



Come Together

Managing Crises and Surges Navigating Challenges with Resilience: HIROC Experience

Nataly Farshait, RN, MN, CHRL(C), CPNC, C.DIR





PARTNERING TO CREATE THE SAFEST HEALTHCARE SYSTEM



Halifax is located on Mi'kmaw territory, the ancestral and unceded territory of the Mi'kmaq people. The people of the Mi'kmaw Nation have lived on this territory for millennia, and we acknowledge them as the past, present, and future caretakers of this land.

Managing Crises and Surges

Navigating Challenges with Resilience
The HIROC Experience

A horizontal bar composed of five colored segments: orange, teal, purple, pink, and green.

Presented by:
Nataly Farshait

Director, Healthcare Safety and Risk Management
HIROC

Our Mission

To provide insurance, risk management, and innovative solutions supporting safety and collaboration in healthcare.

Strategic Priorities



**Patient
Safety
& Risk**

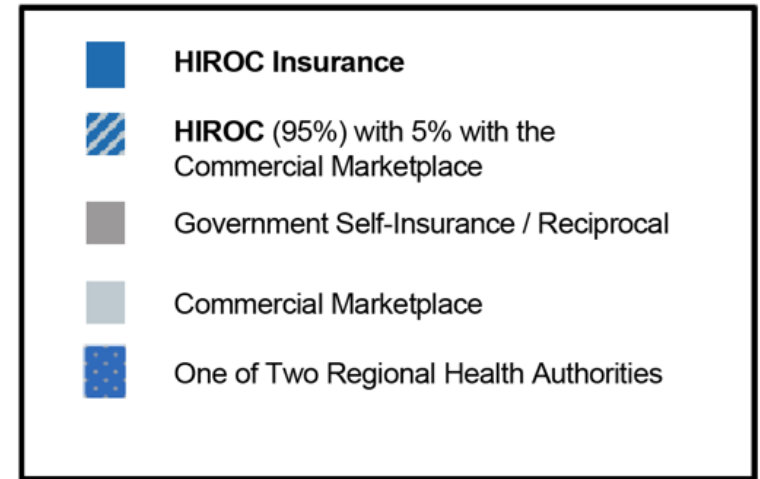


**Service
Excellence**



**Innovation
& Culture**

Insurance landscape



The LEADS Framework provides a structured approach to engage others during challenging times.

“Complex systems cannot be understood by studying parts in isolation. The very essence of the system lies in the interactions between its parts and the overall behavior that emerges from the interactions. The system must be analyzed as a whole.”

Ottino, J. M. (2003). Complex systems. American Institute of Chemical Engineers. AIChE Journal, 49(2), 292.

Engaging Others in Crisis Management



- Clear, transparent communication fosters trust and unity.
- Engaging diverse stakeholders promotes shared decision-making.
- Empowering frontline staff enhances resilience and adaptability.

UPCOMING

APRIL 25, 2024 - 11:00 AM (EDT)

[Office Hours: Risk Register Demo »](#)

MAY 6, 2024 - 9:00 AM (EDT)

[International Conference on Aging, Innovation & Rehabilitation \(KITE UHN\) »](#)

MAY 15, 2024 - 10:00 AM (EDT)

[Shared Experiences: Cyber Preparedness in Healthcare - Save the Date! »](#)

MAY 16, 2024 - 9:00 AM (EDT)

[Emergency Preparedness in Healthcare Conference »](#)

MAY 28, 2024 - 9:00 AM (EDT)

[Ontario Midwifery Conference »](#)

JUNE 3, 2024 - 9:00 AM (EDT)

[CCHL National Conference »](#)

JUNE 18, 2024 - 9:00 AM (EDT)

[Cyber Security in Healthcare Conference »](#)

