



Rideau Community  
Health Services

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Your Community Health Centre

# Integrated Risk, Quality, and Safety Framework

Developed May 2022

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## Overview

**Quality of care** is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with evidence-based professional knowledge. This definition of quality of care spans promotion, prevention, treatment, rehabilitation, and palliation. It implies that quality of care can be measured and continuously improved through the provision of evidence-based care that takes into consideration the needs and preferences of service users – patients, families, and communities.

For Rideau Community Health Services (RCHS), quality of care includes the delivery of effective and safe programs and services that are reflected in our culture. We work to support improved outcomes that align with the client, family, and community needs.

Our Integrated Risk, Quality and Safety Framework (IRQSF) demonstrates that Rideau Community Health Services prioritizes our commitment towards the advancement of high quality and safe programs and services for our staff, our community, and our clients.

We will be driven by data and best practices which is foundational and integral to all quality. Our IRQSF is also supported by the Quadruple Aim:

- Improving the patient and caregiver experience.
- Improving the health of populations.
- Reducing the per capita cost of health care,
- Improving the work life of providers.

What follows is our Quality and Safety framework (Figure 1) including a description and actions for RCHS. It includes the outcomes that staff and or persons involved in our programs and services will experience.



Figure 1

# Making Quality a Reality



## STEP 1: **THINK** Quality

- **In all that we do:** Programs, services, visits, meetings- it is about how what we do will contribute to quality outcomes and being purposeful in ensuring that it is!

## Step 2: **ENSURE** Quality

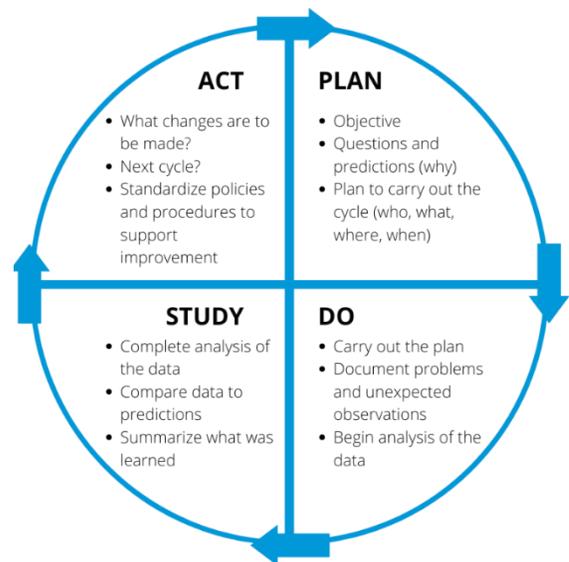
- **Establish a quality team:** Depending the purpose our teams could include relevant staff, stakeholders, partners, clients. The use of existing teams and processes may assist in identifying responsibilities, and accountability.
- **Identify quality initiatives:** Identify, prioritize, and communicate quality initiatives, including targets and goals. This includes using our operational planning process and program development tools which in Health Equity Planning Template (Appendix A) and Pre-planning discussion (Appendix B)

## Step 3: **ALIGN** Quality

- **Identify the focus of quality in the initiative:** The dimensions of quality are interwoven, but sometimes we may need a greater emphasis based on the project scope, the projects, or the desired outcomes. Prioritizing quality is based on the current need or situation, recognizing that safety is always embedded and is the top priority.
- **Align quality initiatives with what is happening in the region:** Align with relevant strategies, system, OHT, regional and best and promising practices, and strategic and operational plan. Linking our quality initiative will help promote a system-wide approach.

## Step 4: **MEASURE** Quality

- **Identify the tools and strategies needed to carry out the initiative:** Selecting or adapting tools as required for our local context. We consider how information will inform the quality initiative, including data collection, management, and reporting. Components of the initiatives include evaluation and touchpoints for progress along the way.
- **Plan-Do-Study-Act** helps guide quality initiatives
- See [Appendix C – Types of Healthcare Measures](#)



## Step 5: **PROMOTE** Quality

- **Support a culture of quality:** Quality is everyone's responsibility; it is a shared responsibility and establishes quality as a core value throughout the organization. Quality is linked to what we do and how we do it. Including all members of RCHS in developing, monitoring, and evaluating quality programs and services is integral to success (see [Appendix E- Engagement Process for Strategic and Operational Plan](#))

## Supporting Organizational Safety

Rideau Community Health Services (RCHS) is committed to providing high quality health care, programs, and services. Additionally, RCHS supports organizational and environmental safety for our staff, clients and volunteers. RCHS is committed to building and maintaining an environment that is free from harassment or abuse and preserving a safe and healthy environment for its clients, employees, and volunteers. We also are committed to providing an environment where people feel safe to share their opinions, can be themselves, and are not afraid to speak up for fear of being embarrassed or reprisal (psychological safety).

RCHS supports a “workplace that promotes workers' psychological well-being and actively works to prevent harm to worker psychological health including in negligent, reckless, or intentional ways.”

**Link to Canadian Centre for Occupational Health & Safety:** [Psychological Health and Safety - Assessing Psychosocial Hazards: OSH Answers \(ccohs.ca\)](https://www.ccohs.ca/osh/safety/psychological-health-and-safety-assessing-psychosocial-hazards)

Currently, risk management with RCHS has been addressed through a variety of processes including:

- Quarterly reporting of financial risks to the Ministry of Health
- Quarterly reporting of variances related to performance requirements in the Ministry- Ontario Health (OH) accountability agreement
- Varying degrees of risk elevation based on issue identification by staff

The establishment of a formal Integrated Risk Management (IRM) system is based on the philosophy that leadership sets the tone and directs efforts across the organization to foster a culture that values learning, innovation, responsible risk taking, continuous improvement and commitment to address the underlying system factors that contribute to risk.

### ***How does RCHS support safety across our programs and services?***

1. We acknowledge the nature of risk in our programs and services, and we are committed to quality and safety.
2. We recognize that risks are inherent in what we do, and part of our risk framework ([Appendix F](#)) includes reviews of programs and services and identification of risk on a risk register ([Appendix G](#))
3. We support a learning environment, in which individuals can report errors or risks for harm without fear of repercussions. ([Appendix H SD 50 Incident, Accident, Unusual Occurrence, or Critical Incident](#))
4. We encourage systemwide collaborations to understand and mitigate risk
5. We support the voices of RCHS being involved in decision-making
6. RCHS support equity, diversity, inclusivity and justice in our programs and services

By providing data in an open, honest, and transparent manner we enable staff to be part of change and quality improvement. RCHS Reports Dashboard: <https://rideauchs.sharepoint.com/sites/RCHSReports-InformationManagement/IMatRCHS2?e=1%3A77ae840f96b94f43b6efc9d78c6de8e4>

# Strategic Priorities

RCCHS developed a new Strategic Plan for 2021-2024 in the 2020/2021 fiscal year (see [Appendix D: Alignment of Strategy with Quality](#)).



## Working Together to Improve Health and Wellbeing

- We will invest in and strengthen our community partnerships to improve the health of all members of our communities.
- We will advocate for enhanced services and programs to meet the needs of our communities.
- We will work with our partners on the Ontario Health Team to improve access to services in our communities.

## Working Together to Support Innovation and Community Connection

- We will seek innovative ways to use technology to improve our use of data and electronic access to health services in Lanark, Leeds, and Grenville.
- We will communicate with community members and partners in different ways to deepen their connection with Rideau Community Health Services.

## Working Together for Person- and Community-Centered Care

- We will ensure that programs and services delivered meet the needs of the individual, are focused on high quality and are equitable, inclusive, effective, and efficient.
- We will work with our community partners to ensure that individuals receive seamless access to services and the level and quality of services they need regardless of where they live in the communities.

## Core Principles

- Safety for All
- Client & Staff Well Being
- Risk Management
- Planning
- Community Collaboration
- Efficiency & Equity



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### Safety for All

Putting people, clients, volunteers, and staff first.



#### What does this look like in practice?

Encourage those receiving services and participating in programs to participate in decision making.

