



Chantal Foidart

Chantal completed a Bachelor of Science in Occupational Therapy at the University of Ottawa. She has been a Geriatric Assessor with the Geriatric Assessment Outreach Team of the Regional Geriatric Program of Eastern Ontario (RGPEO) since 2015. Chantal also recently worked a research assistant for the University of Sherbrook. She has experience working as an occupational therapist, clinical coordinator and case manager in a variety of clinical settings such as a rehabilitation center and in the community. In her current role, Chantal enjoys helping community-dwelling seniors optimize their health and access community services that will support them to remain in their homes.



GERIATRIC ASSESSOR
BRUYERE HEALTH



Living *At* Risk or *With* Risk?

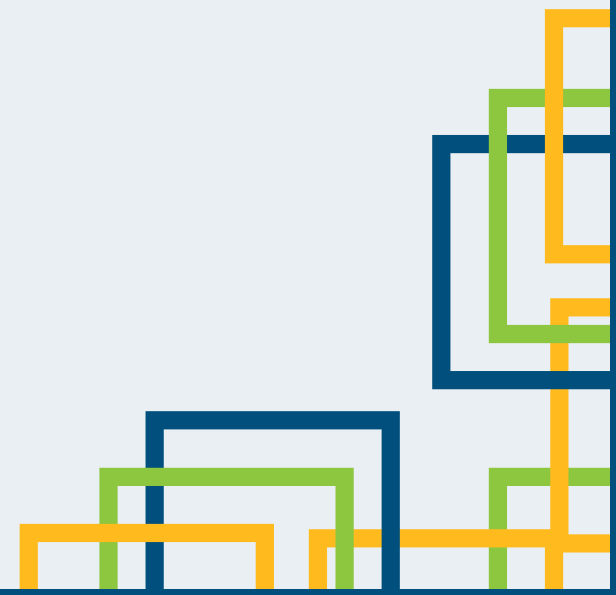
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Geriatric Assessment Outreach Team

Bruyere Health

NOVEMBER 2024



ACKNOWLEDGEMENT

With very special thanks and recognition to:
Heather MacLeod, Lead researcher of the
LwR:DSA Research Group



CHAT

What a risky thing
you've done recently?



Put it in the chat box!



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CHAT

Why did you take this risk?



Put it in the chat box!



LEARNING OBJECTIVES

Risk

- Living with Risk
- Resilience

An Approach

- Identify, Assess
- Manage



LIVING WITH RISK

WHAT WE KNOW

Home is where 85% of Canadians over the age of 55 want to remain for as long as possible even if their health changes (Canadian Mortgage and Housing Corporation, 2008).





WHAT WE KNOW

Home is also where the majority of older adults want to be discharged to following hospitalization.

Popejoy, 2011

Older adults at home

I want to leave this house feet
first...

Patients

Staff spend too much time
focusing on the **risks** and things I
can't do.

Community managers

Acute care is not discharging
patient's home.

In-patient managers

Staff are delaying discharge.



WHAT IS THE RESULT



**PATIENTS
DON'T GO
HOME**



**CAREGIVERS
ARE
STRESSED**



**CLINICIANS
HAVE
MORAL
DISTRESS**



**SYSTEM
PATIENT
FLOW IS
AFFECTED**



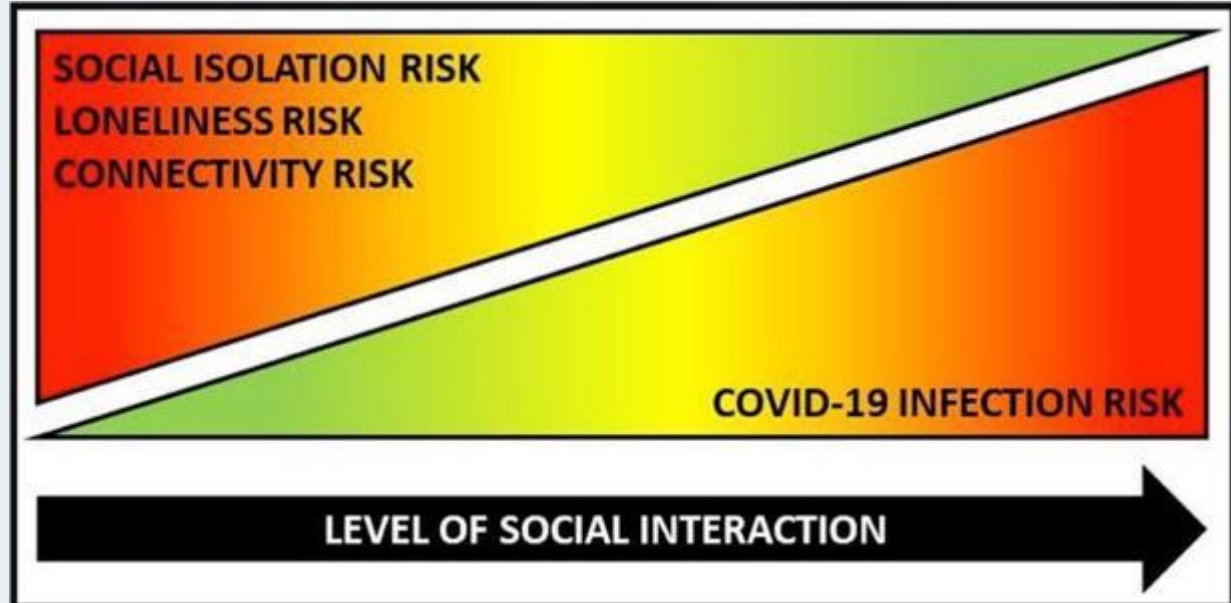
Clinicians:

Define	risk negatively (Titterton, 2005)
Define	living at risk negatively (MacLeod & Stadnyk, 2015)
Define	living at risk differently (MacLeod & Stadnyk, 2015)
Focus	on the negative consequences (Titterton, 2005)
Focus	on the physical consequences (Clarke, 2000)
Assess	risk comprehensively - 8 factors (MacLeod & Stadnyk, 2015)



Ex. Covid-19 Social Connectivity Paradox

- ↑ Deconditioning
- ↑ Medical acuity
- ↑ Psychosis
- ↑ Confusion
- ↑ Anxiety
- ↑ Caregiver stress



(Lee Smith et al. 2020)



WHY IS IT HARD?

Do good
Do no harm



Right to self-
determination

TENSIONS – Bioethic Principles



WHY IS IT HARD?

Rational



Emotional

TENSIONS – Decision Making

WHY IS IT HARD?



