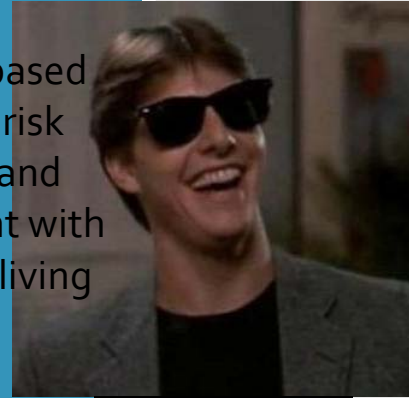


RISKY BUSINESS ...



A strength-based approach to risk assessment and management with older adults living with frailty



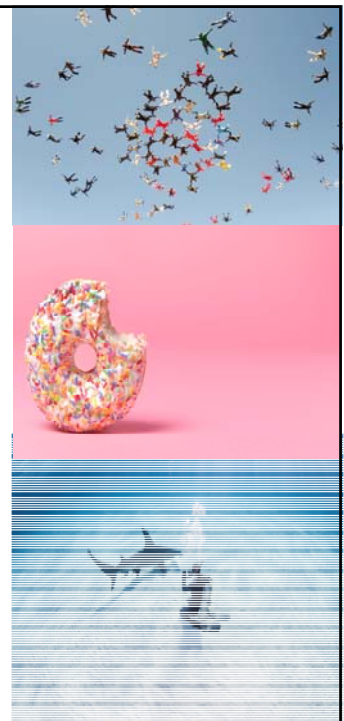
This Photo by Unknown Author is licensed under CC BY-NC-ND

Heather MacLeod OT Reg. (Ont.)
Knowledge Translation Specialist in Geriatrics
Regional Geriatric Program of Eastern Ontario
hmacleod@toh.ca


1



What risky thing have you done recently?



2



Chat Box

Why did you take this risk?

3

Chat Box

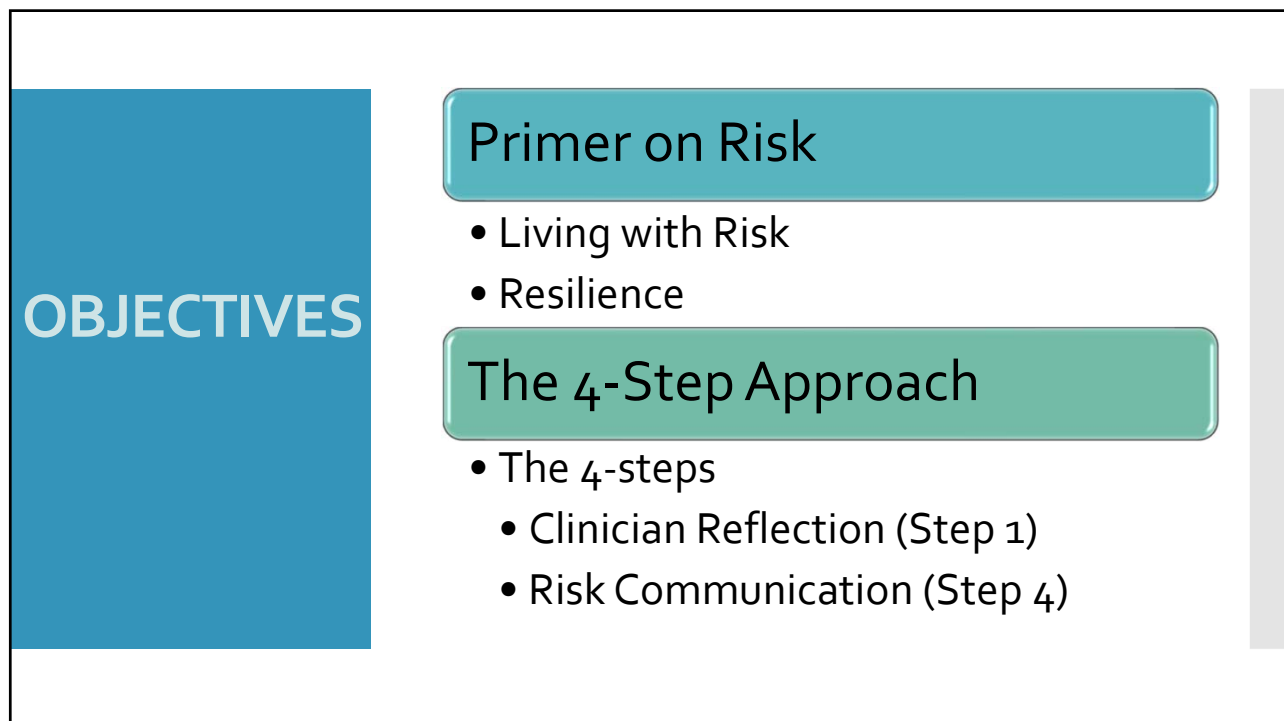
What are you concerned about when you describe someone as living at risk?



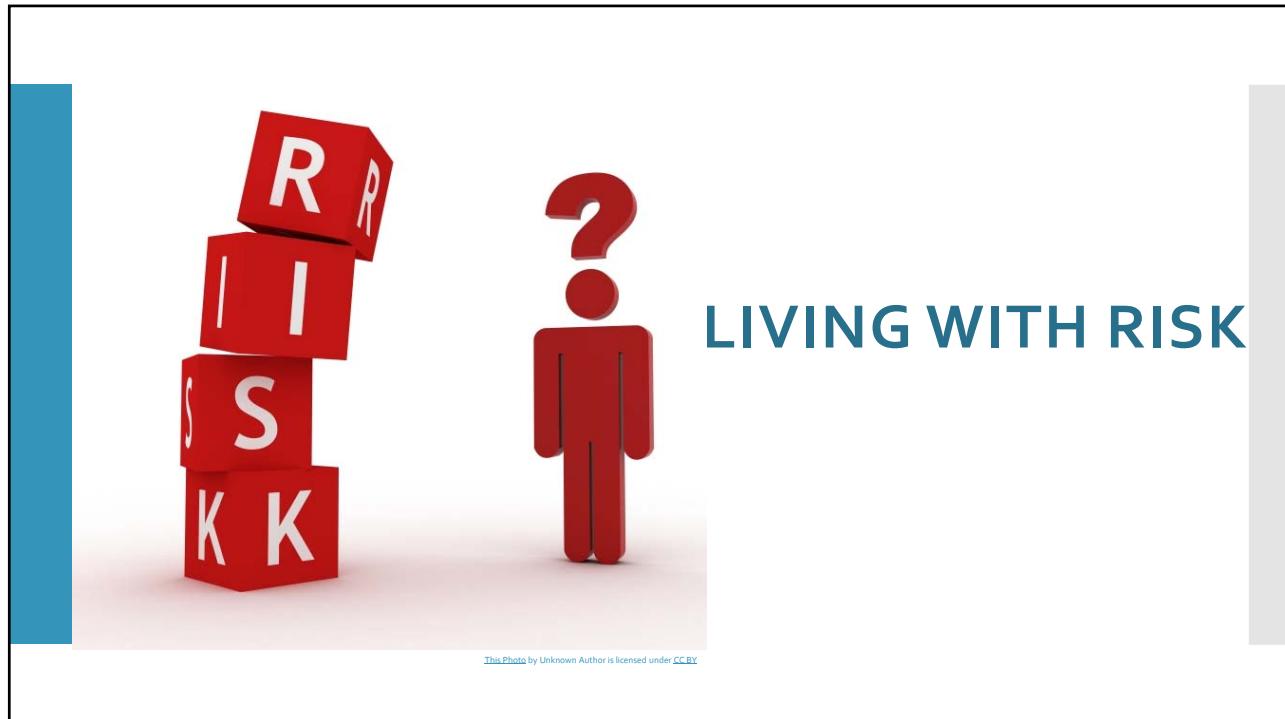
4



5



6



7

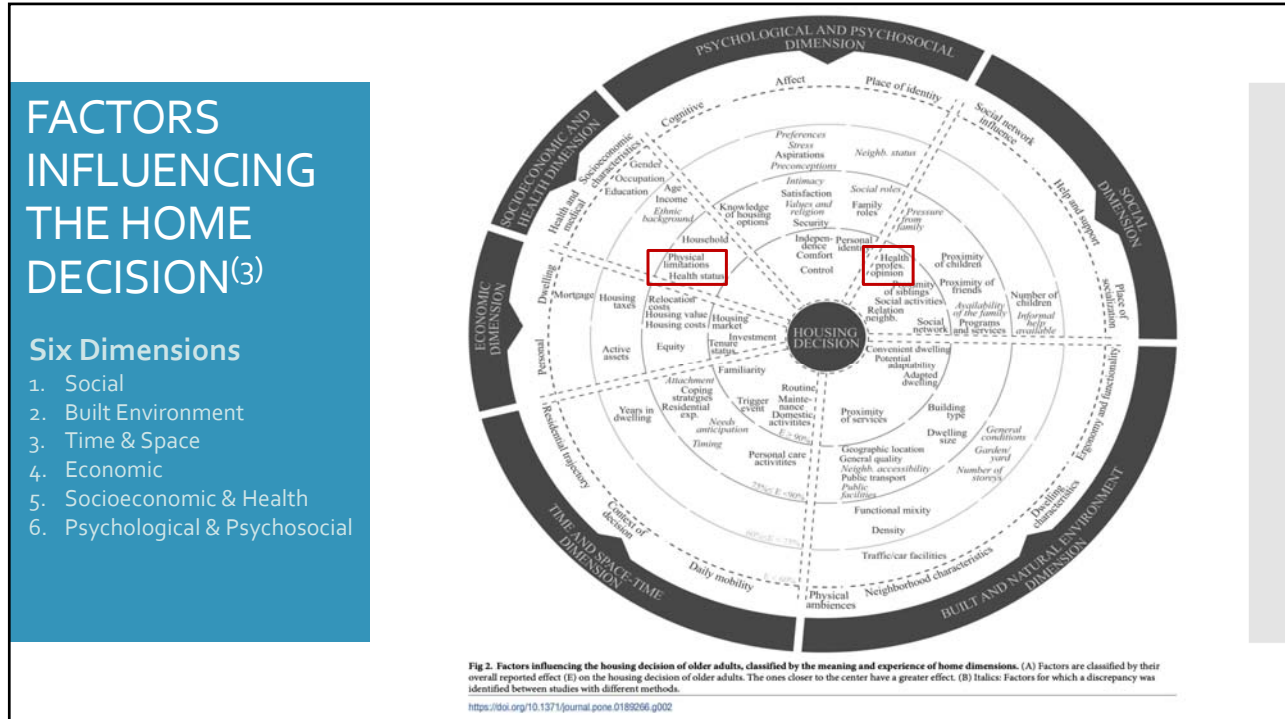
WHAT WE KNOW

Home is where 85% of Canadians over the age of 55 want to remain for as long as possible even if their health changes⁽¹⁾.



