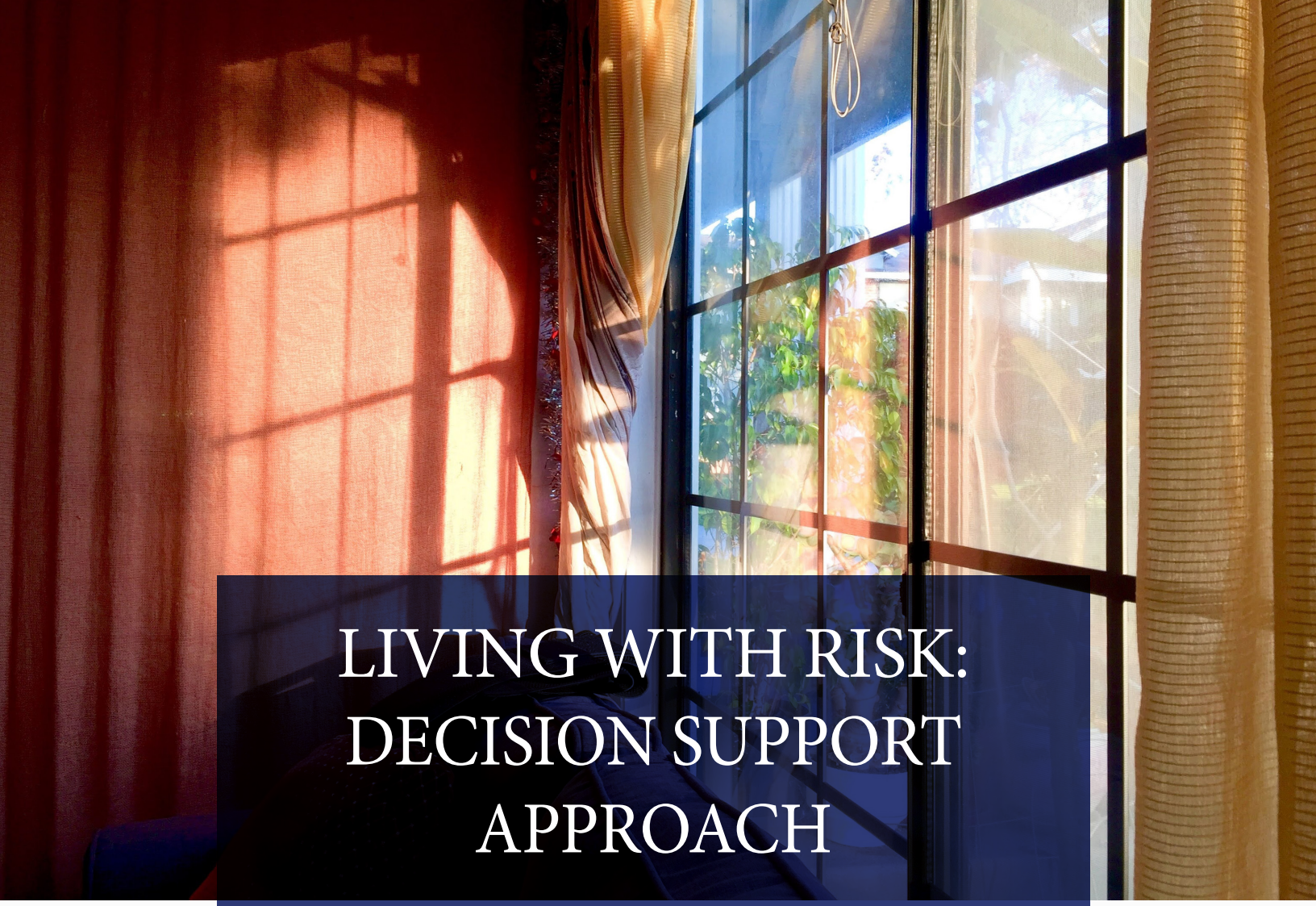

LIVING WITH RISK: DECISION SUPPORT APPROACH

INSTRUCTION GUIDE FOR CLINICIANS WORKING WITH OLDER ADULTS

LIVING WITH RISK: DECISION SUPPORT APPROACH RESEARCH GROUP

MARCH 2022

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The Living with Risk: Decision Support Approach (LWR:DSA) is a process that has been developed to assist clinicians in the assessment of older adults' risk status associated with remaining at home or returning home after hospitalization.

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What the LWR:DSA is NOT...

LWR:DSA :

- does NOT replace clinical judgment; the information collected by the clinicians using this approach needs to be analyzed while taking into account the global context of the situation;
- does NOT predict outcomes with certainty;
- does NOT result in an overall score.

