those instances where circumstances surrounding the incident involve a number of disciplines or services.
5. To inform all senior management, CQI Committee members, insurers and legal counsel of all significant incidents.
6. To develop an information base of incidents data to determine trends and pinpoint problem areas and potential risks within the facility.
7. To liaise with the resident representatives regarding the appropriate management of resident/family complaints.

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Insurance Management

Insurance claims and management are fundamental to loss control, and it appears logical to integrate these activities into the risk manager's duties. Management of the insurance portfolio should include:

1. To manage the insurance portfolio and ensure adequate coverage for the building and contents, the directors, employees, volunteers and other staff.
2. To inform staff of the insurance coverage provided to, or required from them, and the conditions and limitations of the facilities various policies.
3. To secure proof of coverage from individuals and companies operating within, but not covered by the facilities insurance.
4. To identify non-insurable risks such as damage to certain computer software and certain natural disasters, and to ensure that the appropriate management of these risks is addressed.
5. To establish policies and procedures for management of claims falling below the facilities deductible.
6. To act as a liaison between the insurance adjustor and the facility, furnishing reports and assisting in the investigation of claims as required.
7. To analyze trends in claims and potential claims against the facility.
8. To review contractual agreements to ensure independent contractors are assuming their proper share of the liability exposure.
9. To keep the institutions senior management informed of changes in the insurance market and their potential affect on the institution.

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Claims Management

The risk manager is responsible for the management of all claims and potential claims. Encompassed within this responsibility are the following activities:

1. To establish institutional policies and procedures for the reporting and follow up of serious incidents and potential claims.
2. To report to senior management, legal counsel and the facilities insurers any incident or complaint representing an actual or potential claim against the facility.
3. To assist in the investigation and acquisition of documentation required for the defence preparation activities of the insurance company and of the facilities legal counsel.
4. To provide emotional support, information and assistance to staff members involved in any legal claim.
5. To monitor the progress of legal claims by regular communications with the facilities legal counsel and insurers.
6. To guide senior management in determining final settlements, where applicable.
7. To conduct educational sessions for staff outlining strategies for preventative claims management, such as maintaining proper documentation.
8. To submit annual report to the CQI / Risk Management Committee outlining liability exposure from current claims.

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Risk Management Programs and Activities

The Risk Manager coordinates facility wide programs directed at the ongoing monitoring and prevention / elimination of risks pertaining to resident care, environmental safety, occupational health and safety, resident relationships and security. Encompassed within this responsibility are the following activities:

1. To coordinate the flow of information between the various departments, services, committees and administrative groups responsible for carrying out risk management programs and activities.
2. To develop a mechanism whereby problems are identified and corrective actions monitored through to problem resolution.
3. To provide ongoing educational sessions on topics pertaining to risk management.

THE RISK MANAGEMENT COMMITTEE

The role of the Risk Manager regarding the committee includes the following:

1. To submit reports to the committee members on a monthly basis, including a summary of significant incidents, claims and potential claims, statistical reports and trend analysis.
2. To provide committee members with documentation outlining the risks facing the institution, an analysis of severity of these risks and details outlining how they are managed.
3. To inform committee members of changes in the external environment affecting the facilities risks and management of these risks. Changes in the external environment may involve fluctuations in the insurance market, legal precedents concerning medical malpractice, accreditation issues and legislative changes.

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MAJOR AREAS OF RISK MANAGEMENT ACTIVITIES

There are 9 major areas of risk management activities that are of concern to the facility. These include:

- Incident reports and significant incidents
- Management of Environmental Risks
- Occupational Health and Safety
- Physicians and Risk Management
- Resident Relationships
- Quality of Care and Risk Indicators
- Claims Management
- Communication and Education
- Administrative Risks

INCIDENTS AND INCIDENT REPORTING

An incident can be defined as any condition or occurrence that deviates from normal facility routine. The objective of the incident report is to document and inform management of all occurrences involving residents, visitors, staff or property with a view to identifying, resolving and preventing problems related to resident care and other services.

