

## **Enterprise risk management (ERM)**

ERM is a risk based approach that includes the methods and processes to manage risks.

ERM provides a framework for risk management, which typically involves:

- 1 identifying particular events or circumstances relevant to the organization
- 2 assessing them in terms of likelihood and magnitude of impact,
- 3 determining a response strategy, and
- 4 monitoring progress.

It is recommended that the ERM be completely updated by management and reviewed on an annual basis by the Board

It is recommended that Management update any changes to the risk scores on a quarterly basis and report as required to the Board on any risk that is medium (6) or higher.

## **Response Map**

The Response Map is a weighting grid that combines the risk score of the probability and impact that an individual risk may have on the organization

For example:

- if a risk is scored as a probability of 1 and an impact of 3, then the Risk Exposure is 3 (Low Risk)
- if a risk is scored as a probability of 3 and an impact of 1, then the Risk Exposure is 3 (Low Risk)
- Both of these then have the same degree of exposure to the organization although they are caused by different factors
- if a risk is scored as a probability of 3 and an impact of 3, then the Risk Exposure is 9 (High Risk)

## **Risk Tool**

The Risk Tool is used to quantify the impact that all identified risks pose to the organization.

- Individual risks are identified (Risk Description) and a description of the impact that it poses to the organization is noted
- The risk is then rated on a scale of 1 to 5 (5 being an extreme risk) as to the probability of the event occurring .
- The risk is then rated on a scale of 1 to 5 (5 being an extreme risk) as to the impact on the organization should the event occur.
- The risk is then given calculated risk exposure weighting using the combination of the probability and impact scores. (See Response Map below)
- In all cases, management describes what actions they have taken to mitigate the risk exposure (Mitigation)
- The mitigating actions do not factor into the risk exposure score but are considered when the board reviews what further action may be needed when viewing the Risk Tracking Log



## ALGOMA NPLC 5x5 RISK MATRIX

*Adapted from: Winnipeg Regional Health Authority, 2004; VON Canada, 2015; North M*

Consequence	Likelihood				
	1 - Very Low	2 - Low	3 - Medium	4 - High	5 - Very High
5 - Very High	5	10	15	20	25
4 - High	4	8	12	16	20
3 - Medium	3	6	9	12	15
2 - Low	2	4	6	8	10
1 - Very Low	1	2	3	4	5

### Risk Grading

	1 to 3	Low
	4 to 6	Moderate
	8 to 12	High
	15 to 25	Extreme

Assessment of likelihood/frequency/probability					
Category	Very Low	Low	Medium	High	Very High
<b>Broad descriptors</b>	* Will probably never occur/ recur * Rare	* Do not expect it to happen/recur but it is possible * Unlikely	* Might happen or recur occasionally * Possible	* Will probably happen/recur * Likely	* Will undoubtedly happen/recur, possibly frequently * Almost certain
<b>Frequency</b>	* Not expected to occur for years	* Expected to occur at least annually	* Expected to occur at least monthly	* Expected to occur at least weekly	* Expected to occur at least daily
<b>Probability</b>	* <0.1%	* 0.1-1%	1-10%	10-50%	>50%

### Assessment of Potential Impact/Consequence

Dimension	Very Low	Low	Medium	High	Very High
<b>Broad Descriptor</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>
<b>Physical/Psychological Harm</b>	<ul style="list-style-type: none"> <li>* Minimal harm</li> <li>* No/ minimal treatment required</li> <li>* No time off of work</li> </ul>	<ul style="list-style-type: none"> <li>* Minor harm or illness</li> <li>* Minor treatment required</li> <li>* Time off work for &lt;3 days</li> <li>* Increase in LOS by 1-3 days</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate harm</li> <li>• Professional intervention required</li> <li>• Time off work for 4-14 days</li> <li>• Increase in LOS by 4-15 days</li> <li>• An event that impacts a small number of patients</li> </ul>	<ul style="list-style-type: none"> <li>• Major harm leading to long term incapacity or disability</li> <li>• Time off work for &gt;14 days</li> <li>• Increase in LOS by &gt;15 days</li> <li>• Mismanagement of patient care with</li> </ul>	<ul style="list-style-type: none"> <li>• Incident may lead to death</li> <li>• Multiple permanent instances of harm, irreversible health effects</li> <li>• An event that impacts a large number of patients</li> </ul>
<b>Medication</b>	<ul style="list-style-type: none"> <li>• Incorrect medication dispensed but not taken</li> </ul>	<ul style="list-style-type: none"> <li>Wrong drug or dosage administered with no adverse effects</li> </ul>	<ul style="list-style-type: none"> <li>• Wrong drug or dosage administered with potential adverse effects</li> </ul>	<ul style="list-style-type: none"> <li>• Wrong drug or dosage administered with adverse effects</li> </ul>	<ul style="list-style-type: none"> <li>• Wrong drug or dosage administered – unexpected death</li> </ul>