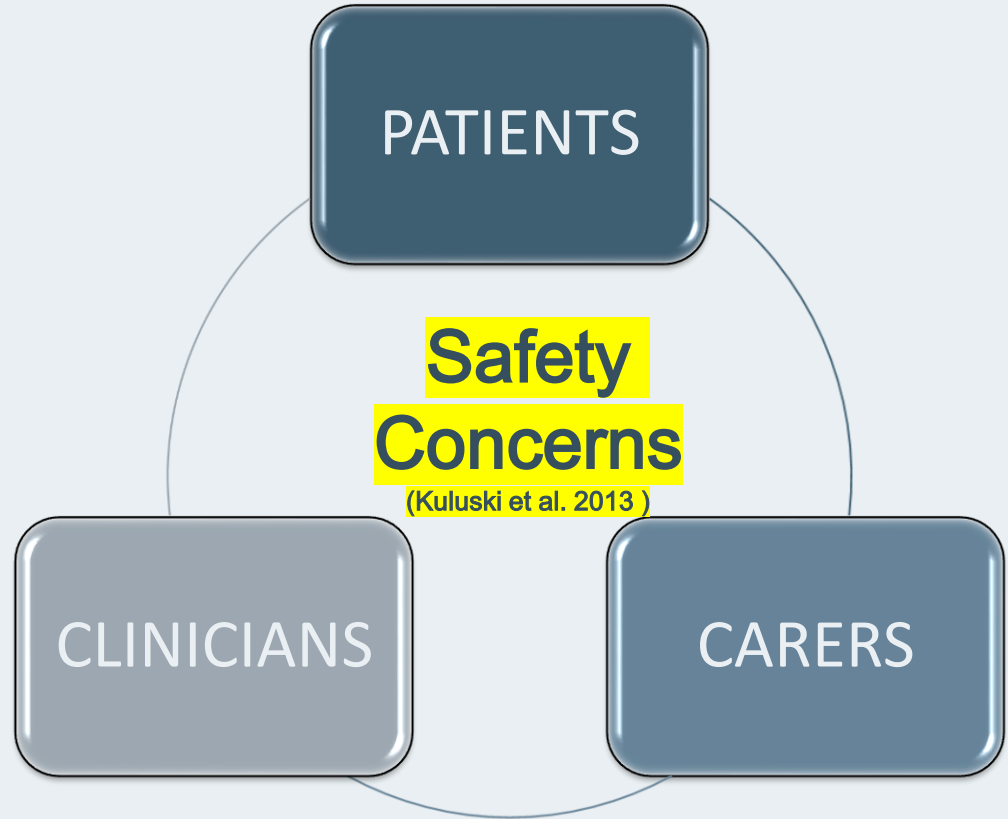
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TENSIONS – Outcomes

Goals of Care Differ





WHAT IS THE SOLUTION?

Clinicians are better able to support older adults to live with risk:

Define	risk negatively	> Broaden your definition of risk
Define	living at risk negatively	> Broaden your definition of living at risk
Define	living at risk differently	> Clarify your definition of living at risk
Focus	on the negative consequences	> Broaden your approach to risk assessment Shared decision-making
Focus	on the physical consequences	
Assess	risk comprehensively - 8 factors	



BROADENING DEFINITION OF RISK

From Negative

- “the possibility that something unpleasant or unwelcome will happen; A situation involving exposure to danger (oxford dictionary)”
- “*the **risks** and benefits of... are...*”



To Neutral

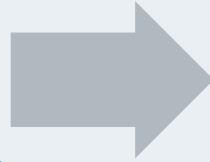
- “risk is the effect of uncertainty on objectives where the consequences could vary from **loss** and detriment **to gain** and benefit (Purdy, 2010).”
- “*the **harms** and benefits of... are...*”



BROADENING – LIVING AT RISK

From Negative

- Living **'at'** risk
- “a judgment about an **impairment** within an **environment** that can cause a **perilous event** that has the increased potential for a **negative consequence** (MacLeod & Stadnyk, 2015).”



To Neutral

- Living **'with'** risk
- Care that is focused on
 - Optimizing health
 - Leveraging the older adult's strengths
 - Adapting the older adult's environments
 - Minimizing or preventing concerns
 - Minimizing negative consequences
 - Augmenting positive consequences
 - Acknowledging physical and emotional consequences



CLARIFYING RISK

Impairments & Personality	Environments	Perilous Events	Consequences
<p><u>Impairments</u> Cognitive Physical Mental Health Medical</p> <p><u>Personality</u> Personality factors</p>	<p><u>Physical</u> Home Neighbourhood</p> <p><u>Social</u> Paid/unpaid support</p> <p><u>Economic</u> Financial resources</p>	<p>Falls Unsafe med use Abuse Fires Malnourishment Unsafe Driving Wandering Suicide ↓Health Maintenance ↓House Maintenance</p>	<p><u>Health Related</u> Death Hospitalization Injury/harm Harm to others</p> <p><u>Life Related</u> Functional decline Financial decline Eviction Relocation to LTC Being over protected</p> <p>Quality of life Resilience Meaningful Activity</p>



BROADENING RISK ASSESSMENT

- Balancing the **physical** and **emotional** consequences
- Balancing the risks of remaining in **hospital** and going **home**
- Balancing the **negative** and **positive** consequences of risk taking





LIVING WITH RISK... BUILDING RESILIENCE

- Comes about by taking a risk or overcoming a challenge (Resnick, 2014) .
- A process by which people bounce back from adversity, reintegrate and ideally grow from the experience (Resnick, 2014).
- High resilience later in life has been associated with
 - reduced depression,
 - mortality risk,
 - better self-perceptions of aging successfully,
 - increased quality of life and
 - improved lifestyle behaviours (MacLeod et al., 2016).

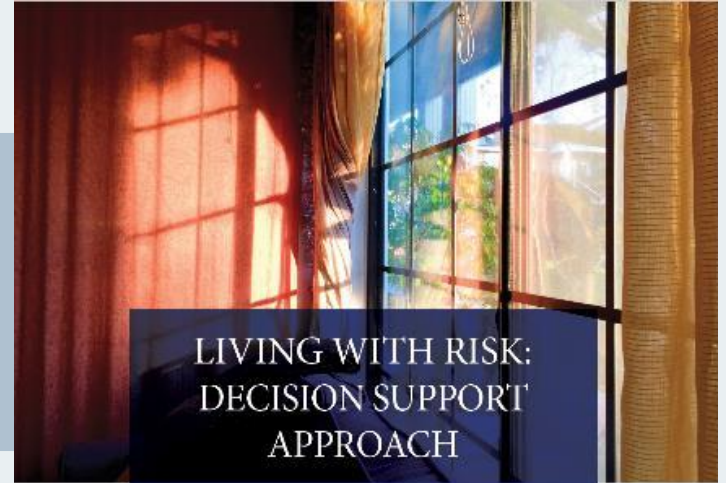
SHARED DECISION MAKING

Experts in illness, disease, causes, resources, adaptations, negative consequences



