HIROC

Risk Assessment Checklists

Summary results of the first complete three-year cycle

RAC

Findings from the acute care sector

November 2017

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Introduction

The Risk Assessment Checklists (RAC) program – launched in 2012 – is an innovative tool developed to scale and spread the extensive learnings from HIROC's claims files. The aim is to enable subscribers to assess their current practices against recommended mitigation strategies, and ultimately to advance HIROC's vision of Partnering to create the safest healthcare system.

This report summarizes the first three-year cycle of 67 Canadian acute care organizations who participated in the program. By the end of Year 3, overall compliance with mitigation strategies increased by 8%, led primarily by small community hospitals. By participating in self-assessment, these organizations have clearly demonstrated their commitment to improving risk management and safety activities within their organization. It is encouraging that 75% of acute care organizations thus far have signed on to the Risk Assessment Checklists program and it is hoped that the improvements inspire more subscribers to participate.

Although individual results may vary for each organization, a number of themes have emerged:

- Surgical-related risks, healthcare acquired infections and interpreting laboratory results showed the highest compliance rates, ranging from 96% to 98%.
- On-premises suicides/attempts, identifying and managing IV infiltration, and hyperbilirubinemia for organizations that do not provide obstetrical services, were among the risks with the lowest scoring compliance rates, ranging from 73% to 86%, but were also risks that showed the greatest improvements between Year 1 and Year 3.
- Quality Assurance as a theme had low compliance rates overall.

It is HIROC's hope that the Risk Assessment Checklists program has assisted in providing focus for the ongoing risk management and safety processes within healthcare organizations. HIROC will to continue to disseminate knowledge translation resources to facilitate the adoption of best practices, particularly for risks that demonstrate low compliance, and to measure the impact of the Risk Assessment Checklists against claims experience. Given the low frequency and long-tail nature of healthcare liability claims, this may not be determined until additional assessment cycles have been completed.

Healthcare Risk Management, HIROC

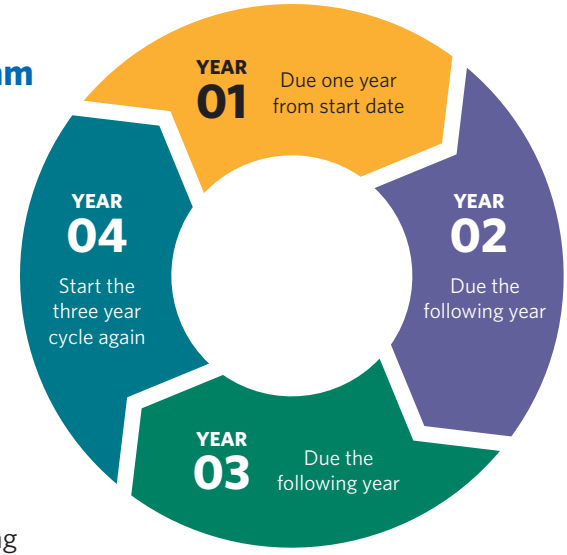
Learning from Failures: HIROC's Knowledge Translation Strategy

> "Relative to other methods, the strength of claims file analysis lies in its ability to detect latent errors."
>
> *(Thomas & Petersen 2003)*

With one of the largest medical legal claims databases in Canada, HIROC embarked on a plan in 2011 to better translate patient safety knowledge from healthcare liability claims to the healthcare system, its leaders and practitioners. This included development of: (1) a list of the top risks leading to the most costly claims in acute care organizations (see Table 2 for the 2011 ranking for acute care); (2) concise risk reference sheets for each risk highlighting claims findings, themes, case studies and key mitigation strategies; and (3) the Risk Assessment Checklists (RAC), an on-line program for organizations to systematically self-assess compliance with the top 10 evidence-based mitigation strategies for each risk. As challenging as risk identification can be, risk assessment (the determination of how bad or how often a risk may occur) is even more so, but is nevertheless essential to the process of prioritization.

Medical-legal claims can be used to improve reliability by identifying important and actionable deficiencies in healthcare processes that are not generally captured by other data sources (Levtzion-Korach et al., 2010). Claims files provide information that can be used to qualitatively analyze adverse events, and are also particularly useful for identifying latent and systemic issues (Vincent et al., 2006; Thomas & Petersen, 2003). Analysis of aggregated claims data in anaesthesia, for example, led to the creation of professional standards requiring pulse oximetry and end-tidal carbon dioxide monitoring in the operating room, which dramatically decreased the risks associated with anaesthesia (Vincent et al., 2006).

The Risk Assessment Checklists (RAC) Program



The objectives of the Risk Assessment Checklists program include:

- Focus on top risks
- Focus on top mitigation strategies
- Keep it simple; minimize workload
- Enhance patient safety

The program follows a three-year cycle. In Year 1, participating organizations/practitioners evaluate their compliance against the assigned modules and select three 'areas of focus'. After reflecting on each mitigation strategy and whether the practice is in place within the organization, participants select one of four weighted answers from a dropdown: yes (100), partial (50), no (0), or not applicable (99). Years 2 and 3 involve working on identified priority areas and submitting an annual update to HIROC.

The system provides an overall compliance score out of 100 based on the responses. The closer to 100 the score is, the greater the implementation compliance of the mitigation strategies.

One of five prepopulated action plans is then selected for mitigation strategies answered 'no' or 'partial'.

A five per cent premium discount is granted to participating organizations/practitioners in Year 1, and is renewed in cycle Years 2 and 3 when HIROC receives the annual submission.

Two risks – Inadequate Credentialing and Complaints Management of Privileged Staff, and Inadequate Management of Look-Backs/Multi-Patient Events – were not ranked. However, these two risks were seen throughout claims, especially class actions, pertaining to risks already identified and ranked: surgery, infection control, diagnostic testing and privacy breaches. HIROC collated the mitigation strategies for these two risks and offered them as core/unranked modules in the Risk Assessment Checklists.

Additionally, modules for Failure to Identify and Monitor Hyperbilirubinemia and Misinterpretation of Laboratory Tests were modified for organizations that do not provide obstetrical services and organizations using external/regional laboratory services, respectively.

Introduced in 2012, 42% of HIROC's subscribers are now participating in RAC. These subscribers receive a 5% premium discount.

Participation in the Risk Assessment Checklists Program

The Risk Assessment Checklists program was introduced in early 2012, first to acute care subscribers (i.e. hospitals and health regions/authorities), then to non-acute care subscribers in a phased approach. To date, 239 of HIROC's subscribers (42%) are participating in the self-assessment program. Overall, there has been tremendous uptake by midwifery associations, midwives and practice groups, and by teaching, large and medium hospitals.

Seventy-five per cent of acute care subscribers are participating in the Risk Assessment Checklists program.

Table 1: Participation in the Risk Assessment Checklists by Acute Care Peer Group

Acute Care Peer Group	Participation (%)
Teaching Hospital	100
Large Community Hospital	88
Medium Community Hospital	89
Small Community Hospital	57

Acute Care Results (2011 Risks)

This report will highlight the results of the first complete cycle undertaken by acute care subscribers on the applicable risks identified in 2011. Sixty-seven organizations (hospitals and health regions) completed the first three-year cycle of the Risk Assessment Checklists. These organizations are evenly spread out amongst small, medium and large community hospitals as well as teaching hospitals.

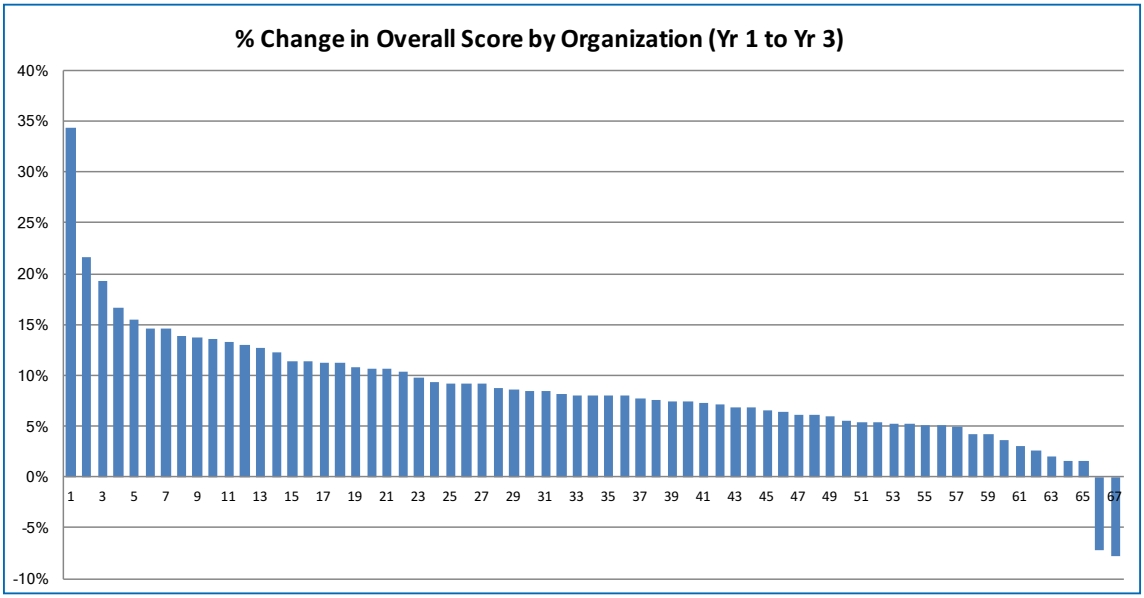
Table 2 and Graph 1 show the change in compliance scores from Year 1 to Year 3 by risk ranking (the lower the ranked number, the greater the risk in terms of claims costs) and by organization. Overall, compliance scores increased from an average of 86% in Year 1 to 93% by Year 3, an 8% improvement. The biggest improvements occurred in small community hospitals.

