

Office of Long-Term Living Mandatory Training
for
Service Coordinators
and
Service Coordinator Supervisors

Foundations of Recognizing and Mitigating Risk
Date: June 3, 2015

6/9/2015

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Welcome

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Bureau of Participant Operations
Department of Human Services
Office of Long-Term Living

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Welcome

Hello and thank-you for viewing this webcast that focuses on the role of the Service Coordinator and Service Coordination Supervisor in recognizing and mitigating risk.

My name is Ginny Rogers, and I work in Harrisburg in the Office of Long-Term Living as the Bureau Director of Participant Operations. I would like to welcome you to this webcast.

Objectives

At the end of this webcast, you will be able to:

- Define key terms including risk and risk factors;
- Recognize your responsibility to promote choice and ensure health and welfare;
- Identify common risk mitigation strategies; and
- Document risk and risk mitigation discussions and strategies.

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- Document risk and risk mitigation discussions and strategies.

I will now turn this presentation over to a representative from OLTL who will be your presenter for the rest of this webcast.

Freedom of Choice

- Mission and Vision
- Values – Independent Living
 - Participant choice in all aspects of life.
 - Freedom to have the life they want and negotiate risk.

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Good afternoon.

Throughout this webcast a slide may include links to directly access what is being discussed. These links are also available in the resources section of where you launched this webcast.

To get us started, let's review the mission and vision of OLTL.

OLTL's mission is to develop and administer programs and partner with the community, providers and families to support the long-term living needs of older Pennsylvanians and adults with physical disabilities.

Our Vision is to build the optimal long-term living system that supports the highest quality of life for older Pennsylvanians and adults with physical disabilities.

When a participant we support puts him/herself at risk, that's where SCs and SC Supervisors may need to step in. A challenge we all face is supporting participants to gain more experience making choices while also educating them about what can happen as a result of those choices.

What is Risk?

- Risk is the potential for unwanted, adverse consequences to human life, health, property or the environment.
- Risk is the chance or possibility of loss, injury, endangerment or exposure.
- Risk is the likelihood of some undesirable event or negative outcome occurring to a participant.
- In other words, risk is the possibility that something “bad” might happen.

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Risks are Part of Every Day Life



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Risks are Part of Everyday Life

Every human endeavor has some level of risk. Every choice has the possibility of a risk associated with it.

Think about the risks in your life, like driving to work in a car, walking down the street, or eating lunch at a new restaurant.

Why do you take these risks? Why do you make these choices?

You make choices and take risks based on what you want and need in your life.

As an SC or SC Supervisor, it is your responsibility to ensure that the potential risks associated with choices are discussed to support the individual in making informed decisions and to craft a person-centered service plan that includes the individualized back up.

What is Risk Mitigation?

Risk mitigation is an overall approach to prevent, reduce and manage the severity of risk.

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Risk mitigation is an overall approach to prevent, reduce and manage the severity of risk.

Taking a Risk

You are free to choose
but not free
from the consequences of your
choices.

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Taking a Risk

People have the right to make choices and you will find that, just like in your own life, some of the choices will have positive results and negative ones.

The ability to make choices, succeed or fail, and learn from the process is how people shape their world view and create a life of their own. It is part of independent living.

As the SC or SC Supervisor, use your knowledge of the participant to craft a person-centered plan with the participant. Document evidence that risks have been discussed and strategies going forward are based on informed choices while balancing the participant's autonomy and self-expression.

It's important for you to understand how risk factors work together to create risk for the participant. Thinking about the participant's environment, the participant's personal history, and the actions the participant takes gives you important information about risks for that person.

You are free to choose but not free from the consequences of your choice.

Service Coordinators assume
a front-line position
when it is time
to protect participants from harm.

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Health and welfare are Everybody's Responsibility.

Service Coordination activities are most effective when you utilize an ISP plan that is tailored to the needs of the participant you serve. The people chosen by the participant in the backup plan and/or emergency plan can also be considered a "safety network" and the members can vary greatly from person to person depending upon their life circumstances.