Expert in life, value, beliefs, goals, dreams, reward, positive consequences

SUPPORTING LIVING *WITH* RISK

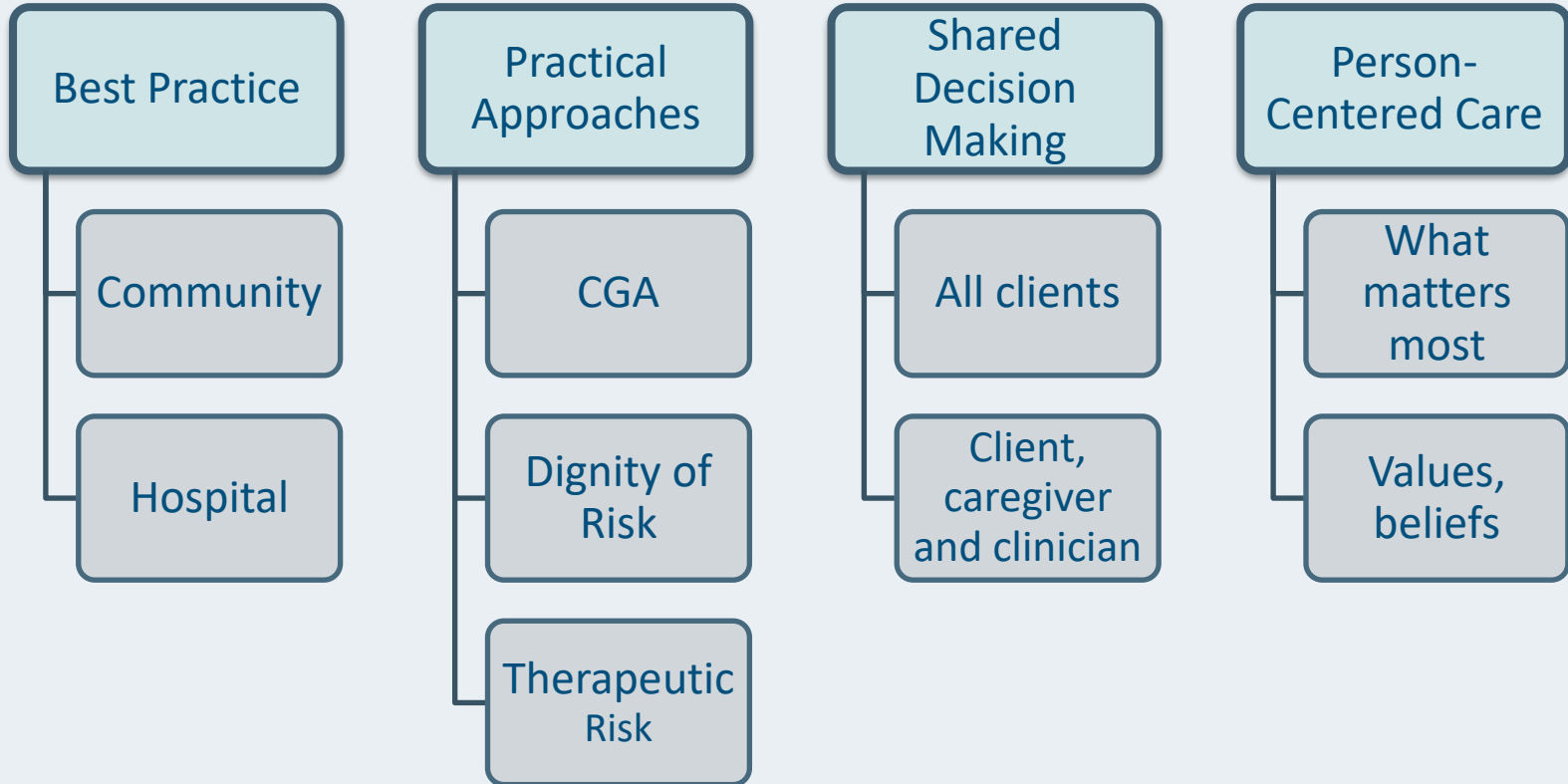


LIVING WITH RISK:
DECISION SUPPORT
APPROACH

INSTRUCTION GUIDE FOR CLINICIANS
WORKING WITH OLDER ADULTS



LWR: DSA – FOUNDATIONAL CONCEPTS





LwR:DSA

Clinical tool

To inform treatment interventions
and recommendations

Communication tool

To support shared decision
making with patients/clients,
families/caregivers and clinicians.





- Holistic, structured, systematic review of an older adult's risk status
- Identifies potential strategies that
 - decrease negative consequences,
 - augment positive consequences of the risk,
 - address impairments, leverage their strengths and adapt their environments
- Acknowledges the older adult's decisions and choices



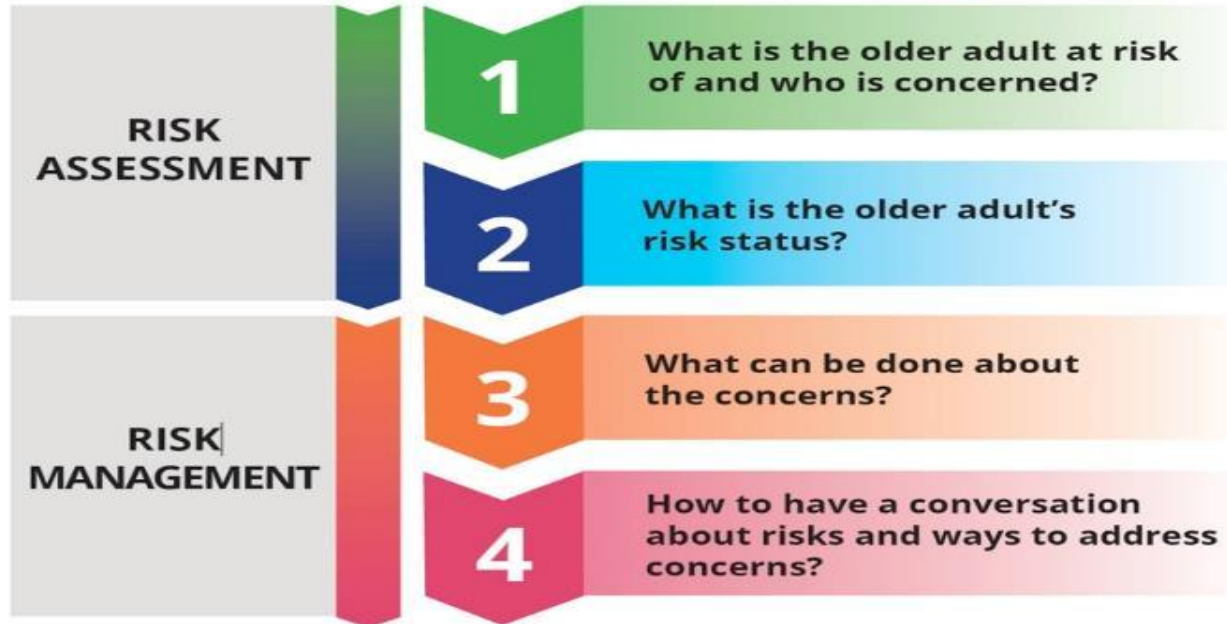
Objective tool to help with discharge and care plan discussions by:

- **framing** information clinicians are already gathering,
- ensuring a wide **variety of risk** categories are addressed,
- supporting a **balanced problem-solving** approach
 - by providing a consistent process which includes participation from the older adult and their caregiver,
- outlining **accountability** for whose job it is to address each risk, and
- encouraging a **collaborative** team approach.

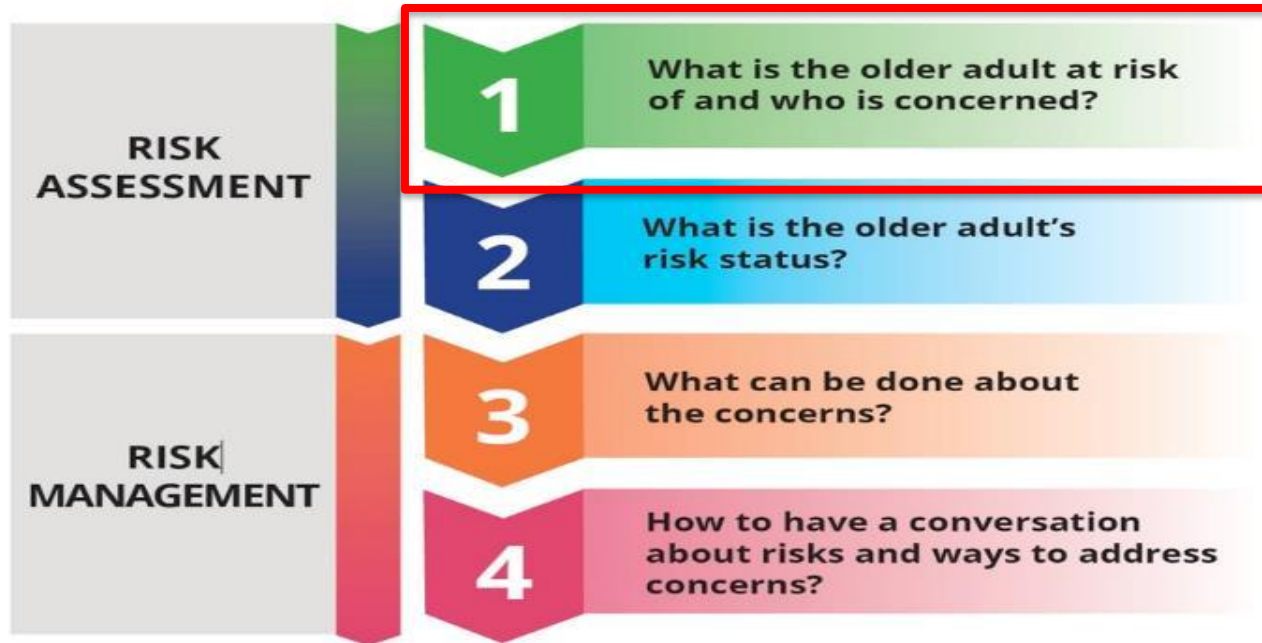


- **When to use the approach?**
 - Integrate into usual care after assessment has been completed.
 - Use when discharge plan and/or care goals differ
 - Between clinicians
 - Between clinicians, the older adult and caregiver
 - Between the older adult and their caregiver