Compliance scores increased from an average of 86% in Year 1 to 93% in Year 3.

Table 2: 2011 Risk Ranking – Change in Compliance Scores for Acute Care Facilities

Rank	Risk	Yr 1	Yr 3	% Improvement
1	Failure to Interpret/Respond to Abnormal Fetal Status	88	94	8
2	Misinterpretation of Laboratory Tests	95	96	1
2	Misinterpretation of Laboratory Tests - Organizations using external/ regional laboratory services	87	92	6
3	Inadequate Triage Assessment	86	93	8
4	Mismanagement of Induction/Augmentation Medications	83	93	12
5	Failure to Communicate Critical Test Results	88	96	9
6	Failure to Monitor Fetal Status	87	93	7
7	Visitor Falls	87	94	8
8	Failure to Communicate Fetal Status	77	88	14
9	Water Damage	82	88	7
10	Failure to Appreciate Status Changes/Deteriorating Patient Condition	79	89	13
11	Healthcare Acquired Infections	94	97	2
12	Medication Adverse Events	85	93	9
13	Patient Falls	87	94	8
14	Failure to Identify/Monitor Hyperbilirubinemia	86	95	10
14	Failure to Identify/Monitor Hyperbilirubinemia - Organizations without obstetrical services	56	73	30
15	Inadequate Quality Checks for Contracted/Agency Nursing Staff	77	92	19
16	Abuse of Patients	82	89	9
17	Failure to Provide Adequate Discharge/Follow-up Instructions	76	86	13
18	Equipment Malfunction	91	96	6
19	Failure to Identify/Manage IV Infiltration	76	88	16
20	Employee Fraud	91	96	5
21	Unnecessary/Obsolete Procedures	80	92	14
22	Wrong Patient/Site/Procedure	95	98	3
23	Wrongful Dismissal	84	94	11
24	On-Premises Suicides/Attempts	75	87	15
25	Healthcare Acquired Pressure Ulcers	84	92	10
26	Failure to Pay Benefits/Overtime	89	95	7
27	Retained Foreign Bodies	96	98	2
28	Fire Damage	90	94	4
29	Inadequate Sterility	94	97	4
30	Privacy Breach	87	95	9
Core	Inadequate Management of Look-Backs/Multi-Patient Events	81	86	6
Core	Inadequate Credentialing and Complaints Management of Privileged Staff	89	95	6
	Overall Average	**86**	**93**	**8**

Graph 1: Change in Overall Compliance Score by Participating Acute Care Organizations



Risks with High Compliance

Table 3 shows the five acute care risks with the overall highest compliance scores along with the risk rank and the scores by cycle year. Refer to Appendix A for a breakdown by peer group.

Surgical-related risks had high overall compliance scores for the individual peer groups. This is not surprising given the adoption of the surgical safety checklist by many acute hospitals (and other organizations, such as ambulatory surgical centres).

High compliance scores for Healthcare Acquired Infections may also be attributed to recent Canadian class action lawsuits involving hospital-acquired infections. One goal of class actions is to drive future behaviour changes of the mass. As a result of class actions, and provincial/territorial legislation mandating annual public reporting of infection rates, there has been increased attention in this area.

Class action lawsuits related to laboratory testing have been brought against Canadian healthcare organizations as well. Furthermore, the existence of laboratory accreditation standards may provide a basis for evaluating quality and safety, and from which labs develop standardized processes and procedures.

Table 3: Top Five High Compliance Scores – Overall

Rank	Category	Risk	Yr 3
22	Surgical	Wrong Patient/Site/Procedure	98
27	Surgical	Retained Foreign Bodies	98
29	Surgical	Inadequate Sterility	97
11	Infection	Healthcare Acquired Infections	97
2	Diagnosis	Misinterpretation of Laboratory Tests	96

Risks with Low Compliance

Table 4 shows the five lowest compliance risks overall. (Refer to Appendix B for a breakdown by peer group.) Interestingly, in large community hospitals, the compliance score for Failure to Identify/Monitor Hyperbilirubinemia for hospitals without obstetrical services dropped in Year 2 before increasing again in Year 3. Based on discussions with subscribers after each annual submission of their responses, this is likely attributable to a re-evaluation of the mitigation strategies in Year 2.

For organizations (or sites, if in a health region) not providing obstetrics services, the overall compliance score related to the Failure to Identify/Monitor Hyperbilirubinemia was quite low in the first year. It was reported overall at below 60% compliance, indicating mitigation strategies related to this risk were generally not in place. By Year 3 however, the compliance score for this risk rose by 30%. Hyperbilirubinemia is a Canadian "never event" therefore it is difficult to defend these claims. Hospitals' focus on this risk is encouraging.

On-Premises Suicides/Attempts, Failure to Provide Adequate Discharge/Follow-up Instructions, and Failure to Identify/Manage IV Infiltration scored below 80% compliance in Year 1 of the self-assessment but increased to 86-89% in Year 3.

By Year 3, the compliance score for hyperbilirubinemia rose by 27% – a very encouraging result.

The inadequate management of look-backs and multi-patient events represent a significant exposure for healthcare organizations due to the potentially large number of individuals an event (either single or repeated occurrences over several years) might affect. Healthcare organizations have not conventionally had comprehensive policies around the management of such events. HIROC's risk resource guide *Critical Incidents & Multi-Patient Events* provides an overview of key concepts with special considerations for multi-patient events.

Table 4: Bottom Five Compliance Scores – Overall

Rank	Category	Risk	Yr 3
14	Medical	Failure to Identify/Monitor Hyperbilirubinemia - Organizations without obstetrical services	73
Core	Admin	Inadequate Management of Look-Backs/Multi-Patient Events	86
17	Medical	Failure to Provide Adequate Discharge/Follow-up Instructions	86
24	Mental Health	On-Premises Suicides/Attempts	87
19	Medical	Failure to Identify/Manage IV Infiltration	88

Most Improved Risks

Table 5 shows the risks with the greatest improvement in compliance over the three-year cycle. (Refer to Appendix C for a breakdown by peer group.)

Risks with low compliance scores were also some of the risks showing the greatest improvements, notably the Failure to Identify/Monitor Hyperbilirubinemia for

hospitals or sites that did not provide obstetrical services, especially medium sized hospitals. Failure to Identify/Manage IV Infiltration, Failure to Communicate Fetal Status, On-Premises Suicides/Attempts and Inadequate Quality Checks for Contracted/Agency Nursing Staff also showed great improvement in compliance from Year 1 to Year 3.

Table 5: Top Five Most Improved Compliance Scores – Overall

Rank	Category	Risk	Yr 3	% Change
14	Medical	Failure to Identify/Monitor Hyperbilirubinemia - Organizations without obstetrical services	73	30
15	Medical	Inadequate Quality Checks for Contracted/Agency Nursing Staff	92	19
19	Medical	Failure to Identify/Manage IV Infiltration	88	16
24	Mental Health	On-Premises Suicides/Attempts	87	15
8	Maternal/Neonate	Failure to Communicate Fetal Status	88	14

Least Improved Risks

Inadequate Credentialing and Complaints Management of Privileged Staff

The compliance rate in inadequate credentialing lowered between Year 1 and Year 3 for medium community hospitals. All but one of the eight mitigation strategies in this module saw no change or decreased between Year 1 and 3. The mitigation strategy around ensuring board members are aware of their responsibilities related to staff credentialing and performance management increased 12% in the same time-period.

HIROC claims have shown an increase in litigation in recent years due to lapses in the credentialing process. As evidenced by HIROC claims and related Canadian inquests, credentialing, privileging and performance management processes are closely linked to the provision of safe and high-quality patient care. Credentialing decisions should be based on standardized criteria and processes that are transparent, fair, balanced and applied equally to all.

Misinterpretation of Laboratory Tests

For accredited teaching/academic hospitals with laboratory services, a decrease in compliance was noted from Year 1 to Year 3 for Misinterpretation of Laboratory Tests. The largest decreases come from four mitigation strategies in particular, each declining by approximately 16%:

Analytical:

*Establish and ensure compliance with **up-to-date, validated, standard operating procedures** (SOP) for pathology specimen processing. For hormone receptor tests the SOP should include acceptable ischemic times, tissue fixation (type and duration), choice of stain, choice of antibody, use of controls, and the threshold for interpretation of positive results (% cells stained).*

Post-Analytical:

*Ensure **"critical test results" reporting directly** to the referring physician or delegate for:*

- *Reports of malignant or possibly malignant tissue;*
- *Significant variance between frozen section and final reports;*
- *Amended reports based on special stains or testing;*
- *New or substantively changed diagnoses by an outside consultant; and,*
- *Recommendations for follow-up or repeat tests such as when test results do not correlate with the clinical presentation.*

Quality Assurance:

*Participate in **proficiency testing** (regular testing of externally validated reference samples) including for IHC tests.*

*Track and review **appropriate laboratory indicators and compare** to established benchmarks including:*

- *Pathology intra-departmental and external consultation rates and discrepancies;*
- *Intra-operative versus final diagnosis discrepancies;*
- *Unanticipated addendum reports;*
- *Hormone receptor test positivity rate; and,*
- *Staff workload.*

At the same time, the mitigation strategy for ensuring a process exists for pre-operative reviews of all diagnostic tests prior to surgery increased by 38%, from 70% compliance in Year 1 to 97% in Year 3. Based on discussions with subscribers, ownership for this process is with surgical units rather than the laboratory.

