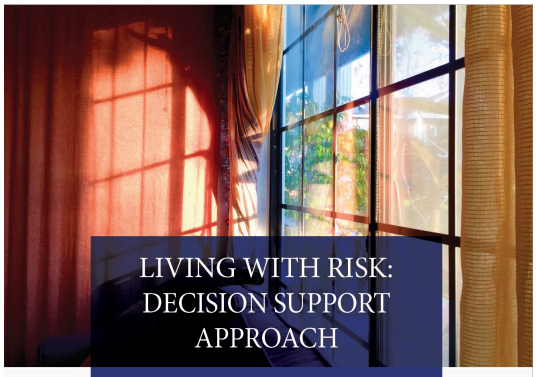

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Université de Sherbrooke

Centre de recherche sur le vieillissement
Research Centre on Aging

Queen's University

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

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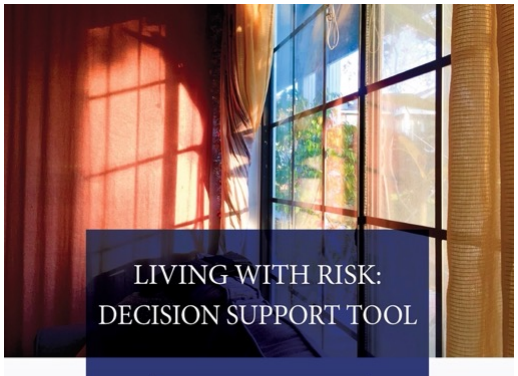

SUPPORTING LIVING *WITH* RISK

2

LIVING WITH RISK: DECISION SUPPORT APPROACH

3

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Meet Sam

85-year-old bachelor referred by out of province brother for assessment of cognition, mood, decline in function and safety.

Lived with sister since he was 65 but she passed away a few weeks prior to the referral. During the assessment

- Client is unshaven and food-stained clothing
- Tearful, admitted to SI,
- Poor appetite, weight loss, minimal food in fridge
- Home is dirty, dilapidated, grass 4-6 inches long,
- Unpaid bills, could not find will, manage estate
- 15/30 on the MoCA

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

5

RISK STATUS

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ESTIMATING RISK

- Clinicians have a tendency to overestimate risk[1]
- Different weightings may be attributed to risk[2]
- Clinicians assess risk over a continuum of low, medium and high[3, 4]
- Types of risks involves more unquantifiable uncertainty rather than risks with quantified knowledge[5]
- Literature for risk and people living with dementia is sparse and varies[2]
  - Stage of dementia is not significantly associated with engagement in unsafe behaviours or number of accidents
  - Not more accidents with living alone then living with spouse
  - Perceptions of risk factors by caregivers and clinicians do not always correspond with actual quantified risks of adverse outcomes in the ways expected

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2 What is the older adult's risk status?

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

Business

Likelihood x Severity

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

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SAFETY CONTINUUM[4]

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

Low	Med	High
Yes	Unsure	No

2. Occurrence Continuum: *Is the concern occurring now?*

Low	Med	High
No	Precursor	Yes

3. Likelihood Continuum: *How likely is the concern and/or consequences to occur?*

Low	Med	High
Unlikely	Moderate	Highly

4. Severity Continuum: *How severe would the consequences of the concern?*

Low	Med	High
Minimal	Moderate	Catastrophic

5. Immediacy Continuum: *How imminent are the consequences of the concern?*

Low	Med	High
Long-term	Moderate	Immediate

6. Frequency Continuum: *How often is this concern happening?*

Low	Med	High
Yearly	Monthly	Daily

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

Low	Med	High
Lots	Some	None

8. Complexity Continuum: *Are there other concerns occurring?*

Low	Med	High
Single event	A couple	Many

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CAPACITY CONTINUUM

- Is the older adult capable to make this health care decision?

Low	Medium	High
Yes	Unsure	No

  - Most health care consent acts require a patient to consent to health care treatment/recommendations.
  - Does disagreeing with your recommendations make patient not capable?
  - Capacity is decision specific
  - What decision are you asking the patient?

