

AK0300 – CLAIMS MANAGEMENT

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Däkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and Tšilhqot'in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

To minimize risk to Interior Health (IH) through reporting and management of Claims.

2.0 DEFINITIONS

TERM	DEFINITION
Claim	Any action against IH in pursuit of compensation following an Event as defined by this Policy.
Claimant	Any patient, or their representative, member of the public or Employee, who instructs a solicitor to act on their behalf or acts on their own behalf to pursue a Claim against IH, enters legal proceedings against IH, or who pursues compensation.
Disclosure	The imparting of information to a Patient and/or family pertaining to harm.
Event	An incident where: <ul style="list-style-type: none"> • there was harm or injury to a patient as a result of care provided or lack of care provided; • harm or injury to a person while on IH Property; and/or • damage or loss to Property which may result in service disruptions or financial loss to IH. <p>See Appendix B for list of Events to report to Risk Management</p>
Health Care Protection Plan (HCPP)	Government self-insurance program for all publicly funded health care entities in British Columbia. The program is administered by the Risk Management Branch within the Ministry of Finance and is funded by the Ministry of Health. HCPP provides Claims, insurance and risk management services.

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Just Culture	Organizational behaviour, supported by policy, which promotes transparency, fairness, accountability, Disclosure and a focus on learning and improvement by creating a supportive, non-punitive environment.
Patient	A person who is receiving, has received, or has requested health care in an IH facility and/or program.
Property	Buildings and equipment owned or leased by IH.
Risk	The effect of uncertainty on objectives.
Responsible Leader	Person most responsible for assisting IH Risk Management and HCPP in managing the Claim. Typically this is the Director at the site where the Event occurred.
Employee	All IH staff, medical staff specifically doing administrative work on behalf of IH, and volunteers.
Visitor	A person (not a Patient or Employee) who is on IH Property or in an IH owned or leased building.
Insured Patient Property	Patient property with a replacement value of >\$1000.00 where the conditions in 4.2.2 have been met and agreed upon by the HCPP.

3.0 POLICY

- Risk Management is notified immediately of all Events outlined in Appendix B. Claims are reported and investigated promptly and steps are taken to avoid future occurrence.
- Interior Health is committed to preventing Claims and where prevention is not possible, efforts are made to minimize Risk to the organization, Employees, Patients and Visitors.
- Interior Health promotes a Just Culture and is committed to improving the quality and safety of patient care.

4.0 PROCEDURES

4.1 Roles & Responsibilities (Appendix A)

All IH Employees

- Immediately report all Claims and Events to one’s Manager/Supervisor.
- Participate in investigations of a Claim or related legal proceedings per [AL0500](#).

Site Contact, Program Manager or Designate

- Immediately report all Claims and Events to Risk Management.
- Support Employees involved in an investigation of a Claim and related legal proceedings.
- Participate in investigations of a Claim and related legal proceedings per [AL0500](#).

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- Support programs to respond to Events where Patients or visitors have suffered injury or loss.
- Work with the Responsible Leader and HCPP, or their designate to manage all actual or potential Claims.
- Support Employees involved in an investigation of a Claim and related legal proceedings.
- Provide the IH Board Quality Committee with quarterly reports on Claims Management.

4.2 Early Reporting, Management & Follow Up of Claims

4.2.1 Liability Claims (Detailed Process in Appendix B)

- Liability Claims may arise from:
 - An Event entered into the Patient Safety Learning System (PSLS);
 - A client concern made through the Patient Care Quality Office (PCQO);
 - Directly from a Notice of Civil Claim (NoCC);
 - Coroner’s Order to Seize;
 - A Demand Letter;
 - A request for the health record from the Patient or legal counsel; or
 - Any combination of these
- In keeping with [AK0400 Guideline 1.3 – Disclosure of Harm](#), the responsible program leader and physician leadership will support Disclosure conversations with clients and families when the threshold for Disclosure has been met. Please see [AK0400 – Recognizing and Responding to Hazards, Near Misses and Adverse Events](#), for details on managing adverse Events.
- Risk Management will be notified immediately of any actual Claims (e.g. Notice of Civil Claim, Notice of Motion or Notice of Acceptance from the Human Rights Tribunal) or as soon as it is identified that an Event or complaint may be compensable (see Appendix B).
- Risk Management will work with HCPP and the Responsible Leader to gather information. HCPP may assign others to assist, such as an adjuster or lawyer.
- Employees may be asked to provide information or be interviewed by the assigned adjuster or defense counsel. Employees are required to co-operate fully with the investigation undertaken and with appointed external adjusters/lawyer as required. Please see [AL0500 – Legal/Court Documents and Legal Proceedings](#) for additional information on legal proceedings.

