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Addressing Day to Day Risks with the Team

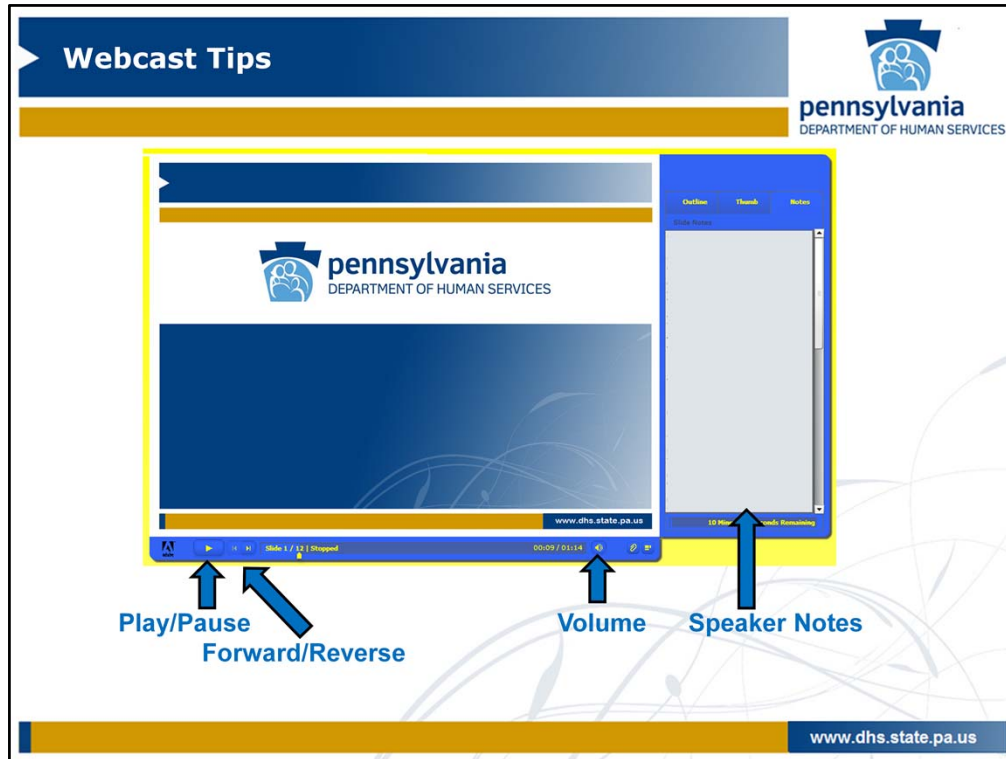
*Part 4 – Risk Mitigation Conversation Guide
for Teams*

Course #: C-018-04

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Professional
Development

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Music only.



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Presenter





Amy Tomalinas
Risk Management Specialist
The Office of
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Hello, my name is Amy Tomalinas. I am a Risk Management Specialist with the Office of Developmental Programs and will be presenting this training.

Welcome to *Addressing Day to Day Risks with the Team, Part 4 , Risk Mitigation Conversation Guide for Teams*.

This webcast is the fourth in a series. If you have not yet completed the previous parts, please do so before continuing. All six parts of this webcast series will need to be completed in order to receive credit for this course.

We'll begin with a review of the main points of the first three webcasts.




In the first webcast, *Introduction, Key Terms and Principles*, you heard Adam's story, the young man who grew up in a hunting family and wanted to hunt with them, despite the risks. Adam's story illustrated how what is important to a person can be achieved by developing a plan to address risks. Adam's accomplishment of becoming a hunter shows that an effective risk management system balances responsibility for safety with promoting independence and self-determination.

Part 1 also reviewed the distinction between risks which are imminent and require action to ensure health and safety and those which are non-urgent and allow time to plan and strategize. Non-urgent risks will continue to be the emphasis during this webcast.


The Risk Mitigation Cycle demonstrates a step-by-step process for addressing risk: recognizing risk, assessing it, developing, implementing, and evaluating the effectiveness of risk mitigation strategies. Remember the center of the risk mitigation cycle – documentation and communication; we'll spend time talking about documentation later in this webcast.

The terms sentinel event and milestone helped set the stage for a deeper discussion of risk. Sentinel events are adverse events that *may* happen for one person, but also cause systems to stop and take notice in order to develop strategies that reduce the likelihood that others could be affected. Milestone events are those which we celebrate in our lives – big events like starting families or finishing education. Taken together, sentinel events and milestone events can be a reflection of how all our lives unfold. Risk is a part of life, and without taking risks, there is no opportunity, change or growth.


Review



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Informed Choice



Risk Management Systems
balance responsibility for
safety with promoting
independence and **self-**
determination.

Research
Rehearse
Review

Whose perspective	Impact if the risk is not addressed:	Opportunities lost if we don't support the person to take the risk:	What alternatives are available?

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In part 2, Balancing Safety and Acceptable Levels of Risk, we discussed that balancing risk and opportunity in our lives is a decision we all make when we decide what is – or is not – an acceptable risk. Each of us decides what risks we are willing to take - what we eat and even the things we do for fun, despite the risk. We all deal with risks, small or large, throughout our lives. We take risks related to important relationships or accomplishments and expect others to respect our right to try and even sometimes fail. This is the dignity of risk and we take these risks to achieve what is meaningful and fulfilling, even when we know there is a possibility of embarrassment, rejection, or failure.

Like the people we support, balancing risk and opportunity is not something we do alone. Our choices are based on seeking advice, asking for support and, most importantly, being informed. We weigh potential consequences as well as benefits and try to fully understand what alternatives are available that may help avoid risk. When offering advice to people receiving support who are figuring out that balance, we can be prepared by researching the risks, asking a colleague to rehearse how to best approach a conversation about risk, and reviewing what the person has already tried to address a risk.

Review

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<p>HAPPY Important To</p> <p>Strategies to be taken forward</p> <p>What it would take to make sure that the person stays safe</p>	<p>What Works/ Makes sense</p>	<p>What doesn't work/ Doesn't make sense</p>
<p>SAFE Important For</p> <p>What it would take to make the person least unhappy?</p>	<p>UNSAFE Conflicts with Important For</p> <p>Strategies not to be taken forward</p>	

4 + 1 Questions

Risk Management Systems balance responsibility for safety with promoting independence and self-determination.

