# LOUIS BRIER
## Home & Hospital

# QUALITY & RISK FRAMEWORK

A Roadmap To Providing Exemplary Care
To Our Residents And Their Families

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# INTRODUCTION TO THE FRAMEWORK

The Louis Brier Home & Hospital is committed to the delivery of safe quality care that is resident and family centered. The Quality & Risk Framework serves as integral component of this commitment. The framework provides a system-wide approach to ensuring quality and safety throughout the organization.

The Quality & Risk framework was developed with input from the interdisciplinary care team, residents and families, and community stakeholders. The framework has deep roots in organizational practices and is reflective of Louis Brier's Mission, Values, and Strategic Plan (2015-2018).

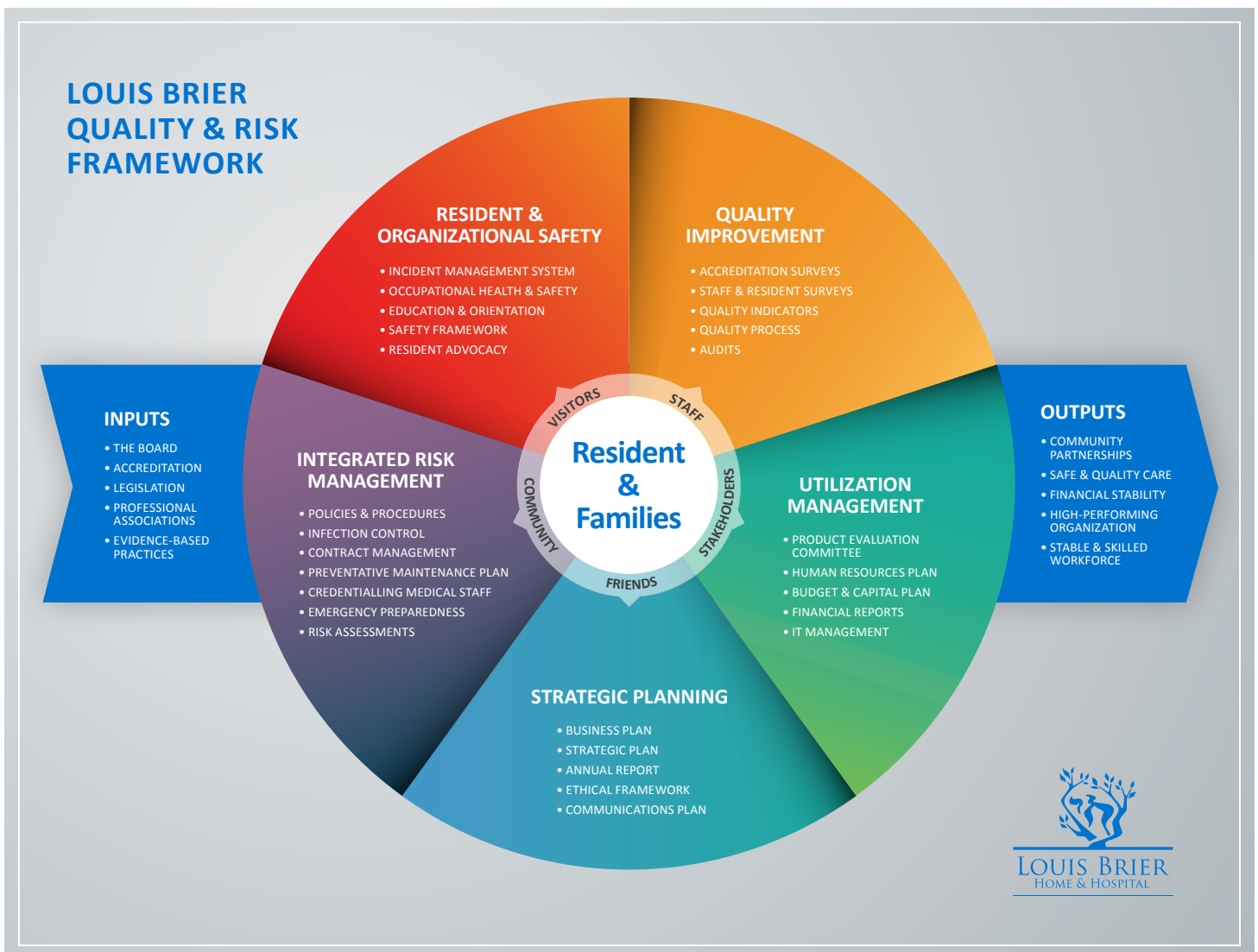# QUALITY IMPROVEMENT & RISK MITIGATION PROCESS