TABLE OF CONTENTS

What is the *Living with Risk: Decision Support Approach?*

The *Living with Risk: Decision Support Approach* (LWR:DSA) is a process that encourages clinicians to:

- collect and organize information stemming from concerns related to the older adult's safety;
- evaluate the situation in a structured manner to recognize and support the valued outcomes of informed risk taking, and minimize the negative consequences of risk through optimizing health and function, leveraging strengths and adapting environments;
- prevent overestimation or underestimation of an older adult's possible exposure to the risk for harm.

How can the LWR:DSA help?

This approach supports a **holistic and structured review of an older adult's risk status** by identifying potential strategies that acknowledge older adult choices and decision-making.

This is a **reflective** approach designed to help with care plan discussions by:

- ensuring that a wide variety of potential risk categories are addressed;
- supporting a balanced problem-solving process that includes input from the older adult and caregivers.

When used by a team, this approach can also help

- outline accountability for who will address each issue and follow up on the care plans;
- encourage a collaborative team process, especially during the discharge planning discussions.

Why, when and how to use the LWR:DSA

WHY USE THE LWR:DSA?

The LWR:DSA can be used to strengthen

- **clinical thinking for decision-making;** used individually or as a team, to gather comprehensive information about the older adult context for informing decision-making related to goal-based person-centred treatment plans that optimize the health, function and safety of older adults.
- **communication for** decision-making:
    - o between the older adult, caregiver and the clinician to identify areas of concern, the rationale for the concern and justifications for the proposed recommendations;
    - o between clinicians working with the older adult over time on identified safety-related concerns.

WHEN IS THE LWR:DSA MOST USEFUL?

The LWR:DSA may be useful when the goals of care and/or discharge plans differ

- between clinicians;
- between the older adult and their caregiver, and/or;
- between clinicians and the older adult and/or caregiver.

HOW TO USE THE LWR:DSA?

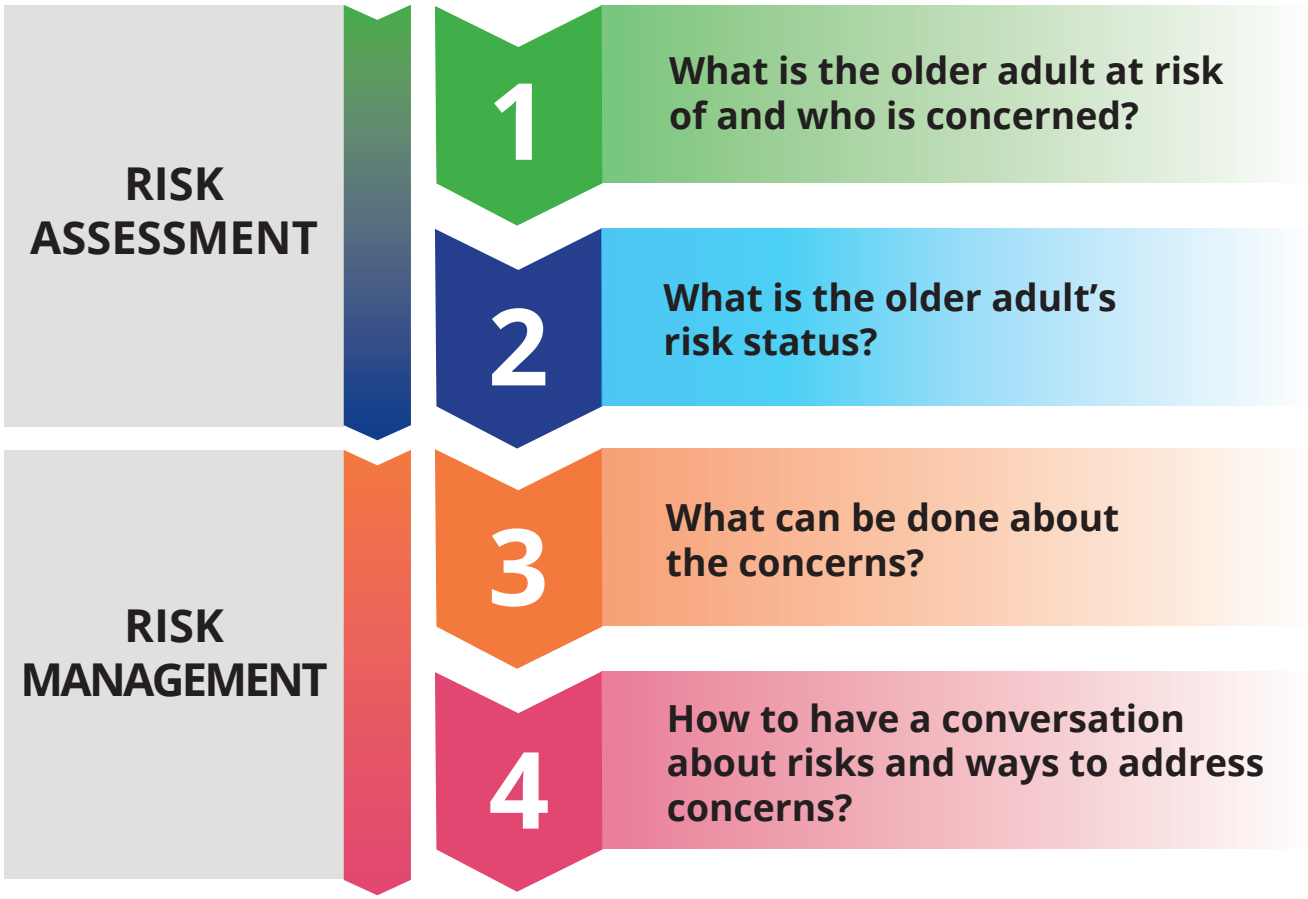
The LWR:DSA is the four questions listed on page 3 and explained on pages 4-14.

