



Carewest

INNOVATIVE HEALTH CARE

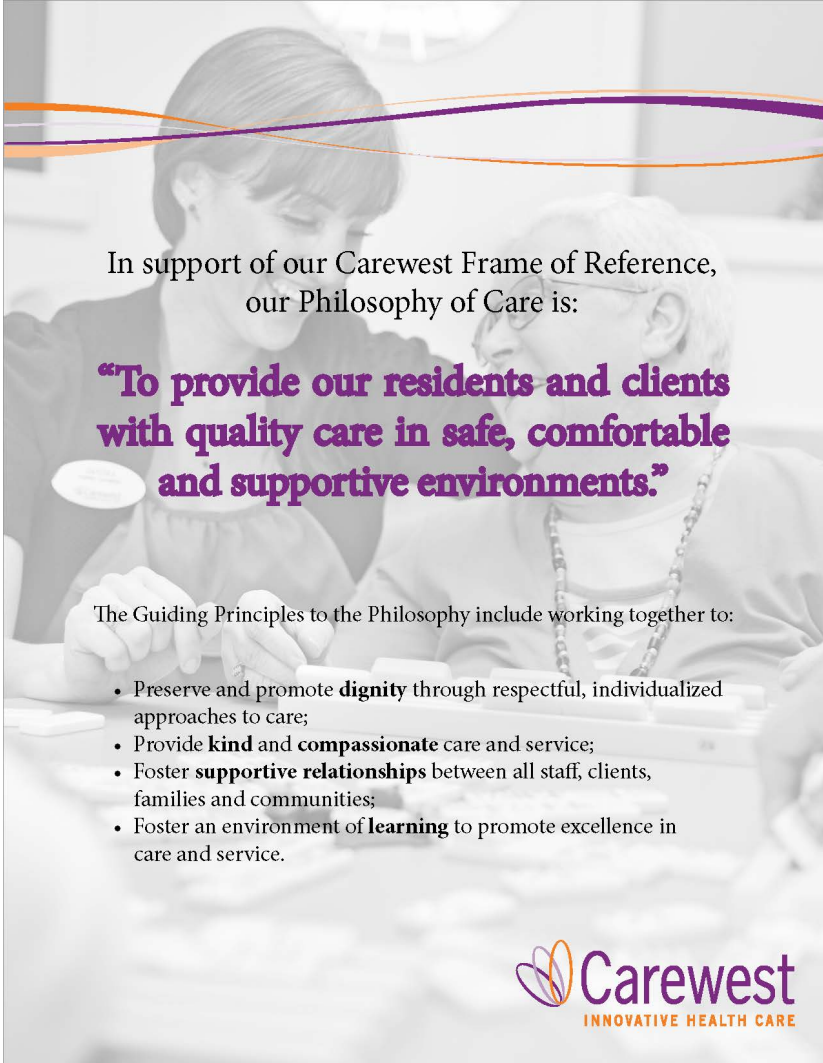
**Managed Risk  
Agreements  
(CS-01-02-03)**

2019

# Learning Objectives

- ✓ What is a Managed Risk Agreement?
- ✓ Review Updated Managed Risk Agreement Policy
- ✓ When to use a Managed Risk agreement
- ✓ What is the process to enter into a MRA
- ✓ When to review and/or update MRA
- ✓ Correct Documentation of MRA

# Carewest Philosophy of Care



In support of our Carewest Frame of Reference,  
our Philosophy of Care is:

**“To provide our residents and clients  
with quality care in safe, comfortable  
and supportive environments.”**

The Guiding Principles to the Philosophy include working together to:

- Preserve and promote **dignity** through respectful, individualized approaches to care;
- Provide **kind** and **compassionate** care and service;
- Foster **supportive relationships** between all staff, clients, families and communities;
- Foster an environment of **learning** to promote excellence in care and service.



This includes supporting clients and residents to live at risk by providing information to help them understand the potential negative healthcare outcomes that may arise from that risk so that they can make informed choices related to their needs and wishes.