<b>Disengaged staff</b>	<ul style="list-style-type: none"> <li>• Low level of internal grievances</li> </ul>	<ul style="list-style-type: none"> <li>• Grievances occurring but not in large numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Grievances show an increasing pattern</li> <li>• Low staff morale</li> </ul>	<ul style="list-style-type: none"> <li>• Grievances are increasing and more pervasive</li> <li>• Very low staff morale</li> </ul>	<ul style="list-style-type: none"> <li>• Grievances preoccupy the organization, arbitration and external review</li> <li>• Loss of several key staff</li> </ul>
<b>Security/Safety</b>	<ul style="list-style-type: none"> <li>• Incident without harm (graze)</li> </ul>	<ul style="list-style-type: none"> <li>• Incident involving pushing, shoving or pinching causing minor injury (bruise)</li> <li>• Self-harm resulting in minor injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Physical attack causing moderate injury</li> <li>• Self-harm requiring medical attention</li> </ul>	<ul style="list-style-type: none"> <li>• Physical attack resulting in serious injury</li> </ul>	<ul style="list-style-type: none"> <li>• Unexpected death</li> <li>• Suicide of patient</li> <li>• Sexual assault / rape</li> </ul>
<b>Financial Loss</b>	<ul style="list-style-type: none"> <li>• Small loss</li> <li>• Minimal risk of claim</li> </ul>	<ul style="list-style-type: none"> <li>• 1% of budget</li> <li>• Claim &lt;\$10k</li> </ul>	<ul style="list-style-type: none"> <li>• 1-2% of budget</li> <li>• Claim \$10k-\$100k</li> </ul>	<ul style="list-style-type: none"> <li>• 2-5% of budget</li> <li>• Claim \$100k-\$1M</li> </ul>	<ul style="list-style-type: none"> <li>• &gt;5% of budget</li> <li>• Claim &gt;\$1M</li> </ul>
<b>Reputation with stakeholders (including: community, donor, media, gov't, public, partners)</b>	<ul style="list-style-type: none"> <li>• Rumours</li> <li>• Potential stakeholder concern</li> </ul>	<ul style="list-style-type: none"> <li>• Local media coverage (short term)</li> <li>• Elements of stakeholder expectation not met</li> </ul>	<ul style="list-style-type: none"> <li>• Local media coverage (sustained)</li> <li>• Short-term reduction in stakeholder confidence</li> </ul>	<ul style="list-style-type: none"> <li>• National media coverage (short-term)</li> <li>• Potential for political involvement</li> <li>• Longer-term reduction in stakeholder confidence</li> </ul>	<ul style="list-style-type: none"> <li>• National media coverage (sustained)</li> <li>• Political intervention</li> <li>• Sr. leader termination</li> <li>• Long-term reduction in stakeholder confidence</li> </ul>

<b>Service/ business interruption</b>	<ul style="list-style-type: none"> <li>• Interruption of &gt;1 hour</li> </ul>	<ul style="list-style-type: none"> <li>• Interruption of &gt;8 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Interruption of &gt;1 day</li> </ul>	<ul style="list-style-type: none"> <li>• Interruption of &gt;1 week</li> </ul>	<ul style="list-style-type: none"> <li>• Extended service disruption</li> </ul>
<b>Compliance</b>	<ul style="list-style-type: none"> <li>• Minor non-compliance statutory duty</li> </ul>	<ul style="list-style-type: none"> <li>• Single failure to meet external standards or follow protocol</li> <li>• Recommendations to comply with external agency</li> </ul>	<ul style="list-style-type: none"> <li>• Repeated failures to meet external standards</li> <li>• Orders issued, report required by external agency</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple statutory breaches /non-compliance with external standards</li> <li>• Prolonged inspection, significant findings</li> <li>• Prosecution initiated for non-compliance</li> </ul>	<ul style="list-style-type: none"> <li>• Gross failure to meet standards</li> <li>• Maximum fines</li> <li>• Criminal code violation</li> <li>• Impact on affiliation agreements</li> </ul>
<b>Business Objectives/ Projects</b>	<ul style="list-style-type: none"> <li>• Insignificant schedule delay</li> </ul>	<ul style="list-style-type: none"> <li>• Minor schedule delay</li> <li>• Small number of objectives not met</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate schedule delay</li> <li>• Some objectives not met</li> </ul>	<ul style="list-style-type: none"> <li>• Significant schedule delay</li> <li>• Key objectives not met</li> </ul>	<ul style="list-style-type: none"> <li>• Initiative not implemented</li> <li>• Key objectives not met</li> </ul>

