Ethics, Risk and Decision-Making in Vocational Rehabilitation

VRA Ontario 2014 Fall Conference

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Learning Objectives

1. Identify ethical dilemmas in inter-professional scenarios, and work together to unpack and address these dilemmas.

2. Relate ethical reasoning and decision-making frameworks to inter-professional teams.

3. Develop reflection and critical analysis skills in team situations involving moral dilemmas, particularly when clients choose to live at risk.

4. Analyze a case utilizing an ethical decision-making framework to facilitate decision-making, in the context of vocational rehabilitation.

Section L.2.a of the CRCC code of ethics
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<tbody>
<tr>
<td><strong>1</strong></td>
<td>Conflicts in treatment decisions (patients, families, providers)</td>
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<td><strong>2</strong></td>
<td>Wait lists</td>
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<td><strong>3</strong></td>
<td>Access to services for aged, chronically ill and mentally ill</td>
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<td><strong>4</strong></td>
<td>Access to family physicians or primary care teams</td>
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<td><strong>5</strong></td>
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<td>Palliative treatment</td>
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<td>Substitute decision-making</td>
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<td><strong>10</strong></td>
<td>Surgical innovation and new technologies in patient care</td>
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Breslin, et. al., BMC Medical Ethics 2005; 6:5. From Dr. Jennifer Gibson, Director, Partnerships & Strategy, U of T JCB
Understanding Ethics

• Explicit critical reflection on moral beliefs, choices, practices and problems of persons and communities

• Philosophical study of morality

• “Ethics focuses on the reasons why an action is considered right or wrong. It asks people to justify their positions and beliefs by rational arguments that can persuade others.”

What is an Ethical Issue?
Any situation in which you...

- Encounter conflicting values, beliefs, goals or difficult alternatives
- Are unsure about what we should do or why we should do it
- Are concerned that rights are being violated or persons not being respected
- Have conflicting obligations or responsibilities
- Are concerned with fairness or justice
My gut tells me something's wrong.

I can't sleep at night or I take my anxiety at work home with me.

I start questioning my own or others' basic beliefs like religion, culture or 'up-bringing'.

Conflict arises between co-workers.

There are no easy or right answers to the problem.
Why is Ethics Relevant?

- **SHARED GOAL:** Quality Client/Patient Care

- Clinical skills alone not enough to provide ethical & culturally-sensitive care

- Medicine and other Professions and their practice is not value-neutral

- Strong correlation between expression of different values, beliefs and communication styles and patient outcomes and team functioning

- Unresolved ethical challenges can cause moral distress in staff, clients/patients and families

## Values and Ethical Principles

<table>
<thead>
<tr>
<th>Values</th>
<th>Ethical Principles</th>
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<tbody>
<tr>
<td>Confidentiality</td>
<td>Keep private information confidential</td>
</tr>
<tr>
<td>Conflict of interest</td>
<td>Disclose conflicts of interest and avoid disqualifying</td>
</tr>
<tr>
<td>Dignity</td>
<td>Disclosure</td>
</tr>
<tr>
<td>Disclosure</td>
<td>Respect the dignity of morally valuable beings</td>
</tr>
<tr>
<td>Diversity</td>
<td>Disclose information that people have a right to</td>
</tr>
<tr>
<td>Integrity</td>
<td>Act with integrity</td>
</tr>
<tr>
<td>Patient-centered care</td>
<td>Provide patient-centered or family-centered care</td>
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</tbody>
</table>

This is why we need corresponding **ethical principles** to guide action.

**A value** is something a person/community has identified as important, but *by themselves* don't tell us what we ought to do.

- What values are important to you and why?
- How are these values to be defined or understood by your community?
- What are the action-guiding ethical principles that correspond to these values?
VRA – Code of Ethics

1. Respect for the dignity, rights, and autonomy of persons

2. Responsible caring for the best interest of persons

3. Integrity in professional relationships

4. Responsibility to Society
CRCC-Code of Ethics

• 1. Autonomy (Section A.1.d) (G.1.a.)
• 2. Beneficence
• 3. Fidelity
• 4. Justice
• 5. Nonmaleficence (Section A.4.1)
• 6. Veracity
An Important Discussion for your Community of Practice

• What values are important and why?

• How are these values to be defined or understood by your community?

• What are the action-guiding ethical principles that correspond to these values?
What is Ethical Decision-Making?

- Deciding *what* we should do (what decisions are morally right or acceptable);

- Explaining *why* we should do it (justifying our decision in moral terms);

- Describing *how* we should do it (the method or manner of our response).