Incident reports are directed at all resident and non-resident related occurrences that deviate from the normal procedures of the facility. An integrated incident reporting system uses the same report form, policies and procedures, routing mechanism and system of follow up for resident related, security, occupational health and safety, and problems related to the physical environment. The advantage of this approach is that the flow of information is improved and the need for staff education about the use of the forms is greatly reduced. Since all information is centralized, it is easier to ascertain that the appropriate corrective action has been taken.

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Steps in the Integrated Incident Reporting System

1. The incident report is written by the staff member witnessing or involved in the incident.
2. The immediate supervisor reviews the incident report and the action taken is noted.
3. A copy of the incident report is placed in the resident medical record. A copy is sent to the risk manager and a final copy sent to the departmental supervisor.
4. The risk manager reviews the copy for potential litigation and for early detection of major problem areas.
5. The departmental supervisor's reviews the incident report to ensure that the appropriate corrective action has been taken and that further review is carried out if required. The follow up report is sent to the risk manager for review.
6. The risk manager reports to the resource individual responsible for security, quality improvement, resident complaints, occupational health and safety, environmental or administrative concerns for follow up.
7. The risk manager in consultation with the above mentioned resource determines which incidents are significant using the preestablished criteria. The appropriate resource personnel checks with the departmental manager involved with the incident to ensure that the follow up has been appropriate.
8. All significant incident reports must indicate the action that is being taken, and the incident is classified as resolved or unresolved. The expected date of completed follow up is noted where the incident has been classified as unresolved.

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9. The risk manager compiles the significant incident reports from the resource people on a monthly basis. All incidents are reviewed by senior management to ensure that agreement is reach on the corrective action taken and that the incident has been appropriately resolved.

10. The complied significant incident reports are reviewed the Risk Management, Continuous Quality Improvement Committee. The members of the committee have the right to reverse a decision that an incident is resolved and can request further information or follow up.

11. All incidents, which are classified as unresolved, are reviewed again in a one-month time period. All follow up is dated to ensure expediency. It is the responsibility of the Risk Manager to ensure that incidents are resolved quickly and appropriately.

INCIDENT REPORT STATISTICS

Statistical reports need to contain information on both resident related and non-resident related incidents. Non-resident related statistics include incidents in the areas of security, occupational health and safety, administration and the physical resources of the facility. Incidents are categorized on the basis of the following criteria:

1. Resident Care Related Incidents: falls, medication errors, absent without leave (AWOL), ward disturbances, policy/procedure infringement, and treatment delays.

2. Resident / Family Complaints: pertaining to care, resident rights, and physicians, nursing staff, other departmental staff, finance, medical records or hotel services.

3. Security: suspected theft, missing property, property damage, assault, threat, and fire.

4. Occupational Health and Safety: staff injuries, needle punctures, violence, falls, biochemical hazards, and service complaints.

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5. Physical Resources: biological hazards, chemical hazards, equipment or supply problems.
6. Administrative: staff complaints, lack of compliance with procedures, communication problems, unsafe conditions or acts and behaviour problems.

Incident report statistics should be compiled on a meaningful and timely basis. When carefully tabulated, they can detect problem areas and serve as a measure of program effectiveness. The statistics should be analyzed and interpreted on the basis of the severity and frequency of occurrence. In addition they should allow comparison and differentiation between periods of time.

INTERPRETATION OF STATISTICS

Monthly statistics are gathered and compared to events and incidents occurring throughout the year. Any increase in incidents is an indicator that requires investigation and follows up. The Continuous Quality Improvement and Risk Management Committee use the monitoring form for comparison of the rate of incidents.

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**RISK MANAGEMENT INCIDENT SUMMARY FORMS
(INSERT)**

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MANAGEMENT OF ENVIRONMENTAL RISKS

Environmental risk control activities include fire prevention, employee and resident safety, inspections, disaster preparedness, electrical safety and occupation health and safety.