One of the most significant improvements in compliance was with pre-operative reviews of all diagnostic tests prior to surgery: 70% compliance in Year 1 to 97% in Year 3.

Common Themes

Each mitigation strategy in all modules was associated with a theme or category. Three themes appeared in a number of modules: reliable care processes, documentation, and quality assurance.

Reliable Care Processes

Reliable care processes had a high overall compliance score of 91%. The lowest scoring module for this theme wasFailure to Identify/Monitor Hyperbilirubinemia for organizations without obstetrical services (72%), followed by Failure to Appreciate Status Changes/Deteriorating Patient Condition and Mismanagement of Induction/Augmentation Medications, both at 83%. All three modules improved in this theme by 13-16% by Year 3.

The highest scoring modules for reliable care processes mitigation strategies was, Failure to Identify/Monitor Hyperbilirubinemia (completed by organizations with obstetrical services).

Documentation

Documentation scored the highest of the three themes, with 94% overall compliance. There was at least 92% compliance for all modules in which this theme appeared except for Failure to Identify/Monitor Hyperbilirubinemia for organizations without obstetrical services. Overall compliance for documentation for this module was 62%; however, it had improved by 27% from Year 1 to Year 3. Overall compliance was highest in the Retained Foreign Bodies module with a score of 100%.

Refer to HIROC's documentation guide for strategies for improving documentation practices.

Quality Assurance/Audit

Quality Assurance mitigation strategies were the lowest-scoring across the three years. Overall compliance was less than 80% overall across modules; scores ranged from 97% (Healthcare Acquired Infections) to 47% (Failure to Provide Adequate Discharge/Follow-up Instructions). The most improved risk was Failure to Identify/Monitor Hyperbilirubinemia for organizations without obstetrical services (89% improvement from Year 1 to 3). Conversely, Inadequate Quality Checks for Contracted/Agency Nursing Staff decreased by 2% for Quality Assurance, from 91% in Year 1 to 89% in Year 3.

Quality Assurance, in the modules, entailed conducting regular chart audits which can help to demonstrate, and provide assurance of, quality of care and compliance with good practices. It also allows for the review of cases where something adverse occurred as well as those cases where everything went according to plan. In risky or highly litigated (e.g. diagnostics and maternal/newborn) areas especially, undertaking scheduled health records reviews is a proactive step that can help identify gaps/near misses which, if not dealt with, can lead to major adverse events.

Areas of Focus

HIROC recognizes that organizations cannot work on all identified gaps at once; a targeted approach is more manageable. Therefore, each cycle year Risk Assessment Checklists participants are required to indicate three areas of focus before their assigned modules are submitted to HIROC for review. The purpose of this is to assist HIROC with locating resources to assist with implementation of the mitigation strategies. Looking at the areas of focus in an aggregate manner helps to inform HIROC on resource development as well.

Table 6 shows the top 10 most frequently selected areas of focus (risks) in descending order. The top six risks accounted for approximately half of all selections over the three years. Failure to Provide Adequate Discharge/Follow-up Instructions and Failure to Appreciate Status Changes/Deteriorating Patient Condition remained in the top two for all three years.

In 2015, HIROC undertook another risk ranking to ensure the Risk Assessment Checklists content and resources reflect current claims findings. One of the most significant changes in ranking for the acute care sector was the risk around Failure to Appreciate Status Changes/Deteriorating Patient Condition moving from the 10th position to the 2nd highest ranked risk. Given the rise in ranking of the deteriorating patient condition, it is reassuring to see the steadfast focus on this risk.

Refer to Appendix D for a breakdown by cycle year of changes over time in the areas of focus.

Failure to appreciate status changes or deteriorating patient condition moved from the 10th position to the 2nd highest costliest risk.

Table 6: Top Areas of Focus – Overall

Rank	Category	Risk
17	Medical	Failure to Provide Adequate Discharge/Follow-up Instructions
10	Medical	Failure to Appreciate Status Changes/Deteriorating Patient Condition
13	Falls	Patient Falls
12	Medication	Medication Adverse Events
25	Medical	Healthcare Acquired Pressure Ulcers
8	Maternal/Neonate	Failure to Communicate Fetal Status
16	Safety	Abuse of Patients
5	Medical	Failure to Communicate Critical Test Results
3	Medical	Inadequate Triage Assessment
24	Mental Health	On-Premises Suicides/Attempts

Tracking Progress

HIROC's integrated risk management tool (IRM), the Risk Register, is being used by organizations to track progress on gaps identified through the Risk Assessment Checklists and to support improvement efforts. The tool was designed in collaboration with a national steering committee of leading healthcare organizations, and draws on best practices for IRM.

The tool allows organizations to systematically assess and report on key organizational risks. Mitigation strategies identified in the Risk Assessment Checklists modules may be entered into the gaps (mitigation strategies that are not or are partially in place) and controls (mitigation strategies which are in place) sections of the tool.

This tool is available at no charge for subscribers. An overview of the tool as well as a number of resources to support IRM implementation are available on the Risk Register section of HIROC's website.

For more information about the tool, please contact riskapplications@hiroc.com.

Conclusion: Encouraging Results From all Participants

The Risk Assessment Checklists program is an innovative tool developed to scale and spread the extensive learnings from claims files, to enable subscribers to assess their current practices against recommended mitigation strategies, and ultimately to advance HIROC's vision *of Partnering to create the safest healthcare system*.

It is encouraging that so many subscribers have signed on to the Risk Assessment Checklists program to conduct gap analyses, determine areas of focus and develop action plans. The results in this report represent the work of 67 acute care organizations in implementing mitigation strategies to reduce the frequency and severity of incidents. By the end of the first three-year cycle, overall compliance increased by 8%, led primarily by small community hospitals.

Although individual results may vary for each organization, there were some common themes:

- Surgical-related risks, healthcare acquired infections and interpreting laboratory results showed the highest compliance rates.
- On-premises suicides/attempts, providing adequate discharge/follow-up instructions, identifying and managing IV infiltration, as well as hyperbilirubinemia for organizations that do not provide obstetrical services, were risks with some of the lowest compliance rates but were also the risks that showed the greatest improvements over the three years.
- Quality Assurance as a theme had low compliance rates overall.

At the end of the first three-year cycle, overall compliance increased by 8%, led primarily by small community hospitals.

As risk identification and mitigation is an ongoing process, the ranking of top risks and risk module content for each sector have been refreshed. The next steps for HIROC are to continue to disseminate knowledge translation resources to facilitate the adoption of best practices, particularly for risks that demonstrate low compliance, and to measure the impact of the Risk Assessment Checklists against claims experience. Given the low frequency and long-tail nature of healthcare liability claims, this may not be determined until additional assessment cycles have been completed.

Subscriber profiles (see Appendix F and G) highlight two organizations' motivations for participating in the Risk Assessment Checklists program. The organizations also share learnings from their experiences and tips for success that organizations who are considering taking part in RAC may wish to consider.

Appendix A: Peer Group Breakdown of Modules – Top Five Risks with High Compliance

Table 7: Teaching Hospitals

Rank	Category	Risk	Yr 1	Yr 2	Yr 3	Average
2	Diagnosis	Misinterpretation of Laboratory Tests - Organizations using external/regional laboratory services	100	100	100	100
27	Surgical	Retained Foreign Bodies	98	99	99	99
22	Surgical	Wrong Patient/Site/Procedure	97	100	100	99
29	Surgical	Inadequate Sterility	95	95	98	96
13	Admin	Inadequate Credentialing and Complaints Management of Privileged Staff	91	97	98	95

Table 8: Large Community Hospitals

Rank	Category	Risk	Yr 1	Yr 2	Yr 3	Average
2	Surgical	Wrong Patient/Site/Procedure	97	99	100	98
27	Surgical	Retained Foreign Bodies	98	98	98	98
22	Surgical	Inadequate Sterility	94	98	99	97
29	Admin	Inadequate Credentialing and Complaints Management of Privileged Staff	93	98	99	97
13	Property	Fire Damage	94	96	97	96

Table 9: Medium Community Hospitals

Rank	Category	Risk	Yr 1	Yr 2	Yr 3	Average
2	Surgical	Inadequate Sterility	95	98	98	97
27	Infection	Healthcare Acquired Infections	96	97	97	97
22	Property	Equipment Malfunction	93	98	98	96
29	Surgical	Wrong Patient/Site/Procedure	94	97	97	96
13	Property	Fire Damage	93	96	96	95

Table 10: Small Community Hospitals

Rank	Category	Risk	Yr 1	Yr 2	Yr 3	Average
2	Diagnosis	Misinterpretation of Laboratory Tests	99	99	100	99
11	Infection	Healthcare Acquired Infections	96	98	98	97
22	Surgical	Retained Foreign Bodies	95	96	97	96
18	Property	Equipment Malfunction	94	96	98	96
29	Surgical	Wrong Patient/Site/Procedure	93	97	97	96