- Collaborate with those receiving services and their families to help shape their health and wellness journey.
- Respect and responding to choices, needs, and values.
- Promote a culture of safety.
- Learn from past experiences.
- Work collaboratively across all sectors of the system to support quality and safety.
- Ensure good communication between providers and those receiving services and their families.
- Involve those receiving services, their families, and the public in planning for safety and quality.

#### Client focused

This means providing care that is respectful of and responsive to individual preferences, needs and values. It means a partnership between consumers, family, care givers, and their healthcare providers. Processes of care are designed to optimise the patient experience.

#### What are the desired outcomes for people receiving programs and services?

Health and wellness providers make decisions based on evidence. They share information with the clients and RCHS client experiences are used to help improve the programs and services.

Access to high quality and co-ordinated care that supports our clients and systems to work in partnership.

#### What are the desired outcomes for our teams?

Our teams feel supported in the delivery of quality programs, and by knowing that we provide quality care to our clients. They are enabled to gain current knowledge through CME's, educational supports and training.

## Risk Management

Making evidence-informed decisions, understanding risk, the impact, likelihood, and mitigation strategies.



### **What does this look like in practice?**

- Use current and relevant knowledge and evidence to guide decision making; this may include systematic reviews, innovative practices, and lived experience.
- Reviewing programs and services using a risk lens.
- Ensuring risk is included in new program implementation.
- Monitor, measure, and evaluate safety and quality data to continuously improve services.

In order to have the greatest chance of success, initiatives are informed with the best available evidence and based on sound planning.

1. While remaining flexible, implementation is facilitated when people understand the steps and actions required.
2. Consider and plan for all aspects that can support an improvement effort: people, process, information flow/information technology, equipment/capital, and structure.
3. Ensure clear communication throughout the process: people need to understand why improvement is necessary, how we plan to improve, and who needs to do what.

### **What are the desired outcomes for people receiving services?**

Health and wellness providers make decisions based on evidence. They share information and experiences are used to help improve the health and wellness system. This means enhancing knowledge and evidence about safety and quality. Safety and quality data are collected, analysed, and fed back for improvement.

Programs and services are based on best practices and/or clinical outcomes. Experiences are used to determine how to improve outcomes and to develop strategies to improve care.

### **What are the desired outcomes for our teams?**

Quality assurance activities support the continuous quality improvement process. This will be enabled through data sharing and knowledge transfer, with the overall goal to meet or exceed indicators (i.e. criterion) of quality and safe care with each audit.

## Accessibility

Optimizing our resources using evaluation tools to support accessibility for our community to our programs and services



### **What does this look like in practice?**

- Continue to develop methods/models to help people get services when they need them.
- Ensure services are available in a suitable setting and when possible, in a reasonable time and distance.
- Provide services that are easy for people to get to and use (for example, physically barrier free, well-designed spaces).

### **What does this look like in practice?**

In order to achieve optimal access to programs and services RCHS will work with the staff, clients and community to better understand their needs. We will look internally to use quality improvement initiatives to optimize utilization of services and increase accessibility.

### **What are the desired outcomes for people receiving services?**

Access to safe, quality health and wellness services when needed

### **What are the desired outcomes for our teams?**

Ability to respond quickly to individuals you support.

## Community Collaboration/Partnerships

Working with communities to anticipate and meet needs.



### **What does this look like in practice?**

- Engage communities and partners and provide meaningful ways for them to participate.
- Be transparent and accountable for health outcomes.
- Make decisions and investments that consider the full range of complex factors that influence health, including the social determinants of health, diversity, and health equity.
- Being open to new partnerships and opportunities these may present

### **What are the desired outcomes for people receiving services?**

The public is consulted and involved in a meaningful way. Factors that influence health are considered when decisions are made.

### **What are the desired outcomes for our teams?**

That we can reach out to our partners for support and assistance, and that they are willing to work with us to improve outcomes for our clients.

## Equity and Efficiency

Respectful of diversity and equity and providing services that are fair and respectful to all.



Efficiency  
& Equity

### What does this look like in practice?

- Promote, value, and respect the healthcare rights of all citizens regardless of age, education, income, race, disability, geography, language, sexual orientation, gender, gender identity, and faith perspectives.
- Work collaboratively to reduce avoidable health disparities and promote health equity for all.
- Use a needs-based focus for the provision of services, so that those with the greater need receive greater access to culturally competent, culturally specific, and culturally safe services.
- Understand and respond to the needs of diverse and marginalized populations.
- Monitor, measure, and evaluate safety and quality data to continuously improve services.
- Seek methods to improve health outcomes and efficiency of services through research and knowledge translation.
- Promote knowledge exchange, share lessons learned, and build capacity within the health and wellness system.
- We use an equity lens and reflect on Health Equity and the distribution of resources and its benefits fairly according to population need.

### What are the desired outcomes for people receiving services?

My healthcare rights are recognized and supported. I am confident that health and wellness system resources are used appropriately and responsibly.

### What are the desired outcomes for our teams?

We ensure the optimal use of the time and experience of our team, and we are supported in our learnings.

## Client & Staff Well Being

Encouraging wellness in the work environment and best practices for our clients.



Client & Staff  
Well Being

### What does this look like in practice?

- Provide a safe, healthy, positive, and respectful environment for all individuals – this includes staff, those receiving services, visitors, and volunteers.
- Provide an environment that enables optimal outcomes for individuals and the organization as a whole.
- Promote a positive work life culture (which includes a “just” culture) and work life balance.
- Invest in people: build interdisciplinary teams; optimize communication and staff involvement; recognize staff contributions; promote learning; and increase skills, competencies, and capacity.
- Use current and relevant knowledge and evidence to guide decision making; this may include systematic reviews, innovative practices, and lived experience.
- Monitor, measure, and evaluate safety and quality data to continuously improve the client and staff experience.
- Promote knowledge exchange, share lessons learned, and build capacity within the health and wellness system
- Celebrate our successes!

### What are the desired outcomes for people receiving services?

Health and wellness services are provided in a positive environment and enable optimal health outcomes.

### What are the desired outcomes for our teams?

We feel valued for the work that we do and the organization has a culture that is healthy and respectful.

# Appendix A: Health Equity Impact Assessment

<b>1. Name of Program:</b>	<b>2. Program Lead:</b>	
<b>3. Team Members:</b>	<b>4. a. Program Plan reviewed by:</b>	<hr/> <p style="text-align: center;"><b>(Manager/Director)</b></p>
	<b>b. Program and evaluation plan approved for implementation by Management Team:</b>	<hr/> <p style="text-align: center;"><b>(date)</b></p>
<b>4. Operational Priority that the program is aligned with:</b>		
<b>5. Geographic scope (ie. regional, site-specific, etc):</b>		

<b>A. Health Equity Impact Assessment</b>
<p>Complete the following assessment by answering the following questions:</p> <ul style="list-style-type: none"> <li>• Based on our data, who do we serve and who do we not serve?</li> <li>• What are the outcomes that we are striving for? What is the problem that we are trying to solve?</li> <li>• What has been tried?</li> <li>• What is the evidence for this program relative to our equity seeking populations?</li> <li>• Who else delivers this program and for which populations?</li> <li>• What are other equity considerations? (See Appendix A)</li> </ul>

<b>Health Equity Impact Assessment Tool</b>		
<b>Why Are We Creating an Equity Informed Plan for this Program?</b>		
<b>Current State:</b>		
<b>Situational Analysis</b>	<b>Our Experience:</b>	<b>Data Highlights:</b>
<b>Strategies RCHS could implement to reduce equity disparities</b>		

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**B. Program Logic Model**

<b>Goal:</b>	
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<b>Target Population:</b>	
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<b>Inputs (Resources)</b> <i>Human, financial, other inputs (e.g., Partnerships)</i>	<b>Components</b> <i>Groups of closely related activities (e.g., outreach, marketing, training, education, communication etc.)</i>	<b>Activities</b> <i>Things the program does to work towards its desired outcomes</i>	<b>Outputs</b> <i>Products, goods, services provided to clients/ participants</i>	<b>Short – Term Outcomes (1 - 2 Years)</b>	<b>Medium – Long Term Outcomes (3 - 5 Years)</b>
				<i>Changes or benefits most closely associated with or 'caused' by the program's outputs</i>	<i>Results accrued from short-term outcomes</i>


