

The Ethics of Risk Taking:

A practical tool for
client & patient choices



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Acknowledgements

- **Blair Henry, Senior Ethicist Sunnybrook**
- **Don Willison, ScD,**
 - Interim Associate Director, Clinical Epidemiology and Health Care Research concentration, IHPME
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- **Courtney Paxton, CXO specialist. Toronto Central CCAC**
- **Kateryna Kramchenkova, IT, Toronto Central CCAC**
- **Over 20 CCAC, local, regional, and national Risk experts**
 - Academic Health care sector, Geriatrics, SPOs....
- **24 Hospital/Community CCs**
 - Tool's cognitive testing
 - Tool's road test.
- Hospital Leadership Team (Director/Managers)
- **Toronto Central CCAC's Previous work on living at risk (Frank Wagner)**
- **PHC FELLOW, Shelly Benjamin, PhD (c.)**

Source:

Publication

- Christopher E De Bono, PhD, Blair Henry MTS. **“A positive risk approach when clients choose to live at risk: a palliative case discussion.”** Current Opinions in Supportive and Palliative Care, Fall 2016.

Work

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Smile ---

Risk = snow in Vancouver



= City Shutdown

Today's Agenda

1. Situate the presenting problem
2. Explore how to “reframe” RISK “positively”
3. Explore/apply a “Structured Mechanism” for managing clients’ informed decision making when choosing to live at risk.
 1. What’s the risk and why?
 2. What can be risk managed (3 ways)
 3. What criteria validates the plan

Risk Support
Management Plan

NEW

The Presenting Problem: Sometimes Our Clients “choose”...

- To live in cluttered & “dangerous” home settings
 - Potential harm: safety risk to clients and staff (CCAC/SPO).
- To “capably” return home when LTC is recommended
 - Potential harm: high risk of falls.
- To supplement meds with other things (alcohol, drugs etc)
 - Potential harm: additional health complications.

Risk is a Hot Topic!

- In Scholarly portals “Risk in healthcare” gets 2,930,000 hits.
- Health systems have Risk Managers/departments
- It is gaining interest in the home and community sector
 - (only) 2,510.00 hits (smile)

Ethical Dilemma

Should a **capable client** be allowed to engage in **risks** that can impact **their own welfare and that of others** involved in supporting them (health care teams, family)?





Elderly couple burn house down after Christmas into ball of flames

An elderly couple who wanted to show their young grandchildren Christmas ended up burning their house down.

TELEGRAPH.CO.UK



The dilemmas of parents aging at home

Staying in a family home can become a strain for both the elderly and their adult children. Forcing an obstinate parent to move can be wrenching.

PHILLY.COM

'Deplorable' for B.C. government to spend less on home support while seniors needing it rises, critic says

The Liberal government is being "penny-wise but pound-foolish" by not investing more in home support for seniors, says NDP health critic Judy Darcy. "It's deplorable. I haven't met a...

THEPROVINCE.COM | BY ,KIM PEMBERTON



Dangers of Seniors Living Alone

Research shows that staggering numbers are facing instead of receiving assisted living care. Learn more

APLACEFORMOM.COM



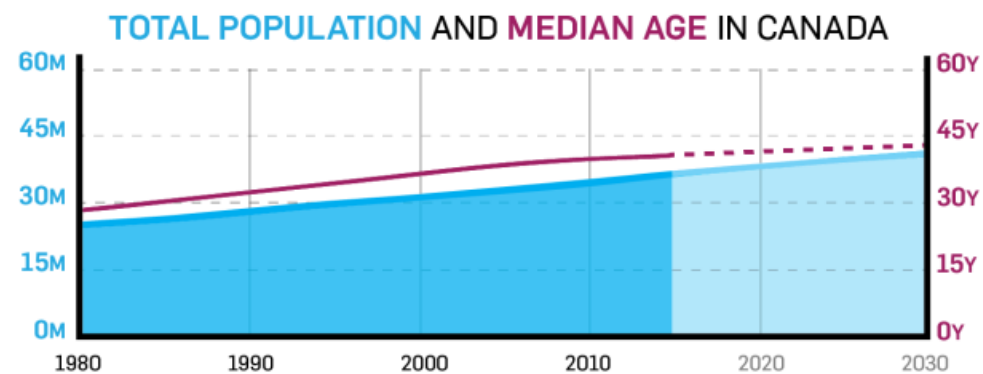
Seniors coalition wants home care moved to health care

The Coalition for Seniors and Nursing Home Residents' Rights says it has ideas the New Brunswick government should consider for providing better care for seniors who want to stay in their own homes.