Participants may include anyone they want in their ISP , backup plan and/or emergency plan. Some common examples of who to include are: family, friends, advocates, law enforcement, service providers, service coordination entities (SCEs), community members, co-workers, medical professionals, support groups, the religious community and teachers.

Based on this, there are many people that share in the responsibility to protect health and welfare. Part of this responsibility is recognizing and mitigating risk. The expectation is that you will work with the team, the community, and any other relevant resources to make every effort to ensure that prompt actions are taken so that risks to health and welfare are mitigated.

There is often conflict when team members have differing opinions about the decisions a participant makes or a decision that should be made on behalf of a participant. You as an SC need to keep in mind at all times that you are responsible to protect the health and welfare of those you serve regardless of the conflict that may arise when you attempt to implement plans or strategies to that effect. You may need to build upon your skill set so that you know when to intervene when the potential or actual consequence of a choice represents a risk to health and welfare that requires mitigation. This often involves negotiating with multiple members of the participant's backup plan or emergency plan.

You may be concerned that your personal safety may be at risk when you are attempting to protect the health and welfare of others. OLTL does not expect you to put your personal health and welfare at risk. Please talk to your SC supervisor about your SCE's policies and procedures regarding potentially dangerous situations.

What are Risk Factors?

Risk factors are choices, actions, behaviors, situations, environments or conditions that make the undesirable event or negative outcome more likely to occur, such as:

- An unsteady gait and/or dirty eyeglasses are risk factors for falling
- Smoking is a risk factor for cancer
- Depression is a risk factor for suicide
- Refusing to eat is a risk factor for malnutrition
- Missing doctor appointments and/or not taking prescribed medications are risk factors for poor health, hospitalization
- Giving your credit card /debit card to someone is a risk factor for financial exploitation
- Maintaining silence in an unsafe environment is a risk factor for abuse

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What are Risk Factors?

Risk factors are attributes, behaviors, health conditions, features of the environment, actions, events or other determinants that increase the probability of an incident or negative result for a participant. For example, two risk factors for an individual falling are dirty eye glasses and an unsteady gait.

Some risk factors are more easily mitigated than others. In thinking about falls, it may be possible to reduce the risk of falling by supporting the individual to clean his glasses. It may be more difficult to improve the unsteady gait. Mitigating risk factors is important in order to lessen the likelihood of risk.

However, despite best efforts, some risk factors will always be present no matter what you do, such as a family history of diabetes or heart disease.

For example, Bob is 62, has a family history of diabetes, is overweight and loves sweets like candy and pie. You can work with Bob and his team to manage his weight and eat a healthy diet to lessen his risk of getting diabetes, but you will not be able to change his family history.

What is Risk Perception?

Risk perception is the subjective judgment that people make about the characteristics and severity of a risk.



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What is Risk Perception?

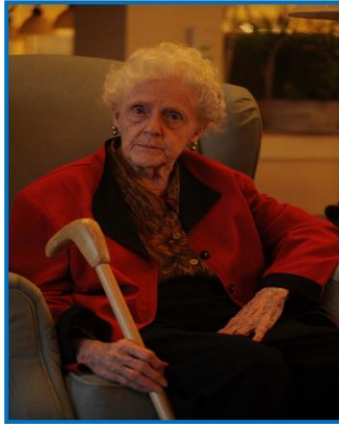
The way we treat risks depends on how we link risk to our own lives, experiences, and the things we value.

Since each person has their own perception of risk there is a tendency to create assumptions about risks and their potential negative impacts on a person's life.

As an SC or Service Coordinator Supervisor, you may receive just bits and pieces of information instead of getting all of the facts on the subject and you may base your perceptions of risk on this limited information. It is important not to jump to conclusions before having all of the facts.

Kathy . . .

Kathy . . .



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For example, meet Kathy:

You are at an in-home monitoring visit for Kathy, who lives with her family, where medication documentation is not required. You ask Kathy if she has had any medication changes. Kathy hands you all of her medication bottles. Since you have access to the labeled medication bottles, you can see the date when the medication was last filled. This may give you a sense of whether the medications are being taken on a regular basis.

