



Considerations related to risk  
treatment in the context of home  
care for older adults and courses  
of action to support care providers

## EXECUTIVE SUMMARY

of the classic ETMI report

## AUTHORS

**Florence Godmaire-Duhaime**, Scientific Professional, Unité d'évaluation des technologies et des modes d'intervention en santé et services sociaux (ETMISSS), Direction de l'enseignement et des affaires universitaires (DEAU), Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale

**Julie Cummings**, Scientific Professional, Unité d'ETMISSS, DEAU, CIUSSS de la Capitale-Nationale

**Sylvie St-Jacques**, Scientific responsible, Unité d'ETMISSS, DEAU, CIUSSS de la Capitale-Nationale

## MANDATE MANAGER

**Isabelle Beaumier**, Unit Head, ETMISSS and Library, DEAU, CIUSSS de la Capitale-Nationale

## REQUESTOR

**Mélanie Gingras**, Director, Direction du programme Soutien à l'autonomie des personnes âgées (SAPA), Home Care Component, Specialized Geriatric Services, Palliative and End-of-Life Care, CIUSSS de la Capitale-Nationale

## CO-REQUESTOR

**Line D'Amours**, Coordinator, Centre d'excellence sur le vieillissement de Québec (CEVQ), Direction du programme SAPA, CIUSSS de la Capitale-Nationale

## GRAPHIC DESIGN

**Karine Binette**, Graphic Arts Technician, Knowledge Transfer and Outreach Unit, DEAU, CIUSSS de la Capitale-Nationale

## TRADUCTION

Traduction Tandem

## LIABILITY

This document does not engage the responsibility of the CIUSSS de la Capitale-Nationale, of its personnel and professionals in any way regarding the information it contains. Consequently, the CIUSSS de la Capitale-Nationale and members of the ETMISSS Unit cannot be held responsible at any moment for any damages whatsoever resulting from the use or interpretation of this information.

## HOW TO CITE THIS DOCUMENT

Godmaire-Duhaime, F., Cummings, J. and St-Jacques, S. (2024). *Considerations related to risk treatment in the context of home care for older adults and courses of action to support care providers* - Executive Summary of the classic ETMI, Unité d'ETMISSS, CIUSSS de la Capitale-Nationale, 12 p.

June 2024

## PRODUCTION

© Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale, 2024

Legal deposit 2024

*Bibliothèque et Archives nationales du Québec*

ISBN : 978-2-550-98119-0 (PDF)

## ISSUE

Quebec's population is aging (Direction de la recherche, de l'évaluation et de la statistique, Ministère de la Famille, 2018) and the intensification of services has been identified as a priority policy direction in order to better meet the needs of older adults (MSSS, 2012; MF SA and MSSS, 2018).

Risk management is a major issue in the intensification of home care (HC) according to the managers of the HC Component in Eastern Quebec who came together during a symposium on the topic (Allard, 2018; Drouin, 2018). According to them, risk treatment is a particularly important step in risk management. It refers to assessing risk management options and making informed decisions regarding risk (Cortin et al., 2016).

The practice of risk treatment in HC faces a number of challenges. Perception of risk is subjective ("Vivre avec les risques" research team, 2022). Uncertainty in risk treatment can lead to decision making conflicts (Légaré, 2009) and dilemmas (Grenier and Chénard, 2013; Sims Gould and Martin Mathews, 2010). In the context of HS, this uncertainty can be a source of stress and dissatisfaction (Choe et al., 2015; Jarling et al., 2020), imbalance (Muhli, 2010) and exhaustion (Vik and Eide, 2012) for care providers.

## CONTEXT

In 2018, the Réseau universitaire intégré en santé et en services sociaux de l'Université Laval (RUISSS-UL) mandated the ETMISSS Unit of the CIUSSS de la Capitale-Nationale to carry out an assessment of technologies and methods of intervention in health and social services on risk treatment in HC in partnership with all RUISSS-UL institutions. The project, which started in 2019, was suspended in 2020 due to the COVID-19 pandemic, then relaunched in 2022.

## OBJECTIVE

The main objective was to answer the question: "From the perspective of HS workers who work with older adults experiencing a loss of autonomy, what organizational, ethical, professional and legal aspects must be considered in order to support them in the uncertainty associated with risk treatment?".

Specific research questions relate respectively to organizational, ethical, professional and legal aspects.

