INTENT / PURPOSE

The purpose of this policy is to articulate Fraser Health’s commitment to ensuring that care is person-centred and individuals living in residential care are supported, as much as possible, to live according to their values even when this puts them at risk.

Underlying Principles

- Individuals have the right to self-determination including the right to live at risk. However, sometimes the impact of an individual’s actions on the community, such as harm to others, will mean that they cannot do what they wish.

- Fraser Health values person-centred care. We recognize that residents are individuals with their own preferences, values and beliefs. When residents are unable to communicate their preferences, values and beliefs we have an obligation to uncover what these would have been based on what we can discover about the resident or their history.

- The wishes expressed by resident while capable (or if they cannot share these, their perceived wishes) will be prioritized before those of their family, friends or other decision makers in accordance with Provincial Legislation [Adult Guardianship Act, Resident’s Bill of Rights and the Health Care (Consent) and Care Facility (Admissions) Act].

POLICY

This policy applies equally to all individuals working within the Residential Care, Assisted Living and Specialized Populations (RCALSP) program in Fraser Health including:
• Employees
• Volunteers
• Physicians with resident in care
• Medical staff (including residents and clinical trainees)
• Students in clinical placement
• Contracted health service providers (as defined in contractual agreements governing their service mandate)

The scope of this policy concerns all individuals who receive services in Fraser Health within the RCALSP program and their families/friends/decision makers.

Residents of facilities within the RCALSP program will be supported to live according to their preferences, values and beliefs to the greatest extent possible – to reflect the level of autonomy they would enjoy outside the facility.

When the behaviour or choices of a resident are not considered to be in line with his or her preferences, values and beliefs or when someone else may be harmed because of them, a care plan will be developed through the processes within the related Clinical Practice Guideline (“Supporting Residents to Live at Risk in Residential Care”).

**DEFINITIONS**

**Care Plan** - Written documentation that reflects the individual care approaches based on resident assessed needs.

**Clinical Practice Guideline (CPG)** - A systematically developed statement to assist practitioners and patients/residents/clients to make decisions about appropriate health care in specific clinical circumstances.
**POLICY TITLE**

SUPPORTING RESIDENTS TO LIVE AT RISK IN RESIDENTIAL CARE AND ASSISTED LIVING

**NUMBER**

TBA

**AUTHORIZATION**

Vice President, Clinical Operations

**DATE APPROVED**

January 2015

**CURRENT VERSION DATE**

January 2015

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**Risk** - The amount of harm and the probability of that harm occurring. Risk is, therefore, a matter of degree and risks range from those where harm is serious, permanent and likely, down through various lesser degrees of seriousness, duration and likelihood, to those where harm is not serious, permanent or likely. Risk may be attached to residents (i.e. from eating or drinking against medical advice) or to others (i.e. from a resident carelessly using a wheelchair).

**Significant Risk** - Before any restrictive intervention is justified the risk must be significant. It is not enough that there is a chance, however likely, of a minor negative effect (i.e. a mild stomach upset or slight bruise).

a. Determining degree of risk is not an objective task for a staff member. It is up to the resident to determine whether the degree or probability of harm is acceptable to them.

b. When the risk is to other residents in the facility the care team must determine whether or not the degree of risk is acceptable and whether or not the risk can be minimized. If there is a significant risk identified by the resident or to others then the team should continue with Assessment and Interventions (refer to Section 5 and 6 in the Clinical Practice Guideline).

**STANDARDS**

a. Care plans for residents will be consistent with resident’s values which will lead to improved quality of life for the resident.

b. Staff involved in use of the LAR (Living at Risk) algorithm will express satisfaction with support related to process, leadership and moral support.

c. Interdisciplinary teams will use the LAR algorithm when assessing residents who present with significant risk.

d. Residents and/or families will express satisfaction with the process and that there is an understanding of the rationale underlying the decision and that they have been honored in their request to live with maximal integrity.

e. Residents engaging in behaviours that involve significant risk will have a plan in place to minimize risks for the resident, staff and other residents.
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**REFERENCES**


