

Risky Business Tolerable vs. Intolerable - A Care Planning Dilemma

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Risk





Polarity of Risk Tolerable vs. Intolerable

- Ethics
- Law
- Moral Distress
- Resources
- Organizational Risk
- Interprofessional Roles
- Professional Accountability
- Paternalism
- Self Determination
- Safety
- Ageism
- Social Responsibility







Take A Closer Look at Risk

- Why is Risk An Issue? The Fraser Health Experience
- A Care Planning Dilemma
- Tolerable vs. Intolerable
- Risk Assessment Framework & Worksheets
- Case Study Application



The Fraser Health Experience

- There was no standardized risk assessment in the care planning process for vulnerable adults in Fraser Health
- There were varying practices and standards in use
- Vulnerable adults were often assessed too early which resulted in an assumption of incapability and premature facility placement
- Due to a lack of a risk assessment process patterns of practice led to unnecessary incapability consult requests (Dr. M.O. Agbayewa; Dr.P. O'Connor, 2010)



A Care Planning Dilemma

- Least intrusive and ethical processes need to be considered in relation to how the vulnerable adult functions in the context of their own community, home environment, and among whatever existing supports they may have
- BC's Adult Guardianship Legislation protects the vulnerable adults right to autonomy and choice to live at risk
- A Declaration of incapability can have devastating consequences as it potentially removes an individual's right to autonomous choice

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A Care Planning Dilemma

Does not replace the Mental Health Act

 Complements work done under the Adult Guardianship Act



A Care Planning Dilemma

- Choosing to live at risk and decision making ability cannot be determined by a test result or diagnosis (i.e.: SMMSE)
- Most measures of cognitive status do not evaluate cognitive functions such as judgment and reasoning (MoCa)
- Illness can temporarily impair an adult's ability to make decisions -Questionable capability can be reversible
- This cannot be determined by any one individual A care team process and decision is needed



Guiding Principles

- The vulnerable adult's quality of life is of paramount consideration
- Team engages in culturally sensitive interventions
- The autonomy of the vulnerable adult is upheld
- Respect for the vulnerable adult's expressed choices/preferences
- Previously established advance care plan (verbal or written) guides the teams interventions
- Social network/caregiver are key partners

(Adapted with permission Dr. M.O Agbayewa, 2010)



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Speaking a Common Language

 Risk is a chance of suffering or injury and harm to self and others. Risk is a matter of degree: degree of harm and the probability of that harm eventuating (Browne et al, 2001)



Risk Is A Matter Of Degree

- Severity
- Immediacy
- Frequency
- Probability

(RGP Ontario Primary Care tool Kit Sept 2008; Storey, Hart & Kropp 2010)







Level of Risk

Risk within a domain maybe tolerable up to some point

This area is commonly misunderstood



Framing Risk Assessment

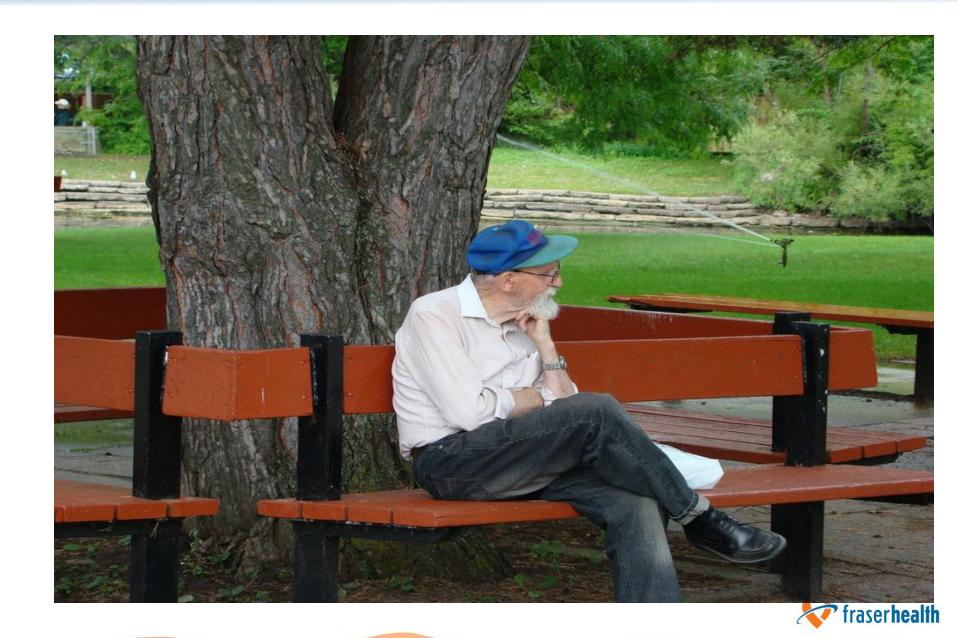
Tolerable Risks	Intolerable Risks
Factors requiring no intervention based on existing strengths, support system and environmental supports	Factors that are causing harm to self and/or others and cannot be mitigated with existing supports and services
Not a change in behaviour	Behaviour inconsistent with past pattern
	Risk within a domain may be tolerable up to some point



A Risk Assessment Approach To Care Planning In Fraser Health

- To provide a standardized risk assessment framework that crosses the care continuum for all Fraser Health programs and practice settings
- To provide a least intrusive and ethical process which is essential to autonomy, quality of life, and supports the individuals choice to live at risk
- To create and facilitate a respectful and dignified care plan that supports adults to live in the community for as long as safely possible





Key Message

- Using a risk assessment approach should be a pre-requisite to considering a request for an incapability assessment.
- If there is no risk of harm to self or others it does not matter if the individual is incapable.



