

REDUCING ENTERPRISE RISK IN HEALTHCARE

Ensure Accountability, Safeguard Patient Safety and Mitigate Liability

March 30 – 31, 2009 | St. Andrew's Club and Conference Centre 150 King Street West, Toronto



COURSE LEADER

Joshua Liswood

Partner, Miller Thomson LLP

You will have the opportunity to learn risk management strategies and skills that ensure accountability, compliance with complex privacy and consent laws, address safety issues, and minimize the potential for liability in health care facilities.

Attend to learn about:

- Enterprise risk management as a top priority for governance
- Credentialing best practices for privileged professional facility staff
- Creating a reporting culture for safety and transparency
- Identity theft and fraud: risk, prevention, protection and fairness for patients and providers
- Revised regulations of Ontario **Public Hospitals Act** - **The Apology Act** – Bill 108
- New patient safety reporting requirements
- Update on amendments to **Ombudsman Act** – extend mandate to hospitals and long-term care facilities
- Workplace Violence Prevention: Protecting our Caregivers and Clients

COURSE FACULTY

Dr. Gordon Atherley, O St J, MB ChB, MD, LLD (hc)

Principal, Greyhead Associates

Patti Boucher RN, BHSc(N), MHSM, COHN(C), CRSP, CDMP

Vice President, Client and Consulting Services, Ontario Safety Association for Community & Healthcare

Dr. David A. Cameron, M.D., LL.B., C.C.F.P.

Director, Medical Affairs, Brant Community Healthcare System, Lawyer, Cameron Health Law Consulting

Robert Chambers

President, AssetRisk Advisory Inc.

Kate Dewhirst

Partner, Dykeman Dewhirst LLP

Mary Jane Dykeman

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Kathryn Frelick

Partner, Miller Thomson LLP

Amy K. Lee, MBA, CHE, CRM

Director, Quality and Patient Safety London Health Sciences Centre (LHSC)

Kathy Millar

Corporate Director, Patient Safety and Chief, Enterprise Risk Management, St. Joseph's Health Centre

Aleks Mladenovic

Partner, Thomson, Rogers

Michael Watts

*Partner
Co-Chair, Health Industry Law Practice
Osler, Hoskin & Harcourt LLP*

David M.W. Young

*Partner,
Co-Chair, Privacy Group, Lang Michener LLP*

COURSE PROGRAM

Enterprise Risk Management as a Top Priority for Governance

- Increased oversight by regulators and stakeholders
- Strategic and operational decision-making
- Identifying new opportunities and avoiding adverse effects
- Creating an effective risk management structure for Board Committees
- Statutory compliance: do you really know whether you comply?

Creating a Risk Management Structure for Board Committees

- Ensuring your Board understands the risk management process
- Engaging board members and benefiting from their expertise and energy
- Reporting on risk from the point of view of nominating and governance, resources, and business development committees

The Legal Duty of Healthcare Facilities to Ensure Safe Premises for Everyone

- Leadership and strategy
- Current challenges and solutions
- Political and Governmental policy perspective
- Legal and Regulatory framework

Enterprise Risk for Health Care Regulators – The Assessment Process

- Defining statutory objectives
- Public and other interests
- Assessing the risks to achieving statutory objectives
- Risks under the headings of a) licensee competence, b) operational risk and c) regulatory framework risk
- Process for risk assessment including tools
- Prioritization of risks
- Control of risks
- Selection of the right resource to control the risk (e.g., quality management, investigation, continuing education) based on cost effectiveness
- Design of new tools based on risk (e.g., complaint assessment; analysis of licensee performance based on competence, patient and environment; risk-based selection of licensees for quality management reviews)
- Importance of consistent decision making throughout the regulator
- Defining preferred outcomes (e.g., use of data to correlate risk factors and patient care; expert insight; construction of decision trees)
- Setting goals for achievement of objectives
- Measurement of performance

Enterprise Risk Management (ERM) Journey St. Joseph Health Centre, Toronto

- The roles of Boards, Senior Leadership and Operational staff in supporting a culture of ERM
- One hospital's journey to creating a culture of ERM from Boardroom to Bedside
- Discuss lessons learned

Credentialing Best Practices for Privileged Professional Facility Staff

- Who requires credentialing: appointment/employment – physicians, nurses, midwives and other relevant healthcare providers
- Effective utilization of allied health professionals responsibilities of the Board of Directors, current issues to ensure best practice:

- by-law and policy requirements,
- ensuring due diligence and due process (asking the right questions)
- setting appropriate criteria
- knowing when, how, and why to interfere

Managing the Fallout from Adverse Events – Disclosure and Damage Control Strategies

- What to do after an Adverse Event?
- Reporting and monitoring systems for adverse events
- Disclosure of Harm Policy and the Critical Incident Reporting requirements
- Claims Management investigation, documentation and notification to insurer
- QCIPA and Quality of Care Reviews
- Immediate corrective actions, risk mitigation and long term preventive measures
- Role of Quality Improvement and Patient Safety

Creating a Reporting Culture for Safety and Transparency

- Identifying and overcoming the barriers to disclosure
- The role of health executives
- Getting physicians, nurses and other health care providers on board in reporting adverse events
- How disclosure can become key in hospital safety programs and policies
- Understanding the relationship between disclosure and malpractice
- Barriers real and imagined

Who Needs to Know? – Safeguarding Patient Privacy by Effective Management of Health Information

- Latest Privacy updates
- Requirements in transfer of personal health information to another facility
- Effective strategies for safeguarding personal health information
- Privacy and accountability issues in a health facility
- Best practices for managing potential privacy breaches
- Secure disposal of health information records
- Educating staff
- Procedures for disclosure and access to the police

Identity Theft and Fraud: Risk, Prevention, Protection and Fairness for Patients and Providers

When 87-year-old Andrew Raskovics returned home from hospital in November 2008, he discovered someone had cashed out almost \$15,000 from his credit cards. The Second World War veteran and former POW in Germany and Budapest told the Toronto Sun that he couldn't believe someone would steal from him. He said that the last time he remembers seeing his Canadian Tire card and Sears Mastercard was in October just before he was taken into the emergency room at Trillium Health Centre in Mississauga. The money was withdrawn, he said, while he was in the hospital for surgery.