Home is also where the majority of older adults want to be discharged to following hospitalization⁽²⁾.

8



9



10

WHAT ARE THE RESULTS?

PATIENTS
DON'T GO
HOME

CAREGIVERS
ARE STRESSED

CLINICIANS
HAVE MORAL
DISTRESS

SYSTEM
PATIENT FLOW
IS AFFECTED

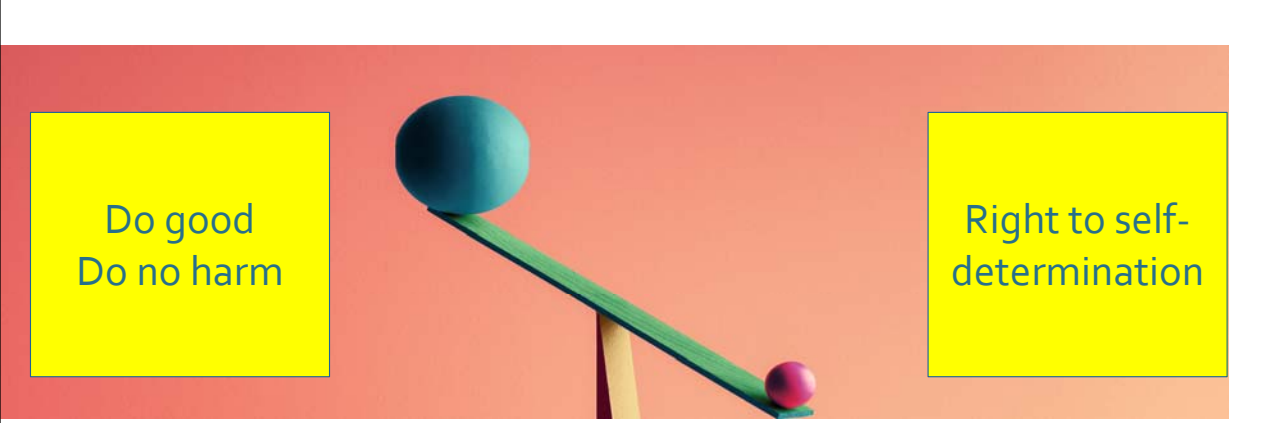


11

WHAT WE KNOW: Clinicians...

Define	risk negatively ⁽⁴⁾	
Define	living at risk negatively ⁽⁵⁾	
Define	living at risk differently ⁽⁵⁾	
Focus	on the negative consequences ⁽⁴⁾	
Focus	on the physical consequences ⁽⁶⁾	
Assess	risk comprehensively - 8 factors ⁽⁵⁾	

12



Do good
Do no harm

Right to self-determination

WHY IS IT HARD?
TENSIONS – Bioethic Principles

13



Rational

Emotional

WHY IS IT HARD?
TENSIONS – Decision Making

14

WHY IS IT HARD?
TENSIONS – Outcomes

15

WHY IS IT HARD?
Goals Of Care Differ

CLIENTS

Safety Concerns (7)

CLINICIANS

CARERS

16

WHAT are the solutions...

Define	risk negatively ⁽⁴⁾	> Broaden your definition of risk
Define	living at risk negatively ⁽⁵⁾	> Broaden your definition of living at risk
Define	living at risk differently ⁽⁵⁾	> Clarify your definition of living at risk
Focus	on the negative consequences ⁽⁴⁾	} Broaden approach to risk assessment Shared decision-making
Focus	on the physical consequences ⁽⁶⁾	
Assess	risk comprehensively - 8 factors ⁽⁵⁾	

17

BROADENING THE DEFINITION OF RISK

FROM NEGATIVE

"the possibility that something unpleasant or unwelcome will happen; A situation involving exposure to danger" ⁽⁸⁾.

"the risks and benefits of... are..."

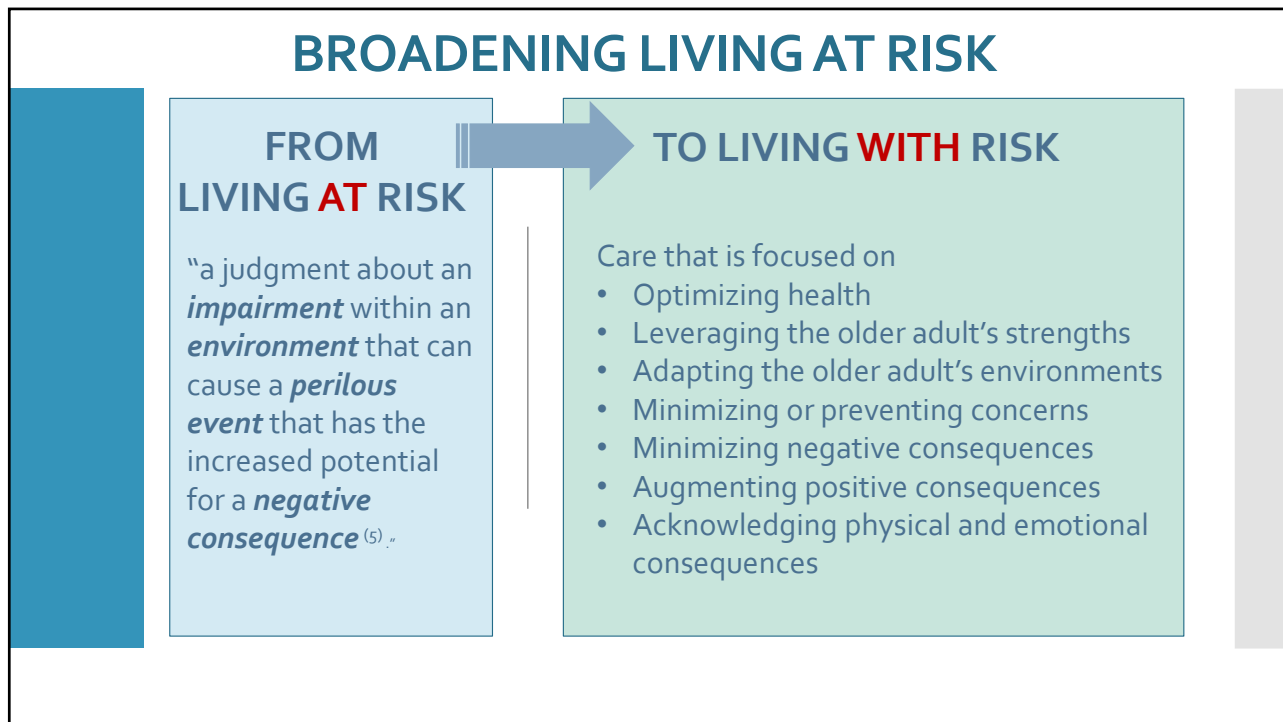


TO NEUTRAL

"risk is the effect of uncertainty on objectives where the consequences could vary from loss and detriment to gain and benefit" ⁽⁹⁾.

"the harms and benefits of... are..."

18



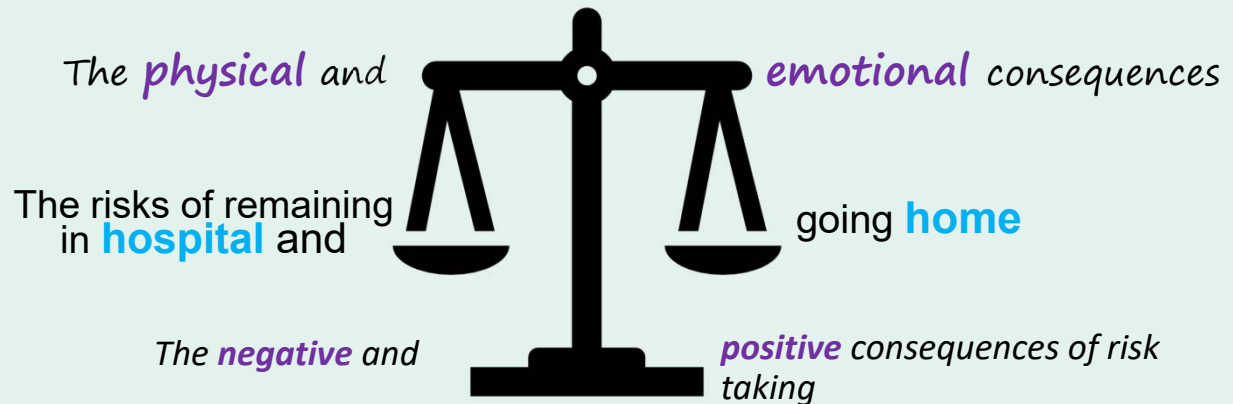
19

CLARIFYING RISK ⁽⁵⁾

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

20

BROADENING RISK ASSESSMENT



21



Benefits of Living *WITH* Risk...

