



2026 /2027 Risk Management Plan

Braemar– Risk Management Plan

This Risk Management Plan is developed in accordance with the Fixing Long-Term Care Act, 2021 (FLTCA) and Ontario Regulation 246/22, ensuring compliance with legal and regulatory requirements while promoting resident safety, staff well-being, and operational resilience. It includes proactive identification, assessment, and management of risks to enhance quality of care.

Braemar recognizes that risks are an inherent part of conducting business and managing the potential consequences means having a well-defined and structured Risk Management Program. Mitigating risks/threats and their potential consequences includes anticipating events that could generate adverse and costly outcomes for the organization and taking action to reduce or control the effects of such events.

Risk Management is the process of identifying, assessing, rating the likelihood, and severity of risks; we endeavor to apply actions in eliminating/controlling threats to avoid risks. It is the expectation of Braemar Retirement Center that a proactive approach to risk management is the most desirable.

Roles:	Responsibilities:
Administrator	Oversees implementation and review of risk management plan
Director of Care	Leads clinical risk assessment, ensures best practices
Infection Control Lead	Monitors outbreak and ensures compliance with IPAC protocols
Department Heads	Monitor operational risks within departments
All Staff	Report risks and follow mitigation protocols

Objectives of the Risk Management Program:

The objectives of the risk management program include, but are not limited to:

- promoting the overall quality of resident care, in coordination with CQI efforts and initiatives
- Implement continuous quality improvement
- Promote a culture of safety consistent with the Fixing Long-Term Care Act, 2021 and Accreditation Canada standards.
- Ensure all residents receive safe, effective, and compassionate care

- enhancing resident, family, staff and stakeholder satisfaction
- eliminating/minimizing the frequency and/or negative outcomes of adverse events
- fostering a value focused culture that promotes awareness and encourages staff to identify and report risk-related issues
- enhancing resident safety through the development of organizational safety strategies and initiatives
- enhancing environmental safety for residents, visitors and staff through creation of / participation in environment care-related activities
- applying risk management strategies to near misses, incidents and claims
- effectively managing adverse events and injuries to minimize financial loss in a timely and efficient manner
- evaluating systems, processes and policies that can contribute to safe, quality resident care, while minimizing/ eliminating error or injury
- educating stakeholders on emerging and known risk exposures and risk reduction initiatives
- complying with and sustaining standards as outlined in all Acts and Regulations of all governing bodies (MOHLTC, Fire Safety, OH&S, WSIB, Public Health, Accreditation)

Risk Management Plan Components

The specific components of the Risk Management Plan will include, but are not limited to, the following:

Identification of loss exposures - This involves the identification of actual or potential risks that may have a negative impact for the home. It is recognized that a low risk may have a high impact if an event was to occur. This process includes assessing risks across operational, clinical, physical, environmental, and organizational domains

Analysis of loss exposures – Risk analysis is conducted to gain a deeper understand each identified risk, its causes, and the potential consequences. This analysis evaluates how the risk could affect the organization's ability to meet its objectives.

Scoring & interpretation— Each risk is assessed using a standardized risk matrix to determine: *what is the likelihood of the risk happening, what severity of harm would the threat have on the home and determine who might be harmed and the degree of harm should the events occur*

Threshold – Defines what is the acceptable threshold or target. This establishes a baseline against which risks are analyzed and helps guide decision-making regarding which risks require mitigation.

Implementation of actions to mitigate risks – Develop and implement control measures to be implemented which will assist in eliminating or reducing the identified risks. Strategies may include policies, procedures, training, or other relevant interventions.

Monitoring of actions- to reduce risk-- Part of the mitigation plan includes reporting and following up on both the risks and the overall plan to continuously monitor and track new and existing risks. This ongoing monitoring ensures accountability and continuous improvement.

Tracking and auditing – All risk-related activities will be documented for current and future reference. Document how risk activities will be recorded for any current project and future needs. These processes will be audited to ensure compliance and effectiveness over time.

Timing - The initial risk assessment will be completed, and outline frequency of ongoing risk management processes including reviews and updates.

Communication- Clear procedures will be established for documenting and communicating risk information. This ensures that all essential personnel are informed and engaged in the risk management process.