Be proactive: start by defining the problem.

Conversations and Creativity

Purpose

People

Process

Progress

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The webcast reminded us that, when beginning to talk with someone about risk, it's important to resist the urge to fix the problem and instead, spend time really understanding the problem. Understanding the problem is the first step in proactive planning.

Understanding the problem before jumping to solutions and supporting someone to understand potential consequences and benefits – as well as alternatives – takes conversation and creativity. In the previous webcasts, we talked about the need to plan in advance how to have conversations about risk so that those conversations have the best possible result.

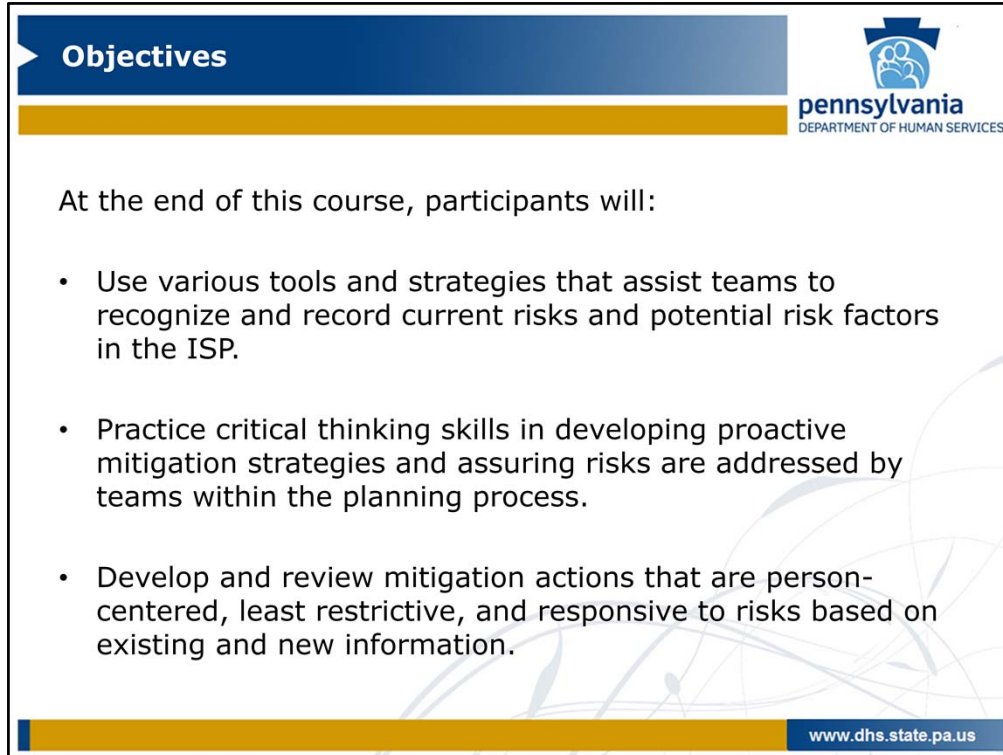
Thinking from a person-centered perspective, we approach risk with a purpose in mind, knowing who the person needs to have present, what the process will be to develop a strategy, and methods to determine progress.

The webcast introduced tools that help frame the balance between the impact of the risk and potential loss of opportunities. We looked at a familiar tool from the ISP – What Makes Sense/What Doesn't Make Sense – and how it can help teams understand perspectives about risk.

Planning for risk balances both what is Important To the person – what gives life meaning

and purpose – and what is Important FOR the person to remain healthy, safe, and a valued member of their community.

The 4 + 1 Tool was also discussed as a way to learn from experiences in mitigating risk and use them to plan next steps.



Objectives

At the end of this course, participants will:

- Use various tools and strategies that assist teams to recognize and record current risks and potential risk factors in the ISP.
- Practice critical thinking skills in developing proactive mitigation strategies and assuring risks are addressed by teams within the planning process.
- Develop and review mitigation actions that are person-centered, least restrictive, and responsive to risks based on existing and new information.

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Here are the overall objectives for this six-part training series. The focus of the series is to provide tools and strategies for teams to use to recognize and record risk; and to practice critical thinking skills in developing proactive person-centered risk mitigation strategies to assure that risks are addressed.

In this webcast, Part 4 of the series, we will introduce the *Risk Mitigation Conversation Guide for Teams*. This tool assists the team in their conversations and planning process to ensure all risks are identified. It also helps teams create mitigation plans that include the needed details to reduce the level of risk and ensures that any additional supports are included in the planning.

The tools, concepts and strategies presented throughout the series will help you to work collaboratively with teams to have person-centered conversations on how to address risk.

Risk Mitigation Conversation Guide

Risk Mitigation Conversation Guide for Teams

The following Guiding Questions will assist the team in evaluation of developing risk mitigation strategies and plans prior to implementation. The Guiding Questions in the left-hand column are to provide structure for planning. The Probes in the center column are additional Probes for discussing information and planning for risk mitigation. The right-hand column allows space for the team to use in planning activities. Due to the unique nature of individual risk experience, not all Guiding Questions or Probes will apply to every situation.

Guiding Questions	Probes	Team Responses
What risks have the team identified?	<ul style="list-style-type: none"> Have prior assessments, data and documentation been analyzed to determine risks impact? Have the risks been analyzed for severity and immediacy? 	
Does the person's ISP contain mitigation actions for identified risks?	<ul style="list-style-type: none"> Are there corresponding mitigation actions in the ISP for each identified risk? Where and how are the risk factors assessed and documented in the ISP? 	
Do the mitigation strategies include specific actions?	<ul style="list-style-type: none"> Are the mitigation strategies measurable? How will the team know that actions are successful? Are timelines set for actions? Do mitigation plans identify the responsible person(s) and actions they need to take? 	
Are the actions doable?	<ul style="list-style-type: none"> Are necessary resources available? Does the person responsible have authority to implement planned actions? Does the person responsible support the mitigation actions? Does the individual support the mitigation actions? 	
How will the actions and strategies be monitored?	<ul style="list-style-type: none"> Is there an objective system in place to monitor the implementation and effectiveness of the mitigation actions? 	
If the mitigation strategies are implemented, what is the likelihood of recurrence?	<ul style="list-style-type: none"> Have past mitigation actions been effective in reducing risk and should past actions be continued for continuation? Have all successful elements of previous risk mitigation strategies been implemented? 	
Followed to a health issue, is medical/critical assessment or follow-up needed?	<ul style="list-style-type: none"> Was assessment or follow-up provided? Was assessment or follow-up documented? Were additional risks identified that need to be addressed? 	
Followed to a behavioral issue, is critical/behavioral assessment or follow-up needed?	<ul style="list-style-type: none"> Was assessment or follow-up provided? Was assessment or follow-up documented? Were additional risks identified that need to be addressed? 	

