



“Falling through the cracks” –

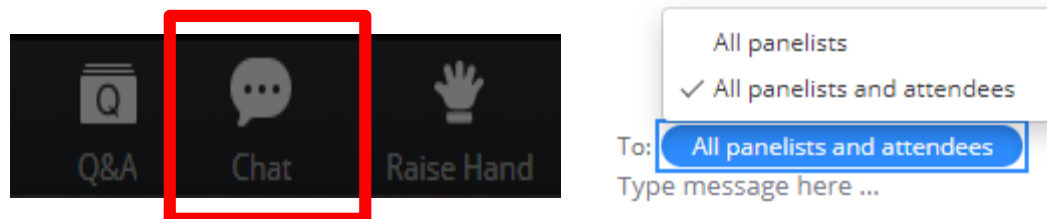
Using ethical approach to serve the clients that just don't fit the system



Julija Kelecevic, *Regional Ethicist*
Sept 23, 2022

Webinar Housekeeping

- ▶ Everyone will be muted except the host and moderator
- ▶ Ask questions through the Zoom chat box



- ▶ All webinars will be recorded and posted on [Regional Ethics Network](#) website
- ▶ Evaluation to follow
- ▶ Next month's speaker



We are privileged to provide care on lands that Indigenous peoples have called home for thousands of years.



National Day for Truth and Reconciliation – September 30



- [TRCC Calls to Action](#)
- [National Centre for Truth and Reconciliation](#)
- [Woodland Cultural Centre](#)
- [Government Canada Resources](#)



“Falling though the cracks” –

Using ethical approach to serve the clients that just don't fit the system



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Objectives

After this session, the participants will be able to:

- ▶ Discuss the modifying factors that make patients/clients/residents not qualify for the services
- ▶ Reflect on ethical principles that may assist use in making or justifying the decisions
- ▶ Discuss the professional responses to the issue



“You don't have to fit into a mold that someone else has defined.”

Peggy Johnson

“People who don't fit the mold are treated differently than those who do.”

Carly Fiorina

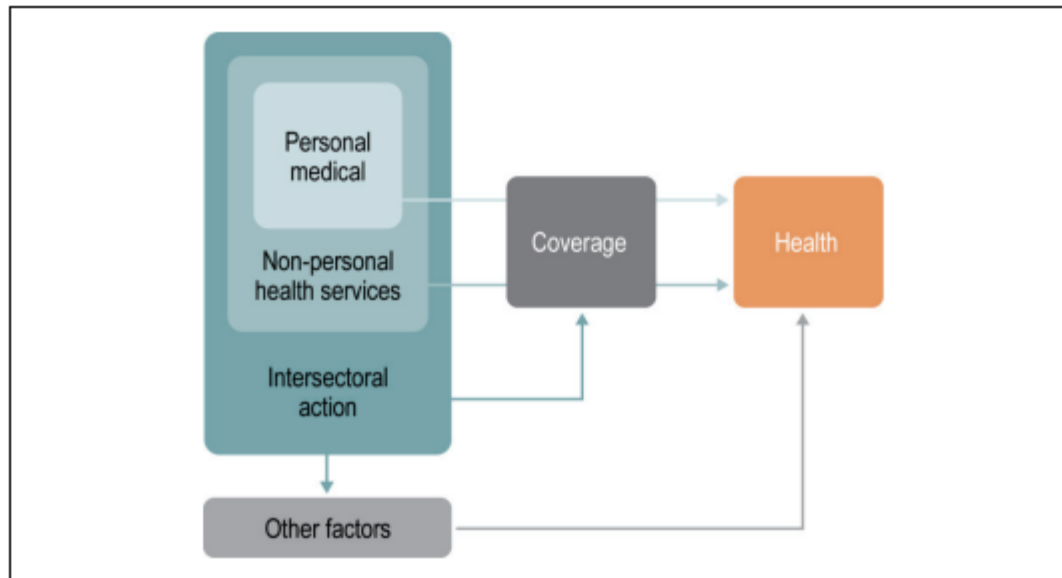


- ▶ Falling Through the Cracks: Greg's Story
- ▶ Falling through the cracks of Canada's healthcare system: the John River story



CIHI Health System Performance Frameworks

Figure 3: Conceptualization of health system boundaries



Source

Adapted with permission from Murray C, Evans B. *Health Systems Performance Assessment: Debates, Methods and Empiricism*. Geneva, Switzerland: World Health Organization; 2003.