These questions are meant to help guide a systematic review of the older adult's risk status. The worksheets (pages 27-34) have been developed as a way to provide a practi-cal format for documenting the process involved in reviewing the 4 questions. Complete the worksheets in the manner that is most clinically relevant and useful for you, your team and the older adult. The LWR:DSA is to be used to guide your decision-making and communication to the older adult and caregiver and between each other.

THE LWR:DSA

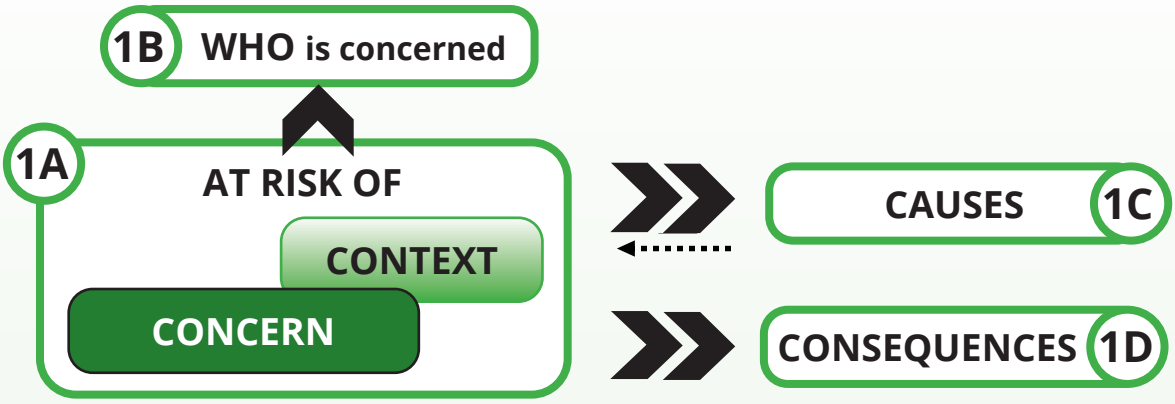
The LWR:DSA is a 4-step process to risk assessment and management. The Risk Analysis Worksheet and Summary Table can be used as a practical example of how a clinician or a team can gather and document the information for each step. They are optional and can be amended to suit the clinical need.

A 4-STEP PROCESS



1 Risk assessment

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



1A Clearly state what you, the older adult, their caregiver and the health care team are saying the older adult is at risk of.

Worries about risk are driven by concerns that something bad will happen. It is important to clearly identify this risk within the context so that it can be accurately and thoroughly analyzed.

EXAMPLES :

CONCERNS

- **Falls**
- **Malnutrition**
- **Fires**
- **Wayfinding**
- **Motor Vehicle Collision**
- **Medication mismanagement**
- **Financial mismanagement**
- **Abuse** (Physical, Financial, Emotional, Neglect, Sexual)
- **Suicide/homicide**

CONTEXTS

Unsafe driving
Using the stove to prepare meals
Falls when the person is up during the night

Determine onset and progression:

If this is not NEW or DIFFERENT, has this been addressed before?

- If not, are these choices the older adult has been making?
- If so, are there new factors that can be addressed?

1 Risk assessment

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

1B WHO is concerned by what the older adult is at risk of?

- Yourself, another clinician, the health care team?
- The older adult?
- A caregiver?

Understand differences of opinions:

- Take into account the older adult's values, beliefs, goals and right to self-determination.
- Understand cause of caregivers' concerns.
- Understand if your values/discomforts are impacting the decision-making.

1C Determine the CAUSE(S):

- Is there a **change in:**
  - Deficits (cognitive, physical mental health)?
  - Health conditions (diseases)?
  - Personality (values, beliefs, choices)?
  - Physical environment (home, neighbourhood)?
  - Social environment (formal and informal support)?
  - Economic environment (financial resources)?
- Is the cause treatable or reversible?
- Can the environments be adapted or better supported?