CBC.CA

Demand for Home Care on the Rise

- The most rapidly growing segment of Canadian health care
- 55% increase in home care between 2008-2011



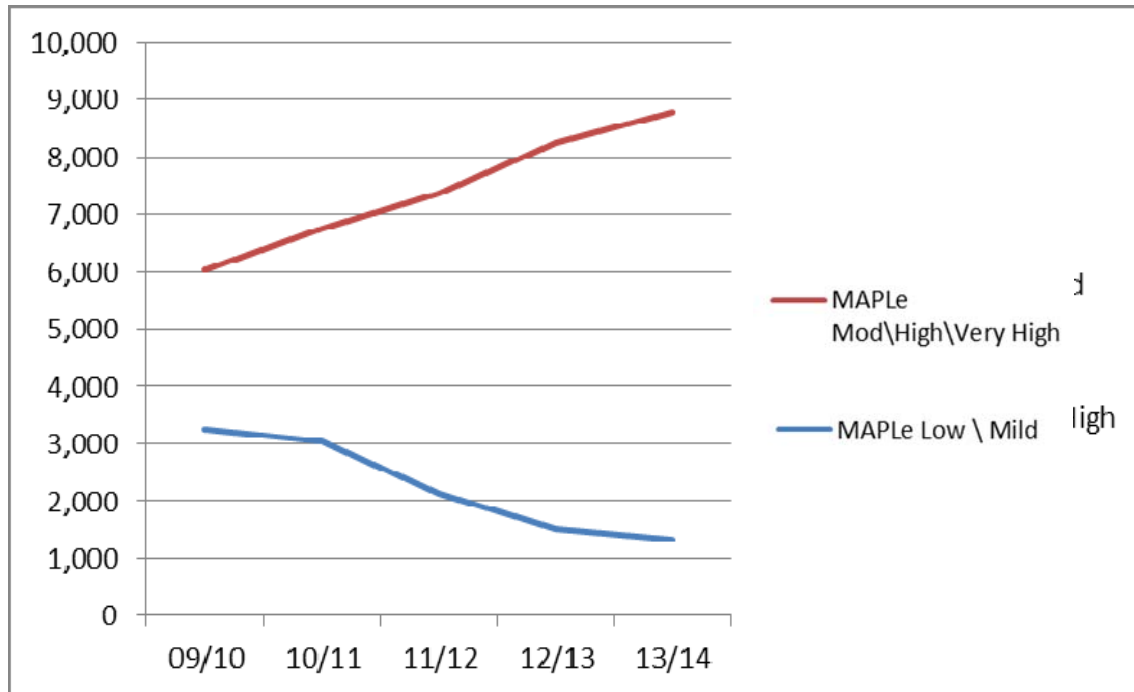
CANADIANS AGED 65 AND OLDER:

2005: **1 IN 8**  2030: **1 IN 4** 

Canadian Home Care Association (2013)

The Ever Growing Complexity of Home Care

Client Evolution



My former CCAC organization saw a +20% increase in chronic and complex populations

&

It continues to invest in keeping more complex clients at home as long as possible