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We're now going to introduce to you a new tool that can be very helpful to you and the team in having a conversation about mitigating risk.

Included in the handouts accompanying this webcast is the *Risk Mitigation Conversation Guide for Teams*. This guide, along with the other handouts in this webcast are tools designed to help support you in discussing risks with the team.

The *Risk Mitigation Conversation Guide for Teams* is a proactive tool designed to assist the team in their conversations and planning when a risk is identified. It is used to accomplish three things.

- First, to ensure that all the potential risks are identified and documented.
- Second, the tool also guides the conversation to ensure that the strategies or mitigation plans that are suggested by the team are specific, doable, measurable and most importantly, will be effective in reducing the level of risk to the person, prior to implementation.
- Third, *The Risk Mitigation Conversation Guide for Teams* also helps to ensure that any health or behavioral supports that may be needed are included in the conversation and planning.

As you will see in the following example, the use of the guide in this way can assist the team to identify potential areas where more information or follow-up by the team may be needed.

Risk Mitigation Conversation Guide

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Risk Mitigation Conversation Guide for Teams

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Guiding Questions	Probes	Team Responses
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Does the person's ISP contain mitigation actions for identified risks?	<ul style="list-style-type: none"> Are there corresponding mitigation actions in the ISP for each identified risk? Where and how are the risk factors assessed and documented in the ISP? 	
Do the mitigation strategies include specific actions?	<ul style="list-style-type: none"> Are the mitigation strategies measurable? How will the team know that actions are successful? Are timelines set for actions? Do mitigation plans identify the responsible person(s) and actions they need to take? 	
Are the actions "doable"?	<ul style="list-style-type: none"> Are necessary resources available? Does the person responsible have authority to implement planned actions? Does the person responsible support the mitigation actions? Does the individual support the mitigation actions? 	
How will the actions and strategies be monitored?	<ul style="list-style-type: none"> Is there an objective system in place to monitor the implementation and effectiveness of the mitigation actions? 	
If the mitigation strategies are implemented, what is the likelihood of recurrence?	<ul style="list-style-type: none"> Have past mitigation actions been effective in reducing risk and should past actions be continued for continuation? Have all successful elements of previous risk mitigation strategies been implemented? 	
ATTACHED TO A HEALTH ISSUE, IS MEDICAL/Clinical assessment or follow-up needed?	<ul style="list-style-type: none"> Was assessment or follow-up provided? Was assessment or follow-up documented? Were additional risks identified that need to be addressed? 	
ATTACHED TO A BEHAVIORAL ISSUE, IS Circumstantial assessment or follow-up needed?	<ul style="list-style-type: none"> Was assessment or follow-up provided? Was assessment or follow-up documented? Were additional risks identified that need to be addressed? 	

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The Guide itself is divided into three columns. The first column provides basic guiding questions and provides structure to the planning conversation. The middle column provides a few “Probing Questions” to help the team explore and discuss the risk further. And finally, the last column is a place to record learning and to use in the development of any actions or planning.

As each person and their risk or risks are unique, some of the probing questions in the second column may not apply to each person or situation. There may be additional questions that need to be explored by the team. These questions are intended to help start a conversation with the team, to discuss proposed strategies and identify where additional information may be needed, prior to implementation of a specific strategy.

Over the next several slides, we will be using Hattie’s Story to work through this guide. Before continuing with the webcast, please be sure to print and have available the Hattie’s Story materials included in this course. If necessary, press the pause/play button now on your screen to pause this presentation until you have the necessary materials available. Click the pause/play button again when you are ready to continue.



Hattie's team has become increasingly concerned about some recent changes they have seen in her and the possibility that her health and safety may be at increased risk. The team will be meeting shortly to discuss these concerns. They will use the *Risk Mitigation Conversation Guide* to take another look at the current risks in Hattie's life and identify possible new risks that might need to be mitigated. In addition, you may have noted that Hattie's current ISP is about nine months old. The team can also use this meeting to begin the process of updating information in the ISP for her annual review.

For the moment, put yourself into the role of being a member of Hattie's team.



So here's a little background information about Hattie to get started.

Hattie has been sharing an apartment with Marge for the past couple of years. Before living with Marge, Hattie had lived with her mother, but due to her mother's age and increasing health problems, her mother was unable to fully care for herself or to provide needed supports to Hattie. Hattie had been very active with her family and was known and respected in her neighborhood and home church. She maintained her church membership after her move and enjoyed attending services on Sundays. Hattie enjoyed talking with others, especially about her favorite movie stars and sharing one of her several family photo albums. She also enjoyed knitting and taking care of her spoon collection.

Hattie is 42 years old and she and Marge both receive Residential Habilitation services. Hattie continues to participate in a day program she has attended for years and is able to manage most of her personal care needs independently. In terms of her health, Hattie has a seizure disorder that is well-managed with medication. She also has Down Syndrome and at times experiences anxiety and uses self-calming techniques (breathing exercises) she had learned for managing it. At times, her mother would do these breathing exercises with her.



Fast-forwarding to the present, people who support and care about Hattie have noticed that she has started to lose interest in things she used to enjoy. For example, she has picked up her knitting project only once or twice in the past couple of months. She is not paying any attention to her spoon collection and is speaking less and in a softer tone of voice. At times, she has appeared to be looking at, motioning toward, and saying words to someone or something that is not in the room at the time and has also needed more support to relax when she becomes anxious.


Team members have also noticed that Hattie seems to be paying less attention to people with whom she used to have a longstanding relationship with and will stare at them for a long time before responding to them. They've also documented that she's having trouble remembering things such as what she ate or where things are kept.