- When should healthcare have known about the type of risk that turned to harm and what should have been known about it?
- For prevention of and protection against the risk, how helpful to healthcare is information technology, or has it been the main facilitator of the harm he experienced?
- How helpful to healthcare is Canada's legislative framework for sharing of the risk among patients, health centres, and the various government departments and agencies engaged in information technology for healthcare?
- Who should be doing what to protect against this type of threat during stays in healthcare facilities?

Best Practices for Securing Informed Consent

- Understanding informed consent
- Requirements under Ontario's *Health Care Consent Act*
- Pitfalls and potential for liability
- Patients' expressed wishes
- Decision makers – factors to be considered
- Minors and their rights
- Elders and diminished capacity

Workplace Violence Prevention: Protecting our Caregivers and Clients

- Incidence and prevalence of violence in the healthcare sector
- Roles and responsibilities of healthcare boards, senior leadership - meeting your due diligence
- Designing an effective program to decrease the risk of violence and aggression
- Adopting evidence-based clinical practice to avert the incidence of violence and aggression
- Change management strategies to promote a cultural shift in adopting best practices

Outsourcing as a Potential Liability

- When a private nursing agency has been implicated in a hospital liability case
- Is the hospital or the private agency responsible for the nurse's negligence
- Issue to explore and matters to document
- Containing risk

Health Facility Hazards and Potential Liability Issues – Slips, Falls, Device Malfunctions and Failures

- Lapses in patient safety
- Legal risk management
- Liability for third party service providers and the public
- Reduce claims and potential liability for buildings and grounds

Revised Regulations of Ontario *Public Hospitals Act The Apology Act – Bill 108*

- To offer an apology does not constitute an admission of fault or liability
- Will allow hospitals and practitioners to disclose adverse events
- Effect on any insurance or indemnity coverage
- Will not be considered when determining fault or liability
- Does not affect the admissibility of any evidence in a criminal proceeding, provincial offence, administrative proceeding or arbitration
- Will not be admissible in any civil or administrative proceeding or arbitration as evidence of the fault or liability

New Patient Safety Reporting Requirements

- Amendments to the Hospital Management for all Ontario hospitals
- Disclose indicators of the quality of health care provided by the hospital relating to the diagnoses of hospital-acquired infections
- Activities undertaken by the hospital to reduce hospital-acquired infections and mortality
- Information must be disclosed through the hospital's website and any other means directed by the Minister of Health and Long-Term Care
- Public reporting required by the Ministry:
 - *Clostridium difficile* associated disease (CDAD)
 - Hospital Standardized Mortality Ratio
 - Methicillin-Resistant *Staphylococcus aureus* (MRSA)
 - Vancomycin-Resistant Enterococci
 - Surgical site infection
 - Central line infection
 - Ventilator-associated pneumonia
 - Hand hygiene
- Amended to Regulation 569 (Reports) under the HPPA added the information to be included in a report about a CDAD outbreak.

Update on Amendments to *Ombudsman Act – Extend Mandate to Hospitals and Long-Term Care Facilities*

- Bill 89, *An Act to amend the Ombudsman Act with respect to hospitals and long-term care facilities*
- Would extend the Ombudsman's powers to review the decisions, recommendations, acts or omissions of government bodies to include public and private hospitals and long-term care homes
- Ensures that approved charitable homes for the aged or approved charitable institutions, homes or joint homes for the aged or rest homes, homes for special care, nursing homes and mental health facilities fall within the Ombudsman's mandate.

WHO SHOULD ATTEND

VPs, Chiefs, Directors, Managers, Sr. Administrators:

- Health Care Risk
- Legal Affairs
- In-House Counsel
- Human Resources
- Risk Management
- Health Records
- Patient Care
- Unit Administrators
- Hospital Board Members
- Health Law Practitioners
- Patient Care

- Nurses
- Physicians
- Educators
- Hospital Board Members
- Health Law Practitioners
- Medical Malpractice and Insurance Lawyers
- Paralegals and Law Clerks
- Insurance Claim Managers
- Alternative Dispute Resolution Mediators and Arbitrators
- Medical Litigation Consultants

And Representatives From:

- Hospitals
- Geriatric Health Centres/ Nursing Homes
- Long Term Care Facilities
- Mental Health Institutions and Facilities
- Community Healthcare Facilities
- Insurance Companies
- Regional Health Networks
- Health Services Organizations
- Law firms
- Ministries of Health
- Health Canada
- Healthcare Consultants

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150 King Street West, Toronto

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Mr. Ms. Name _____

Title: _____

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A refund (less an administration fee of \$200 plus GST) will be made if notice of cancellation is received in writing three weeks before the event. We regret that no refund will be given after this period. A substitute delegate is welcome at any time.

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