22

RESILIENCE

Comes about by **taking a risk** or overcoming a challenge ⁽⁹⁾

A process by which people bounce back from adversity, reintegrate and ideally **grow from the experience** ⁽¹⁰⁾

High resilience later in life has been associated with

- reduced depression
- increased quality of life
- improved lifestyle behaviours ⁽¹¹⁾

23

SHARED DECISION MAKING

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

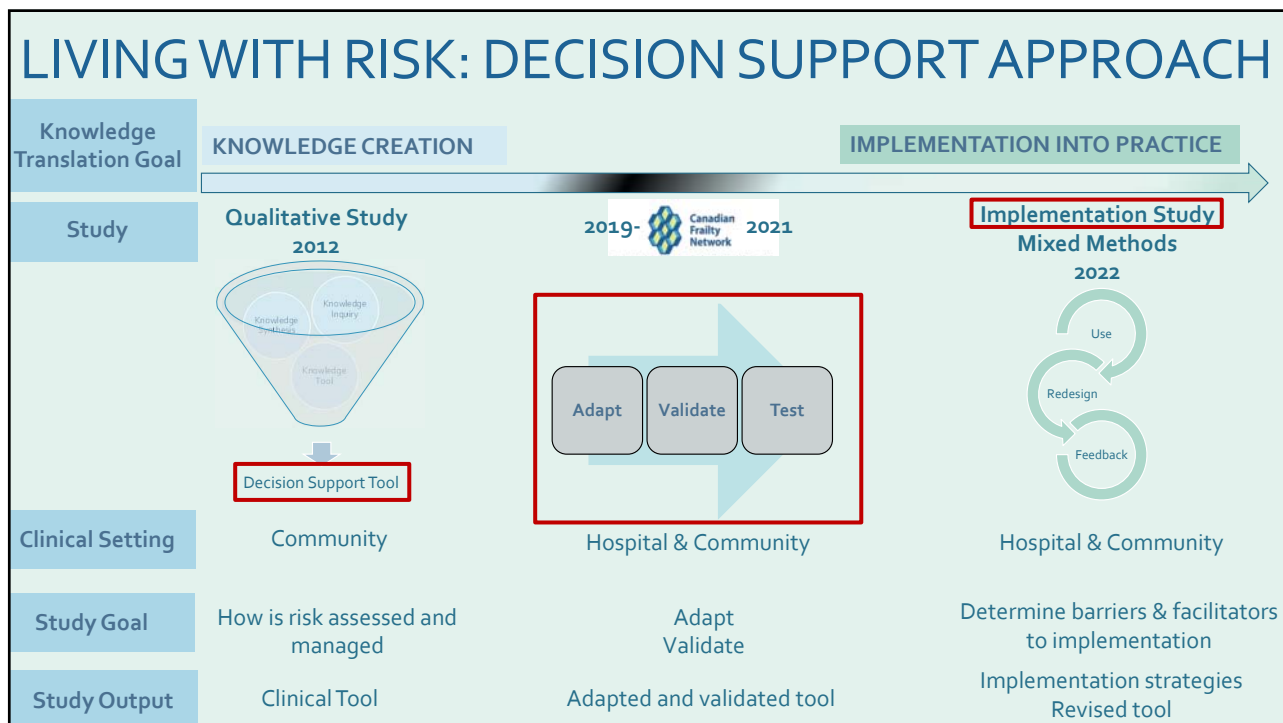
The diagram features a central balance scale. The left pan is labeled 'Risk' and the right pan is labeled 'Reward'. Above the scale is a box labeled 'CLIENTS'. Below the scale are two boxes: 'CLINICIANS' on the left and 'CARERS' on the right. Curved lines connect 'CLIENTS' to 'CLINICIANS' and 'CLIENTS' to 'CARERS'. The 'Reward' label is highlighted in yellow.

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

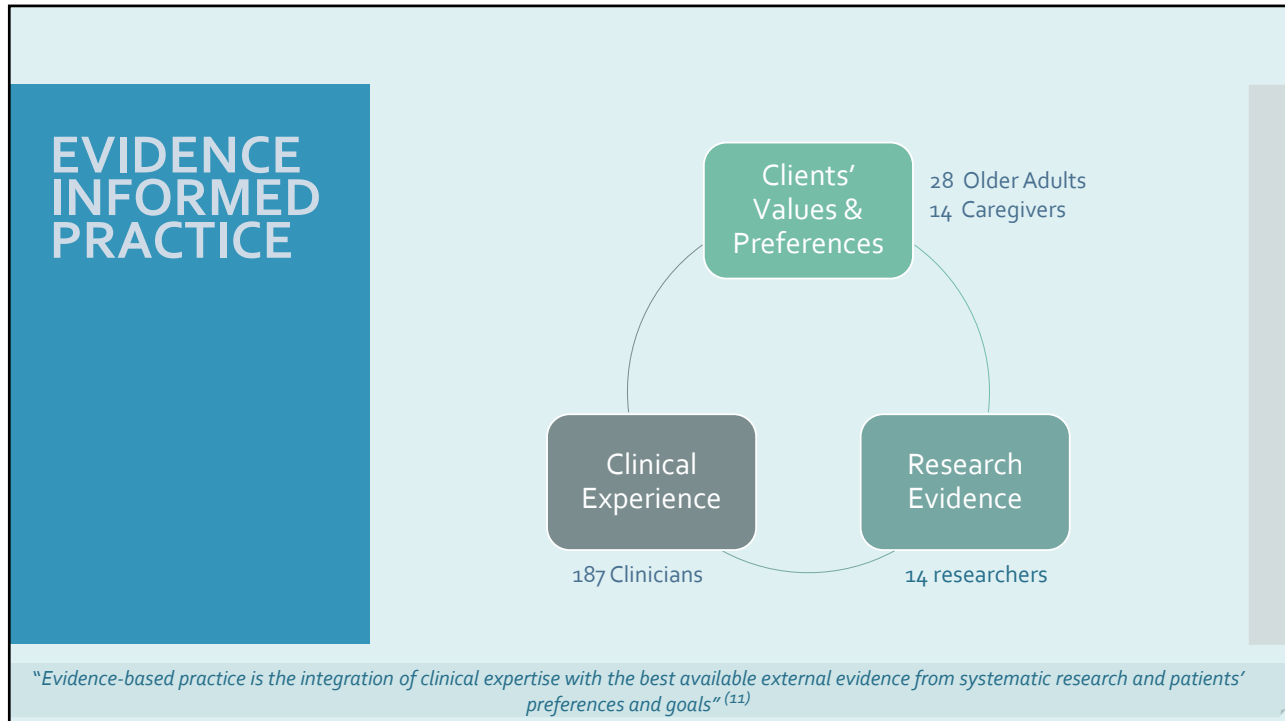
24



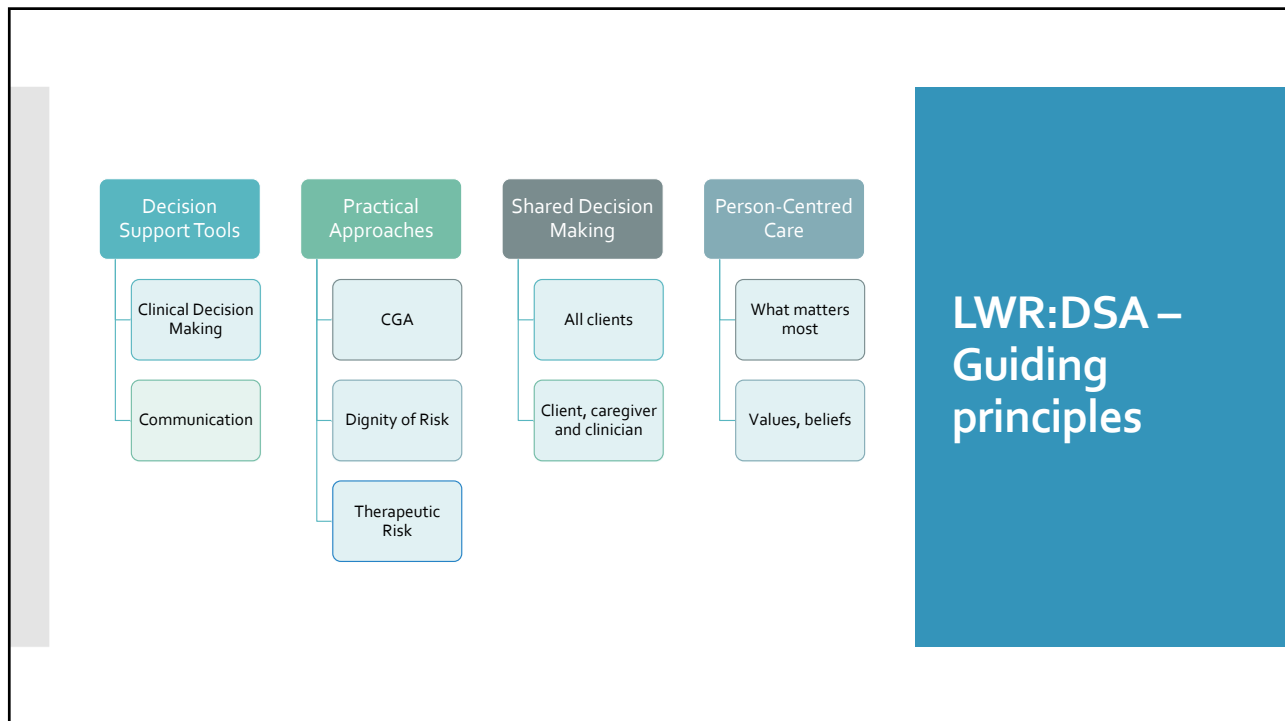
25



26



27



28



29

INFORMATION SHEET

Living with Risk: Decision Support Tool 4-STEP APPROACH

1) What is the older adult at risk of and who is concerned?

- What are the older adult, the caregiver and the clinician concerned about?
- Understand differences of opinions, and if present, power imbalances
- Determine onset, context, progression, cause and consequences

2) What is the older adult's risk status?