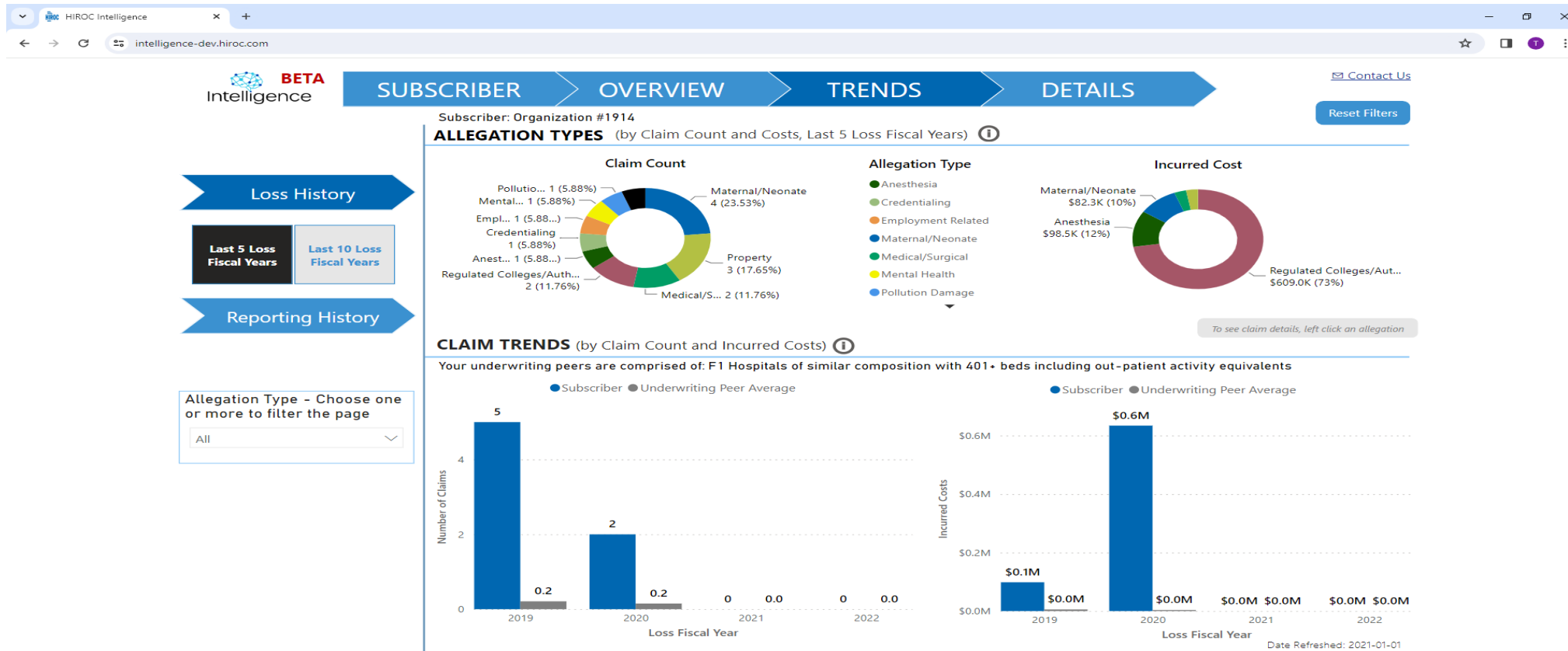


Leadership in Crisis Situations

- Inspiring a shared vision of resilience and recovery.
- Making timely, informed decisions to mitigate risks and address challenges.
- Providing guidance, resources, and emotional support to teams.