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Risk Domain	Risk Profile	Risk	Impact	Impact Assessment	Likelihood Assessment	Risk Score	Mitigation Strategies/Activities	Responsible	Accountable	Comments			
Financial	Costs	Due to variability of operations and services, actual costs may vary from budget.	Inability to pay expenses			3	• Routine variance report	OA ED	ED				
		Possibility of being in a deficit or large surplus at the end of the fiscal year		3	1		• Procurement/purchase policy (cost containment)	OA ED	ED				
							• Reallocation request to MOHLTC	OA ED	ED				
	Fraud	Fraud Theft	negative impact on its finances, operations, employee morale, reputation, community/partner relations and credibility with funding agencies.		4	1	4	• Procurement/purchase policy	ED	Board			
								• Regular auditing of policy compliance	External Auditor	Board			
								• Police background checks	OA/ED	Board			
								• Whistleblower mechanism	ED	Board	Policy and procedure for whistle blower mechanism to be created		
								Credit card fraud insurance	OA/ED	Board			
								Monthly credit card reconciliation by board treasurer	Board Treasurer	Board			
	Inefficiencies	Situations where policies and procedures are insufficient to offer guidance and consistent processes	negative impact on service delivery, employee retention and performance, or community partnerships inability to provide patient centered care due to inadequate resources		4	1	4	• Regular demonstration that the clinic is meeting quarterly objectives (Longitudinal patient monitoring, active participation on OHT financial planning table )	ED	Board			
Appropriate training and support								OA/ED/Finance Committee	Board				
Revenue	Insufficient staff knowledge/ competence Funding reduction from MOHLTC with little notice Inability to demonstrate value	reduced capacity to cover expenditures		1	2	2	• To secure future funding, strategic focus should shift towards articulating a qualitative and quantitative value proposition within OHT environment (follow quadruple aim framework)	ED	Board	Longitudinal patient monitoring, client satisfaction, health outcomes, and staff retention			
											Further reduction of funding from ministry		
											Having a large year end surplus	Monitor surplus monthly and proactively creating a expenditure plan to be executed by Q3	OA/ED/Finance Committee
Human Resources	Recruitment	• Inability to recruit staff	Burnout or loss of staff morale during periods of understaffing	3	2	6	• Compensation, incentives and benefits practices	OA/ED	Board				
		• Unqualified/unlicensed staff.	Inability to provide services as agreed in the evergreen agreement						• Implement hiring checklist / annual HR checklist (incl. license/insurance renewal)	OA	ED		
		Inadequate short-term staffing	Inability to provide safe and timely care for current patient roster				4	2	8	Process in place to promptly address short-term staffing needs.			
	Retention	• Inability to retain staff	Burnout or loss of staff morale during periods of understaffing	Significant operation and or governance disruptions	3	1	3	• Monitor and address staff satisfaction	OA	ED			
			Inability to provide services as agreed in the evergreen agreement							• Continuing education program	OA	ED	
		Inability to provide safe and timely care for current patient roster							• Contingency plan developed for key staff (e.g., ED, OA, NP Lead, Board Chair)	OA	ED	We need to confirm that there is a contingency plan to mitigate sudden departure of board chair We will consult HR Downloads for succession planning best practice	
		• Sudden departure of key staff							- compliance with the ministry's Recruitment and retention recommendations to prioritize identified key positions				
	Physical Injuries	• Poor ergonomics • Improper handling of sharps • Manual handling of heavy loads • Misuse or failure of equipment • Inadequate safety training • Slips/trips/falls	Can result in increased absenteeism, reduced staff engagement, increased staff turnover, and can negatively impact patient care.		3	1	3	• Ensure effective safety program is in effect and optimal compliance with Occupational Health and Safety Act (Ministry of Labour)	OA/ Occupational Health and Safety Committee	ED			
										• Identification of potential interim staff	OA	ED	
										• Succession planning practices could assist during transition	OA	ED	
						• Effective knowledge transfer practices	OA	ED					
				3	1	3	• Occupational Health and Safety policies and functioning committee	OA	ED	monthly H&S inspection			

