

### Commitment and Overview

In alignment with our Mission, Vision and Values, Kerry's Place Autism Services (Kerry's Place) is committed to the safety of all persons supported. The primary focus of this plan is to protect persons supported from harm and to promote a culture of safety through proactive/preventative measures, supportive structures, continuous learning and ongoing improvement to safety policies, systems and processes. This document serves as a framework and outline of our approach to the health and safety of persons supported and summarizes the current and ongoing client safety practices, and initiatives at Kerry's Place as well as includes current targeted client safety priorities of the organization.

A person/family centred, collaborative approach is used in the development and improvement of client safety initiatives and/or related activities by seeking input at both the levels of direct support and service, and organizational planning and design. When developing or amending client safety initiatives, activities and goals, consideration must be given to the training and educational needs (how persons supported and/or families and/or will staff be educated/trained), implementation and data collection measures (how we measure, monitor and record), analysis and reporting requirements (how/when we will review and report data), and evaluation and communication plans (how we assess the findings and share learnings).

The continuous path to client safety and ongoing improvement:



Person Centred Planning & Collaboration	Training & Education	Implementation & Data Collection	Reporting & Analysis	Evaluation & Communication
<ul style="list-style-type: none"> <li>• Individual Support &amp; Service Planning</li> <li>• Advisory Committees</li> <li>• Feedback &amp; Surveys</li> <li>• Risk Assessment</li> <li>• Ethics Framework</li> <li>• Standardized Forms &amp; Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Abuse Awareness &amp; Response</li> <li>• NVCI</li> <li>• Hand Hygiene</li> <li>• Health &amp; Safety</li> <li>• Behaviour Support Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Measurement of: <ul style="list-style-type: none"> <li>• Behaviour Support Plans</li> <li>• Quality &amp; Safety Initiatives</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Incident &amp; Serious Occurrence Reporting</li> <li>• Disclosure of Safety Incidents</li> <li>• Data Analysis</li> <li>• Reporting to the Board of Directors</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Trends</li> <li>• Review of Progress towards Goals</li> <li>• Share Results and Learnings</li> </ul>

## Current & Ongoing Client Safety Practices & Activities at Kerry's Place

The following practices form the foundation of client safety practices and activities at Kerry's Place:

### Client Centred Planning & Collaboration

Kerry's Place believes that a collaborative, person and family centred approach to planning and development at the level of the individual, as well as the broader organization, leads to improved partnerships and outcomes related safety. Involvement in planning directly with the person supported includes seeking their unique perspectives, preferences and priorities in ongoing individual support planning and development of personal, treatment and/or service goals. Consideration of safety, including assessment of risks and benefits should occur at all stages of planning. Seeking input in organizational development and design related to person supported safety may occur at the level of the person supported through targeted focus groups or feedback and may also be sought more broadly from the greater community of persons with ASD, families and advisors and team members through committees, surveys and other methods of gathering feedback. The following are some examples of collaborative involvement at Kerry's Place:

#### **Persons Supported**

- Individual Support Plan & Person Directed Planning (ISP/PDP)
- Behaviour Support Plans/Skill Building Plans
- Service Agreements
- Advanced Care Planning
- Transition Planning
- Medication Reconciliation (annually)
- Service Goal Development
- Complaints & Feedback

#### **Families & Greater Community**

- Advisory Committees
- Engagement/Feedback Surveys
- Complaints & Feedback
- Participation in various community tables

Additional measures that support the planning of client safety-related activities include (but are not limited to):

## **Risk Assessment & Registry**

As part of the Risk Management Plan, Kerry's Place utilizes integrated risk management tools and resources offered by the Healthcare Insurance Reciprocal of Canada (HIROC) to help identify and assess its top risks. The Risk Assessment Checklist, with modules that include client abuse, privacy breach, medication adverse events, among many others, is used to assist in identifying areas of risk and improvement. A Risk Register is then used to formally document the identified risks and associated risk analysis results, as well as subsequent risk response and planning activities. Risk Registry addresses organizational and administrative risks, with key areas that fall under (i) Client Care, (ii) Financial Management, (iii) Information/ Technology Management, (iv) Facilities Management, (v) Human Resources, (vi) Reputation, (vii) Leadership, (viii) Regulatory Environment. While this is intended to contain all of the statements of risk that are identified for the organization, based on discussions with HIROC, Kerry's Place decided to focus on the top, most crucial risks. Ownership of each of the risks, including subsequent mitigation activities, is also identified with Executive Team members responsible for items that closely relate to their designated portfolio(s).