- Evaluate the older adult's risk status
- Consider the following factors for each concern to determine if risk is low ●, medium ▼ or high ■
 - **Capacity** : Is the older adult capable to make this health care decision?
 - **Occurrence** : Is the concern occurring now?
 - **Frequency** : If yes, how often does this concern happen?
 - **Likelihood** : How likely is this concern to occur?
- If occurring now or likely to occur:
 - **Likelihood** : How likely are the consequences to occur?
 - **Severity** : How severe would the consequences be?
 - **Immediacy** : How imminent are the consequences of this concern?
 - **Support** : Does the older adult have consistent reliable support in place?
 - **Complexity** : Are there other concerns occurring?

3) What can be done about the concerns?

- What are the wishes and goals of the older adult?
- What can be done about
 - **The concerns** : Prevent or decrease the frequency and modify or adapt the context.
 - **The causes** : Optimize the older adult's health, minimize impairments, leverage their strengths and adapt or modify their environments.
 - **The consequences** : Minimize the negative consequences, leverage the positive consequences, consider both the emotional & physical consequences.

4) How to have a conversation about risks and ways to address concerns?

- Communicate perceived risk status
- Discuss areas of agreement and disagreement
- Support priorities

30

RISK ANALYSIS WORKSHEET

RISK ANALYSIS WORKSHEET

At risk of

Concern

Context(s)

WHO is concerned Clinician Older Adult Caregiver

+ level of risk ● ▼ ■

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	
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ <input style="width: 100%;" type="text"/>

Older adult's perspective

31

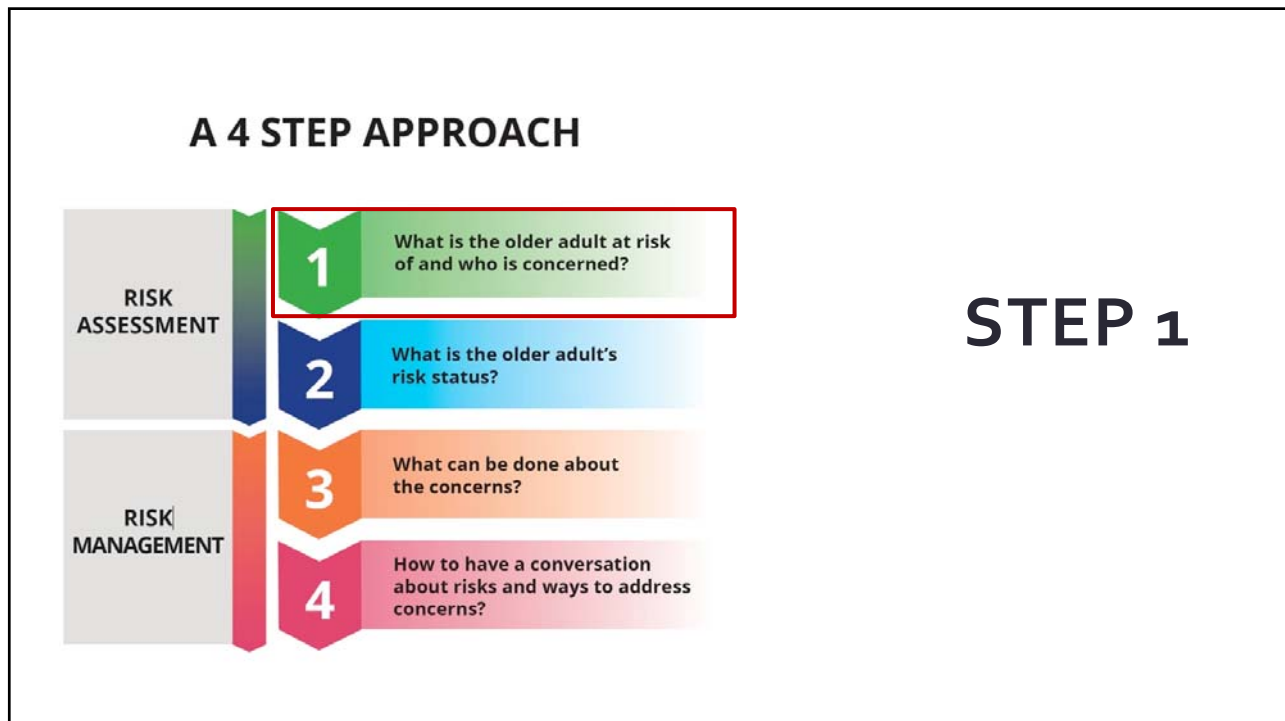
SUMMARY TABLE

What is the older adult at risk of? (concern + context)	Who is concerned?			Causes	Consequences	Recommendations to minimize concerns, causes and consequences	Older adult in agreement? (yes/no)	Alternatives
	What is the risk status? (low ● /medium ▼ /high ■) †							
	Clinician	Older adult	Caregiver					