Appendix B: Peer Group Breakdown of Modules – Bottom Five Risks with Low Compliance

Table 11: Teaching Hospitals

Rank	Category	Risk	Yr 1	Yr 2	Yr 3	Average
17	Medical	Failure to Provide Adequate Discharge/Follow-up Instructions	73	80	85	79
19	Medical	Failure to Identify/Manage IV Infiltration	77	80	88	82
15	Medical	Inadequate Quality Checks for Contracted/Agency Nursing Staff	67	89	92	83
9	Property	Water Damage	78	84	87	83
10	Medical	Failure to Appreciate Status Changes/Deteriorating Patient Condition	79	85	88	84

Table 12: Large Community Hospitals

Rank	Category	Risk	Yr 1	Yr 2	Yr 3	Average
14	Medical	Failure to Identify/Monitor Hyperbilirubinemia - Organizations without obstetrical services	45	30	60	45
17	Medical	Failure to Provide Adequate Discharge/Follow-up Instructions	72	79	81	77
8	Maternal/Neonate	Failure to Communicate Fetal Status	77	84	84	82
--	Admin	Inadequate Management of Look-Backs/Multi-Patient Events	83	85	85	84
19	Medical	Failure to Identify/Manage IV Infiltration	79	84	90	84

Table 13: Medium Community Hospitals

Rank	Category	Risk	Yr 1	Yr 2	Yr 3	Average
14	Medical	Failure to Identify/Monitor Hyperbilirubinemia - Organizations without obstetrical services	33	48	53	44
19	Medical	Failure to Identify/Manage IV Infiltration	71	78	83	77
17	Medical	Failure to Provide Adequate Discharge/Follow-up Instructions	74	80	85	80
10	Medical	Failure to Appreciate Status Changes/Deteriorating Patient Condition	77	86	89	84
21	Surgical	Unnecessary/Obsolete Procedures	79	87	87	84

Table 14: Small Community Hospitals

Rank	Category	Risk	Yr 1	Yr 2	Yr 3	Average
15	Medical	Inadequate Quality Checks for Contracted/Agency Nursing Staff	63	70	75	69
24	Mental Health	On-Premises Suicides/Attempts	64	70	81	72
14	Medical	Failure to Identify/Monitor Hyperbilirubinemia - Organizations without obstetrical services	62	75	80	72
--	Admin	Inadequate Management of Look-Backs/Multi-Patient Events	68	73	79	73
8	Maternal/Neonate	Failure to Communicate Fetal Status	76	83	86	81

Appendix C: Peer Group Breakdown of Modules – Most Improved Risks

Table 15: Teaching Hospitals

Rank	Category	Risk	Yr 1	Yr 2	Yr 3	Change Yr 1 – Yr 3	% Change
15	Medical	Inadequate Quality Checks for Contracted/Agency Nursing Staff	67	89	92	25	37
17	Medical	Failure to Provide Adequate Discharge/Follow-up Instructions	73	80	85	12	17
5	Medical	Failure to Communicate Critical Test Results	85	95	99	14	17
24	Mental Health	On-Premises Suicides/Attempts	78	88	90	13	17
28	Property	Fire Damage	82	93	94	12	14

Table 16: Large Community Hospitals

Rank	Category	Risk	Yr 1	Yr 2	Yr 3	Change Yr 1 – Yr 3	% Change
14	Medical	Failure to Identify/Monitor Hyperbilirubinemia - Organizations without obstetrical services	45	30	60	15	33
15	Medical	Inadequate Quality Checks for Contracted/ Agency Nursing Staff	81	91	96	15	19
19	Medical	Failure to Identify/Manage IV Infiltration	79	84	90	12	15
4	Maternal/ Neonate	Mismanagement of Induction/Augmentation Medications	81	88	92	11	13
5	Medical	Failure to Communicate Critical Test Results	84	92	95	11	13

Table 17: Medium Community Hospitals

Rank	Category	Risk	Yr 1	Yr 2	Yr 3	Change Yr 1 – Yr 3	% Change
14	Medical	Failure to Identify/Monitor Hyperbilirubinemia - Organizations without obstetrical services	33	48	53	20	62
8	Maternal/Neonate	Failure to Communicate Fetal Status	77	93	95	18	24
19	Medical	Failure to Identify/Manage IV Infiltration	71	78	83	12	17
4	Maternal/Neonate	Mismanagement of Induction/Augmentation Medications	83	95	96	13	16
10	Medical	Failure to Appreciate Status Changes/ Deteriorating Patient Condition	77	86	89	12	15

Table 18: Small Community Hospitals

Rank	Category	Risk	Yr 1	Yr 2	Yr 3	Change Yr 1 – Yr 3	% Change
21	Surgical	Unnecessary/Obsolete Procedures	70	88	92	22	32
14	Medical	Failure to Identify/Monitor Hyperbilirubinemia - Organizations without obstetrical services	62	75	80	17	28
24	Mental Health	On-Premises Suicides/Attempts	64	70	81	17	26
19	Medical	Failure to Identify/Manage IV Infiltration	76	81	91	14	19
15	Medical	Inadequate Quality Checks for Contracted/ Agency Nursing Staff	63	70	75	12	18

Appendix D: Top 10 Areas of Focus by Cycle Year

Table 19: Year 1

Rank (2011)	Category	Risk	# Times Selected
17	Medical	Failure to Provide Adequate Discharge/Follow-up Instructions	25
13	Falls	Patient Falls	17
10	Medical	Failure to Appreciate Status Changes/Deteriorating Patient Condition	15
25	Medical	Healthcare Acquired Pressure Ulcers	13
8	Maternal/ Neonate	Failure to Communicate Fetal Status	12
5	Diagnosis	Failure to Communicate Critical Test Results	11
12	Medication	Medication Adverse Events	11
3	Medical	Inadequate Triage Assessment	10
16	Safety	Abuse of Patients	10
1	Maternal/ Neonate	Failure to Interpret/Respond to Abnormal Fetal Status	9