**C. Implementation Plan**

<b>Implementation Considerations</b>	<b>Legislative Considerations</b>
What are the resources considerations for the program? (*if these are ticked, they will be addressed in the implementation plan):	Identify considerations related to the following and confirm they are addressed in the implementation plan:
<input type="checkbox"/> Program Staff <input type="checkbox"/> Volunteers/Student Placements <input type="checkbox"/> Decision Support <input type="checkbox"/> Travel <input type="checkbox"/> Promotion <input type="checkbox"/> Space <input type="checkbox"/> Childcare <input type="checkbox"/> Consulting Fees <input type="checkbox"/> Admin Staff <input type="checkbox"/> Program Supplies/Materials <input type="checkbox"/> Technical Support/IT <input type="checkbox"/> Other:	<input type="checkbox"/> Privacy <input type="checkbox"/> Health and Safety <input type="checkbox"/> Accessibility <input type="checkbox"/> Workplace Violence
<b><i>*Use budget template to outline specific budget items and costs.</i></b>	

<b>Component</b>			
Activity	Lead	Timeline	Status

<b>Component</b>			
Activity	Lead	Timeline	Status

<b>Component</b>			
Activity	Lead	Timeline	Status

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D. Communication Plan				
Key Audiences	Key Messages	Tools	Time Frame	Lead

**E. Evaluation Plan**

**Ensure that your evaluation plan measures process, outcome and equity considerations.**

Sample Process Evaluation Questions:	Sample Outcome Evaluation Questions:
<ul style="list-style-type: none"> <li>• Was the program implemented as planned?               <ul style="list-style-type: none"> <li>○ Were program/service plans followed?</li> <li>○ Was the target population recruited?</li> <li>○ Was the attendance as expected?</li> </ul> </li> <li>• Were the participants satisfied with the program?</li> <li>• What is the staff's perception of the program?</li> </ul>	<ul style="list-style-type: none"> <li>• What were the program successes?</li> <li>• What are key success factors?</li> <li>• What works well and could be improved?</li> <li>• What were the program challenges?</li> </ul>

Questions	Indicators/Evidence	Data Collection			Data Analysis
What do you want to know?	How will we know it?	Sources:	Methods:	Timing:	How will data be analyzed?
What aspect of the program do you want to explore?	What would I see, hear, or read about clients that means progress towards the outcome	Who will have this information? (staff, clients, other stakeholders, documents etc.)	Who will we question? Who collects it? What tools will be used? (surveys, focus groups, observations, etc.)	When should we collect the data? (e.g., phases, on-going etc.)	Qualitative vs Quantitative
1.					
2.					
3.					

4.					

**Reporting Results:**  
 How will the results be communicated?  
 Who will get the results? When? Where? How? (verbal, written, presentation, report?)

**F. Evaluation Report Template**

<b>Review Completed by:</b>	
<b>Date:</b>	

*Background: (Brief description of the program, and its objectives)*

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*Methods Used:*

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*Results:*

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<i>Conclusion/Lessons Learned</i>
<b>Status/Next Steps:</b>

## Appendix A

### Equity Questions:

- How does your program affect health equity for the identified vulnerable or marginalized populations?
- Will some people or communities benefit more from the program than others, and why?
- Do some clients have different access to care?
- Do some clients have different overall health outcomes than others?
- How does it affect the quality and responsiveness of care for different communities/clients?
- How can you reduce or remove barriers and other inequitable effects?
- How can you maximize the positive effects or benefits that enhance health equity?
- What specific changes do you need to make to the initiative, so it meets the needs of each vulnerable or marginalized community you have identified? How does it need to be customized or targeted?
- Could you engage the population in designing and planning these changes or consult with key stakeholders?
- How likely is the program to have positive impacts or effects that enhance health equity?
- How likely is it to have negative effects that contribute to, maintain or strengthen health disparities?
- Will providing this program, or improving access to it, help to narrow the gap between the best and worst off in terms of health outcomes?

## Appendix B: Pre-Planning and Concept Discussion Guide

### Purpose:

- Questions to be used by Program Managers/Directors to informally explore identified needs, proposed solutions, programs, initiatives, etc., and to determine if more formal planning should proceed
- Could be used to provide a record of discussion regarding new programs

### Questions:

1. What is the situation or need to be addressed? (e.g., scope, target group, etc.)
  - What behaviours, knowledge gap, health problems, attitudes, etc. exist and what are the effects that the program will address?
  - Who is most affected?
  - Where are they?
  - Are we involved with this "target group" (i.e., clients?)
  - Discuss options (pros/cons) for how to address the need
2. What is the proposed intervention or response?
3. How does the program or concept fit with priorities of RCHS (e.g., operational or teamwork plan) and/or the SE LHIN?
4. Is the proposed program evidence-based or following an evidence-based approach?
  - If yes, describe how the program will be adapted for this target population.
  - If no, what is the evidence that the program will meet the identified need? (Describe the program theory or reasoning as to why it is the best intervention.)
5. Is RCHS (or a component of RCHS) best suited to deliver the program?
  - Are there other agencies delivering similar programs?
  - Should other agencies be consulted? Could they play a role?
  - How can they be engaged?
6. What are the key resource requirements (financial/human)?
7. What is the proposed timeline for implementation?

## Appendix C: Types of Measures

Measures used to assess and compare quality may include structural, process or outcome measures.

### Structural Measures

Structural measures give consumers a sense of a health care provider's capacity, systems, and processes to provide high-quality care. For example:

- Whether the health care organization uses electronic medical records or medication order entry systems.
- The number or proportion of board-certified physicians.
- The ratio of providers to patients.

### Process Measures

Process measures indicate what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition. These measures typically reflect generally accepted recommendations for clinical practice. For example:

- The percentage of people receiving preventive services (such as mammograms or immunizations).
- The percentage of people with diabetes who had their blood sugar tested and controlled.

Process measures can inform consumers about medical care they may expect to receive for a given condition or disease and can contribute toward improving health outcomes. The majority of health care quality measures used for public reporting are process measures.

### Outcome Measures

Outcome measures reflect the impact of the health care service or intervention on the health status of patients. For example:

- The percentage of patients who died as a result of surgery (surgical mortality rates).
- The rate of surgical complications or hospital-acquired infections.

Outcome measures may seem to represent the "gold standard" in measuring quality, but an outcome is the result of numerous factors, many beyond providers' control. Risk-adjustment methods—mathematical models that correct for differing characteristics within a population, such as patient health status—can help account for these factors. However, the science of risk adjustment is still evolving. Experts acknowledge that better risk-adjustment methods are needed to minimize the reporting of misleading or even inaccurate information about health care quality.

# Appendix D: Alignment of Strategy with Quality

## Background

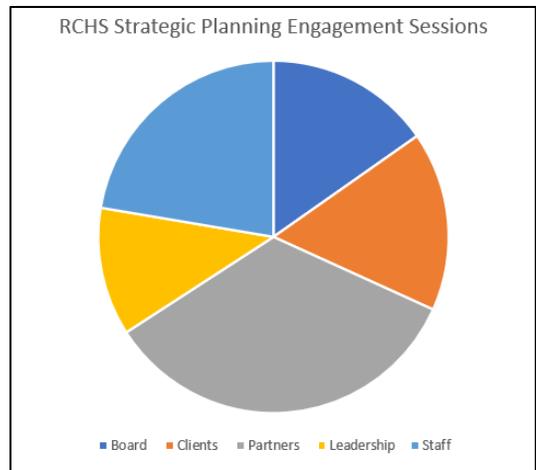
RCHS developed a new Strategic Plan for 2021-2024 in the 2020/2021 fiscal year. The Strategic Plan was developed using a robust engagement process.

## Informing the 2021-2024 Strategic Plan

Prior to designing community and stakeholder engagement sessions, RCHS grounded its strategic planning process in a review of the current context and core documents which are informing strategic and operational planning for the organization. These documents were included the 2017-2021 Strategic Plan and strategic plan mid-cycle review and progress report.