The quality improvement and risk mitigation process ensures the integration of management and delivery of safe, quality care. The Quality & Risk framework outlines the continual process required to:

1. Identify and analyze actual and potential problems and opportunities to improve resident care

2. Take the action required to minimize risk and improve quality of care

3. Provide the follow up necessary to ensure improvement

4. Report and communicate quality through existing organizational structures

# QUALITY & RISK FRAMEWORK DIAGRAM

This framework provides a common approach for improving quality and mitigating risk across the organization. The framework can be used for both conceptual and practical purposes by front-line staff, department managers, executive leaders, and the Board.



**LOUIS BRIER QUALITY & RISK FRAMEWORK**

**RESIDENT & ORGANIZATIONAL SAFETY**
- INCIDENT MANAGEMENT SYSTEM
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- CREDENTIALLING MEDICAL STAFF
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**Resident & Families**

VISITORS — STAFF — STAKEHOLDERS — FRIENDS — COMMUNITY

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**STRATEGIC PLANNING**
- BUSINESS PLAN
- STRATEGIC PLAN
- ANNUAL REPORT
- ETHICAL FRAMEWORK
- COMMUNICATIONS PLAN

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# COMPONENTS OF THE FRAMEWORK

The Quality & Risk Framework is comprised of 4 main components:

1. Inputs into the framework
2. Partnerships
3. Elements of Quality Improvement & Risk Management
4. Expected outcomes of the framework (outputs)

# INPUTS INTO THE FRAMEWORK

The inputs into the framework are stakeholder groups that determine the priorities of quality improvement and how risk is mitigated.

### THE BOARD

As the governing body of the Louis Brier, the Board has a critical role in building a culture of safety and quality improvement. The Board provides strategic direction to the organization and oversees management decisions and performance.

### ACCREDITATION

Accreditation Canada's standards provide guidance on the development and implementation of quality improvement and risk mitigation activities for the organization.

Accreditation's evaluation process ensures that we continue to meet evolving industry standards.

### LEGISLATION

Legislation provides formal direction from governmental bodies to ensure the delivery of quality safe health care services. Legislation that governs the Louis Brier includes the Hospital Act, and the Community Care & Assisted Living Act.

Other acts and regulations governing service for seniors include the Mental Health Act, Adult Guardianship, Public Guardian and Trustee, Freedom of Information & Protection of Privacy, and the Patient Care Quality Review Board among others.

### PROFESSIONAL ASSOCIATIONS

Professional Associations play a vital part in the development and promotion of profession-specific best practices. Professional Associations such as College of Registered Nurses of BC (CRNBC), BC Care Providers, Denominational Health Association (DHA), and SafeCare BC sets standards of practice and/or regulate health care professionals.

### EVIDENCE-BASED PRACTICES

Evidence-based practices are approaches that integrate the best available research evidence, clinical expertise, and the resident's preferences and values. Evidence-based practices are rooted in the understanding that our approaches to care is ever changing and evolving.

# PARTNERSHIPS

### RESIDENTS & FAMILY

Residents and families are at the center of the Quality & Risk framework. This placement represents Louis Brier's commitment to the values of Resident and Family Centered Care. Resident and Family Centered Care (RFCC) is an approach that fosters respectful, compassionate, culturally appropriate, and competent care that responds to the needs, values, beliefs and preferences of residents and their family members.