RISK MANAGEMENT AND ENVIRONMENTAL RISKS

The advantages of including the risk manager in developing and monitoring environmental hazard control programs include the following:

1. Improved loss control through a systems approach
2. Coordination of safety programs
3. Liability control
4. Accountability

KEY FUNCTIONS IN THE MANAGEMENT OF RISKS

1. Identification of Environmental Risks including:
 - Incident reports
 - Biomedical engineering statistics
 - Correspondences from environmental agencies
 - Medical alerts from government agencies
 - Information from manufactures or distributors
 - Review of new technology introduced into the facility
 - Security reports
 - Insurance claims records
 - Recommendations from inspecting bodies
 - Fire inspection reports
 - Reviews by independent contractors and consultants
 - Maintenance records
2. Analysis and Investigation of Environmental Risks
All environmental risks must be evaluated in terms of the severity and frequency with which they occur. Monthly and annual statistical reports should be reviewed to determine possible trends and isolate problem areas.
3. Treatment or Action to Deal with Environmental Risks
The treatment or correction, reduction or prevention of a particular environmental risk is dependant on the frequency with which the risk occurs, as well as the degree of severity that it represents relative to other risks. The strategy for

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managing the risk also depends on the difficulty cost of implication of dealing with the risk.

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OCCUPATIONAL HEALTH AND SAFETY

Occupational Health and Safety is an element of safety and security that is essential to the risk management program. Human resources, that is, all employees, medical staff, volunteers and students are the most sizable and costly assets in the facility. They are the key to providing quality service and should be regarded as an investment made by the facility.

The World Health Organization defines occupational health in the following manner:

- The promotion and maintenance of the highest degree of physical, mental and social well-being of workers
- The prevention among workers of ill-health caused by their working conditions
- The protection of workers in their employment from risks resulting from factors adverse to health
- The placing and maintenance of workers in occupational environment adapted to their physiological and psychological condition.

The goal of incorporating occupational health and safety into the risk management program are:

- To maintain employee productivity
- To reduce the costs of work accidents
- To reduce worker absenteeism

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KEY FUNCTIONS OF RISK MANAGEMENT AND OCCUPATION HEALTH AND SAFETY

1. Identification of Health and Safety Risks:

- Occupational Health and Safety Audit to identify risk areas
- WSIB claims investigation
- Absenteeism monitoring
- Prevention and management of high risk accidents
- Policy and procedure reviews
 - Preventative Back Injury Programs
 - Burnout and stress reduction programs
 - Employee Assistance Programs
 - Employee Incident reporting
 - Infection Control Prevention program
 - Analysis and Investigation of Risks

2. All occupational health and safety issues must be reviewed to their frequency and severity with which they occur. Monthly and annual statistical information is reviewed to determine trends and isolate problem areas.

3. Treatment or Action to Deal with Health and Safety Risks

4. The treatment or correction, reduction or prevention of a particular occupational health and safety risk is dependant on the frequency with which the risk occurs, as well as the degree of severity that it represents relative to other risks. The strategy for managing the risk also depends on the difficulty cost of implication of dealing with the risk.

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PHYSICIANS AND RISK MANAGEMENT

It is advantageous for both physicians and the facility to work together in risk management efforts. Legal claims and other risk management concerns affect both groups.

The medical staff actively participates, as appropriate, in the following risk management activities related to resident care and safety:

- The identification of areas of potential risk in resident care and safety
- The development of criteria for identifying cases with potential risk in resident care and safety and the evaluation of these cases
- The correction of problems in resident care and safety identified by risk management activities
- The design of programs to reduce risk in resident care and safety.

The medical staff practicing in the facility participates in the following manner:

- Participating in education for staff, residents and family members
- Assessing medical care provided, peer reviews and audits
- Utilization reviews
- Admission Committee involvement and participation
- Infection Control Committee involvement and participation
- Professional Advisory Committee involvement and participation
- Medical Records Committee involvement and participation
- Annual Credentialing
- Annual Contract renewals
- Resident and Families Relationships
- Detection of Adverse Resident occurrences
- Drug Utilization Reviews
- Review of Death and Discharges

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RESIDENT / FAMILY RELATIONS

Good customer relation's techniques help the facility to identify any areas of weakness in its resident care services, its treatment or other services and this information is incorporated into the risk management program. Resident relations can be used to assess the resident's satisfaction with treatment, care and overall service in the facility.

