



Risky Business Tolerable vs. Intolerable - A Care Planning Dilemma

GNABC Provincial Conference & AGM April 4, 2014

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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

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- **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

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)

... (lawyer); approaching
sloping upwards; ~ butt of
opens). [f. RISE¹ + -ING²]
risk *n.*, & *v.t.* **1.** *n.* hazard
consequences, loss, etc., expo
is the risk of his catching cold; a
exposed to danger; at perso
any loss etc. resulting; put a
... the ...

Speaking a Common Language

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- 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.



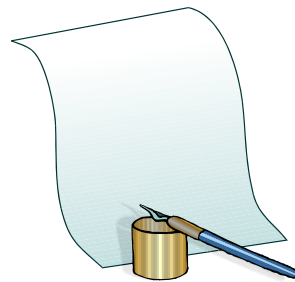
Interventions

- Use risk assessment framework to identify current risks-ensure 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

Cougar Annie



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 Adult Guardianship and Beyond 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, S., 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

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: Univeristy 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