You notice on the first bottle she hands you that the medication label indicates the date it was filled was six months ago. You immediately think that Kathy's health is at risk because it seems that she has not been taking her medications as prescribed. Further questioning can help you determine if this is the case. You ask Kathy about the medication and the date it was last filled. Kathy tells you that she just got the medication filled last week. After further discussion, she explains that she has been transferring medications from the newly filled bottle to an older bottle she had saved because she finds the older bottle easier to open. Kathy says her hands have been hurting her lately and the pharmacy changed the style of cap on the bottle which is why she has been using the older, easier-to-open one to store her medications.

The perception of the risk in this example changed when the Service Coordinator took the time to talk to Kathy. The SC found that the risk factors that need to be addressed are different than initially thought because additional information was gathered. The SC can now focus on helping Kathy address the pain in her hands as this will require a different mitigation strategy than not taking her medications as prescribed.

As an SC, your perception of risk and risk factors will influence the lives of those you serve. It is important to make sure you ask questions, gain clarification and use that information to try and understand the situations you encounter on the job.

What shapes our perception of risk?

The diagram illustrates various factors that shape our perception of risk, centered around a man's face. The factors are listed in boxes around the central image:

- Beliefs
- Political View
- What did you hear?
- How am I feeling today?
- Prejudices
- Influences
- What did you see?
- Life experiences
- How did that make you feel?
- Attitude
- Economy
- Education
- Religion
- Personality
- Language
- Culture
- Smells
- Expectations
- Self-Image
- Jobs I have had
- Family History
- Food you eat
- Are you a parent?
- Emotions
- Your values
- Empathy
- Environment
- Fears
- Wants and Needs
- Where you were raised

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What shapes our perception of risk?

You also need to be aware that as technology has advanced and people have gained greater access to information, there has been an increase in the ability to become misinformed about subjects. This age of misinformation has begun to shape risk perceptions across the globe and will most likely be something that you encounter on a regular basis.

Dwayne and Mom



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For example, meet Dwayne and his Mother: You are at a home visit for Dwayne. Dwayne's mother says she has been reading on the internet that you can put honey directly on wounds in place of antibiotic creams since they both have the same anti-bacterial properties. You continue to talk to Dwayne and his mother and you find out that his primary care physician has prescribed an antibiotic cream for a pressure ulcer on Dwayne's right hip. You know that pressure ulcers are damaged skin and tissue that is often a result of staying in a position for too long. You also know that pressure ulcers can cause serious life-threatening infections if not treated per doctor's instructions. Dwayne's mother says that she is not giving him the prescribed antibiotic cream because she wants to treat the pressure ulcer naturally with honey.

It may be safe to assume that Dwayne's mother is misinformed about the healing capabilities of honey which is placing Dwayne at serious risk of harm. As an SC, it is important that you can recognize when a team member's knowledge may have been compromised by misinformation. In this situation, you may have similar values with regard to the use and application of medications but that does not mean that it is appropriate to disregard the recommendations of the doctor. For the purposes of the work you do, it is not your job to take your own risk perceptions and values and place them upon the individuals you serve. It is your job to be supportive of strategies that are based on "verified" information about the topic in question. For example, it is generally accepted that medical professionals such as doctors, nurse practitioners and physician assistants are able to give medical instructions and recommendations that are considered to be the appropriate course of action for a medical condition.

If you were Dwayne's SC, you would want to talk with Dwayne and his mother about using honey and see if they've discussed this choice with Dwayne's doctor. You could offer to support Dwayne and his mother in calling the doctor during the monitoring visit. If Dwayne's mother is not receptive to your assistance, you need to immediately contact your Service Coordinator supervisor as this is a life-threatening health and safety situation for Dwayne. In this situation, you must act to protect Dwayne's health and safety; documentation is not enough. Risks that pose an immediate threat to health and safety must be mitigated upon recognition.

