

where is completely free from danger, risk management becomes an ongoing process to identify, analyze and control different risks or potentially dangerous situations in order to act promptly to prevent them as much as possible, or limit the damages. Here are some of the ways used:

- **Obligation to report accidents and incidents** for anyone working in the centre who might have been involved or witnessed an event;
- **Obligation to disclose accidents** in order to inform the resident or his guardian of any information about the resident's accident and the steps taken to counter the consequences and avoid any recurrence;
- **Obligation to implement support measures** to help the victim and his loved ones if needed;
- **Obligation to have an in-house register** of all accidents and incidents in order to know the nature and scope of such events, analyze them, follow up and identify appropriate measures.
- **Obligation to create a risk management committee** mandated to research, develop and promote ways of ensuring the safety of residents receiving care and services and controlling hospital-acquired infections.



- **Obligation to be accredited** and to meet certain standards of organizational safety.


Risk management goes hand in hand with quality – you can't have one without the other. Since quality always involves some risk, centres must redouble their efforts to assess the quality of their services, foster the best practices and ensure that they are always safe.

### Conclusion

The safety of residents is the backdrop for all decisions and steps taken by the staff and administration in our residential care centres. In spite of our best efforts to prevent risks, we are reminded in our day-to-day living that accidents and incidents can happen. The safety aspect in risk management rests for the most part on honesty. It may be hard to admit a mistake or report an unfortunate event, but it may be even harder to remain silent or hide the truth.

Mr. Leroux's story shows us that some personal choices are risky, but communication is the best way for each one of us to fulfill our responsibilities to limit the damages.

Our attention to risk management is further evidence of our care and respect for the people living in our centres.

 For further information on this subject, ask for the brochure "A Global Vision of Risks" (D-DG-34) at the reception area of the centre.

The Collection "Between You & I" is published by a group of Residents' Committees (Users' Committee in accordance with the Act) from some Residential and long term care centres (CHSLD).

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The masculine form used in this document implies the feminine form and has been used solely to facilitate reading.

## About the author...



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She has been responsible for coordinating all risk management activities since 2002 and works to maintain an organizational setting that helps the staff to continually improve the health care services offered.

Mrs. Gariépy is recognized by the Department of Health and Social Services on a national level as trainer for members of risk management committees.



## RISK MANAGEMENT: SAFETY FIRST

*“An accident happens so quickly...”* Haven't we all heard this before?

Choosing to live in a residential care centre often gives the illusion that many of the daily risks which we were exposed to at home no longer exist. Whatever our condition, wherever we live, whatever safety nets are in place, we are never completely safe from unwanted occurrences: unforeseen situations, errors, oversights, failure of certain processes, etc. All these factors explain the possibility of risks.

Risk management therefore brings to light the utopia of zero risk.

After many unfortunate events in the health care sector, much attention has been given to situations that could have been avoided. In fact, since the early 2000s, we have become increasingly preoccupied with safety, leading lawmakers to introduce a number of requirements in terms of the care and services provided in health care centres.

### RISK MANAGEMENT IN A RESIDENT'S DAY-TO-DAY LIFE

Aside from the strict legal or administrative application of risk management, it is interesting to see how it works in a resident's daily life. Let's look at this fictitious case:

*Mr. Leroux is 78 years old and likes to socialize with other residents and visitors. He has difficulty with his balance and needs support when he moves around. His condition also requires that his food and drink be a specific texture and consistency. Mr. Leroux loves to eat and is always looking for snacks. From time to time, he forgets to use his walker and to be careful about what he eats. In general, Mr. Leroux is*

*a key player in his health care intervention plan. His family is involved and is aware of his condition and habits. When he's upset, he likes to “get a breath of fresh air”, as he says, but doesn't always pay attention to where he's going.*

So what can we do about Mr. Leroux's dangers of falling, eating food that is not right for him or getting lost in the neighborhood?

First, it's essential to acknowledge that dangers exist in order to establish the most appropriate prevention and control measures. The goal is not to eliminate the risks but to reduce their consequences with safety measures that will prevent

problems. Communication and trust between the family and the health care team are essential in identifying these measures.

### A PROACTIVE APPROACH

Since safety is a key component of health care, Mr. Leroux's case demonstrates the need to implement the right balance of safety measures. This means that protecting Mr. Leroux must also take into consideration his right to take risks, considering his legal capacity to do so.

In residential care centres, Mr. Leroux's story is not unusual. What we have to remember first and foremost is that the residential care centre is his substitute living environment, an environment designed to compensate for his natural environment. Our approach must answer to his needs while respecting his expectations, rights as well as liberties.

