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,
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• 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.)
• 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.
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
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 their family home over Christmas ended up burning their house down.

'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..."
Demand for Home Care on the Rise

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

Canadian Home Care Association (2013)
The Ever Growing Complexity of Home Care

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?
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

Slide from Dr. Carole Cohen, used with permission (Adapted)

Alaszewski et al. (1998)
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
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]
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.”*

Safety & Risk (& Risk-0-meters)

“Safe”  “At Risk”

“Risk-O-Meter”
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.

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)

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

4 KEY STEPS
4 KEY CRITERIA
We’ll explore those
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
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
Steps 1 & 2

Risk ID & Assessment – positively

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**HARM IDENTIFICATION** (severity/likelihood) follows

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What is the major risk client is choosing?
(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.)

Why is the client choosing to live at risk?
(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)

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Risk Management
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

1) Risk Elimination - 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?)

2) Risk Minimization - 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?)

3) Safety Planning - 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.)

Review date (automatically sets for 1 week):
6/1/2016

You can select an earlier Review Date if appropriate
### 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:

<table>
<thead>
<tr>
<th>Consensus?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sustainably Resourced?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do we have the right resources (funding, human capital, etc.) in place to implement the Risk Support Management Plan?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety Standards Met?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the Risk Support Management Plan satisfy accepted safety standards of care?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the Risk Support Management Plan comply with the laws and Professional Practice Standards which apply to this case?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Accept --- Redo --- Not Acceptable**
# Risk Support Management Plan

**Client Copy**

## Risk Assessment

<table>
<thead>
<tr>
<th>What is the major risk?</th>
<th>Why is the client choosing to live at risk?</th>
<th>What harms might happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Concerns:**

<table>
<thead>
<tr>
<th>Who might be affected by the harm?</th>
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<td></td>
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</tbody>
</table>

## 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.

1. **Risk Elimination** - Explore with the client how the risk(s) can be eliminated.
2. **Risk Minimization** - Explore with the client how the risk(s) can be minimized.
3. **Safety Planning** - For those risks which cannot be eliminated or minimized, what safety plan can be implemented?
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.

Risk Support Management Plan
<table>
<thead>
<tr>
<th>Step 1: Risk Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use this tool ONLY for risks which are neither imminent nor immediate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2: Risk Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>In completing a risk assessment the CC should always consider the following:</td>
</tr>
<tr>
<td>Do you have the appropriate clinical skills to assess the risks?</td>
</tr>
<tr>
<td>Have you communicated with the appropriate SPOs?</td>
</tr>
<tr>
<td>Have you engaged the appropriate levels of management and specialized professional services?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Submitted by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager's name:</td>
</tr>
<tr>
<td>Team name:</td>
</tr>
<tr>
<td>BRN:</td>
</tr>
<tr>
<td>Client's Name</td>
</tr>
</tbody>
</table>

**PREAMBLE**
The TOOL supports Toronto Central Community Care Access Centre (TC-CCAC) clients in making informed decisions about choosing to live at risk in the community. The TOOL provides easy-to-use decision making steps and 4 key questions to help 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"?**
When to use the TOOL:

- When there is a risk of harm to the client
- When there is a risk of harm to others

**Who should use the "RISK SUPPORT MANAGEMENT TOOL" and How?**
- The TOOL is designed to be used by CCAC staff and TC-CCAC partners to help make informed decisions about managing risks.
- The TOOL provides a step-by-step process to help identify and assess risks.

**General Values/principles:**
For more information, please see the POLICY.
• 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.

Comments/questions
Thank you

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