



Policy Name SHARED RISK MANAGEMENT			Policy Number: 0125
			Effective Date: September 15, 2009
Approved By: Executive Team	Drafted by: Social Worker	Review Date: February, 2018	Date Revised: February 19, 2013 November 23, 2016
Classification: Delivery of Care to Residents and Families			Page No: Page 1 of 6

POLICY

The Salvation Army Agapé Hospice provides unconditional love and acceptance to individuals in need of end of life care. Residents and families are assured of dignity, respect and hope while receiving individualized physical, social, emotional, and spiritual care. Agapé Hospice recognizes that Residents have the right to choose options that may cause a degree of risk to them, provided this choice does not put other Residents, families or staff at risk.

Agapé Hospice caregiving team has the responsibility to inform and caution the Resident and/or Health Advocate of choices that the staff believes may cause a risk to the Resident. When this is recognized and the Resident and/or Health Advocate choose not to abide by the clinical recommendation/advice, Agapé Hospice caregiver will approach Residents and/or Health Advocates for a Shared Risk Agreement. Examples that put Residents at risk may include but are not limited to: choosing to undertake activities independently; eating food that may cause choking; going on a pass; smoking; and consuming substances that may result in adverse effects to medication.

A Shared Risk Agreement is a documented agreement between the Resident and/or Health Advocate, and Agapé Hospice to share the responsibility of the risk recognized by Agapé Hospice care team. The goal of making this agreement is to help the Resident and Health Advocate understand that they accept responsibility for the risk, while maintaining the right to live at risk.

A Shared Risk Agreement will identify: the Resident's and/or Health Advocate's choices; areas of risk; potential consequences; and possible solutions/alternatives. The discussion will be documented in the Resident's health record.



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PROCEDURE

1. Each Resident will be assessed for possible risk factors. These assessments will be completed: on an individual basis; on admission; and throughout their stay. Agapé Hospice has developed a Fall Prevention Program if this issue is identified.
2. Any identified potential areas of concern should be referred to the assigned Registered Nurse (RN). The RN will determine whether there is a need to complete a Shared Risk Agreement.
3. The RN will meet with the Resident to complete the Shared Risk Agreement. If the Resident is non-compliant or cognitively impaired, the risk will be discussed with the Health Advocate.
4. Discussion with the Resident and/or Health Advocate regarding the Shared Risk Agreement should include:
 - 4.1. Risk identified;
 - 4.2. Resident's and/or Health Advocate's wishes;
 - 4.3. Possible consequences of choices;
 - 4.4. Possible solutions or alternatives.
5. Once the Shared Risk Agreement has been reviewed and signed, a copy will be given to the Resident and/or Health Advocate.
6. Documentation of the discussion will be made in the Resident's health record and should include:
 - 6.1. Participants in the discussion;
 - 6.2. Discussion regarding details outlined in 4;
 - 6.3. Who was given a copy of the Shared Risk Agreement.
7. In cases where the RN finds it difficult to obtain a Shared Risk Agreement, a Social Work referral may be made.
8. If required, a family meeting, with the care team will be arranged to discuss the risk.

ATTACHMENTS

Appendix "A" – Shared Risk Agreement

Appendix "B" – Shared Risk Agreement For Fall Risk

Appendix "C" – Shared Risk Agreement for Oxygen Humidiers

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REFERENCES

Alberta Health. (2016). Continuing Care Health Services Standards Information Guide.

[Intercare Corporate Group Inc. – Shared Risk Agreement, Document number 04-02-00 Intercare Corporate Group Inc. – Shared Risk Agreement, Document number 04-00-58 Nursing Homes: Developing Risk-Management Protocols in Assisted Living...November 2005](#)

[Study of Negotiated Risk Agreement in Assisted Living: Final Report – Appendix F: Sample Negotiated Risk Agreement](#)

[Guide One Insurance – Ease Conflict With Shared Risk Agreemen](#)



The Salvation Army

Alberta & Northern Territories Division

Agapé Hospice

1302 8th Avenue NW, Calgary, AB T2N 1B8

Tel: (403) 282-6588

Fax: (403) 284-1778

www.agapehospice.ca



www.SalvationArmy.ca

Appendix A

Shared Risk Agreement

Agape Hospice recognizes and supports the right of the resident to make choices regarding his or her own behavior, care, and lifestyle. However, as professionals our staff has the responsibility to inform and caution the resident and/or their family/health advocate of choices that we believe may cause a risk to the resident. This form serves as a written agreement between Agape Hospice and the resident and/or their family concerning the resident's preferences and together we will work to meet their wishes.