KEY RISK MANAGEMENT FUNCTIONS IN RESIDENT / FAMILY RELATIONS

1. Identification of Risks:
 - Resident / Family Satisfaction Questionnaires
 - Complaint and Concerns
 - Resident Council Minutes
 - Clear policies and procedures
 - Informed Consent
 - Advanced Health Care Directives
 - Resident Bill of Rights
2. Analysis and Investigation of Risks
3. All resident relation issues must be reviewed to their frequency and severity with which they occur. Monthly and annual statistical information is reviewed to determine trends and isolate problem areas.
4. Treatment or Action to Deal with Resident Relations Issues
5. The treatment or correction, reduction or prevention of a particular resident relation issues is dependant on the frequency with which the issue occurs, as well as the degree of severity that it represents relative to other issues and risks. The strategy for managing the issue also depends on the difficulty cost of implication of dealing with the risk.

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ADMINISTRATIVE RISK

Specific administrative steps to reduce risk of financial loss include:

1. Ensuring all polices and procedures are dated, current and in place for staff use.
2. Promoting and reviewing the Continuous Quality Improvement Program results and recommendations.
3. Annual review of departmental goals and objectives
4. Ensure MOHLTC standards and regulations, directives and guideline are known and followed in the facility.
5. Ensure Medical Bylaws and regulations are clear and limit liability of the facility.
6. Ensuring senior management is aware of the laws, decrees and regulation covering the facility
7. Ensuring all contracts are up to date and signed by the appropriate legal authorizing personnel.
8. Credentialing all staff as required.

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RISK MANAGEMENT METHODOLOGIES

The following is a list of methodologies used within the facility to monitor and assess for risks. Risk monitoring activities are not limited to actions noted within the list:

1. Daily observation and supervision
2. Workload measurement assessment and staffing pattern review
3. Review mission, vision and value statements
4. Review policies and procedures
5. Review staff development program as identified by staff need and required programs
6. Review needs as identified by individual performance appraisals
7. External reviews, recommendations and findings
8. In-house committee reports and minutes
9. Quality improvement audit results and action reports
10. Preventative maintenance schedules
11. Contracts and agreements
12. Emergency disaster planning
13. Identification of risks, resident specific, and resident care plan reviews
14. Departmental systems review
15. Input from staff, associates, residents and families
16. Occupational Health and Safety inspections, committee meetings and minutes
17. Infection Control statistics

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- 18. Drug utilization statistics
- 19. Medication error reviews
- 20. Morbidity reviews
- 21. Professional credentialing
- 22. Staff absenteeism reviews
- 23. WSIB claims management

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INDICATORS OF RISK

The following is a guideline to assist in identifying areas of potential risks. Examples of indicators of risks have been given. These lists comprise examples only and are to be used as a means to identify and become familiar with indicators of risks.

RESIDENT CARE RISKS

1. Poor resident positioning
2. Aggressive, agitated behaviour
3. Wound and skin breakdown rate
4. Falls rate
5. Medication error rate
6. Drug utilization reviews
7. Drug interactions
8. Bruises and skin tears
9. Infection rate
10. Hot weather related illnesses
11. Ineffective identification of residents
12. Exit seeking rate
13. Lost resident
14. Ineffective identification of wandering residents or wandering risk
15. Ineffective lifting techniques
16. Inappropriate staff / resident interactions
17. Inappropriate staff / family interactions
18. Inappropriate staff / staff interactions
19. Call bell or door alarms not attended to
20. Insufficient staff / resident ratio
21. Decline in resident Activities of Daily Living functioning
22. Decline in resident mobility
23. Choking incidents
24. Weight loss
25. Inappropriate or incorrect diet
26. Delayed response to change in residents condition
27. Ineffective pain assessment and management
28. Dehydration

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ENVIRONMENTAL RISKS

1. Door alarms malfunctioning
2. Call bells malfunctioning
3. Lack of preventative maintenance program
4. Cluttered building
5. Accumulated waste
6. Poor waste management or pest control
7. Insufficient or malfunctioning safety devices
8. Use of wet floor signs
9. Inadequate monitoring of hot water temperatures
10. Improperly labelled chemicals according to WHIMS
11. Equipment broken, soiled or improperly used
12. Urine odour
13. Exit doors propped open or left unattended
14. Linen in poor condition
15. Accumulated soiled linen
16. Resident clothing wrinkled, soiled, inappropriate
17. Resident clothing not labelled appropriate
18. Snow / ice removal ineffective
19. Delayed response to fire drills
20. Inadequate property insurance
21. Property claims review
22. Safety and fire inspection results
23. Fire drill reports

