

Health Unit Risk and Planned Additional Mitigation Responses – Updated March 31, 2019

Risk Assessment Health Unit Wide – January 2018				Progress	
Objective: To meet the Health Unit Strategic Plan, the Ontario Public Health Program and Services Standards, and the Ontario Public Health Accountability Framework.				Completed	
<ul style="list-style-type: none"> • Programs and services deliver planned activities, achieve outcomes, and reach target groups. • Programs and services respond to community assets and needs. 				Underway	
				To be developed	
Uncertainty (Risk) associated with:	Potential Impact	Inherent Risk Risk = Likelihood x Impact	Residual Risk Risk = Likelihood x Impact	Planned Additional Mitigation Actions	Progress on planned actions
Retaining intellectual and social (relationships) capital when employees leave. (T. Anderson lead)	<ul style="list-style-type: none"> • Loss of relationships that facilitate planning and delivery of programs and services. • Loss of knowledge about specific program/service implementation. • New people bring new ideas – can be an opportunity when someone leaves. • Potential unease about future when MOH/Directors leave, also with Managers to lesser degree 	High	Moderate	<ul style="list-style-type: none"> • Conduct a positional analysis to identify positions and staff with greatest risk e.g., single incumbent positions; employee with organizational knowledge or employee with relationship with community partner. • Prepare plan to address for position/employees with higher risk. Monitor and assess how well the plan is being executed. • Managers develop transition plan when employees leave. Monitor workplans when employee leaves in order to transition work to new person. • Identify where management can do cross over work, including cross-training, to build business continuity. 	<ul style="list-style-type: none"> • Inventory completed and key positions identified, will be on-going. • Template to collect information from key people leaving positions in development for fall. Will be used to develop plans. • Exit interview and report completed by key people who leave on work being done, key contacts etc. Information being used for new person in position. • Departments are doing more cross-training for specialized positions. – on-going work.

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<p>Engagement by municipalities in public health issues. (Lead J. Lyster, E. Murkin)</p>	<ul style="list-style-type: none"> • PHU not being consulted by the municipality on installation of septic systems may lead to not following regulations causing a possible health hazard. • Missed opportunities for input into the development of healthy public policy for example, access to healthy food choices and active transportation and recreation opportunities 	High	Moderate	<ul style="list-style-type: none"> • Hire Health Promotion Consultant to work with municipal planners • Communication Plan with Municipalities to review our relationship, values, points of contact¹, etc. • Presentations on key health issues at Municipal/County meetings • Advertise and conduct Health Impact Assessments on potential health hazards or policies to create healthy communities. • Create dashboard of HU activities in each municipality and share with municipalities • Identify staff in the community to liaise with municipalities 	<ul style="list-style-type: none"> • Completed • Plan to go to council meetings in 2019 to review what we do/can offer • Presented to Leeds Grenville Planners in June. • Meeting with planners in fall to determine categories for planning checklists for healthy policies • Data collection tools being developed. Data collection planned for fall. • PHNs on Healthy People Vibrant Communities have been assigned to municipalities

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Protection of personal health information (PHI). (Lead J. Hess)	<ul style="list-style-type: none"> • Damage to the reputation of the individual whose PHI has been disclosed and to the reputation of the Leeds, Grenville and Lanark District Health Unit (LGLDHU). • May result in some potential for minor complaints, non-compliance issues or negative media coverage. 	High	Moderate	<ul style="list-style-type: none"> • Providing training for the Privacy Officer and to Teams relevant to Programs , and ongoing communication re privacy concerns • Updating policies and contracts to ensure confidentiality and privacy. • Conducting audits of program areas with a high risk of privacy breaches. • Enhance tools for responding to and reporting on incidents. • Only use HU cell phone for work • Obtain funding for EMR and implement 	<ul style="list-style-type: none"> • Privacy Officer completed in-depth training, Webinars offered to staff and management, Regular on-going monthly reminders provided through email. • Training to AAs on record management in fall • Records and Information Management Policy (RIM) revised • Board information package – Fall 2018 • Records Storage Work Instruction developed • Record Retention Schedule revised • Review of contracts in fall • Orientation, transfer and exit checklists updated to include RIM • Conducting audits of program areas with a high risk of privacy breaches. <ul style="list-style-type: none"> ○ Audit guideline and tools drafted ○ Records storage room in BR and SF assessed and reorganized ○ Audits to take place Oct till Dec. • New process developed and being used to respond to privacy incidents. • Policy being developed • EMR Platform selected, planning underway, waiting for ministry grant approval.

