

G&A OHT Supplementary - TABLE 6.6 - Risk Analysis

RISK CATEGORY <i>Select risk category from dropdown list</i>	RISK SUB-CATEGORY <i>Select risk sub-category from dropdown list</i>	DESCRIPTION OF RISK	RISK MITIGATION
PATIENT CARE RISKS	PATIENT SAFETY	The main patient care risk is associated with the transfer of resources from the LHIN to OHTs and the transition to new models of care.	To mitigate these risks, we will initially transfer staff in whole to ensure current care continues to be delivered and then once in place physically, develop plans that are informed by providers to safely evolve functions within the team towards achievement of the mature model of care. We will also embed a relentless focus on patient safety in the design of our OHT and immediately develop a process to monitor patient safety incidents as a marker of the impact of the system transformation on patient care.
PATIENT CARE RISKS	QUALITY	Our plans are to transform the system. A significant risk is related adoption of the change at the front lines and the capacity to do so at the same time meeting the challenges related to increased volumes and need for daily care.	We will continue to determine the focused areas, change that is required and capacity to so. Using the LEAN methodology will assist us to set manageable priorities and allocate appropriate resources for change management.
COMPLIANCE RISKS	LEGISLATIVE (INCL. PRIVACY)	Current privacy restrictions present barriers to organizations like home care service provider organizations who cannot access the electronic health record (ClinicalConnect) due to privacy restrictions	Advocate for revisions to privacy regulations to enable fully integrated care. As we look to new ways to share patient information, we will follow best practices in the design of our processes to share information amongst partners to ensure privacy is maintained .
COMPLIANCE RISKS	REGULATORY	Current reporting requirements are labour intensive and expensive. Introducing new, OHT-specific reporting will add additional costs.	A review of reporting requirements should be completed to streamline and standardize reporting requirements
RESOURCES RISKS	INFORMATION TECHNOLOGY	Cybersecurity: A real threat as we further integrate digitally is cybersecurity.	We will need to review our current cybersecurity processes and develop a cybersecurity plan as we adopt more digital applications. Investment will need to be made to improve the security for our systems
RESOURCES RISKS	HUMAN RESOURCES	Labour Relations/HR 1: The current human resources legislation creates issues when mergers or staff combine with another organization - inequities in pay and pension could create culture and other personnel issues	Labour Relations/HR 1: Suggest that the government consider, the Public Sector Labour Relations Transition Act (PSLRTA). There could be amendments to the Act that would allow for, from an employer’s perspective, a more efficient less costly process. It is noted that that recently Bill 100, Protecting What Matters Most (Budget measures) amended the integration definition within PSLRTA that may be triggered only when larger integrations occur.
RESOURCES RISKS	HUMAN RESOURCES	Labour Relations/HR 2: Loss of identity as it relates to commitment /loyalty to an organization resulting in recruitment and retention issues. Experience from other organizations and jurisdictions suggests there is a risk that the adoption of a new model of care/ integration of organizations and services creates a situation whereby staff feel that they have moved from working for an organization which they know, to a large, impersonal organization where they are simply an employee number.	Labour Relations/HR 2: We will quickly mobilize our HR Working Group to develop a labour relations and organizational development plan for the OHT

RESOURCES RISKS	FINANCIAL	Funding 1: Each participant has unique sources and types of funding and revenues. Not all funding comes from the MOH, participants also rely on funding from municipality, private donations, and fee for services. If funding fails to keep pace with inflation and growth then this may impact the transformation and provisioning of services. With mergers there is a risk that other funding sources may not see the need to continue funding.	Funding 1: Over time the OHT may find efficiencies and saving that can be reinvested into system transformation. Communication and negotiation with other funding sources may be necessary to maintain funding.
RESOURCES RISKS	FINANCIAL	Funding 2: Currently we have limited understanding of financial and utilization data and the impact on our OHT.	Funding 2: We have formed a Data & Performance measurement group that includes staff from our organizations to analyse the data and its impact.
RESOURCES RISKS	FINANCIAL	Funding 3: Costs associated with digital integration and solutions	Funding 3: Leverage joint solutions and platforms to minimize costs/maximize efficiencies both in up-front costs and costs associated with improved quality patient outcomes
RESOURCES RISKS	OTHER	Procurement: Hospitals procure through Mohawk/Medbuy while other HSPs purchase through their central provincial organization.	Procurement: Contract alignment and merging should bring cost saving and standardized medical supplies and pharmaceuticals.
PARTNERSHIP RISKS	PATIENT ENGAGEMENT	Patient Partnership: Patient, caregiver & persons with lived experience are critical partners in this transformation and significant and skilled attention is required to maintain this priority partnership.	Patient Partnership - We have strong community and patient/caregiver support for our work to date and are in the process of developing communication and engagement plans to ensure we retain this support.
PARTNERSHIP RISKS	GOVERNANCE	Governance integration is a sensitive and challenging task.	Governance - We will progress slowly and thoughtfully and leverage the support of experts to assist us. Both service and governance integration will be managed openly and with the health of our population at the primary priority.
PARTNERSHIP RISKS	OTHER	Partner Organizations Serving Multiple Networks: E.g. CMHAWW and WWLHIN, face challenges in light of the need to refocus on locally integrated services.	Partner Organizations Serving Multiple Networks: We will work closely and thoughtfully with our partners to optimize the health of the Guelph and Area attributed population while ensuring equity and high quality care is preserved across the region.
PARTNERSHIP RISKS	OTHER	Organizational Loss: Organizations fearful of loss of autonomy and control including potential loss of identity, loss of charitable dollars, loss of volunteers etc. This is especially a considerable perceived risk for community organizations that base their services on donations and volunteers	Organizational Loss: We will progress slowly and thoughtfully and in consideration of both individual organization risks and needs and the opportunity to evolve and transform towards new ways of doing old things that while unfamiliar, may be better in the end.