Chapter Six

Risks & Challenges

"The challenge for any organization starting an untried initiative or program is to keep the client/patient at the centre of what you do, all the while understanding, that innovation necessitates risk taking, lots of patience and a leap of faith"

Judy Bowyer, Executive Lead, Health System
Performance Management, Mississauga Halton LHIN

CHAPTER 6: RISKS & CHALLENGES

The Thinking Behind the Risk

Managing Higher Acuity Level Clients – Mitigating Risk & Utilizing RAI Outputs

The Risks in Delivering a 24 Hour Service

The Thinking Behind the Risk

> ***"Progress always involves risk; you can't steal second base and keep your foot on first."***
>
> Fredrick Wilcox

Strategically and conceptually the Supports for Daily Living model made sense. However, proving that it did could be a whole other "ballgame" if the objectives, indicator measurement and return on investment (ROI) were not met. This is the type of risk that can keep you up at night wondering if the right choices had been made. Sometimes you just need to hold your nose and "jump" into the deep end of the pool – a leap of faith, if you will.

The MH LHIN was tested to apply this philosopy in 2008/09 when the Supports for Daily Living (SDL) initiative was launched. At the time of this writing, the results have been impressive and have affirmed the MH LHINs "leap of faith" in taking the risk with this program. With the achievement of "award-winning" status, it could be said that the program has shown its' worth, but the true measure of success is keeping the clients/patients in focus and whether those needs have been met and/or exceeded. It is one of the best testimonials and indicators to the success of the program and the risk taken, that client/family satisfaction results have been nothing short of outstanding. Feature articles in newspapers, letters from families, staff feedback concerning the progress they see with their clients on the program, family doctors observing the positive effect of the program on their patients, and hospital stakeholders who are grateful for the quick response to their needs as well as seeing the difference the program is having in the lives of their patients – these are the successes – these are the rewards for taking a risk and accepting a challenge!

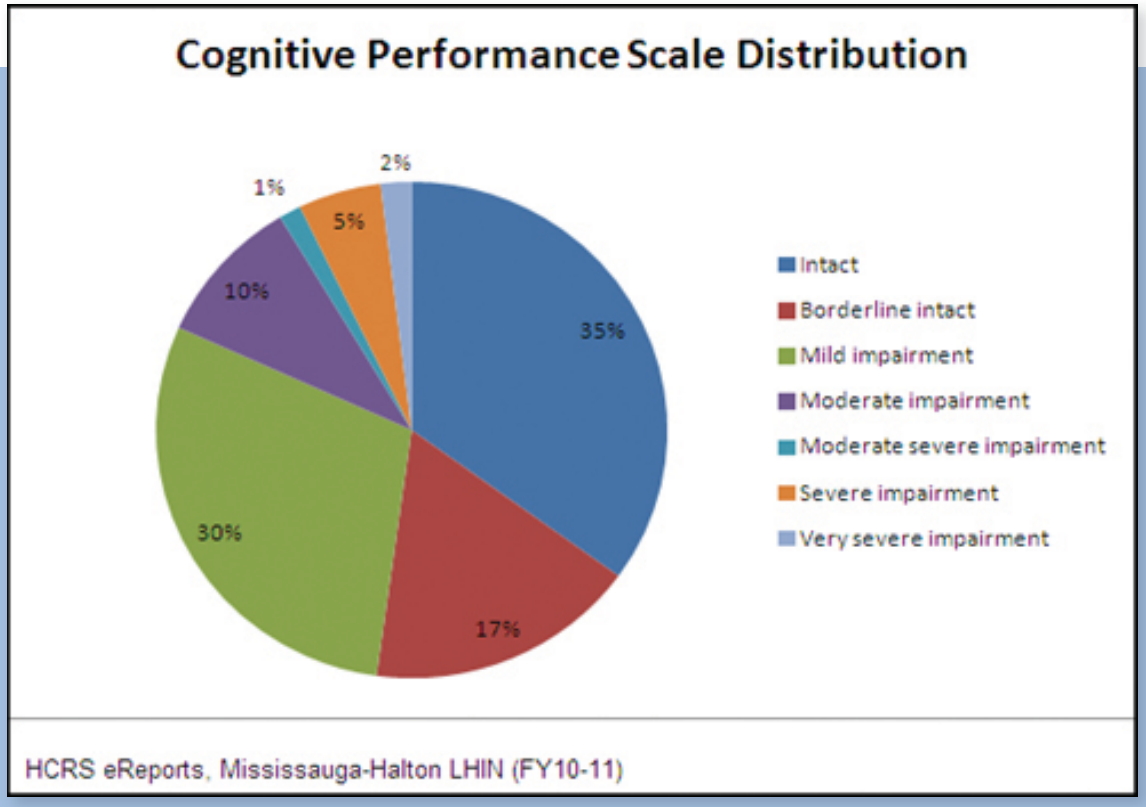
Managing Higher Acuity Level Clients – Mitigating Risk & Utilizing RAI Outputs

