Supporting Residents to Live at Risk in Residential Care – Clinical Practice Guideline

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The Plan for Today’s Presentation

- Context – why & how guidelines were created
- Practice
  - Case Study
  - Algorithm
- Time permitting…
  - Values & Rationale that underlie it
- Questions
Background

- Clinical to System-Level Ethics Consults
- Site-based to Regional
- Developed using the Fraser Health Ethics Services System-Level Decision-Making Framework
The Context

- Person-centered care philosophy
- Demographic changes – pressure
- Family/Loved ones/Staff distressed

- There has been no transparent and consistent process to guide staff in responding to this
Focus of the Guideline

An algorithm to help staff to...

- Respond to individual residents who *engage* or *request* to engage in behaviours that put them or others at significant risk
- Respond to family members/loved ones who make requests that could put the resident or others at significant risk
The process used to create the Guideline

- Fraser Health Ethics Services’ System-Level Decision-Making Toolkit
  - Facts
  - Values
  - Consultation
The Components

- Clinical Practice Guideline
  - Decision-Making Algorithm
    - Support Tools
- Policy
Mr. D has Multiple sclerosis and moved into the Shady Rest residential care facility over four years ago when he could no longer care for himself at home. His wife left him years ago after he refused to access any type of home supports – instead relying heavily on her for all of his physical and emotional support. Their three children live close but they don’t come around very often anymore because they have a hard time dealing with their dad.

Over the past few years Mr. D has deteriorated significantly. Previously he was only confined to a wheelchair and only required assistance for minor tasks. He now requires assistance with many things including feeding. His ability to swallow solid foods has seriously declined recently. Staff members at Shady Rest have begun to hear a distressing cough when he’s eating even the smallest bites of food.
Last week Mr. D seriously choked while being fed a meal of solid food. Luckily, there was a senior staff member just outside the door and she managed to dislodge the food and provide him with suction. After this event the OT was asked to conduct a swallowing assessment, which Mr. D failed – he is at a serious risk for choking and aspiration. However, Mr. D insists that he be fed solid food and that if he chokes he is fine with them letting him die. He says that since his wife and family aren’t interested in him he has nothing to live for and solid foods are the only thing left that he enjoys.

A number of staff are talking about refusing to assist him with eating solid foods – they don’t want to watch him choke, be blamed if he dies, or feel guilt at assisting him.
Support Tool 1. Assessing Decisional Capability

1. The resident does not seem to understand their health condition/situation or the possible consequences of the behaviour
2. The resident does not have a good sense of what is important to them
3. The resident is unable to apply their values and/or communicate with you
Support Tool 2. Substitute Decision Making

1. Directly involve the resident in a discussion about what is important to them
2. Look for advance wishes the resident may have made
3. Determine if a formal SDM exists
4. Determine who else in the resident’s life knows them/their values
5. Answer Q4 in the algorithm
6. Make a best interest judgement for the resident
Support Tool 3. Support for Family/Loved Ones

1. Find time to sit down and have a conversation with them
2. If they are distressed, acknowledge their feelings
3. Confirm everyone’s understanding of the facts
4. Make room for what is important to them
5. Give them access to an appeals process
6. Remember this is likely a very distressing situation and they may need time and support
Harm to Others Track

Could the decision or behavior result in serious illness, physical injury or death to others?

- Yes
  - Can the decision or behavior be modified to eliminate the harm to others?
    - Yes
      - Modify it
      - Policy Track
    - No
      - Is it feasible to ask affected others if they are comfortable with the risk?
        - Yes
          - Do affected others accept the risk?
            - Yes
              - Policy Track
            - No
              - Don't support
              - Document preceding steps
        - No
          - Don't support
          - Document preceding steps

- No
  - Policy Track
Is the decision or behavior in alignment with other formal written FH policies, procedures and clinical decision support tools? Check with the Clinical Policy Officer or contact a CNS. In absence of a policy proceed to “Yes”

If there is a conflict with the formal policy, etc, bring this to the practice council to advocate for change

- **Yes**
  - Integrity Track

- **No**
  - Can the decision to live at risk be modified to fit policy/procedure?
    - **Yes**
      - Modify decision and proceed to Integrity Track
    - **No**
      - Don’t support. Provide resident, family, fr and staff with reasons for not supporting. Provide a venue for them to appeal. Develop an alternate plan to try to meet the resident’s values/preferences
      - Document preceding steps
Integrity Track

Are specific staff members feeling as though the decision or behavior compromises their integrity? We recommend review of Support Tool 4

- Yes
  - Confirm safety supports are in place
  - Confirm the decision is in line with the resident's values and preferences
  - Support the decision or behaviour and find a way of supporting any affected staff. Review Support Tool 4
  - Document preceding steps

- No
  - Support the decision or behaviour
  - Document preceding steps
Support Tool 4. Support for Staff

1. Find time to sit down and have a team meeting for this conversation
2. If any care team members are distressed, acknowledge their feelings
3. Confirm everyone understands this approach to living at risk in residential care (values & rationale)
4. Confirm everyone’s understanding of the facts
5. Make room for what is important to them
6. Give them access to an appeals process
Plans Moving Forward

- Training & implementation summer 2012/2013
- Work team reconvene to assess feedback, make changes as needed winter 2013/14
- Share broadly across health regions (and nationally) if it is found valuable
Questions?

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Thank you