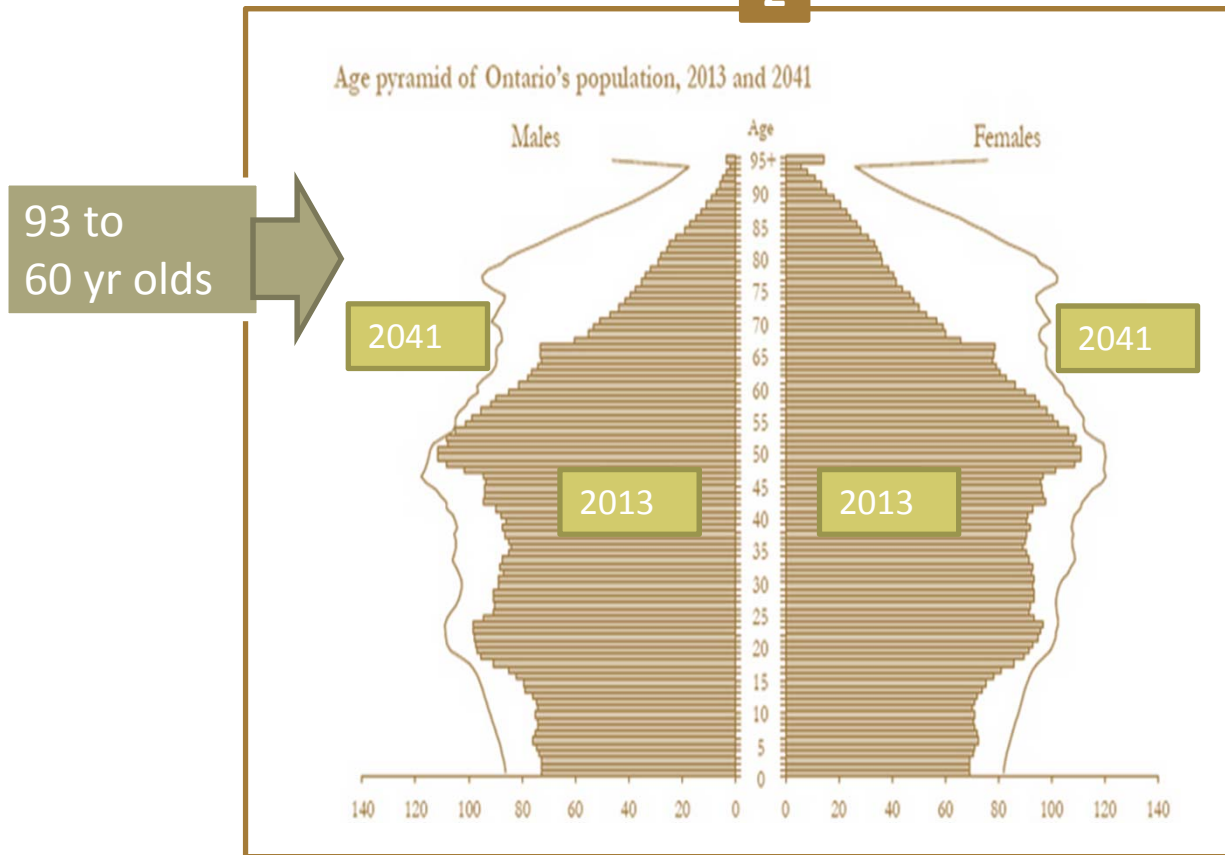
...This transformational shift is huge...

What might the implications be for **RISK TAKING With this type of growth and complexity?**

SHIFTING CLIENT DEMOGRAPHICS AND COMMUNITY GROWTH

Ontario will continue to see a demographic shift

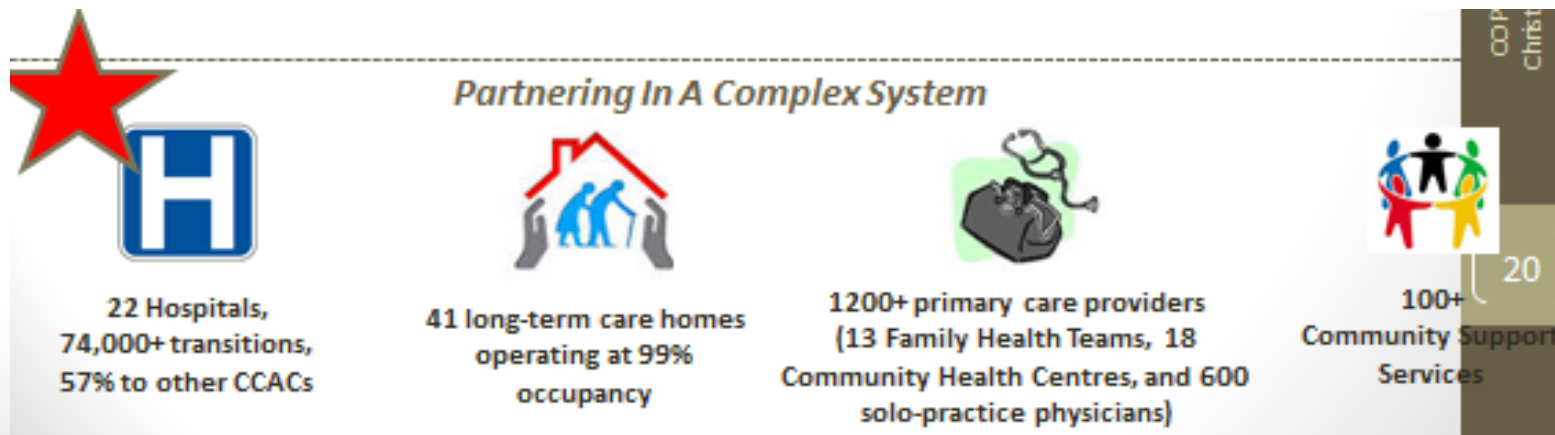
2



Population demographic shifts will bring increased risk taking issues.

Why Growth in Demand for Home Care?