Scoring (Matrix)

The following matrix will be utilized to assign the probability of a risk occurring and the severity (impact) of the risk, in order to determine a risk rating for each identified risk or threat. This structured approach facilitates consistent evaluation and prioritization of risks to support decision-making in emergency planning and mitigation strategies.

		RISK OUTCOME				
		SEVERITY				
		LOW	MODERATE	HIGH		
		<i>Trivial</i>	<i>Minor</i>	<i>Moderate</i>	<i>Major</i>	<i>Fatality</i>
LIKELIHOOD	<i>Rare</i>	1	2	3	4	5
	<i>Unlikely</i>	2	4	6	8	10
	<i>Possible</i>	3	6	9	12	15
	<i>Likely</i>	4	8	12	16	20
	<i>Certain</i>	5	10	15	20	25

In developing the Organization Risk Assessment Plan & Home Risk Management Plans, Braemar Retirement Centre will utilize various tools to evaluate potential or actual risks. These tools may include (but are not limited to):

- Ministry of Health & Long-Term Care Inspection Reports including Critical Incident Reports
- Complaints/Concern Analysis reports
- Long Term Care Service Accountability Agreement
- Strategic Plan
- Quality Improvement Plan & Performance Analysis
- Accessibility Plan
- Staffing Plans
- Cultural Competency & Diversity Plan
- Insurance Plans
- Information Technology contracts and Plan
- Financial Reports/Statements
- External Agency Inspections (i.e. Fire Inspections, MOL, Public Health, Accreditation)
- Internal / external audits/ checklists
- Visual observation of activities within the home

Definitions:

General Liability: Amount of loss payable to others outside the organization for injury or damage arising from operations. It applies to personal injury, bodily injury and property loss or damage to a third party resulting from the negligence or the program operation or the employees.

Professional Liability: Hiring, treatment and termination of employees.

Employees Liability: Includes compensation for job related accidents or occupational illnesses e.g. Workers Compensation Claims, Employer Liability Claims and non-compliance with applicable Occupational Health and Safety Regulations.

Property Loss or Damage: Real and personal property whether owned or leased. Property may be destroyed, damaged or lost. The organization may also experience a loss in normal operation.

Contractual Liability: When risk is contractually transferred from one party to another, loss exposures can be increased or decreased. Contractual liabilities can arise out of leases, rental agreements, special service agreements, joint use agreements, cooperative ventures and construction contracts and contractual labour.

Business Loss/Interruption: Loss or reduction of funding.

Loss of Reputation: Could result from negative publicity arising from negligent or unethical behaviour of staff, stakeholders and/or the organization.

Litigation: defined as "an individual's or corporate likelihood of having been taken to court". For long term care that risk may arise due to resident/family dissatisfaction or perception of wrongdoing in the delivery of care and/or services; personal injury occurring from an incident occurring on the property or other perceived wrongdoing.

Braemar's' Quality Improvement Program is built around Strategic Pillars:

- Operational Business Performance:
 - Risks to financial stability, regulatory compliance, and operational continuity.
- Safe Care & Services:
 - Risks to resident safety, care quality, and incident management.
- Resident Experience:
 - Risks affecting resident satisfaction, resident rights, and overall well-being.
- Staff Culture & Effective HR management:
 - Risks related to staffing levels, competency, morale, and retention.

Braemar's Risk Management Plan will be defined under these same pillars.

Analysis techniques

In developing the Braemar's Risk Management Plan, a SWOT (Strengths, Weaknesses, Opportunities & threats) analysis processes were conducted using an interdisciplinary approach and influenced by various reports, observation and historical data. These sources were used to identify the following:

- Strengths of the Home overall and within each department
- Identification of weaknesses, risks, and threats
- Assessing each risk or group of identical risks as to likelihood and severity
- Identifying control measures to mitigate risk or threat.