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SECURITY RISKS

1. Theft
2. Missing property
3. Vandalized property
4. Property damage as a result of environmental factors
5. Assaults, threats or disputes
6. Break ins
7. Police reports

ADMINISTRATIVE RISKS

1. Inefficient work schedules and routines
2. Untrained personnel
3. Poor defined job descriptions
4. Ineffective or insufficient staffing patterns
5. Ineffective disaster planning
6. Ineffective fire drills, evacuation and use of fire extinguishers
7. Lack of monthly fire equipment inspection and safety checks
8. Lack of annual fire department inspection
9. Lack of annual elevator inspection
10. Staff development program not addressing identified needs
11. Poorly developed policies and procedures
12. Ineffective departmental communications
13. Ineffective interdepartmental communications
14. Inappropriate nursing practice
15. Poor inventory and budgetary controls
16. Undefined lines of authority or responsibilities
17. Lack of continuity and consistency in care and services
18. Inadequate reference checks
19. Inadequate staff credentialing
20. Excessive absenteeism

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OCCUPATIONAL HEALTH AND SAFETY RISKS

1. Equipment in poor state of repair
2. Absent safety devices on equipment
3. Smoking policy not enforced
4. Unlocked medication carts
5. Unlocked housekeeping carts
6. Unlocked storage areas
7. Exit lights not illuminated
8. Unattended medication or housekeeping carts
9. Supplies not stored in appropriate areas
10. Infectious disease outbreak
11. Uncovered soiled linen carts
12. Poor food storage, preparation, handling, sanitation or serving techniques
13. Non compliance to WHIMS regulations
14. Staff injuries
15. WSIB claims
16. Time loss report
17. Biological hazards
18. Chemical or gas hazards
19. Employee complaints

RESIDENT AND FAMILY RELATIONS

1. Complaints and concerns
2. Infringement of resident rights
3. Lack of information regarding Substitute Decision Maker for both personal and financial care
4. Lack of Advance Directives
5. Lack of family involvement in care decisions
6. Lack of family involvement in recreation and leisure activities or special events

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QUALITY PLANNING

E.J. McQuigge Lodge has a quality program that is used for strategic and operational planning of all programs. The quality management program encompasses:

- ◆ Our Mission, Vision, Core Values and philosophy of continuous improvement.
- ◆ Administrator assigned to the role of quality leader with the help of the Staff Development/RAI Coordinator
- ◆ Activities for monitoring, reporting and evaluation of various programs are in place.
- ◆ Development of quality goals that fit our mission and vision and meet resident care and service needs
- ◆ Education of staff
- ◆ Resident and staff surveys are done on a regular basis. Results are posted and discussed at both Resident and Family Council.

Purpose

To ensure that processes are in place to monitor performance indicators and evaluate the efficiency and effectiveness programs, care and services provided.

To meet and exceed all requirements from the MOH required Quality Improvement Plan with a specific focus on falls, incontinence, pressure ulcers and restraints.

Policy Details

Assessing the level of consistency in quality across the organization is very important to strategic and operational planning. Quality information is used for planning, budget development and resource allocation.

Resources are used efficiently and effectively to improve the quality of services delivered. Interdisciplinary participation is a focus.

Our facility continually seeks resident/family and staff satisfaction and operational excellence through quality assessments in all areas.

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Process Guidelines

Focus areas for quality planning.

Resident-centered Care

- ◆ Resident focused mission statement
- ◆ Involving key stakeholders in the quality improvement program through satisfaction surveys and open-door policy
- ◆ Assessing high risk, high volume and potential problem situations regularly
- ◆ Patient Safety Culture
- ◆ Ethical Decision making
- ◆ Effective Resident Council involvement
- ◆ Monthly inservice training including sessions related to Teams and Quality Management
- ◆ Comprehensive Resident/Family Orientation and Information Packages