The screenshot shows a web page with a breadcrumb trail: Home > resources > Emerging Trends Bulletin: Wildland Fire Advice and Resources. In the top right corner, there are icons for print, download, email, and social media (Twitter and LinkedIn). The main heading is 'EMERGING TRENDS BULLETIN: WILDLAND FIRE ADVICE AND RESOURCES'. Below the heading, it says 'Service: Insurance , Risk Management'. A paragraph of text follows: 'HIROC's Emerging Trends Bulletin is published on an as-needed basis to assist Subscribers by responding to topical and common questions. While these bulletins are normally shared exclusively with HIROC Subscribers via email, the risks associated with wildland fires are affecting so many of us across the country. As such, we are sharing this bulletin widely to support communities. If you have any questions after reading, please do reach out to inquiries@hiroc.com. We are here for you!'. At the bottom of the page, a note states: 'This resource is only available in PDF. To download, select the icon above.' On the left side of the page, there is a 'RELATED RESOURCES' section with a dropdown menu showing '- Any -' and a blue 'APPLY' button. Below that is a 'RISK AND SAFETY THEORY' section with a link: 'The Link between Risk Management, Patient Safety, and Quality Improvement >>'. The page has a light blue and white color scheme.

Leadership in Crisis Situations



HIROC Intelligence



Building Relationships



- Establishing trust through honesty, empathy, and reliability.
- Fostering a culture of collaboration and mutual respect.
- Valuing diverse perspectives and experiences in decision-making processes.

Rating
Top risk Yes
Top risk as identified by Senior leaders regardless of numerical rating

★ Initial
Risk rating as it stands when first entered in the system - DO NOT CHANGE after initial scoring
(Click here to access the HIROC Sample Risk Assessment Scales)

Likelihood (initial)	Impact (initial)				
	Very Low	Low	Medium	High	Very High
Very High	●	●	●	●	●
High	●	●	●	●	●
Medium	●	●	●	●	●
Low	●	●	●	●	●
Very low	●	●	●	●	●

Rating (initial): Risk level (initial):

★ Current
Current risk rating - update if rating has changed since last review (for new risks; current = initial)

Likelihood (current)	Impact (current)				
	Very Low	Low	Medium	High	Very High
Very High	●	●	●	●	●
High	●	●	●	●	●
Medium	●	●	●	●	●
Low	●	●	●	●	●
Very low	●	●	●	●	●

Rating (current): Risk level (current):

Target
Target rating - potential rating when all mitigation strategies for the risk are in place

Likelihood (target)	Impact (target)				
	Very Low	Low	Medium	High	Very High
Very High	●	●	●	●	●
High	●	●	●	●	●
Medium	●	●	●	●	●
Low	●	●	●	●	●
Very low	●	●	●	●	●

Rating (Target): Risk level (Target):

Risk Status
★ Status: Initial Review
Submission status:



Achieving Results Through Engagement

- Leveraging available resources efficiently to meet increasing demands.
- Remaining flexible and responsive to changing circumstances.
- Learning from experiences and refining strategies for future crises.