For this reason, as for every resident, Mr. Leroux has a personalized health care intervention plan which he helped to prepare. The plan contains not only the steps needed to meet his needs but also takes into account his interests, choices and vulnerabilities. In Mr. Leroux's particular case, the intervention plan will be adjusted according to his condition and the real risks to which he is exposed.

It is not an exaggeration to say that everyone has a part in his safety since, as a member of a small community such as a residential care centre; everyone is responsible for each other. In fact above and beyond our professional responsibilities, it is often observations from those around a resident that help detect many risks.

### IF THERE IS AN ACCIDENT...

Risk is defined as the probability that a situation causing damage will occur. Although some risks are easy to foresee, others happen very unexpectedly.

In either case, if the resident has an accident, what mechanisms are in place?

- 1 Immediate attention is of course given to Mr. Leroux and involves the necessary professionals (first aid, examination and clinical observations, call to the attending physician, transfer to emergency if needed, etc.).
- 2 An accident report form is filled out.
- 3 A first assessment is made to determine the circumstances and causes of the accident.
- 4 The resident's respondent is contacted and informed of the event. Depending on the situation, this first step may not be enough to provide all the necessary information and further discussion may be required.
- 5 Preventive or corrective measures are immediately put into place, if needed.
- 6 A full investigation may be needed to clarify the circumstances and ascertain the main reasons for the accident.
- 7 An information meeting is held to establish details on the nature, circumstances and consequences of the accident, the steps put into place and in some cases, support measures taken.

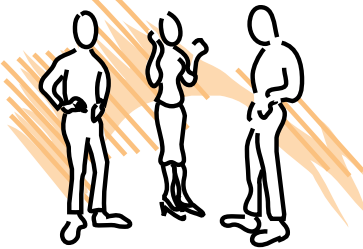
Needless to say, it's very upsetting to learn that a loved one has had an accident as it stirs up all kinds of emotions. Did I or did they do enough to prevent something like this from happening? An investigation into an accident is not intended to find a guilty party but rather to understand "why" or "how" the accident happened. We must turn away from complacency and understand that only a full assessment will reveal the real circumstances surrounding the event.

The information gathered and analyzed will serve to:

- identify if the accident stems from behaviors that are known and familiar to the resident;
- implement specific preventive measures with Mr. Leroux to avoid a recurrence of the situation;
- implement changes or improvements in our way of doing things, our facilities or our equipment, to avoid such an accident with other residents.

Furthermore, any situation which could, the first time or if repeated, affect the physical well-being of other residents, staff, visitors or volunteers is treated as a situation to be monitored. Following any incident which indicates a problem in our methods of operation, relevant information is sent to all Vigi Santé’s residential care centres so that changes and adjustments can be made.

## A TEAM DEDICATED TO SAFETY



Safety is everyone’s business, including the resident receiving care, family members, visitors, employees, volunteers, trainees and suppliers. Everyone

plays an active part in determining areas of vulnerability. Prevention is only possible if we all know the risks involved and try to find solutions.

The primary responsibility falls upon the board of directors with the cooperation of Vigi Santé’s management team who play a lead role in the prevention and management of risks in our centres. They are responsible for promoting and developing adequate and pertinent tools and processes designed to detect, define, assess and manage risks. Other external bodies such as the public health department, the fire department, public safety,

health agencies and so on are other active partners in the centre’s risk management.

Aware that safety needs everyone’s attention, Vigi Santé recently revised its organizational mission to include safety among the many values and commitments of the organization:

“*Safety at the very heart of our actions*”, underscores the need for all to participate in a plan based on the safety of residents, staff and others, by actively working to implement corrective and preventive measures for all types of risks.

Many methods are used to inform staff and volunteers and make them aware of their roles and responsibilities in the area of safety, particularly their obligation to report any accident or incident in any field of activity. (Example: welcome handbook, revised code of ethics, notices, information pamphlets, training, team meetings, internal policies, etc.)

Moreover, in accordance with the requirements of the *Health and Social Services Act*, Vigi Santé has created a risk management committee. This committee’s mandate is to recommend to the board of directors steps to be taken to improve the safety of care and services.

Although all staff is responsible for the residents’ safety, some are more directly concerned by way of their participation in activities such as: infection control committee, dangerous substances committee, information systems safety committee, emergency measures committee, workplace health and safety committee, quality control committee, etc.

## IN CLOSING, WHAT ARE OUR OBLIGATIONS IN THE HEALTH AND SOCIAL SERVICES NETWORK?

Among its responsibilities, the residential care centre must provide care and services in a healthy and safe environment. Since no-