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OCCURANCE CONTINUM

- Is the concern occurring now?

Not Falling Potential for falls Falling

"My concern increases when what is a risk becomes things that are actually happening. You are falling. You are burning pots on the stove. You haven't eaten in three days. You haven't taken your medications in a week or more than three times in a week. It's when there's hard evidence that it's not just a potential as these things are happening…"[4]

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LIKELIHOOD CONTINUM

- How likely is the concern to occur?

- What are the prevalences?

  Emergency Department Visits at The Ottawa Hospital
  (Ottawa Public Health, 2010)

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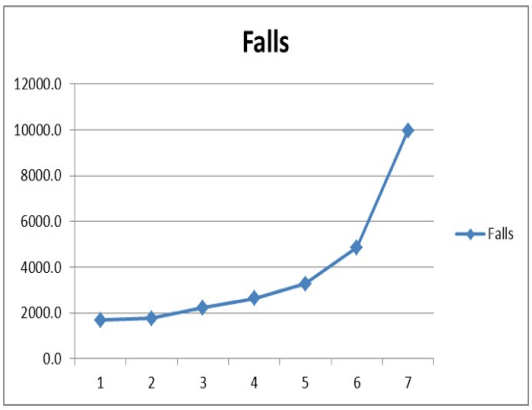
LIKELIHOOD CONTINUUM

- 1= ages 20-24
- 2= ages 45-54
- 3= ages 60-64
- 4= ages 65-69
- 5= ages 70-74
- 6= ages 75-79
- 7= ages 80+



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SEVERITY CONTINUUM

- How severe are the consequences of the concern?

Low Minimal | Medium Moderate | High Catastrophic

Ex. None Fracture Head Injury

"There's catastrophic consequences to every one of these [risks] but to me, without a doubt, as I say, anything that affects someone other than themselves is definitely as I say, I have the least tolerance for (participant 10)."[4]

Participants rated consequences to others as higher risk.

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IMMEDIACY CONTINUM

- How imminent are the consequences of the concern?

"I guess the highest risks are the ones when they put themselves in imminent danger to themselves or others …the imminent risk would be suicide or fire (participant 9)."[4]

Immediate events

- Ex. Falls, Fires,

Longer-term Events

- Ex. Malnourishment

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FREQUENCY CONTINUM

- How often is this concern happening?

Participants rated the situation as higher risk when the events were happening often (MacLeod, 2013).

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SUPPORT CONTINUUM

- Does older adult have consistent reliable support in place?

"If we have a well caregiver who can be there to monitor someone's behaviour, who can monitor whether someone's wandering, who can monitor someone's mood and someone's suicide risk, that's completely different than working with someone who's family or support system is completely burnt out and people are saying, we can't do it anymore (participant 13)."[4]

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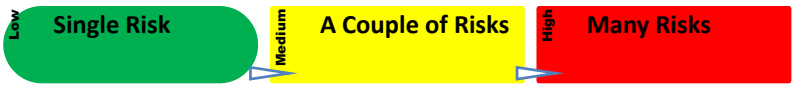
COMPLEXITY CONTINUUM

- Are there other concerns occurring?



Falls, fires, wandering, malnutrition, medication mismanagement…..

Participants ranked situations as higher risk when there was more than one risk occurring.[4]

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EVALUATION RISK – High, Medium, Low

Concern: Malnutrition
Cause: ?depression; ?grief ? cognitive impairment
Consequence: Poor physical health

FACTOR	HIGH	MEDIUM	LOW
Is Sam capable to make this decision?		Unsure	
Is the concern occurring now?		Possibly	
How likely is this concern or consequences to occur?		Possibly	
How severe is the consequence of the event?		Poor health	
How imminent are the consequences?			Long-term
How often is this concern happening?		Unsure	
Does Sam have consistent reliable support in place?	No		
Are there other concerns occurring?		Possibly	

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References

[1]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.
[2]Stevenson, M., 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
[3]Stevenson, 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
[4]MacLeod, 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
[5]Stevenson, 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

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