In February 2021, Rideau Community Health Services designed and hosted six facilitated engagement sessions with different internal and community stakeholders to inform the development of its 2021-2024 strategic plan. The engagement sessions provided an opportunity for participants to share their perspectives about the vision, mission, and strategic directions for RCHS for the next three years. Eighty-five community partners and key stakeholders participated in the engagement sessions including board and staff members of RCHS, community partners, clients, caregivers, and family members.

The input gathered from these community engagement sessions was collated and a summary of the results was presented to the Strategic Design Team, the RCHS leadership team and members of the RCHS Board of Directors. These key stakeholders provided additional input into the data collected from the engagement sessions.



## Outcome

**Vision:** Working together building healthy communities.

**Mission:** We engage individuals, agencies, and partners to improve the health and wellbeing of our communities

**Values:** Rideau Community Health Services is committed to building a strong collaborative community of care that is focused on equity, empathy, and respect for all.

## 2021 – 2024 Strategic Directions

1. Working Together to Improve Health and Wellbeing
  - We will invest in and strengthen our community partnerships to improve the health of all members of our communities.
  - We will advocate for enhanced services and programs to meet the needs of our communities.
  - We will work with our partners on the Ontario Health Team to improve access to services in our communities.
2. Working Together to Support Innovation and Community Connection
  - We will seek innovative ways to use technology to improve our use of data and electronic access to health services in Lanark, Leeds, and Grenville.
  - We will communicate with community members and partners in different ways to deepen their connection with Rideau Community Health Services.
3. Working Together for Person- and Community-Centered Care
  - We will ensure that programs and services delivered meet the needs of the individual, are focused on high quality and are equitable, inclusive, effective, and efficient.
  - We will work with our community partners to ensure that individuals receive seamless access to services and the level and quality of services they need regardless of where they live in the communities.

## Appendix E: Engagement for Strategic and Operational Plan Annually

Our strategic plan is RCHS's vision for the future, while our operational plan lays out how we will work towards achieving our strategic objectives.

Operational plans support programs and services to identify objectives and quality improvement activities. This includes defining the roles of each team member, the goals each team has created to better support the strategic plan of the organization, and the budget and resources required to make it happen.

### Development of Operational Plan

#### Staff Engagement - Innovative Conversations with Staff

Staff engagement is a cornerstone for any Continuous Performance Improvement-Centered Organization. RCHS encourages innovative conversations with our staff aimed at instilling ownership and accountability for current processes and the improvement of these processes.

There are three levels of performance improvement:

1. **"Making life better"** – example: Having stationary supplies neat and central. No more looking everywhere and easier to reorder.
2. **"Improving a process"** – example: Revamping the referral process and eliminating wasteful steps (going to people it doesn't need to go to)
3. **"Changing a landscape"** – example: Dental program for seniors – something that changes how we function or are seen in the community

#### Review steps:

When a staff member makes a suggestion that may require operational planning, the idea is vetted by the team, prior to moving to the leadership table. It's the team's decision on whether the idea should move forward for full consideration which includes resources, funding, timelines. Ideas are collected and may be discussed at any staff touchpoint- All Staff, Huddles, Individual conversations. The idea process and submissions should be simple, and discussions have occurred before they get to leadership.

Once the team approves, the ideas are priority ranked (see figure 2) and other considerations (example – funding, physical changes, resources).

#### Staff engagement process:

##### Step 1: Idea submitted to Supervisor

- Approves for team review
- Sends back to employee for further information if required

##### Step 2: Team review

- Agree this is a good idea and submit to leadership for inclusion into hopper
- Reject or request clarification with explanation

##### Step 3: Leadership Team review

- Ranked High - Moved to official project status
- Built into timeline and resource requirements reviewed for start date.
- Ranked Low - Sits in hopper for another day. Reviewed regularly.

##### Step 4: Feedback is provided to staff regarding status of idea

- Leadership Team discusses opportunities with teams as we begin developing ideas for the next operational plan
- Feedback from staff is brought forward to Leadership team meetings for discussion

##### Step 5: Draft operational plan shared with all staff in March for comments and discussions

	Status	Timeline/Urgency	Can project be rooted in Excellence within Timeline requested	Is Capital required	Covid Impact - do we have ability to do this within pandemic
<u>Idea/Project/Program</u>		0 - Not Urgent, 1 - Not Urgent but will improve/simplify a process, Complete within Year - 2, Must happen ASAP - 3	0 - No, 3 - Yes	0 - Unsure, 2 - Possibly or Verbal, 3 - No or Available	No = <del>Stop</del> , 1 - Possibly but reduced rate, 3 - Yes - No Impact
PC Optimization - Safety Tracking - reconciliation	Udrwy	1	3	3	1
IT Phase2 Modernization - Server	Udrwy	3	3	3	3
HP Start up of Dental Program - Senior, SF, NL, Westport and Brockville )	Udrwy	3	3	3	3
PC - Implement Advanced Access Strategy ( Access to care )	Pause	0	3	0	1
Food Security Program with Smiths Falls partners	Udrwy	0	3	0	1
PC - Anti-Racism and Anti-Oppression		1	3	0	3
Communication - Implement Strategy and start up Social Media and new Website		0	3	2	3
IT - Ocean Referral Process (Org or HP only?)		0	3	0	1
IT - Phone system					
HP - Reprocessing Foot Care instruments for External Partners					

### Leadership Engagement

Operational planning is the “actions” that are undertaken to support the strategic plan. Leaders working with their team members help to identify projects, additional programs, service changes etc. The leadership team in addition to developing objectives and activities must identify “metrics” that are measurable to determine progress.

Operational planning discussions for the following year’s plan development begin in November/December each year. Ideas and needs are constantly identified and collected for consideration and discussed at a formal meeting for operational plan development which occurs annually in January where projects are discussed, scoring is undertaken, and decisions are made.

# Appendix F: Risk Framework

## Integrated Risk Management Program

### Overview

Rideau Community Health Services (RCHS) is committed to providing high quality health care, programs and services. Enhancing the safety of clients, staff, families, community, volunteers and preserving its reputational and financial integrity in order to continue its mission.

Currently, risk management with RCHS has been addressed through a variety of processes including:

- Quarterly reporting of financial risks to the Ministry of Health.
- Quarterly reporting of variances related to performance requirements in the Ministry- LHIN accountability agreement.
- Varying degrees of risk elevation based on issue identification by staff.

The establishment of a formal Integrated Risk Management (IRM) system is based on the philosophy that leadership sets the tone and directs efforts across the organization to foster a culture that values learning, innovation, responsible risk taking, continuous improvement and commitment to address the underlying system factors that contribute to risk.

### The objectives of developing an IRM system:

1. To establish an IRM system as a critical component in achieving quality and safety, financial performance targets, plus protecting and enhancing RCHS’s reputation.
2. To establish all forms of risk that the organization may face and to outline risk identification strategies, risk mitigation processes and monitoring and reporting to achieve effective IRM.
3. To establish a structured process that focuses on identifying and eliminating risks that would potentially impact on achievement of objectives.

### The benefits of an IRM system to RCHS are:

1. Proactive rather than reactive management of risk resulting in more successes, fewer setbacks, and more effective operations and controls.
2. More effective and structured approach to opportunities and threats by managing the associated risks in effective and efficient ways.
3. Improved trust and confidence in the organization.
4. Improved understanding of risks, their control and general resilience and robustness of the organization to support governance.

### Risk Management

RCHS has used a combination of the HIROC assessment tool combined with a tool developed by \*\*\*KPMG for a Community Health Centre (CHC) in Ontario. The main differentiation is the degree of financial risk related to the impact.

### The Risk Management Process is a five-step process:

- 1) Risk Identification
- 2) Risk Analysis
- 3) Risk Evaluation
- 4) Risk Treatment
- 5) Monitoring and Review

#### 1) RISK IDENTIFICATION

Risk identification is the process through which the organization becomes aware of risks that constitute potential loss exposures. The primary process of risk identification is to identify risks to the organization which would reduce or remove likelihood of the organization reaching its strategic objectives. RCHS has identified eight (8) risk categories:

1. Compliance/Legal/Privacy
2. Financial



3. Business Continuity (Information Technology)
4. Service Delivery/Strategic/Policy
5. Human Resources
6. Physical/Psychological Harm
7. Reputational Risk (Stakeholder/Public Perception)
8. Governance

Risks associated with any decision must be identified and placed on the **risk register**: (appendix D) before they can be treated, even if it is later determined that the risk levels with existing controls are acceptable. The risk register is a rolling document and will be reviewed bi-annually with the Leadership Team (more often if required) and a report bi-annually to the Board.