### STAFF, VISITORS, FRIENDS, COMMUNITY & STAKEHOLDERS

The partnership Louis Brier maintains with these groups is essential to the delivery of quality and safe care. The Louis Brier understands that these relationships support and enhance quality improvement and risk management initiatives.

# ELEMENTS OF THE FRAMEWORK

## RESIDENT & ORGANIZATIONAL SAFETY

The safety of our residents, families, staff, companions, and visitors is a priority for the organization. The monitoring and improvement of safety is a critical component of the Quality & Risk framework. Formal committees and items that support this element include:

| ITEM / COMMITTEE | REPORTING |
|---|---|
| **Safety Framework** | • Quality indicators associated with the framework are reviewed monthly<br>• Framework development/revisions to occur annually |
| **Occupational Health & Safety Committee** | • Committee meets monthly<br>• Reports quarterly to Quality & Risk Department |
| **Incident Management System** | • Incident analysis reports and trends reports to be gathered monthly<br>• Reports monthly to Quality & Risk Department |
| **Resident Safety Committee** | • Committee meets monthly<br>• Reports monthly to Quality & Risk Department |
| **Medication Safety & Advisory Sub-Committee** | • Committee meets quarterly<br>• Reports quarterly to Resident Safety Committee |

## INTEGRATED RISK MANAGEMENT

Integrated Risk Management is the practice of proactively identifying risks and developing measures to mitigate those risks should they occur. Formal committees that support this element include:

| ITEM / COMMITTEE | REPORTING |
|---|---|
| **Emergency Preparedness Committee** | • Committee meets monthly<br>• Reports monthly to Quality & Risk Department |
| **Infection Control Committee** | • Committee meets monthly<br>• Reports monthly to Quality & Risk Department |
| **Policies & Procedures Committee** | • Committee meets monthly<br>• Reports monthly to Quality & Risk Department |
| **Medication Management Committee** | • Committee meets quarterly<br>• Reports quarterly to Quality & Risk Department |

## UTILIZATION MANAGEMENT

Utilization management uses quality improvements tools and methodologies to find cost savings and reduce waste to ensure scarce resources are used effectively. Formal committees and items that support this element include:

| ITEM / COMMITTEE | REPORTING |
|---|---|
| **Utilization Management Committee** | • Committee meets monthly<br>• Reports quarterly to Quality & Risk department |
| **Budget** | • Prepared annually by the CFO.<br>• Approved by CEO & Board |
| **Cost Centre Reports** | • Prepared annually by the CFO.<br>• Cost Centre Reports submitted monthly to the CEO and monthly to the Board, quarterly VCH and Ministry of Health |
| **Human Resources Plan** | • Prepared annually by the Director of Human Resources.<br>• Human Resource plan reports submitted quarterly to CEO |

## QUALITY IMPROVEMENT

Quality Improvement is a fundamental part of an effective organization management framework as it defines specific quality priorities, measures, and activities. Formal committees and items that support this element include:

| ITEM / COMMITTEE | REPORTING |
|---|---|
| **Quality Indicators** | • Quality indicators are developed annually by the Senior Leadership Team<br>• Reports quarterly to the Senior Leadership Team |
| **Accreditation Surveys** | • Survey completed every 4 years<br>• Standards Teams reports monthly to the Accreditation Steering Committee |
| **Staff & Resident Satisfaction Surveys** | • Surveys completed annually<br>• Survey results and action plans shared throughout the organization (residents, families, staff, community stakeholders) |

## STRATEGIC PLANNING

Strategic Planning establishes priorities and goals for the future and must be aligned with quality improvement and risk mitigation. Formal committees and items that support this element include:

| ITEM / COMMITTEE | REPORTING |
|---|---|
| **Strategic Plan** | • Developed every 3 years<br>• Strategic plan reports submitted quarterly to the Board |
| **Ethics Committee** | • Committee meets monthly<br>• Reports quarterly to Quality & Risk department |
| **Communications Plan** | • Reviewed annually<br>• Communication plan reports submitted quarterly to Senior Leadership Team |
| **Annual Reports** | • Developed annually<br>• Reported annually at the AGM |