1D Determine the CONSEQUENCE(S) for the older adult:

- What are the consequences of the concerns? For example,
  - Related to their **health** (hospitalization, harm to themselves or others, death).
  - Related to **quality of life** (functional decline, financial issues, eviction or relocation to a different living environment, over-protection, resilience, engagement in meaningful activities)

RISK ANALYSIS WORKSHEET

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

At risk of **(example)**

1A → **Concern** | *Falls*

Context(s) | *Getting up at night to void*

1B → **WHO is concerned** + level of risk ● ▼ ■

✓	Clinician	✓	Older Adult	✓	Caregiver

1C → **Cause(s) of the concern**

Balance issues
Decreased vision
Polypharmacy

1D → **Potential consequence(s) of this concern**

Hip fracture

Recommendations to reduce the concern, its causes and its consequences	Older adult in agreement YES	Older adult in agreement NO	Options/ alternatives

Older adult's perspective

2 Risk assessment

What is the older adult's risk status?

Evaluate the older adult's risk status.

- Consider reviewing the following factors for each concern within its context (i.e. falls when the person is up during the night) to determine if risk status is low ●, medium ▼ or high ■:

SAFETY CONTINUA

1. Capacity Continuum: Is the older adult capable to make this health care decision?

LOW	MEDIUM	HIGH
Yes	Unsure	No

2. Occurrence continuum: Is the concern occurring now?

LOW	MEDIUM	HIGH
No	Risk factors	Yes

3. Frequency continuum: How often is this concern occurring?

LOW	MEDIUM	HIGH
Yearly	Monthly	Daily

4. Likelihood continuum: How likely is the concern and/or consequences to occur?

LOW	MEDIUM	HIGH
Unlikely	Moderate	Highly

5. Severity continuum: How severe would the consequences be?

LOW	MEDIUM	HIGH
Minimal	Moderate	Catastrophic

6. Imminency continuum: How imminent are the consequences?

LOW	MEDIUM	HIGH
Long-term	Short-term	Immediate

7. Support Continuum: Does the older adult have consistent reliable support in place?

LOW	MEDIUM	HIGH
Lots	Some	None

8. Complexity Continuum: Are there other concerns occurring?

LOW	MEDIUM	HIGH
Single	Some	Many

Adapted from MacLeod & Stadnyk, 2015[1]

2 Risk assessment

What is the older adult's risk status?

The Safety Continua

The Safety Continua is a review of several factors (frequency, likelihood, etc.) for each concern that you feel that the older adult is at risk of to help determine if this is a low, medium or high risk situation. The clinicians in MacLeod and Stadnyk's study[1], contextualized risk status by traffic light colours associating:

- **low risk** with the colour green (go),
- **medium risk** with the colour yellow (caution),
- **high risk** with the colour red (stop/danger).

While the colours provide a visual depiction that is easily understood, there remains subjectivity in the assignment of colours/risk status.

- Factors that do not seem appropriate do not have to be analyzed but should be considered.
- Given the multitude of possible contextual elements involved for each factor for each individual, these factors cannot be objectively quantified to obtain a final score. For instance, the number of colours cannot be added (ex: 3 yellow and 1 red) to determine the global level of risk (yellow or red?). These factors help support clinical reasoning and inform potential recommendations rather than provide an overall level or score.

RISK ANALYSIS WORKSHEET

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

At risk of **(example)**

Concern *Falls*

Context(s) *Getting up at night to void*

WHO is concerned

+ level of risk ● ▼ ■

✓ Clinician	✓ Older Adult	✓ Caregiver
■	●	▼

Cause(s) of the concern

Balance issues
Decreased vision
Polypharmacy

Potential consequence(s) of this concern

Hip fracture

Recommendations to reduce the concern, its causes and its consequences	Older adult in agreement: YES	Older adult in agreement: NO	Options/ alternatives

Older adult's perspective

3 Risk management

What can be done about the concerns?

What does the older adult want?

- What matters most to the older adult – what "makes life worth living"?
- What was the older adult's past habits, choices and desires?
- Acknowledge the power imbalance that exists among clinicians, older adults and their caregivers and how this might influence your recommendations to the older adult.

What can be done about the concerns?

- Prevent the concerns or minimize the frequency;
- Modify or adapt the context.

What can be done about the causes (impairments and environments)?

- Optimize impairments, enhance strengths, adapt environments.

What can be done about the consequences?

- Minimize the negative consequences, augment the positive consequences, weigh the emotional and physical consequences, weigh the consequences of remaining in hospital versus being discharged home.

What aggravating factors can be modified? For example:

- improve the older adult's cognitive impairment by supporting physical, social and cognitive activity and addressing vascular risk factors;
- improve the older adult's physical impairments by recommending increasing strength and balance;
- adapt the older adult's physical environment to reduce any trip hazards;
- augment the older adult's social environment by increasing formal and informal support and/or services.

3 Risk management
What can be done about the concerns?

What protective factors can be optimized? For example:

- leverage the older adult's motivation to return home by recommending participation in meaningful activities for them (ex: gardening, taking their bath);
- leverage the older adult's habitual memory by using familiar objects or environments;
- expand caregiver support to more members.