Continuous Improvement

- ◆ Strategic Plan with involvement of all stakeholders
- ◆ Annual Nursing Home Update Meeting by owner
- ◆ Departmental goals and objectives which are created to implement their part are achieving our strategic plan
- ◆ Outcomes Measurement, reviewing and analyzing quality reports and trends
- ◆ Communicating results and developments to Residents and Families
- ◆ Monthly operational and budget review
- ◆ Accreditation by CCHSA since 1985
- ◆ Training and Development of interdisciplinary teams
- ◆ Community Partnerships and benchmarking
- ◆ Research for Best Practices
- ◆ Analysis of contract provider utilization

Teamwork, Empowerment and Community Involvement

- ◆ Resident/Family and Staff involvement in decision making
- ◆ Staff Development Program
- ◆ Continuing Education encouraged and supported
- ◆ Peer Review Employee Committee

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- ◆ Partnerships with Educational settings
- ◆ Through the Access Centre linkages and partnerships are strengthened
- ◆ Health Promotion and Quality of Worklife are encouraged and supported
- ◆ Open-door Policy
- ◆ Information sharing through meetings, team boards, newsletters, website etc

Taking into account resident needs, resident involvement in care planning and engagement with the leadership of the facility particular indicators, identified by the Ministry of Health and Long Term Care are tracked and reported allowing for provincial benchmarks and comparisons.

Required indicators from the Quality Improvement Plan (QIP) are colour coded and tracked on a monthly basis. Stats are discussed at Quarterly Quality Improvement meetings and facility and provincial benchmarking comparisons are done with discussions for improvements from the interdisciplinary team.

For ease in identification Falls are tracked on purple paper QIP indicator.

Pressure Ulcers (new) on gold paper.

Worsening ulcers QIP indicator

Reduced Use of Restraints QIP indicator

Reduced worsening of Bladder Control QIP indicator

Reduction in Number of Emergency Department visits QIP indicator on blue paper

Urinary Track Infections on green paper

New indicators are added and as a result of discussions with the interdisciplinary team or from information tabulated from the RAI/MDS system.

The facility Quality Improvement Board, located in the staff room, has up to date information on Quality Improvement Activities including graphs with internal comparators, current activities and places for staff suggestions.

Satisfaction Surveys are posted for staff review.

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QUALITY MANAGEMENT

A set of activities that are carried out to set standards used to monitor and improve performance so that the care and services provided will satisfy stated or implied needs. These processes don't "assure" quality; they are tools used to assist with the management of quality.

QUALITY MANAGEMENT PROGRAM

The Quality Management Program at E.J McQuigge Lodge provides the framework for the development and implementation of an integrated Quality Management system.

Our overall quality objective is to provide and implement appropriate quality management systems and processes to ensure the delivery of the highest practicable quality care and service to our residents.

A quality management system will provide the framework for continual improvement and thus increase resident satisfaction and the satisfaction of other stakeholders. It will effectively provide the Home and its residents and families with the confidence that the provision of service will be delivered consistently to predetermined high standards.

We all share the responsibility for the delivery of high-quality programs and services and for continual improvement. Ultimate responsibility for quality and risk management activities rests with the Home, however, all stakeholders including staff, volunteers, and third-party service vendors have a role to play in improving quality and managing risk. Direction for the Quality and Risk Management program is provided by the Leadership and Quality Pursuit Team.

We are committed to continuously improving the quality of care and service we provide. *Quality* means meeting the needs and expectations of our residents and by extension,

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their families and/or support systems. Each of us has a responsibility to ensure quality for the residents that live at E.J. McQuigge Lodge.

Quality is improved through a continuous process of self-assessment with targets and standards, reviewing and evaluating progress and implementing quality improvement and other action plans. The policies, procedures, implementing processes and monitoring mechanisms are made known to all stakeholders with the aim of involving everyone in the development of a quality culture. In order to develop this quality culture we use a range of ways to consult and inform, and aim to continuously improve effective communications.

QUALITY IMPROVEMENT PLAN (QIP)

The *Excellent Care for All Act (ECFAA)* requires that every year, health care organizations including Long-Term Care develop an annual Quality Improvement Plan (QIP) for the following fiscal year and make that plan available to the public.

The QIP is an organization-owned plan that establishes a platform for quality improvement that can be used to harmonize efforts to improve quality of care across the health care system. While each organization owns, develops, and maintains their QIP, organizations share in a common agenda of improving the patient/resident experience that is guided by provincial priorities for high quality care as highlighted in *Ontario's Action Plan for Health Care*.