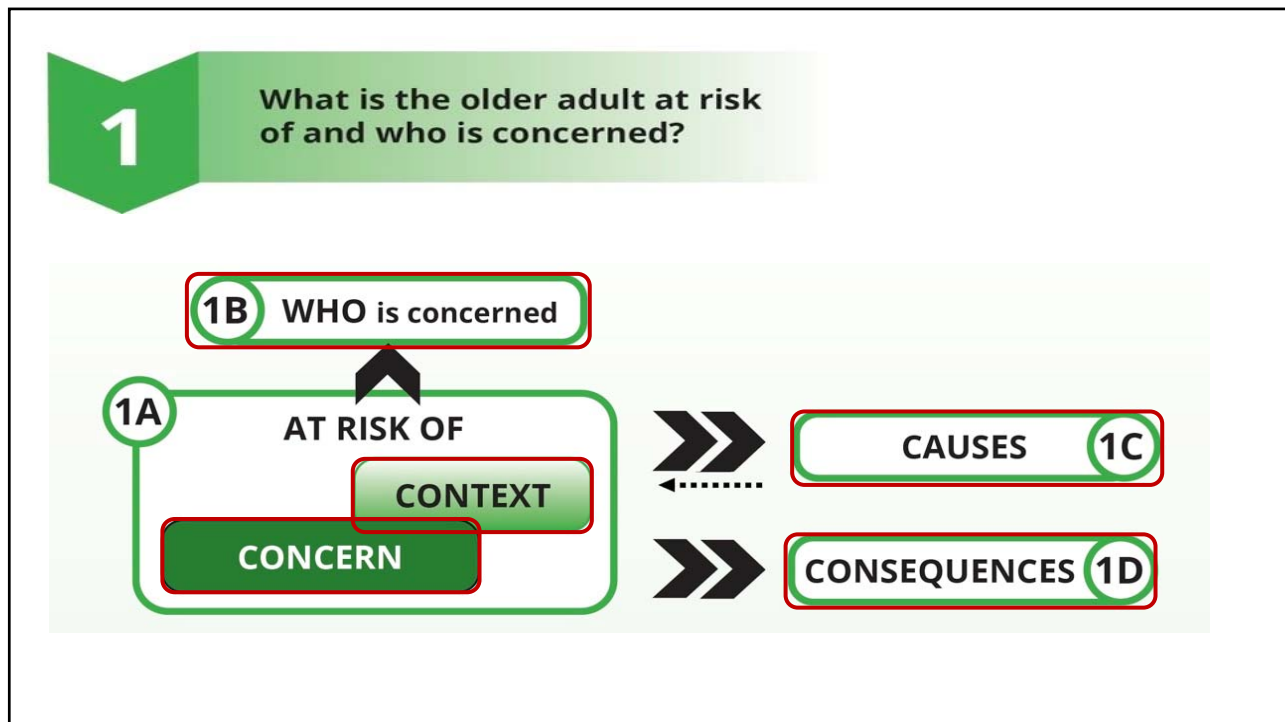
32



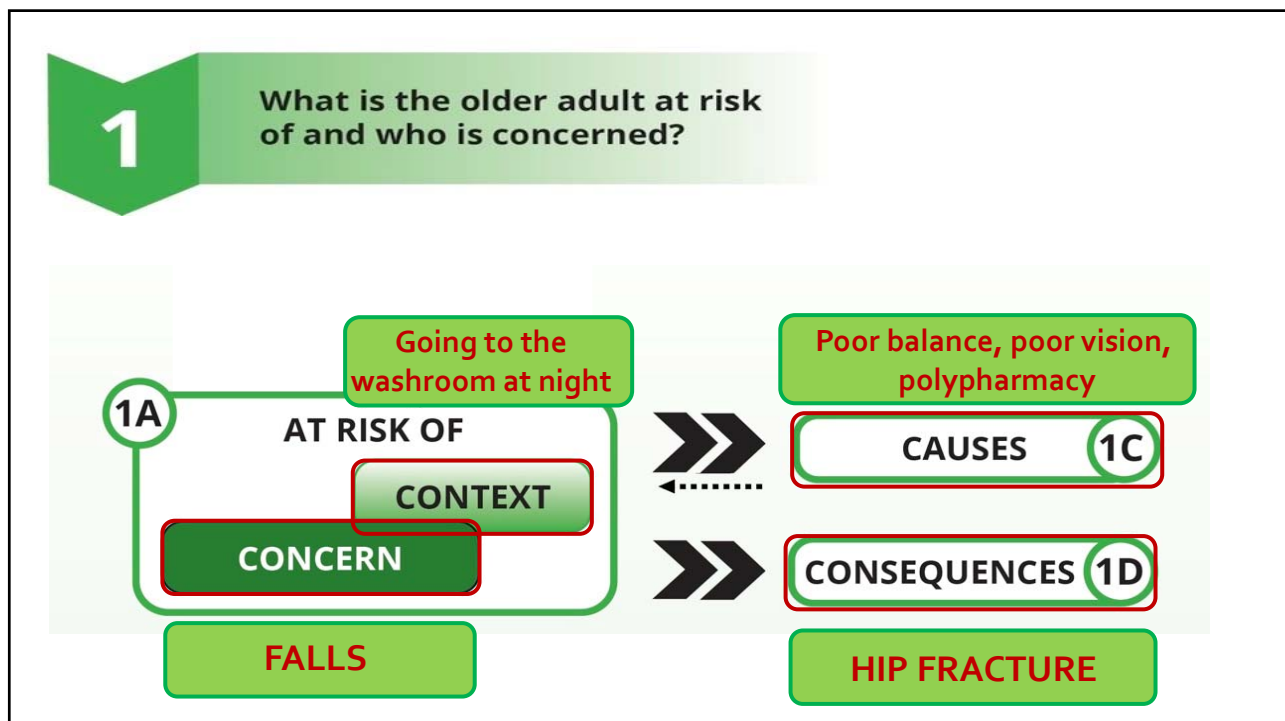
33



34




35

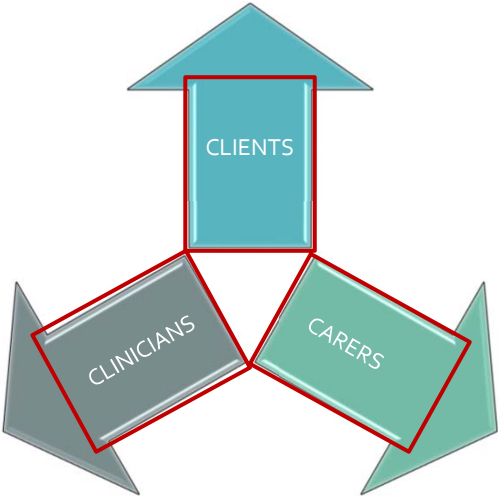


36

1

What is the older adult at risk of and who is concerned?





37

A 4 STEP APPROACH


RISK ASSESSMENT		1	<p>What is the older adult at risk of and who is concerned?</p>	STEP 2
RISK ASSESSMENT		2	<p>What is the older adult's risk status?</p>	
RISK MANAGEMENT		3	<p>What can be done about the concerns?</p>	
RISK MANAGEMENT		4	<p>How to have a conversation about risks and ways to address concerns?</p>	

38

2

What is the older adult's risk status?

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



This Photo by Unknown Author is licensed under CC BY-NC

Business

Likelihood x Severity

		Potential Severity Rating			
		Minor	Moderate	Significant	Catastrophic
Likelihood severity occurs	Very Likely	Moderate	High	Extreme	Extreme
	Likely	Low	Moderate	High	Extreme
	Unlikely	Very Low	Low	Moderate	High
	Rare	Very Low	Very Low	Low	Moderate

This Photo by Unknown Author is licensed under CC BY-NC-ND

39

Safety Continuum⁽⁴⁾

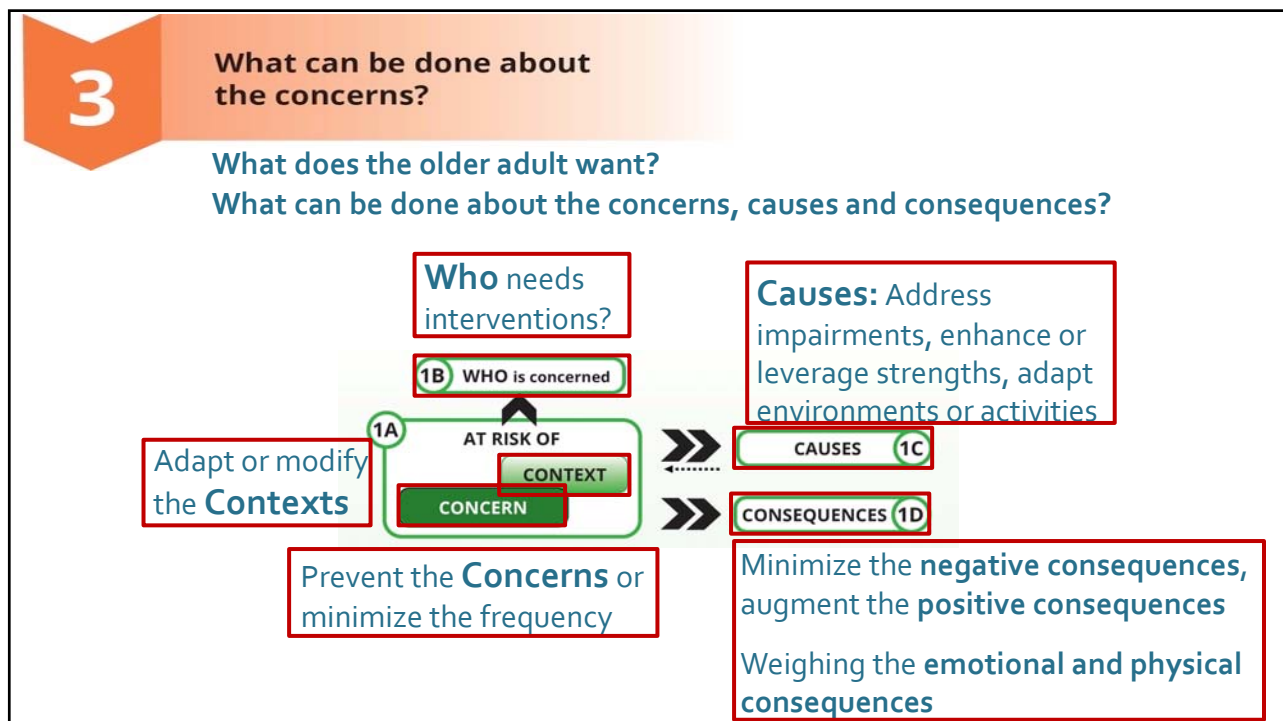
1. Capacity Continuum: <i>Is the older adult capable to make this health care decision?</i>	Low Yes	Med Unsure	High No
2. Occurrence Continuum: <i>Is the concern occurring now?</i>	Low No	Med Precursor	High Yes
3. Likelihood Continuum: <i>How likely is the concern and/or consequences to occur?</i>	Low Unlikely	Med Moderate	High Highly
4. Severity Continuum: <i>How severe would the consequences of the concern?</i>	Low Minimal	Med Moderate	High Catastrophic
5. Immediacy Continuum: <i>How imminent are the consequences of the concern?</i>	Low Long-term	Med Moderate	High Immediate
6. Frequency Continuum: <i>How often is this concern happening?</i>	Low Yearly	Med Monthly	High Daily
7. Support Continuum: <i>Does the older adult have consistent reliable support?</i>	Low Lots	Med Some	High None
8. Complexity Continuum: <i>Are there other concerns occurring?</i>	Low Single event	Med A couple	High Many

40

20



41



42



43



44

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?

4 How to have a conversation about risks and ways to address concerns?

At risk of

Concern: **FALLS**

Context(s): **URINATING AT NIGHT**

WHO is concerned: Clinician Older Adult Caregiver

+ level of risk: ● ▼ ■

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:

NIGHT LIGHT	YES	NO	
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**

45

4

How to have a conversation about risks and ways to address concerns?

Living with Risk: Decision Support Tool

SUMMARY TABLE

What is the older adult at risk of? (concern + context)	Who is concerned?			Causes	Consequences	Recommendations to minimize concerns, causes and consequences	Older adult in agreement? (yes/no)	Alternatives
	What is the risk status? (low ● /medium ▼ /high ■) ¹							
	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*


31 | INSTRUCTION MANUAL LIVING WITH RISK: DECISION SUPPORT TOOL

46


4

How to have a conversation about risks and ways to address concerns?


OLDER ADULTS




QUALITY OF LIFE
OVER
SAFETY



FOCUS ON WHAT
CAN BE DONE



SHARED
DECISION-
MAKING



UNDERSTANDING
THE
RATIONALES

47

OLDER ADULTS

POSITIVITY

RATIONALE

SHARED DECISION-MAKING

*'Yeah, it seemed to be, they were focusing too much on the **negative** and not enough on **what can be done**'*

*'I'd really like to know the **rationale** for why I'm not able to do what I want to do'*

*"Well, I think it should be a group effort, in consultation with the doctor, the clinician, the caregiver and the patient. Depending on how the patient is, **they should all be consulted and share in the decision-making**'.*

48

OLDER ADULTS

Co-operative DECISION-MAKING

*I thought that they handled things pretty fairly. They **listened** to what I had to say, and I didn't like—I didn't want them to boss me around, so to speak. They listened to what I had to say, and **they cooperated with me** and in that respect, so I was quite satisfied*

POSITIVITY

*I think that **a positive attitude** shown by the people involved, including myself, **is a big benefit**, and **any negativity should be set aside** and mentioned, but not insisted on, type-of-thing, you know? I think that **being positive** about the whole situation **is quite an asset**.*

Collaborative DECISION-MAKING


*Well definitely, **it's my life** and **it's my decision**, and I just wanted to make sure that they understood where I was coming from and it really went fairly smoothly. **Everybody had their input**, including myself.*

49

OLDER ADULTS

Co-operative DECISION-MAKING

*'Yeah, I think it's important that it's **cooperative endeavour**, not the clinician or whatever sits there with a tick sheet. I would probably want to actually **see the form** and see what we're looking at and **see what we're doing**. Not be spoken at, but sort of more **with**.'*



This Photo by Unknown Author is licensed under CC BY-SA

Collaborative DECISION-MAKING

*'Well, what I like about it is, it's sort of a summary of probably a number of **conversations** that have happened over a period of time, and perhaps a client like me wouldn't remember necessarily. So it's really helpful to **have it all in one place**, and **have it really reviewed**, because I think that **would help me to agree** with what perhaps is being suggested, because it's there.'*