Resident's Name: _____

Family/Health Advocate: _____

Resident/Health Advocate's wishes: _____

Possible Consequences: _____

Alternatives/ Solutions: _____

Preventative Measures Taken to Lessen the Risk: _____

This is an acceptable risk I/ We are willing to accept in order to maintain the Resident's right of autonomy and comfort.

Signature of Resident

Signature of Health Advocate

Signature of Agape Representative

Date

- Copy provided to Resident/Family/Health Advocate (Circle)
- Note placed in Progress Note if Resident Unable or Unwilling to Sign



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Appendix B

Shared Risk Agreement

Fall Risk

Agape Hospice recognizes and supports the right of the resident to make choices regarding his or her own behavior, care, and lifestyle. However, as professionals our staff has the responsibility to inform and caution the resident and/or their family/health advocate of choices that we believe may cause a risk to the resident. This form serves as a written agreement between Agape Hospice and the resident and/or their family concerning the resident's preferences and together we will work to meet their wishes.

Resident's Name: _____

Resident's Wishes:

- The Resident would like to Transfer self.
- Other _____

Health Advocate Wishes:

- The health advocate would like to respect the Resident's wish as noted above.
- Other _____

Possible Consequences:

- Fall results in Physical injury
- Other _____

Alternatives/Strategies:

- Resident calls for nursing assistance when Resident Transfers self
- Resident uses call bell
- Family Presence
- Friend Presence
- Volunteer Presence (when available/appropriate)
- Privately hired Personnel presence (at family expense)
- Other _____



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Preventative Measures Taken to Lessen the Risk:

- Use of () side rails
- Use of bed alarm
- Use of monitor
- Use of fall mat
- Every 30 minute Checks
- Other _____

This is an acceptable risk I/We are willing to accept in order to maintain the Resident's right of dignity and autonomy.

Signature of Resident

Signature of Health Advocate

Signature of Agapé Hospice Representative

Date

- Copy given to Resident/Health Advocate (circle)**
- Progress note written if Resident/Health Advocate unable or unwilling to sign**



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Appendix C

Shared Risk Agreement

Oxygen Humidifiers

Studies have shown that humidified oxygen has very little to no effect on residents' comfort levels when being provided with oxygen. Consequently, it is our practice not to connect a humidifier bottle to a resident's oxygen concentrator. If a resident or family wishes to continue/start a humidifier bottle in connection with oxygen, then it will be the resident/family's responsibility to attach and maintain the humidifier bottle to the oxygen concentrator. If required, family can be shown this technique by their respective Oxygen provider.

Agape Hospice recognizes and supports our residents in making individual choices regarding his or her own care. However, as professionals our staff has the responsibility to inform and caution the resident and/or their family/health advocate of choices that may cause a risk to the resident. This form serves as a written agreement between Agape Hospice and the resident and/or their family concerning the residents' preferences and we will work together to meet their wishes.

Resident's Name: _____

Health Advocate: _____

Resident Wish: To attach and maintain humidified oxygen on resident's oxygen concentrator

Possible Consequences: Interrupted flow of oxygen

Alternatives/Solutions: Secaris gel, saline nasal spray

Preventive Measures Taken to Lessen the Risk: Explanation provided to family, alternatives, solutions provided to the family

This is an acceptable risk I/we are willing to accept in order to maintain the residents right of dignity and autonomy.

Signature of Resident

Signature of Health Advocate

Hospice Representative

Date

Signature of Agape

- Copy given to Resident/Health Advocate (circle)
- Progress note written if Resident/Health Advocate unable or unwilling to sign