What can be done based on the risk status?

- **Low risk** 
  - What treatment and/or recommendations can be offered to ***prevent*** the concerns from happening or the potential negative consequences?

- **Medium risk**
  - What treatment and/or recommendations can be offered to ***reduce*** the risk status from medium to low?

- **High risk** 
  - What treatment and/or recommendations need to be ***urgently*** put in place to reduce the risk status from high to medium or low?

What can be done based on resource availability?

- **Accessibility**
  - Does the older adult meet the resource eligibility criteria to access services and equipment?

- **Timing**
  - What are the wait times for resources, equipment and/or home modifications?

- **Finances**
  - Can the older adult afford the services or equipment?

RISK ANALYSIS WORKSHEET

3. What is the older adult's risk status?

At risk of **(example)**

Concern *Falls*

Context(s) *Getting up at night to void*

WHO is concerned + level of risk ● ▼ ■

✓ Clinician	✓ Older Adult	✓ Caregiver
■	●	▼

Cause(s) of the concern

Balance issues
Decreased vision
Polypharmacy

Potential consequence(s) of this concern

Hip fracture

3 → Recommendations to reduce the concern, its causes and its consequences

	Older adult in agreement		Options/ alternatives
	YES	NO	
Install night-lights			
Use a walker for mobility at night			
Wear glasses for mobility at night			

Older adult's perspective

4 Risk management

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

Communicating risk status

- Based on the risk status for each concern (refer to the *Living with Risk: Decision Support Approach* worksheets) discuss with the older adult, caregivers (with the older adults' permission) and team members:
  - The rationale used for the risk status determination (low ●, medium ▼, high ■).
  - The recommendations suggested:
    - to reduce the frequency of the concerns and/or negative consequences;
    - to maximize older adult autonomy and the benefits of taking the risk.

When the concerns and the risk status are in agreement amongst the older adult, caregiver and clinician/team:

- Support the establishment of priorities.

When the concerns and the risk status are in disagreement amongst the older adult, caregiver and clinician/team:

- Support discussions to better understand the reasons and rationale for the divergence;
- Support discussions to see if the recommendations are acceptable.
  - If the older adult is in disagreement with the proposed recommendations, what can make them more acceptable?
  - Suggest more acceptable recommendations by offering or modifying the current recommendations to increase their alignment with the older adult's preferences;
  - Document all the proposed recommendations so that the older adult can consult at a later date.

RISK ANALYSIS WORKSHEET

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

At risk of **(example)**

Concern *Falls*

Context(s) *Getting up at night to void*

WHO is concerned + level of risk ● ▼ ■

✓ Clinician ■	✓ Older Adult ●	✓ Caregiver ▼

Cause(s) of the concern

Balance issues
Decreased vision
Polypharmacy

Potential consequence(s) of this concern

Hip fracture

Recommendations to reduce the concern, its causes and its consequences	Older adult in agreement: YES	Older adult in agreement: NO	Options/ alternatives (4)
Install night-lights	✓		
Use a walker for mobility at night		✓	*Use a cane*
Wear glasses for mobility at night	✓		

Older adult's perspective *Finds a walker too cumbersome.*

Foundational Supporting Concepts

The LWR:DSA is based on the following definitions of risk.

Risk

Risk is "the effect of uncertainty on objectives where the consequences could vary from loss and detriment to gain and benefit (p882)"[2].

The LWR:DSA was developed based on the following concepts:

Comprehensive Geriatric Assessment (CGA)

The CGA is considered the gold standard of care for the frail older adult[3]. It is a holistic review of an individual's physical, cognitive, mental, medical health and environmental factors with the goal of optimizing their health, safety and function. It is also a holistic approach to care of the frail older adult in providing interdisciplinary patient-focused screening, assessment and risk identification for the provision of goal-based care planning and intervention. A recent Cochrane review showed that those who underwent a CGA on an inpatient ward had a 30% higher chance of being alive and being in their own home at 6 months[4].

Dignity of Risk

The dignity of risk is the principle of allowing an individual the dignity afforded by risk-taking that results in the enhancement of personal growth and quality of life[5].

Therapeutic Risk

Therapeutic risk is the positive health and well-being outcomes that can arise from risk taking[6]. For instance, resilience is a positive by-product of taking risks and only comes about by taking a risk or overcoming a challenge[7]. High resilience later in life has been associated with reduced depression and mortality risk, better self-perceptions of aging successfully, increased quality of life and improved lifestyle behaviours[8].

Person-centred positive risk-taking framework

A person-centred positive risk-taking framework is a balanced risk assessment approach by not only making judgments about the individual's capabilities but also their coping resources; not only acknowledging the possible disadvantages and harms but also the gains for the individual's physical, psychological and emotional well-being[9].