# Risk Management Framework

Louis Brier's Risk Management framework supports the achievement of the organization's objectives by addressing the full spectrum of its risks and managing the combined impact of those risks in an integrated manner. The objectives of the risk registry are to:

a. Embed and integrate risk management into all processes
b. Communicate risk and risk management widely within the organization
c. Link risk management directly to all decision making
d. Monitor organizational and individual performance
e. Create a risk-aware culture

## Risk Management Process

For the risk management framework to be effective, the process needs to be structured in a manner that allows for all risks to be identified and managed in line with a consistently applied framework. The process includes the following:

| STEP 1 | STEP 2 | STEP 3 | STEP 4 | STEP 5 |
|---|---|---|---|---|
| **Identify Risk** (Risk Categories) | **Assess Risk Likelihood** | **Assess Risk Impact** | **Mitigate Risk** (Risk Plan) | **Monitor Risk** (Risk Registry) |

1. **Identify Risk: Risk Categories**

   The content of the risk management process needs to be clearly defined within the organization. Risks can be categories in the following categories. A thorough review of the possible risks is noted in area below the three main categories. This results in an organization risk profile.

| BUSINESS RISK<br>Risks that relate to the delivery of healthcare that includes internal and external factors impacting the operations | RESOURCE RISK<br>Risks that relate to the resources used by the organization to accomplish its objectives | COMPLIANCE RISK<br>Risks that originate from the requirement to comply with a regulatory framework, policies, directives, or legal agreements |
|---|---|---|
| **Quality Care & Resident Safety** | **Human Resources & Staff Relations** | **Environment, Health & Safety** |
| • Admission/ Intake/Transfer/ Discharge<br>• Assessments<br>• Care plan development<br>• Care Plan adherence<br>• Falls/ UTI/ Pressure Wound | • Human resource planning<br>• Competency and staff development<br>• Performance Management<br>• Compensation and benefits<br>• Labour Relations | • Environmental impact<br>• Hazardous Material Handling<br>• Workplaces Health and Safety<br>• Infection Prevention and Control<br>• Emergency Preparedness |
| **Strategic Governance** | **Financial** | **Legal & Regulatory** |
| • Strategic goals and objectives<br>• Performance reporting and measurement<br>• Culture and ethics<br>• Research<br>• Community partnerships and alliances<br>• Organizational structure | • Funding allocation<br>• Planning and budgeting<br>• Financials Management and reporting<br>• Fraud<br>• Operations and Unexpected Costs | • Legislation & Regulations<br>• Contracts, Waivers, Agreements<br>• Professional Licensing & Credentialing |
| **Operations & Business Support** | **Information Systems & Technology** | **Policy, Guidelines & Directives** |
| • QRM<br>• Facilities Management<br>• Health Information Management<br>• Communications<br>• Disaster Management<br>• Security Management | • PCC/EMAR/SSC<br>• Worxhub<br>• Network Security<br>• Data Integrity<br>• User Support<br>• Disaster Recovery | • Clinical Policies<br>• Administrative Policies<br>• Internal Standard Operating Procedures<br>• External Guidelines |
| **Reputation & Public Image** | **Physical Assets** | **Standards** |
| • Public Relations<br>• Media Relations<br>• Resident/Family Relations & Complaints | • Asset Management<br>• Capital Costs<br>• Equipment Acquisition and Maintenance<br>• Equipment Replacement<br>• Security requirements for health records | • Accreditation Canada<br>• Professional Regulatory bodies |

## 2. Assess Likelihood of Risk

The list of identified risks is likely to be extensive and range in scope and severity. To make this process manageable, these risks need to be further categorized and prioritized for attention.