The SDL program is not long term care. When a person's care needs exceed the resources allotted to SDL, then the person should move to the next level of care and here is where the RAI "outputs" (such as the MAPLe algorithms, CHESS scores, Cognitive Performance Scale (CPS), etc. obtained through assessment utilizing the RAI Common Health Assessment (CHA) instrument), can play a significant role. RAI output considerations identify, along with clinical observation, that a client's needs exceed that which can be delivered in a specific setting (such as when cognition or behaviour cannot be supported in that setting). These RAI outputs, in conjunction with clinical observation, together provide the confirmation of greater risk that cannot be accommodated in the setting and should trigger discussion on an alternate care plan for the client.

Often questions arise as to whether higher level acuity clients (particularly those initially coming from a hospital stay) will have a clinical condition and/or functionality that is episodic or permanent. From our experience with the SDL program, higher acuity level clients can get "better" coming into a "frequency" model of care as offered in supports for daily living. Reasons for the improvement include better and more frequent nutrition, medication management, socialization, safety checks and risk balancing. If a person is potentially episodic even if RAI outputs indicate, at that point in time, a high impairment level,

consideration must be given to whether the individual can improve and if so, long term care should not be an option as this would be a higher level of care for someone with potential.
Conversely, staff may be "pressured" by family members to have the client enter a potentially inappropriate setting because family members are worried about the client's state. RAI outputs may indicate a high risk for the client, but an informed SDL staff person's judgment of an episodic event and improvement potential must be clearly articulated to the family and the client. The following charts provide examples of client need and cognitive impairment. In ***chart 1***, 48% of the clients in the MH LHIN SDL program showed mild to very severe cognitive impairment utilizing the RAI CPS output scale while ***chart 2*** indicates that 73% of SDL clients have moderate to very high needs. In all situations, clients were being managed within the SDL community.