Person-centred care

Person-centred care considers the older adult's cultural traditions, their personal preferences and values, their family situations and their lifestyles and ensures that patients are an integral part of the care team who collaborate with clinicians in making clinical decisions[10].

Shared decision-making

Shared decision-making occurs when clinicians and older adults work together to make decisions about treatments and care plans based on clinical evidence that balances potential negative consequences and expected outcomes with the older adult's preferences and values[11]. Additionally, "information is shared clearly to promote informed choice, patients' capabilities and strengths are drawn on, and the outcomes of a decision are managed by effective assessment and collaborative planning (p.81)"[12].

Capacity

***** Please defer to your practice context's legislation (regulatory college, organizational mandates, policies and procedures, etc.) regarding informed older adult consent for treatment decisions. *****

For example, in Ontario, all health-care practitioners must obtain informed consent for the provision of health care treatment. The Health Care Consent Act (HCCA), enacted in 1996, establishes the rules for determining capacity in treatment decision and for obtaining informed, voluntary consent from either the capable older adult or his or her substitute decision maker (SDM) (S.O. 1996, Chapter 2: Schedule A).

A person is capable with respect to a treatment, admission to a care facility or a personal assistance service if the person is able to understand the information that is relevant to making a decision about the treatment, admission or personal assistance service, as the case may be, and able to appreciate the reasonably foreseeable consequences of a decision or lack of decision (1996, c. 2, Sched. A, s. 4 (1)).

A person is presumed to be capable with respect to treatment, admission to a care facility and personal assistance services (1996, c. 2, Sched. A, s. 4 (2)) unless the health-care practitioner has reasonable grounds to believe that this person is incapable with respect to the treatment, the admission or the personal assistance service, as the case may be (1996, c. 2, Sched. A, s. 4 (3)).

The Clinical Context

Home is where 85% of Canadians over the age of 55 want to remain for as long as possible even if their health changes[13].

Community Context

A decrease in independence and health status may activate assessments by healthcare providers who are asked to evaluate individuals whose mental status, patterns of self-care, judgment and decisions in financial and personal matters raise concerns about their safety and ability to live alone[14].

Hospital Context

Hospitalization for frail older adults may result in functional decline and/or deconditioning which can increase the older adult's risk of potentially preventable harm upon return home[15-18].

For these reasons, in both community and hospital contexts it is important that clinicians thoroughly review potential safety concerns. A thorough review that includes consideration of potential benefits of risks and strategies to minimize harm is required to support a discharge home and ultimately prevent further functional decline, injuries and unplanned hospitalizations[19-20], premature long-term care admissions[21], and even death[22].

Such a thorough assessment is particularly important for older adults seen in hospital, as older adults assessed in hospital are substantially more likely to be admitted to residential care than those assessed in the community[23].

LWR:DSA supports best practice guidelines for care planning meetings[24].

Mutuality

- Information is shared between all parties;
- Mutual sharing of expectations prior to discussions.

Inclusiveness

- The older adult feels included in decision-making.

Clear outcomes

- Timeframe is given to the older adult when decision-making needs to occur.

Person Centredness

- The care is responsive to the older adult's needs;
- Democratic communication and facilitation styles create a culture of partnership and collaboration.

Additional guidance for each step of the LWR:DSA

1 Risk assessment

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

Reflection on perceiving risk differently

Older adults, caregivers and clinicians perceive risks differently[25]. Additionally, patient goals are often misaligned with caregiver and clinician goals when safety is identified as a concern[26].

- **Older Adults**
  - relate to the biographical domains of risk such as a loss of identity[27];
  - are sometimes concerned about risk from outside themselves, for instance strangers who may be trying to access their home, or criminal activity in their neighbourhoods[28].
- **Caregivers**
  - emphasize the present and focus on the interpersonal impacts of risk[27];
  - evaluate risk along an acceptable to non-acceptable continuum suggesting that everyone has a tipping point which results when the risk in their evaluation becomes unacceptable to them[28].
- **Clinicians have a tendency to**
  - overestimate risk[27];
  - focus on extreme harm rather than risks associated with daily living[12];
  - emphasize the future and focus on the negative and physical consequences of risk[27, 29, 30];
  - focus on the fear of physical harm during discharge decision making[31];
  - be paternalistic[12] and risk averse[5];
  - be reluctant to allow people to make risky choices[32].
- **Clinicians are better able to support increased risk when they**
  - focus on the older adult's goals[29, 33];
  - are supported by their organization and not worried about litigation[15, 29];
  - receive feedback from community partners;
  - are able to reflect on their practice and debrief with their colleagues[29];
  - become more experienced and closer to being an older adult[29, 33];
  - are able to gather comprehensive information about the client (i.e. holistic assessment) comprehensively (i.e. from multiple sources, client, caregiver, friends, home environment)[29];
  - are able to work with the older adult over time or arrange for further involvement with other clinicians[29].