| Descriptor | Description | Rating |
|---|---|---|
| Almost Certain | Very high probability (>90%) the risk will occur in the next 12 months. It is expected to occur. | 5 |
| Likely | High probability (51-90%) the risk will occur in the next 12 months. It will occur in most circumstances. | 4 |
| Possible | Moderate probability (11-50%) the risk will occur in the next 12 months. It might occur at some time. | 3 |
| Unlikely | Low probability (1-10%) the risk will occur in the next 12 months. | 2 |
| Rare | Very low probability (<1%) the risk will occur in the next 12 months. It may occur only in exceptional circumstances. | 1 |

## 3. Assess Impact of Risk

| Descriptor | Description | Rating |
|---|---|---|
| Severe | • Significant impact on quality of care and/or safety to residents<br>• Loss of life, significant injury and/or chronic health problems to staff<br>• Extended shutdown of facility(s), program(s) or service(s)<br>• Significant financial cost overruns or losses compromising the organization's ability to meet its<br>• goals<br>• Extensive environmental health risk exposure to office occupants and general public<br>• Litigation relating to adverse events resulting in serious harm or death<br>• Irreparable damage to reputation and credibility<br>• Loss of critical assets for an extended period<br>• Strong criticism by external review agencies | 5 |
| Major | • Serious impact on quality of care to residents that will not result in serious harm or death<br>• Serious injury to staff resulting in permanent disability<br>• Significant disruption in the delivery of essential services | 4 |

| | | |
|---|---|---|
| | • Cost overruns that are unexpected and have a significant impact on the delivery of healthcare services<br>• Environmental damage requiring extensive clean-up and resulting in some permanent damage<br>• Significant damage to reputation and credibility<br>• Loss of significant physical assets with some service disruption<br>• Missed opportunity to significantly improve quality of care to residents<br>• Exposure to sensitive confidential information (PHIA, FIPPA, PIPEDA etc.)<br>• Loss of expertise that will be difficult to replace in the short run and will impact on the delivery of the program or service delivery | |
| **Moderate** | • Temporary impact on quality of care to residents that is not harmful<br>• Injuries or health problems to staff requiring short term leave of absences<br>• Moderate disruption in the delivery of essential services<br>• Moderate financial losses in the delivery of healthcare services<br>• Moderate environmental damage with some clean-up required but no permanent damage<br>• Threat of lawsuit due to non-compliance with legislation, regulations, contractual agreements<br>• Some loss of public trust/unfavourable media attention<br>• Loss of significant but replaceable physical assets<br>• Loss of confidentiality over personal information<br>• Some criticism by external review agencies | **3** |
| **Minor** | • Minor impact on quality of care to clients<br>• Temporary illness or minor injuries to staff<br>• Inefficiencies in the delivery of programs/services having negligible or no direct impact on client care<br>• Financial losses are minimal and easily absorbed<br>• Minor environmental damage with limited clean-up required<br>• Resident and family relations have been adversely impacted but can be restored through discussions<br>• Limited loss of physical assets | **2** |

| | | • Staff shortages that cannot be resolved on a timely basis impacting on the delivery of services over a short period of time | |
|---|---|---|---|
| **Insignificant** | | • Temporary discomfort to residents<br>• Temporary or minimal loss of staff productivity<br>• Adjustments and reprioritization of efforts can be readily made to maintain delivery of services<br>• Financial losses that are insignificant<br>• Minor impact on public trust/little or no media attention<br>• Limited and replaceable losses of physical assets (i.e. personal property, supplies)<br>• Insignificant and/or temporary environmental damage | 1 |

Combine your ratings of risk likelihood and risk impact to determine the prioritization of the risks. This can assist in defining the focus for a risk management plans.