Psychological Injuries	Inadequate workplace environment/culture	Can negatively impact the quality of patient care and can lead to decreased staff morale, increased absenteeism, increased interpersonal conflict and lack of confidence. • Burn-out, acute stress can result in absenteeism, staff turn-over, damaged reputation	3	1	<ul style="list-style-type: none"> <li>• Ensure effective safety program is in effect and optimal compliance with Occupational Health and Safety Act (Ministry of Labour)</li> <li>• Occupational Health and Safety policies and functioning committee</li> <li>Regular opportunities for staff to express voice concerns</li> </ul>	OA/ Occupational Health and Safety Committee	ED	
						OA	ED	
						ED	Board	
Staff Engagement	Compromised staff commitment to organization's mission, vision and values.	Employee burnout and lack of resilience, higher absenteeism and turnover, lower job satisfaction, lack of commitment and employee conflict.	3	1	<ul style="list-style-type: none"> <li>Regular staff meetings</li> <li>Regular staff engagement survey</li> <li>Regular performance appraisals</li> <li>Quarterly team building activities</li> </ul>	OA/ED	ED	
						OA/ED	ED	
						ED	Board	
Staff Shortage	Inadequate short-term staffing Suboptimal HR capacity to meet organizational duties	Staff burnout, decreased staff morale, increased workplace injuries, inadequate quality of service, reputation loss, financial loss due to increased overtime/ utilization of consultants, longer patient/client wait time and potential patient/client harm.	3	3	<ul style="list-style-type: none"> <li>Monitor ability to maintain patient roster</li> </ul>	OA/ED	ED	
						ED	Board	



	<b>Violence / Disruptive Behaviour</b>	violent events involving colleagues and/or clients	can result in significant physical and/or psychological harm  Potential litigation against the organization			3	1	3	Workplace Violence and harassment policy	ED	Board	
	<b>Access</b>	Inability to provide continuity of care and or timely care	May result in wait times (assessment, treatment), waitlists, and can lead to patient safety issues and dissatisfaction by patients and staff. Not having the right care at the right time can also impact the need for reassessment and system issues for health partners in the patients care continuum	3				9	Regularly monitoring internal scheduling processes Regular monitoring of patient survey results	ED	Board	
	<b>Adverse events/ Medication</b>	• Unintended harm to patient	patient may receive improper treatment for a present condition, or treatment for a condition not actually present.  may result in significant harm to patients.	3				6	• Conduct Failure Mode Analysis with clinicians to avoid the occurrence in the first place (e.g. Prospective Post-Mortem) • Patient Safety Program (incl. Adverse Event Reporting Tool and its analysis) Follow best practice guidelines - encourage continuous education  Safe prescribing tool embedded in EMR	ED	Board	
	<b>Communication Coordination</b>	• Ineffective consults, hand-offs, case management, charting	can lead to dissatisfied patients and families and patient safety issues.	3				6	Compliance to best practice guidelines Random chart audits	ED	Board	
	<b>Infection Prevention and Control</b>	• Infection from staff • Infection from patients	Service interruption  Patient and or staff unexpected exposure to pathogen	3				3	Annual infection prevention and control training Infection Prevention and control policy and procedure * If appropriate follow Ministry of Health Guidelines	OA/ED OA/ED	ED ED	
	<b>Security and Assault</b>	• Security of the premises: day/night • Safety while on premises: day/night	Theft or damage to property or equipment  Access to confidential information  can result in significant physical and/or psychological harm  Potential litigation against the organization	3				3	• Numerous scenarios possible. Conduct Failure Mode Analysis to identify highest risk scenarios.  Alarm system in place  Workplace Violence and harassment policy  Patient confidential information stored on EMR. Access to EMR is protected  Sault College security department contacted as needed	OA/ED	ED	
	<b>Community Relations</b>	Insufficient community engagement  Inability to maintain healthy community relationships	Can result in an impact to the patient care experience, reputational loss, resources and/or financial loss. This risk can be associated with deterioration in the therapeutic relationship, perceived lack of public confidence, lack of community engagement and/or alignment, volunteer and/or staff recruitment.	3				3	• Guard against threats to reputation by ensuring website, public reporting, outreach, required or expected public reporting (e.g. Strategic Plan, QIP, targets/metrics from plans such as patients treated, wait time) are optimized. • Strong community support guards against funding reductions from MOHLTC • Strong reputation within community aids recruitment of skilled staff and Board (community) members. • E.g. Algoma OHT planning table	ED	Board	
	<b>MOHLTC Relations</b>	Suboptimal relationship with Ministry representative  Inability to understand local context	Possibility of funding cut	3				3	• On-going communication with Ministry representative	ED	Board	
	<b>Aging Maintenance</b>	• Aging infrastructure and ineffective maintenance	Risk of non-compliance with regulations, codes and standards	3				6	• Accountability of Landlord	ED	Board	
<b>Facilities</b>				3				6				