Braemar Assessment Results of Strengths, Weaknesses, Opportunities & Risks/Threats

Strengths:

- Committed and dedicated long-term staff, enhancing continuity of care throughout the Home.
- Low reliance on agency staff, fostering stability and familiarity for residents.
- Excellent track record with Ministry of Health and Long-Term Care demonstrating compliance and quality care.
- Educational opportunities for all staff classification with financial support for professional development.
- Seasonal menu and implementation of *Meal Suite*
- Single floor building with ease of accessibility for Residents, Families and staff
- Varied Recreational Programs tailored to meet individual resident needs
- Emergency power backup to ensure the functionality of all safety equipment.
- Resident-centered philosophy of care, prioritizing individualized attention and respect
- Designated Best Practice Spotlight Organization with the Registered Nurses' Association of Ontario (RNAO), showcasing commitment to excellence in care
- Certified DementiaAbility Home, offering specialized care for residents with dementia
- Enhanced Infection Prevention and Control (IPAC) policies, procedures, contingency plans, and staffing plans to ensure safety and compliance for Residents, Families and Staff.
- Partnership with a variety of colleges to create placement opportunities and strengthen our staffing complement.

- Partnership with 'Age-Wise Solutions', contracting an in-house social worker to support residents' and Staff well-being.
- Partnership with the 'Regional Nurse-Led Outreach Team', enhancing clinical support and expertise for residents.
- End-of-Life Care Planning: Advance care planning and palliative care coordination.
- Positive Culture: Encourage open dialogue about risk-taking and incident reporting to foster a culture that values safety, learning, and continuous improvement

Weaknesses:

- Aging Infrastructure: Older building systems require frequent maintenance and pose potential safety hazards.
- Gap in the Volunteer Program: Currently only one volunteer, who has been unavailable during the winter months.

Opportunities:

- Policy & Practice Innovation: Update existing policies and develop new practice directives in line with ongoing quality improvement initiatives
- Volunteer Engagement: Develop structured volunteer programs with clear roles, training, and recognition to support resident activities.

Threats:

- Staff Shortages and Burnout: Ongoing recruitment challenges and high turnover rates, particularly among caregivers and specialized staff, can lead to reduced care quality and burnout.
- Changing Demographics: shifting demographic trends, such as increased demand for care services from aging populations with more complex health/mental health needs, could strain resources and staff.
- Healthcare System Overload: Changes in labour laws or minimum wage legislation may increase operational costs, impacting budgets and staffing flexibility.
- Provincial Sector Budget: increased cost of required expenditures outpacing Provincial Budget increases

Braemar Risk Management Plan

Home	Braemar	Date of Assessment	2026-04-01
Assessor	Amanda Shaw, DOC	Date of Next Review	2027-04-01

- In accordance with the Fixing Long-Term Care Act, 2021, all risks will be continuously evaluated on an ongoing basis. These evaluations will be reviewed and addressed by the interdisciplinary Quality Improvement Committee to ensure effective risk management and the implementation of appropriate mitigation strategies.
- The table below outlines the identified risks and threats to Braemar, assessing the likelihood of each threat occurring, as well as the severity and impact on the Home and the organization. It also details the control measures currently in place to mitigate each identified risk.
- As required, all risks will undergo regular evaluations and will be reviewed through the interdisciplinary Quality Improvement Committee to ensure continuous monitoring and improvement.

		SEVERITY				
		Trivial	Minor	Moderate	Major	Fatality
LIKELIHOOD	Rare	1	2	3	4	5
	Unlikely	2	4	6	8	10
	Possible	3	6	9	12	15
	Likely	4	8	12	16	20
	Certain	5	10	15	20	25

RISK OUTCOME
LOW
MODERATE
HIGH

Category	Risks/Threats	Likelihood	Severity	Outcome	Control Measures/Risk Mitigating Action	Review
Operational Business Performance	Financial Risk(s): <ul style="list-style-type: none"> Billing inaccuracies Delinquent Accounts Fraud Improper accounting practices Loss of Reputation 	Possible	9	Moderate	<ul style="list-style-type: none"> Well defined policies & procedures in place Regular reporting requirements Audits & controls in place to review monthly A/R's & A/P's External auditing annually (minimal) 	Ongoing Monthly Annual
Operational Business Performance (Governance)	Fiduciary: improper handling of residents' trust funds	Rare	3	Low	<ul style="list-style-type: none"> Well defined policies & procedures in place Education on T/A policies & procedures Well defined roles & responsibilities Regularly conducted internal audit process 	Ongoing / As required
Operational Business Performance (Governance)	Conflict of Interests Poor/Inadequate business decisions	Unlikely	4	Low	<ul style="list-style-type: none"> Well defined Code of Conduct policy with regular review with employees Ethical guidelines in conducting business & proper behaviour within work environment Accurate policy to support decisions & processes 	Monthly Annual On Hire
Operational Business Performance Environment (Facility, grounds)	Major equipment malfunctioning (Property loss/damage/personal injury) Loss of essential utilities	Possible	9	Moderate	<ul style="list-style-type: none"> Preventative Maintenance Program (internal processes &/or external contractors) Monitoring frequency of break downs & cost – analyzing life of equipment vs.. ongoing repairs List of all major equipment -purchase/lease dates Staff training & education on use of equipment & identification of hazards, (involve OH&S Committee) Communication of Hazards to staff using Contingency Plan for loss of essential services 	Annual & Ongoing