Levels of Acceptable Risk



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Levels of Acceptable Risk

Since what is considered risky varies from person to person, each of us has different views on how much risk is OK in our lives.

For some of us, riding roller coasters is a fun form of entertainment. For others, roller coaster rides are far too risky, and we choose not to ride them and keep our feet on the ground.

The participants we serve may also have different views on how much risk is acceptable to them. SCs need to discuss how much risk is acceptable to each participant and support choices that are in alignment with their level of acceptable risk.

Navigating levels of acceptable risk is a delicate balance and needs to be part of the SC's discussion with the participant.

PROACTIVE

Both a Proactive and Reactive Activity

REACTIVE

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Risk mitigation strategies involve proactive and reactive activity:

- Recognizing potential risks
- Assessing risk
- Developing strategies to reduce the level of risk or number of risk factors
- Implementing strategies to reduce risk
- Evaluating effectiveness to reduce the level of risk

Risk Mitigation Strategies - continued

Risk Mitigation strategies are methods to reduce risks to the participant's health and welfare. Risk mitigation may include one or more of the following methods:

- Transfer one risk factor for another less "risky" option
- Isolate the person from the risk factor
- Train or inform the participant about how to more safely be exposed to the risk factor if it is something that cannot be removed, transferred or isolated from the participant
- Remove exposure to the risk factor

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Risk Mitigation strategies are methods to reduce risks to the participant's health and welfare. Risk mitigation may include one or more of the following methods:

Transfer one risk factor for another less "risky" option

Isolate the person from the risk factor

Train or inform the participant about how to more safely be exposed to the risk factor if it is something that cannot be removed, transferred or isolated from the participant

Removal exposure to the risk factor

Risk Mitigation and Informed Choice

Ensure the choices made by the participant are informed choices.
Informed Choice means:

- The potential risk factors are recognized
- The potential consequences of the risk factors are understood
- Alternatives that can reduce the impact of the risk factors are available
- Risk assessment and mitigation never ends

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Risk Mitigation and Informed Choice

We cannot have a conversation about mitigating risk factors without also recognizing informed choice.

While a person, any person, may choose to engage in risky behavior or put themselves into or stay in a risky situation, the role of the SC is to ensure the choices made by the participant are informed choices. Informed choice means:

- The potential risks are recognized
- The potential consequences of taking the risks are understood
- Alternatives that can reduce the impact of the risk factors are available

The classic example may be smoking. People can be informed of risks and still choose to smoke. On the other hand, being informed can also influence a person to make the choice to quit smoking.

- Risk assessment and mitigation never ends

Imminent Risk



If the participant is at imminent risk,
call 911.

- Contact the SC Supervisor
- Contact the participant's emergency contact

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Imminent Risk

When there is imminent risk, take action! If the imminent risk is an emergency requiring the Fire, Police or Ambulance services to protect the participant from imminent serious harm (fire, assault, or emergency healthcare), then contact the police, fire department or ambulance by calling 911 first.

SCs should also contact their SC Supervisor as well as the participant's emergency contact.

If you suspect abuse, neglect, abandonment or exploitation, take action!

YOU ARE A MANDATORY REPORTER

1. Take action to secure the safety of the participant (call 911, call the police if appropriate)
2. Regardless of whether the participant is an adult with a disability or is over the age of 60, you are required by state law to report suspected abuse, neglect and exploitation by calling:

➤ **Protective Services Hotline at 1.800.490.8505**



3. Inform your SC supervisor
4. Submit an incident report to OLTL (see OLTL's Incident Management Bulletin)

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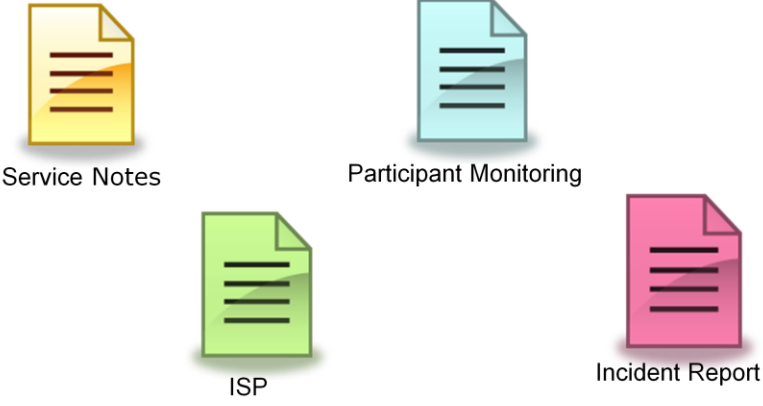
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Documentation

The SC's methods of documentation:



Service Notes


Participant Monitoring

ISP

Incident Report

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Documentation

Part of the SC's responsibility is to document the services they provide to individuals.

Documentation includes Service Notes, the Participant Review Tool, the Individual Service Plan (ISP) and the Incident Report. It is important that the SC document not only the risk, but also the steps that were taken to mitigate any risk factors.

Risk may be recognized at any time and recorded in several documentation tools: Service Notes, the Participant Review, the ISP and the Incident Reports.

- The documentation tools are often used in combination.
- Which documentation tool or tools used will depend on what point the SC is at in the risk assessment process and each participant's circumstances.
- Documentation of risks needs to connect clearly from one entry to the next so a reader can follow from beginning to end.

[Note: Information on the Participant Review Tool will be released in an upcoming bulletin]

Documentation - continued

In the real world, documentation is not linear. SCs move from one documentation tool to another during risk mitigation.



Risk identified. Write service note.

Service Notes



The Incident Report, if necessary, is filed by the responsible person.

Incident Report



Service notes continue to document what occurs over the following days.

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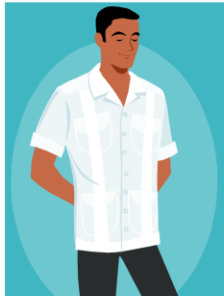
The reality is that documentation is not linear. At times, the SC must move from one documentation tool to another during risk mitigation.

The risk assessment process could include documentation in a service note when a risk is identified and may continue over the following days or weeks to include what has taken place. It could also require filing an incident report at some point in the process.

Documenting risk always requires a Service Note.

After the participant's health and welfare have been addressed, longer-term planning may be required. Revision to the ISP may be needed.

Michael. . .



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Let's talk about documentation using the example of smoking risks. Meet Michael.

An SC may document in the Service Notes that he talked to Michael about the health risks associated with smoking. Michael agreed to schedule a doctor's appointment so that he can talk with his doctor about smoking. The outcome will be discussed again during the SC's next visit.

The service note states that Michael is making an informed choice to keep smoking. In the Participant Review Tool, the SC might note this as an issue in the SC Observations Section and how Michael is aware of the risks but chooses to continue to smoke. These risk mitigation strategies would also be documented in Michael's ISP.

It is not enough to simply document the recognition of a risk or risk factors in a participant's record. The SC must recognize how all risk factors present in a participant's life work together to create a risk. Once the risk has been identified, then mitigation of that risk can occur. Protection of health and welfare cannot occur without mitigation. The entire process from discovery of risk through mitigation must be documented.

Risk Mitigation Involves Vigilance

Risk Mitigation involves *continued*:

- Awareness of potential risks
- Development of strategies to reduce the level of risk or number of risk factors
- Implement and support strategies to reduce risk
- Evaluating effectiveness to reduce the level of risk
- Awareness of new risks

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Risk Mitigation Involves Vigilance

With life, there is risk. That is something we are all familiar with. As an SC or SC Supervisor, you cannot guarantee that the participant is totally safe all the time. Your role is to help assure that you, the participant and the participant's family and/or supports are:

- Aware of potential risks
- Recognizing and developing strategies that can reduce the level of risk
- Supporting each other in the implementation of those strategies
- Working together to evaluate the success of those strategies

By doing this, you are fulfilling your role as an SC or SC Supervisor.