- Over-crowding in acute care hospitals
- Shortages of long term care beds
- Increased rates of disability and chronic illness



RESEARCH:

Risk Perspectives: Health Care

- **Safety is a high priority in health care**, therefore traditional perspectives in health care are centered on **avoiding risk**
- Risk avoidance has often translated into restrictive policies in health care with the goal of **doing no harm (non-maleficence)**
 - These may **compromise the autonomy and self determination** of clients
- Fear of liability?
- Risk Management Teams



Donnelly et al (2016)
Jones (2016)
Quintard et al (2016)

Older people's experiences of home care in England



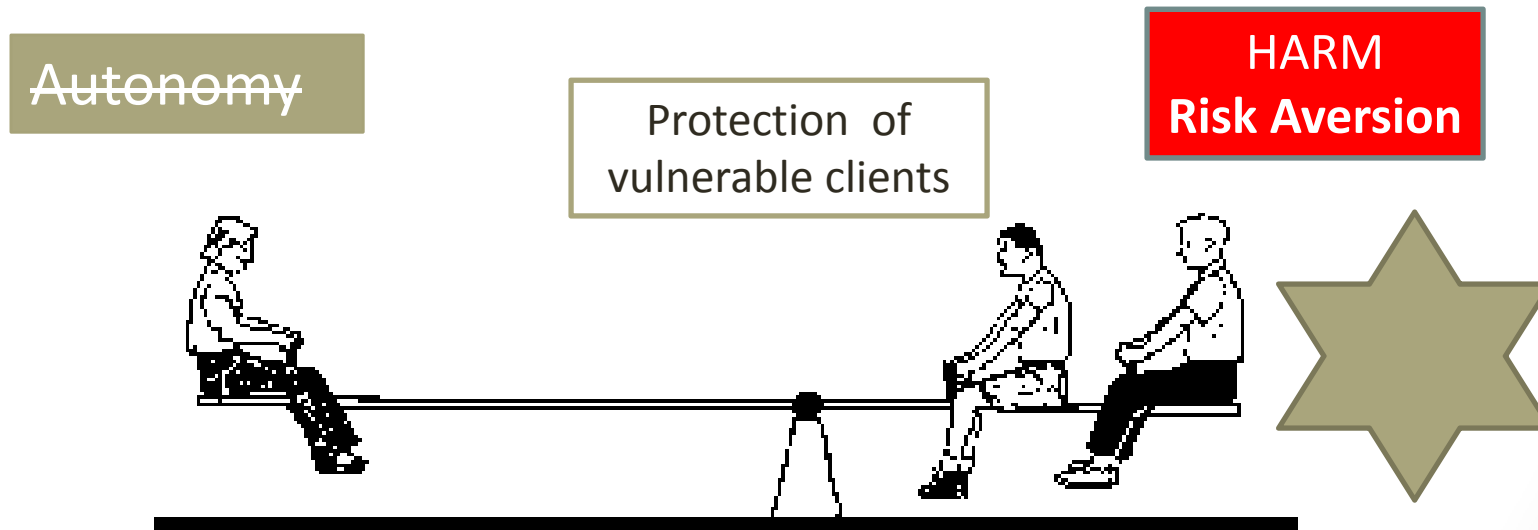
Wendy Sykes and Carola Groom
Independent Social Research

- **Failure to **balance** risk** in care can result in inadvertent, albeit serious **infringement on human rights**
- Call for negotiations of risk that promote the right of competent individuals to live their lives as independently as possible (least intrusive interventions), with dignity, autonomy, and privacy

Sykes and Groom (2011)

The Traditional Paradigm

- How to engage in supporting or not supporting a client's informed choice to live at risk in their home?

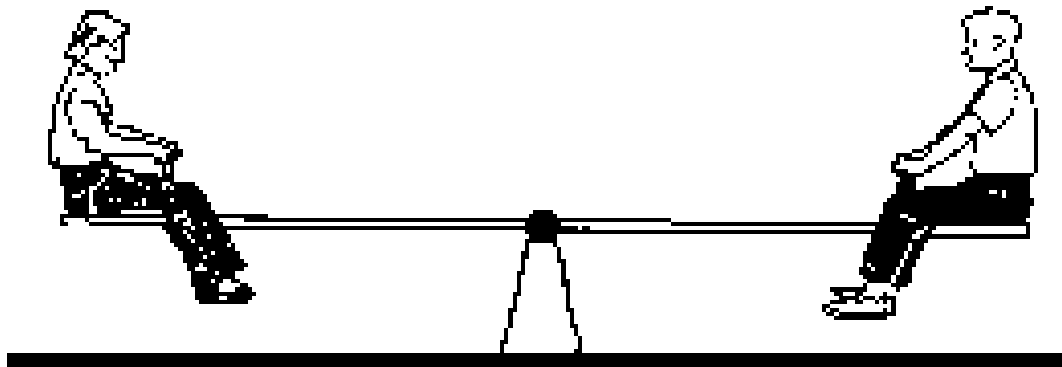


A New Take on Risk

- How to engage in supporting or not supporting a client's informed choice to live at risk in their home?