	<b>Failure</b>	<ul style="list-style-type: none"> <li>Failure of vaccine fridge</li> <li>Failure of AED</li> </ul>	<p>Waste of vaccines</p> <p>Potential loss of lives</p>	3	3	9	<ul style="list-style-type: none"> <li>Temperature alarm</li> <li>Mandated reporting to Algoma Public Health</li> <li>Annual external audit</li> </ul>	RPN RPN APH	ED ED ED	
IT	<b>Breach/ Loss of Information</b>	<ul style="list-style-type: none"> <li>System breach</li> <li>Loss of information</li> <li>System/data held ransom</li> </ul>	can result in significant harm to patients and healthcare organizations.	4	2	8	<ul style="list-style-type: none"> <li>Mechanism in place for computer "locking"</li> <li>Encryption</li> <li>Computer/Network security (incl. password policy, timely removal of access upon staff termination, physical access to servers is secured)</li> <li>Compliance with IT security best practices (prepared externally) (incl. security awareness training, spam filters, virus protection)</li> <li>IT vulnerability scan</li> <li>Data back-up</li> <li>Cyber insurance</li> </ul>	Third party IT consultant/ OA/ ED	ED	
	<b>Failure</b>	<ul style="list-style-type: none"> <li>Networked systems</li> <li>EMR</li> </ul>	<p>unscheduled downtime, service interruptions, communication breakdown, missing important clinical information, productivity loss, excessive workloads, etc</p> <p>can significantly compromise patient care and lead to patient safety issues.</p>	3	2	6	<ul style="list-style-type: none"> <li>Incl. telephone, Internet of things (IOT)</li> <li>Contingency planning</li> <li>Uninterruptable Power Supply, surge protectors</li> </ul>	Third party IT consultant/ OA/ ED/ EMR Vendor	ED	
	<b>System Needs</b>	Inability to expand or upgrade to new systems/technology	<p>technology infrastructure obsolescence</p> <p>system/technology failures and downtimes</p> <p>can lead to discrepancies and errors in outputs</p>	3	1	3	Third party IT consultant provide recommendations for system needs	Third Party IT Consultant/ OA/ ED	ED	
Leadership	<b>Change Management</b>	<ul style="list-style-type: none"> <li>Resistance to change</li> <li>Change fatigue</li> </ul>	Missed opportunities (funding, partnerships, It enhancements, increased efficiencies)	3	2	6	<p>Open communication and team building activities</p> <p>Open communication between executive and board</p> <p>Clear vision and mission</p> <p>Education/ training</p>	ED	Board	
	<b>Emergency Response</b>	<ul style="list-style-type: none"> <li>Outdated/ineffective emergency plans</li> <li>Inadequate staff knowledge and training</li> <li>Inadequate supplies</li> <li>Insufficient planning oversight</li> </ul>	<p>Potential physical or psychological harm</p> <p>Potential damage to equipment or facility</p> <p>Interruption in patient services</p>	4	1	4	<p>Regular review of emergency plans</p> <p>Annual staff training</p> <p>Regular monitoring of emergency supplies</p>	ED	Board	
	<b>Governance</b>	<ul style="list-style-type: none"> <li>Inability to recruit board members with the right skillset</li> <li>Inability to retain board members</li> <li>Inability to have a proper succession plan for board members</li> <li>Ineffective accountability processes</li> <li>Insufficient reporting for board oversight and decision-making</li> <li>Inability to align strategy</li> <li>Inability to have regular review of strategic plan</li> <li>Inability to manage stakeholder relationship</li> </ul>	negative impact on risk oversight and strategy, with potential for impact on patient care and reputational loss	4	2	8	Board Governance Manual	Governance Committee	Board Chair	
	<b>Operational Monitoring</b>	<ul style="list-style-type: none"> <li>Inability identify customer dissatisfaction</li> <li>Inability to detect non compliance to business best practice</li> <li>Non compliance to health and safety best practice</li> </ul>	<p>Potential breach of evergreen agreement resulting in financial penalties</p> <p>Non compliance with required legislation</p>	3	2	6	<ul style="list-style-type: none"> <li>E.g. Insurance policy renewal, holding Annual General Meeting</li> <li>Patient outcomes, satisfaction</li> <li>Balanced Scorecard &amp; metrics</li> <li>Occupational Health and Safety Committee monthly rounds</li> <li>Effective and up-to-date pandemic plan and supplies</li> <li>Effective Business Continuity Plan in place (incl. control structure, contingency planning, payroll and accounts payable, communication with staff and patients)</li> <li>Effective assignment of responsibilities and accountabilities</li> <li>All the mitigation strategies listed in the risk management plan</li> </ul>	ED	Board	
	<b>Strategic Priorities</b>	<ul style="list-style-type: none"> <li>Inability to reach primary care clients</li> <li>Interruption shifts focus from achieving all 18 Strategic Goals by 2021</li> </ul>	<p>reprimand by ministry</p> <p>Confusion regarding mission and vision</p>	3	2	6	<p>Regular monitoring of rostering capacity</p> <p>Regular monitoring of strategic goal progress</p>	ED ED	Board Board	Working on enhancing pandemic plan