Remember, you are not alone. Mitigation requires collaboration among the SC, the SC Supervisor, the participant, OLTL, family, friends, advocates, law enforcement, service providers, community members, co-workers, medical professionals, support groups, the religious community and teachers.

Resources

PA has a long standing commitment to protect the health and welfare of the people.

Waiver Programs Link

<http://www.dhs.state.pa.us/foradults/healthcaremedicalassistance/supportserviceswaivers/index.htm>

55 Pa. Code Title 52 Link

<http://www.pacode.com/secure/data/055/chapter52/chap52toc.html>

Adult Protective Services Act 70 (APS) Link. Enacted to provide protective services to adults between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities.

<http://www.dhs.state.pa.us/reportabuse/dhsadultprotectiveservices/index.htm>

Older Adult Protective Services Act 79 (OAPSA) Link. Enacted to safeguard the rights of older adults while protecting them from abuse. Provides for mandated reporting of abuse.

http://www.aging.pa.gov/aging-services/protections_rights/Pages/default.aspx

Protective Services Toll Free Hotline at 1-800-490-8505

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Resources

Health and welfare protections, like the ones we've discussed in this webcast as related to recognizing and mitigating risk, are not new to Pennsylvania.

As a Service Coordinator, you have access to many tools that can assist you to ensure that you are well-prepared to tackle the challenges that occur in the lives of the participants you serve.

If the tools listed on the Resources slides are understood and utilized effectively, they can help you minimize and mitigate risk.

Resources

PA has a long standing commitment to protect the health and welfare of people.

OLTL Bulletins Link

<http://www.dhs.state.pa.us/publications/bulletinsearch/bulletinsearchresults/index.htm?po=OLTL>

Individual Service Plan Development, Review and Implementation Procedures for OLTL Home and Community Based (HCBS) Services, 05-10-06, 51-10-06, 52-10-06, 55-10-06, 59-10-06.

Community Integration Changes provided in the Medical Assistance Home and Community based waiver Program 05-11-05, 51-11-05, 52-11-05, 55-11-05, 59-11-05.

Accessibility Adaptations and Assistive Technology, 05-11-07, 51-11-07, 52-11-07, 54-11-07, 55-11-07, 59-11-07.

Office of Long-Term Living Standardized Home and Community-Based Services Waiver Participant Informational Materials, 51-13-04, 55-13-04, 59-13-04.

Resources

PA has a long standing commitment to protect the health and welfare of people.

Additions to Office of Long-Term Living Standardized HCBS Waiver Participant Informational Materials - Abuse, Neglect and Exploitation and Self-Directed Models of Service, 51-13-06, 55-13-06, 59-13-06.

Statewide Waiting List Guidelines for Office of Long-Term Living Medicaid Waivers and the Act 150 Program, 05-13-08, 51-13-08, 55-13-08, 59-13-08.

Hearings and Appeals, 51-13-12, 55-13-12, 59-13-12

Release of OLTL Home and Community-Based Services Provider Handbook, 03-14-02, 05-14-02, 08-14-02, 11-14-02, 17-14-02, 19-14-02, 23-14-02, 25-14-02, 26-14-02, 41-14-02, 51-14-02, 54-14-02, 55-14-02, 59-14-02

Service Coordination After-Hours Coverage, 51-14-07, 55-14-07, 59-14-07

Critical Incident Management, 05-15-02, 51-15-02, 54-15-02, 55-15-02, 59-15-02

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Documentation of Mandatory Training

This mandatory webcast has been produced by the Office of Long-Term Living.

- SCs and SC supervisors are required to sign and date a statement that they have completed this mandatory training. The statement must be maintained in the SC's file.

OR

- The SCE must maintain a dated sign-in sheet listing the names of the SCs and SC supervisors who have completed the training webcast.

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OR

- The SCE must maintain a dated sign-in sheet listing the names of the SCs who have completed the training webcast.

OLTL is planning more trainings to occur during the 2015 calendar year. OLTL will be sharing more information about these trainings as it becomes available.

Thank You

Thank you for participating!

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