



HANDLE WITH CARE

In this Issue:

- ◆ Health Team Leader's Message
- ◆ New Consultant
- ◆ Risk-based Policy Development
- ◆ Provincial Construction Program
- ◆ Hospital Corners
- ◆ Riskwise Answers
- ◆ Privacy and E-mail
- ◆ Risk Buzz
- ◆ Risk Management in Clinical Trial Agreements

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Volume 4, Issue 1

Spring/Summer 2007

A Risk Management Newsletter For The Health Care Protection Program's Members

Health Team Leader's Message

In reading the current edition of Handle With Care, the word eclectic comes to mind. Eclectic meaning, as defined by Random House, to "not follow any one system, as of philosophy, medicine, etc., but to select and use what are considered the best elements of all systems." As risk managers, we are required to not only see the best *or most appropriate* elements from a wide variety of sources, but are required to consider the best alternatives *for the larger system*. The American Society for Healthcare Risk Management recognizes that one of the essential principles of enterprise-wide risk management is that a "comprehensive, or 'holistic' approach is critical to managing diverse risks" (Enterprise risk management: Defining the concept, recognizing its value, *Monograph*. January 2006, www.ashrm.org).

In supporting this systemic view of risk and in true eclectic fashion, this issue of Handle With Care provides articles on such diverse topics as construction, clinical trials, injuries occurring during x-rays and other diagnostic tests, email privacy and a closer

look at the use of risk analysis as a planning tool.

Scarce resources, competing interests, political demands ... these are facts of life in the public sector. How can planners in the health care community best safeguard core values, while working within these constraints? *Risk-Based Policy Development for Health* (pp. 2-5) highlights three examples of the use of risk analysis to reach viable solutions for policy and programs. This is of interest to those who seek a comprehensive, systems approach to policy development.

HCPP is also currently in the process of reviewing its own systems perspective. A new Risk Management Information System (RMIS) will be in place across the Risk Management Branch in May of this year. Watch for updates in this and future Handle With Care editions.

Have a safe and enjoyable summer!

Janice Butler, Director
Health Care Protection Program

Welcome a New Consultant to HCPP !

Jeff Milne is the newest member of the HCPP team bringing over 20 years experience from the insurance and business fields. For the past 10 years Jeff has worked in the insurance industry. His most recent role was as Vancouver Island Manager for a national independent adjusting company where his work included a heavy emphasis on property, commercial, liability and automobile claims. Jeff received his Chartered Insurance

Professional (CIP) designation in 1999 and his CRM designation in 2000. Jeff also has extensive business experience as an operations manager for two Victoria, BC companies with a focus on paperless management systems and as the sole proprietor of a material damage appraising company.

Please join us in welcoming Jeff aboard. ◀

Risk-based Policy Development for Health

Planning in the health sector must address complex issues, often involving competing demands in a politically charged environment. How can planners in the health care community best safeguard core values, while working within administrative and financial constraints?

Many administrators are finding that risk analysis is helping them to reach viable solutions that are consistent with professional values. In this article we will explore how Health Authorities (HAs) have discovered value in risk analysis as applied to plans, programs and policy making. Some background on the enterprise risk management (ERM) program and detail of the methodology itself will also be explained.

Background: Standard and Guideline

Risk Management Branch (RMB), on behalf of the provincial government, adopted the Australia/New Zealand risk management standard (AS/NZ 4360:2004), and developed the *ERM Guideline* based on experience in adapting the standard to government clients. The standard (38 pages) and the guideline (27 pages) are available to Health Care Protection Program (HCPP) clients free of charge.¹

HCPP began to encourage and assist managers to integrate risk analysis into regular planning activities.² The key significance of the enterprise risk management process is that it contemplates not just hazard risk, but rather all relevant types of risk in a comprehensive and structured manner. The process is proven in trial sessions before any organization-wide implementation is attempted.

Methodology: The Importance of Context

Risks cannot be identified in a vacuum. The

client must set out the scope and the assumptions of the analysis by *establishing the context*. A brief paper, to be distributed as pre-read to participants before the actual risk identification session, states the following:

Subject of the risk analysis

- plan, program, policy or project under review;

Goals and objectives

- goals of the plan/project itself;

Value criteria

- professional values, ethical code, or business rules that guide how your organization operates;

Stakeholder analysis

- summary of stakeholder views; they must be represented to a degree of detail considered appropriate by the project sponsor;

Deliverable for the session

- typically: a comprehensive risk register that formulates risks in several categories, ranked by consensus, with summary statements of mitigation.