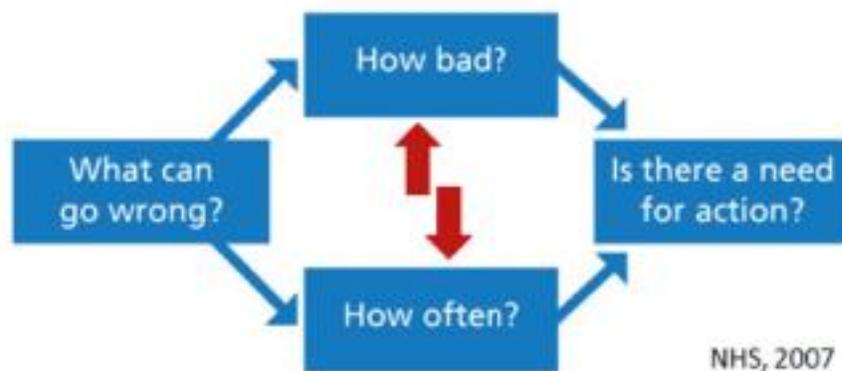
**Risk identification employ numerous methods or techniques including:**

- Brainstorming
- Interviews and self-assessment
- Facilitated workshops
- Questionnaires and surveys
- Incident Report Analysis

**2) RISK ANALYSIS**

Risk analysis is organized into estimates of likelihood of events, estimates of consequence of events and estimates of the combined effect of likelihood and consequences according to the risk criteria (HIROC).

- Risk assessment is essential to the process of prioritizing risks.
- Risk assessment consists of examining how bad the risk is and the likelihood of the risk occurring.



**Assess Risk Consequence**

- Assessment of losses, or consequences that could result if that risk were to be realized. This may include: physical or psychological harm (to clients, staff, visitors); disengaged staff; financial loss; reputational loss; service/business interruption; legislation non-compliance; or failed strategic initiatives.
- We have adopted a domain-specific, calibrated consequence scale, e.g., 'very high' (i.e., death) physical harm equated to 'very high' (i.e., truly significant) financial loss.

**Assess Risk Likelihood**

- The likelihood of the risk can be assessed by considering the frequency of occurrence (e.g., once per month or once per year).
- Frequency will be based on the probability that an initiative might fail in a given time period.
- Focus on residual risks and not inherent risks
  - Risks are sometimes described as inherent – risk before taking into account existing controls or mitigation strategies (e.g., the risk of an adverse medication event without unit dose systems or double-checks) or residual – risk that remains with mitigation strategies in place (NHS, 2007).
  - Significant effort may be expended in assessing inherent risks. This is a theoretical exercise with limited utility, as it is residual risk that largely drives risk management activities (Audit Commission, 2009).

**The steps in risk analysis include:**

- 1) Assign the Severity/Impact/Consequence of the risk (i.e., Very Low, Low, Medium, High, Very High). **Appendix A**
- 2) Assign the Likelihood/Frequency of the risk occurring (i.e., Very Low, Low, Medium, High, Very High). **Appendix B**
- 3) Score Risk Impact using a Risk Matrix (i.e., Very Low, Low, Medium, High, Very

High). **Appendix C**

- 4) Prioritize action.

### 3) RISK EVALUATION

An important element of risk evaluation is *risk tolerance*. Risk tolerance is key to achieving effective IRM and it must be considered before determining how risks can be addressed. Risk tolerance is the risk exposure an organization determines appropriate to take or avoid taking. It's an important component of risk management in that it clarifies what risk exposures are acceptable to take and what exposures are to be avoided.

Determining risk tolerance involves applying judgment - giving careful consideration to the following key factors:

- 1) Attitude towards risk.
- 2) RCHS's goals.
- 3) RCHS's capability to manage risk.
- 4) RCHS's capacity to absorb the impact of potential loss related to taking the risk.
- 5) The cost/benefit of managing the risk.

**An important part of formalizing and communicating risk tolerance is through policies. Where the board of directors has delegated decision-making responsibility to management, policies should be written which clarify:**

- The risk tolerance (i.e., parameters) within which the board expects management to manage risk i.e., Executive Limitations.
- The information that management should provide to the board about the management of the risk, so that the board can carry out its oversight responsibilities.

### 4) Risk Treatment (responding to risk - plan and take action)

The risk assessment exercise will determine the action plan with respect to the mitigation of the risk. There are two types of risk treatments: *prevention activities* – aimed at reducing the likelihood of occurrence of the risk event and *mitigation activities* – aimed at reducing magnitude of the impact should the risk event occur. Control or mitigation strategies will be identified or formulated and implemented. Our focus will be on prevention as it is typically more cost-effective however, as no prevention regimen is perfect, we will put in place strong mitigation activities.

#### Steps:

- Determine if risk exposure is within tolerance levels. If not, adjust risk response activities.
- Understand the root cause of the risk.

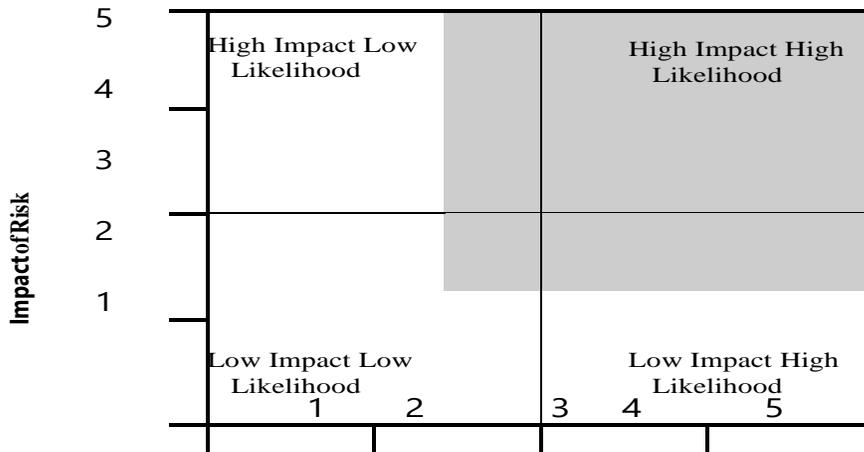
*Basic alternatives for managing a given risk:*

- 1) *Avoid*: We can choose to not take action that would create an exposure of some kind.
- 2) *Reduce*: The manager goes ahead with the investment or other endeavours that has some risks but takes steps to lesson them.
- 3) *Transfer or Share*: Risks can be transferred to someone else. Insurance is the best example of this as is the transfer of risk through contractual methods.
- 4) *Accept*: This is the default choice for any risk management. You simply accept the risk as is.

The focus/priority will be on those risks that are the most likely to occur and which have the *most impact on a project, the organization or the health system as a whole*.

Figure 1 depicts the area of primary focus – “High Impact/ High Likelihood.”

Figure 1



**5) Monitoring and Reviewing**

Monitoring and review are key to the continuous improvement of risk management. Our approach can examine how monitoring and review leads to actions and then to observable improvements. Questions to be asked during a risk review:

- Has the risk changed in character due to trends? Are there new risks evolving or emerging?
- Has the context for the risk management changed?
- Is the risk treatment plan being implemented? As planned?
- Are controls effective?
- What is the appropriate frequency of monitoring?
- Based on actual outcomes for objectives, was the risk assessment accurate?
- Can monitoring be improved by identifying better key performance indicators?

## Appendix A

### Risk Assessment Guidelines -HIROC Risk Assessment Scales

The following criteria has been developed to ensure consistency in measuring risk severity and risk likelihood on a 1 to 5 scale across different types of risk. Supervisors should select one [or if necessary, more] of the risk severity definitions on the left column to derive a measure of risk severity on a 1 to 5 scale. Where more than one definition has been selected, then risk owners need to ensure a consistent risk severity score is used.