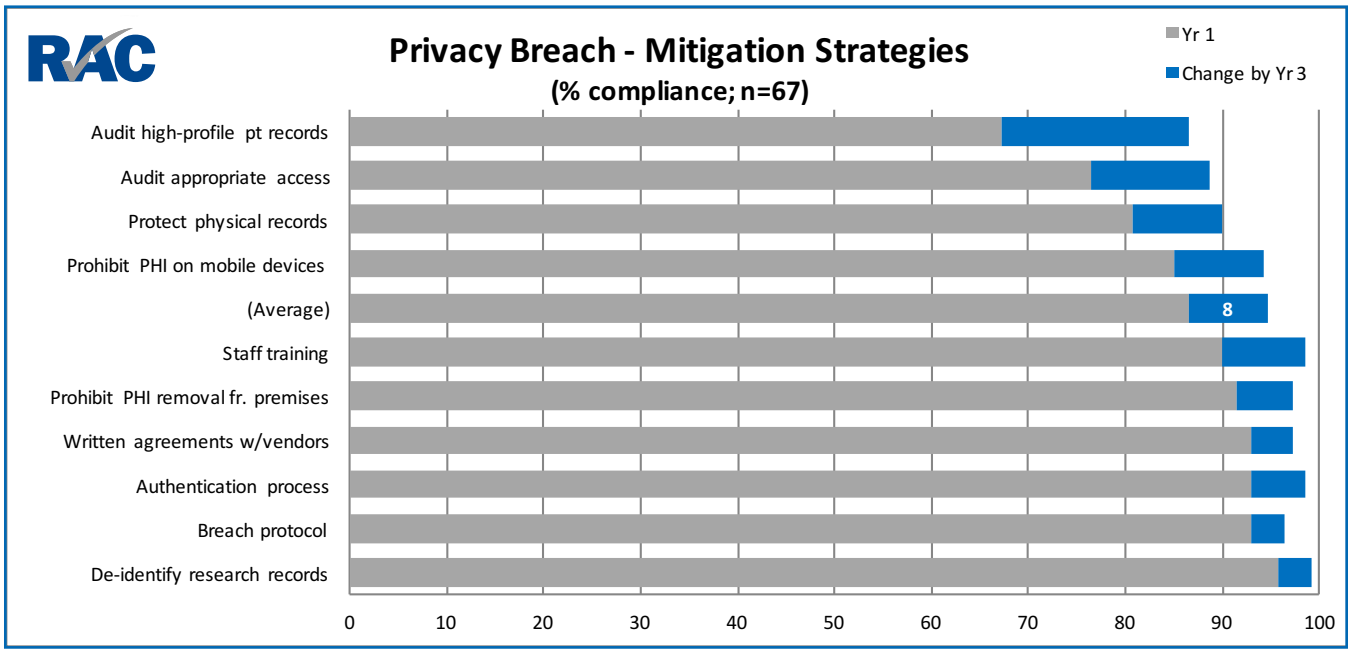
Table 20: Year 2

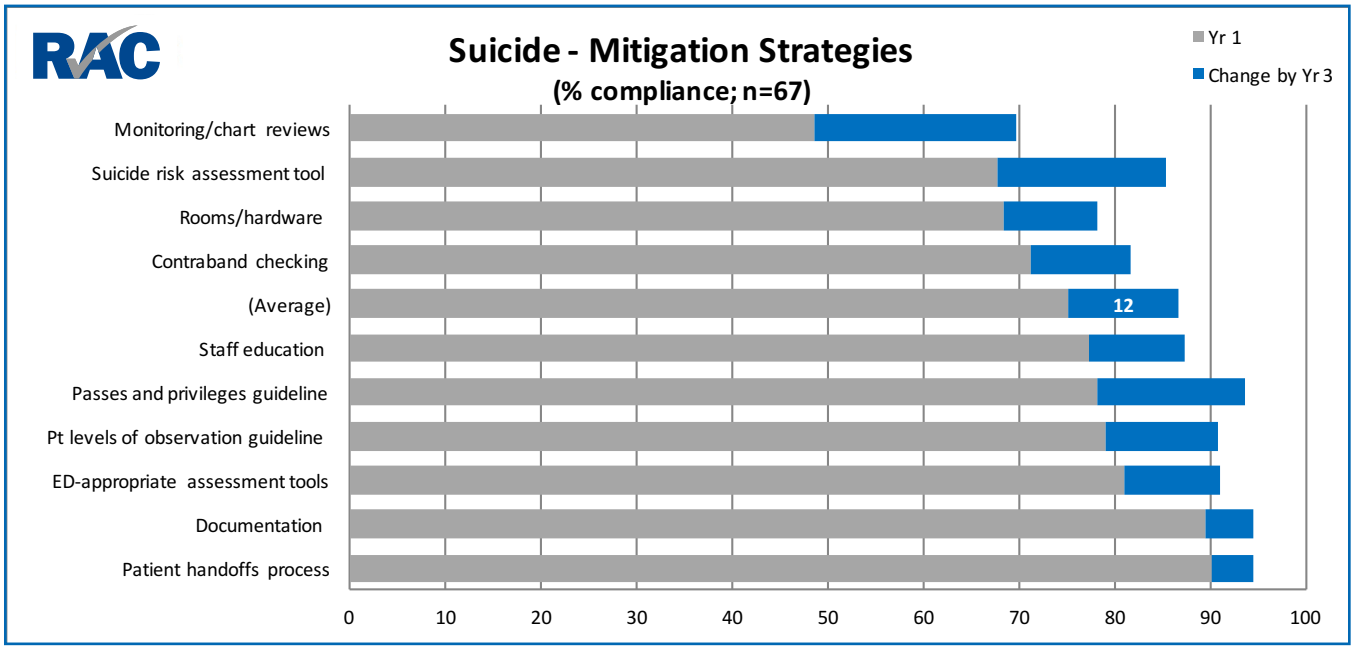
Rank (2011)	Category	Risk	# Times Selected
17	Medical	Failure to Provide Adequate Discharge/Follow-up Instructions	26
10	Medical	Failure to Appreciate Status Changes/Deteriorating Patient Condition	20
12	Medication	Medication Adverse Events	16
13	Falls	Patient Falls	14
25	Medical	Healthcare Acquired Pressure Ulcers	14
16	Safety	Abuse of Patients	11
8	Maternal/ Neonate	Failure to Communicate Fetal Status	11
5	Diagnosis	Failure to Communicate Critical Test Results	9
24	Mental Health	On-Premises Suicides/Attempts	9
19	Medical	Failure to Identify/Manage IV Infiltration	8

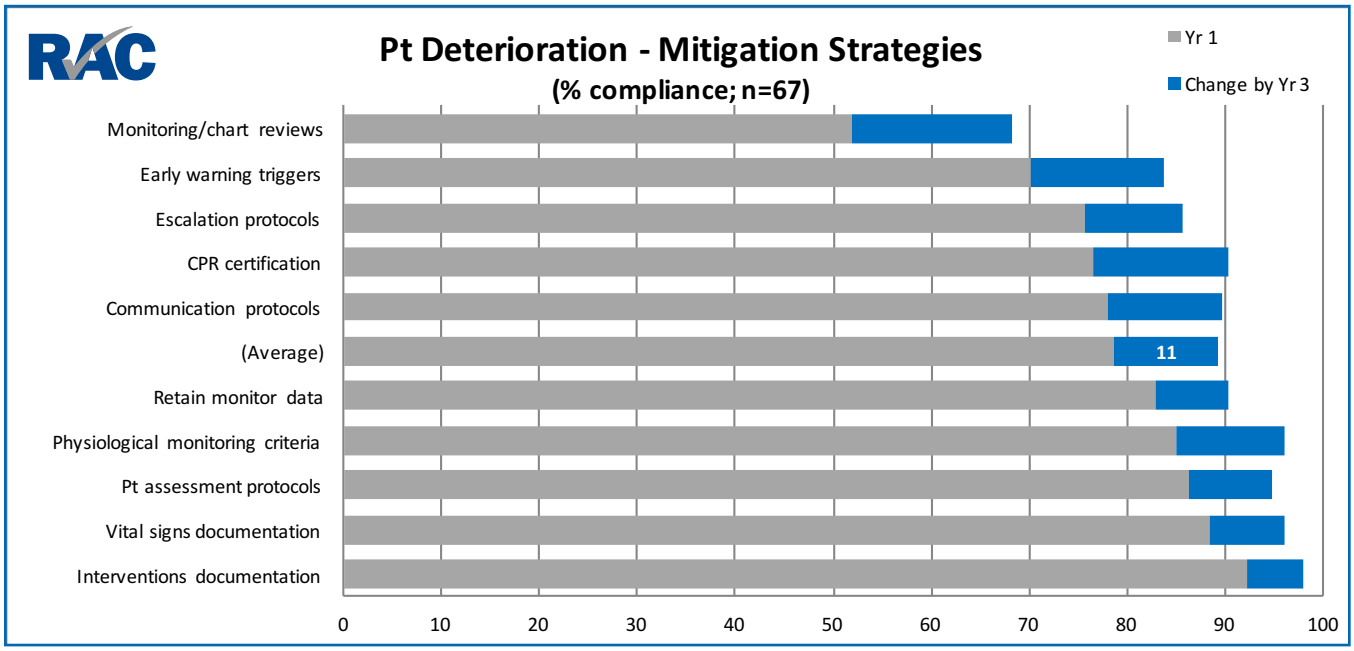
Table 21: Year 3

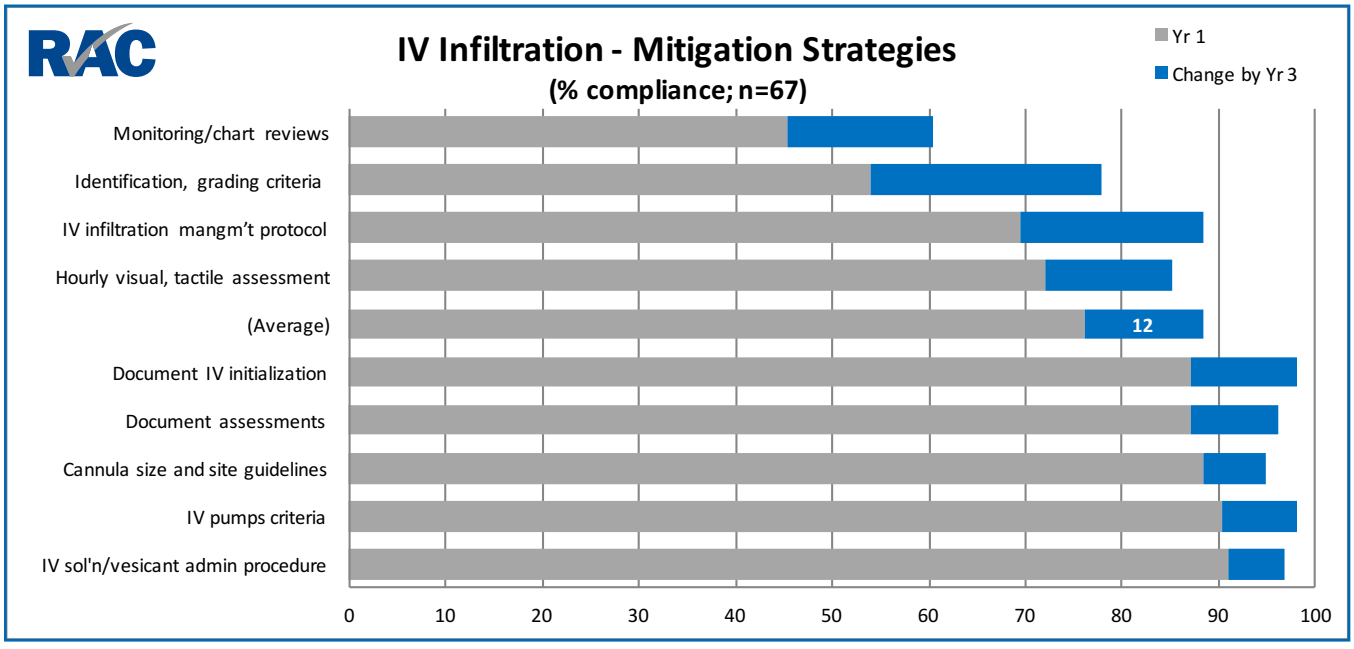
Rank (2011)	Category	Risk	# Times Selected
17	Medical	Failure to Provide Adequate Discharge/Follow-up Instructions	25
10	Medical	Failure to Appreciate Status Changes/Deteriorating Patient Condition	21
12	Medication	Medication Adverse Events	19
13	Falls	Patient Falls	17
16	Safety	Abuse of Patients	12
8	Maternal/ Neonate	Failure to Communicate Fetal Status	11
3	Medical	Inadequate Triage Assessment	11
25	Medical	Healthcare Acquired Pressure Ulcers	11
24	Mental Health	On-Premises Suicides/Attempts	10
5	Diagnosis	Failure to Communicate Critical Test Results	9