For more information, see the french report at:  
<https://www.ciusss-capitalenationale.gouv.qc.ca/sites/d8/files/docs/MissionUniversitaire/ETMISSS/Rapport-ETMI-classique-SAD.pdf>

## METHODOLOGY

Three sources of data were used: (1) scientific data from a systematic review of qualitative literature (CINAHL, Embase, Medline and PsycINFO databases) and grey literature; (2) experiential data collected through focus groups and individual interviews with care providers, users and their relatives and professional advisors; (3) contextual data. The data from these various sources were triangulated in order to generate findings and formulate recommendations.

## RESULTS

Twenty eight scientific articles and three theses and position papers were retained. Discussion groups and interviews were conducted with fifteen care providers from five different professions, three users and their relatives; and three professional advisors. They were recruited from six public institutions in Eastern Quebec providing HC for older adults. A report produced by the Comité national d'éthique sur le vieillissement (2022) was retained as contextual data.

Triangulation of data from these diverse sources was used to draw findings in response to each specific research question, relating respectively to organizational, ethical, professional and legal aspects. These findings relate both to the aspects considered by the care providers and to the courses of action they recommend in order to deal with uncertainty in the context of risk treatment. Twenty one recommendations were made based on these findings.

## Question 1: What aspects related to the organizational dimension must be considered in risk treatment in the context of the delivery of home care?

Accessibility, teamwork, task assignments and pairings, work tools, information transfer and training, and complaint handling are considered in risk treatment.

FINDINGS	RECOMMENDATIONS
<ul style="list-style-type: none"> <li>› Lack of resources and lack of access to existing resources are considered in risk treatment.</li> <li>› Time and workload pressure exerted on care providers by organizations are considered in risk treatment.</li> <li>› Different strategies using individual and organizational flexibility are deployed by care providers to remedy the lack of availability of resources.</li> <li>› Formal and informal exchanges between team members as well as intra- and extra-organizational clinical support help support decision-making in a risk context.</li> <li>› A number of difficulties limit collaboration and may affect risk treatment (e.g., lack of continuity; lack of consultation opportunities, lack of recognition and openness).</li> <li>› There are challenges associated with the use of various work tools (e.g., validity and appropriateness).</li> <li>› Some tools can promote decision-making in a risk context.</li> <li>› There are gaps in information transfer that hinder informed decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>› That the necessary resources be allocated to enable care providers to provide appropriate and timely support to users and their relatives (e.g., time allocated for care, travel, clerical tasks, the relationship).</li> <li>› That the reflection initiated on the health and social services network's capacity to offer services (human, financial and material resources) be continued, with care providers.</li> <li>› That the planning of activities leave sufficient room for manoeuvre in order to adapt to the pace and particularities of the user's situation at the time of the intervention.</li> <li>› That promising informal initiatives and practices from the field be more widely recognized (e.g., use one's network of partners).</li> <li>› That teamwork be given more recognition (e.g., that the time invested in building and leading collaborations be considered an integral part of tasks and that care providers have the flexibility needed to carry out these tasks during their working time).</li> <li>› That the opportunities and fluidity of teamwork be reinforced and valued, particularly with respect to formal and informal communication between care providers from: <ul style="list-style-type: none"> <li>- the same profession;</li> <li>- different professions;</li> <li>- different organizations;</li> <li>- different sectors.</li> </ul> </li> <li>› That sharing of responsibilities with clinical supervisors and colleagues be reinforced in a risk context.</li> <li>› That stability of the care provider–user pairings be prioritized.</li> <li>› That the transfer and updating of information be reinforced and optimized, for example by: <ul style="list-style-type: none"> <li>- promoting the implementation and use of centralized records;</li> <li>- developing communication tools;</li> <li>- promoting the availability of the work tools required, both <ul style="list-style-type: none"> <li>- clinical and technical (e.g., satellite phones for areas without Internet access).</li> </ul> </li> </ul> </li> </ul>

## Question 2: What aspects related to the ethical dimension must be considered in risk treatment in the context of the delivery of home care?

The point of view of the user and their relatives, concern for their safety, as well as the importance of a close relationship and the personalization of services and the associated tensions are taken into consideration in risk treatment.