50

FEEDBACK



51

Older Adults' & Caregivers' Input

Understanding the rationale

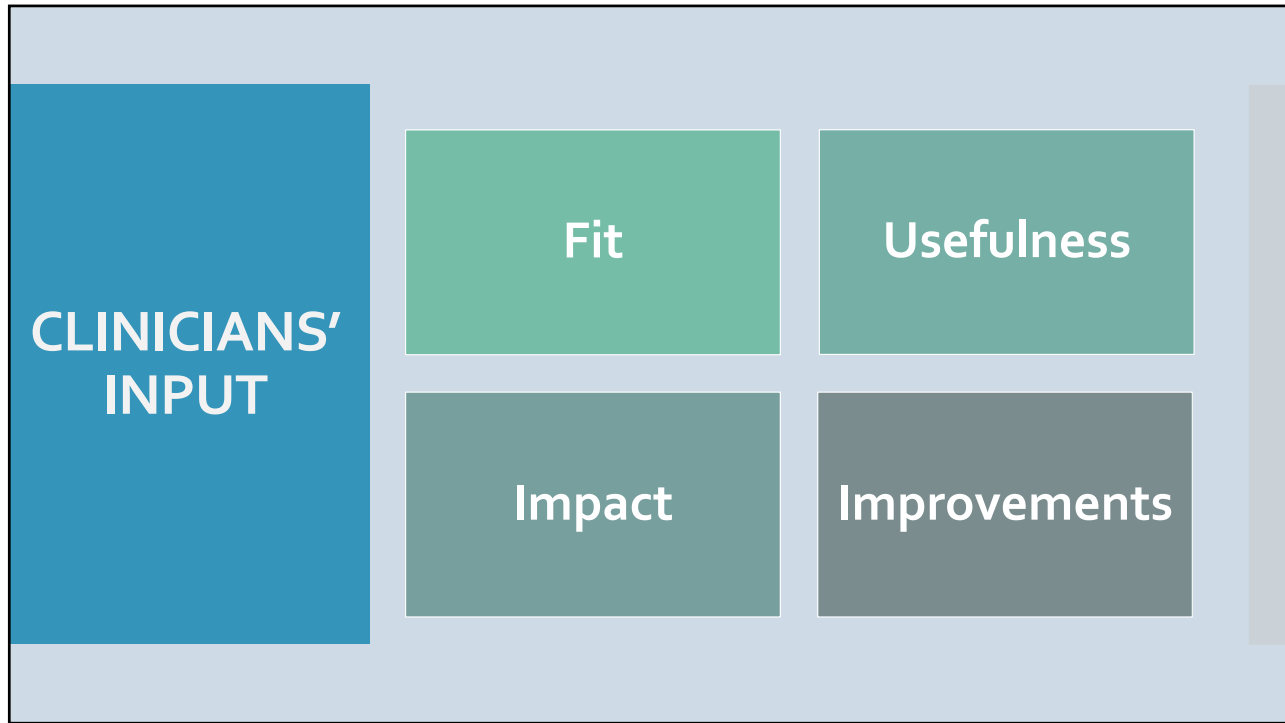
Involved in the decision making

Divergent perspectives

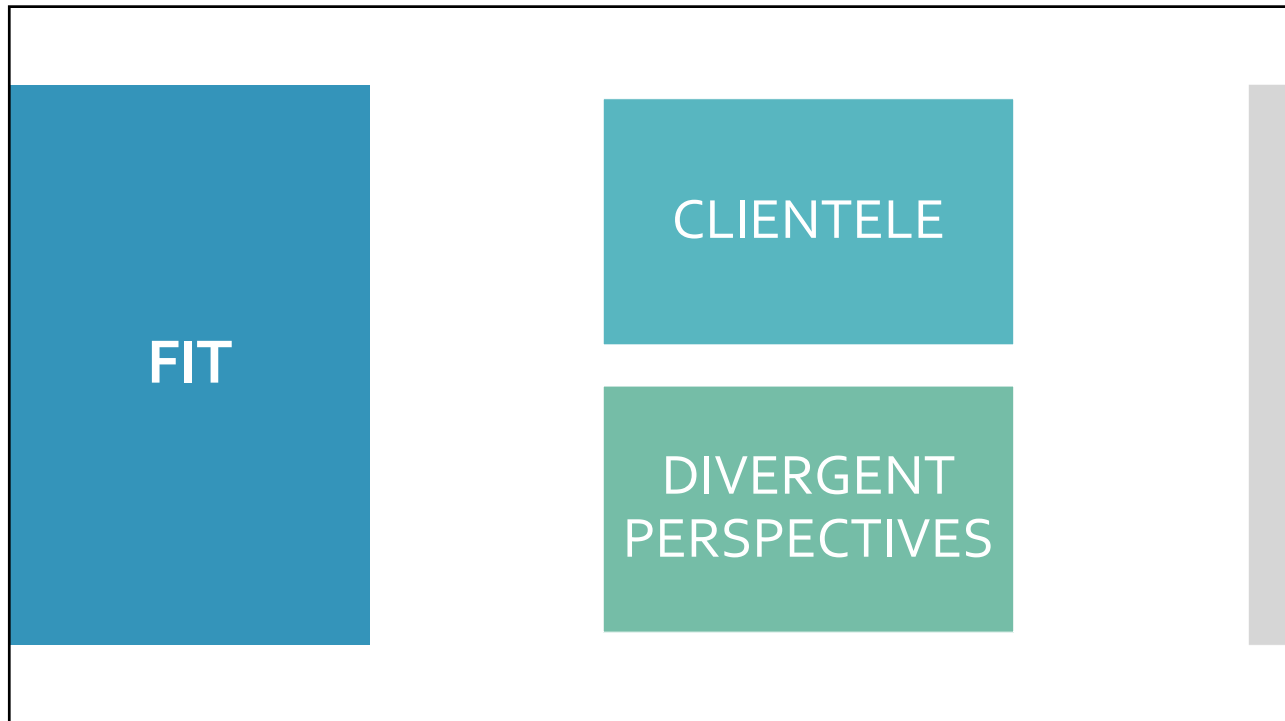
Knowing options

Therapeutic Relationship

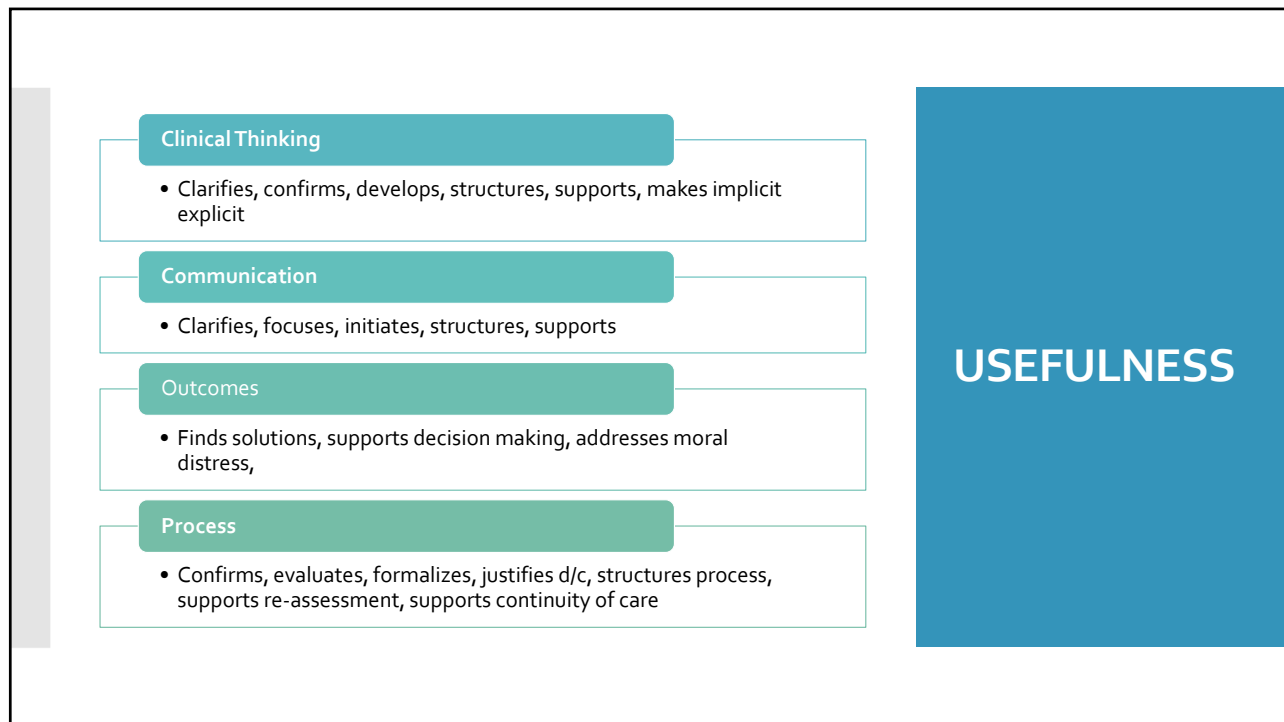
52



53



54



55

USEFULNESS

*So, I think for that patient it was making sure that the family and the patient were **on the same page**, understanding our concerns, and **the impact** for the next however long of this patient's life. So I think that was helpful and the patient seemed to be very appreciative. And the family, as well, they seemed to just understand where we were coming from.*

*With one of my caregivers and I think it **helped her feel validated** that her concerns are also the concerns of the clinicians and that she has a valid reason why she has those concerns. So I think it just—like, **it made her feel good**. At the end when I asked her, I was like, "Okay." She said, "**Oh, that tool was great.**"*

I referred back to that a lot when I was using the decision tool because it helped me realise that maybe my concerns aren't as worrisome as they should be. I was like, "Oh, maybe it's only a yellow and it's not a red even though I think it's a red, my client thinks it's a green. So I think having that colour-coded chart is really helpful to use with the tool.