Section L.2.a of the CRCC code of ethics

Barbara Secker, Director of Education, University of Toronto Joint Centre for Bioethics
Kinds of Ethics

- Clinical Ethics
- Organizational Ethics
- Research Ethics
- Community Healthcare Ethics
Clinical Ethics is...

- Guidance for clinicians through decision-making process
- Case based
- Practice driven
- Also known as “bed-side” ethics
Organizational Ethics is…

- Ethical issues that managers and leaders face
- Ethical implications of organizational decisions on patients, staff and the community
- Includes:
  - Policies & Procedures
  - Values and Culture of Institution
  - Program Structures
  - Resource Allocation (Priority Setting)
  - Wait List Management
A4R: An Organizational Ethics Framework

Five conditions of fair decisions:

1. Relevance of information
2. Publicity of decision
3. Revision based on new information
4. Empowerment of stakeholders
5. Enforcement of above conditions

Daniels and Sabin 2002; Gibson JL et al, 2005
Waitlists: An Organizational Ethics Example

• Principles of fairness or equity
  – Same principles used in triage

• Tools to Prioritize
  – Risk Criteria – Who is at risk because of extensive wait-times?
  – Medical and diagnostic criteria
  – Resource Criteria (i.e. costs)
  – Social Criteria

• Simple and Transparent Process
  – Understandable and transparent management of lists
Research Ethics is...

- Developed as a result of abuses
- International and national guidelines
- Entrenchment of Institutional Review Boards and Research Ethics Boards
- Protection of Human Subjects by Ensuring...
  - Value
  - Valid methodology
  - Respect
  - Confidentiality & Privacy
  - Informed consent by capable persons
  - Benefits outweigh harms
  - (Section I.1. a. CRCC code of ethics)
Community Healthcare Ethics

• Result of home care’s distinctive features

• Sensitive to how clients’ self-determination may be affected by:
  – Care setting
  – Type of supports received

• Promotes the sector’s philosophy of:
  – Supporting clients' independence
  – Ongoing integration in their community

Trends Impacting Ethics in Healthcare

- Pressure from government and payers
- Increased workload, complexity, acuity, and moral distress
- More elderly living at home, and dependence on home care and emergency services
- More people living longer with chronic conditions with new health technologies
- Earlier hospital discharge and “risk”
You’re not alone. Ethical issues are common and frequent.

Many community healthcare workers face an ethical issue at least weekly. (n=28)
Key Ethical Issues in Community:
Emerging Ethical Issues

- Managing client expectations
- Workplace demands, employee safety
- Client safety and choosing to live at risk
- Complex clinical relationships, “difficult” clients, “challenging” family members, “dysfunctional” teams
- **Boundaries** -- just like home, just like family?
- **Client sexuality** -- conflicts in beliefs / values, privacy, need for assistance, free and informed decisions?
- Access to care for an *aging LGBTQ population*
The Value of Building Ethics Capacity

- Trust and organizational moral climate
- Healthcare human resources retention
- Client/caregiver experience
- Staff quality of work life
- Foundation for quality initiatives
- Accreditation Canada/ CARF

Breslin J & Gibson JL, 2009; Wojtak A, 2002; Filipova AA, 2011; Ulrich et al., 2010
Challenges to Building Ethics Capacity

- Multiple and competing providers
- Front-line often works alone and in isolation
- “My home, my rules”
- Inconsistencies within and across agencies
- Lack of resources to support ethics programs
Strategies for Building Ethics Capacity:

- A Common Framework
- Case-based learning
- Interactive ethics activities
- Self-reflection
Approaching Healthcare Ethics in Practice

- Bridge the gap between community and hospitals
- Address ethical dilemmas using a common decision-making framework
- Formalize cooperation through development of a network
- Build ethics capacity from front-line to boardroom
How Will We Know We’ve Been Successful?

When all staff and providers…

- **Recognize** an ethical issue when they face it
- **Equipped** with and **use** tools, resources and education to address ethical issues
- **Know** where to get help

Camille Orridge, Executive Director (former) Toronto Central CCAC
When clients choose to live at risk...
Different disciplines can’t agree on a plan

Conflicting views

Cultural factors and language barriers

Conflicts related to contractual agreements

Increased pressure for hospital discharge

Lack of consistent guidance or practice standards
In these situations, ideally…

- Client/patient autonomy is enhanced and respected
- We support our patients’ choices
- We practice patient-centered care by:
  - Identifying what is important from the patient’s perspective
  - Finding appropriate solutions
- Patients agree and comply with our proposed treatment/care or discharge plan
- Continuity of care and available resources to facilitate transitions and minimize risks
In reality, many challenges...