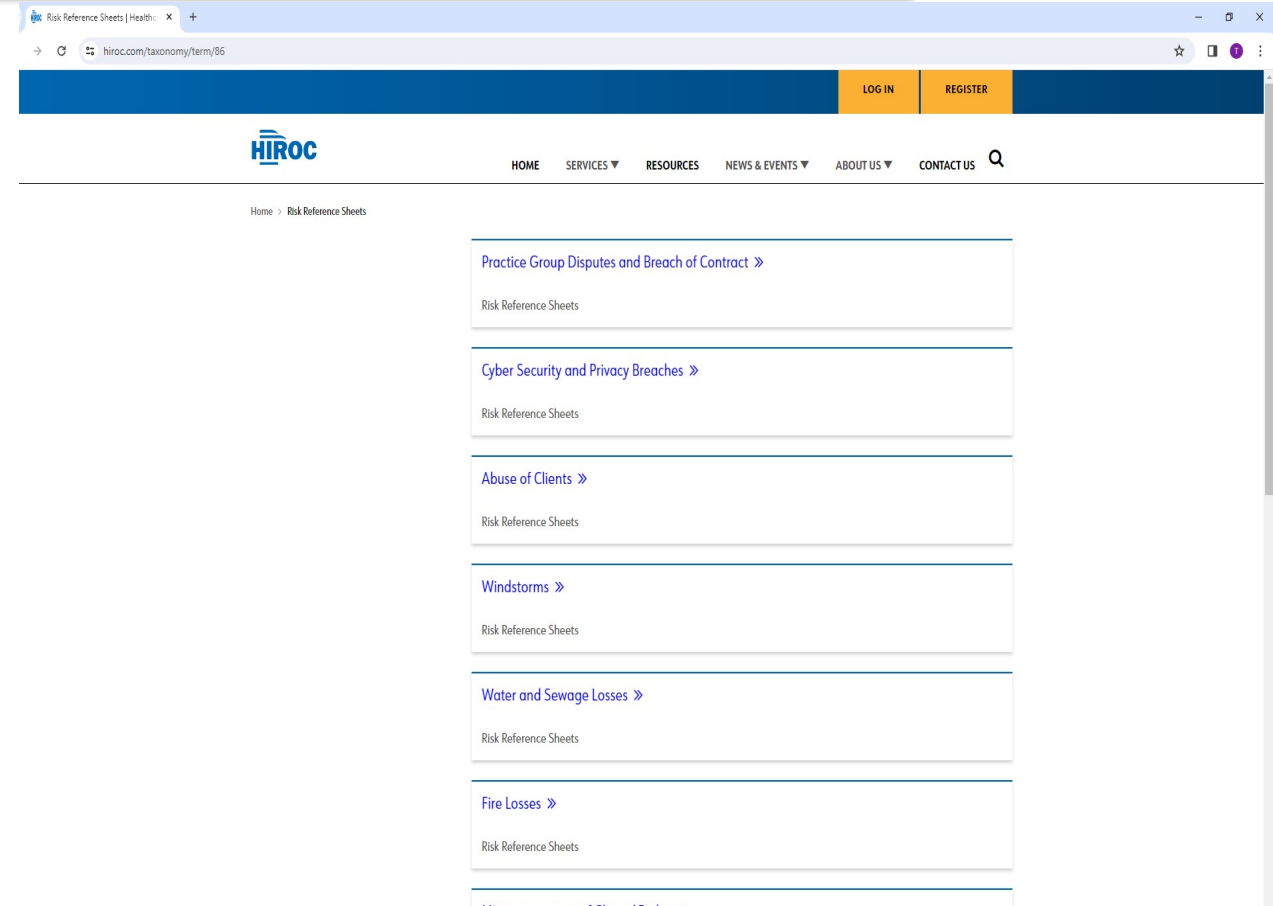
ure to Identify/Management Neonatal Hyperbilirubinemia, hypoglycemia, and/or Sepsis and Septic Shock	Implement formal strategies to facilitate the timely communication of discharge summaries (e.g., emergency department or neonatal intensive care unit admission for neonatal hyperbilirubinemia) from the hospital to community / primary care provider.		
ure to Identify/Management Neonatal Hyperbilirubinemia, hypoglycemia, and/or Sepsis and Septic Shock	Adopt standardized education, training, and discharge instructions for parents and families (including child welfare case workers) that includes signs, symptoms, and specific instructions for seeking care for suspected: o Neonatal hypoglycemia, o Neonatal hyperbilirubinemia, o Neonatal sepsis or septic shock.		
ure to Identify/Management Neonatal Hyperbilirubinemia, hypoglycemia, and/or Sepsis and Septic Shock	Implement formal strategies to support and encourage families to escalate quality or safety concerns, including evenings, nights, and weekends (e.g., participation in rounds and handovers, family activated rapid response process).		
ure to Identify/Management Neonatal Hyperbilirubinemia, hypoglycemia, and/or Sepsis and Septic Shock	Implement formal strategies to support and enhance the teams' clinical knowledge, skills (technical and non-technical), and practical experience surrounding the prevention, recognition, and response to neonatal clinical deterioration, hyperbilirubinemia, hypoglycemia, and sepsis and septic shock, including (but not limited to), scheduled interprofessional and cross-departmental skill drills and simulations.		
ure to Identify/Management Neonatal Hyperbilirubinemia, hypoglycemia, and/or Sepsis and Septic Shock	Ensure the team training and education strategies consider or involve: o Knowledge, skills, and practical experience required for both hospital and community birth and postpartum locations; o Team and practitioner situational awareness ('helicopter view') and human factors; o Visual assessment of hyperbilirubinemia in neonates with darker pigments; o The limitations of the visual assessment for hyperbilirubinemia (e.g., poor overall accuracy for predicting risk of significant hyperbilirubinemia); o The limitations of point of care testing for hyperbilirubinemia and hypoglycemia i.e., a screening tool versus a diagnostic tool; o The limitations of a negative universal screening results i.e., does not replace the need for ongoing neonatal assessments for days / weeks after the screening; o Program areas or sites with limited practical experience with neonatal hyperbilirubinemia, hypoglycemia, or sepsis and septic shock such as emergency departments, low volume birth sites, and rural sites; o Unregulated care providers (where employed), locums, travel, agency, contracted care providers in addition to regulated health providers.		