As a new member of Hattie’s team, and in preparation for the meeting, pause this webcast and take a moment to review the information about Hattie that is included in the handouts. Included in the handouts is *Hattie’s Story* that provides some more background on Hattie, a copy of the *What Makes Sense/ What Doesn’t Make Sense* chart for Hattie that we showed earlier and some excerpts from her ISP written approximately nine months ago.

Note: As a result of the concerns that have been identified regarding Hattie, her support staff have taken steps to increase her level of supports and supervision to protect her from any immediate risk of harm in the short term, while the team works together to better identify and address the reasons for these concerns.

Using the Risk Mitigation Conversation Guide

What risks have been identified?



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Guiding Questions	Probes
What risks have the team identified?	<ul style="list-style-type: none"> Have prior assessments, data and documentation been analyzed to determine risks factors? Have the risks been analyzed for severity and immediacy?

Hattie's Story


Hattie is a 42 year old woman with piercing blue eyes and an infectious laugh. She shares an apartment with another woman, Marge, both receiving Residential Habilitation services. Hattie continues to participate in the Day Program she has attended for years while previously living with her elderly mother. Three years ago Hattie's mother starting having health problems and eventually became unable to fully care for herself or to provide needed supports to Hattie. Before things got too difficult for her mother, both Hattie and her mom explored living situations for each other. Hattie's mom wanted to make sure that wherever they each moved that visits and contact was frequent and convenient. Hattie's father had passed away when she was a little girl and she had no brothers or sisters. She identifies her father in various family albums that her mother had, over the years, shared with her. She has these photo albums and enjoys showing people the photographs and telling them about what they captured from her younger life. These include friends from school, family holiday celebrations, many vacations she had taken with her mother, and completed knitting projects.

If you had met Hattie nine or ten months ago, you would have found a woman that spoke to you in complete sentences, especially about Ryan Gosling or Channing Tatum. She moved freely in and around her home and neighborhood, and she proudly displayed her knitting as well as her collection of souvenir teaspoons from the different states she and her mother had visited. Despite some challenges in her spoken communication, Hattie had learned to read and write on a second-grade level and manage most of her personal care needs. She had been very active with her family and was known and respected in her neighborhood and home church. She maintained her church membership after her move and enjoyed attending services on Sundays.

In terms of her health, Hattie has a seizure disorder that is well-managed with medication. She has had one or zero seizures per year for the past five years.

At times in the past, Hattie would experience anxiety and used self-calming techniques (breathing exercises) she had learned for managing it. She also would seek support and comfort from her mother. Sometimes when Hattie was trying to calm herself, she would sit by her mother who would do the breathing exercises with her.

Fast-forward to the present.



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The first question on the *Risk Mitigation Conversation Guide for Teams* is “What risks have the team identified?”

Let’s look at Hattie’s Story first to see what risks have been identified.

Using the Risk Mitigation Conversation Guide – What risks have been identified?

Hattie's Story

Hattie is a 42 year old woman with piercing blue eyes and an infectious laugh. She shares an apartment with another woman, Marge, both receiving Residential Habilitation services. Hattie continues to participate in the Day Program she has attended for years while previously living with her elderly mother. Three years ago Hattie's mother starting having health problems and eventually became unable to fully care for herself or to provide needed supports to Hattie. Before things got too difficult for her mother, both Hattie and her mom explored living situations for each other. Hattie's mom wanted to make sure that wherever they each moved that visits and contact was frequent and convenient. Hattie's father had passed away when she was a little girl and she had no brothers or sisters. She identifies her father in various family albums that her mother had, over the years, shared with her. She has these photo albums and enjoys showing people the photographs and telling them about what they captured from her younger life. These include friends from school, family holiday celebrations, and many vacations she had taken with her mother, and completed knitting projects.

If you had met Hattie nine or ten months ago, you would have found a woman that spoke to you in complete sentences, especially about Ryan Gosling or Channing Tatum. She moved freely in and around her home and neighborhood, and she proudly displayed her knitting as well as her collection of souvenir teaspoons from the different states she and her mother had visited. Despite some challenges in her spoken communication, Hattie had learned to read and write on a second-grade level and manage most of her personal care needs. She had been very active with her family and was known and respected in her neighborhood and home church. She maintained her church membership after her move and enjoyed attending services on Sundays.

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Fast-forward to the present.

Staff have noticed that Hattie has started to lose interest in things she used to enjoy. For example, she has picked up her knitting project only once or twice in the past couple of months. She used to knit almost daily while watching movies, chatting with others, or listening to music. Staff also have observed Hattie not paying any attention to her spoon collection that she used to dust and position in its display case. Instead of lively conversation, Hattie is speaking less often and in a softer tone of voice. **She has, however, appeared to be looking at, motioning toward, and saying words to someone or something that is not in the room at the time. Hattie has also needed more support to relax when anxious. She seems to have a difficult time remembering how to do her breathing exercises when she starts to feel stress coming on and being uncomfortable.**

During Day Program hours, Hattie is paying less attention to the staff member with whom she used to have a longstanding rapport. She now mostly stares at the staff for a long time before responding to a suggestion to start or continue an activity. **Both at home and at the day program, staff have documented Hattie having trouble remembering things.** For example, if you ask Hattie what she had for lunch today, she would not be able to tell you. She also seems to have a problem remembering where certain things are kept, such as where her shoes are (in the closet) or where her nightgown is (in her bureau).


Hattie has a diagnosis of Down syndrome. The team has documented and discussed their concerns as regarding the changes they are seeing in Hattie and **they are concerned that she may also have Alzheimer's disease.**



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What risks have been identified?

- Seizures
- Anxiety
- Loss of interest (isolation?)
- Hallucinations?
- Forgetfulness
- Alzheimer's Disease?



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As you read Hattie's Story, one potential risk identified is a seizure disorder. This appears to be controlled with medication, so the level of risk is reduced, but it is still a risk.

Another risk is her anxiety. While the breathing exercises appear to help her to decrease her anxiety, we also learn here that she's having difficulty remembering how to do these exercises without support from others.

Her loss of interest in favorite activities is also of concern, especially the risk of Hattie becoming isolated from others.

Staff have also observed what might be considered hallucinations. Is Hattie at risk of a developing mental illness or is something else going on?


And then there is Hattie forgetting where things are and how to do simple tasks.

All of this combined has gotten people to wondering if Hattie might have Alzheimer's Disease.