- We sometimes disagree with patients’ choices
- Patients, families, staff and/or partners disagree with our proposed treatment/care or discharge plan
- Limited resources and increasing pressures
- Fragmented and silo-ed “system”
- Unsure of where our responsibility ends
- Trained to prevent and rescue – not to “let go”
You can’t go home, it’s too risky!

We can’t let you go home, it’s not safe!

The patient needs to go to long-term care.

Patient’s incapable, get CCAC for LTC.
How can he be capable?

• We care too much!
• Confusion of rights with best interests
• Functional assessment versus capacity evaluation
• Consent and capacity are foundational, but counterintuitive to staff when there is risk

(From: Mark Handelman, Lawyer Health Law Matters, 2010)

(Section A.4.a. CRCC code of ethics; Section G.1.a.)
Impact on staff, caregivers, & clients

- Moral uncertainty
- Moral distress
- Conflict
- Frustration
- Decrease in job satisfaction
- Burn-out

- Moral uncertainty
- Moral distress
- Conflict
- Frustration
- Dissatisfaction with services
- Burn-out

- Capacity questioned
- Wishes ignored
- Non-compliance
- Lack of support
- Dissatisfaction with services
- Loss of services
Questions to Consider:

- Is the client **capable** to make **this** decision?
- What does the client want? How is this different from the care team’s goals?
- Options, likely consequences and **benefits**?
- **Risks** if service is removed or kept in?
- What or who might help mitigate this case?
- Are there precedents? What precedent might be set?
Inter Professional / Collaborative Ethics

Ethical decision-making is ideally a collaborative practice – decision-making should be consultative and not adversarial.

Why?

- High stakes
- Different people have different knowledge, expertise and perspectives
  - Initial reactions are often knee-jerk emotional
  - Initial reactions do not take other perspectives into account
  - We naturally jump to conclusions
Key Ethical Issues in Community Healthcare

1. Autonomy, consent and capacity
2. Conflict over treatment decisions, dysfunctional teams, and complex clinical relationships
3. Moral distress and workload
4. Client advocacy issues
5. Human resources issues
6. Access to care, limited resources, and increased pressure for hospital discharge
7. Diversity and cultural sensitivity
8. Client and employee safety, and abuse
9. Boundaries
10. Client sexuality

Reoccurring theme: Access to Care

- Access to family physicians or primary care teams
- Access to services for the aged, chronically ill, and mentally ill
- Access to care for the uninsured, marginalized, homeless
- Managing waitlists, determining eligibility criteria for service, placement and discharge, and termination of services
- Transition from hospital to home, from hospital to facility, and from home to facility
<table>
<thead>
<tr>
<th>Acute Care</th>
<th>Community/Long-Term Care</th>
</tr>
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<tbody>
<tr>
<td>disease paradigm</td>
<td>disability paradigm</td>
</tr>
<tr>
<td>cure oriented</td>
<td>function oriented</td>
</tr>
<tr>
<td>short term/crisis</td>
<td>longer term</td>
</tr>
<tr>
<td>higher tech</td>
<td>lower tech</td>
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<tr>
<td>medical services</td>
<td>med plus social services</td>
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<tr>
<td>more predictable costs</td>
<td>less predictable costs</td>
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<tr>
<td>passive patient</td>
<td>active patient/family</td>
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<tr>
<td>medical team</td>
<td>inter-professional team</td>
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When Patients Cross the Line from Acute to Chronic....

- A highly important distinction in our organization of care
- Perhaps the largest area of tension in discharge planning
- Often a much less understood or important distinction for patient’s families..... “But my family member’s still sick”
- Can manifest itself as a prejudice
- Many health care workers avoid practices that involve chronicity.
- “Can't blame the patient”

Kerry Bowman, 2010
Approaching Healthcare Ethics in Interprofessional Practice

• Bridge the gap between community and hospitals

• Address ethical dilemmas using a common decision-making framework

• Build ethics capacity through strategic community engagement

• Formalize cooperation through development of interprofessional teams
Knowing what tools to use and when?

