



Risk Management Plan
2025-26

Reviewed February 2025

Risk Management Plan

The purpose of the risk management plan is to protect patients, staff members and visitors from inadvertent injury. The plan is also designed to protect the organization's financial assets and intangibles, such as reputation and standing in the community.

The risk management plan is a primary tool for implementing the organization's overall risk management strategies. It is designed to provide guidance and structure for the hospital's clinical and administrative services that drive quality patient care while fostering a safe environment for staff and patients.

The focus of the risk management plan is to provide an ongoing, comprehensive, and systematic approach to reducing risk exposures. Risk management activities include identifying, investigating, analyzing, and evaluating risks, followed by selecting and implementing the most appropriate methods for correcting, reducing, managing, transferring and/or eliminating them.

Under the direction of the risk manager, the risk management program provides for collaboration among all departments, services, and patient care professionals within the hospital. Hanover and District Hospital's risk management plan provides policies, procedures and protocols to address events which may include organizational-related liability, professional liability, general liability and workers' compensation. The identification, investigation and management of accidents, injuries and other potentially compensable events are a primary responsibility under the risk management plan. This process is directed by the risk manager and others who are delegated to participate in the various components of managing adverse events occurring with patients, staff, visitors and organizational assets.

Risk management will influence, persuade and educate leaders within the following departments in order to achieve quality care in a safe environment and protect the organization's resources:

- Administration including Human Resources
- Allied Health and Adjunct Professional Services (Laboratory, Diagnostic Imaging, Infection Control, Rehab Services)
- Health Records & Data/Health Information and Privacy Management
- Maintenance
- Clinical (Surgical Services, Emergency Department, Acute Care, Obstetrics, Dialysis)
- Employee Health
- Environmental Services, Dietary, Medical Device Reprocessing
- Medical Staff

Objectives of the Risk Management Plan

The objectives of the risk management program include, but are not limited to:

- Promoting the quality of patient care, in collaboration with quality/performance improvement activities;

- Enhancing patient satisfaction;
- Minimizing the frequency and severity of adverse events;
- Supporting a culture of just-cause; non-punitive culture that promotes awareness and empowers staff to identify risk-related issues;
- Enhancing patient safety through participation in organizational safety strategies and other patient safety initiatives;
- Enhancing environmental safety for patients, visitors and staff through participation in environment of care-related activities;
- Utilizing risk management strategies to identify and minimize the frequency and severity of near misses, incidents and claims;
- Managing adverse events and injuries;
- Evaluating systems that can contribute to patient care, error or injury;
- Educating stakeholders on emerging and known risk exposures and risk reduction initiatives;
- Achieving requirements promulgated by Accreditation Canada; and
- Complying with provincial mandates, applicable laws, regulations and standards.

Specific Components

The risk management plan will include the following components:

Incident Reporting

Incident reporting is intended to provide a systematic, organization-wide program of reporting risk exposures to identify potential future liability. The risk management program includes an event reporting system that is used to identify, report, track, and trend patterns of events with the potential for causing adverse patient outcomes or other injuries to people, property or other assets of the organization. It is designed to reduce or ameliorate preventable injuries and property damage, and minimize the financial severity of claims.

The risk manager tracks and trends event data in order to report those findings to the following committees: Patient Safety and Risk Management, Professional Practice, Patient and Family Advisory Committee and, the Board of Directors quarterly.

Certain specific events (i.e. – missing narcotics) must be reported to governmental agencies through delineated methods. This is often a responsibility of the risk manager and a senior leader, and compliance within established guidelines and time frames is critical.

Reporting Risk Management Activities as Part of the Quality/Performance Improvement Process

Recognizing that the effectiveness of risk management activities is contingent upon collaboration and integration with the quality/performance improvement activities, the risk manager will work with various hospital committees such as Patient Safety and Risk Management, Professional Practice, Occupational Health and Safety, and Senior Administration.

Monthly summaries of incidents and their resolutions are circulated throughout the organization via eBlast, and posted on huddle boards. It is reported to the Board quarterly.

Educational Activities

The risk manager will provide or facilitate orientation programs for all new employees and contracted staff. Annually activities will include:

- Code review and mock code events scheduled annually;
- Ongoing Non-Violent Crisis Intervention Training;
- Annual CBRNE Training;
- Brain Train for all staff (occupational health and safety/infection control, emergency codes and (patient safety protocols and policies) and Clinical Brain Train (RNs, RPNs, laboratory staff and diagnostic imaging staff);
- Annual infusion device training;
- Annual certification training as needed (Advanced Cardiac Life Support, Neonatal Resuscitation, Pediatric Cardiac Life Support); and
- Timed Code-Red and Green exercise annually.