Category	Risks/Threats	Likelihood	Severity	Outcome	Control Measures/Risk Mitigating Action	Review
Operational Business Performance: Inclement weather conditions	Personal injury WSIB Claim Litigation	Unlikely	6	Moderate	<ul style="list-style-type: none"> Maintenance program for clearing of sidewalks, picking up of debris—Logs to verify inspections Contracted services for snow-plowing, salting Outside environmental audits 	Monthly (during winter months)
Operational Business Performance: Facility: Natural Disasters Tornado, Hurricane, Flooding, Community Disasters	Property Loss/ injury Property damage Death	Rare	4	Low	<ul style="list-style-type: none"> Emergency Contingency Plans in place Plans communicated & emergency fan out lists readily accessible Evacuation plans in place, communicated to staff Evacuation Agreements Practices for all emergency situations 	Annual Review per schedule
Operational Business Performance: Facility: Fire & Life Safety requirements	Fire Loss of essential equipment for life safety (Property loss/damage/injury Death)	Rare	5	Moderate	<ul style="list-style-type: none"> Fire Safety Plan as approved by Fire Dept Fire Drills 3x's/month—analysis of drills and implementing corrective action Review at QI/RM meetings Annual fire drill scenario with Fire department Policies & Procedures reviewed with staff on hire, annually & as required Inspection of all equipment—internal checks & external contractors for major equipment 	As changes Quarterly Annual Scheduled
Operational Business Performance: Facility: Safety & Security	Being unprepared for emergency situations/events (Property loss/injury/ damage Death, Loss of reputation, Loss of Income)	Rare	3	Low	<ul style="list-style-type: none"> Ongoing review of emergency preparedness/annual review of all Contingency Plans Training & education of all emergency situations for all levels of staff Well defined policies & procedures of roles & responsibilities in emergency situations/events Completing risk assessment, identifying likelihood & severity of various emergency events 	Annual

Category	Risks/Threats	Likelihood	Severity	Outcome	Control Measures/Risk Mitigating Action	Review
Operational Business Performance: Information Technology	<ul style="list-style-type: none"> Safeguards by-passed Data integrity compromised Loss of Data Privacy breach Equipment failure Not removing employee's access upon leaving System failure 	unlikely	6	Moderate	<ul style="list-style-type: none"> Maintenance of IT Contract for managing all IT services within the home Well defined Information Technology Plan—back-up processes, recovery plan, perimeter security, others Itemize equipment & life of equipment List of all hardware & software within Home Passwords – strength of passwords & compliance with changing Defined process for removing access when staff leave the organization (termination checklist) Limiting remote access Staff training on IT Code of Conduct, cybersecurity, privacy & security of data 	Annual & Ongoing
Staff Culture & Experience Hiring	<ul style="list-style-type: none"> Discriminatory Practices Hiring unsuitable or unsafe Candidates Wrongful hiring 	unlikely	6	Moderate	<ul style="list-style-type: none"> Complete screening completed on potential applicants Annual Offence declarations for all existing staff Observe human rights code Standard probationary periods with employee review prior to end of period Employee sign off on required policies and contract of employment before being hire 	Annual & ongoing
Staff Culture & Experience Occupational Health & Safety	<ul style="list-style-type: none"> Environmental/Infectious Diseases Unmanaged WSIB Claims (Personal Injury/loss/death) 	Possible	9	Moderate	<ul style="list-style-type: none"> Regular workplace safety checks by JOHSC Staff vaccination Program Staff annual Flu Vaccination Program Ensure appropriate PPE is available & accessible Regular PPE audits Education & Training on IPAC measures on hire, annually & as required Early & Safe RTW Program Analysis of all work-related injuries (CQJ Committee review) Defined Policies & Procedures with education 	Annual (minimum) Quarterly