- How do/should we proceed when faced with an ethical issue?
- How do we help with an ethics assessment and engage in ethical reasoning?
- How do we help reason through an ethical issue?
- What counts as an ethical justification of a decision or action?
- Are there any tools that can help guide us?
- Section L.2.a of the CRCC code of ethics provides that rehab counselors must be able to recognize underlying ethical principles and conflicts among competing interests as well as apply appropriate decision-making models and skills to resolve dilemmas and act ethically.
Introduction to the Community Ethics Toolkit
Motivation for Framework

- Address challenges to building capacity
- “Doing the best we can” without direction or guidance really the best we can do?
- Common clients, common issues
- Concern over vulnerability
Tool to Help **FACILITATE** Ethical Decision-Making

- Forum for open and non-threatening discussion

- Assists in deciding what we should do, why and how we should do it

- Only a tool, it cannot make the decision for you!
Levelling the Playing Field with a Common Language

• Guiding Principles, Community Code of Ethics, Organizational Value Statements

• Avoid “Four Principles”, “Ivory Tower” language, or other “silo” creating language

• Ensure people speak to, not past each other

• Contribute to shared responsibility, team development, and inter-professionalism
Code of Ethics for the Community Health and Support Sector

We, as employees of Community Health and Support Sector organizations, are committed to being an integral part of the communities we serve. We are responsible for: acting professionally and in a client-centred manner; upholding the dignity and honour of our clients; and practising in accordance with specific ethical principles to maintain relationships with clients, family, and the public. This code is a guide to our interactions.

We will demonstrate our concern for human dignity. We will be sensitive to the diversity among our clients.

We believe that each individual has needs, regardless of the individual's age, gender, ethnic origin or race, physical or other factors such as diverse health needs.

Well Being: We will use a holistic approach to health care needs by acknowledging that health is important to them in their community.

We assist individuals to make informed health care decisions by keeping within the client's needs, beliefs and health care goals. We will ensure that the client is fully informed of their options and help them to make informed decisions.

Choice and Empowerment: We respect the autonomy of the individual. We will encourage the individual to make informed choices in keeping with their beliefs, health care goals and social support systems.

We will work with the client's legal representative if there may be a relationship between the client and their legal representative.

Relationship Among Agencies: There may be a competitive element in our relationships, however we agree to respect one another's efforts to work together in the spirit of maximizing the effectiveness of client services.
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• 1. Autonomy
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• 6. Veracity
Four-Step Tool

1. **I** – Identify the Facts

2. **D** – Determine the Ethical Principles in Conflict

3. **E** – Explore Options

4. **A** – Act on your Decision and Evaluate
Client F is a 48-year-old male who, after being in a serious car accident a year ago, has acquired brain injury and short-term memory deficit. He does not have decision-making capacity and has no family or known friends other than his sister, who serves as his Power of Attorney and lives out of town. As a result, given the limited space in long-term care facilities and Client F’s comparably younger age, he was placed into an assisted living facility.

When Client F was transferred into the facility from hospital, there was no indication of any behavioural issues from his previous care team. However, shortly after being admitted, residents and staff reported that he was often physically and verbally aggressive. They said that the client was known to leave the facility to purchase alcohol, drink heavily, and accuse residents and staff of going into his room and stealing his money and belongings. Staff said that they tried to discuss the client’s drinking habits with him, and explained that while the facility does not ban the consumption of alcohol – they would appreciate if the client could moderate his use and inform staff before leaving the premises. However, staff noted that such discussions would often trigger the client’s aggression.
### Step 1: Identify the Facts — 4 Box method

#### Medical Indications

- Client’s medical problem, history, and diagnosis
- Acute, chronic, critical, emergent, and reversible?
- Goals of treatment?
- Probabilities of success?
- Plans in case of therapeutic failure?
- Potential benefits of care?
- How can harm be avoided?

#### Client Preferences
State the client’s preferences. Do they have the capacity to decide? If yes, are the client’s wishes informed, understood, voluntary? If not, who is the substitute decision-maker? Does the client have prior, capable, expressed wishes? Is the client’s right to choose being respected?

- Client’s preferences
- Capacity to decide?
- If yes, are client’s wishes informed, understood, voluntary? If not, who is SDM?
- Does the client have prior, expressed wishes?
- Is client’s right to choose being respected?

#### Quality of Life
Describe quality of life in the client’s terms, the client’s subjective acceptance of likely quality of life, and views and concerns of the care providers. Examine the emotional factors influencing each individual, such as existing feelings, values, biases and prior experiences.

- Quality of life in client’s terms
- Client’s subjective acceptance of likely quality of life
- Views and concerns of care providers

#### Contextual Features
Any other family involved or significant relationships? Any care plans put in place so far? Relevant social, legal, economic, and institutional circumstances? Other relevant features, e.g., religious and cultural factors, limits on confidentiality, resource allocation issues, legal implications, research or teaching involved, provider conflict of interest?