Personal Reflection

- **How does your mental models impact on your approach to risk assessment?**
  - What are your personal and professional beliefs about risk taking?
  - Do you value safety over autonomy?
  - Do you have a tendency towards overprotection, or have you become desensitized?
  - Are you making recommendations that favor decreasing your discomfort?
  - What are your professional beliefs about shared decision making even with older adults with cognitive impairments?
  - Do you approach risk assessment in a binary, finite way (i.e., safe or not safe) instead of a continuum of safe to unsafe?
  - Do you go into the decision-making process with a predetermination of what you believe or want to happen and then only see the answers that confirm this belief? A broadened approach to risk assessment requires an infinite mindset by not being immediately dichotomous it allows for more creativity in problem-solving.
- **How does your clinical setting impact on your approach to risk assessment?**
  - Do you feel supported by your organization, or do you fear litigation should bad outcomes occur?
  - Is there a pressure to discharge your client prior to the assessment being completed and /or the services put in place?

2 Risk assessment

What is the older adult's risk status?

Is the older adult capable of making the decision about their care (proposed treatment / recommendations)?

- Disagreeing with treatment interventions and recommendations does not mean that the older adult is incapable.
- Follow the legislation for your Health Care Consent Act in your jurisdiction.

For instance, the Ontario Health Care Consent Act (2005) states that

- All individuals are presumed capable, until proven otherwise;
- Capacity is decision specific;
- All health care practitioners must determine a person's capacity to understand the proposed health care treatment;
- Others (caregivers, family members) cannot be consulted without the patient's consent if the patient is capable of making the decision.

- Consider capacity decision aids[34] such as the Aid for Capacity Evaluation http://www.jcb.utoronto.ca/tools/documents/ace.pdf) for reviewing with team members should you need assistance in determining a client's capacity for treatment decision-making.

Is the concern occurring now?

- An event that is currently occurring is considered a higher risk than an event that is not occurring[1].

If this concern is currently occurring, how often is it occurring?

- An event that is occurring frequently is evaluated as higher risk than an event that occurs rarely.

How likely is the concern to occur for this older adult?

If the concern is actually occurring now or likely to occur:

- **How likely are the consequences, related to this concern, to occur for this older adult?**
  - Consider risk factors, context and likelihood using evidence.

How severe would the consequences be?

- Consider the older adult's context;
- Clinicians rated the situation as higher risk when the consequences affected others (i.e. driving safety issues, fires in an apartment building)[1].

How imminent are the consequences?

- How long will it take for the consequences of the event to occur for the older adult?

Does the older adult have consistent, reliable support in place?

- Having consistent reliable support in place can reduce a high risk to a low risk situation.

Are there other concerns occurring?

- Clinicians rated the situation as higher risk when there were multiple concerns occurring[1].

Determining levels of risk

- **How do I determine the overall risk status for each event and then for risk status overall?**
  - There will be times when you can't decide between choosing a medium risk and a high risk for one of the factors of the safety continua. Remember that this is a continuum and your answer may fall somewhere in between these two discrete categories.

3 Risk management

What can be done about the concerns?

- Clinicians felt they were better able to support their clients to live with risk when they were able to access colleagues for debriefing, problem solving, validation and a different perspective[29].
- Clinicians prefer to manage safety concerns by informing the client and by collaborating with the client and caregiver[29]. As guided by most provincial legislation, clinicians can only override a client's wish when they are at imminent risk to themselves or others.

4 Risk management

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

Clinicians, older adults and caregivers have acknowledged the benefit of the LWR:DSA for supporting and guiding conversations around safety concerns. The LWR:DSA can be used to support a safe environment to have and hold conversations especially when there are differences in perspectives.

- **Risk Communication Best Practices including for people living with dementia**
  - **Work towards a shared understanding and not a shared agreement**[35,36]
    - Risk is contextual and has multiple meanings across different stakeholders[35]. Work with the older adult and caregiver on a shared understanding of the concerns, negative consequences and the approach towards the risk of harm[36].
    - Understand the acceptable thresholds and the tipping points for the older adult and/or caregivers[35].
    - Provide the rationale for the concerns and recommendations[37].
  - **Know the person**
    - Work to understand the older adult's values, preferences, goals in order to suggest creative and person-centered approaches to reducing the risk of the negative consequences[38].
    - Understand the needs or values that the 'risky' activity is meeting in order to suggest another activity that would still meet this need and/or value[39,40].
  - **Acknowledge the older adult's and caregiver's fears, feelings and belief systems**[38]
  - **Acknowledge quality of life**
    - Older adults may value quality of life over safety[37]
  - **Encourage active decision making**[36]
    - Involve the person living with dementia in ways that they can participate and decisions that they can make[36]
    - Focus on solutions and on what can be done [36,37]
  - **Support time**
    - Provide the time to process the information, make choices and adapt to changes, as often risk assessment and management is happening in a time of crisis (change in health or functional skills, withdrawal of support, accumulation of further risk factors)[35,36]
  - **Provide information in written format**
    - To help process the information, to refer back to at a later date, for and/or future consideration[37].