A 4 STEP APPROACH



A 4 STEP APPROACH



1. WHAT IS THE OLDER ADULT AT RISK OF AND WHO IS CONCERNED?



1. WHAT IS THE OLDER ADULT AT RISK OF AND WHO IS CONCERNED?

Perceiving risk differently:

- Older adult (MacCourt & Tuokko, 2010; Cott & Tierney, 2013)?
- Family member (Clarke, 2000; Cott & Tierney, 2013)?
- Health professionals (Cott & Tierney, 2013; MacLeod & Stadnyk, 2015)?
- Yourself?

Misalignment of goals (Kuluski, et al. 2013):

- Patients, Caregivers, Physicians

1. WHAT IS THE OLDER ADULT AT RISK OF AND WHO IS CONCERNED?

CHAT

What risk are you most concerned about?

Put it in the chat box!



1. WHAT IS THE OLDER ADULT AT RISK OF AND WHO IS CONCERNED?

- Clearly state what you, the older adult, caregiver and/or health care team are saying the older adult is **at risk of**
- Understand differences of opinions
- Determine onset and progression
- Determine in what context these concerns occur

Concerns

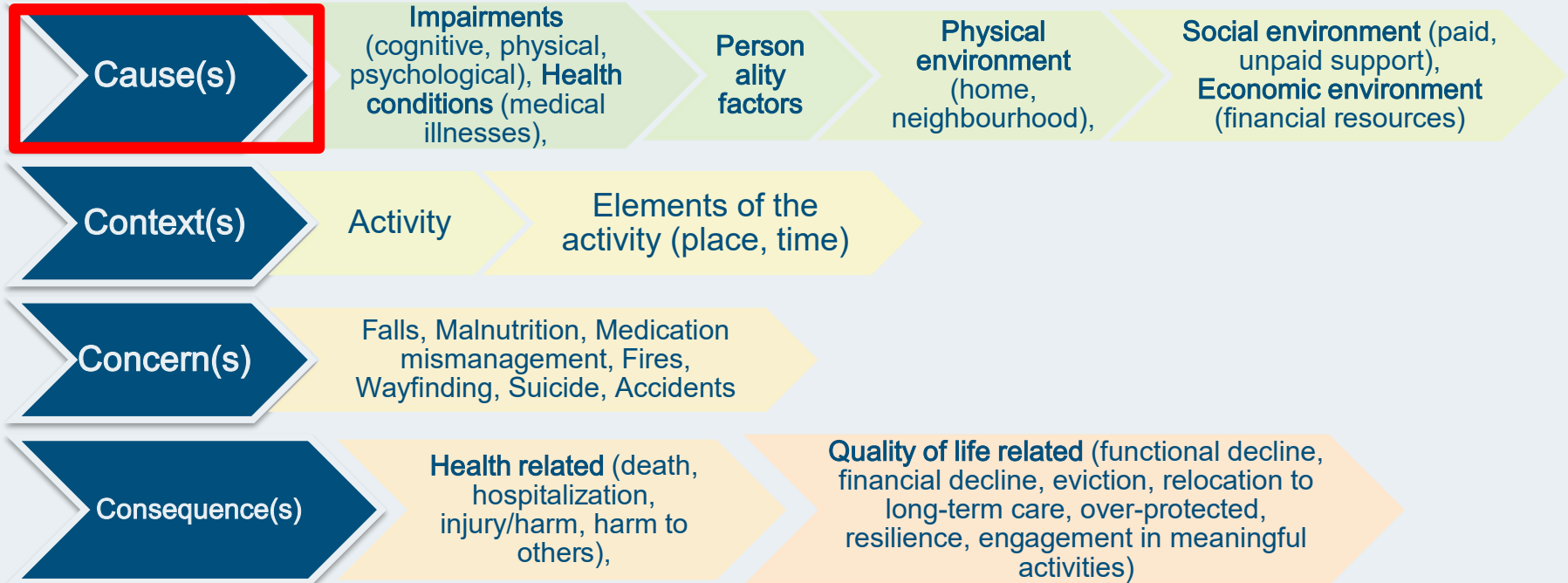
Falls, Malnutrition, Medication mismanagement, Fires, Wayfinding, Motor vehicle collision, Suicide, Homicide, Financial mismanagement, Abuse

Contexts

Unsafe driving, using the stove to prepare meals, up at night to use the washroom, taking medication on their own,

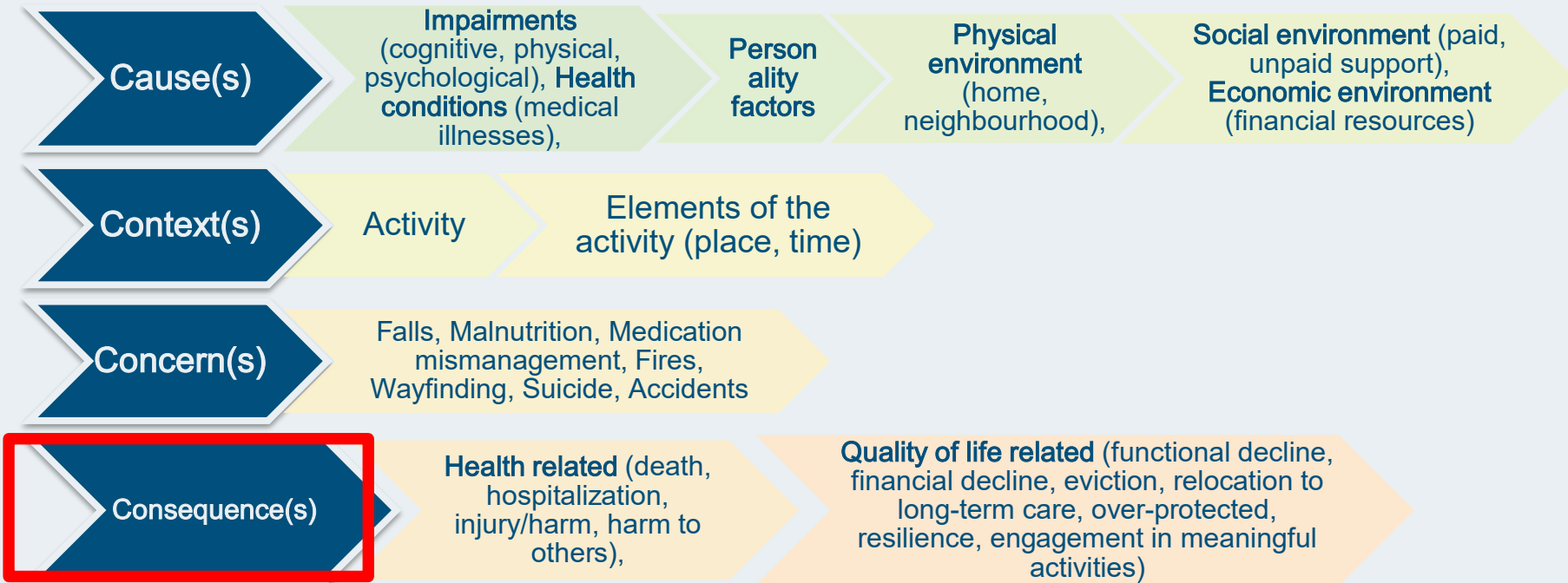
1. WHAT IS THE OLDER ADULT AT RISK OF AND WHO IS CONCERNED?