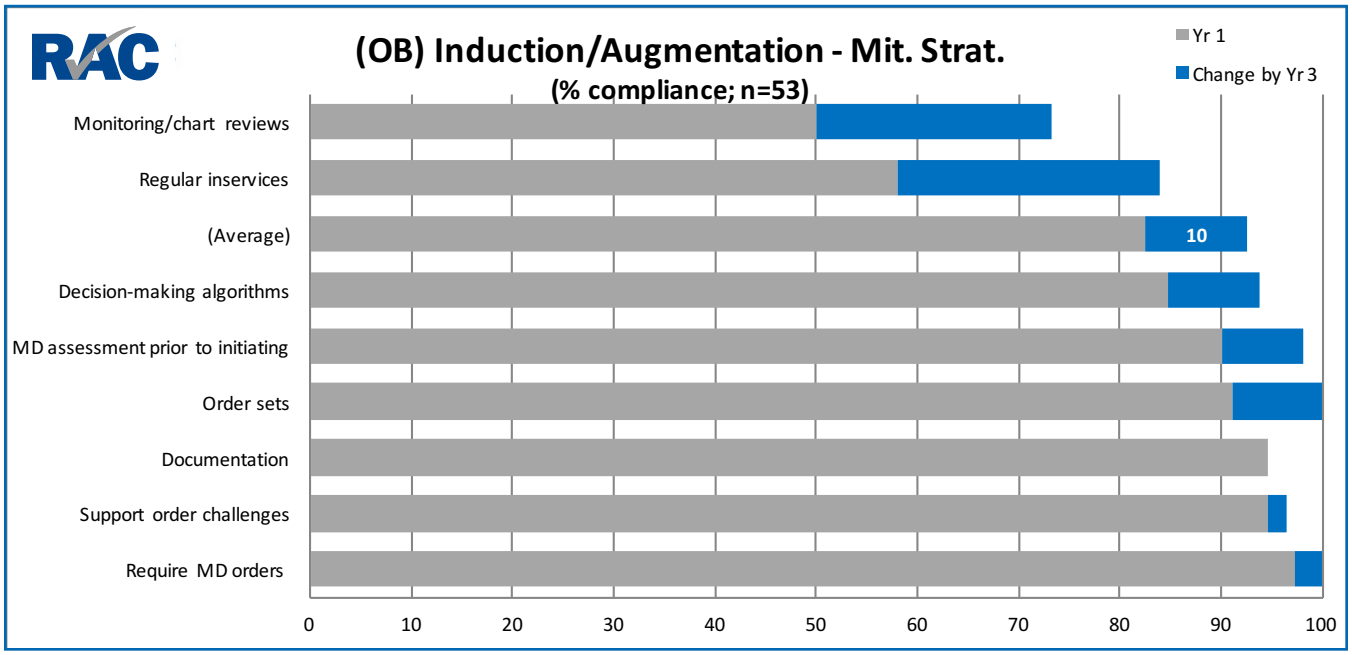
Appendix E: Risks in Focus

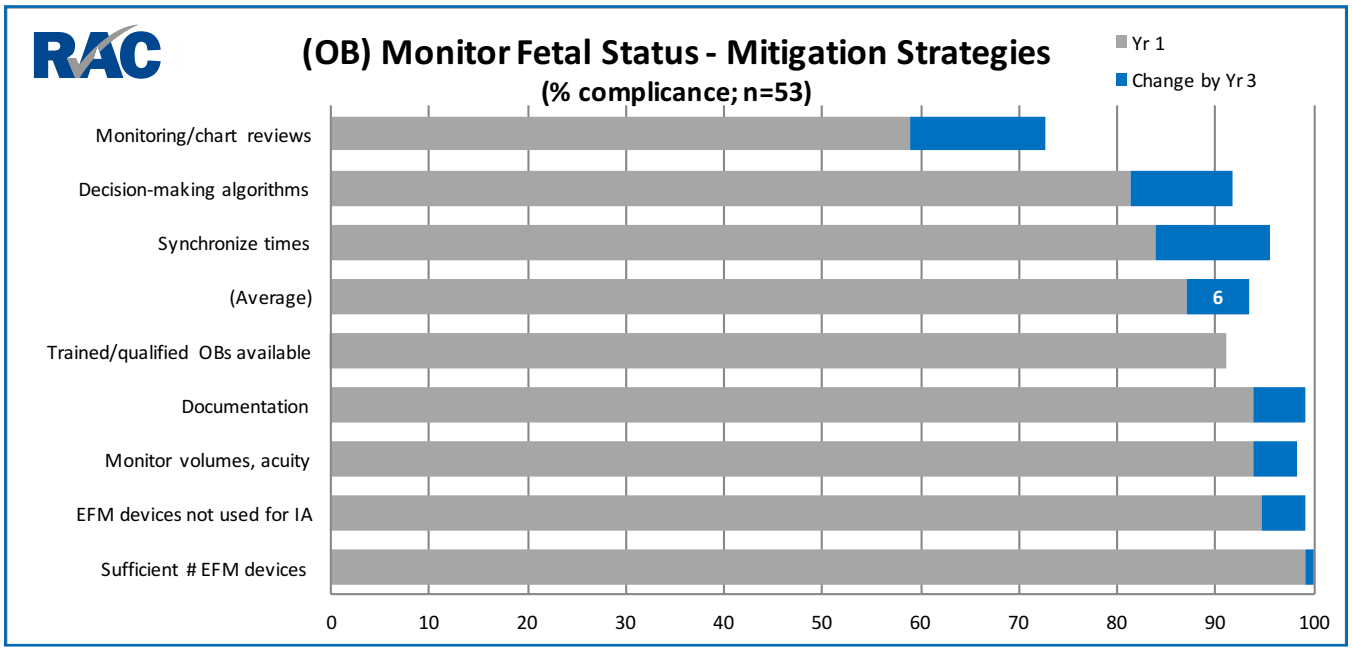


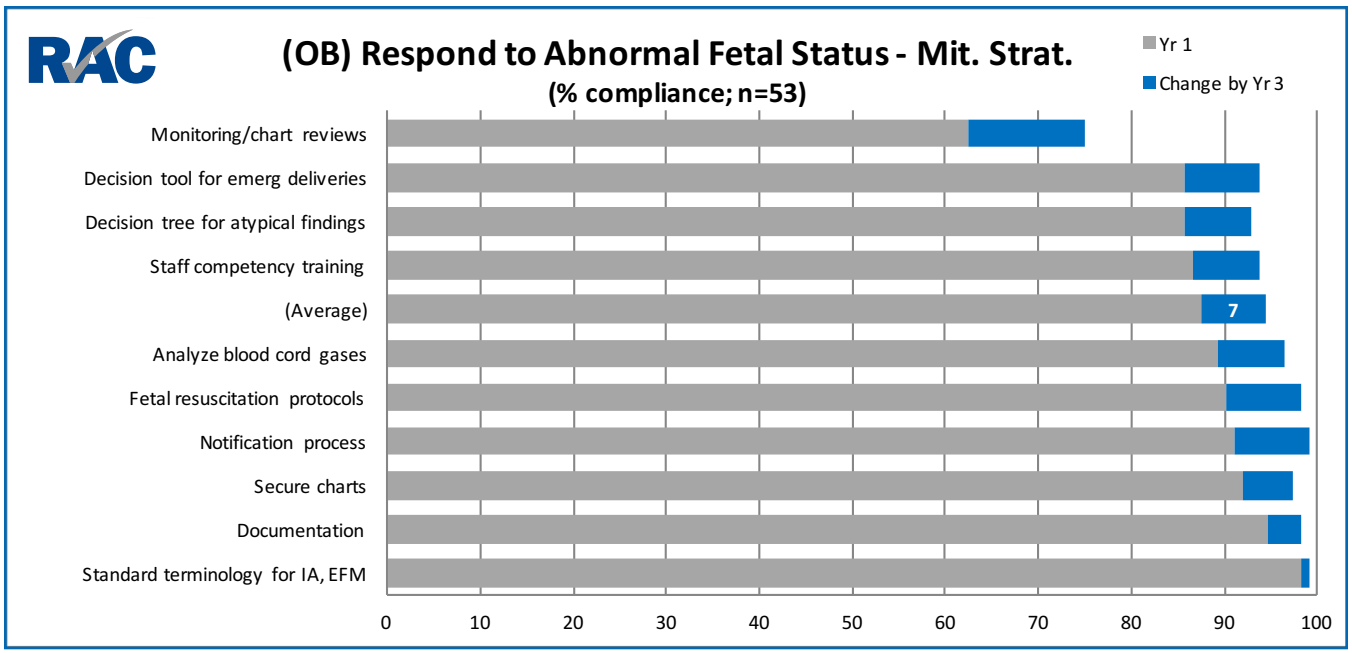


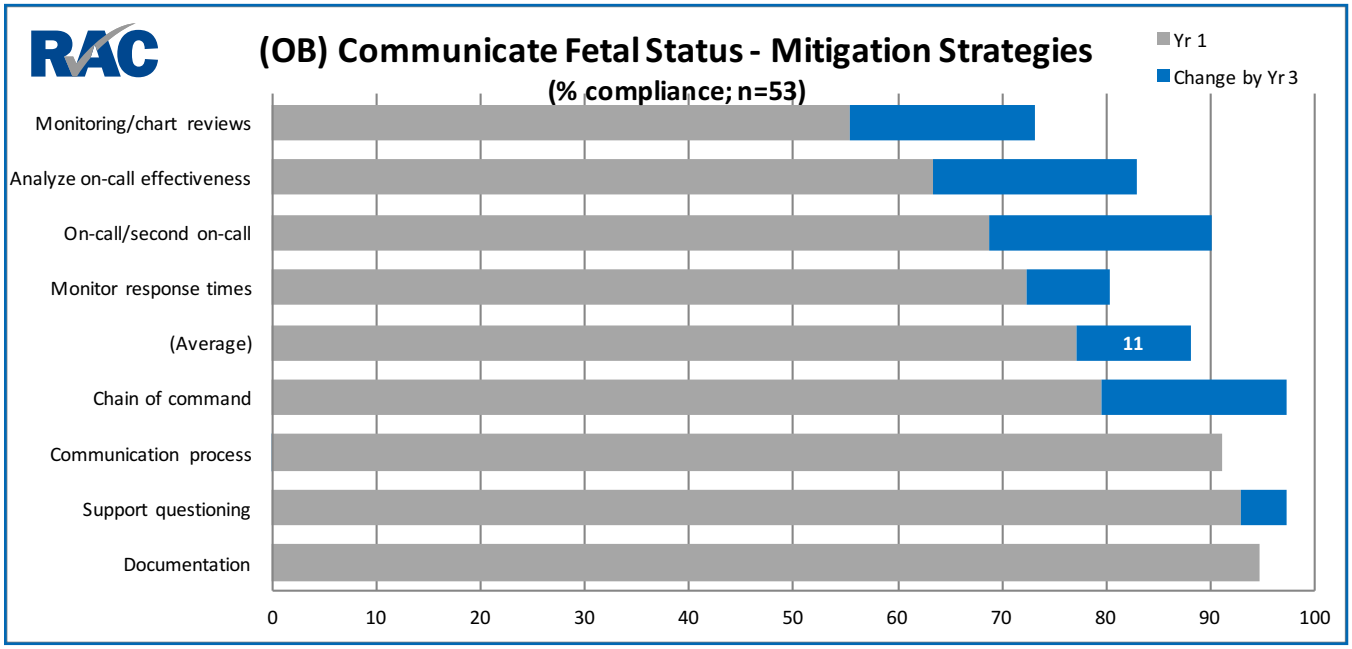

Pt Deterioration - Mitigation Strategies
(% compliance; n=67)
Yr 1
Change by Yr 3
Monitoring/chart reviews
Early warning triggers
Escalation protocols
CPR certification
Communication protocols
(Average)
Retain monitor data
Physiological monitoring criteria
Pt assessment protocols
Vital signs documentation
Interventions documentation
11
0
10
20
30
40
50
60
70
80
90
100

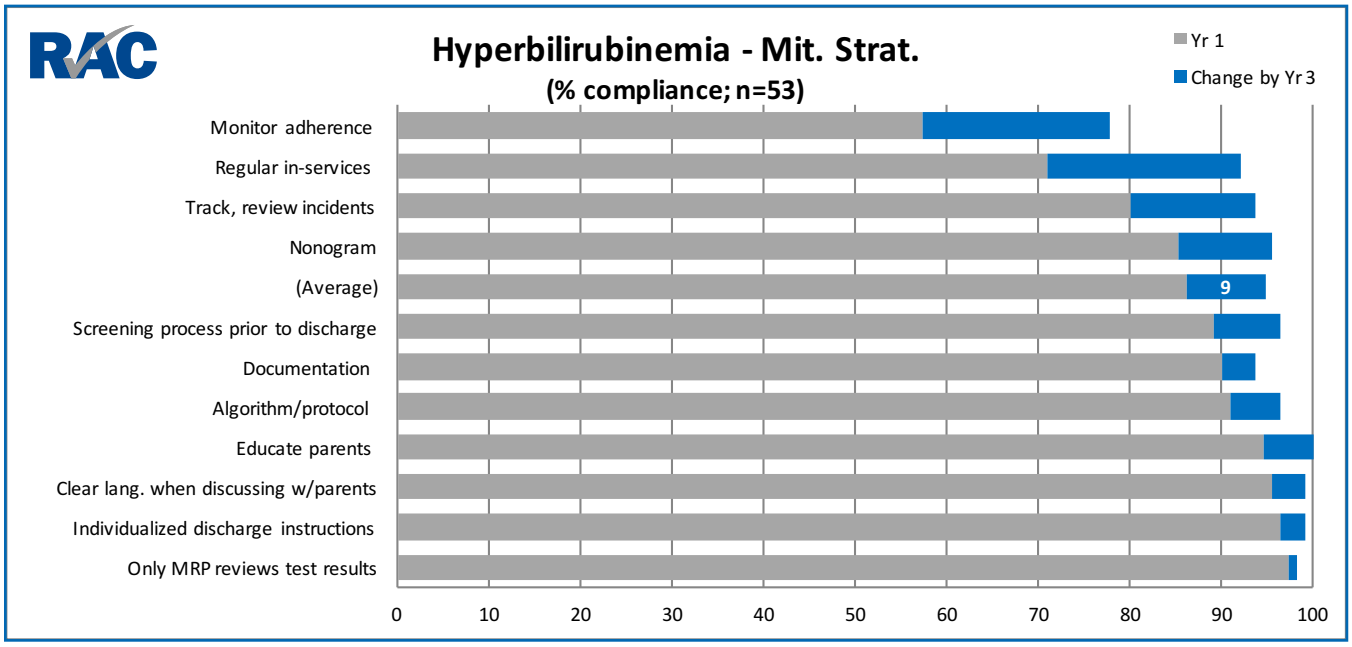

IV Infiltration - Mitigation Strategies
(% compliance; n=67)