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<p>Health equity considered adequately in the development and delivery of programs and services. (Lead E. Murkin, K. Jackson)</p>	<ul style="list-style-type: none"> • Lack of knowledge of staff about the importance of health equity and how to incorporate this concept into program planning. • Programs lack comprehensive planning taking health equity into consideration. • The needs of the lived experience in priority populations are not considered in program planning. • Programming content is not screened for clear and inclusive language. • Unable to meet Ministry of Health accountability expectations. • Compromising Health Unit branding and reputation. • Lack of stabilizing or downward trend in population health measurements for LGL 	High	Moderate	<ul style="list-style-type: none"> • Move Health Equity (HE) Coordinator into central Department QCIS to provide leadership across the health unit. • Implement the health equity Impact Assessment (HEIA) planning tool health unit wide. • Educate health unit managers and coordinators in conducting HEIA. • Lead the development of health equity indicators for programs and coordinate a process for monitoring and measuring of the indicators. • Provide an annual report on changes made to programming/services for the public based on the HEIA 	<ul style="list-style-type: none"> • HE Coordinator moved to QCIS • HE Coordinator led work on health equity for the new Strategic Plan. • Exploring how to integrate health equity tools into the Health Unit's planning cycle in fall to inform the Annual Service Plans for 2019 planning • HE Coordinator has met with CHP and QCIS teams to begin discussions about Health Equity – summer 2018 • HE Coordinator working with epidemiologist on indicators • Report format to be developed winter 2019

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<p>Employees' adherence to operational plans and workplans. (Lead C. Farella, K. Jackson, E. Murkin)</p>	<ul style="list-style-type: none"> • Impact morale and functioning of the team/program, staff motivation/creativity, influences organizational culture • Management spends considerable time addressing performance issues. • Yearly commitments are not being achieved- public may not be getting the required services that are mandated by MOHLTC • Missed opportunity for collaboration/synergies • Creates confusion for community partners on what we are doing 	High	Low	<ul style="list-style-type: none"> • Adoption and implementation of activity tracking system HU wide. • Work plans reviewed at all team meetings and updates posted on connecting link. • Adoption and implementation of partnership assessment tools. 	<ul style="list-style-type: none"> • Activity tracking will be part of new HR Information System to be implemented in Jan 2019. • Work underway to update planning process for fall 2018 to complete Annual Service Plans – will include posting and updating workplans on Connecting Link • Work underway to develop partnership assessment tools and to update the P&P – expected completion fall 2018.

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Safety of internal and external environment for employees and the public. (Lead J. Empey, J. Lyster)	<ul style="list-style-type: none"> • Worker injuries or illness– occupational related • Workplace discrimination, harassment • Staff stress and poor morale • Workers on short term sick leave and WSIB absences • Long term injury and illness and lengthy WSIB absences • Gaps in service due to staff absences • Client injury or illness • Theft of assets and program supplies with costly replacement & higher insurance premiums • Loss during fire or other disaster/incident • Union grievances and Ministry of Labour orders and fines 	High	Low	<ul style="list-style-type: none"> • Conduct job health hazard analysis of at risk positions and identify protective measures • Implement protective measures. • Conduct audit of infection control practices in each Health Unit clinic site with Public Health Ontario. • Conduct property risk assessment. • Develop strategy to ensure safety of employees working alone or in isolation. • Develop checklist for managers to identify potential risk associated with responding to an emergency situation or health hazard in the community. 	<ul style="list-style-type: none"> • Education and assessment underway for a variety of teams – next complete with all staff and institute prevention and protective measures – goal to be 80% complete by December 31 then rest in 2019. • Audits on schedule with completion December 31 & then maintenance • Ongoing training Jan 1 (General education Oct inviting MOL PHO and MOH, LTC & Acute Care) • Property assessments done on all sites. Risks to be addressed in fall/winter. • Panic buttons and alarms are in place and assessing external situations in process. • Planned for 2019

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Stakeholder involvement in program planning and implementation. (Lead R. Kavanagh)	<ul style="list-style-type: none"> • Working relationships may be negatively impacted if a stakeholder's input was missed. • Missing perspectives and information for planning if stakeholder was missed. • Input may not get into plan if improperly documented. • Stakeholders won't be engaged in the implementation, which will impact on outcome if not properly included. • Potential duplication of services • Programs may not effectively meet the local needs and achieve program outcomes. • May not have relationships to efficiently deal with urgent situations. • Inefficient use of services. 	High	Low	<ul style="list-style-type: none"> • Developing new activity tracking software that includes documenting partner involvement in programs. • Conduct Situational Assessments with partners and the public when developing new or changing programs and services. 	<ul style="list-style-type: none"> • Work underway to develop Activity Reporting System – for 2019 • Developed a new Partnership Tool to assess value in new or existing partnerships, to clarify HU roles and resources

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Network security and network function. (Lead P. Armstrong)	<ul style="list-style-type: none"> • Staff can't work with financial and productivity impact • Confidential information disclosed inappropriately • Lose data required for work • Delayed response to urgent situation 	High	Low	<ul style="list-style-type: none"> • Conduct a technical assessment of current IT network system security. • Make any recommended changes. • Conduct an office assessment of IT related risks. • Make any recommended changes. 	<p>Completed</p> <p>Completed</p> <p>To be completed fall 2018.</p> <p>Winter 2019</p>