Category	Risks/Threats	Likelihood	Severity	Outcome	Control Measures/Risk Mitigating Action	Review
Staff Culture & Experience Employee Conduct	Abuse (alleged, suspected, actual) Loss of Reputation MOH Non-compliance/sanctions Unhealthy Risk Culture	possible	9	Moderate	<ul style="list-style-type: none"> Clearly written position descriptions for all positions Follow up when the parameters of the job description are not respected Thorough orientation and training Provision of Employee Handbook Comprehensive policies and procedures outlining acceptable behaviours Annual training on rights' rights & zero tolerance & Whistle Blowing Protection 	Annual review & ongoing
Staff Culture & Experience Exiting Employee	<ul style="list-style-type: none"> Termination –disgruntled employee Reputation in the community Compensation IT Breach 	unlikely	4	Low	<ul style="list-style-type: none"> Retrieve organizational information & equipment that a dismissed employee used Process to de-activate access codes, passwords, remote access, building access codes Conduct exit interview (as able) Record keeping of vacation accrual & balance 	Ongoing
Staff Culture & Experience Unhealthy Risk Culture	<ul style="list-style-type: none"> Compromised integrity Loss of Reputation Poor staff morale High absenteeism Poor adherence to care & service delivery to resident 	Possible	12	High	<ul style="list-style-type: none"> Effective listening strategies Clear & concise communication of the Mission, Vision & Values of the Home Staff Recognition & Awards Programs that are meaningful and demonstrates a caring culture Employee Satisfaction Program – transparency of results & action (where possible) for improvement 	Annual & Ongoing
Staff Culture & Experience Unhealthy Risk Culture (continued)	<ul style="list-style-type: none"> MOH Inspections & non-compliance issues (sanctions) Complaints Criminal Liability Poor compliance to risk controls Staffing challenges High staff turn-over Grievances 	Possible	9	Moderate	<ul style="list-style-type: none"> Effective listening strategies Clear & concise communication of the Mission, Vision & Values of the Home Staff Recognition & Awards Programs that are meaningful and demonstrates a caring culture Employee Satisfaction Program – transparency of results & action (where possible) for improvement Education around Whistle Blowing Protection – promoting sense of security in reporting 	Annual & Ongoing

Category	Risks/Threats	Likelihood	Severity	Outcome	Control Measures/Risk Mitigating Action	Review
Safe Care & Services Care & service complaints & incidents (residents, families, others)	<ul style="list-style-type: none"> Loss of Reputation MOH Inspections & non-compliance orders/other sanctions Financial Loss/ Litigation/Liability Injury/Death Loss of Trust 	Unlikely	4	Low	<ul style="list-style-type: none"> Demonstrating appreciation (thank you) for a job well done/going above Training on fostering a culture of open communication and respect -- (staff to staff; staff to residents & staff to other customers) Well defined policies and procedures for care & service delivery Education & training on hire, annually & as required Well defined Complaint process, investigation, follow up Quarterly Complaint risk analysis (CQI) – trending & improvement plan(s) Clear communication to staff, residents & families around complaint process 	Annual Quarterly
Safe Care & Services Performance Indicators: High % of Wounds High % of skin tears High % of Falls High % of Restraint Usage High % of psychotropics High % of weight loss	<ul style="list-style-type: none"> Loss of Reputation MOH Inspections & non-compliance orders/other sanctions Financial Loss/ Litigation/ Liability Injury/Hospitalization 	Possible	6	Moderate	<ul style="list-style-type: none"> Well defined policies & procedures around screening, assessments, plan of care development, support & strategies in prevention of high-risk care areas. Audits to monitor care areas and adherence to policies and MOH Act & Reg Tracking & trending analysis of high-risk care areas with quarterly review Annual program evaluations based upon historical and current trends –well defined improvement plan Education & Training at hire, annually & as needed 	Annual Quarterly