- Determine the cause(s)



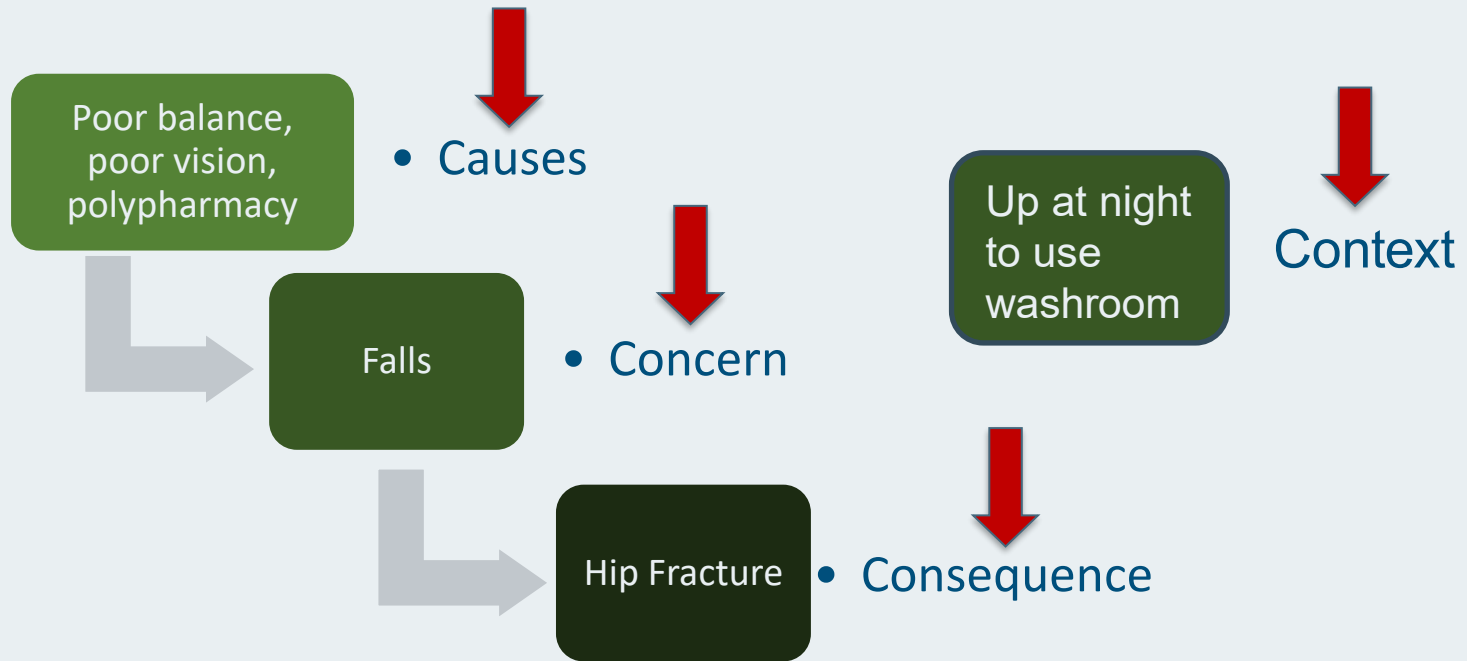
1. WHAT IS THE OLDER ADULT AT RISK OF AND WHO IS CONCERNED?

- Determine the consequence(s)



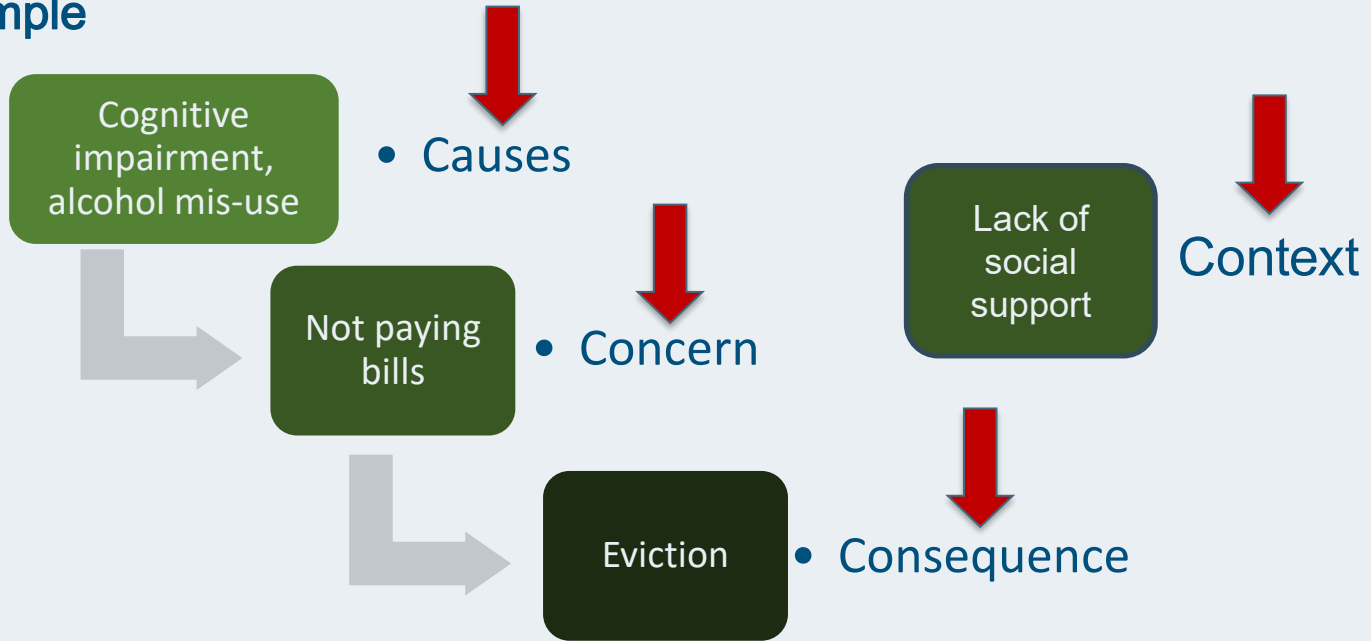
1. WHAT IS THE OLDER ADULT AT RISK OF AND WHO IS CONCERNED?

Example



1. WHAT IS THE OLDER ADULT AT RISK OF AND WHO IS CONCERNED?

Example





RISK ANALYSIS WORKSHEET

1. WHAT IS THE OLDER ADULT AT RISK OF AND WHO IS CONCERNED?

At risk of

Concern FALLS

Context(s) URINATING AT NIGHT

WHO is concerned

+ level of risk ● ▼ ■

<input checked="" type="checkbox"/>	Clinician	<input type="checkbox"/>	Older Adult	<input checked="" type="checkbox"/>	Caregiver