ure to Identify/Management Neonatal Hyperbilirubinemia, hypoglycemia, and/or Sepsis and Septic Shock	Ensure the hospital's / health region's technology replacement and procurement program includes (but is not limited to) neonatal phototherapy equipment and bili blankets.		
ure to Identify/Management Neonatal Hyperbilirubinemia, hypoglycemia, and/or Sepsis and Septic Shock	Implement standardized preventive maintenance and quality check program (as per manufacturer's guidelines) for: o Bili metres, bili blankets, phototherapy equipment, and TcB machines; o Glucometers.		
ure to Identify/Management Neonatal Hyperbilirubinemia, hypoglycemia, and/or Sepsis and Septic Shock	If the use of jaundice-related apps (software solution for defined tasks) are permitted for use by the healthcare team, valid that the embedded guidelines and tools (e.g., calculator used for the initiation of phototherapy), met current Canadian evidence based practice.		
ure to Identify/Management Neonatal Hyperbilirubinemia, hypoglycemia, and/or Sepsis and Septic Shock	Ensure complete and timely documentation of the shared decision making (informed choice - informed consent) surrounding parental declines for routine and recommended screening, diagnostic testing, and interventions for suspected and at risk neonates, in particular declines related to neonatal hyperbilirubinemia and neonatal hypoglycemia; if an informed consent / decline form is used, ensure it is accompanied by complete and timely documentation in the health record.		
ure to Identify/Management Neonatal Hyperbilirubinemia, hypoglycemia, and/or Sepsis and Septic Shock	Adopt a standardized, interdisciplinary, collaborative and evidence-based protocol for conducting quality of care reviews involving neonatal hyperbilirubinemia, hypoglycemia, and / or sepsis and septic shock resulting in client harm or death; incorporate system thinking and human factors concepts into the review process.		
ure to Identify/Management Neonatal Hyperbilirubinemia, hypoglycemia, and/or Sepsis and Septic Shock	Adopt standardized quality indicators for neonatal: o Hyperbilirubinemia; o Hypoglycemia; o Sepsis and septic shock.		
ure to Identify/Management Neonatal Hyperbilirubinemia, hypoglycemia, and/or Sepsis and Septic Shock	Incorporate learning from local, provincial, and national neonatal safety reviews and data into local protocols as well as staff and client education and training.		
[Save] [Cancel]			