Category	Risks/Threats	Likelihood	Severity	Outcome	Control Measures/Risk Mitigating Action	Review
Safe Care & Services (Continued) High % of supplements Dehydration Lack of assistance to eat Call bells not answered Diet discrepancies Social Isolation Failure to involve resident/family in care decisions Improper assessment of status changes Poor pain management **One or more	<ul style="list-style-type: none"> Death Loss of Trust Resident & Family dissatisfaction 	Unlikely	2	Low	<ul style="list-style-type: none"> Good documentation protocols with regular review Pro-active review of documentation (audit) Observations during care & services and Leadership involvement Availability of outside resource as needed & easily accessible Team Conferences relating to care & strategies Ongoing monitoring and reporting to/from appropriate quality improvement committees / quality council 	Annual & Ongoing
Safe Care & Services Medication Errors (actual, potential or missed event) High risk medications (Opioids, Narcotics, Psychotropics) Use of insulin & safety	<ul style="list-style-type: none"> Adverse effect on resident – causing medical intervention (ER Transfer) Loss of Reputation/Trust Financial Loss/Litigation Death MOH non-compliance/other sanctions Criminal intent to cause harm/death to resident 	Unlikely	6	Moderate	<ul style="list-style-type: none"> Medication & Treatment Policies & Procedures Audits to monitor administration practices Tracking & trending analysis of medication errors Annual program evaluations based upon historical and current trends –well defined improvement plan Education & Training at hire, annually & as needed Good documentation protocols with regular review Medication management committee 	Annual Quarterly monthly

Category	Risks/Threats	Likelihood	Severity	Outcome	Control Measures/Risk Mitigating Action	Review
Safe Care & Services Medications (continued) Use of Fentanyl & Methotrexade (being used to treat rheumatoid arthritis)		Rare	1	Low	<ul style="list-style-type: none"> Observations of Medication Administration Pharmacy Team to audit, provide education External resources to assist in Medication Management strategies (i.e. ISMP, RMAO BPG) In conjunction with Pharmacy, monitor use of all high risk medications & reasons 	
Safe Care & Services Infectious Diseases Performance Indicators: High % -infected wounds High % other infections Ongoing indication of non-compliance with IPAC measures Pandemics: SARS H1N1 COVID-19 Emerging variants	<ul style="list-style-type: none"> Loss of Reputation MOH Inspections & non-compliance orders/other sanctions Financial Loss/Litigation/Liability Injury/Hospitalization Death Loss of Trust Staffing challenges Social Isolation 	possible	12	major	<ul style="list-style-type: none"> Well defined IPAC policies & procedures (including surveillance & management) Audits to monitor care IPAC compliance Tracking & trending analysis all Infections Annual program evaluations based upon historical and current trends –well defined improvement plan Education & Training at hire, annually & as needed Pro-active review of documentation (audit) Observations during care & services and Leadership involvement for IPAC measure & PPE compliance Availability of outside resource as needed & easily accessible Team Conferences relating to care & strategies Outbreak Contingency Plan COVID-19 –directives & education Staffing Plan developed and maintained Regular communication (Zoom, written, verbal etc.) with staff, families, stakeholders Admission & Readmission Plans Programs to decrease social isolation (residents) Creative ways to maintain contact between residents & families (technology, window visits etc) Ongoing Communication with Public Health Staff Vaccination Program Point of Care Assessments 	Annual Quarterly

Category	Risks/Threats	Likelihood	Severity	Outcome	Control Measures/Risk Mitigating Action	Review
Safe Care & Services Infectious Diseases - continued					<ul style="list-style-type: none"> Environmental Controls for enhanced cleaning, to promote social & physical distancing Screening/surveillance protocols per directives Development & implementation of Standard Operating Procedures (IPAC) 	
Resident Experience Unhealthy resident experience	<ul style="list-style-type: none"> Complaints MOH areas of non-compliance Loss of Trust Loss of reputation 	Unlikely	4	Low	<ul style="list-style-type: none"> Involve resident/POA with development of Plan of Care at all stages Resident & POA to be involved with regular interdisciplinary Care meeting Achieving a choice of Home Analysis of all Complaints & Concerns (QI Committee) – strategies towards individualized resident/POA satisfaction Designated Dementia/Ability Home Designated BPSO Home with RNAO 	Quarterly

Review & Approval:

Administrator:



Date: April 2, 2026