Overall, if these risks are not addressed, the risk of Hattie losing much of her independence is great and that includes the potential for negative impacts on her general health and physical capabilities.

Let's take a look at her ISP and see what other risks may have been identified.

Using the Risk Mitigation Conversation Guide
What risks have been identified?




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General Health and Safety Risks
Include the team review of any injuries and accidents that may have occurred over the past year to look for trends in potential areas of concern. Note the need for protection from heat sources, electrical outlets, knives, etc., if applicable. Include any other information pertaining to health and safety other than what is recorded in the other Health and Safety focus areas.

Hattie had one minor injury (paper cut on thumb) at her Day program. Day Program progress notes 8/11/14). Staff showed her different way to feed paper shredder, no other injuries reported. Hattie avoids hazards and needs no additional supervision to be safe moving in and around her home and day program. See: SIS Assessment (1/3/14) and Day Program Provider Assessment (12/12/13)

What risks have been identified?

- Seizures
- Anxiety
- Loss of interest (isolation?)
- Hallucinations?
- Forgetfulness
- Alzheimer's Disease?
- Paper Cuts



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When reviewing the Health and Safety Focus Areas and General Health and Safety Risks, it's noted that there was a risk for Hattie getting paper cuts when using a shredder. When her plan was written, she had been shown a different way to use the shredder and that seemed to have taken care of things. The risk was mitigated.

Using the Risk Mitigation Conversation Guide
What risks have been identified?



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<p>Fire Safety Record information about the individual's ability to react during a fire or fire drill. Include the level of supervision required and the assistance or device(s) needed to evacuate a building. If relevant, include information about fire safety training, including understanding of smoke detectors, evacuation plan at the home, where to meet, whether or not the individual has the skills to call 911 if necessary, etc. If the individual smokes, include his or her level of awareness of smoking safety. If the individual needs assistance to evacuate, document notification of the local fire company.</p>	<p>Hattie has demonstrated swift compliance with fire evacuation drills by quickly recognizing the alarm sound and lights and leaving her home or day program via established routes. This includes during sleeping hours. Hattie also knows how to obtain help, including emergency services, should she hear the smoke detector, fire alarm, or carbon monoxide detector go off. Hattie does not smoke. See: SIS Assessment (1/3/14) Residential Provider Assessment (12/12/13) Evacuation Drill Reports (3/1/14 through 2/28/15)</p>
<p>Traffic Record information about the individual's traffic safety awareness, such as information about how and under what circumstances the individual can safely cross streets. Specific information regarding the individual's awareness of rural vs. urban streets, highways or side streets, parking lots, etc., should be provided. This information should include the level of supervision and assistance required.</p>	<p>Hattie's pedestrian safety skills include safely crossing streets that do and do not have Walk/Don't Walk signs and steadily managing curbs and uneven pavement. Hattie does not like going places alone. She prefers to travel with staff supports. See: SIS Assessment (1/3/14) Residential Provider Assessment (12/12/13) Day Program Provider Assessment (1/11/14)</p>

What risks have been identified?

- Seizures
- Anxiety
- Loss of interest (isolation?)
- Hallucinations?
- Forgetfulness
- Alzheimer's Disease?
- Paper Cuts
- Fire Safety?
- Traffic?




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According to her last ISP, Hattie appears to have the necessary Fire Safety and Traffic skills.

In light of the recent concerns, this information appears to be outdated and she may now be at risk regarding Fire Safety and Traffic.

Using the Risk Mitigation Conversation Guide
What risks have been identified?




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*Health Condition/Issue	improper food storage
*Promotion/Strategy Support Required <i>Include information on what both the individual and staff need to know, do, and needed training.</i>	Home staff will demonstrate and teach safe food storage techniques for left-overs with Hattie after meals as well as when she is making lunches to take to her day program. Hattie will have multiple opportunities for learning and application throughout regular routines. Hattie requires side-by-side direct support to work on this issue.
*Frequency of Support	Daily.
*Desired Outcome	Avoidance of food-borne illness through safe and healthy food storage habits.
*Person/Agency Responsible	Justine (H & CH Specialist), Shawn (SC)

What risks have been identified?

- Seizures
- Anxiety
- Loss of interest (isolation?)
- Hallucinations?
- Forgetfulness
- Alzheimer's Disease?
- Paper Cuts
- Fire Safety?
- Traffic?
- Food Storage




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We also learn in the Cooking/ Appliance Use section that another identified risk for Hattie is improper food storage.

However, in the Health Promotion Section of her ISP, we can also see that the people supporting her are helping her to learn proper food storage skills.

So we have a pretty good starting list of identified risks. Let's take a look at the next question in the *Risk Mitigation Conversation Guide*.

Using the Risk Mitigation Conversation Guide - Actions in ISP?



Guiding Questions


Does the person's ISP contain mitigation actions for identified risks?

Probes

- Are there corresponding mitigation actions in the ISP for each identified risk?
- Where and how are the risk factors addressed and documented in the ISP?

Identified Risks

- ✓ Seizures
- ✓ Anxiety
- ✗ Loss of interest (isolation?)
- ✗ Hallucinations?
- ✗ Forgetfulness
- ✗ Alzheimer's Disease?
- 🟢 Paper Cuts
- 🟢 Fire Safety
- 🟢 Traffic
- ✓ Food Storage



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The next question in the guide is, “Does the person’s ISP contain mitigation actions for identified risks?” So let’s look at the list of risk we came up with.

Seizures: Yes. While we only have a small portion of the ISP, included in the Health Promotion Section are steps to assist Hattie to self-administer her seizure medications.

Anxiety: Yes. Based on what we know, the Health Promotion section identifies strategies to support Hattie in using self-calming techniques. However, in light of the recent concerns, it may be possible that these strategies will need to be revised.


Food Storage: Yes. There are steps being taken through the Health Promotion section to help her learn proper food storage skills.

The risk of paper cuts at work, Fire Safety and Traffic skills are also identified in the ISP.

However, as we noted earlier, based on where Hattie is currently, all this information in the ISP may no longer be accurate and should be re-evaluated with additional or new mitigation strategies added as needed.


Her loss of interest in favorite activities, possible hallucinations, forgetfulness, and the possibility of Alzheimer's disease were discovered after the last ISP so these risks are not currently identified in the ISP, but should be identified in her next plan.