Yr 1
Change by Yr 3
Monitoring/chart reviews
Identification, grading criteria
IV infiltration mangm't protocol
Hourly visual, tactile assessment
(Average)
Document IV initialization
Document assessments
Cannula size and site guidelines
IV pumps criteria
IV sol'n/vesicant admin procedure
12
0
10
20
30
40
50
60
70
80
90
100

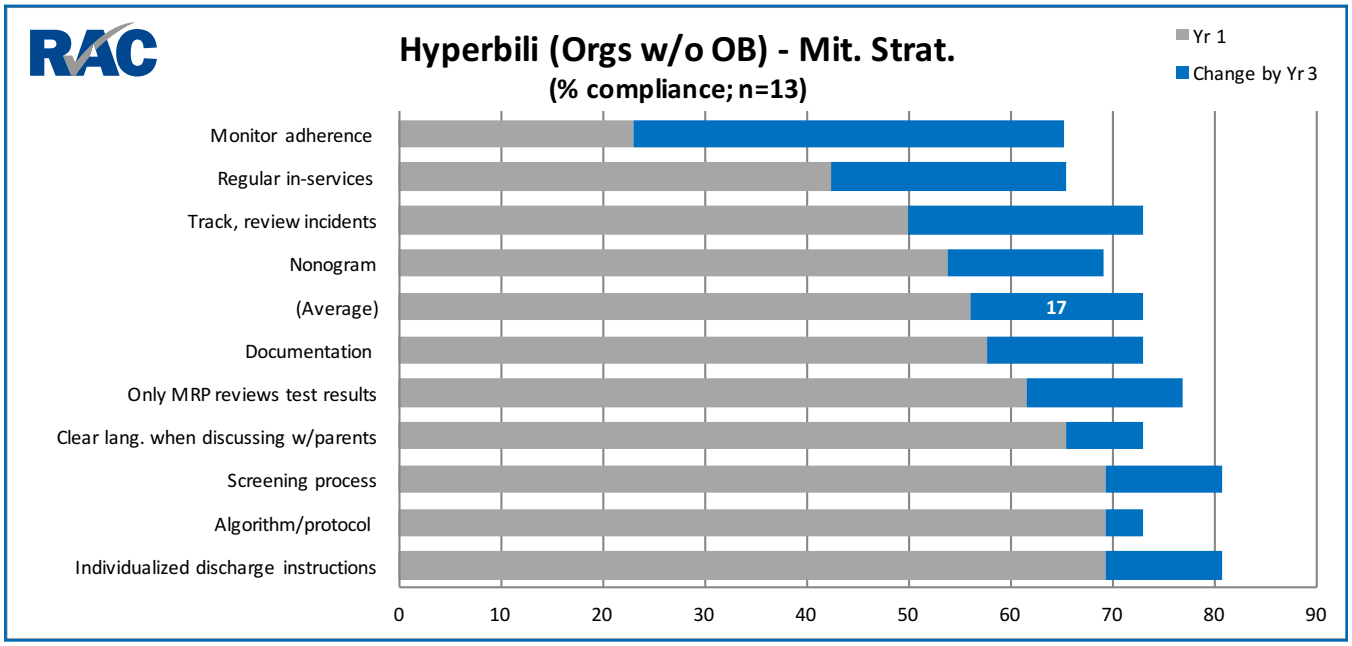

(OB) Induction/Augmentation - Mit. Strat.
(% compliance; n=53)
Yr 1
Change by Yr 3
Monitoring/chart reviews
Regular inservices
(Average)
Decision-making algorithms
MD assessment prior to initiating
Order sets
Documentation
Support order challenges
Require MD orders
10
0
10
20
30
40
50
60
70
80
90
100