Chart 1

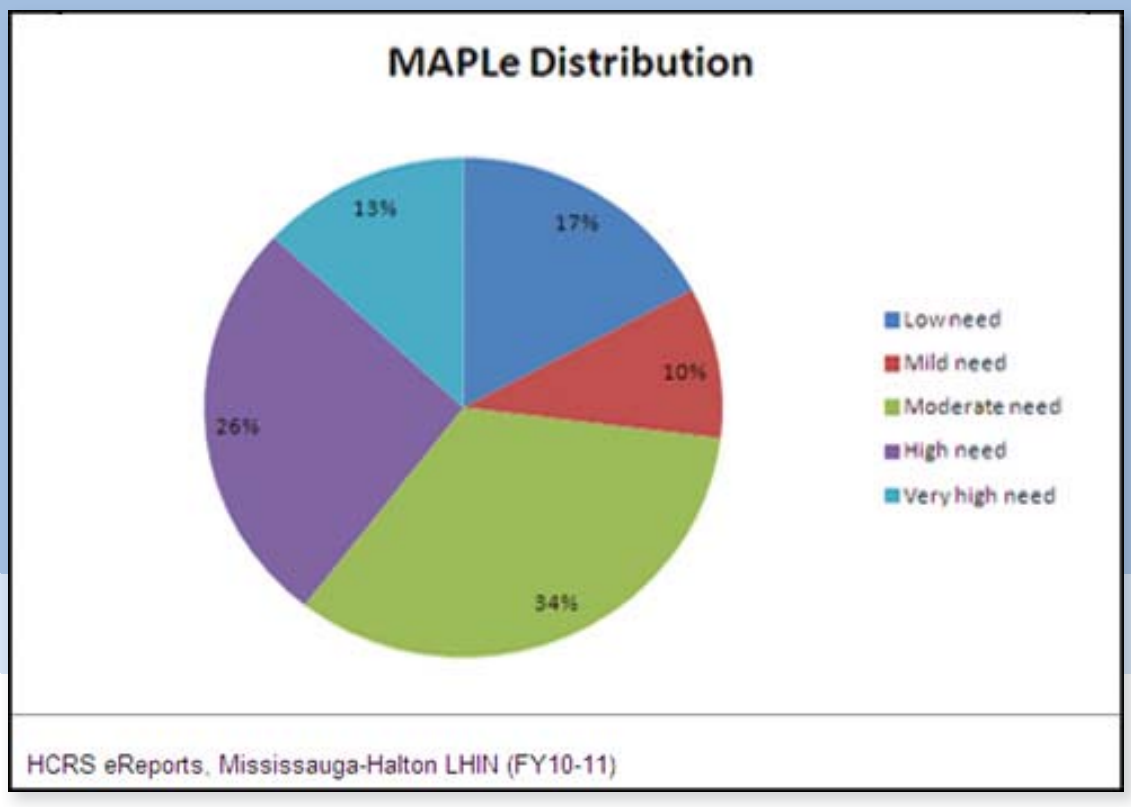


Our thanks to the Canadian Institute for Health Information (CIHI) and Dr. Norma Jutan for the HCRS eReports for Mississauga Halton. We also thank Dr. Jutan for her invaluable briefing notes utilized in the above paragraph.

Dr. Jutan's work with the information derived from the MH LHIN SDL providers (CHA data) assisted with the formation of the D.A.S.H. algorithm (see page 34) specific to supportive housing.

We thank her for her ongoing knowledge and faith in the SDL program and the satisfaction that comes from working with a "like spirit".

Chart 2



As an integrated system, the more acute a client (higher risk with combinations of high risk indicators from RAI outputs), the more resources are needed for care. Informed observation assists the system to make appropriate "resource" considerations for care. An integrated system must determine the "right care, at the right cost" for a client and for the system. Even if risks can be controlled for a client, having the client utilize high levels of resources over the long-term does not assist the system overall and detracts from equity "fairness" to other areas that need resources. These considerations are playing a more frequent role in decision-making.

The Risks in Delivering a 24-Hour Service

Among the challenges faced in proposing the implementation of a 24-hour service was considering the safety implications for staff and the practical ability of staff to offer immediate assistance in the middle of the night. Strategies were developed to address these concerns and to minimize any potential risk to staff. The following chart provides suggestions and ideas that were utilized to address potential safety issues:

	Addressing Safety Issues
Issue	**Suggestions/Ideas for Resolution**

Scheduling	• Scheduling two staff for all overnight shifts
	  o One in a supervisory capacity
	  o One male/one female
	  o Travel together in pairs

Client Location	• Conduct site/environmental risk assessments as part of client's acceptance onto service
	  o Create customized solutions based on individual circumstances (e.g. lighted walkways, designated parking, etc.)
	  o Review every 6 months

Personal Safety	• Develop check-in protocols
	• Utilize safety devices/techniques
	  o SafetyLine Home & Healthcare Worker Safety Monitoring (check-ins, motion sensor)
	  o Personal alarms/attack alarms
	  o High-powered flashlights
	  o Walkie-talkies
	  o Signage/ID tags (hologram)
	  o Training in self-defense techniques
	  o Pepper spray (dog repellant)/horn
	• Encourage scheduled bookings throughout the night

General Safety	• Identify safe locations within the community (operating 24 hours)
	  o Office
	  o Hospitals
	  o Long-term care facilities
	  o Tim Horton's
	  o McDonald's
	  o Gyms

Emergencies	• Develop emergency preparedness plan and call out protocols for services including situations dealing with:
	  o Crime
	  o Fires
	  o Medical emergency

	Providing Immediate Assistance to Clients
Emergency/Urgent Situations	• Urgent response within a 15 minute window of time (2 km radius) • Scheduling check-ins or bookings to reduce the number of 'urgent' calls • Leveraging technology to support communication of immediate needs (e.g. Lifeline/voice-monitored home security system, etc. which is part of service agreement with client) • Define the distinction between various types of immediate assistance.