Risk Assessment Checklists

Strategies for Engaging Stakeholders



- Providing timely updates on developments and decisions.
- Soliciting feedback and incorporating input from stakeholders.
- Acknowledging and celebrating the contributions of individuals and teams.

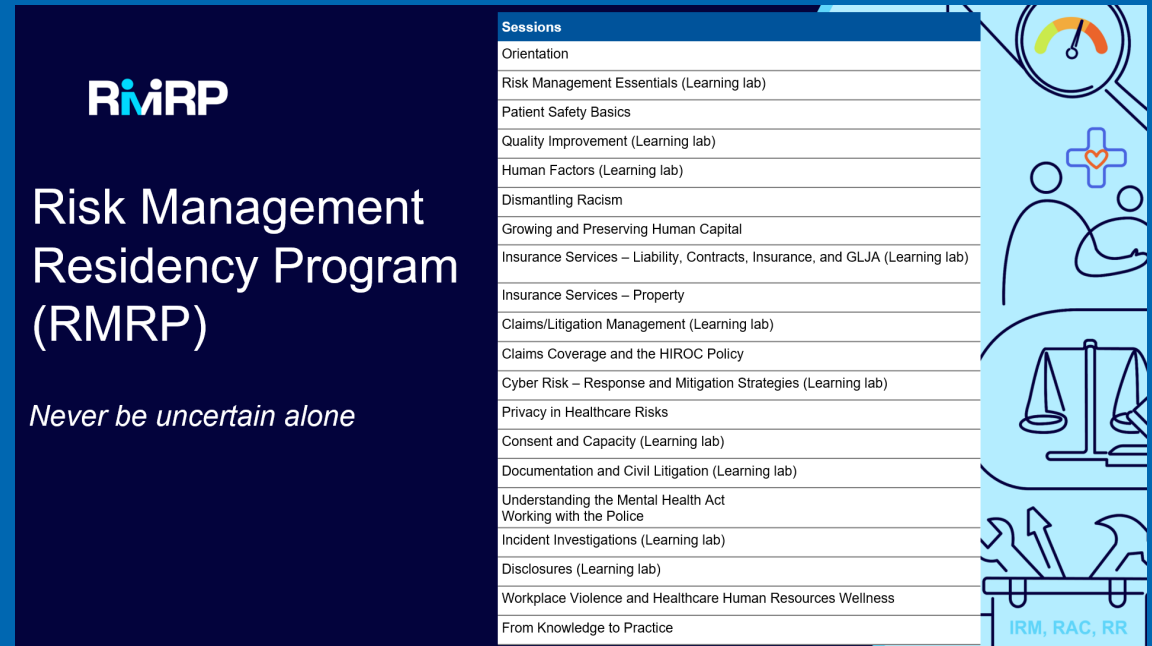


Risk Reference Sheets



Developing Capabilities for Resilience

- Providing ongoing training in crisis management and response.
- Pairing experienced leaders with emerging talent to cultivate leadership skills.
- Promoting wellness initiatives to support the physical and mental well-being of staff.



RMiRP

Risk Management Residency Program (RMRP)

Never be uncertain alone

Sessions
Orientation
Risk Management Essentials (Learning lab)
Patient Safety Basics
Quality Improvement (Learning lab)
Human Factors (Learning lab)
Dismantling Racism
Growing and Preserving Human Capital
Insurance Services – Liability, Contracts, Insurance, and GLJA (Learning lab)
Insurance Services – Property
Claims/Litigation Management (Learning lab)
Claims Coverage and the HIROC Policy
Cyber Risk – Response and Mitigation Strategies (Learning lab)
Privacy in Healthcare Risks
Consent and Capacity (Learning lab)
Documentation and Civil Litigation (Learning lab)
Understanding the Mental Health Act
Working with the Police
Incident Investigations (Learning lab)
Disclosures (Learning lab)
Workplace Violence and Healthcare Human Resources Wellness
From Knowledge to Practice

IRM, RAC, RR

Applied safety service

- Collaboration with our Subscribers within identified loss ratios through applied projects to improve safety

Safety grants

- Since 2018, 65 grants have been awarded for a total of \$967,000 investment in safety innovation

**Let us not be defined by the
challenges we face, but by the
resilience we exhibit in
overcoming them**

Thank you
nfarshait@hiroc.com