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4.2.2 Patient Property Loss

- See IH Policy [AK0700 Client Valuables & Personal Effects](#) for details on responding to loss of Patient belongings.
- For Patient valuables loss, the Responsible Leader or designates will contact Risk Management in instances where the following criteria are met in relation to Patient property loss:
 - When a duty of care is owed and the breach results in loss or damage (i.e. when there is negligence);
 - When the actual cash value of the property exceeds \$1,000; and/or
 - When the property is NOT dentures, hearing aids or eyeglasses.

Note: The deductible for HCPP coverage of Patient property loss is \$1000.00. If the loss of Patient property is less than the \$1,000 deductible there is no coverage

4.2.3 Rental Vehicle Claim

- Please see IH Policy [AP0300 Travel and Meeting Expense](#), for details on renting vehicles.
- In the event of a Claim where the vehicle was rented using an IH MasterCard, the renter is to fill out the rental company’s Claim form and contact MasterCard to report the Claim.
- If the rental vehicle was not paid with a corporate MasterCard, the renter is to fill out the rental company’s Claim form and contact Risk Management staff as there is insurance coverage when the vehicle has been rented under the Provincial Government Rental Agreement with designated vendors.
- In the event the accident has resulted in death or serious disability, please advise Risk Management.

4.2.4 Personal Vehicle Claim

- Please see IH Policy [AP0300 Travel and Meeting Expense](#), for details on using personal vehicles for business purposes.
- As per Policy [AP0300](#), damage to private vehicles is the responsibility of the owner. The owner is to ensure the vehicle has the appropriate insurance and that the driver has a valid driver’s license. IH recommends that owners discuss insurance coverage with a qualified insurance professional to ensure appropriate coverage based on their usage and needs.

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- In the event the accident has resulted in death or serious disability, please advise Risk Management.

4.2.5 IH Property Loss or Damage (Follow Appendix C)

- All Property losses are to be reported by the Responsible Leader (Director or Management of Plant Maintenance, Business Integration Development or the P3 Project CO) to HCPP as soon as possible, even if the Site Contact is unsure if the loss will be greater than the \$10,000 deductible.
- HCPP is to approve all quotes or invoices prior to work commencing, unless delay in repairs will cause further damage.
- Major losses are to be reported to HCPP immediately (24 hours a day/7 days a week) at (250) 356-1794.

4.2.6 Personal Injury Voluntary Settlement (Follow Appendix D)

- Patients/visitors who have sustained minor personal injuries potentially arising out of the operations of IH may be provided reimbursement for medical expenses they incur as a result of their injury. IH is authorized by the HCPP to voluntarily settle Claims of up to \$1000.00. The types of expenses considered by this policy are those non-emergent, non-Property, medical related expenses, such as physiotherapy, chiropractic services, mobility aides, etc. For consideration of other expenses please contact Risk Management.
- Provision of expense reimbursement does not require a determination of liability, as it is a good faith gesture. Authority to provide reimbursement will be provided by the Program Director in consultation with Risk Management. Reimbursement will be from a cost centre determined by the Program Director.
- To facilitate Disclosure, Patients and families may be offered support for expenses related to attending a Disclosure meeting. This may include reimbursement for parking and travel expenses.

4.2.7 Crime

- All losses related to criminal activity must be reported promptly to Risk Management.
- Theft, fraud, corruption, extortion and non-compliant activities please refer to IH Policy [AU4000 - Theft, Fraud, Corruption and Extortion](#)

4.3 Internal Reporting to Leadership

- 4.3.1 Risk Management will provide Claims reports to the IH Board Quality Committee.