56

56

IMPACT

Client

- Facilitated improved conversations
- Sharing of information, understanding the rationale behind the decision making, collaborative conversations

Clinician

- Improves confidence
- Validates decision making
- Increases clarity of thinking

57

IMPACT

*Client: Well, what are you going to do with this?" And I said: "I'm doing these to see **where your strengths are, where your weaknesses are, and what we can do to help** you function at your best and highest levels. So, by doing this we're going to give you ideas on how to keep safe, and how to, you know, mitigate or decrease the risk of living at home, and stuff." So, he was really happy about that, he was like: "Oh okay, I'll do anything you need me to, then. You know, just get me home." So, I think that helped, and having him, you know: "I'll talk to anyone about living at risk, yes, I want to be part of this study!"*

*Clinician: I think for me, it's made me feel **more confident** to talk about these things and discuss the concerns. Kind of like the script. Scripting helps. It's just more confidence to start zeroing in and talking and trying to work through the four-step approach, kind of thing. It does give you...an education on **how to proceed** and **how to engage** the team for this discussion,*

58

IMPROVEMENTS

Clinician Reflection

- Step 1 – Who is Concerned

Risk Communication


- Step 4 – How to have a conversation

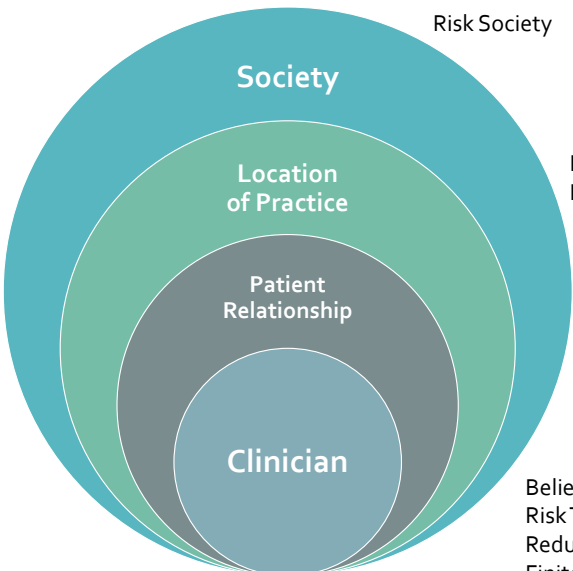
59

1

What is the older adult at risk of and who is concerned?

CLINICIAN REFLECTION





Risk Society

Hospital
Fear of litigation

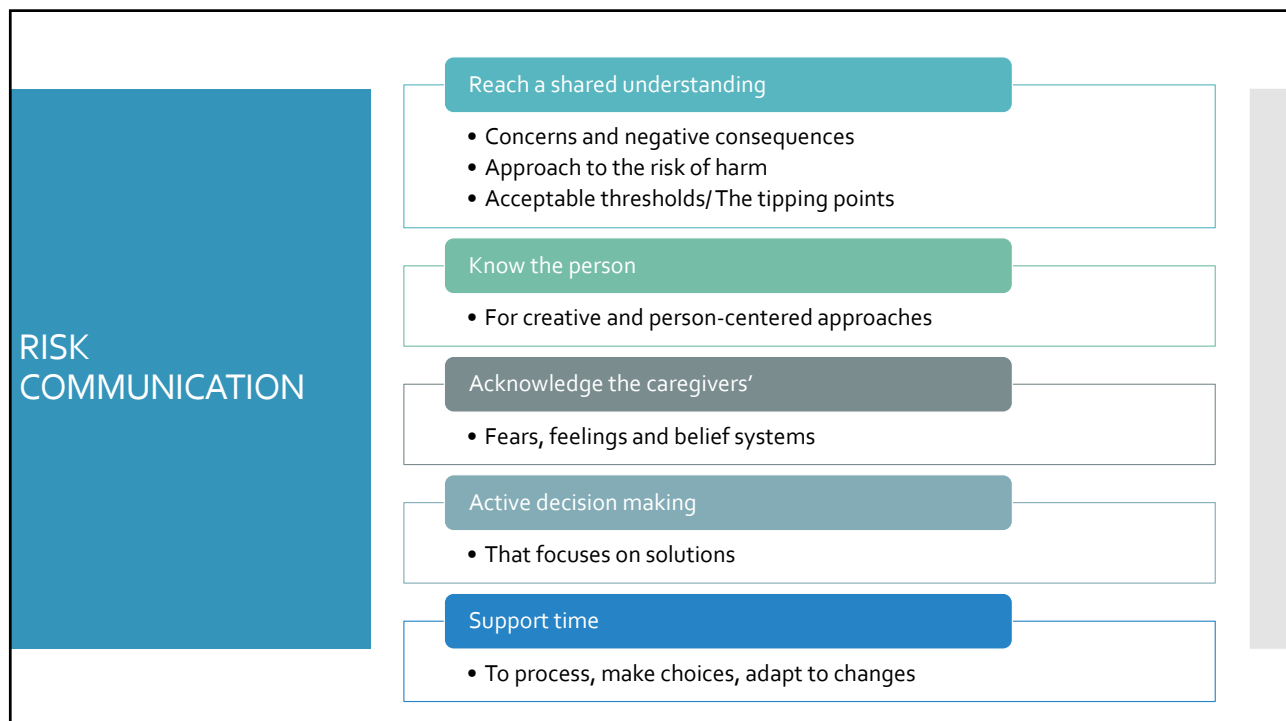
Beliefs about shared decision making
Types of decisions

Beliefs about risk
Risk Tolerance
Reducing your discomfort
Finite vs Infinite mind set
Mental Models
Confirmation bias