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QUALITY MONITORING

Policy

E.J. McQuigge Lodge staff are accountable and responsible for monitoring performance indicators that measure both clinical and administrative structures, processes and outcomes

Purpose

To ensure that continuous quality improvement activities are regularly conducted for ongoing program, care and service development

Policy Details

Clinical services and processes promote positive resident outcomes and resident satisfaction with programs, care and services and their delivery. These services and processes meet required obligations, legislation, standards of practice and best practices

Administrative programs and processes support programs, care service and their delivery, and meet legislative and reporting requirements. Research and best practices are used to improve services and processes

Staff will participate in the analysis and evaluation of services and processes. Management staff are responsible for implementing quality monitoring and tracking trends in each department or team. Changes in services and processes are communicated to all staff.

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Process Guidelines

Clinical indicators to monitor process, structure and outcomes include:

Resident Care Team Indicators

- ◆ Fall Related Indicators
- ◆ Incidence of new fracture
- ◆ Infection Control Indicators
- ◆ Restraint Indicators
- ◆ Skin Care Indicators
- ◆ Resident and Family satisfaction

Clinical indicators are measured using some or all of the following methods:

- ◆ Resident/family satisfaction tools – Resident Council
- ◆ Resident/family surveys
- ◆ Informal interviews with residents, families, staff and other community members
- ◆ Open-door policy
- ◆ Incident reporting
- ◆ Chart audits
- ◆ Electronic data audits
- ◆ Direct observation of clinical practices – walkabout rounds

Administrative indicators to monitor process, structure and outcomes of program delivery include:

Leadership & Partnership Indicators

- ◆ Inspection indicators
- ◆ Budget Compliance
- ◆ Occupancy
- ◆ HR indicators
- ◆ Staff development
- ◆ Educational placement
- ◆ Volunteer Involvement

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Human Resources Indicators

- ◆ CMI – Staffing Hours
- ◆ WSIB Indicators
- ◆ #of Staff hired, resigned , terminated
- ◆ Staff Satisfaction
- ◆ Fulfillment of Practitioner Contracts
- ◆ Practitioner Credentialling

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QUALITY MONITORING

Policy

E.J. McQuigge Lodge promotes a philosophy of continuous quality improvement throughout the organization.

Purpose

To ensure that continuous quality improvement activities are conducted for ongoing Program development, process improvement and reduction of risk to residents, families, staff and our facility.

Policy Details

E.J. McQuigge Lodge's vision and activities promote a culture of continuous quality improvement. Quality improvement to programs/processes is achieved by using benchmarks, best practices and review of other literature. Regular analysis and evaluation of quality improvements occurs. Quality improvement activities can assist in reallocation of resources.

Quality improvement activities are coordinated with other service providers, programs and services both internally and externally.

Communication of quality improvement initiatives to staff, residents and families through newsletters, website, open door policy, care conferences, Resident Council etc.

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Process Guidelines

Quality improvement processes will be guided by the following:

- ◆ Coaching, counseling, mentoring and development of staff about continuous quality improvement activities is a key activity
- ◆ Benchmarks and best practices are adapted into the organization's practices and processes
- ◆ Residents, families, staff and volunteers are involved in decision making about quality improvement activities
- ◆ Identification of areas for improvement in services and processes occurs regularly
- ◆ Analysis of changes and improvements occur
- ◆ Evaluation of the effectiveness of quality improvement activities regularly occurs
- ◆ Communication about changes to services and processes is timely

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All staff receives an orientation and ongoing training and education regarding the quality monitoring process. Particularly, changes that occur in services, policies, processes and procedures are highlighted during inservice sessions.

There is a process for monitoring successes on a regular, timely basis. The quality report system tracks trends in indicators. These indicators are selected to measure the performance of each specific service and process. Quality monitoring reports and team meeting minutes are submitted to administration as required.

Investigation of all problems, issues or concerns identified through incident monitoring process occurs immediately. Timeliness of response to concerns is closely monitored to ensure appropriate responses and response times. Documentation of quality monitoring is reviewed with the owner and Professional Advisory Committee on a quarterly basis.

Programs, care, services and processes are reviewed and evaluated regularly, from both clinical and administrative views.