

Risk Reporting Update

Quality and Safety Committee

September 23, 2015

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Enterprise Risk Management

- Monitoring of risk occurs through the HNHB LHIN's ERM process.
- Personnel at all levels of the organization are responsible for identifying risk. Staff will also determine in consultation with HNHB LHIN leadership whether a risk will be elevated to the Ministry of Health and Long-Term Care (ministry).
- These risks are brought forward to leadership on a regular basis.
- Each risk is updated until the risk is mitigated through risk management plans.

Reporting Risks

The HNHB LHIN uses a variety of methods to identify and report risks including:

- Quarterly reporting of financial, performance and health system risks to the ministry
- Quarterly performance and risk monitoring of service accountability agreement obligations
- Quarterly Stocktake reports to the ministry on HNHB LHIN performance indicators
- Updating the HNHB LHIN Quality and Safety Committee of the Board

Ongoing Risk Management

For ongoing risk management, the ERM process asks the following questions:

- Has the risk changed? Have new, but related risks emerged? Has the context changed?
- Was the risk assessment accurate, or does it need to be upgraded, downgraded?
- Is the risk prevention or mitigation plan being implemented as planned?
- Are current and/or new controls and safeguards effective?

Ministry Reporting

Local and System Risk

Ministry Reporting

- Risk reporting to the ministry is designed to be a communication vehicle to allow LHINs to report on risks that affect them uniquely and collectively that impact on the health system and the ministry.
- From January 1 to June 30, 2015, there were seven risks identified as high risk (high likelihood and/or significant impact) to the HNHB LHIN in the quarterly report of risk to the ministry. Four of these risks were new additions to the report.
- All identified high risks have ongoing risk management plans.

Ministry Reporting

- Four risks identified on the December 2014 risk report have been mitigated and therefore do not appear on the June 2015 report. These include:
 - Hamilton Niagara Haldimand Brant (HNHB) Community Care Access Centre (CCAC) funding formula
 - Patient Flow: An increase in the number of individuals waiting in hospital for an alternate level of care rate is contributing to patient flow pressures across LHIN Hospitals especially at Hamilton Health Sciences Corporation (HHSC) and St. Joseph's Healthcare, Hamilton (SJHH).
 - HNHB Regional Genetic Program Financial Pressure
 - Integrated Heart Investigation Program HHSC – NHS

Risk Title	Actions/Mitigation	From Jan 1 to Jun 30, 2015
Addictions Supportive Housing - Wayside House Hamilton	<p>Letter to Wayside House Hamilton requesting in writing the steps that it intended to take in order to remedy non-compliance with the MSAA and ensure the safety of clients.</p> <p>Wayside House Hamilton has responded to the LHIN request, submits progress reports on a monthly basis and has agreed to participate in an additional meeting as requested by the LHIN. Wayside House Hamilton indicated they are taking specific steps to ensure client safety and to ensure compliance with the MSAA. HNHB LHIN Staff continue to work with Wayside House toward resolution.</p>	Monitoring Ongoing Risk
Insufficient Ophthalmology Volumes Impact OR Closures	<p>Ongoing mitigation strategies continue to be implemented through the LHIN-wide Ophthalmology Steering Committee: targeting and prioritizing closure of long wait cases; education sessions to maximize use of Decisions Affecting Readiness to Treat (DARTs); application of 'level scheduling' for surgery in order to balance cataract volumes across the full fiscal year; implementation of 2 day business rule compliance for opening and closing cases; posting physician wait times for cataract surgeries on hospital websites; encouraging optometrists to refer to physicians with the shortest waits; and development of standardized best practices, processes and criteria for service across the LHIN.</p> <p>This planning has occurred in collaboration with all HSPs providing cataract surgery. Hospital surgical directors, physicians and their support staff. These parties have been responsible for implementing these strategies. The LHIN has requested immediate action to implement these strategies. Performance is monitored monthly across HSPs and also across physicians.</p>	Monitoring Ongoing Risk
MRI Pressures on Paediatrics and Adults	<p>The LHIN is meeting weekly with hospital Diagnostic Imaging (DI) Directors. The LHIN-Wide DI Steering Committee is addressing standardized rapid assessment protocols, opportunities to maximize efficiencies, appropriateness of referrals (through the Choosing Wisely Campaign) and have been reviewing paediatric service delivery LHIN-wide. Performance is monitored monthly through data, and weekly discussions occur to maximize implementation of best practices and efficiency opportunities.</p> <p>Within a Pan-LHIN Paediatric DI working group, opportunities to enhance access, quality and funding for Paediatric MRI cases are being explored.</p>	Monitoring Ongoing Risk