Population Approach to Health and Funding

A typical patient is one that has a normal length of stay, whose treatment is completed in a single facility, and whose resource use is relatively homogeneous within their case mix classification. Typical patients can be assigned a relative resource weight according to their case mix classification.

An atypical patient is one where the hospitalization involves a transfer, sign-out against medical advice, ends in death, includes non-acute days, or has a length of stay beyond the trim point (outlier). An atypical patient has a different resource use within the hospital relative to a typical patient.



Program/Service Eligibility Criteria

- ▶ Example: HIRO
- ▶ Demographic, Personal Care and Rehabilitation Capacity Criteria



Demographic Criteria

- ▶ have a primary diagnosis of an acquired brain injury, as confirmed by a physician;
- ▶ not be diagnosed with a terminal or degenerative disease that would influence rehabilitation (e.g. dementia, Parkinson's Disease, ALS)
- ▶ be eighteen years of age or older and not have a history of severe developmental disability, and/or mostly met developmental milestones in youth;
- ▶ be insured under OHIP;
- ▶ not have active substance use challenges that would influence rehabilitation;
- ▶ be medically stable (and not require intramuscular injections, hospital-only administered medications, or access to nursing 24/7), and be psychiatrically stable such that it will not interfere with participation in rehabilitation;
- ▶ not be dependent on mechanical restraints, security guards or seclusion rooms to manage behaviours;
- ▶ be fully vaccinated against COVID-19 (*received both doses of a two-dose vaccine series, or one dose of a single -dose vaccine series, and the person has received their final dose of the COVID-19 vaccine at least 14 days ago.*), and agree to stay up to date when eligible.



Personal Care/Custodial Care Criteria

- ▶ **Mobility:** Independent in bed mobility (rolling or repositioning); Independently able to walk (with or without walker) OR self-propel/drive a wheelchair 9 meters; May require 1:1 support for community mobility
- ▶ **Transfers:** May require 0-2 person assistance for any transfers
Weight? Maximum assist?
- ▶ **Toileting:** May require 0-1 person assistance for toileting; Cannot require internal catheterization
- ▶ **Showering:** May require 0-2 person assistance for showering
- ▶ **Feeding:** Cannot be reliant on tube-feeding long-term; May have a dysphagia diet; May require assistance with set-up but can independently feed
- ▶ **Medications:** May require assistance administering oral medications



Capacity for Rehabilitation

- ▶ Generally oriented to person and place (*may not be oriented to time, or to their exact location – e.g. “I’m at home” vs. the city or address*)
- ▶ Follows 1 to 2 step commands
- ▶ Can sustain attention for longer than 15 minutes (if motivated)
- ▶ Responds to compensatory strategies and/or demonstrates some retention of new learning
- ▶ Able and willing to tolerate constant daily prompting for independent participation in life tasks, and structured rehabilitation programming 1+ hour(s) per day



Ethical Principles

- ▶ Justice
- ▶ Transparency: sharing the reasons
- ▶ Revision/Appeals
- ▶ Safety
- ▶ Non-abandonment
- ▶ Trust



Professional Response

▶ Moral distress

- “one feels unable to take what they believe to be an ethically appropriate or right course of action, including avoiding wrongdoing or harm, because of institutionalized obstacles.” ([CMA](#))

▶ Advocacy

- “engaging others, exercising your voice and mobilizing evidence to influence policy and practice. It means speaking out against inequity and inequality. It entails participating directly and indirectly in political processes and acknowledging the importance of evidence, power and politics in advancing policy options.” ([CNA](#))



Ethics Education Series for Community Service Providers



- ▶ Use “Raise Hand” feature, *or* type question in chat box
- ▶ If we didn’t get to your question, please forward to:
regionalethics@HHSC.CA