Autonomy

POSITIVE RISK
A way to balance
benefits and
harms



Future Directions & Challenges

- Beyond culture of safety & harm



- To quality of life & personhood

Risk = dilemma

Propose that Caregivers/clinicians = dilemma negotiators

ORIGINAL RESEARCH: EMPIRICAL RESEARCH – MIXED METHODS

Alternative perspectives of safety in home delivered health care: a sequential exploratory mixed method study

Sarahjane Jones

Accepted for publication 12 April 2016

Calls for a **reformed definition of client safety** in health care:

- holistic
- client-centered
- focuses on **meeting the needs of clients** and **promoting their wellbeing** as a key element

2016

Note the emphasis...

Recommends
Shift from “risk”
language to patient
safety

& calls for
“customized,
flexible tools”/
“**Structured
mechanisms**”



<http://www.cdnhomecare.ca/media.php?mid=4618>, p. 4 [accessed May 20, 2016]

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Key Message #1

- Risk is not just... the possibility of Adverse EVENTS/harms
- Risk can be understood as having two potential outcomes:

“the probability that an event will occur with *beneficial* and/or *harmful* outcomes for a particular person or others with whom they come into contact.”*

*Steve Morgan, Clinical Risk Management: a clinical tool and practitioner manual. London: Sainsbury Centre for Mental Health (2000). Adapted

Safety & Risk (& Risk-O-meters)

“Safe”



“At Risk”

“Risk-O-Meter”



shutterstock

IMAGE ID: 139825753
www.shutterstock.com

OpeningTHINK-PAIR-SHARE

- Two questions for you:
 - Rate your own RISK-O-Meter
 - Has it changed over time
 - Think of an example of beneficial and/or harmful outcomes to Risk:
 - Professionally or personally

Positive Risk Approach (key steps)

Positive Risk Taking:

- Considers the **potential benefits and harms** of exercising one choice of action over another;
- Identifies the potential risks involved (i.e., thorough **risk assessment**), and develops a “Risk Support Management Plan” that reflect positive potentials and stated priorities of the client (i.e., thorough **risk management**);
- Uses **available resources and supports** to achieve the desired positive outcomes, and to minimize the potential harmful outcomes.

See also, Steve Morgan, “Positive Risk Taking: an idea whose time has come,” Health Care Risk Report, Special Report: mental health, October 2004, pp 18-19. [adapted]

The challenge:

Finding
“structured mechanisms”
for the risk/safety
conversation

Parts: Risk identification → assessment → management → validation
+ -

The new work

- Emphasizes
 - Positive approach to risk (view of client) (balanced with provider)
 - “Decision making” ... & support (see title)
 - Risk Support Plan “Process” & “Partnership” (see algorithm)

4 KEY STEPS

4 KEY CRITERIA

We'll explore those

This includes a deliberative, and collaborative decision making model for risk taking decision making.

The Proposal : a tool

A structured mechanism

Risk Support Management Plan

PREAMBLE

The TOOL supports Toronto Central Community Care Access Centre (TC-CCAC) clients in making informed choices when they are choosing to live at risk in the community. The TOOL provides easy-to-use decision making steps and 4 key criteria to help TC-CCAC staff and TC-CCAC partners decide when, how and if a client's choices to live at risk can be supported (or not).

- **easy-to-use decision making steps, (Assessment/management)**
 - **4 key criteria**
- **Decide when, how, if a choice to live at risk can be supported.**

Cognitive tested & 2 x 2 design validation

Fillable document

4 key steps

1 Risk Identification

2 Risk Assessment


3 Creating a risk support management plan


4 Evaluating a Risk support Management plan


Risk Support Management Plan

PREAMBLE




The TOOL supports Toronto Central Community Care Access Centre (TC-CCAC) clients in making informed choices when choosing to live at risk in the community. The TOOL provides easy-to-use decision making steps and 4 key steps. The TOOL is used by TC-CCAC staff and TC-CCAC partners decide when, how and if a client's choices to live at risk can be supported.