Risk Title	Actions/Mitigation	From Jan 1 to Jun 30, 2015
Quality Review of Diagnostic Imaging at Niagara Health System (New)	<p>Review to led by Dr. Brian Yemen, from McMaster University and Hamilton Health Sciences. The review is likely to take approximately three months.</p> <p>If it is determined that any individuals are affected, NHS will share any unreported or unusual findings with them and their physician immediately.</p>	Monitoring Ongoing Risk
HHSC MS Clinic Funding (New)	The LHIN CEOs have raised this as a province-wide issue, and have initiated discussions with the ministry	Monitoring Ongoing Risk
CCAC: Labour Disruption with Contracted Service provider (New)	<p>HNHB CCAC continues to accept new patient referrals (including those for nursing services) and to build capacity for nursing services through a variety of mechanisms. HNHB CCAC Nursing Care Centres continue to operate per usual.</p> <p>HNHB CCAC continues to work collaboratively with patients, physicians, service provider agencies, hospitals and other partners and provides regular updates on the status of the labour disruption.</p>	Monitoring Ongoing Risk
Self-Reporting Initiative (New)	As LHINs do not employ sufficient staff with the technical knowledge necessary to execute the tasks required to maintain the ministry's SRI system it is appropriate that the ministry adopts its full mandate in that regard. Should the ministry wish the LHINs to adopt this responsibility into the future, additional dedicated FTEs will be required. It is unlikely that the current approach will be sustainable beyond fiscal 2014/15 and there is a significant risk to both the ministry and the LHINs' ability to deliver adequately on our mutual quarterly reporting and performance management mandates - from a local or provincial perspective. Senior LHIN personnel will work with the ministry to develop a feasible, mutually acceptable sustainability plan in fiscal 2016.	Monitoring Ongoing Risk

Ministry Reporting

Agency Risks

Agency Risk Assessment Requirements

- The AAD¹ provides basic requirements to support the ministry in the establishment of its agency risk identification and reporting process.
- The mandatory requirements for risk assessment and reporting listed in the AAD require Ministries/Agencies to:
 - Assess risks for each agency in each of the specified corporate risk categories²
 - Keep a record of the risk assessments for each agency by risk category; and
 - Report to Treasury Board Secretariat (TBS) on each agency's high risk categories, including a description of each high risk, the reasons why it is a high risk, and what mitigation plan is in place to manage the risk