FINDINGS	RECOMMENDATIONS
<ul style="list-style-type: none"> <li>› The central place given, in principle, to the point of view of the user and their relatives is in tension with the consideration of other aspects when making decisions regarding risk (e.g., decision-making capacity, conflicting values, beliefs and interests).</li> <li>› The perceived role of protecting the user may be in high tension with the central place given to respect for the user's point of view in decision making.</li> <li>› Risk tolerance is difficult and dependent on each individual, situations and relationships.</li> <li>› There are tensions between the importance of the personalization of services and a close relationship; and the standardization of services and an appropriate professional distance.</li> </ul>	<ul style="list-style-type: none"> <li>› That the sharing of responsibilities with users and their relatives be promoted in a risk context (for example, shared decision making).</li> <li>› That care providers be better equipped to feel more ease in ethical decision making, particularly in the context of: <ul style="list-style-type: none"> <li>- uncertainty about decision-making autonomy;</li> <li>- the tension between taking the consent of the user and their relatives into consideration and safety;</li> <li>- the tension between standardization and personalization of services;</li> <li>- tension between a close relationship and professional distance.</li> </ul> </li> <li>› That HC workers be made aware of the positive aspects of risk taking in the context of respect for the older adult's decision-making autonomy.</li> </ul>

### Question 3: What aspects related to the professional dimension must be considered in risk treatment in the context of the delivery of home care ?

The care provider's training and experience as well as the risks to their person and their personal limitations influence risk treatment.

FINDINGS	RECOMMENDATIONS
<ul style="list-style-type: none"> <li>› The experience of direct intervention in HC can support decision making in a risk context.</li> <li>› There are gaps in initial and continuing training at this time.</li> <li>› Training is important, if not essential, to support decision making in a risk context.</li> <li>› Physical and psychological risks for care providers are considered and their limitations (e.g., prejudices, a priori judgments) can influence risk treatment.</li> </ul>	<ul style="list-style-type: none"> <li>› That sharing experience concerning risk treatment in HC be promoted (e.g., community of practice, exchange of case histories, co-development) between: <ul style="list-style-type: none"> <li>- experienced and junior care providers;</li> <li>- care providers from different professions;</li> <li>- care providers from different regions.</li> </ul> </li> <li>› That the orientation of new care providers be improved, in particular by: <ul style="list-style-type: none"> <li>- promoting pairing between experienced and junior care providers;</li> <li>- promoting the availability of decision support tools.</li> </ul> </li> <li>› That risk treatment in HC be addressed more in all training offered to HC workers.</li> <li>› That training be more accessible so that all HC workers can participate.</li> <li>› That strategies that allow staff to feel safe in the context of interventions be maintained, strengthened or developed.</li> <li>› That care providers be better equipped so that they feel more at ease in ethical decision making, in particular through self-reflection on: <ul style="list-style-type: none"> <li>- their values and limitations;</li> <li>- the impact of their values and limitations on risk treatment.</li> </ul> </li> <li>› That personalized pairings between care providers and users be favoured.</li> </ul>

**Question 4: What aspects related to the legal dimension must be considered in risk treatment in the context of the delivery of home care?**

Laws and professional obligations and users' rights are considered in risk treatment.

FINDINGS	RECOMMENDATIONS
<ul style="list-style-type: none"> <li>› HC workers are concerned about their professional responsibilities and can refer to respect for users' rights in their practice.</li> </ul>	<ul style="list-style-type: none"> <li>› That consultation be encouraged between health and social services institutions, professional orders and the legislator in order to reduce the tensions felt between institutions' requirements and professional obligations.</li> <li>› That the accessibility of information on the laws, rights and responsibilities of each party be promoted (e.g., notions of consent and capacity) as well as the consultation of people who are mandated and qualified to advise their implementation in the field to reduce the uncertainty with respect to risk treatment.</li> </ul>



## CONCLUSION

The great strength of this assessment of technologies and methods of intervention in health and social services is the fact that many different sources of data were consulted and triangulated, which provides a range of perspectives on the issue. In several cases, the scientific, experiential and contextual data converge, confirming the relevance of the results in the context of Eastern Quebec.

The findings highlight the consideration of aspects relating to the organizational, ethical, professional and legal dimensions by care providers in risk treatment. The recommendations proposed present courses of action that can be taken with respect to the aspects considered in the context of risk treatment in order to support care providers. The courses of action include increasing the availability of care and services, reinforcing teamwork, promoting the professional user partnership and nurturing the competence of professionals and the coherence of managers.

In order to continue the work carried out in the course of this assessment of technologies and methods of intervention in health and social services, a study of the implementation of the recommendations could be carried out by conducting pilot projects in various institutions. Further exploration of how users and their relatives view the courses of action identified could also be undertaken.