When to use the "RISK SUPPORT MANAGEMENT TOOL"?  (click to show)

Who should use the "RISK SUPPORT MANAGEMENT TOOL" and How?  (click to show)

General Values/principles:  (click to show)

For more information, please see the [POLICY](#)

Submitted by	<input type="text"/>	
Manager's name:	<input type="text"/>	  <i>click address book to find the name</i>
Team name:	Select or type...	
BRN:	<input type="text"/>	
Client's Name	<input type="text"/>	

SUBMIT

PRINT Client Copy

Step 1: Risk Identification

Use this tool **ONLY** for risks which are **neither imminent nor immediate**

Step 2: Risk Assessment

In completing a risk assessment the CC should always consider the following:

Do you have the appropriate clinical skills to assess the risks?

Have you communicated with the appropriate SPOs?

Have you engaged the appropriate levels of management and [specialized professional services](#)(Professional Practitioners)?



What is the major risk client is choosing?



Why is the client choosing to live at risk?
(i.e. Using the client's words, what are the reasons?)



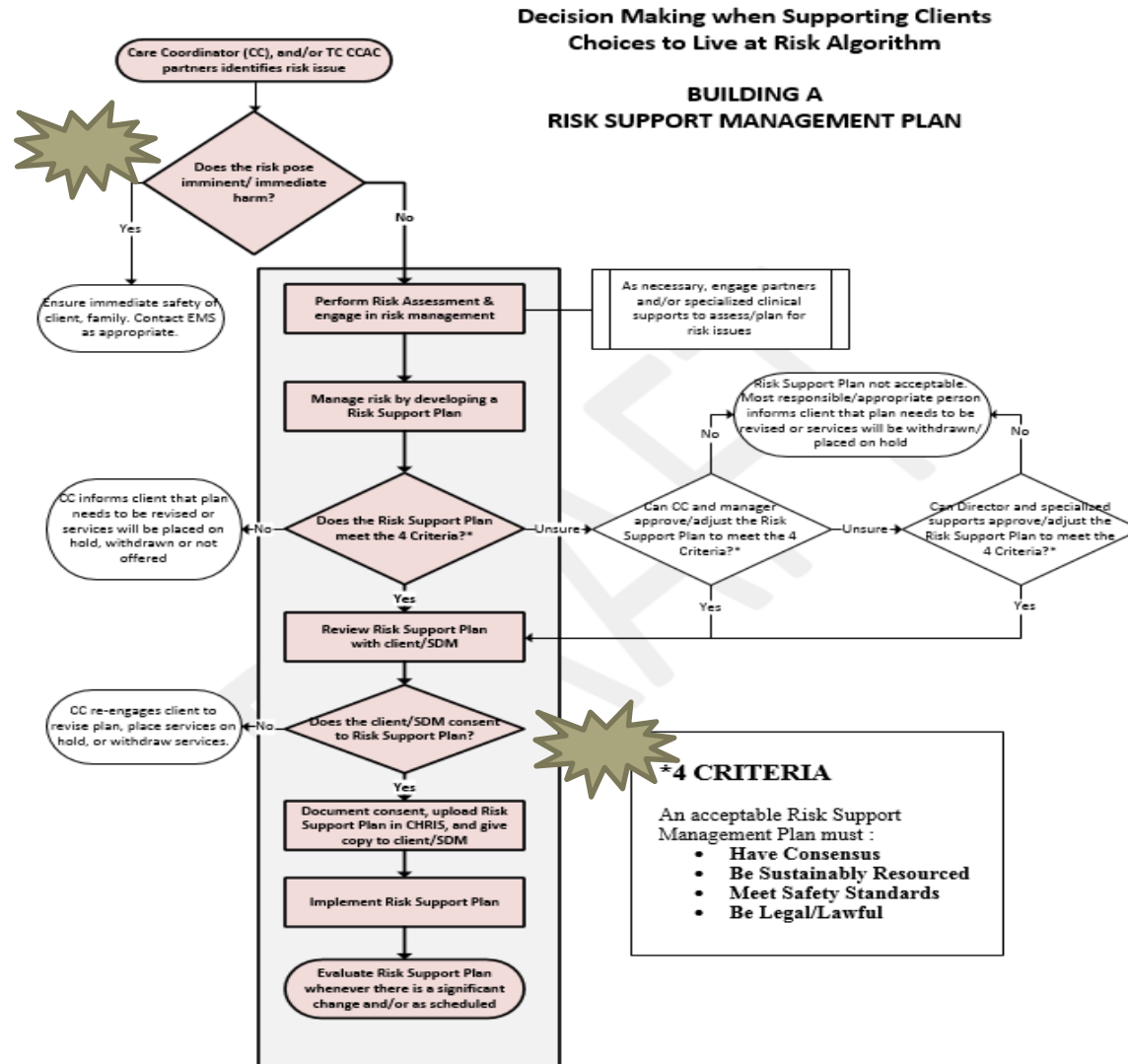
What is the client's choice?
(For example, living at risk)