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5.0 REFERENCES

1. HCPP Risk Note *Checklist for Early Reporting of Potential Claims*
2. HCPP Risk Note *Insurance Coverage for Vehicles Owned by or Licensed in the name of the Health Care Agency (HCA)*
3. HCPP Risk Note *Insurance Coverage for Health Care Agency Employees' and Volunteers' Use of Their Own Automobiles*
4. HCPP Risk Note *Managing Small Third Party Property Claims*
5. IH Policy [AK0400 Recognizing and Responding to Hazards, Near Misses and Adverse Events](#)
6. IH Policy [AK0400 Guideline 1.3 Disclosure Of Harm](#)
7. IH Policy [AK0700 Client Valuables & Personal Effects](#)
8. IH Policy [AL0500 Legal/Court Documents and Legal Proceedings](#)
9. IH Policy [AP0300 Travel Expense](#)
10. IH Policy [AP0700 Signing Authority](#)
11. IH Policy [AQ1101 Vehicles Responsibility Code for Use of Interior Health Fleet Vehicles](#)
12. IH Policy [AU4000 Theft, Fraud, Corruption and Extortion](#)
13. IH Policy [AV1100 Employee Incident Reporting and Investigation](#)
14. Northern Health Administrative Policy and Procedure 4-2-1-060 *Minor Personal Injury Claims: Non-Staff*

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Appendix A – Claims Matrix

Type of Claim or Loss	Site Contact	Risk Management Contact
Patient property loss	Manager	Contact Risk Management RiskManagement@interiorhealth.ca to determine coverage. Valuables less than \$1000 are below the deductible and are not claimable.
Patient personal belongings loss including; dentures, glasses or hearing aids	Manager	Refer to AK0700 – Client Valuables & Personal Effects .
Employee injury or bodily harm	Manager	See IH Policy AV100 Employee Incident Reporting and Investigation <ul style="list-style-type: none"> Staff safety incidents are reported to the Workplace Health Call Centre 1-866-922-9464 For serious incidents contact Workplace Health and Safety at workplaceinjuryprevention@interiorhealth.ca for guidance. Some incidents are immediately reportable to WorkSafeBC.
Theft, fraud, corruption and non-compliant activities	Varies	See IH Policy AU4000 Theft, Fraud, Corruption and Extortion
Patient/Visitor liability claims	Program Director	Risk Management staff
Corporate liability claims	CEO or designate	Leader, Risk Management
Receipt of Notice of Civil Claim, Small Claims, Notice of Motion, Human Rights Claims, Coroner's Order to Seize, Notice of Human Rights Tribunal Acceptance, Demand Letter and all other legal tools	Program Director or designate	Risk Management Employee – RiskManagement@interiorhealth.ca
Fleet vehicle damage and vehicle crime claims	Manager or designate	Please contact Fleet Vehicle Coordinator as per IH Policy AQ1101 Responsibility Code for Use of Interior Health Fleet Vehicles
Personal vehicle damage and	Manager or designate	Risk Management

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vehicle crime claims		
Rental vehicle damage and vehicle crime claims	Manager or designate	Risk Management
Property loss or damage	Plant Maintenance manager/designate, or; Business Integration Development and contractor	Risk Management

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Appendix B - Early Reporting of Potential Liability Claims involving Patients and/or Visitors

Process

Reportable Events

Responsible Leader becomes aware of an event that poses risk of liability to Interior Health

Responsible Leader notifies Risk Management

Responsible Leader enters PLS Event if applicable (Refer to AK0400 – Recognizing and Responding to Hazards, Near Misses and Adverse Events)

Responsible Leader collaborates with Risk Management to gather critical information in anticipation of litigation