Cause(s) of the concern

POOR VISION
POLYPHARMACY
POOR BALANCE

Potential consequence(s) of this concern

HIP FRACTURE

Recommendations to reduce the concern, its causes and its consequences

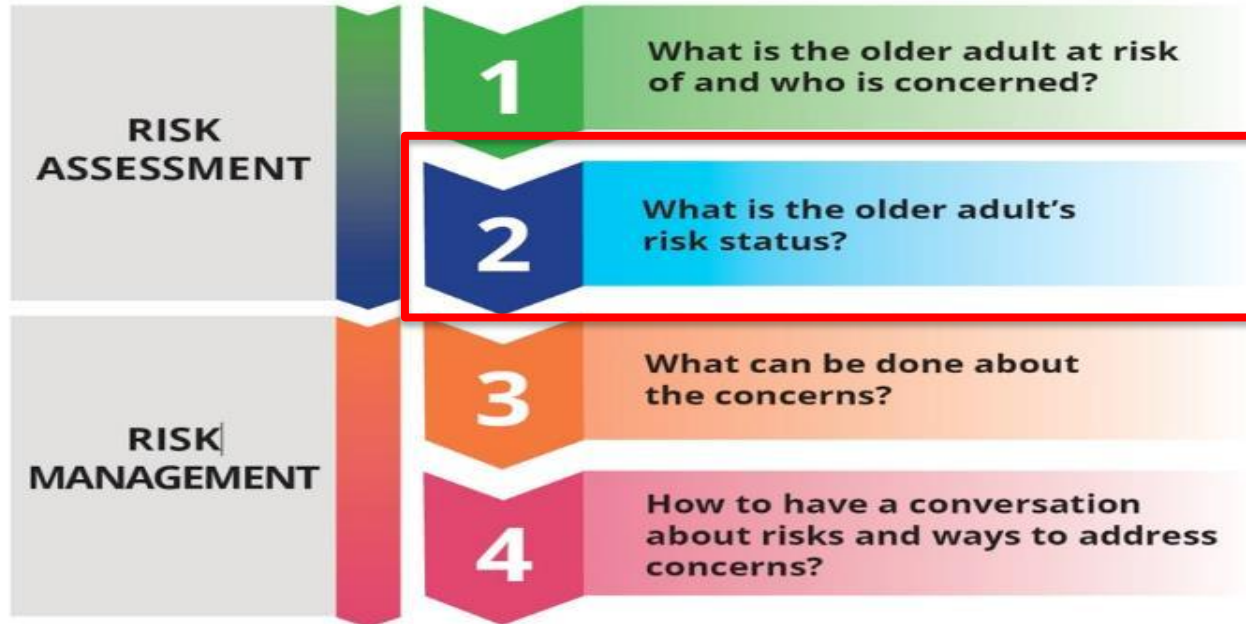
Older adult in agreement

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Options/alternatives

Older adult's perspective

A 4 STEP APPROACH



2. WHAT IS THE OLDER ADULT'S RISK STATUS?

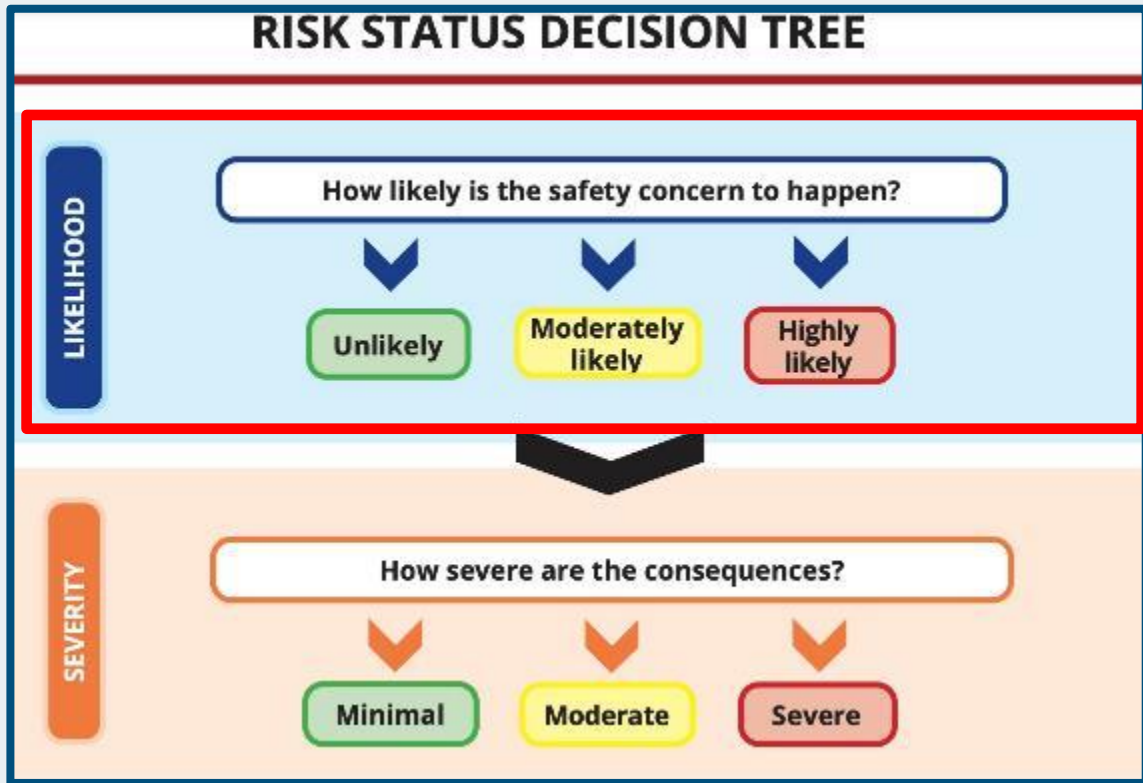
Is this a low, medium or high-risk situation?

- How do you assess risk status?

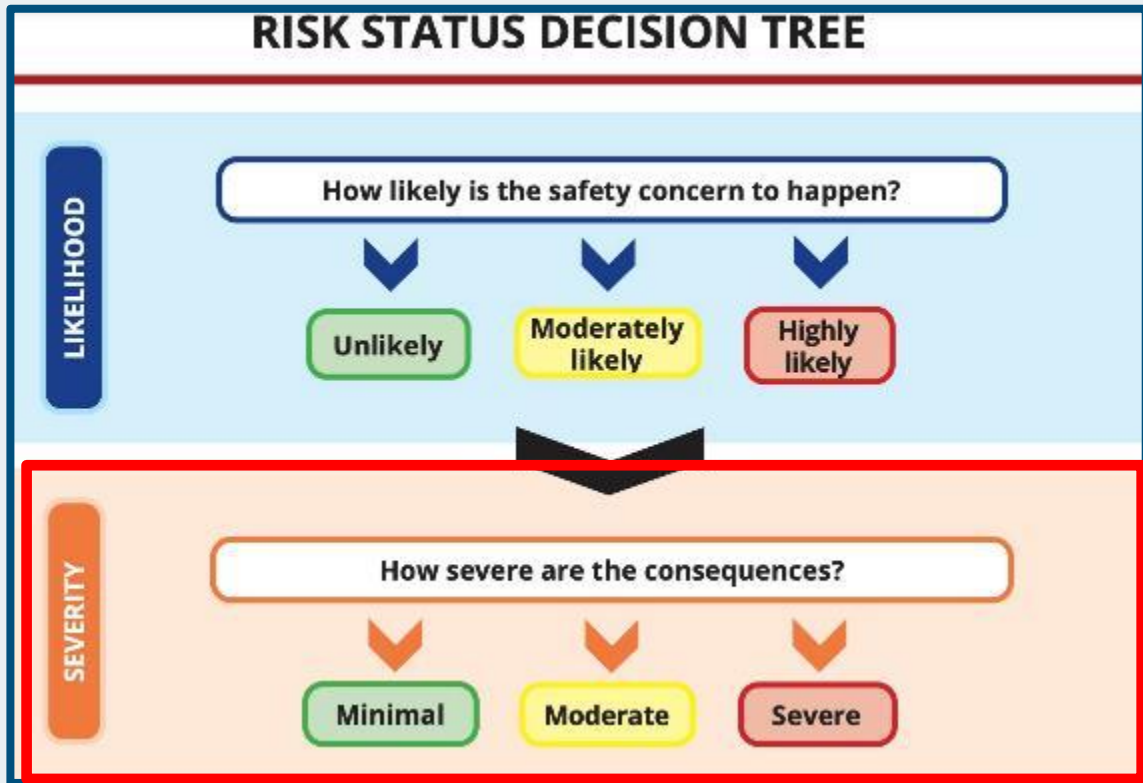
Business

- Likelihood x severity of the consequences







2. WHAT IS THE OLDER ADULT'S RISK STATUS?



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RISK STATUS MATRIX		SEVERITY		
		Severe	Moderate	Minimal
LIKELIHOOD	Highly Likely	HIGH 	HIGH 	MEDIUM 
	Moderately likely	HIGH 	MEDIUM 	LOW
	Unlikely	MEDIUM 	LOW	LOW

