Woodstock and District Developmental Services

SECTION:	SUBJECT:	REF: AGY-7-7.01
Health and Safety	**Risk Management**	

POLICY

WDDS will maintain a program of Continuous Quality Improvement and accountability, such that the organization is always learning, through a semi-annual review of activities or concerns, feedback from people we support, families of the people we support, employees and the community.

PROCEDURE

1. The Board will receive a semi-annual report of activities or concerns which will include but not necessarily be limited to: accidents, grievances, serious occurrences, complaints, behaviour support practices, medication errors and litigation.

2. WDDS will receive feedback from people who use our services and their families or advocates. This will be done through a variety of methods including but not limited to interviews, group discussions, surveys, planning meetings, informal meetings and meetings with self advocates (eg. SOAR groups)

3. WDDS will ensure that employees have opportunities to provide feedback including but not necessarily limited to individual core competency meetings, team meetings and exit interviews.

4. When employees or people we support attend workshops and other learning opportunities, it will be expected that they will share their new knowledge at staff/team meetings and wherever possible in the newsletter.

5. We will strive to have opportunities for personnel from across functions in the agency to work together in order to provide greater understanding, thereby reducing risk.

6. Managers will review incident and medication error reports at their meetings in order to share lessons learned.

7. We will strive to make learning and educational opportunities available to staff, people we support and families that align with our vision, mission and values.

Continuous Quality Improvement

WDDS is committed to Continuous Quality Improvement. Information is gathered throughout the year, from a variety of different sources to provide reports for all stakeholders to assist in the Association's performance evaluation. Reliable and valid data is provided on:

- How people are benefiting from services
- A comparison of actual performance to strategic goals
- Summary of input and feedback provided, and organization response
- Other improvements achieved and how they will be maintained
- Lessons learned

The following is completed through the year:

- Surveys (Teen Camp and Support Services)
- Compliance Reviews through Ministry and outcomes
- Monthly Financial Reports
- Annual Audited Report
- Monthly Program Reports
- Annual General Report
- Semi-Annual review of the Strategic Plan
- Semi-Annual Risk Stats re: trends/analysis through review of med errors, serious occurrences, incidents etc.
- Semi-Annual HR Stats
- Annual Insurance Applications
- Annual infrastructure surveys – assists in determining future renovations
- Internal Health and Safety Inspections - monthly/annually reviews
- Board of Health annual review of all locations
- Fire Department annual review of all locations and outcomes
- Meetings occur on a regular basis that discuss all aspects of the agency: Board, Managers, Supervisors, Team
- Monthly Chief Executive Officer's Report to the Board
- Individual Staff Evaluations
- Compilation of feedback provided through exit interviews
- Compilation of staff training re: learning and educational opportunities accessed by staff
- Individual Support Plans for People receiving Supports/Services