Enhances Current Practice

- Documentation of risk assessment and mitigation approach will be completed and incorporated into the adult's care plan
- The risk assessment framework does not replace the profession specific assessment







The Players

- Clinical Practice Guideline: Risk Assessment-Identifying Tolerable and Intolerable Risk Factors and Informing Decision Making Ability
- Risk Assessment Framework: Identifying Tolerable & Intolerable Risk Factors (Appendix A)
- Assessment Worksheets: Identifying Actual Risks/Strengths (Appendix B)



Using the Risk Assessment Framework and Worksheets

- If intolerable risk is assumed completion of the risk worksheets are recommended (Appendix B)
- It would only be appropriate to move forward with a formal assessment if the risk is intolerable and there is a requirement to assess incapability
- At any point that there are changes to the older adult's situation or condition the risk assessment would be repeated.





Interventions

- Use risk assessment framework to identify current risksensure care team representation
- Develop a care plan which mitigates and identifies risks and provides assistance to address the risks
- Create a care plan consistent with the person's values, belief's, preferences and culture
- Monitor the outcomes and evaluate your plan







Documentation

- Documentation will move with the client across the care continuum
- Risk Assessment Framework (Appendix A)
- Assessment Worksheets (Appendix B-optional)
- Care plan as per each profession's standards of practice



Case Study

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Closing Remarks

- Cultural shift in practice
- Interprofessional care team process and decision
- Use the least intrusive and most effective approach
- Ask the Question Will the incapability determination lead to an improvement in the adult's situation?
- Create a care plan which mitigates risks which is consistent with the person's values, beliefs, preferences and culture



References

- 1. Regional Geriatric Programs of Ontario September 2008 http://rgps.on.ca/giic/GiiC/capacity-assessment.html
- 2. Interior Health 2004-2005 <u>Adult Guardianship and Beyond</u> Adult Guardianship Practice Toolkit October 2004-2005.
- 3. VCH –Risk Assessment Tool-Geriatric Clinical Practice Working Group April 1997
- 4. UBC Care of Elders-Incapability Pre-Reading Module November 2009
- 5. Dr. M. Oluwafemi Agbayewa, MB. Fraser Health Consultant Geriatric Psychiatrist, Burnaby Mental Health and Addiction Services, Clinical Professor, Department of Psychiatry, University of British Columbia-2010 presentation "By Default, I am Competent until You Can Prove Otherwise".
- 6. Fraser Health Community Geriatric Mental Health Services Referral and Intake Form
- 7. Adult Guardianship Act http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96006_01
- 8. Interai Data Home Health 2007-2008
- 9. Ethical Decision Making http://fhpulse/clinical_resources/ethics_services/Pages/EthicsToolkit.aspx
- 10. Browne, A., Blake, M., Donnelly, M., Herbert, D. (2001). On Liberty for the Old. Canadian Journal on Aging: 21 (2): 283-293
- 11. Dellasega, C., Frank., Smyer, M. (1996). Medical Decision-Making Capacity in Elderly Hospitalized Patients. Journal of Ethics, Law and Aging. Vol. 2, No.2
- 12. Etchells, E., Sharpe, G., Elliott, C., & Singer, P.A. (1996). Bioethics for clinicians: 3. Capacity. CMAJ 155: 657-661
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References

- 13. Gregory, R., Roked, F., Jones, L., and Patel, A. (2007). Is the degree of cognitive impairment in patients with Alzheimer's disease related to their capacity to appoint an enduring power of attorney? Age & Ageing, 36 (5), 527-31.
- 14. Gosselin, C, MD Presentation 2009 –Competency Assessments in the Elderly: A Review of B.C. Law and Clinical Decision Making
- 15. Grisso, T. & Applebaum, P.S. (1998). Assuming Competence to Consent to Treatment. New York: Oxford University Press
- 16. Dr. Karen Fruetel -Living with Risk & Dementia SWOGAN conference April 2002. Regional Geriatric Programs of Ontario.
- 17. Myers, Linda-Draft Guidelines: Best Practice for "facilitating" the Care Facility Admission of an Incapable Adult. Interior Health
- 18. Silberfeld, Michel & Fish, Arthur. (1994). When the mind fails: a guide to dealing with incompetency. Toronto, ON: University of Toronto Press
- 19. Silberfeld M., Finstad MA., and Dickens B. Prescreening Competency Assessments, Annals RCPSC 1993: 26 (3); 165-8.
- 20. Qualls, Sara & Smyer, Michael. (2007). Changes in decision-making capacity in older adults: Assessment and Intervention. Hobeken, New Jersey: John Wiley & Sons, Inc.
- 21. Regional Geriatric Programs of Ontario: Primary Care Toolkit-Capacity Assessment-September 2008



Questions