### Potential Impact Scale

Dimension	Very Low	Low	Medium	High	Very High
Physical/ psychological harm	<ul style="list-style-type: none"> <li>Minimal harm, no/minimal intervention or treatment</li> <li>No time off work</li> </ul>	<ul style="list-style-type: none"> <li>Minor harm or illness, minor intervention</li> <li>Time off work for &lt;3 days</li> <li>Increase in LOS by 1-3 days</li> </ul>	<ul style="list-style-type: none"> <li>Moderate harm, professional intervention</li> <li>Time off work for 4-14 days</li> <li>Increase in LOS by 4-15 days</li> <li>Small number of patients</li> </ul>	<ul style="list-style-type: none"> <li>Major harm leading to long-term incapacity disability</li> <li>Time off work for &gt;14 days</li> <li>Increase in LOS by &gt;15 days</li> <li>Mismanagement of patient care with long-term effects</li> </ul>	<ul style="list-style-type: none"> <li>Incident may lead to death</li> <li>Multiple permanent instances of harm, irreversible health effects</li> <li>Large number of patients</li> </ul>
Human Resources	<ul style="list-style-type: none"> <li>Low level of internal grievances</li> </ul>	<ul style="list-style-type: none"> <li>Grievances occurring but not in large numbers</li> </ul>	<ul style="list-style-type: none"> <li>Grievances show an increasing pattern</li> <li>Low staff morale</li> </ul>	<ul style="list-style-type: none"> <li>Grievances are increasing and more pervasive</li> <li>Very low staff morale</li> </ul>	<ul style="list-style-type: none"> <li>Grievances preoccupy the organization, arbitration and external review</li> <li>Loss of several key staff</li> </ul>
Financial	<ul style="list-style-type: none"> <li>minimal</li> </ul>	<ul style="list-style-type: none"> <li>&lt;1% of budget</li> </ul>	<ul style="list-style-type: none"> <li>1-2% of budget</li> </ul>	<ul style="list-style-type: none"> <li>2% -3%of budget</li> </ul>	<ul style="list-style-type: none"> <li>&gt;3% of budget</li> </ul>
Reputation with stakeholders (including: community, donor, media, gov't, public, partners)	<ul style="list-style-type: none"> <li>Rumours</li> <li>Potential stakeholder concern</li> </ul>	<ul style="list-style-type: none"> <li>Local media coverage (short term)</li> <li>Elements of stakeholder expectation not being met</li> </ul>	<ul style="list-style-type: none"> <li>Local media coverage (sustained)</li> <li>Short-term reduction in stakeholder confidence</li> </ul>	<ul style="list-style-type: none"> <li>National media coverage (short-term)</li> <li>Potential for political involvement</li> <li>Longer-term reduction in stakeholder confidence</li> </ul>	<ul style="list-style-type: none"> <li>National media coverage (sustained)</li> <li>Political intervention</li> <li>Sr. leader termination</li> <li>Long-term reduction in stakeholder confidence</li> </ul>
Service/ business interruption	<ul style="list-style-type: none"> <li>Interruption of &gt;1 hour</li> </ul>	<ul style="list-style-type: none"> <li>Interruption of &gt;8 hours</li> </ul>	<ul style="list-style-type: none"> <li>Interruption of &gt;1 day</li> </ul>	<ul style="list-style-type: none"> <li>Interruption of &gt;1 week</li> </ul>	<ul style="list-style-type: none"> <li>Permanent loss of service or facility</li> </ul>
Compliance/ Legislative /Privacy	<ul style="list-style-type: none"> <li>Minor non-compliance statutory duty</li> </ul>	<ul style="list-style-type: none"> <li>Single failure to meet external standards or follow protocol</li> <li>Recommendations to comply with external agency</li> </ul>	<ul style="list-style-type: none"> <li>Repeated failures to meet external standards</li> <li>Orders issued; report required by external agency</li> </ul>	<ul style="list-style-type: none"> <li>Multiple statutory breeches /non-compliance with external standards</li> <li>Prolonged inspection, significant findings</li> <li>Prosecution initiated for non-compliance</li> </ul>	<ul style="list-style-type: none"> <li>Gross failure to meet standards</li> <li>Maximum fines</li> <li>Criminal code violation</li> <li>Impact on affiliation agreements</li> </ul>
Business objectives/ projects/ Strategic Priorities	<ul style="list-style-type: none"> <li>Insignificant schedule delay</li> </ul>	<ul style="list-style-type: none"> <li>Minor schedule delay</li> <li>Small number of objectives not met</li> </ul>	<ul style="list-style-type: none"> <li>Moderate schedule delay</li> <li>Some objectives not met</li> </ul>	<ul style="list-style-type: none"> <li>Significant schedule delay</li> <li>Key objectives not met</li> </ul>	<ul style="list-style-type: none"> <li>Initiative not implemented</li> <li>Key objectives not met</li> </ul>
Governance	<ul style="list-style-type: none"> <li>Insignificant due to</li> </ul>		<ul style="list-style-type: none"> <li>Moderate impact related to inability to pass Motions related to quorum</li> </ul>		<ul style="list-style-type: none"> <li>Major impact if unable to maintain Board quorum</li> </ul>

**APPENDIX B**

**Likelihood Scale**

<b>Category</b>	<b>Very low</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Very high</b>
Broad descriptors	<ul style="list-style-type: none"> <li>• Will probably never occur/recur</li> </ul>	<ul style="list-style-type: none"> <li>• Do not expect it to happen/recur but it is possible</li> </ul>	<ul style="list-style-type: none"> <li>• Might happen or recur occasionally</li> </ul>	<ul style="list-style-type: none"> <li>• Will probably happen/recur</li> </ul>	<ul style="list-style-type: none"> <li>• Will undoubtedly happen/recur, possibly frequently</li> </ul>
Timeframe	<ul style="list-style-type: none"> <li>• Not expected to occur for years</li> </ul>	<ul style="list-style-type: none"> <li>• Expected to occur at least annually</li> </ul>	<ul style="list-style-type: none"> <li>• Expected to occur at least monthly</li> </ul>	<ul style="list-style-type: none"> <li>• Expected to occur at least weekly</li> </ul>	<ul style="list-style-type: none"> <li>• Expect to occur at least daily</li> </ul>
Probability	<ul style="list-style-type: none"> <li>• &lt;0.1%</li> </ul>	<ul style="list-style-type: none"> <li>• 0.1-1%</li> </ul>	<ul style="list-style-type: none"> <li>• 1-10%</li> </ul>	<ul style="list-style-type: none"> <li>• 10-50%</li> </ul>	<ul style="list-style-type: none"> <li>• &gt;50%</li> </ul>

Adapted from NPSA, 2008

**APPENDIX C**

**HEAT MAP** Risk Rating = Likelihood x Severity

<b>SEVERITY</b>	<b>Very High Catastrophic (5)</b>					
	<b>High Major (4)</b>					
	<b>Medium Moderate (3)</b>					
	<b>Low/Minor (2)</b>					
	<b>VL/Insignificant (1)</b>					
	<b>VL (1)</b>	<b>LOW (2)</b>	<b>Medium (3)</b>	<b>High (4)</b>	<b>Very High (5)</b>	
<b>LIKELIHOOD</b>						

	Very High: STOP and ASSESS		Low Priority Risks: MONITOR on a regular basis
	High Priority Risk: URGENT ACTION REQUIRED- plan		Very Low Priority Risks: NO action required
	Medium Priority Risks: ASSESS, EVALUATE and REVIEW as required in plan		

**Appendix D Risk Register**

Map	Risk	E	Mitigation/Contingencies	Likely	Impact	Risk Rating	Current RR	Future RR
	<b>Finance</b>							
	<b>Service Business Interruption</b>							
	<b>Reputational Risk: stakeholders (including: community, donor, media, gov't, public, partners)</b>							
	<b>Human Resources: Staff Engagement</b>							
	<b>Physical or Psychological Harm</b>							
	<b>Legislative Compliance</b>							
	<b>Operations Continuity/Projects/ Strategic Plan</b>							
	<b>Governance</b>							