(OB) Monitor Fetal Status - Mitigation Strategies
(% complicance; n=53)
Yr 1
Change by Yr 3
Monitoring/chart reviews
Decision-making algorithms
Synchronize times
(Average)
Trained/qualified OBs available
Documentation
Monitor volumes, acuity
EFM devices not used for IA
Sufficient # EFM devices
6
0
10
20
30
40
50
60
70
80
90
100


(OB) Respond to Abnormal Fetal Status - Mit. Strat.
(% compliance; n=53)
Yr 1
Change by Yr 3
Monitoring/chart reviews
Decision tool for emerg deliveries
Decision tree for atypical findings
Staff competency training
(Average)
Analyze blood cord gases
Fetal resuscitation protocols
Notification process
Secure charts
Documentation
Standard terminology for IA, EFM
7
0
10
20
30
40
50
60
70
80
90
100


(OB) Communicate Fetal Status - Mitigation Strategies
(% compliance; n=53)
Yr 1
Change by Yr 3
Monitoring/chart reviews
Analyze on-call effectiveness
On-call/second on-call
Monitor response times
(Average)
Chain of command
Communication process
Support questioning
Documentation
11
0
10
20
30
40
50
60
70
80
90
100


Hyperbilirubinemia - Mit. Strat.
(% compliance; n=53)
Yr 1
Change by Yr 3
Monitor adherence
Regular in-services
Track, review incidents
Nonogram
(Average)
Screening process prior to discharge
Documentation
Algorithm/protocol
Educate parents
Clear lang. when discussing w/parents
Individualized discharge instructions
Only MRP reviews test results
9
0
10
20
30
40
50
60
70
80
90
100


Hyperbili (Orgs w/o OB) - Mit. Strat.
(% compliance; n=13)
Yr 1
Change by Yr 3
Monitor adherence
Regular in-services
Track, review incidents
Nonogram
(Average)
Documentation
Only MRP reviews test results
Clear lang. when discussing w/parents
Screening process
Algorithm/protocol
Individualized discharge instructions
17
0
10
20
30
40
50
60
70
80
90

Appendix F: Organizational Profile – St. Joseph's Health Centre Toronto

1. **Please provide a brief description of your organization.**

   St. Joseph's Health Centre Toronto is a large Catholic community teaching hospital affiliated with the University of Toronto, serving the diverse communities of West Toronto, for almost 100 years. Our Mission is founded in the legacy of the Sisters of St. Joseph and we are proud that we are able to continue their tradition of care that reflects the universal values of respect, dignity and compassion. In 2016 St. Joseph's Health Centre had over 101,000 Emergency visits, 22,300 admissions, 190,000 diagnostic imaging procedures, 27,000 surgical cases, 254,000 ambulatory visits, and 3,300 births.

2. **Describe your Risk Assessment Checklists (RAC) journey. Why did you choose to participate in the program?**

   Engagement in the RAC process is seen as a significant piece in sustaining our Accreditation plans, Integrated Risk Management Framework, and Quality Improvement Plan. Moreover, it affords us the opportunity to evaluate existing and emerging business, resource, strategy, and compliance risks.

   The RAC is seen at St. Joseph's Health Centre as a proactive tool assisting in the identification, analysis and reduction of risks. It is a useful mechanism to engage leaders across the organization in reflecting on activities that guide accountability and governance, and focus on continuous quality improvement.

3. **What are some factors that have led to your success with the program?**

   The RAC process is managed by the department of Quality, Patient Safety and Integrated Risk who also holds oversight for the Integrated Risk Management plan, Quality improvement Plan, and the Accreditation process.

   We engaged the organization by creating specialized teams of interprofessional experts to examine the current state of the risk modules in order to identify gaps and opportunities for improvement.

   Further specialized teams were developed to address prioritized areas of focus, such as failure to appreciate status changes/deteriorating patient condition, failure to provide adequate discharge/follow-up instructions and medication adverse events. Alignment with clinical improvement goals and work in these areas is a key enabler for addressing these gaps.

4. **What are some challenges that you faced with RAC?**

   Several challenges include the reliability of findings, competing corporate priorities, and time management. It is challenging to ensure that mitigation strategies are reflective of practice and not simply a restating of policy or procedural guidelines. Organizations need to ensure that RAC is linked to a relevant and current indicator and be able to demonstrate that the process improves outcomes. Lastly, without acknowledgement of RAC as a strategic priority for the organization, it is exceptionally challenging to engage staff effectively or ensure that this process is given the attention and effort that's required.

5. **How do you use the data from RAC and how has it had an impact on your organization?**

   The Health Centre completed the first cycle and achieved a 93% compliance rate with regard to adopted mitigation strategies.

   The increase demonstrated that St. Joseph's Health Centre has taken action to address risk exposures and have adopted mitigation strategies that will support the delivery of safe and evidenced based quality care.

   We continue to track changes and improvements in compliance rates after each assessment year and cycle. Continuous attention to these risks, supported by specific initiatives, has allowed us to improve performance over the three-year time frame.

6. **What advice can you provide to others who may be interested in participating in RAC?**

   Risks do not occur in isolation. Incorporating the RAC into our processes, including our revised Integrated Risk Management framework, ensures that our organization has continuous oversight over the risks confronting it.

   Develop interprofessional teams of experts to examine the current state, identify gaps and opportunities and prioritize areas of focus.

   Leverage initiatives that may already be underway to enable a multidisciplinary approach that is integrated within your organization's current goals and objectives.

   Engage operational leaders to provide continuous attention to identified risks and assign accountability for performance improvement over time.

Appendix G: Organizational Profile – Ontario Shores

Please provide a brief description of your organization:

Ontario Shores Centre for Mental Health Sciences (Ontario Shores) is a public teaching hospital with 326 inpatient beds and over 70,000 outpatient visits, providing a range of specialized assessment and treatment services to those living with complex and serious mental illness. Exemplary patient care is delivered through safe and evidence-based approaches where successful outcomes are achieved using best clinical practices and the latest advances in research. Patients benefit from a recovery-oriented environment of care built on compassion, inspiration and hope.

Describe your Risk Assessment Checklists (RAC) journey. Why did you choose to participate in the program?

- To promote safety outcomes for patients and families, staff/affiliates, visitors and community stakeholders, and corporations
- To enhance our proactive and preventative risk work
- To incorporate learnings from aggregate mental health claims experiences
- To increase collaboration and coordination amongst programs and services
- To continue the integration of risk management practices throughout the hospital
- To promote the continued incorporation of Accreditation Standards as a part of our day-to-day operations

What are some factors that have led to your success with the program?

- Securing senior management support at the outset
- Engaging middle management and their staff to participate in the program
- Highlighting the interfaces between RAC and Accreditation Standards
- Finding ways to establish synergies and bundle and streamline RAC-related work with corporate-wide and program-specific Quality Improvement initiatives
- Weaving creativity and fun into the process
- Delivering encouraging news regarding processes and practices already in place
- Establishing concrete, measurable and time specific Mitigation Strategy Action Plans responsive to identified areas for improvement
- Ongoing progress reports to all stakeholders involved in the program to encourage ongoing staff and management participation

What are some challenges that you faced with RAC?

- Risk Management staff administering the RAC modules needed to translate some taxonomy used in order to promote understanding by staff

- Terminology and questions derived from recurring themes in liability scenarios were not always applicable to a specialized mental health care environment
- Consistently securing interdisciplinary staff participation to promote knowledge translation
- Finding creative ways to integrate the RAC work into the organization's busy workflow

How do you use the data from RAC and how has it had an impact on your organization?

- Identifying areas of strength
- Identifying areas of improvement
- Providing progress reports to programs and services
- Informing the Mitigation Strategy Action Plans for each of the top risks

The objective data has encouraged staff by reflecting on practices they already have in place which mitigates risk and promotes safety. The process of administering the RAC and creating Action Plans with staff has enhanced the integration of risk management into programs and services day-to-day work, as well as enhanced working relationships between clinical and support service staff and Risk Management department team members. Ultimately, RAC has supported the hospital's mission, vision and core values.

What advice can you provide to others who may be interested in participating in RAC?

We would encourage other organizations to strongly consider participating in RAC and suggest the following be contemplated:

- Identifying the costs and benefits of participating in RAC
- Allocating specific resource(s) to administer the RAC program
- Assessing what stakeholders would be impacted, at what stage, and by how much
- Proactively building synergies with other corporate patient care delivery support functions (e.g. Professional Practice, Quality, Patient Safety, Patient Experience)
- Generating a project management plan
- Choosing the right timing to launch the RAC program
- Creating a Communications Plan for stakeholders
- Establishing an executive sponsor
- Securing senior management support and endorsement
- Instituting an accountability framework
- Face-to-face time with stakeholders to generate meaningful conversation, grow collaboration and strengthen working relationships

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