The context paper is intended to clear up ambiguities. Clients have often found that writing it helps them to formulate clear and authoritative statements of goals, objectives and values.

Example 1: Vancouver Island Health Authority Strategic Planning

Risk analysis can be applied at the strategic level, as well as to operational plans. In the case of Vancouver Island Health Authority (VIHA), a facilitated session was held to identify risk within the context of VIHA's *Five Year Strategic Plan*.

The importance of this session, as Corporate Director of Risk Management,

(Continued on page 3)

Risk analysis can be a valuable tool in policy development.

¹The AS/NZ 4360:2004 standard is available upon request from HCPP. The *ERM Guideline ver2.2 pdf* is on the Risk Management Branch public site: www.fin.gov.bc.ca/PT/rmb/ref/RMB_ERM_Guideline.pdf

²For an account of risk analysis applied to policy for BC meat inspection and safe drinking water, see: E. Robertson, "Navigating the Public Policy Labyrinth: Using Risk Analysis for Tough Issues" *Risk Management Magazine* (12/06) Vol. 53, No. 12, P. 40 (www.rims.org)

(Continued from page 2)

Graham Sanderson explains, was “to kick-start the executive” in the risk process. Graham notes: “The session made them realize that there has to be a structure to the strategic planning discussion, in addition to anecdotal exchange.” The structure was reflected in the risk register that was developed during the course of the meeting. Critical strategic issues were concisely expressed as risks, then set in order of priority and assigned mitigation plans, all by consensus.

This approach helped to reconcile different perspectives on single issues. The risk register adds value by transforming what would have been merely meeting minutes into an ordered report, providing a defensible basis for planning and allocating resources. Graham concludes that risk analysis will continue to play a role in planning, as for example, in the analysis of health records policy.

Example 2: BC Provincial Renal Agency

The BC Provincial Renal Agency’s (BCPRA) Independent Hemodialysis program has a fundamental goal of facilitating patient self-management. Among patients who are able to manage their hemodialysis by themselves, some are prevented from doing so at home due to things like poor water quality or insufficient space. It seemed that a community hemodialysis centre would provide these patients with a safe facility, yet keep them independent of hospital programs.

Concerns about patient safety and liability – all the “what-ifs” – prevented this new concept from moving forward. Donna Murphy-Burke, Coordinator Clinical Network/Special Projects, asked for assistance to conduct a risk analysis. She wanted to distinguish between merely perceived risk, and real risk that could be managed within the agency’s standards for patient safety.

The risk analysis was conducted in two sessions with a team from HCPP facilitating. Donna said: “The facilitation skill of this team in applying the risk matrix tool was a wonderful learning situation for the renal community. Using this tool allowed for a very thorough, comprehensive analysis of where the true risks resided. In the discussions

regarding the mitigation strategies, the process compelled the working group to focus on what can be done, versus the more common ‘we can’t because...’.”

The process allowed the team to validate innovations in service, while demonstrating a high degree of responsibility towards patients.

Example 3: Patient Safety Learning System

The Patient Safety Learning System (PSLS) is a centralized incident reporting system, currently in the pilot stage, under the direction of the BC Patient Safety Task Force. It is a tool to support one aspect of a comprehensive culture of patient safety among all HAs. The PSLS project team embarked on a risk analysis, with a particular focus on the pilot implementation.

Implementing a systems solution poses particular challenges. The risk analysis went beyond standard categories of project management. For example, coordinating the business processes of the HAs, and agreeing upon common information taxonomies, would be significant design issues. A fragmented governance structure might also impede the project’s ability to achieve the larger identified benefits or opportunities (e.g., the reduction of harm).

Georgene Miller, Corporate Director, Medical Affairs, Quality, Safety & Risk Management for the Provincial Health Services Authority – one of the project leads – commented that the session “not only helped develop visibility and common understanding of the project risks among the stakeholders... but also developed pro-active mitigation strategies with clear responsibilities for actions to address them”. The risk process therefore enhanced project management.

Georgene went on to say: “The initial set of risks captured in the risk register was comprehensive, and the effort to capture and address these pro-actively has proven its value over time... Some of the risks have come to pass with low negative impact (versus being ‘showstoppers’) because of the mitigation strategies adopted early on.” The risk register continues to be regularly updated, indicating priorities for action.

(Concluded on page 4)

(Continued from page 3)

Lessons Learned

The above examples demonstrate how the effective use of the enterprise risk management process allows projects to move forward with confidence and to remove roadblocks from the planning process.