## **Ethics Framework**

Kerry's Place has adopted and implemented the IDEAS: Ethical Decision-Making Framework, with input from clients and families. The framework includes a code of conduct, policies, guidelines, and other tools that help guide decision-making around ethical issues incorporating Kerry's Place core values of: showing respect, championing choice, working with integrity, fostering teamwork and continuous learning. The person seeking ethical guidance can work through the IDEAS framework with their manager or clinical supervisor, and/or other coworkers. This process frames the ethical issue by: identifying the facts, determining the relevant ethical principles, exploring the options, acting and seeking support. In following this process the IDEAS process ensures that five conditions are met:

- Empowerment i.e., minimize any power differences in decision-making.
- Transparency i.e., ensure that documentation of rationales for decision-making is shared openly with all stakeholders.
- Ensure there is relevant decision making.
- Availability of revisions and appeals, i.e., decisions should always be able to be changed based on new information or perspectives.
- Compliance with the decision making i.e., it is necessary to ensure that recommendations are followed through with integrity.

## **Standardized documentation and communication tools**

Kerry's Place recognizes the importance of communication and documentation in service delivery to ensure accurate information is being shared and understood by all parties in all aspects and stages of service, from intake to discharge. Misinformation, lack of information and documentation may pose a risk to persons supported if pertinent information is not captured appropriately. Kerry's Place will continue to improve and standardize documentation and communication tools to increase the effectiveness and coordination of service and care among team members, persons supported and families.

## **Training and Education**

All staff receive client safety education during their orientation to Kerry's Place and at regular intervals as outlined in each associated policy or when additional training is deemed necessary e.g., performance development plans etc. Each position may have more specific training related to aspects of their role. In

addition to training for Kerry's Place employees, persons supported by Kerry's Place may also receive various training and education related to their safety as necessary and appropriate. Education provided to persons supported is tailored to their level of understanding as best as possible and documented in the client record as part of the ISP/PDP, Behaviour Support Plan (including skill building plans) or service goals. The following are trainings and/or reviews related to client safety:

**All Staff:**

- Accessibility for Ontarians with Disabilities Act Accessibility Regulations
- Hand Hygiene (annually)
- Health and Safety (including Hazard Identification, Assessment & Control) (annually)
- WHMIS (annually)
- Workplace Violence & Harassment (annually)
- Abuse Prevention and Response\* (annually)
- Cultural Competence (annually)
- Fire Safety & Prevention (annually)
- Emergency Preparedness(annually)
- Infection Prevention & Control (annually)

**Direct Support (may be role specific and not required by all positions):**

- Medication Administration (In person upon hire, then online annually or asneeded)
- Documentation Standards for Service Provision (annually)
- Food Safety (every 5 years)
- Non-Violent Crisis Intervention\* (annually, bi-annual for employees with 8+ years ofservice)
- Standard First Aid & CPR (every 3 years)
- Behaviour Support Plans (Person supported specific)

**Persons Supported in Support Living (and some Community based on relevance and identified need)**

- Fire Drills
- Hand Hygiene
- Abuse Prevention & Response \*
- Self-Administration of Medication (if applicable)
- Complaints and Feedback Process

**Families & Greater Community (Voluntary)**

- Caregiver Nonviolent Crisis Intervention
- Social Groups with topics including: healthy habits, community safety, emotional regulation etc.
- Additional training and information sessions as needed. Some examples include: "A Distance Today Keeps the Virus Away" and "Wearing PPE Protects You and Me"

**Abuse Prevention & Response**

Abuse awareness and response is integral in ensuring the safety of all persons supported at Kerry's Place. Awareness begins with education for everyone involved in a vulnerable person's life and for the person themselves. Education is provided on a yearly basis to all staff as outlined above and included as part of ongoing team meetings. Staff members have a duty to report witness or suspected abuse. In the event that abuse occurs or is alleged Kerry's Place has a zero tolerance policy towards abuse. This means that all allegations will be investigated and appropriate action taken.