Two kinds of people in the world

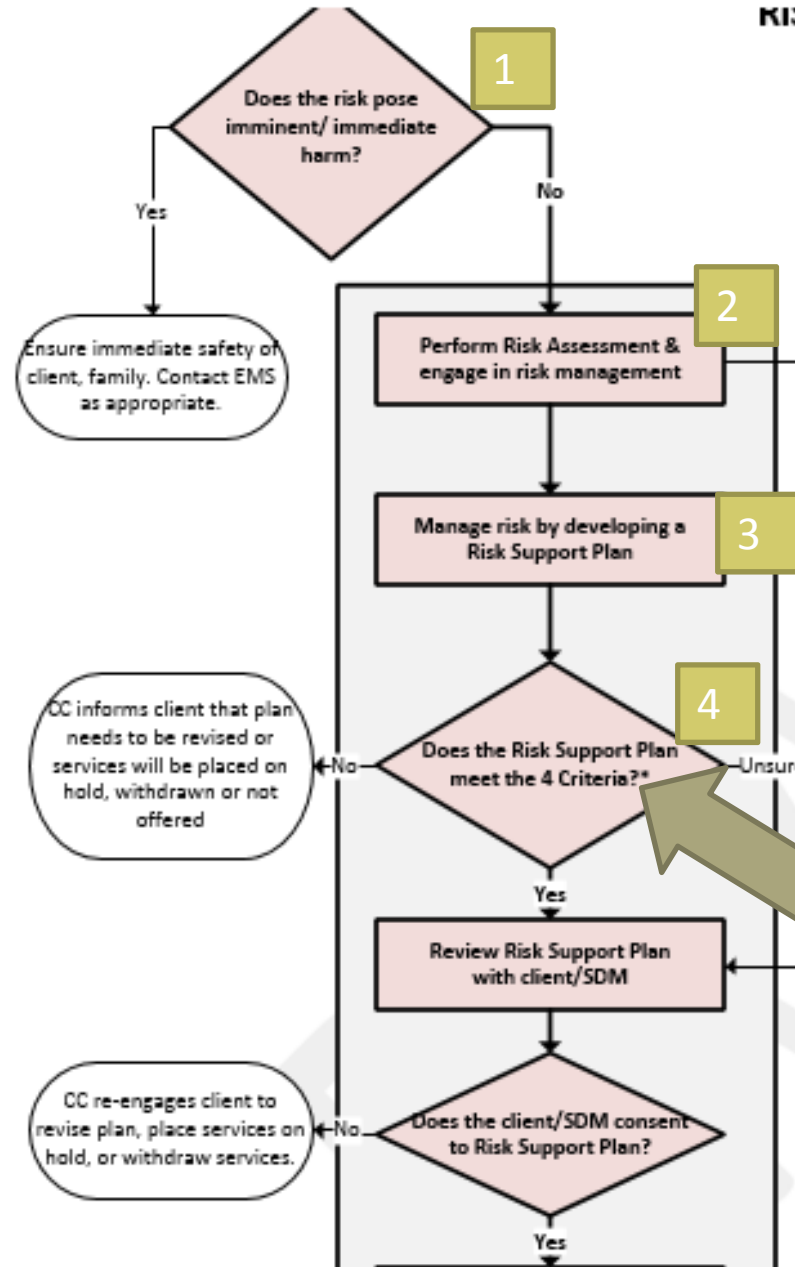
Those who love and those who hate algorithms

OK
OK
OK

Look at a piece in more detail



Detail



Risk Identification



Risk Assessment

Create a Risk Support Plan

Evaluate/validate the Risk Support Management Plan

- 4 criteria:
- Consensus
 - Sustainably resourced
 - Meet Safety Standards
 - Be Legal/Lawful