# What is Managed Risk?

- Residents and clients with capacity and client's alternate decision makers such as guardians and agents have the right to choose options that may have some degree of risk to the client,
- Relates to choice that does not put other clients, staff or Carewest at risk and is in keeping with current legislation.
- Involves the interdisciplinary team working with the individual and their representatives. It is not a single staff discussion or decision.

You should also review the Carewest Policy in the Care and Service manual (and on Careweb) CS-03-01-04 Managed Risk Agreements

# What is a Managed Risk Agreement (MRA)?

## A client centered document that:

- Identifies the choice that poses risk
- Clarifies the care team's recommendations specific to client choice
- Identifies potential risks regarding choice
- Outlines strategies to manage risk to client
- Is an interdisciplinary process.

## A MRA IS NOT

- A Liability Waiver (we still have to manage the risk)
- A one way or one time document
- A replacement of documentation of any kind
  - TTR
  - Flow sheets
  - Unusual occurrence forms & investigations

# Goals of Managed Risk Agreement

- Clearly communicate risks associated with client choice to client, decision makers and ID team in a consistent and thorough manner.
- Provides a standardized process for documentation and management of client choice.
- Meet AHS, Alberta Health requirements (including but not limited to CCHSS standards of client centred care).


A managed risk agreement is a tool, similar to a very detailed client centred care plan which is made collaboratively when client choice challenges the care team recommendations.

The tool is used to ensure that risks are clearly communicated to the client and/or decision maker and care team and clear expectations of interventions are identified and agreed upon to manage/minimize risk to client.

# Carewest MRA Form

## There are 4 Important sections:

- Client choice
- Care Team Recommendations
- Risks associated with client choice
- Risk management strategies agreed upon to support client choice



Addressograph

**MANAGED RISK AGREEMENT**

This person entering into the agreement is their own decision maker  
 \_\_\_\_\_ is the  Alternate Decision Maker  Guardian  Agent in an Enacted Personal Directive  Co-Decision maker  
(Please indicate specific decision maker or an agent's name and enter into this agreement if the Personal Directive is not enacted.)

The following choice has been made by the identifiable decision maker or co decision maker about this person's care:

What are the care team's recommendations related to this choice and why (include relevant medical history/diagnoses and assessments completed to lead to these recommendations - refer to specific documentation in the health record for more details)

The possible risks or negative results of this choice may include:

Risk Management strategies to be implemented (be specific with details of how the choice will be accommodated, including person responsible, expectations of staff/visitors, location and any restrictions or personal circumstances):

I have been informed and understand and accept the potential risks, consequences and possible negative health outcomes resulting from not following the care team's recommendations as outlined above. I am satisfied with and understand the information I have been given and I agree to follow the risk management strategies identified above.

Client/Decision Maker Name and Signature	Date <input type="text"/>
Alternate Decision Maker Name and Signature	Date <input type="text"/>

I have explained the potential risks, consequences and possible negative health outcomes resulting from not following the care recommendations outlined above. In my opinion, the client/guardian/co-decision maker understands the potential risks, consequences and possible health outcomes resulting from not following the recommendations.

Client Service Manager Name and Signature	Date <input type="text"/>
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Signed copy provided of the Agreement provided to the client/head of alternate decision maker  
 Care Plan updated with strategies in interventions and approaches

Carewest **SECURE**



# MRA Process

- Refer the Managed Risk Agreement Policy (CS-03-01-04)
  - An MRA can not be created without the involvement of multiple members of the care team including CSM.
  - The MRA must be reviewed regularly and at minimum, yearly or more often with change of status or on request.
  - The CSM must sign that they believe the signatories understand the information (i.e., CSM cannot sign after the fact)

# Managed Risk Agreement Procedure

- 1) Identify the potential risks of the choice identified.
- 2) Meet with client and/or legal decision maker and ID team including CSM
  - Identify and document potential risks of client choice
  - Consider alternatives
  - Identify and document strategies and interventions
- 3) Complete MRA and ensure it is signed and dated by CSM, client and legal decision maker
  - Note in chart if client/legal representative is unwilling/able to sign

# Communication and Documentation

4) Document the discussion with client and/or legal decision maker TTR.

➤ TTR note

- client choice
- care team recommendations
- potential risk
- risk management strategies agreed upon



5) Communicate interventions and strategies to care team and update Care Plan.