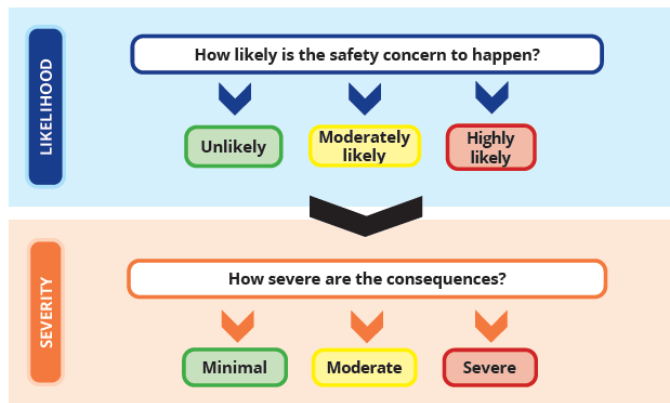
2. WHAT IS THE OLDER ADULT'S RISK STATUS?

ADDITIONAL CONSIDERATIONS IF MEDIUM OR HIGH RISK

- How **frequently** is the safety concern happening?
- How **imminent** are the consequences of the concern?
- Does the person have reliable, consistent **support** in place?
- Are there **other concerns** occurring?

Living with Risk: Decision Support Approach

RISK STATUS DECISION TREE



RISK STATUS MATRIX		SEVERITY		
		Minimal	Moderate	Severe
LIKELIHOOD	Unlikely	LOW	LOW	MEDIUM
	Moderately likely	LOW	MEDIUM	HIGH
	Highly likely	MEDIUM	HIGH	HIGH

ADDITIONAL CONSIDERATIONS IF MEDIUM OR HIGH RISK

- How **frequently** is the safety concern happening?
- How **imminent** are the consequences of the concern?
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RISK ANALYSIS WORKSHEET

1. WHAT IS THE OLDER ADULT AT RISK OF AND WHO IS CONCERNED?

2. WHAT IS THE OLDER ADULT'S RISK STATUS?

At risk of

Concern FALLS

Context(s) URINATING AT NIGHT

WHO is concerned + level of risk ● ▼ ■

Clinician Older Adult Caregiver

Cause(s) of the concern POOR VISION
POLYPHARMACY
POOR BALANCE

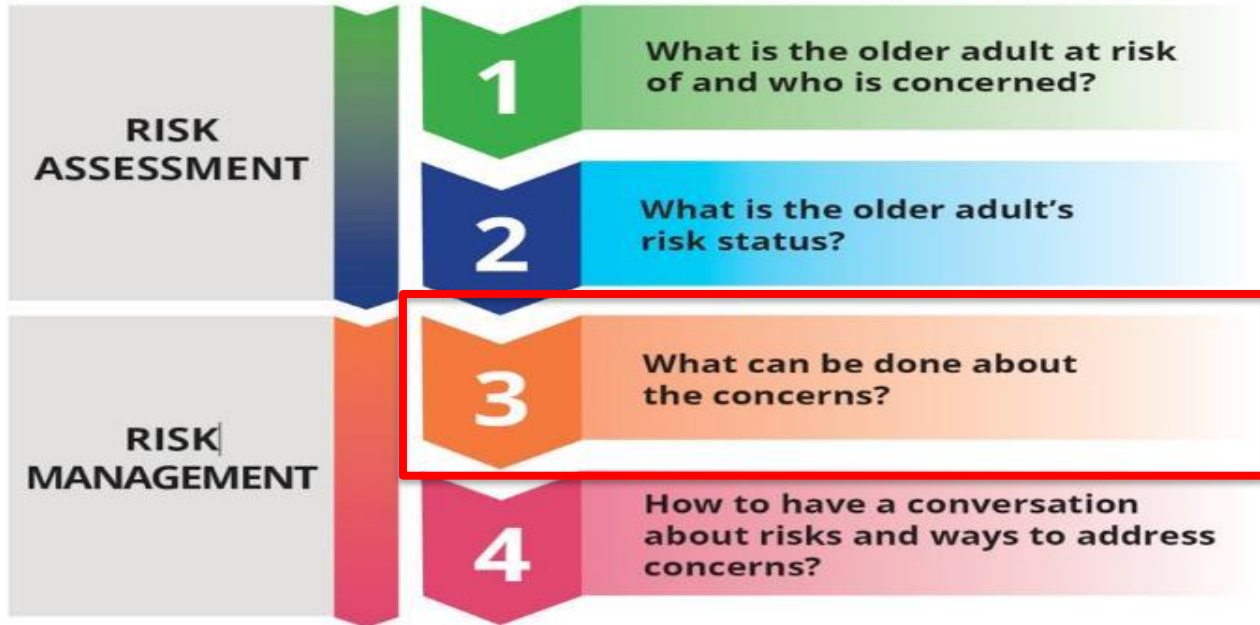
Potential consequence(s) of this concern HIP FRACTURE

Recommendations to reduce the concern, its causes and its consequences

	YES	NO	Options/ alternatives
 	<input type="checkbox"/>	<input type="checkbox"/>	
 	<input type="checkbox"/>	<input type="checkbox"/>	
 	<input type="checkbox"/>	<input type="checkbox"/>	

Older adult's perspective

A 4 STEP APPROACH



3. WHAT CAN BE DONE ABOUT THE CONCERNS?

- **What does the older adult want?**
- **What can be done about the concerns, causes and consequences?**
 - Prevent the concerns or minimize the frequency
 - Adapt or modify the contexts
 - Address impairments, enhance or leverage strengths, adapt environments or activities
 - Minimize the negative consequences, augment the positive consequences
 - Weighing the emotional and physical consequences



Concerns

- **Falls:**
 - **Impairments** – improve strength, diagnose cognitive impairment and optimize brain health...
 - **Environment** – adaptations to decreased fall hazards, flooring, stairwell....
 - **Consequences** – fracture prevention medication....
 - **Contexts-** reduce liquid intake past 6:30
- **Fires:**
 - **Impairments** – diagnose cognitive impairments and optimize brain health...
 - **Environment** – unplug the stove....
 - **Consequences** – MOW, meal programs...