Using the Risk Mitigation Conversation Guide
Potential Causes


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Identified Risks

- ✓ Seizures
- ✓ Anxiety
- ✗ Loss of interest (isolation?)
- ✗ Hallucinations?
- ✗ Forgetfulness
- ✗ Alzheimer's Disease?
- ✗ Paper Cuts
- ✗ Fire Safety
- ✗ Traffic
- ✓ Food Storage



What could be some of the causes?

Next

Clear


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Keep in mind that this tool is designed to assist the team in their conversations to identify potential risks and what action steps are in place or might need to be put in place to help mitigate the risks. Here would be a natural place for the team to discuss the new risks in more detail and begin exploring some initial mitigation strategies. So let's take a closer look at these new risks.

Based on what you have read about the situation and keeping in mind the Einstein quote of spending time understanding the problem, what might be some of the reasons for Hattie's loss of interest, possible hallucinations, forgetfulness, and other behaviors that appear similar to Alzheimer's Disease?

Use the text box to record some of your thoughts. When you are ready, click the *Next* button.

Using the Risk Mitigation Conversation Guide
Potential Causes


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Identified Risks

X Loss of interest (isolation?)


X Hallucinations?

X Forgetfulness

X Alzheimer's Disease?

What could be some of the causes?

- Alzheimer's Disease
- Changes in support for breathing exercises?
- Depression?
 - Separation from Mom?
 - New home?
- Urinary Tract Infection
- Seizures?
 - Improper dosages?
 - New form of seizure (silent)
- Others not sharing her interests?



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During the statewide instructor-led series, training participants came up with a number of possible reasons for Hattie's change in behavior and interests.

While participants felt that Alzheimer's Disease could be a possibility (it affects people with Down Syndrome at an earlier age and the progression can be much quicker), Hattie would still be relatively young for this. In their discussions, the participants identified a number of questions they had related to possible other medical or environmental factors that needed to be considered.

Here are a few of the other possible causes they came up with:

- Possible changes in expectations or how she's supported with breathing exercises (How is the current approach staff are taking to supporting Hattie with her relaxation exercises different from other staff or Mom's approach?)
- Depression –
 - Separation from mother? (Has there been a recent change in how often Hattie gets to see her mom?)
 - New home? (Is the forgetfulness related to her move to her apartment and things are not kept in the same areas she was used to when living with her mother?)
- Urinary Tract Infection (UTI)? – Many of the challenges that are being reported could be the side effects of an undiagnosed UTI.
- Change in seizures/ seizure activity/ inconsistent dosage of seizure meds
 - Is Hattie getting the proper amount of her seizure medications?
 - Is she eating all the food that her medication is put on?
 - Are the blood levels for her seizure medications in the appropriate range?
 - Is she experiencing a new form of seizure?
 - Is the current medication still effective in controlling her seizures?
- Loss of Interest –
 - Is this a result of others not sharing her interest or waiting for her to ask instead of asking her to share?
 - Were these activities something she did with her mother?

Using the Risk Mitigation Conversation Guide
Potential Causes


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Identified Risks

✗ Loss of interest (isolation?)


✗ Hallucinations?

✗ Forgetfulness

✗ Alzheimer's Disease?

What could be some of the causes?

- Alzheimer's Disease
- Changes in support for breathing exercises?
- Depression?
 - Separation from Mom?
 - New home?
- Urinary Tract Infection
- Seizures?
 - Improper dosages?
 - New form of seizure (silent)
- Others not sharing her interests?




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Did you have similar ideas on your list? If your ideas are not here, that's okay. This is where the value of discussion with the team comes in. You may not have thought of all the possibilities, but a more comprehensive list is possible when the team works together.

To support or confirm the potential causes that could be contributing to the changes in Hattie's life, all the ideas should be discussed. From this discussion, the team will need to identify and prioritize what additional information or assessments might be needed.


So let's look at one of these ideas more closely. We'll focus on the possibility of depression.

Initial Actions



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Depression: What initial mitigation actions would you expect?



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If after discussion by the team, the team chooses to focus first on the possibility that Hattie could be depressed; what initial mitigation strategies would you expect to be put into place? Use the text box to name a few potential strategies.

Initial Actions



Depression: What initial mitigation actions would you expect?

- Obtain psychiatric evaluation
- Increase documentation of
 - Sleep/ awake cycles
 - Changes in orientation
 - Changes in memory
 - Changes in communication
- Encourage and participate with Hattie in favorite activities.
- Re-evaluate home and community safety skills



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A couple things of that you may have included on your list might be to make Hattie an appointment for a psychiatric evaluation. While it is likely that this evaluation cannot be scheduled immediately, another action would be to focus team efforts on collecting information that can be shared with the psychiatrist at the evaluation. Information would be gathered on such things as: changes in her sleep cycle, periods of disorientation, memory loss and changes in how Hattie communicates.

You may have thought of some additional actions that could be discussed by the team and included as part of the mitigation plan.

During the conversation, the team also expressed concern that until the depression is confirmed and treated, Hattie could become more isolated. So another mitigation strategy could be for people supporting her to be more deliberate in encouraging and participating with Hattie in her favorite activities.


One additional mitigation action that the team identifies is to re-evaluate her home and community safety skills and level of support needed in her ISP. The skills identified in her most recent ISP no longer seems to match with the current level of functioning and adjustments to the level of supports she receives are needed at this time to protect her.

Documentation



Where could these actions be documented in the ISP?

- **Health & Safety:** Health Promotion
- Possibly in **Outcome Actions** if the mitigation actions are needed to support the achievement of an Outcome Statement.




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So where could these actions be documented in the ISP?

One good place would be in the Health and Safety/ Health Promotion section of the ISP. These actions, and who is responsible, could be included here.


It is also possible that the challenges that Hattie is experiencing, could also be identified as a concern related to one of her current Outcome Statements. Something that is standing in the way of accomplishing one of her Outcome Statements. If this is the case, the team could update the Actions Needed to include these new actions steps.

Possible Causes



What could be some of the causes?

- Alzheimer's Disease?
- Changes in support for breathing exercises?
- Depression?
- Separation from Mom?
- New home?
- Urinary Tract Infection (UTI)?
- Seizures?
 - Improper dosages?
 - New form of seizure (silent)?
- Others not sharing her interests?