Risk ID & Assessment – positively

 <p>What is <u>the major risk</u> client is choosing? <i>(i.e.: For example: To live in a cluttered environment, to return home with no safe access to a bathroom on the main floor, to be verbally abusive to staff, etc.)</i></p> <input data-bbox="289 803 940 852" type="text"/> <input data-bbox="289 860 940 909" type="text"/> <input data-bbox="289 917 940 966" type="text"/> <input data-bbox="289 974 940 1023" type="text"/> <input data-bbox="289 1031 940 1079" type="text"/> <input data-bbox="289 1088 940 1136" type="text"/> <input data-bbox="289 1144 940 1193" type="text"/> <input data-bbox="289 1201 940 1250" type="text"/> <input data-bbox="289 1258 940 1307" type="text"/> <input data-bbox="289 1315 940 1364" type="text"/> <input data-bbox="289 1372 940 1421" type="text"/>	 <p>Why is the client choosing to live at risk? <i>(i.e. Using the client's words, what are the client's motivations, values or reasons to choose to live with this specific risk? For example, "The hoarding risk is important to the client because client reports a history of poverty and 'things' make her feel more secure." OR "Capable client chooses unsafe d/c home because autonomy is more important than LTC for him/her." OR "Client has historically spoken abusively)</i></p> <input data-bbox="966 1031 1659 1079" type="text"/> <input data-bbox="966 1088 1659 1136" type="text"/> <input data-bbox="966 1144 1659 1193" type="text"/> <input data-bbox="966 1201 1659 1250" type="text"/> <input data-bbox="966 1258 1659 1307" type="text"/> <input data-bbox="966 1315 1659 1364" type="text"/> <input data-bbox="966 1372 1659 1421" type="text"/>
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HARM IDENTIFICATION (severity/likelihood) follows




Risk Management

Steps 3

Eliminate – minimize – safety planning

Step 3: Creating a Risk Support Management Plan

*In developing a Risk Support Management Plan, the CC will work with the client/family and Service Provider Organizations to address the following 3 categories:
Risk Elimination, Risk Minimization and Safety Planning*

 <p>1) Risk Elimination - <i>Explore with the client how the risk(s) can be eliminated (i.e. in the case of a cluttered/hoarding environment, will the client agree to an "extreme clean" or a move to a new location with controls on this?)</i></p>	 <p>2) Risk Minimization - <i>Explore with the client how the risk(s) can be minimized (i.e. in the case of cluttered/hoarding environment, will the client agree to keep a pathway clean for the service staff in the home, such as path to bathroom, or kitchen?)</i></p>	 <p>3) Safety Planning- <i>For those risks which cannot be eliminated or minimized, what safety plan can be implemented? (i.e. in the case of a capable client choosing "unsafe" discharge home, that client will wear safety alarm bracelet and staff will call 911 if they find her in imminent danger after a fall.)</i></p>

Review date (automatically sets for 1 week):

6/1/2016



You can select an earlier Review Date if appropriate

Steps 4

Validate (Yes – No – unsure)

Step 4: Validating the Risk Support Management Plan

The Risk Support Plan you have created must meet the following 4 criteria:




Consensus? <ul style="list-style-type: none">Do all parties (Client, Family, CCAC, Service Provider Organizations, Hospitals and Community Support Agencies) agree/consent to the implementation of the proposed Risk Support Management Plan?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Sustainably Resourced? <ul style="list-style-type: none">Do we have the right resources (funding, human capital, etc.) in place to implement the Risk Support Management Plan?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Safety Standards Met? <ul style="list-style-type: none">Does the Risk Support Management Plan satisfy accepted safety standards of care?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Legal? <ul style="list-style-type: none">Does the Risk Support Management Plan comply with the laws and Professional Practice Standards which apply to this case?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure

ACCEPT --- REDO --- NOT ACCEPTABLE

Client Copy

Risk Support Management Plan. Client Copy

Risk Assessment

 <p><i>What is the major risk?</i></p> <input type="text"/> <input type="text"/> <p><i>Additional Concerns:</i></p> <input type="text"/>	 <p><i>Why is the client choosing to live at risk?</i></p> <input type="text"/> <input type="text"/>	 <p><i>What harms might happen?</i></p> <input type="text"/> <input type="text"/> <p><i>Who might be affected by the harm?</i></p> <input type="text"/> <input type="text"/>
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Risk Support Management Plan

In developing a Risk Support Management Plan, the CC will work with the client/family and SPOs to address the following 3 categories: Risk Elimination, Risk Minimization and Safety Planning

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<input type="text"/>	<input type="text"/>	<input type="text"/>

Review

1. Situated the presenting problem
2. Explored how to “reframe” RISK “positively”
3. Explored a “Structured Mechanism” for managing clients’ informed decision making when choosing to live at risk.



DRY RUN-Review

Risk Identification

Risk Assessment


Creating a risk support management plan


Evaluating a Risk support Management plan


Risk Support Management Plan

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*Comments/questions
Thank you*

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