

TFHT Risk Management Plan 2014-15

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Risk Dimension	Description of Risk	Potential Risk Factors	Likelihood			Mitigation Strategies	Responsibility	Timeframes
			Low	Medium	High			
Strategy, Governance, Organizational Policy	Risk that the organization structure, accountabilities or responsibilities are not designed, communicated or implemented to meet the organizations objectives or strategic directions.	-FHN priorities not aligned with FHT priorities -Changing MOHLTC priorities -Failure or inability of the organization to implement programs & services that demonstrate progress with meeting the strategic directions				Strategic Planning that involves all members of the TFHT; Board recruitment, renewal, assessment process in place, Governance audit, by-law review, established procedures for control & oversight supported by in-house expertise in finance, HR, IT, risk management, facility and financial development, procurement, communication, quality control, performance management, policy development, contract review, disaster recovery; Openness and transparency through clear communication of mission, vision, strategic directions	ED, Board, Finance Manager, Admin Assistant, IT Manager, TFHT Committees, Management Team	On-going
	Risk that culture and management commitment do not support the formal structures/systems/operations.							
	Risk that strategies & policies fail to achieve required results							
Operational (Care/Service/Delivery Risks)	Risk that services will not get completed or delivered in a timely manner, as expected.	Access to care targets not met; Inability to meet quality outcome measures and performance indicators; Inability to provide adequate care during a pandemic/outbreak				Monitor outcome and performance measures;	QM & Programs Committee; Management Committee; Senior TFHT Management Team	Quarterly
	Risk that business processes performed by employees and automated systems do not meet performance & care standards, contractual obligations, regulations, or achieve organizational objectives.							

Human Resources Risk	Risk that capable and motivated staff will not be available to achieve full scope of job requirements.	Resignations, turnover, inability to hire, lack of skills, injury etc.; Availability of health care professionals in NE Ont; FHT salary inequities within professional categories,				Establish HR policies, procedures and practices in keeping with current employment legislation; maintain reliable source of HR information and consultation; Ensure student affiliation agreements in place, WSIB forms, professional liability, health examination for communicable disease, establish volunteer policies; maintain insurance policies for staff, volunteers and board members.	ED, Finance Manager, Admin Assistant	Quarterly
	Risk that recruitment/retention efforts will not result in the ability of the organization to recruit a qualified workforce and/or to recruit competent staff to funded positions.							
	Risk arising from non-compliance with employment law and source deduction requirements that expose the organization to penalties and civil liability							
	Risk that HR management strategies related to succession planning, skills development and an aging health care professional workforce will not be successful in retaining health care professionals that provide appropriate care access.							
Patient/Stakeholder Satisfaction	Risk of failure to meet expectations of patients, partners, the community, the broader public, government agencies, ministries, etc.	Failure to meet quality goals and targets				Patient feedback survey distribution, accessibility, review, reporting, change integration; QI Plan review, revision & action; maintain partner relationships; timely collaboration with partners, government agencies, ministries.	QM & Program Committee; Senior Management team, Management Committee	Weekly Follow-up
Reputation/Public Perception Risk	Risk of loss of reputation, loss of patient/public confidence in the TFHT; poor public/media perception	Loss of Funding; Negative media coverage; Breach of confidentiality; lack or provision of timely care				Timely communications and public relations strategy; effective crisis management; appropriate management of patient information; management of information on appropriate use of social media;	ED, Management Committee, Board President	On-going

Patient Safety Risk	Risk of lawsuits from injured patients or their families; Risk of inability to prevent patient injury; Risk of organizational failure to meet patient safety standards	Lack of implementation of patient safety procedures by staff; Poor/missed diagnoses & treatment; Adverse events				Review & revision of patient safety policies and procedures; staff education and training; Review and analysis of patient safety incidents; Investigation and documentation of all patient risk situations; Chart audits.	ED, Lead Physician	Weekly Follow-up
Legal/Compliance Risk	Risk that initiatives or actions will contravene a statute, regulation, contract or that the organization will be litigated against.	Privacy violations; Abuse; Failure to file or report				Review & revision of privacy guidelines, practices; completion of chart audits; Compliance checklists in place; Staff performance appraisals, ED performance appraisal	ED, Lead Physician	Monthly Monitoring
Information Risk	Risk that information produced or used is incomplete, out-of-date, inaccurate, irrelevant or inappropriately disclosed.	Privacy violations; inaccurate program data; errors in analysis or interpretation				Review & revise privacy policies; Review data collection & QM practices to ensure accuracy; Education & training, Audit reviews through IT	ED, IT Manager, Finance Manager, Lead Physician	Annually
Financial Risk	Risk of financial losses, overspending or the inability to meet budgets and plans	Fraud; Cash flow; Rising costs; Reduction of MOHLTC funding				Review & revision of financial policies; Audit policies; Current Risk Management Plan and follow-up; Procurement policies; board oversight of financial reports and acceptance of annual audit, monthly financial statements, annual review by auditor.	Finance Manager, ED, Board	Monthly Monitoring
	Risks arising from non-compliance with generally accepted accounting principles in its accounting and financial reporting							
Technology Risk	Risk that information technology infrastructure does not align with business requirements, does not support availability, access, integrity, relevance and security of data.	System Crashes; Privacy breaches; Reduction of productivity, inability to provide patient care, inability to measure outcomes				Ensure implementation of all IT upgrades to system; Facilitate connectivity to broader networks where appropriate; IT policies to protect the integrity of network and privacy; system management to anticipate system challenges where possible; agreement in place to define relationship between IT health information custodians and IT clinical users; Disaster recovery plan in place, ongoing staff training, standardizing policies & procedures, audit reviews	IT Manager, IT Committee, Finance Manager, ED, Lead Physician	On-going

	<p>Risk that technology choice and user choice regarding the way technology is used, impedes capacity to support quality improvement and research through inability to extract data.</p>							
	<p>Risk that technology is incompatible with other health networks resulting in impact on client care.</p>							
Organizational Culture	<p>Risk that organizational culture threatens continuous quality improvement and performance.</p>	<p>Lack of collaboration within TFHT, with outside health agency partners, government agencies; Lack of change within the organization to address continuous QI and performance based on best practices.</p>				<p>Performance Reviews for all staff; Distribution of information from patient feedback surveys; monitoring compliance with acceptable code of conduct; staff involvement in solutions based approach to organizational management; communication, regular meetings.</p>	<p>ED, Lead Physician, Site Leads</p>	<p>On-going</p>
Health & Safety	<p>Risk arising from non-compliance with the Occupational Health & Safety Act, that exposes the organization to penalties, civil action and criminal liability under Bill C-45.</p>	<p>Staff not operating in compliance with Health & safety policies/procedures;</p>				<p>Joint Health & Safety Committee (JHSC), workplace inspections/audits; H & S program, safe work practices, monitoring by HR of JHSC activity, staff training</p>	<p>JHSC report to Board; ED, Management Committee, Admin Assistant</p>	<p>Monthly</p>