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But depression was only one of several possible reasons for the changes seen in Hattie.


For some of the potential reasons the team identified, like depression or Alzheimer's, confirming this could take some time. In the meantime, the team can also focus on confirming or eliminating some of the other likely causes on this list.

The team could contact Hattie's PCP to request a urinalysis to rule out the possibility of a UTI and blood levels to determine if her seizure medications are at therapeutic levels.

Staff could also increase their level of monitoring around Hattie's seizure medications to ensure that the prescribed amount of medication is applied to her food and that she's eating all of it.


And they could consult with the Behavior Specialist about additional training or support for Hattie and her support staff regarding the use of the breathing exercises and possible need for retraining Hattie and/or her support staff.

Keeping Hattie Safe



Until the actual cause can be identified and addressed, the team needs to be sure to...

Keep Hattie safe!



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Regardless of the actual cause for these recent changes in Hattie, she is at an increased level of risk for harm. The team will also need to consider additional short term actions, such as increased supervision and support, to ensure her immediate health and safety, until the actual cause can be identified and mitigated.

Using the Risk Mitigation Conversation Guide - Specific Actions?



Guiding Questions

Do the mitigation strategies include specific actions?

Probes

- Are the mitigation strategies measurable? (How will the team know that actions are successful?)
- Are timelines set for actions?
- Do mitigation plans identify the responsible person(s) and actions they need to take?

✓ **Measurable?**

✓ **Timelines?**

✓ **Whose Responsible?**



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So let's go back to the *Risk Mitigation Conversation Guide*. The third question on the guide is "Do the mitigation strategies include specific actions?"

Whether this is documented in the Health Promotion Section of the ISP or as part of Outcome Actions, the probing questions in the *Risk Mitigation Conversation Guide* remind us to be sure that for each strategy, it is measurable, the team has identified target dates for completion of each action, and that those people responsible for implementing the strategy are identified.

Using the Risk Mitigation Conversation Guide - Doable Actions?



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Guiding Questions

Are the actions 'doable'?

Probes

- Are necessary resources available?
- Does the person responsible have authority to implement planned actions?
- Does the person responsible support the mitigation actions?
- Does the individual support the mitigation actions?

✓ **Resources available**

✓ **Authority to implement**

✓ **Supported by the individual and team**



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The next two questions guide the team to do an evaluation of the strategies developed to make sure the plan can be implemented and that if implemented, will help to keep the person happy, healthy and safe.

“Are the actions ‘doable’?”, reminds the team that implementation of the plan will fail if the resources needed are not available. The plan will also fail if the people responsible for implementation of specific pieces do not have that authority or support the actions. And of course, the person him or herself must be in agreement with the strategies.

Using the Risk Mitigation Conversation Guide - Doable Actions?



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Guiding Questions

If the mitigation strategies are implemented, what is the likelihood of incident/event recurrence?

Probes

- Have past mitigation actions been effective in reducing risk and should past actions be considered for continuation?
- Have all successful elements of previous risk mitigation strategies been implemented?

✓ **Safe**

✓ **Healthy**

✓ **Happy**



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If the actions are doable, the next question then prompts the team to take another look at the strategies to make sure that when put into place, these strategies will reduce the risk and help to keep the person as safe, healthy and happy as possible. The probing questions further ask the team to reflect on what may have been successful or learned from past efforts and were considered and incorporated into the new strategies to reduce the likelihood of the negative event occurring or of the person being harmed.

In the event that the answer to any of these questions is no, the team should go back and discuss what adjustments would be needed in order to ensure the strategy is both *doable* and reduces the likelihood of recurrence.

Using the Risk Mitigation Conversation Guide - Health/ Behavioral Follow-up?



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Guiding Questions

If linked to a health issue, is medical/ clinical assessment or follow-up needed?

Probes

- Was assessment or follow-up provided? Documented?
- Were additional risks identified that need to be addressed?

Guiding Questions

If linked to a behavioral issue, is clinical/behavioral assessment or follow-up needed?

Probes

- Was assessment or follow-up provided?
- Was assessment or follow-up documented?
- Were additional risks identified that need to be addressed?

Were assessments/ follow-up:


- ✓ **Provided?**
- ✓ **Documented?**
- ✓ **Were additional risks identified?**



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These last two questions in the *Risk Mitigation Conversation Guide* remind the team that if the risk is related to health or behavioral issues, assessments or follow-up with the medical, clinical or behavioral support providers may be needed. Not only should those assessments or follow-up be included as part of the strategy and documented, but once completed, this information should be reviewed to identify any additional risks that may need to be addressed or mitigated by the team.

Using the Risk Mitigation Conversation Guide - Behavioral/Clinical Follow-up?



Risk Mitigation Conversation Guide for Teams

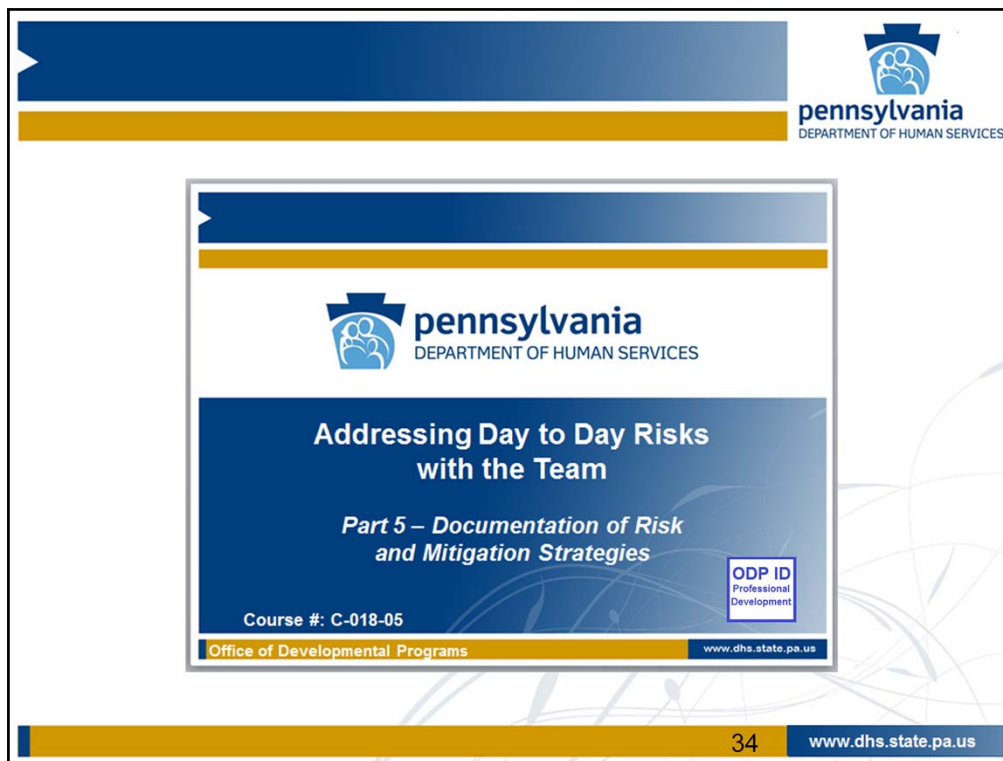
The following Guiding Questions will assist the team in evaluation of developing risk mitigation strategies and plans prior to implementation. The Guiding Questions in the left hand column are to provide structure for planning. The Probes in the center column are additional Probes for discussing information and planning for risk mitigation. The right hand column allows space for the team to use in planning activities. Due to the unique nature of individual risk experience, not all Guiding Questions or Probes will apply to every situation.