- Family or relationships?
- Any care plans put in place so far?
- Social, legal, economic, or institutional circumstances?
- Confidentiality limits? Resource allocation? Conflicts of interest?
TIPS for Step 1:

- What do we know? What don’t we know?
- Don’t get caught up in the “right” box
- Begin to reflect on value differences & quality of life considerations
- Identify what are **facts** vs. **unknowns** vs. **emotions**
- Identify who has an interest and should be involved?
  - E.g., Client, Substitute Decision-Maker, family, friends, workers, neighbours, public?
### Medical Indications:
- 48-year-old male
- acquired brain injury and short term memory deficit

### Client Preferences:
- Does not have decision-making capacity
- Client drinks heavily and often leaves facility to purchase alcohol
- Unclear if client’s wishes are informed

### Quality of Life:
- Client, however, may perceive quality of life to be low given restriction of freedom.
- Overall – no mention of quality of life, but there is no indication that client’s quality of life is poor

### Contextual Features:
- Sister is the POA
- No known family or friends other than his sister
- Brain injury and memory deficit were the result of a car accident a year ago
- No known behavioural issues from previous care team at hospital when admitted into facility
- Client’s lack of decision-making capacity could stem from lack of short-term memory. The client may still have specific wants and be informed during the time of the decision. I.e. Regarding alcohol consumption
- Staff say that client behaves aggressively when confronted about alcohol consumption and that he also behaves aggressively when under the influence.
- Staff say that client accuses other residents of stealing his money and belongings and have behaved violently towards them and staff
- There is concern as the client is significantly younger and more physically able than the rest of the residents that he poses a threat to them.
- Other neighbouring residents at the facility have been asked to be moved away from the client
- Recently, a situation escalated to the level where the client attacked a PSW and assault charges were laid by the police.
**Step 2: Determine the Ethical Principles in Conflict**

Identify ethical issues

What ethical principles are in conflict? Refer to the Code of Ethics for the Community Health and Support Sector on page 16 for further details.

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explain the Issue</th>
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</table>
TIPS for Step 2:

• Think about your own values, the values of your organization and those of the client

• Beware of ‘gut’ or ‘knee-jerk’ reactions

• What values are in conflict?

• Is this an ethical dilemma?
# STEP 2: DETERMINE THE ETHICAL PRINCIPLES IN CONFLICT

## Identify ethical issues

What ethical principles are in conflict? Refer to the Code of Ethics for the Community Health and Support Sector on page 16 for further details.

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<thead>
<tr>
<th>Principle</th>
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<tbody>
<tr>
<td>Advocacy</td>
<td>I want to advocate for Client F because despite his behavior he deserves care and has no where else to go</td>
</tr>
<tr>
<td>Client &amp; Employee Safety</td>
<td>I worry about the safety of other residents and staff</td>
</tr>
<tr>
<td>Dignity</td>
<td>I want to work in a dignified place where I, along with other staff and clients, are treated with dignity, not with violence and aggression.</td>
</tr>
<tr>
<td>Health &amp; Well Being</td>
<td>Client F deserves care and I worry about his wellbeing, but I am also concerned for the wellbeing of other residents</td>
</tr>
<tr>
<td>Informed choice and empowerment</td>
<td>While Client F does not have decision making capacity – he is strong willed and his distinct preferences. I want to respect him and not restrict his freedom but also worry about how informed he is about his actions.</td>
</tr>
<tr>
<td>Relationships among community agencies</td>
<td>I'm concerned that this will strain relations between my organization and the CCAC. We feel that F was inappropriately placed in our facility, but now that he is here, how do we find him somewhere else to go? Especially if the CCAC says it isn’t possible?</td>
</tr>
</tbody>
</table>
**Step 3: Explore Options**

Explore options and consider their strengths and weaknesses
Brainstorm and discuss options either alone or with peers. Be creative and use your imagination. Consider a compromise. Predict the outcomes for each alternative. Does the alternative fit with the client/family values? Question whether the alternative meets the company policies, directives and regulations.