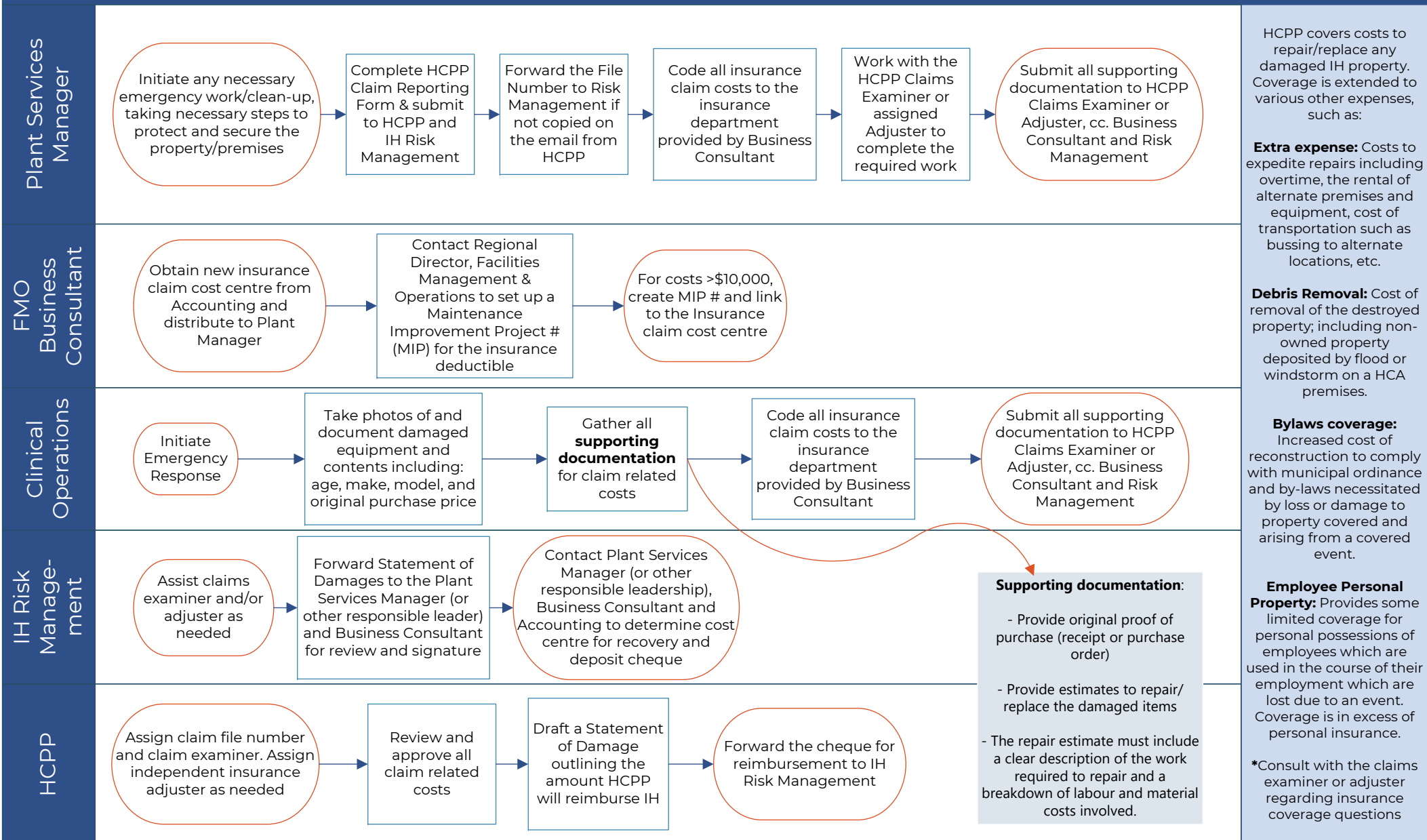
Responsible Leader to consider if any additional departments should be notified:

- Patient Safety,
- Senior Leadership,
- Communications,
- Workplace Health & Safety,
- Senior Physician Leadership,
- Facilities Management
- Employee & Labour Relations