For persons supported, abuse awareness is reviewed at least annually and as needed. Resources to support persons supported with abuse awareness education are available for teams on ADP and may be further individualized as needed.

In addition to the above, Kerry's Place has a Wellness Committee which provides information and links

resources for staff members to access to support their mental health. This is important while working in a helping profession to help manage stress and mitigate possible burn out which can, in addition to having negative impacts on an employee's mental health, potentially can lead to abusive behaviour.

### **Non Violent Crisis Intervention**

With a focus on prevention, nonviolent crisis intervention (NVC) provides a consistent standard throughout Kerry's Place Autism Services with a purpose of reducing the risk of injury and promote the safety and wellbeing of the persons we support and staff members. This training teaches staff members de-escalation strategies to reduce to need for physical intervention and safe and effective techniques for executing physical intervention when required as a last resort.

## **Implementation & Data Collection**

Once training and education has been provided, implementation of initiatives and plans commence. Qualitative and/or quantitative data is collected to track and measure progress as identified within the respective plans. Some examples to highlight include the following:

### **Behaviour Support Plans and Skill Building Plans**

For persons supported receiving services involving behavior intervention, behavior support plans and/or skill building plans are developed. Plans include identified goals along with mastery and revision criteria based on data collection. Goals are developed with the persons supported and/or their family and may include goals related to client safety such as decreasing challenging or risk related behaviour, or increasing communication and/or independence skills.. All staff members are required to record data as specified with each individual plan. Any behaviour support plan that requires the use of intrusive measures (as defined by Accessibility for Ontarians with Disabilities Act Accessibility Regulations), also requires an increased level of monitoring. Whenever an intrusive measure is used staff are required to fill out an intrusive measure monitoring form to monitor the safety of the person supported throughout the process. In addition, training is given to staff specifically on the use of that intrusive measure. Behaviour plans with intrusive measures require that oversight of staff performance occurs at minimum monthly with the use of a treatment integrity checklist by the clinical team.

### **Hand Hygiene Program**

The Hand Hygiene Program at Kerry's Place consists of mandatory annual education (in depth CLC training covering best practices for hand hygiene), as well as bi-annual audits (self-assessment and direct observation). Data from these audits is analyzed by the Quality Department, who then shares recommendations and results on ADP (Tools and References > Quality > Hand Hygiene).

## **Reporting & Analysis**

Client safety incident reporting and analysis is an imperative component of client safety at Kerry's Place. The review and analysis of data identifies trends or patterns may then be addressed through mitigating strategies.

### **Reporting**

It is the responsibility of all staff who observe, are involved in, or are made aware of a safety incident to ensure the incident is reported as per Kerry's Place policies and procedures. The Kerry's Place electronic database (EMHware) allows for documentation of client safety incidents directly into the client file including follow up actions taken by manager, notifications to relevant parties, debriefing notes (for intrusive measures) and if the incident was escalated to a Serious Occurrence as per MCCSS Serious Occurrence Reporting Guidelines. Safety incidents are reported by the following:

Incident Report Form	Intrusive Measure Form
<ul style="list-style-type: none"> <li>• Injury and/or illness to person supported (e.g., cut themselves while cutting an apple, fell and was injured, high fever and was taken to emergency)</li> <li>• A behaviour that has re-emerged (e.g., has occurred in the past) or a behaviour never observed such as , but not limited to, act of physical, verbal, self-injurious behaviour or environmental aggression.</li> <li>• The use of an intrusive measure in response to challenging behaviour that is not currently identified as an intervention strategy in a Behaviour Support Plan (physical restraint, secure isolation or contingent time out).</li> <li>• Alleged or suspected abuse</li> <li>• Elopement</li> <li>• Community-based complaint regarding a person supported</li> <li>• A Medication Incident - includes errors and refusals</li> <li>• Site specific occurrence</li> <li>• Any crisis situation incidents</li> <li>• Other (e.g., family member reports an incident to staff)</li> </ul>	<p>To be filled out any time an intrusive measure is used (regardless if it is written in the BSP).</p> <p>Intrusive Measures include:</p> <ul style="list-style-type: none"> <li>○ PRN administration</li> <li>○ Physical Restraint</li> <li>○ Secure Isolation/Confinement/ Time-out/Restricted Access</li> </ul> <p>For all intrusive measures, <b>except</b> PRN administration, debrief should be completed and documented on Part 2 of the form.</p>

Note: When a person supported has a behaviour support plan with challenging behaviours (self-injurious behavior, physical and environmental aggression) targeted for reduction, these behaviour incidences are not recorded on an incident report unless otherwise identified by the clinical team. Targeted behaviours are recorded through various mechanisms of data collection and monitored by the behaviour therapist as outlined in the behaviour support plan and uploaded to the client file at least quarterly.

**Disclosure of client safety incidents**

It is the responsibility of the manager to notify families of any incident pertaining to their loved one within 48 hours upon review of the incident. The account of the incident as well as next steps to mitigate future occurrences will be shared with the families and documented in the supported person’s electronic file (i.e., EMHware).

**Incident Data Analysis**

Data analysis occurs at level of the individual, as well as the broader organization:

- **Person supported:** For persons supported with Behaviour Support Plans or Skill Building Plans , ongoing assessment and evaluation occurs through data collection and analysis and is required as part of the service provision of behavior therapists/consultants. All incident reports are monitored by the manager to ensure that any client safety issues have been appropriately responded to and followed up on. Based on the nature of the incident follow up include may include (but is not limited to), increased staff training, changes to the environment to improve safety, revision of a support plan, implementation of further data collection to monitor, or follow up with medical professionals.
- **Organization** – Quarterly Board Reporting: Data summaries on incident reports and serious occurrence

reports are compiled by the Quality team and provided to the VP Clinical Services for review and analysis of trends, patterns or potential gaps in care. This analysis and evaluation (see below) is reported to the Board on a quarterly basis.

Additionally, specific safety incident categories may also be reported to various Kerry's Place committees for further monitoring and evaluation based on committee's defined roles and responsibilities. Some examples include:

- IPAC Committee
- Quality Improvement Committee
- Research committee
- EMHware committee
- Standards & Best Practices Committee

### **Evaluation & Communication**

Once analysis is completed, an evaluation can occur as to whether or not further revisions are required for current process or practices in place, new strategies should be implemented or additional training and/or education is required for staff or persons supported. Evaluation occurs level of the individual, as well as the broader organization:

- **Person supported:** Results of analysis and recommended revisions to support plans, if any, are shared with team members and persons supported and their substitute decisionmakers.
- **Organization:** Results of analysis and recommended action plans, if any, are shared with the Quality Improvement Committee, as relevant, and presented to the Board through the Enhancement Report on a quarterly basis.

Kerry's Place is committed to learning from safety incidents in order to better support individuals and families we are serving and ensure ongoing efforts towards quality improvement. Results from analysis and evaluations are communicated and/or feedback sought regarding next steps e.g., continuing, making changes or developing new goals and targets etc., at the individual and organizational levels. For the person supported, this is done with them, their team members and family or substitute decision maker through meetings or various communications as appropriate (e.g., email, telephone etc.). For the broader organization, results, learnings or a request for feedback may be communicated through a variety of means including (but not limited to), newsletters, information sessions, website, team meeting etc. This then would circle back to the planning and development stage, as needed.