<table>
<thead>
<tr>
<th>Option</th>
<th>Strengths</th>
<th>Weaknesses</th>
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TIPS for Step 3:

• Involve relevant parties
• Include “the good, the bad, and the ugly”
• Consider legal, professional and policy implications
• Consider analogous cases – is this case like others?
  – If so, what decisions were made?
  – What was the outcome of the decision?
  – What might you be able to apply to this case?
## Step 3: Explore Options

Explore options and consider their strengths and weaknesses

Brainstorm and discuss options either alone or with peers. Be creative and use your imagination. Consider a compromise. Predict the outcomes for each alternative. Does the alternative fit with the client/family values? Question whether the alternative meets the company policies, directives and regulations.

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<tr>
<th>Option</th>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Do nothing</td>
<td>• Client F gets to remain in the facility and will continue to get the care that he needs</td>
<td>• The safety of other clients is still at risk&lt;br&gt;• The safety of staff is still at risk&lt;br&gt;• Doesn’t address any of the key issues</td>
</tr>
<tr>
<td>2) Refuse to work with Client F</td>
<td>• I don’t have to put myself in a dangerous and uncomfortable situation anymore&lt;br&gt;• Client F remains in the facility and still gets care</td>
<td>• My organization may not support this decision&lt;br&gt;• It isn’t really possible to not work with Client F – I can’t avoid him forever and the facility is small enough that even if I didn’t directly provide him with care, I will still see him and interact with him at work.</td>
</tr>
<tr>
<td>Option</td>
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| 3) Report this situation to my supervisors and talk to the CCAC again | • Keeps my organization up to date with what is going on  
• If I can keep track of the incidents, I may have a better case for why F should be relocated to another home  
• Also keeps the CCAC in the loop.                                                                                                                                                                                                                                              | • My organization may not be able to do anything given the fact that F has nowhere else to go  
• CCAC may refuse to move F anyway                                                                                                                                                                                                                                                                                                         |
| 4) Quit my job                                                        | • This isn’t worth risking my safety over, and I will be safe and can find work elsewhere  
• Doesn’t affect F’s care                                                                                                                                                                                                                                                                                                                | • I will be unemployed!  
• It doesn’t address any of the problems and other staff members will continue to experience what I have                                                                                                                                                                                                                                                                                     |
| 5) File an HR complaint against my organization for not moving Client F out of our facility – this is dangerous to all of the staff and residents | • Protects the interests of myself, other staff and residents                                                                                                                                                                                                                                                                                                                                 | • F will be forced to leave and has nowhere to go!  
• This burns bridges at my organization – my management will be penalized and this may impact my ability to stay at my job anyway                                                                                                                                                                                                                                                     |
Step 4: Act on Your Decision and Evaluate

**Develop an action plan** (The actual plan should be documented in the chart.) Given all the information that you have, choose the best option available. Develop an action plan. Present your suggested alternative and action plan to the client and those involved in such a way that it allows them to accept the plan. Re-examine the alternatives if other factors come to light, if the situation changes, or if an agreement cannot be reached. Determine when to evaluate the plan. Document and communicate the plan.

**Evaluate the plan**
What was the outcome of the plan? Are changes necessary? Document the evaluation.

**Self-evaluate your decision**
How do you feel about the decision and the outcome? What would you do differently next time? What would you do the same? What have you learned about yourself? What have you learned about this decision-making process?
TIPS for Step 4:

• Consider ‘no action’

• Who should the primary decision-maker be?

• Morally justify your rationale

• Document

• Map out a communication plan

• Are you comfortable with the decision? “Front Page of the Globe” Test
1. Develop an action plan (Note: the actual plan should be documented in the chart)

Given all the information that you have, choose the best option available. Develop an action plan. Present your suggested alternative and action plan to the client and those involved in such a way that it allows them to accept the plan. Re-examine the alternatives if other factors come to light, if the situation changes, or if an agreement cannot be reached. Determine when to evaluate the plan. Document and communicate the plan.

I have chosen option 3. It is the only option that I feel I can act on right now given the circumstance. I hope that with continued pressure, my organization will decide to put the safety of its staff and clients over one individual, and convince the CCAC to find a more suitable placement for Client F.
**STEP 4: ACT ON YOUR DECISION AND EVALUATE**

2. **Evaluate the plan**
   *What was the outcome of the plan? Are changes necessary? Document the evaluation.*

3. **Self-evaluate your decision**
   *How do you feel about the decision and the outcome? What would you do differently next time? What would you do the same? What have you learned about yourself? What have you learned about this decision-making process?*
Follow Up

• Once acted on, is the decision working?

• Was this the “best option”?

• What have we learned?

• What would you do differently next time?

• What would you do the same?
Thank You for Your Participation and Engagement!

It's QUESTION TIME!!