HCPP staff are available to assist HAs conduct risk analysis and to provide training in the use of this valuable planning tool. ◀

Editor's Note:

This article was written by HCPP in collaboration with Edward Robertson, Manager, Enterprise Risk Management, Risk Management Branch of B.C. We acknowledge Edward's expertise in supporting the implementation of enterprise risk management and thank him for his contribution to this publication.

Provincial Construction Program

Marsh Canada Limited has been selected by the Risk Management Branch and Government Security Office (RMB) of the BC Government to create and manage a Construction Insurance Program encompassing most public sector construction projects. The program encompasses construction projects for Health, Education, Housing and the Vancouver Olympic Games. Instead of insuring the many projects for the BC Government on an individual or individual program basis, it is more efficient, consistent and economical to bundle projects together under one provincial construction insurance program.

The program provides owner-controlled course of construction and wrap-up liability coverage for all public healthcare sector construction projects over \$1,000,000. The Wrap-up Liability limit is \$10,000,000 per project and provides general liability coverage for the owner, contractor, subcontractor and consultants involved in the project. Projects under \$1,000,000 require the general contractors providing the construction services to supply independent insurance coverage. Professional liability for consultants is also the responsibility of the individual consultants to obtain, in keeping with specific requirements stipulated by the owner.

When undertaking construction projects, the health authorities must follow HCPP's **Program Bulletin Vol 16:1:07** which includes the reporting process to place coverage on the provincial construction insurance program and the insurance and indemnification clauses that must be included in supplementary conditions to the construction contracts.

There is no coverage provided under HCPP for loss arising from construction projects over \$1,000,000 so it is essential that members arrange insurance through the program. In order to ensure that coverage is placed in time, members should contact Marsh Canada at least three weeks in advance of the start of construction. Please refer to the above noted bulletin for more detail.

If you have any questions about the Construction Insurance Program, please contact HCPP. ◀



Hospital Corners – Quick Risk Tips

Patients with different health conditions are often referred for diagnostic testing, such as MRIs and x-rays, directly from the Emergency Room (ER). These patients may be feeling unwell due to the illness or injury which brought them to the ER in the first place, or they may have been given medication which may affect their orientation and balance. The diagnostic testing may require the patient to stand or get on and off a relatively high bed or table, such as for an MRI, or sit in a particular position for a period of time. A patient may arrive for the test feeling able to stand unassisted while the test is being conducted and may so advise the technician, then suddenly feel disoriented, or even faint, leading to a fall and possible injury.

HCPP has dealt with a number of incidents recently of patients injured, sometimes seriously, while x-rays and other diagnostic tests are being performed. Depending upon the circumstances of the individual incident, the Health Authority may be exposed to liability for the patient's injury.

There are a number of steps that can be taken to minimize the risk of patient injury and the HAs' exposure to liability. First, any information which may affect the patient's potential for falls, such as a history of confusion, falls, postural hypotension, dizziness, or any medication taken by the patient who may cause dizziness or a drop in blood pressure, should be relayed to the diagnostic technician. Second, the technician should inform the patient how long he will be required to hold the particular position and ask whether the patient would like assistance. Third, the technician should consider using any assistive devices, such as restraints, walkers or cushions, which could assist the patient if he is or may become unsteady. Fourth, the technician should consider the possibility of using a different position or ask for assistance from another technician or staff member.

If these steps are undertaken consistently as part of the procedures for diagnostic tests on ER patients, we would expect less incidents of patient injury to be the result. ◀

Links of Interest and Dates to Remember

Health Quality & Safety in BC: An Inconvenient Truth
Western Healthcare Improvement Network
Annual Conference: May 30-31, 2007 Delta Vancouver Airport, Richmond, BC
www.whin.org

Practical Risk Management Solutions for a Complex World:
Navigating the Labyrinth
Risk Management Branch/Health Care Protection Program
First Conference: November 14-15, 2007 Delta Vancouver Airport, Richmond, BC
Registration details to follow

Riskwise Answers



Should communications between a health authority and HCPP related to litigation be kept with the patient's chart?

In preparation for litigation, HCPP and/or our legal counsel will frequently request copies of records such as patient charts. It is mandatory that such requests and their responses not become part of the patient's chart or be kept anywhere else where a patient or their counsel can access it.

In this context, any communication with HCPP and/or our legal counsel must be kept separate from the patient's chart—in a file marked "legal" with a note that it is not discloseable under FOIPPA or any other process, barring a court order.

Where communications between HCPP and the Health Care Agencies (HCAs) we represent are created solely for the purpose of potential litigation, they are privileged and should not be discloseable to any patient.

HCA policies should reflect processes that protect these privileged communications from disclosure and thereby avoid potential difficulties.