## Appendix G: Risk Register Template

Map	Risk	Explanation	Mitigation/Contingencies	Likely	Impact	Risk Rating	Future Risk Rating
<b>Finance</b>							
<b>Service Business Interruption</b>							
<b>Reputational Risk: stakeholders (including: community, donor, media, gov't, public, partners)</b>							
<b>Human Resources: Staff Engagement</b>							
<b>Physical or Psychological Harm</b>							
<b>Legislative Compliance</b>							
<b>Operations Continuity/Projects/ Strategic Plan</b>							
<b>Governance</b>							

<b>RIDEAU COMMUNITY HEALTH SERVICES POLICIES AND PROCEDURES</b>		<b>NUMBER:</b> SS 50
		<b>TYPE:</b> Safety & Security
Policy Owner:	Occupational Health and Safety Committee	<b>EFFECTIVE:</b> November 2002
Approved by:	Leadership Committee	
Reviewed:	Nov 2013, Nov 2016, Apr 2019	
Revised:	Mar 2008, May 2009, May 2014, May 2022	

## **INCIDENT/ACCIDENT/UNUSUAL OCCURRENCE OR CRITICAL INJURY**

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### **Policy**

All workers have the responsibility to report occupational accidents, illnesses, incidents, hazardous conditions, near misses and non-injury property damage. Workers may also be required to participate in the accident investigation process.

An incident/accident/unusual occurrence or critical injury at RCHS must be reported to the supervisor immediately and on our electronic Incident Reporting System (IRS) within 24 hours if reasonable to do so. In the case of a critical injury RCHS will notify the proper authorities in the legislated time frame. For acts of violence, harassment, or bullying against or by any of Rideau Community Health Services employees refer also to SS15.

The incident reporting system will be the joint responsibility of workers, management and the Joint Health and Safety Committee. Duties will include completing and reviewing reports, recommending preventative and corrective actions, providing notification reports to the Ministry of Labour and the maintenance of records. Supervisors will be responsible for investigating workplace accidents and for completing the electronic incidents reports and other forms as deemed necessary and for ensuring timely closure of reports and ensuring appropriate persons and committees are notified ie. Privacy Officer, Director of Corporate Services and/or the Joint Health and Safety Committee.

### **Preamble**

As part of the normal activity of RCHS, things will occur that may present a safety, security, financial or personal risk to RCHS, RCHS employees/volunteers, or RCHS clients. These occurrences will present an opportunity to learn and improve the service, maintenance, and security of the organization.

### **Procedure**

Worker Responsibilities: Employees shall report all accidents, illnesses, and incidents, near misses and hazardous conditions to their supervisor no matter how slight.

Supervisor Responsibilities: Managers are responsible for investigating, reporting and corrective action follow up of all accidents/incidents.

Non-Worker Injury and Illness: Non-worker cases of fatality or critical injury may require investigation and reporting as per the Occupational Health and Safety Act e.g., where there is also a risk or hazard of injury to workers. RCHS will consult with the Ontario Ministry of Labour to determine reporting requirements by contacting 1-877-202-0008.

Records: Incident reports will be reviewed and filed by the Director, Corporate and Administrative Services. Investigation reports will be kept by RCHS for a minimum of 5 years following appropriate action.

Accident Investigations: If a person is killed or critically injured, a formal accident investigation will be held as per the requirements of the Occupational Health and Safety Act. See below for "Formal Investigation Procedure." An investigation will be conducted by the departmental manager for all other types of accidents, injuries, illnesses, hazardous conditions, and near misses). This information will be captured on the IRS.

Reports and Notification: In the case of worker death or critical injury, the supervisor who has been notified will immediately notify both the Director of Corporate and Administrative Services and the

Chief Executive Officer (CEO). They will ensure appropriate notice given to a Ministry of Labour and/or ), the Joint Health and Safety Committee (if applicable). are to The CEO, who will provide information to the Board as required.

An investigation is to be conducted immediately and a written report is to be presented by the CEO (or delegate) to a Ministry of Labour Director within 48 hours. Incidents are reported to the Board on a quarterly basis or more often as required.

**\*\*\* Critical injuries and fatalities must be reported immediately to the Ministry of Labour by calling 1-877-202-0008. This number operates 24 hours a day, seven days a week. For up to date information on reporting of critical incidents, visit: <https://www.ontario.ca/page/reporting-workplace-incidents-and-illnesses>.**

CRITICAL INJURY means an injury of a serious nature that:

- a) Places life in jeopardy;
- b) Produces unconsciousness;
- c) Results in substantial loss of blood;
- d) Involves the fracture of a leg or arm but not a finger or toe;
- e) Involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- f) Consists of burns to a major portion of the body; or
- g) Causes the loss of sight in an eye

The written report will include:

- the name and address of the employer
- the nature and circumstances of the occurrence and of the bodily injury sustained
- a description of the machinery or thing involved, if any
- the time and place of the occurrence
- the name and address of the person who was critically injured or killed
- the names and addresses of all witnesses to the occurrence
- the name and address of the physician or surgeon, if any, who is attending to or attended to the injured or deceased person and,
- the steps taken to prevent a recurrence.

The following types of incidents must be reported:

- a. physical violence
- b. threats
- c. verbal abuse
- d. theft
- e. personal injury
- f. property damage (inadvertent or purposeful)
- g. sexual harassment
- h. any unusual occurrence with safety implications

Where an accident, explosion, or fire causes injury to a person, whereby the person is disabled from performing his/her usual work or requires medical attention, an investigation is to be conducted, by the manager, within 48 hours and the RCHS C.E.O.(or delegate) will give notice in writing to a Ministry of Labour Director. Effective June 15, 2010 the notification and reporting requirement will also include incidents of workplace violence as defined by the OHS Act.

For injuries that disable the worker from performing usual work, the written report will include:

- the name and address of the employer
- the nature and circumstances of the occurrence and of the bodily injury sustained by the worker
- a description of the machinery or thing involved if any
- the time and place of the occurrence
- the name and address of the worker who was injured
- the names and addresses of all witnesses to the occurrence
- the name and address of the physician or surgeon, if any, who is attending or attended to the worker for the injury and,
- the steps taken to prevent a recurrence.

For injuries requiring medical attention but do not disable the worker from performing usual work, the written report will include:

- the nature and circumstances of the occurrence and of the injury sustained
- the time and place of the occurrence
- the name and address of the injured worker and
- the steps taken to prevent a recurrence.

If RCHS is advised that the worker has an occupational illness or that a claim in respect of an occupational illness has been filed with the disability insurer, the C.E.O. (or delegate) will give notice in writing within four days, to a Ministry of Labour Director.

The written report will include:

- the name and address of the employer
- the nature of the occupational illness and the circumstances which gave rise to such illness
- a description of the cause or the suspected cause of the occupational illness and the period when the worker was affected
- the name and address of the worker who is suffering from the occupational illness
- the name and address of the physician, if any, who is attending to or attended to the worker for the illness and, the steps taken to prevent further illness.

If the occurrence involves the collapse or failure of a temporary or permanent structure that was designed by a professional engineer or architect, the C.E.O. (or delegate) will within fourteen days after the occurrence, supplement the above-mentioned report with the written opinion of a professional engineer as to the cause of the collapse or failure.

### **Formal Investigation Procedure (Critical Injury or Death)**

It will be the responsibility of the injured worker's manager to set up the formal accident investigation meeting. Those required to attend an investigation are the injured worker (where able), the worker's manager, a worker member of the Joint Health and Safety Committee (certified worker member, if available) and Ministry of Labour Inspector.

Other persons who may contribute to the investigation may also be required to participate. The JHSC worker member (certified member, if available) and manager will co-chair the investigation and report the results. The injured worker's manager and RCHS will be responsible for the completion of any recommendations resulting from the accident.

In the event of an accident, no person will interfere with, disturb, destroy, alter, or carry away any wreckage, article or thing at the scene of or connected with the occurrence until permission to do so has been given by the investigating team. The only exceptions are to save a life or relieve human suffering, maintaining an essential public utility service or transportation system, or preventing unnecessary damage to equipment and other properties.