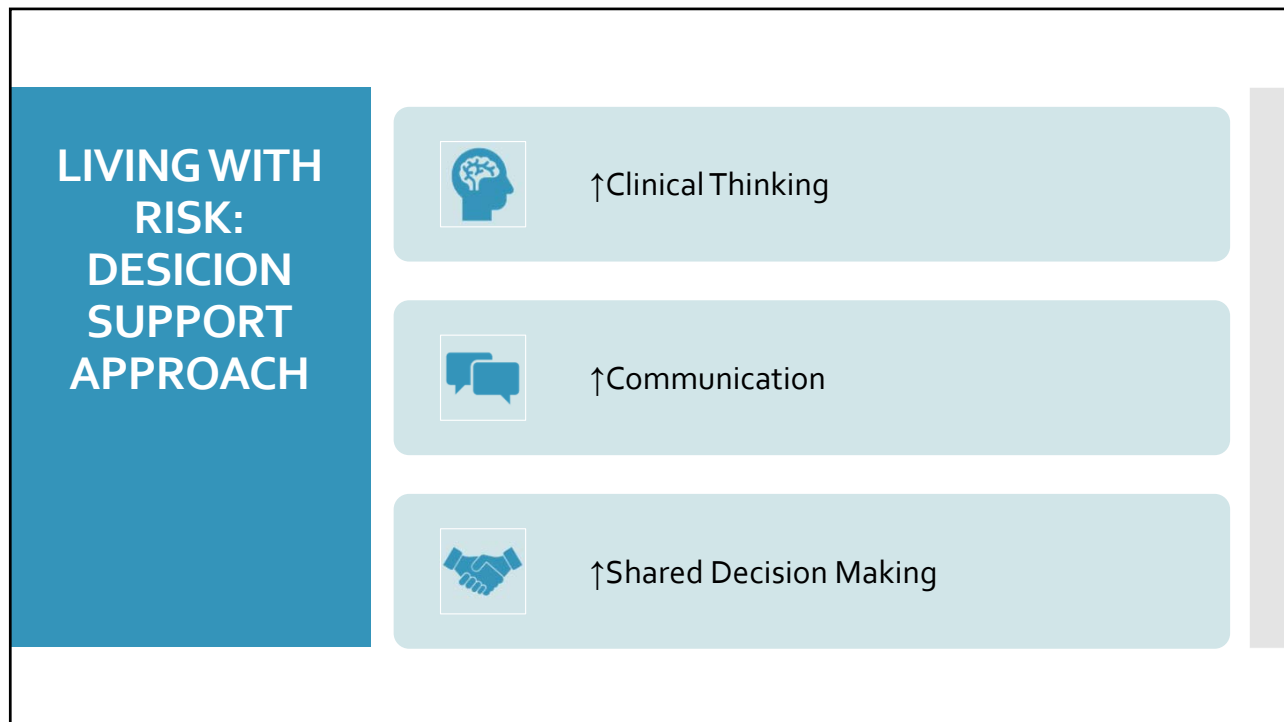
60



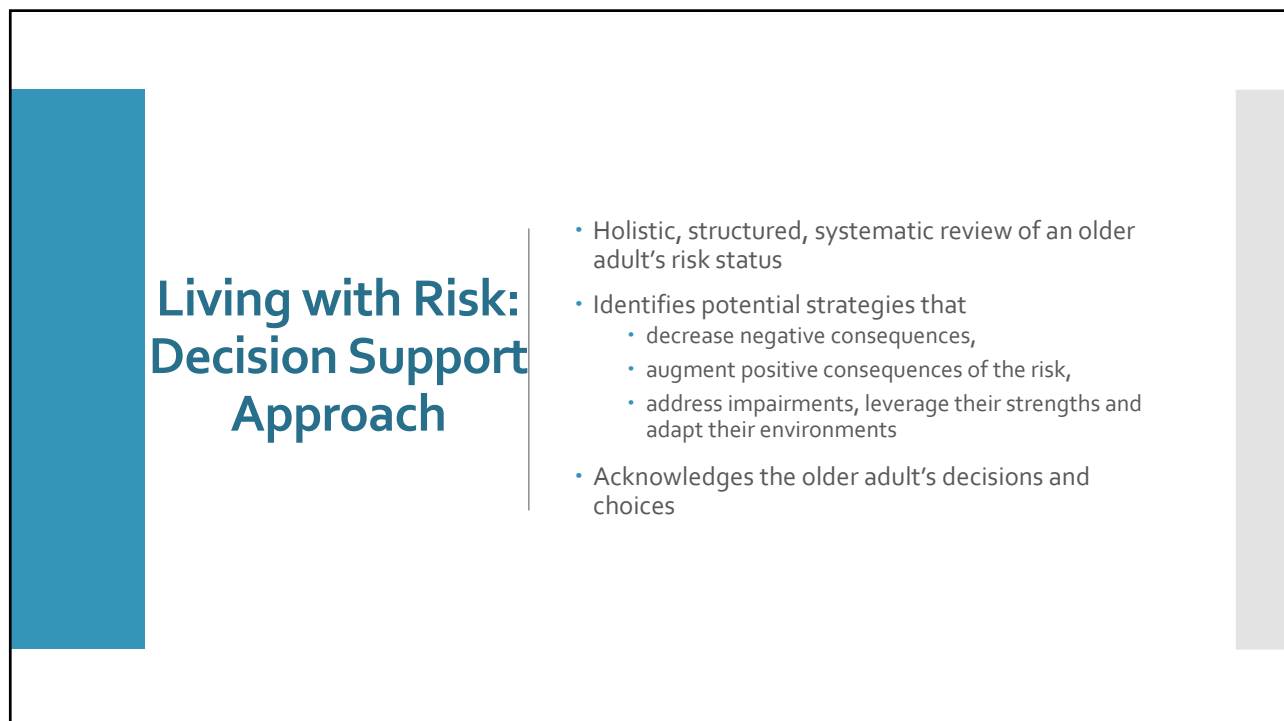
61



62



63



64

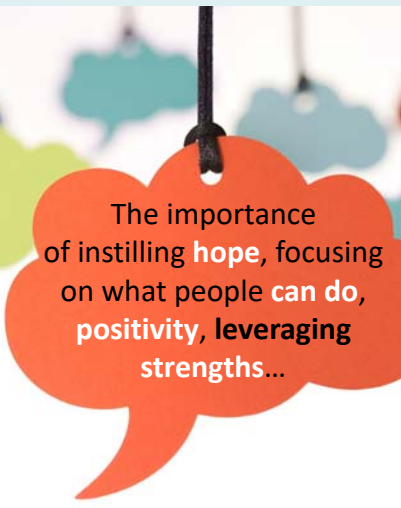
Living with Risk: Decision Support Approach

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.

65

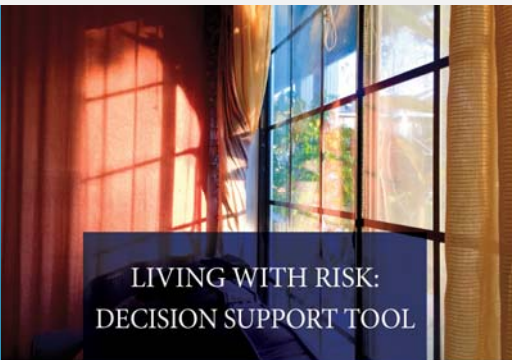
THE LAST WORD



The importance of instilling **hope**, focusing on what people **can do**, **positivity**, **leveraging strengths**...

*'In general, I have a lot of problems that drag me down or make me feel ill basically you know because I can't handle them and then she'll give me sort of a little tip on phoning a certain person or something. Or else an answer that doesn't completely depress me. **And then you feel you have the guts, that it is not impossible. Then you feel like there is hope they can solve these problems, you know, one by one. Instead of not solving them at all. So I don't give up'** (older adult from the community)*

66



LIVING WITH RISK:
DECISION SUPPORT TOOL

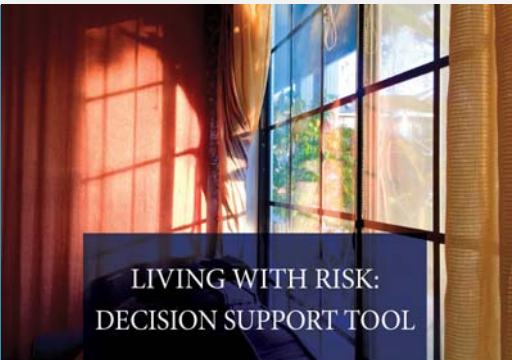
INSTRUCTION MANUAL FOR CLINICIANS
WORKING WITH OLDER ADULTS

Next Steps

- Implementation Study - 2022
- Recruiting 30 clinicians – March 2022
- Use the tool in routine practice x 2 months
- Training, worksheets, instruction guide, implementation guide

Contact: hmacleod@toh.ca

67



LIVING WITH RISK:
DECISION SUPPORT TOOL

INSTRUCTION MANUAL FOR CLINICIANS
WORKING WITH OLDER ADULTS

Future Steps

- Decisional Needs Assessment
- Outcome RCT

Contact: hmacleod@toh.ca

68

RESEARCH TEAM



This research is funded by Canadian Frailty Network (Technology Evaluation in the Elderly Network), which is supported by the Government of Canada through the Networks of Centres of Excellence (NCE) program.

Project Role	Individual	Affiliation
Principal Investigator	Véronique Provencher	Université de Sherbrooke
Co-Investigators:		
Knowledge User	Heather MacLeod	Knowledge Translation Specialist in Geriatrics, Regional Geriatric Program of Eastern Ontario
Knowledge User	Jennifer Klein	Healthcare Improvement Specialist, Glenrose Rehabilitation Hospital
Knowledge User	Shaen Gingrich	Geriatric Knowledge Translator, North East Specialized Geriatric Centre
Researcher & Knowledge User	Marie-Jeanne Kergoat	Geriatrician, Université de Montréal
Researcher	Nathalie Veillette	Université de Montréal
Researcher	Nathalie Delli-Colli	Université de Sherbrooke
Researcher	Mary Egan	University of Ottawa
Researcher	Dominique Giroux	Université Laval
Research Assistants:	Monia D'Amours Ariane Grenie	Centre de recherche sur le vieillissement - Sherbrooke
	Michelle Roy Chantal Foidart	Glenrose Rehabilitation Hospital - Edmonton Geriatric Assessment Outreach Team - Ottawa

69

References

- ¹Canadian Mortgage and Housing Corporation. (2008). *Impacts of the aging of the Canadian population on housing and communities*. Ottawa, ON:CMHC.
 - ²Popejoy, L. L. (2011). Complexity of family caregiving and discharge planning. *J Fam Nurs*, 17(1), 61-81. doi:10.1177/1074840710394855
 - ³Roy, N., Dubé, R., Després, C., Freitas, A., & Légaré, F. (2018). Choosing between staying at home or moving: A systematic review of factors influencing housing decisions among frail older adults. *PLoS One*, 13(1), e0189266–e0189266. <https://doi.org/10.1371/journal.pone.0189266>
 - ⁴Titterton, M. (2005). *Risk and risk taking in health and social welfare*. London: Jessica Kingsley Publishers.
 - ⁵MacLeod, H., & Stadnyk, R.L. (2015). Risk: 'I know it when I see it': how health and social practitioners defined and evaluated living at risk among community-dwelling older adults. *Health, Risk & Society*, 17(1), 46-63
 - ⁶Clarke, C. (2000). Risk: Constructing care and care environments in dementia. *Health, Risk & Society*, 2(1), 83-93.
 - ⁷Kuluski, K., Gill, A., Naganathan, G., Upshur, R., Jaakimainen, R.L., & Wodchis, W.P. (2013). A qualitative descriptive study on the alignment of care goals between older persons with multi-morbidities, their family physicians and informal caregivers. *BMC Family Practice*, 14:133
 - ⁸Oxford Dictionary retrieved from <https://en.oxforddictionaries.com/definition/risk> on October 12th, 2016
 - ⁹Purdy, G. (2010). ISO 31000:2009 Setting a new standard for risk management. *Risk Analysis*, 30(6), 881-892. Doi:10.1111/j.1539-6924.2010.01442.x
 - ¹⁰Resnick, B. (2014). Resilience in Older Adults. *Topics in Geriatric Rehabilitation*, 30(3), 155-163.
 - ¹¹MacLeod, S., Musich, S., Hawkins, K., Alsgaard, K., & Wicker, E.R. (2016). The impact of resilience among older adults. *Geriatric Nursing*, 37 (4), 266-272.
 - ¹²Sackett, D. L., Straus, S. E., Richardson, W. S., Rosenberg, W., & Haynes, R. B. (2000). *Evidence based medicine: How to practice and teach EBM* (2nd ed.). London: Churchill Livingstone.
 - ¹³Stevenson, McDowell, M. E., & Taylor, B. J. (2018). Concepts for communication about risk in dementia care: A review of the literature. *Dementia* (London, England), 17(3), 359–390. <https://doi.org/10.1177/1471301216647542>
 - ¹⁴Stevenson, M & Taylor, B. J. (2017). Risk Communication in Dementia Care: Professional Perspectives on Consequences, Likelihood, Words and Numbers. *The British Journal of Social Work*, 47(7), 1940–1958. <https://doi.org/10.1093/bjsw/bcw161>
 - ¹⁵Stevenson, M., Savage, B., & Taylor, B. J. (2019). Perception and Communication of Risk in Decision Making by Persons with Dementia. *Dementia* (London, England), 18(3), 1108–1127. <https://doi.org/10.1177/1471301217704119>
 - ¹⁶Stevenson, M. & Taylor, B. J. (2018). Risk communication in dementia care: family perspectives. *Journal of Risk Research*, 21(6), 692–709. <https://doi.org/10.1080/13669877.2016.1235604>
- Additional References:
- Lee, L., Hillier, L., Lu, S., Martin, S., Pritchard, S., Janzen, J., & Slonim, K. (2019). Person-centered risk assessment framework: assessing and managing risk in older adults living with dementia. *Neurodegenerative Disease Management*, 9(1), 47–57. <https://doi.org/10.2217/nmt-2018-0031>
- Marsh, P., & Kelly, L. (2018). Dignity of risk in the community: a review of and reflections on the literature. *Health, Risk & Society*, 20(5-6), 297-311.

70