If you have any doubt about what communications should or should not become part of a patient's chart, please contact your organization's Risk Manager, Chief Risk Officer or legal counsel. ◀

Privacy Issues—Beware How you use E-mail

If you are disclosing personal information in an email, be careful to ensure that each recipient is properly entitled to be receiving that information.

There is a fine line between necessary disclosure of personal information, and what is considered "too much." This was illustrated in September 2006, when the Alberta Information and Privacy Commissioner found that the president of Athabasca University breached a student's privacy rights by disclosing too much of her personal information.

The president had included other university employees in an email which informed the student of his intention to limit further contact with her to written communication. Although this was acceptable, his inclusion of their previous e-mail correspondence was not. The previous email string included personal information about the student regarding her

requests to resubmit assignments and rewrite an exam, and his subsequent conversation about those issues. Other university employees had no good reason to receive this personal information.

The adjudicator ordered the institution to develop written policies around the disclosure of the type of information in question.

All public bodies should exercise extreme caution in their use of personal information and develop guidelines to assist employees and ensure compliance with the law. While this example is specific to an educational institution, the privacy issue is relevant to all public bodies. ◀

Risk Buzz



Risk Management Branch gets a new Risk Management & Information System

In May of this year, HCPP, as part of the Risk Management Branch (RMB) will be implementing a new Risk Management and Information System (RMIS).

This system is an evolutionary solution that will form the foundation for future important initiatives. It will allow us to address concerns regarding accurate reporting of statistical data, earlier identification of trends and issues, a platform for analysis and reporting and ensure

connectivity of various users of the system and its information.

The project will include not only a change to our electronic system, but also to some of our business processes as we work to leverage the benefits of efficiencies while, at the same time, enhancing value in the services we provide to our clients.

Targeted communications will be provided to stakeholder groups who may be impacted by the change and the project will be diligent in its respect for data security and privacy issues. Watch for future updates! ◀

Risk Management in Clinical Trial Agreements

While clinical trials take place in a controlled environment and are highly regulated, emerging awareness over issues such as breach of ethics, conflicts of interest and failure to fully inform participants create avenues for significant litigation.

Case in point is the recent action against Merck and their drug for arthritis pain – Vioxx - which was recalled in 2004 amid claims that it caused heart damage. Merck is now the defendant in a lawsuit that promises to be one of the largest in history arising from product liability.

The Vioxx plaintiffs allege that Merck falsely promoted the safety of Vioxx and failed to disclose the full range of the drug's dangerous side effects. Whether Merck is ultimately found negligent under the law and to what extent remains to be seen. However, the cost of their defence is expected to be staggering.

In HCPP's experience, co-defendants in such a lawsuit often include the investigators who supervised the trials and the hospitals where they were conducted. Patient participants (and their lawyers) rarely make a distinction between the manufacturer of the drug and the hospital that recruited them. Courts only have to find hospitals 1% negligent to hold them "jointly and severally liable" for 100% of the damages.

It is important that hospitals participating in clinical research understand the risks to which they are exposed and how best to manage them. Obtaining appropriate indemnification (in combination with the financial wherewithal to back it up) is critical. Only risks that are reasonably within the control of the hospital should be retained. Financial wherewithal means evidence of sufficient insurance or other evidence of ability to pay.

Biotechnical sponsors are liable to the full extent of their assets, which may be sizable; however, most sponsors must rely upon insurance. The availability of insurance to biotechnical companies is narrowing as the insurance market becomes alert to the significant risks inherent in research. Their caution translates into insurance that is more expensive, more restrictive and/or simply not available for some sponsors and/or some trials.

For further information, refer to HCPP's **Guidelines for Risk Management and Liability Control in Clinical Trial Research in B.C.'s Health Care Facilities** along with the Risk Note titled **Insurance in Clinical Trials** (an update to the insurance section of the Guidelines).

These can be found on the HCPP website or by contacting your organization's Risk Manager or Chief Risk Officer for a copy. ◀

Indemnification and insurance are key to managing risks of clinical trials

About Our Organization...

We are the Client Services Team for the Health Care Protection Program (HCPP). HCPP is a self-insurance program which is funded by the Province of BC. The program is housed within the offices of the Risk Management Branch of the Ministry of Finance which also has responsibility for similar programs such as the Schools Protection Program, and the University, College & Institute Protection Program. As part of the services of our program, we provide risk management and claims & litigation management services to HCPP member entities including all the Health Authorities and various other stand-alone health care agencies in the Province of BC.

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Handle With Care
is published twice a
year by the Health
Care Protection
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