<p><b>Strategic Projects</b></p>	<p>Deficiencies/failures in large scale projects excessive number of organizational priorities/projects which may fail due to lack of capacity in planning and execution.</p>	<p>cost overruns, schedule delays, failure to meet key milestones/deliverables, scope creep, cancellation, personnel changes, and stakeholder dissatisfaction can negatively impact a healthcare organization's operations, finances and reputation.</p>	<p>3</p>	<p>2</p>	<p>6</p> <ul style="list-style-type: none"> <li>Reconcile workplan against possible failure modes to identify risks and mitigation strategies.</li> </ul>			
<p><b>Strategic Alignment</b></p>	<ul style="list-style-type: none"> <li>Competing priorities (strategy vs business planning)</li> <li>Insufficient planning process</li> </ul>	<p>impact operations and potentially affect the ability to meet the needs of patient populations.</p>	<p>3</p>	<p>2</p>	<p>6</p> <ul style="list-style-type: none"> <li>Monitoring of organizational priorities</li> <li>Monitoring of organizational capacity to meet strategic goals</li> </ul>	<p>Governance Committee/ ED</p>	<p>Board</p>	
<p><b>Regulatory: Regulation/Legislation</b></p>	<p>Risk of non compliance to regulation/legislation</p>	<p>Reputational loss, significant use of resources, financial implications, or litigation.</p>	<p>3</p>	<p>3</p>	<p>9</p> <ul style="list-style-type: none"> <li>Audited Financial Statements</li> <li>Routine MCHLTC Reporting (quarterly financial reports, annual operating plan)</li> <li>Development and submission of QIP to HQO (now Ontario Health)</li> <li>Annual General Meeting</li> <li>Annual legislative review (toolkit prepared externally)</li> </ul>	<p>ED/OA  Board ED/OA</p>	<p>Board  Board Chair Board</p>	
<p><b>Regulatory: Privacy</b></p>	<ul style="list-style-type: none"> <li>Inability to manage and maintain privacy (PHIPA and organizational)</li> </ul>	<p>Reputational loss, significant use of resources, financial implications, or litigation.</p>	<p>3</p>	<p>2</p>	<p>6</p> <ul style="list-style-type: none"> <li>Training for privacy officer</li> <li>Training for staff (annual attestation)</li> <li>Secure process for document destruction</li> <li>Regular audit of staff communication / workplace / EMR use</li> <li>Mandatory reporting (incident and annual)</li> </ul>	<p>ED Privacy Officer</p>	<p>ED</p>	