Frequently Asked Questions

How was the LWR:DSA developed and how is it being adapted, validated, tested and implemented?

- The LWR:DSA was developed from the literature including a qualitative research study on how clinicians perceived, identified, assessed and treated risk while trying to negotiate safety and autonomy when working with community-dwelling older adults who were labelled as living at risk[1].

- The LWR:DSA was adapted to the hospital context and validated and pre-tested in both the community and hospital setting by the LWR:DSA Research Group: MacLeod, H., Provencher, V., Klein, J., Veillette, N., Kergoat, M.J., Giroux, D., Delli-Colli, N., Gingrich, S., Egan, M and with financial support from the Canadian Frailty Network.

Canadian Frailty Network

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.

- The LWR:DSA is being tested and implemented by clinicians in hospital and community settings by the LWR:DSA Research Group: MacLeod, H., Provencher, V., Kessler, D., Klein, J., Veillette, N., Kergoat, M.J., Giroux, D., Delli-Colli, N., Egan, M , Lewis, K and with financial support from the Canadian Institutes of Health Research.

CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Psychometrics

- **Has the LWR:DSA's inter-rater reliability been tested?**
  - No, as this is an approach to care and not a tool, the inter-rater reliability has not been determined.

- **Can this approach reliably predict whether a frail older adult can be discharged home or remain at home?**
  - Given that individual contexts are highly variable, the LWR:DSA does not predict outcomes such as remaining at home or being discharged home without negative consequences.

LWR:DSA format

- **Is there an on-line version of the LWR:DSA's worksheets?**
  - No, there is currently not any online version of these worksheets. The plan is to have on-line versions of the worksheets available by 2023.

- **Is this approach available in an App format?**
  - No, the LWR:DSA is currently not available in an App format.

- **Is this approach currently in use?**
  - Yes, the LWR:DSA is currently being used in the community, in the emergency departments, in acute care and in intensive rehabilitation units.

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Appendices - Worksheets

- *Living with Risk: Decision Support Approach:* 4-Step Process
- *Living with Risk: Decision Support Approach:* Risk Analysis Worksheet
- *Living with Risk: Decision Support Approach:* Summary Table
- *Living with Risk: Decision Support Approach:* Safety Continua

Living with Risk: Decision Support Approach
4-STEP PROCESS

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

- What are the older adult, the caregiver and the clinicien 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

RISK ANALYSIS WORKSHEET #1

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 — **YES** / **NO**

Options/ alternatives

	YES	NO	
	☐	☐ →	
	☐	☐ →	
	☐	☐ →	

Older adult's perspective

RISK ANALYSIS WORKSHEET #2

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	
	☐	☐ →	
	☐	☐ →	
	☐	☐ →	

Older adult's perspective

RISK ANALYSIS WORKSHEET #3

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 — **YES** / **NO**

Options/ alternatives

	YES	NO	
	☐	☐ →	
	☐	☐ →	
	☐	☐ →	

Older adult's perspective

RISK ANALYSIS WORKSHEET #4

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** YES	NO	**Options/ alternatives**
	☐	☐ →	
	☐	☐ →	
	☐	☐ →	

Older adult's perspective

RISK ANALYSIS WORKSHEET #5

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: YES	Older adult in agreement: NO	Options/ alternatives
	☐	☐ →	
	☐	☐ →	
	☐	☐ →	

Older adult's perspective

SUMMARY TABLE

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

[1] Refer to *Living with Risk: Decision Support Approach*- Safety Continua

LWR: DSA

SAFETY CONTINUA

SAFETY CONTINUA

1. Capacity Continuum: Is the older adult capable to make this health care decision?

LOW	MEDIUM	HIGH
Yes	Unsure	No

2. Occurrence continuum: Is the concern occurring now?

LOW	MEDIUM	HIGH
No	Risk factors	Yes

3. Frequency continuum: How often is this concern occurring?

LOW	MEDIUM	HIGH
Yearly	Monthly	Daily

4. Likelihood continuum: How likely is the concern and/or consequences to occur?

LOW	MEDIUM	HIGH
Unlikely	Moderate	Highly

5. Severity continuum: How severe would the consequences be?

LOW	MEDIUM	HIGH
Minimal	Moderate	Catastrophic

6. Imminency continuum: How imminent are the consequences?

LOW	MEDIUM	HIGH
Long-term	Short-term	Immediate

7. Support Continuum: Does the older adult have consistent reliable support in place?

LOW	MEDIUM	HIGH
Lots	Some	None

8. Complexity Continuum: Are there other concerns occurring?

LOW	MEDIUM	HIGH
Single	Some	Many

Adapted from MacLeod & Stadnyk, 2015[1]