### **Development and Review of the Client Safety Approach and Plan**

The Client Safety Approach and Plan is considered a living plan as it may be regularly reviewed in order to update and revise based on the current environment and changing needs of supports within Kerry's Place programming. Every 3 years a formal review of the Client Safety Approach and Plan will be conducted. As part of the review, key client safety priorities will be determined and subsequently incorporated into the Quality Improvement Plan, Risk Registry work plan or operational plans, as appropriate. The process for review is as follows:

1. The VP Community Services, and VP Supported Living initiate the review the Client Safety Approach and Plan with the coordination of a working group comprised of various roles within the organization

(frontline team members, managers, advisory committee members etc.,). This occurs on a 3 year schedule based upon completion of the organizational risk assessment.

2. Key client safety priorities are assessed and determined through review of:
  - a. Incident and serious occurrence reports and trends
  - b. Relevant client experience survey feedback and complaints received
  - c. Review of advisory committee minutes for safety themes
  - d. Risk management data (and/or Risk Assessment)
  - e. \*Patient Safety Survey Results (Accreditation Canada Instrument), if completed
  - f. Current client safety related policies, initiatives and activities
3. Goals, objectives and initiatives are identified based on the assessment and in alignment with the Kerry's Place Strategic Plan. Consideration is given to the urgency/ level of risk, the benefit/evidence of effectiveness, and execution of and resources required to support implementation.
4. Guidelines and standards from external organizations such as [Accreditation Canada](#), [Canadian Client Safety Institute](#), professional practice standards and applicable legislation may be consulted to ensure initiatives are informed by and reflect the best available evidence and best practice.
5. Measurement, timelines and accountabilities for each key client safety priority are proposed.
6. Priorities identified are presented at EMM and QIC for discussion, feedback and endorsement of accountabilities.
7. Revisions are made based on input and feedback.
8. The VP Community Services, and VP Supported Living approve the key priorities and disseminate relevant priorities and associated goals, objectives and initiatives to the designated leaders of the priority areas to confirm/update measurement and timelines and have added to the appropriate plan(s) e.g., the Quality Improvement Plan, Risk Management Plan and Risk Registry work plan and/or operational plans.
9. Once approved and finalized, the Client Safety Approach and Plan is communicated to leadership through leadership meetings and email, and available organization wide via email and on ADP >Tool/References> Resources.

## **Roles and Responsibilities**

All employees of Kerry's Place play an important role in the health and safety of persons supported. Role specific responsibilities are included as part of the initial orientation to Kerry's Place and outlined in client safety related policies and trainings. Designated Leaders are identified for each priority and are responsible for implementing planned initiatives and achieving outcomes.

## **Monitoring and Reporting**

Designated Leads will review and report updates on a quarterly basis or as needed, within the associated plans identified. The VP Community Services, and VP Supported Living will be responsible for the overall monitoring on reporting progress of the key priorities. Progress will be communicated to the Board of Directors biannually via a report and may be communicated across the organization through town halls, ADP postings, team meetings etc., where appropriate.

## **Key Priorities for Client Safety**

In January, 2024, the Client Safety Approach and Plan working group convened to review the current policies, education tools, and initiatives related to the safety of persons supported. Key priorities had been previously determined by executive leadership in various formats and had already been incorporated into various plans. Below is a summary of the key priorities identified during the review. The priorities, required actions,

accountabilities and timelines for completion are detailed in the respective plans listed under **location**. Upon next reviews, the VP Community Services, and VP Supported Living will seek to identify and inform key priorities for the organization and communicate to designated leaders of relevant plans.

<b>Client Safety Priority</b>	<b>Plan/Location Where Priority is Being Targeted</b>	<b>Lead</b>
<b>Complaints Management</b>	<b>Risk Registry</b>	<b>VP, Clinical Services</b>
<b>Care/Consent</b>	<b>Risk Registry</b>	<b>VP, Clinical Services</b>
<b>Information Management</b>	<b>Risk Registry</b>	<b>CFO</b>
<b>Violence/Disruption</b>	<b>Risk Registry</b>	<b>VP, Community Services</b>
<b>Behaviour Intervention</b>	<b>Quality Improvement Plan</b>	
<b>Health: Clinical Pathway Management</b>	<b>Quality Improvement Plan</b>	

#### **References**

Accreditation Canada. Plans and Framework Guide. Ottawa, ON: Accreditation Canada; 2016