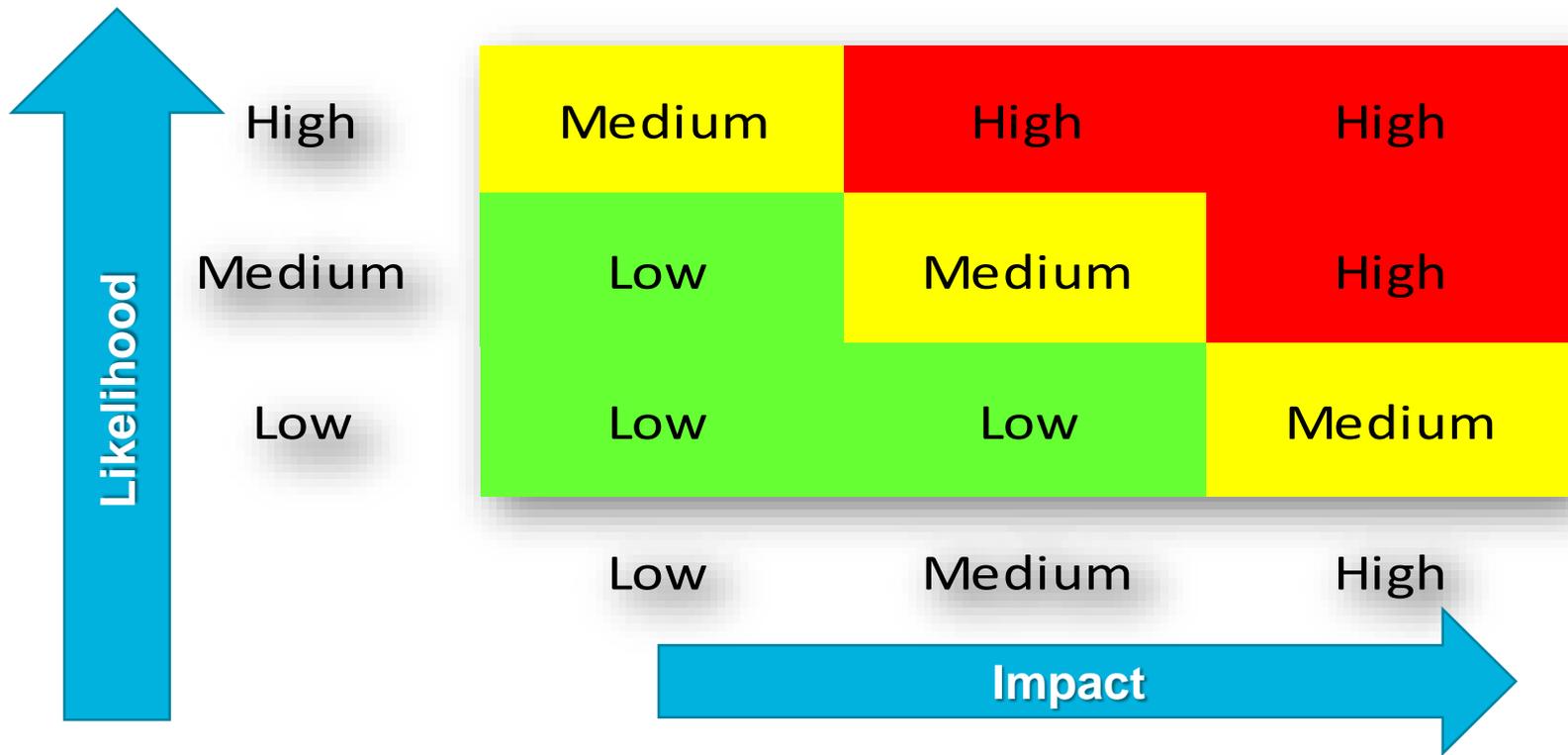
1 Agency Accountability Directive

2 Risk categories as defined for use across the OPS by the Ontario Provincial Controller's Division

Purpose of the Risk Assessments

- The risk assessment purpose:
 - Ensures proactive and strategic agency risk management
 - Establishes ministry's risk oversight measurements
 - Establishes accountability mechanism that provides due diligence over agency operations
 - Allows ministry to better manage corporate risks and improve oversight
- The quarterly AAD report of the HNHB LHIN documents risks as an Operational Service Agency (i.e. not Health Service Provider risks as per the local and system risk report).
- On February 2, 2015, a new Agencies and Appointees Directive came into effect. This directive will require Ministries to report agency risks quarterly with full reporting of risk in February and August.

Risk Assessment Matrix



Risk Title	Risk Rating August 17, 2015
Lack of Stakeholder (Health Service Providers and the Public) Understanding and Support for Broader Public Sector Reforms	Yellow
Alignment of Funding Announcements with Planning and Performance Accountabilities	Yellow
Media Reports Related to LHIN Activities and/or activities of funded Health Service Providers	Yellow
Data Lag for Required Reporting on Financial and/or Statistical Progress to the Board, Board Committees and ministry	Yellow
Compliance with Administrative requirements for Reporting Expenses	Green
Compliance with Procurement Directives	Yellow
Reliability of Financial Systems	Yellow
Compliance with Delegation of Authority Controls	Red
Health Service Providers fail to meet obligations in Service Accountability Agreement	Yellow
Unforeseen External Events impacting Operations	Yellow
Reporting Compliance by Agency	Green
Retention of Qualified Staff	Yellow
Limited Resources to Manage Deliverables, Current or New	Yellow
Compliance with Conflict of Interest and/or Code of Ethics	Green
Reliability of Information Technology and Infrastructure	Yellow
Breach in Privacy and Secure Systems	Yellow
Adherence to Information Technology and Infrastructure Strategy and Reporting	Yellow
Declaration of Compliance	Yellow
In-year changes in government policy	Green
Lack of Public Engagement for Health System Planning	Green
Vacancies in Governance and/or Related Working Committees	Green
Compliance with 3rd party Auditing Recommendations including HAST/OAGO	Green

Changes from February to August Risk Report

- As of the August 17, 2015 report, the HNHB LHIN identified 22 risks. Seven of the risks were identified as low risk, 14 as moderate risk, and one assessed as high risk (low likelihood but significant impact).
- Three risks have been mitigated to low since the last AAD risk report in February.
- One risk reported in February was integrated into other risks for the August report.

Compliance with Delegation of Authority Controls

- Risk triggered when policies and procedures not followed for delegation of authority



* Automatically coded as high risk by ministry

Compliance with Delegation of Authority Controls

(continued)

Mitigation

- Delegation of Authority (DOA) policies and procedures in place based on Ministry of Finance - Internal Controls Management Directives. All delegations are in writing. DOA is reviewed annually and updated as necessary.
- When authority has been delegated, subsequent review is carried out by immediate supervisor to ensure that delegation of authority does not have negative impact on agency.
- Segregation of duties whereby a complete transaction cycle cannot be completed by any one person.

Next Steps

- Board and staff continue to identify risks based on the likelihood and severity of impact on patient safety, patient services, the health system, the HNHB LHIN, other LHINs, the ministry and the health and wellbeing of HSP and LHIN staff.
- Continue quarterly risk assessments for MSAA and HSAA HSPs and trend risk assessments and performance over time.
- Continue the enhancement and implementation of ERM at the HNHB LHIN through the HNHB LHIN Performance Accountability and Risk Policies.

Thank You