Guiding Questions	Probes	Team Responses
What risks have the team identified?	<ul style="list-style-type: none"> Have prior assessments, data and documentation been analyzed to determine risks factors? Have the risks been analyzed for severity and immediacy? 	
Does the person's ISP contain mitigation actions for identified risks?	<ul style="list-style-type: none"> Are there corresponding mitigation actions in the ISP for each identified risk? Where and how are the risk factors addressed and documented in the ISP? 	
Do the mitigation strategies include specific actions?	<ul style="list-style-type: none"> Are the mitigation strategies measurable? (how will the team know that actions are successful?) Are timelines set for actions? Do mitigation plans identify the responsible person(s) and actions they need to take? 	
Are the actions 'doable'?	<ul style="list-style-type: none"> Are necessary resources available? Does the person responsible have authority to implement planned actions? Does the person responsible support the mitigation actions? Does the individual support the mitigation actions? 	
How will the actions and strategies be monitored?	<ul style="list-style-type: none"> Is there an objective system in place to monitor the implementation and effectiveness of the mitigation actions? 	
If the mitigation strategies are implemented, what is the likelihood of incident/event recurrence?	<ul style="list-style-type: none"> Have past mitigation actions been effective in reducing risk and should past actions be considered for continuation? Have all successful elements of previous risk mitigation strategies been implemented? 	
If linked to a health issue, is medical/clinical assessment or follow-up needed?	<ul style="list-style-type: none"> Was assessment or follow-up provided? Documented? Were additional risks identified that need to be addressed? 	
If linked to a behavioral issue, is clinical/behavioral assessment or follow-up needed?	<ul style="list-style-type: none"> Was assessment or follow-up provided? Was assessment or follow-up documented? Were additional risks identified that need to be addressed? 	

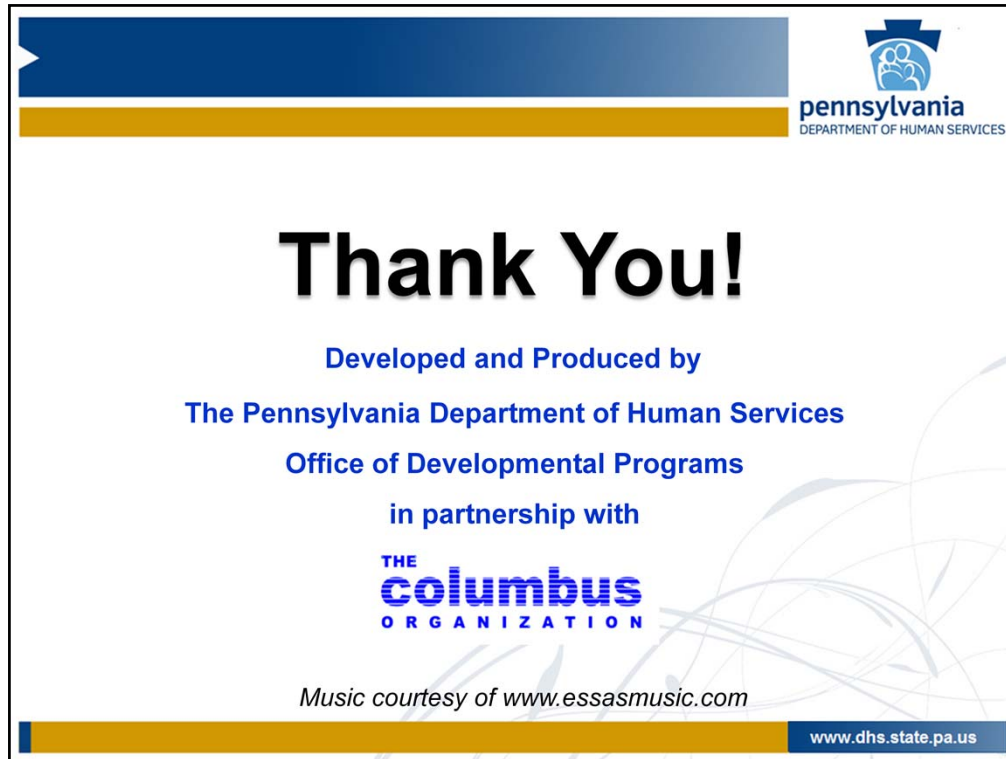
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In this webcast we introduced the *Risk Mitigation Conversation Guide for Teams* as a proactive tool designed to assist the team in their conversations and planning when a risk is identified. As stated previously, this tool and the other tools provided, are offered as ways to support your work in mitigating risks with the team, but are not required forms. The *Risk Mitigation Conversation Guide for Teams* is available for downloading where you accessed this webcast.

In the next webcasts, we will look more closely at documentation of identified risks and the evaluation of the effectiveness of mitigation plans.



This concludes Part 4 of the series *Addressing Day to Day Risks with the Team, Risk Mitigation Conversation Guide for Teams*. Part 5 can be found in the course where you found this webcast.



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Thank you for participating in this lesson.