## REFERENCES

- Allard, C. (November 13, 2018). Bâtir ensemble la proposition d'un plan d'action d'intensification des services en SAD au sein du RUIS-UL. [Plenary session and discussion chaired by C. Allard]. Colloque *Intensifier les services en SAD : entre besoins et capacités, comment résoudre l'équation?* Québec, CIUSSS de la Capitale-Nationale and RUISSS-UL.
- Choe, K., Kim, K. and Lee, K. S. (2015). Ethical concerns of visiting nurses caring for older people in the community. *Nursing ethics*, 22 (6), 700-710.
- Comité national d'éthique sur le vieillissement (2022). *Entre le respect de l'autonomie et la sécurité des personnes les plus âgées à domicile : un équilibre fragile dans le parcours de vie à domicile*. Ministère de la santé et des services sociaux. Publication no.: 22-830-31W. Ministère de la Santé et des Services sociaux (gouv.qc.ca).
- Cortin, V., Laplante, L., Dionne, M., Filiatrault, F., Laliberté, C., Lessard, P., Savard, M., Désilets, J. and Pouliot B. (2016). La gestion des risques en santé publique au Québec : cadre de référence. Institut national de santé publique du Québec. "<https://www.inspq.qc.ca/publications/2106>" La gestion des risques en santé publique au Québec: cadre de référence "<https://www.inspq.qc.ca/publications/2106>" INSPQ.
- Direction de la recherche, de l'évaluation et de la statistique, Ministère de la Famille (2018). *Les aînés du Québec : Quelques données récentes*. Second edition. <https://publications.msss.gouv.qc.ca/msss/fichiers/ainee/aines-quebec-chiffres.pdf>. Les aînés du Québec - Quelques données <https://publications.msss.gouv.qc.ca/msss/fichiers/ainee/aines-quebec-chiffres.pdf> récentes (2<sup>e</sup> édition) (gouv.qc.ca).
- Drouin, N. (November 13, 2018). Gestion des risques en SAD. [Plenary session, discussion and conference chaired by N. Drouin]. Colloque *Intensifier les services en SAD : entre besoins et capacités, comment résoudre l'équation?* Québec, CIUSSS de la Capitale-Nationale and RUISSS-UL.
- Grenier, J. and Chénard, J. (2013). Complexité et intervention sociale : réflexion éthique et processus délibératifs individuels et de groupe dans une situation litigieuse. *Intervention*, 138(2013.1), 56-71.
- Jarling, A., Rydstrom, I., Ernsth Bravell, M., Nystrom, M. and Dalheim-Englund, A. C. (2020). Perceptions of professional responsibility when caring for older people in home care in Sweden. *Journal of Community Health Nursing*, 37(3), 141-152. doi: <https://dx.doi.org/10.1080/07370016.2020.1780044>.
- Légaré, F. (2009). Le partage des décisions en santé entre patients et médecins. *Recherches sociographiques*, 50 (2), 283–299. <https://doi.org/10.7202/037958ar>.
- Ministère de la Famille – Secrétariat aux aînées; Ministère de la Santé et des Services sociaux Québec (2018). *Plan d'action 2018-2023 – Un Québec pour tous les âges*. (Publication no. : F-5234-MSSS-18). "<https://publications.msss.gouv.qc.ca/msss/document-002204>".
- Ministère de la Santé et des Services sociaux (2012). *Vieillir et vivre ensemble, chez soi, dans sa communauté, au Québec*. (Publication no. : F-5234-MSSS). "<https://publications.msss.gouv.qc.ca/msss/fichiers/ainee/F-5234-MSSS.pdf>" Politique et plan d'action – Vieillir et vivre "<https://publications.msss.gouv.qc.ca/msss/fichiers/ainee/F-5234-MSSS.pdf>" Ensemble – Chez soi, dans sa communauté, au Québec (gouv.qc.ca).
- Muhli, U. H. (2010). Accounts of professional and institutional tension in the context of Swedish elderly care. *Journal of Aging Studies*, 24 (1), 47-56. doi:<https://dx.doi.org/10.1016/j.jaging.2008.06.001>
- Sims-Gould, J. and Martin-Matthews, A. (2010). Strategies used by home support workers in the delivery of care to elderly clients. *Canadian Journal on Aging*, 29 (1), 97-107.

- Vivre avec les risques research team (2022). Vivre avec les risques : Une démarche d'aide à la décision. Guide d'utilisation à l'intention des cliniciens oeuvrant auprès des personnes âgées. Guides- Factors Risque\_Avril.pdf (usherbrooke.ca).
- Vik, K. and Eide, A. H. (2012). The exhausting dilemmas faced by home-care service providers when enhancing participation among older adults receiving home care. *Scandinavian Journal of Caring Sciences*, 26 (3), 528-536. doi: 10.1111/j.1471-6712.2011.00960.

**UETMISSS**

Centre intégré universitaire de santé et de services sociaux  
de la Capitale-Nationale

**Centre intégré  
universitaire de santé  
et de services sociaux  
de la Capitale-Nationale**

**Québec**