Management of Patient and Family Complaints/Grievances

The management and resolution of patient and family complaints will be managed in accordance with hospital policy. Complaints are reported to the Board three times per year.

Patient Satisfaction

The organization will measure patient satisfaction and respond to issues identified in patient satisfaction surveys. The results are reviewed quarterly and presented to Patient Safety and Risk Management, Professional Practice, Patient and Family Advisory Committee.

HIROC Risk Assessment and Claims Management

Risk Assessment (3-Year Plan)

Hanover and District Hospital collaborates with Healthcare Insurance Reciprocal of Canada (HIROC) to assist the hospital with ongoing risk assessment via checklists. The hospital engages in 3-year long risk assessment and improvement cycles. Risk Assessment Checklists, also referred to as RAC, is a tool that enables the hospital to systematically self-assess compliance with evidence-based mitigation strategies for HIROC's top risks. The top risks are ranked by those which lead to significant medical malpractice claims. The following areas completed a RAC assessment:

- Failure to Pay Benefits/Overtime;
- Client Falls and Handling and Transfer Injuries;
- Employee Fraud;
- Healthcare Acquired Infections;
- Mismanagement of Wounds and Pressure Injuries;
- Failure to Identify/Manage Neonatal Hyperbilirubinemia and Hypoglycemia;
- Fire Losses;
- Failure to Appreciate Status Changes/Deteriorating Patients;
- Death by Suicide and/or Attempts While In-Care;
- Medication Adverse Events;
- Diagnostic Errors;
- Cyber Security & Privacy Breaches;

- Mismanagement of Neonatal Resuscitation;
- Inappropriate Credentialing, Re-appointment and Performance Management;
- Mismanagement of Shoulder Dystocia;
- Retained Foreign Items;
- Assisted Vaginal Birth;
- Windstorms;
- Water and Sewage Losses;
- Delayed Decision to Delivery Time for Caesarean Sections;
- Mismanagement of Client and Family Complaints;
- Wrongful Dismissal;
- Visitor and Ambulatory and Community-Based Falls;
- Wrong Client, Site, and/or Procedure;
- Inadequate Mental Health Facility and Space Design;
- Mismanagement of Client's Rights;
- Failure to Appreciate Deteriorating Pregnant and Postpartum Persons;
- Mismanagement of Induction and Augmentation of Labour;
- Mismanagement of Intrapartum Fetal Monitoring;
- Mismanagement of Trial of Labour After Caesarean (TOLAC); and
- Abuse of Clients.

Claims Management:

- Reporting potentially compensable events, unexpected outcomes or patient complaints to the involved department manager, the insurance carrier as appropriate and the organization's risk manager;
- Performing initial and ongoing investigation and interviews;
- Documenting activities and correspondence related to the investigation of the event;
- Protecting and preserving the patient health information record and/or other documents and evidence for potential future litigation;
- Organizing, managing and maintaining claim files;
- Limiting access to claim files to only authorized individuals under direct supervision of the risk manager;
- Coordinating activities with the defense team and providing input into the strategy for each claim;
- Reporting claim management activity to quality/performance improvement and appropriate organizational leaders;
- Participating in establishing defense/settlement posture;
- Resolving claims within established limits of authority;
- Maintaining confidentiality of protected documents;
- Reviewing, vetting and accepting legal service as appropriate; and
- Timely forwarding subpoenas, summons and complaints to legal counsel.

Legal

HDH retains Miller Thomson Advocates as the legal counsel.

Reports to the Governing Body via Quality Governance and Risk Management Committee

The risk manager will provide the following reports quarterly to the Quality Governance and Risk Management Committee:

- Patient Safety/Risk Management Report
- Staff Safety Report
- Hospital Acquired Infections
- Hand Hygiene
- Surgical Safety Checklists

Adverse events or any other risk related item that affects the hospital will be brought to the Board's attention promptly. The Board Chair will determine if a special meeting of the Board needs to be called.

The annual HIROC Risk Management report will also be shared with the Board.

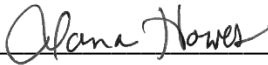
Review of the Risk Management Plan

The risk management plan will be reviewed, updated, and approved annually, or as needed. Dated signatures and titles from appropriate parties should be obtained at the time of the approval.

Annual Evaluation of the Risk Management Program

The risk management program will be evaluated by the governing body annually.


_____ March 25, 2025
Tina Shier, Board Chair Date


_____ March 25, 2025
Dana Howes, President & CEO Date


_____ March 25, 2025
Megan Soers, Risk Manager Date