- **Death or brain damage** that is unexpected or unexplained, while the patient is receiving care;
- **Hospital incurred trauma**, resulting from any treatment or procedure, failure to provide care or treatment, or failure of hospital equipment;
- Surgery or other treatment for the repair of **lacerations, tears or punctures** discovered subsequent to the performance of an invasive treatment in the same body area;
- **Surgical intervention** which was **not anticipated or planned** when the consent for surgery was obtained or which was required as a result of activities occurring during the surgery;
- Completed **or attempted suicide** resulting in injury;
- The presence of a **neurological deficit** which may be related to treatment;
- **Obstetrics**: unusually complicated delivery or any delivery with a poor outcome;
- The patient, their family, and/or other representative (such as legal counsel) has complained that **hospital care** resulted in **injury or death**;
- Patient **falls** which result in **injury**;
- Any **injury to a patient, visitor or the public** that occurs as a result of the **condition of the property** or failure to properly maintain hospital premises;
- **Medication** or other treatment errors which result in **injury**;
- **Uninsured health professional involvement** in patient care where the potential for liability exists;
- **Error in identification** of the patient or the site in any **surgical or radiological procedure**;
- **Unintended foreign object** left inside a patient following a procedure;
- **Hospital incurred infection** which results in extended hospital stay or therapeutic intervention;
- Patient death or serious harm arising from the use of **improperly sterilized instruments** or equipment;
- **Breach of privacy** where at least one of the following applies:
 - Compensation is sought;
 - A breach by hospital personnel was intentional;
 - There are numerous victims (how many?) of the breach;
- **Wrongful Imprisonment or Unlawful Detention**: usually in the context of in-patient mental health care, or Emergency Measures implemented to protect a vulnerable adult under the Adult Guardianship Act;
- **Human Rights**: where a patient, client, or visitor expresses concern about, or alleges discrimination or harassment based on any one or more protected grounds under the human rights code;
- **Coroner, Ombudsperson and PCQO investigations** where at least one of the other bullets above also applies;
- Receipt of a **Notice of Civil Claim**;
- **Media reports** indicating a patient has filed a Notice of Civil Claim or indicates they experienced harm as a result of care provided by IH;
- Any request for information from a **law firm**.
- Allegations from an individual of **theft**, and **sexual or physical assault** by an IH employee.

Appendix C - Interior Health Property Insurance Claim Process

Insurance Coverage



HCPP covers costs to repair/replace any damaged IH property. Coverage is extended to various other expenses, such as:

Extra expense: Costs to expedite repairs including overtime, the rental of alternate premises and equipment, cost of transportation such as bussing to alternate locations, etc.

Debris Removal: Cost of removal of the destroyed property; including non-owned property deposited by flood or windstorm on a HCA premises.

Bylaws coverage: Increased cost of reconstruction to comply with municipal ordinance and by-laws necessitated by loss or damage to property covered and arising from a covered event.

Employee Personal Property: Provides some limited coverage for personal possessions of employees which are used in the course of their employment which are lost due to an event. Coverage is in excess of personal insurance.

*Consult with the claims examiner or adjuster regarding insurance coverage questions

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Appendix D – Personal Injury Settlement Standard Operating Procedure

Purpose

To provide IH Leadership guidelines and instructions in dealing with Voluntary Personal Injury Settlements. These guidelines aim to ensure that all patient/visitor personal injury settlements are handled in a consistent and timely manner. The document is designed to equip Leadership with the knowledge to navigate and mitigate potential risks associated with the voluntary personal injury settlement process.

Procedure

1. All IH employees will report patient/visitor personal injury claims to RiskManagement@interiorhealth.ca and the Director of the program area.
2. The program Director (PD) or designate will arrange an investigation into the circumstances of the injury and document findings in PSLs.
3. If applicable, the PD documents strategies to prevent future occurrence in PSLs.
4. In consultation with Risk Management, the PD or designate will have disclosure conversation with the claimant. Please refer to [AK0400 Disclosure of Harm Guideline](#) or Patient Safety staff for disclosure support.
 - a. During the conversation do not admit fault or liability on behalf of IH as this could impact HCPP's ability to defend against a future claim.
5. The PD or designate obtains receipts and supporting documentation from the claimant for expenses incurred.
 - a. If the claimant has sustained a personal injury but has not yet incurred expenses, it is reasonable to refer them to IH programs that may mitigate the expense: outpatient physiotherapy, social work and counselling services, IH donated mobility aids.
 - b. In the event the claimant is unable to pay for required services, the PD may pay the vendor directly.
6. Risk Management will consult with the HCPP to determine if a final release waiver is required. If required the PD will have the claimant sign the document prior to expenses being reimbursed.
7. The PD or designate prepares a cheque requisition and sends the cheque requisition and all accompanying receipts to accounts payable to issue a cheque.
8. A copy of the final release is kept in the PSLs file and copy is sent to RiskManagement@interiorhealth.ca

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