**RISK HEAT MAP**

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**Integrated Risk Management**

| Likelihood | | | Impact | | | | |
|---|---|---|---|---|---|---|---|
| | Very high probability (> 90%) the risk will occur in the next 12 months. It is expected to occur. | **5** Almost Certain | Moderate | Moderate | High | Extreme | Extreme |
| | High probability (51-90%) the risk will occur in the next 12 months. It will occur in most circumstances. | **4** Likely | Low | Moderate | High | High | Extreme |
| | Moderate probability (11-50%) the risk will occur in the next 12 months. It might occur at some time. | **3** Possible | Low | Moderate | Moderate | High | High |
| | Low probability (1-10%) the risk will occur in the next 12 months | **2** Unlikely | Low | Low | Moderate | Moderate | High |
| | Very low probability (<1%) the risk will occur in the next 12 months. It may occur only in exceptional circumstances. | **1** Rare | Low | Low | Low | Moderate | Moderate |
| | | | **1** Insignificant | **2** Minor | **3** Moderate | **4** Major | **5** Catastrophic |
| | | | Minimal impact on achievement of objective. Outcomes remain within stated risk tolerances. Consequences dealt with by routine operations. Negligible monetary loss. No community response. No media interest. | Minor impact on objective. Outcomes remain with stated risk tolerances. Consequences threaten efficiency or effectiveness of some services. Will be dealt with internally. Monetary loss managed within operating or project budget. Isolated community complaints. Local short term media interest. | Moderate impact on objective. Outcomes may or may not remain within risk tolerances. Consequences would require significant review or changed ways of operating. Monetary loss may require suspension of some services. Moderate environmental implications. Some community complaints. Local long-term media interest. | Major impact on objective. FH no longer meets external standards. Consequences threaten continued effective provision of services. Top-level management intervention required. Monetary loss would require cancellation of some services. High environmental implications. Negative community complaints. Major loss of credibility. National short term media interest. | Significant impact on objective. FH no longer meets external standards. Consequences threaten provision of key services causing major problems for patients/clients and FH. Monetary loss would have extreme consequences for FH. Far reaching environmental implications. Catastrophic loss of reputation. Parliamentary questions. National long term media interest. |

**Response**

| Extreme | Inform Executive & Board. Immediate action required |
|---|---|
| High | Inform Executive & report to Board as appropriate. Senior Management involvement/attention is essential to manage risk. Priority areas for audit |
| Moderate | Ongoing mitigation & monitoring. Inform relevant Senior Management. Potential cumulative impact of risk should be assessed. |
| Low | Accept, but monitor risks. Manage by routine procedures. Assess costs of RM activities. Where costs outweigh the benefits, consider redeploying RM resources to other priorities |

4. **Mitigate Risk**

   Based on the risks identified and their assessed impact and likelihood risks are prioritized. Once all priority risks are identified, a specific Risk Mitigation plan should be compiled for each risk including

   1. Risk Name
   2. Responsibilities
   3. Mitigation strategies
   4. Expected outcomes
   5. Timelines

Monitoring of risks using the Risk Register is shared with the senior leadership on a monthly basis to monitor progress.

5. **Monitor Risk Management**

   Reporting on risk management and ongoing status of organizational risk is a critical success factor. There are several ways of reporting, but it is important that any Risk Register contains the following information for each identified risk:

   a. Risk name – the name of the identified risk
   b. Brief description of the risk – description summary of risk
   c. Inherent risk status – the risk to the organization in the absence of any actions taken (High/ Moderate/ Low/None)
   d. Mitigation plan – plan to mitigate the identified risk
   e. Residual risk – risk remaining after the actions taken to mitigate the risk
   f. Risk tolerance - Is the amount of uncertainty an organization is prepared to accept in total (High/ Moderate/Low)

# EXPECTED OUTCOMES OF FRAMEWORK

The outputs of the Quality & Risk framework represent demonstrable objectives for the Louis Brier Home & Hospital. The outputs encompass all parts of the organization including delivery of care, human resources, finance, and community collaborations.

While we strive towards the outcomes of this framework, we understand that the road to providing exemplary care has no end-point. Rather, the delivery of exemplary care requires a cycle on continuous learning and improving.

## OUTPUTS

- **COMMUNITY PARTNERSHIPS**
- **SAFE & QUALITY CARE**
- **FINANCIAL STABILITY**

- **HIGH-PERFORMING ORGANIZATION**
- **STABLE & SKILLED WORKFORCE**

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