# Documentation

- Copy of signed and dated MRA provided to Client and/or legal decision maker.
- Original signed and dated MRA filed in chart under legal

## **Connect MRA to the Care Plan**

Indicate on Care Plan that MRA is in place and include risk management strategies in client's care plan

MRA interventions and monitoring requirements included in Care and clinical flowsheets

# Situations Where MRA Cannot Be Used

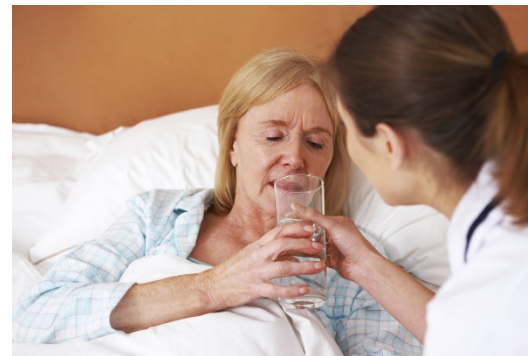
- When the choice puts staff, client or others at risk.
- When client does not fully understand potential risks of choice
- Prior to team meeting with Client and/or decision makers
- Without input from the interdisciplinary team **and** CSM
- When the requestor is not a competent client or legal decision maker (e.g., not with a specific decision maker)

**An MRA does not release Carewest from Liability or Responsibility**

We are accountable for the care of our clients there is no document that will change this.

# Common MRA Requests

- 4 bed rails
- Seatbelt
- Eating against recommended diet
- Declining night checks



# MRA – YES or NO?

- Client wants to go off unit with friends
- Client wants bed rails up when not recommended by ID team.
- Client is assessed as requiring Mechanical lift – wants to Transfer with 1Person Assist
- Client who requires set up for meals wants to eat regular diet when Minced is recommended by the Dietician
- Client does not want to have nightly checks
- Client wants to shower independently

# Did you get them correct?

**Client wants to go off unit with friends – NO** - We may have a conversation with the client and their friends explain our reasons for our preference not to leave the unit. Document conversation in TTR

**Client wants bed rails up – YES** – A MRA may be needed, but only after a meeting with Client and/or legal decision maker where clear communication of care staff recommendations, potential risks and safety concerns of bed rails that are specific to the client, discussion and agreement of risk management strategies that will be implemented to support client choice.

**Client wants to transfer 1PA when assessed for mechanical lift- NO-** The risk of client transferring without assessed level of assistance – not using mechanical lift puts not only the client but Carewest staff at risk of injury. Therefore we cannot support this client's choice.

**Client wants to eat regular diet when minced is recommended by RD - YES** – An MRA may be created to support client choice. A meeting with the Care team, CSM and Client and/or legal decision maker must occur. The client in this scenario is able to feed self independently after set up.

**Client wants to decline nightly checks- YES** – after a meeting with care team and communication of risks a clear understanding of same - client can choose to decline nightly checks following MRA process as the risk associated with this choice do not impact the safety of others.

**Would we be able to have a MRA for a client who requires a staff member to feed them and would like to eat a regular diet when a therapeutic consistency has been recommended by RD or SLP? NO** – Should the client require staff to physically assist with feeding – we are putting the staff member in a situation where they are at risk for psychological or emotional harm if the client should choke on a meal that they are feeding them.



# Client wants to shower independently

Assess their abilities (physical and cognitive) to shower and determine the risk. If they can follow and remember instructions, demonstrate sitting balance and endurance to shower independently, they are agreeable to assistance with set up and water checks and no significant risk is identified. (Document the Assessment in the TTR and update the Care Plan to reflect same). An MRA is not needed as we support the person to be as independent as they can.

However, if there are assessed risks (risks – impulsive actions, limited strength and sitting balance, poor recall of instructions, inability to use call bell etc... then set up of independent showering would not be recommended. Findings of assessment will be documented in TTR and communicated to client and/or legal decision maker and care team. The MRA process may be pursued should the client and/or legal decision maker continue to request independent showering. Follow all steps outlined in the policy.

# Required Learning Quiz Link



[Check your understanding of this material. Click here to take a short quiz.](#)