All accident/incident/hazard investigations should commence immediately and be completed within 24 hours. In exceptional circumstances, 48 hours is acceptable. All relevant points brought out during the investigation must be accurately recorded.

The investigation team must identify all the contributing factors including hazardous conditions, unsafe actions and root causes so that a decision can be made on which conditions and circumstances contributed to the accident.

Identifying the contributing factors will include direct observations and interviews with both the worker and any witnesses. The Manager and JHSC Worker Member (certified worker member, if available) will summarize the information gathered, propose an action plan, and provide copies to the worker, C.E.O. (or delegate), and co-chairs of the Health and Safety Committee. The manager will ensure that proposed action is implemented to prevent further accidents. If the solution is beyond the authority or resources of the manager, they must make their Supervisor and/or CEO aware of the problem and put interim procedures in place. The hazards identified in the investigation process must not be allowed to remain without attention while proposed action is pending. The Health and Safety Committee will review data from Accident/Incident Reports and Investigation reports, monitor trends and make recommendations to the workers and CEO on appropriate prevention strategies and priorities in health and safety.

### **How To Investigate An Accident/ Incident:**

Managers and JHSC members may have to investigate accidents/incidents. All workers should be aware of the investigation process so they will be able to contribute information about any incident in their workplace.

#### Step 1: Take Immediate Action

- call for immediate help
- provide first aid/medical aid
- reassure the workers
- secure the incident scene until the investigation at the scene is finished
- identify potential information sources

#### Step 2: Gather Evidence

- identify the final event of the incident (e.g. the accident itself)
- gather data that fills in the complete picture of what happened from the beginning of the incident to what contributed to the final event
- ensure that the evidence is factual about actions that were seen, heard, or done

There are two ways to gather evidence:

- a. Look for clues from the scene of the incident. For example,
  - take pictures
  - make sketches
  - take measurements
  - take samples of substances/fluids
  - note environmental conditions, housekeeping, lighting, noise, signs and workspace
  - collect foreign objects or broken pieces of equipment
  - check procedures
  
- b. Collect information from people (e.g., injured worker, witness, and manager).

#### Step 3: Put the Evidence in Order

- To help you develop a mental picture of what happened, put all the facts you have gathered together in the order in which they occurred. Make sure you have enough evidence. There

should be no gaps and the evidence should make sense. Each event relates to or interacts with at least one other incident event.

#### Step 4: Analyze Your Information

- Analyze your findings and identify why the incidents occurred. The whys are the safety problems that must have existed for the incident to occur. Incidents generally occur because of a combination of symptom and root safety problems. Symptom safety problems are obvious, immediately recognizable problems such as recapping a needle or water on a floor. Symptom safety problems need to be analyzed to find out why they exist. Root safety problems are the behind-the-scenes problems. They deal with such things as a lack of, or poor policy, procedures, training and supervision.

#### Step 5: Recommend Corrective Action

- Look ahead and see how the risk of similar incidents can be reduced. Use your knowledge of what happened and why and consider how people and things work together. Based on this information, recommend changes that will improve health and safety in the workplace i.e. policy/procedure; training; equipment repair; maintenance or replacement; supervision. Recommendations should be specific for the identified safety problem, effective and sound, practical, affordable, credible and ranked according to priority.

#### Step 6: Follow Up on Corrective Action

- Follow up your recommendations for corrective action to determine whether they were implemented and, if so, whether they were effective. This information will help you when making recommendations on subsequent incident investigations. Without this follow up, the effort of the investigation may be wasted.

#### Step 7: Write an Investigation Report

- Write a report to tell those who need to know what happened why it happened and what can be done to prevent similar incidents.

Your report should include:

- be objective
- be descriptive
- identify safety problems-why the incident happened
- make recommendations for corrective action
- state planned follow-up dates
- leave space for follow-up comments.

**\*\*\* Critical injuries and fatalities must be reported immediately to the Ministry of Labour by calling 1-877-202-0008. This number operates 24 hours a day, seven days a week.**

Ministry of Labour  
347 Preston Street, 4th Floor  
Ottawa, On K1S 3J4  
Phone 1-613-228-8050, 1-800-267-1916  
Fax 1-613-727-2900  
[www.labour.gov.on.ca](http://www.labour.gov.on.ca)

#### Definitions

Accident: An accident is an undesired event that results in harm to people and/or damage to equipment, materials or the environment.

Critical Injury: An injury of a serious nature including injury that places life in jeopardy; produces unconsciousness; results in substantial loss of blood; involves the fracture of a leg or arm but not a finger or toe; involves amputation of a leg, arm, hand or foot but not a finger or toe; consists of burns to a major portion of the body or causes the loss of sight in an eye.

Incident: An injury or illness that does not require professional medical treatment or lost time from work.

Illness: Any disease resulting from exposure to a substance relating to a particular process, trade or occupation or a disease characteristic of a particular process, trade or occupation.

INVESTIGATION must be conducted in a manner such that it does not interfere with, disturb, destroy, alter or carry away any wreckage, article or thing at the scene of or connected with the occurrence (unless permission is first received from a MOL inspector)

JHSC INVESTIGATION – worker members can be designated to investigate cases where death or critical injury occurs at a workplace; they may inspect the place where accident occurred and any machine, device or thing. Findings must be reported to a MOL Director and to JHSC. Employer must preserve the scene of the accident, except to: save a life or relieve human suffering; prevent unnecessary damage to equipment or other property.

Near miss: A situation which could have potentially resulted in an accident or incident but did not.

Non injury property damage: Any damage to Rideau Community Health Services property and equipment.

Worker: A person who works or supplies services for monetary compensation or a student.

Supervisor: A person who has charge of a workplace or who has authority over a worker. Includes supervisors, managers and directors.

**Associated Policies**

None listed

**Appendices**

Appendix A - Critical Injury Report

# APPENDIX A



## Critical Injury Report

<b>Name and Address of Staff</b>	<b>Name:</b>  <b>Address:</b>			
<b>Location of Incident:</b> SF MV BV Perth (Please circle)	<b>Date of Incident</b>	<b>Time</b>	<b>Date Reported</b>	<b>Time</b>
<b>Type:</b> (Please circle)	<b>Critical Injury/fatality</b> Report Immediately	<b>Accident/Explosion/Fire/Violence causing injury</b> Report within 4 days of event		<b>Occupational illness</b> Report within 4 days of notification
<b>Reported to:</b>	<b>Mgmt</b> <input type="checkbox"/>	<b>MOL</b> <input type="checkbox"/> Immediately by phone; 1-877-202-0008 plus written report within 48 hrs if critical injury/fatality		<b>JHSC</b> <input type="checkbox"/>
<b>Description of Incident / Accident</b>				
	<b>Signature:</b>			
<b>Machinery/Equipment Involved:</b>				
<b>Please complete if reporting accident.</b>  <b>Description of the injury or illness</b>	<b>Describe injury, part of body involved and whether right or left</b>			
<b>Witness/Staff Involved (including addresses)</b>				

<b>Action Taken</b>	
<b>Treatment Given, (if accident)</b>	
<b>Corrective Action</b>	<b>Describe corrective action to prevent recurrence – already taken / planned but not taken / recommended</b>
	<b>Date:</b> <b>Signature:</b>
<b>Examined by (if accident)</b>	<b>Name:</b>
	<b>Address:</b>
	<b>Nurse [ ] Doctor [ ]      Signature:</b>
<b>Follow-up</b>	
<b>Other Comments</b>	
<b>Copy to:</b>	<input type="checkbox"/> <b>Supervisor</b> <input type="checkbox"/> <b>Director, Corporate Services</b> <input type="checkbox"/> <b>OHS Committee</b>

<b>Signatures:</b>	<b>Supervisor:</b>  <b>Date:</b>
	<b>Dir. Corporate Services:</b>  <b>Date:</b>
	<b>Chief Executive Officer:</b>  <b>Date:</b>

CRITICAL INJURY means an injury of a serious nature that:

- h) Places life in jeopardy;
- i) Produces unconsciousness;
- j) Results in substantial loss of blood;
- k) Involves the fracture of a leg or arm but not a finger or toe;
- l) Involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- m) Consists of burns to a major portion of the body; or
- n) Causes the loss of sight in an eye