MANAGING RISK - CAUSE

For each event – develop your own strategies

For Malnutrition

1. If older adult needs Dietician:

- *Day Hospitals
- *Family health teams
- *Specialty: Community Diabetes Education
- *Private: Dietitians of Canada

2. If older adult is having trouble accessing food:

- *Grocery bus
- *Good food box
- *Meal Delivery
- *Internet Orders

3. If older adult needs help with meal preparation:

- Meals on Wheels
- Wheels to Meals
- Private meal prep services (in house or delivery)

4. If older adult needs medical recommendations:

- Oral supplements
- Changes to medications
- Lab work up
- Optimization of medical conditions
- Diet Specific recommendations
- Decreased Alcohol intake
- Need for dentist or denturist

5. If older adult needs education:

- City of Ottawa Nutrition Info Line: 311
- <http://ottawa.ca/en/residents/public-health/nutrition>
- www.unlockfood.ca



Addressing the underlying psychosocial need

- **Love:** feeling unconditionally accepted
- **Comfort:** feelings of closeness to others
- **Identity:** knowing your story and who you are
- **Occupation:** activities with personal significance
- **Inclusion:** having a distinct place in a group
- **Attachment:** specific emotional bonds with people, pets, places, objects
- **Environment:** sense of safety and security

Person-centered risk assessment framework for older adults living with dementia (Lee, et al., 2019)



MANAGING RISK - OUTCOMES

- Prevent the concern
- Eliminate the concern
- Minimize the consequences
- Increase the concern
- Share the risk
- Accept the risk – supporting resilience

(MacLeod, 2013)



MANAGING RISK - PROCESS

- By collaborating with older adult, caregiver and others
- By informing the older adult
- By delaying and waiting
- By overriding the older adult's wishes

(MacLeod, 2013)



RISK ANALYSIS WORKSHEET

1. WHAT IS THE OLDER ADULT AT RISK OF AND WHO IS CONCERNED?

2. WHAT IS THE OLDER ADULT'S RISK STATUS?

3. WHAT CAN BE DONE ABOUT THE CONCERNS?

At risk of

Concern

Context(s)

WHO is concerned + level of risk ● ▼ ■

Clinician Older Adult Caregiver

Cause(s) of the concern

Potential consequence(s) of this concern

Recommendations to reduce the concern, its causes and its consequences

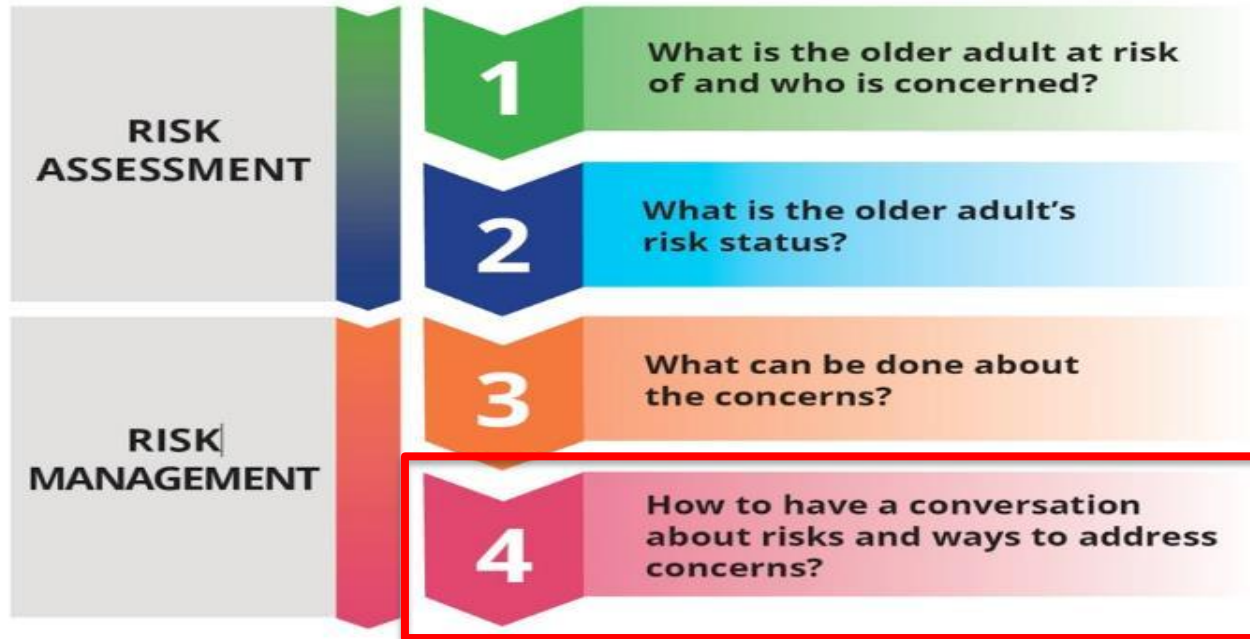
	Older adult in agreement		Options/ alternatives
	YES	NO	
NIGHT LIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MEDICATION REVIEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
WALKER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Older adult's perspective



LIVING WITH RISK: *DECISION SUPPORT APPROACH*

A 4 STEP APPROACH





RISK ANALYSIS WORKSHEET

1. WHAT IS THE OLDER ADULT AT RISK OF AND WHO IS CONCERNED?

2. WHAT IS THE OLDER ADULT'S RISK STATUS?

3. WHAT CAN BE DONE ABOUT THE CONCERNS?

3. WHAT CAN BE DONE ABOUT THE CONCERNS?

At risk of

Concern FALLS

Context(s) URINATING AT NIGHT

WHO is concerned + level of risk ● ▼ ■

Clinician (level: ▼) Older Adult (level: ●) Caregiver (level: ▼)

Cause(s) of the concern POOR VISION
POLYPHARMACY
POOR BALANCE

Potential consequence(s) of this concern HIP FRACTURE

Recommendations to reduce the concern, its causes and its consequences

	Older adult in agreement		Options/ alternatives
	YES	NO	
NIGHT LIGHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MEDICATION REVIEW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WALKER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CANE

Older adult's perspective WALKER DOES NOT FIT IN WASHROOM

3. WHAT CAN BE DONE ABOUT THE CONCERNS?

Living with Risk: Decision Support Tool
SUMMARY TABLE

What is the older adult at risk of? (concern - context) ① ②	Who is concerned? What is the risk status? (low ● /medium ▼ /high ■) ¹			Causes ①	Consequences ①	Recommendations ① to minimize concerns, causes and consequences	Older adult in agreement? (yes/no)	Alternatives
	Clinician	Older adult	Caregiver					
Falls	▼	●	▼	Poor vision Polypharmacy Poor balance	Hip Fracture	Night Light Med Review Walker	Yes Yes No	Cane

¹ Refer to *Living with Risk: Decision Support Tool - Safety Continua*

3. WHAT CAN BE DONE ABOUT THE CONCERNS?



ESTABLISH PRIORITIES



FOCUS ON WHAT
MATTERS MOST



SUPPORT DISCUSSIONS



UNDERSTAND
DIFFERENCES OF
OPINIONS

Living with Risk: Decision Support Approach **COACHING CONVERSATIONS**

WHAT ARE THE ISSUES AND PAIN POINTS?

- What is the real challenge here?
- Where are you stuck?
- What are you really worried about?
- Is this new or different?
- What is preventing you from resolving this situation?
- What are the obstacles?



LET'S DIG DEEPER

- Who else is concerned?
- Is this a high-risk situation?
- Why is this happening (causes)?
- What are the potential harms (negative social, emotional, physical consequences)?
- What are the benefits for the client (positive social, emotional, physical consequences)?

LET'S DEVELOP A PLAN

- What does the older adult want to do?
- What can be done to minimize the concern, causes, harm?
- What factors can be modified or adapted?



LET'S DETERMINE THE NEXT STEPS

- What options are agreeable to the older adult?
- What matters most to the older adult?
- What strengths are being leveraged?
- Can follow-up be arranged?

WHAT ARE THE ISSUES AND PAIN POINTS?

- What is the real challenge here?
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LET'S DETERMINE THE NEXT STEPS

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- What strengths are being leveraged?
- Can follow-up be arranged?



LIVING WITH RISK: BUILDING RESILIENCE

- 1 What are the older adult's goals?
- 2 What are you calling risk?
- 3 Have you acknowledged both the **benefits** and **consequences**?
- 4 Have you acknowledged both the **physical** and **emotional** consequences?
- 5 What can you do to optimize the older adult's **health** and **environments**?
- 6 What can you do to minimize the **concerns** or **negative consequences**?



LIVING WITH RISK: BUILDING RESILIENCE

<https://lwrdsa-vivreaveclesrisques.recherche.usherbrooke.ca>



THANK YOU!



QUESTIONS?



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