**Risk Issues Identification Tool**

|  |  |
| --- | --- |
| **Name of Individual:** |  |
| **Annual Meeting Date:** |  |
| **Date Completed:** |  |

|  |  |
| --- | --- |
| **Provider Name:** | **Service(s):** |
| **Name of Person Completing this Form:** | **Role:** |

**Directions:** When usingthis tool it should be completed by **all IST members** supporting the person noted above prior to the annual team meeting. The Case Manager will need this tool **no less than 5 days** prior to the annual team meeting date.

* Identify individual risks that are **specific to the Individual.**
* Include factual and detailed information as to why the noted area **currently** presents a particular risk to this Individual, or how the issue has presented **significant** risk in the past and might impact the Individual currently.
* You may include a recommended strategy for managing or eliminating the risk, if desired.
* During the annual team meeting, decisions and plans, if needed, will be made around each risk identified.
	1. **Individual Risks: Relevant to Health**

|  |  |  |  |
| --- | --- | --- | --- |
| ✓ | **Identified Risk Issue** | **Describe the incident(s) or issue(s) that indicates this as a current Risk?** | **Is this risk issue addressed somewhere now? If so, how?** |
|  | **Lack of Mobility:*** Lack of mobility that could result in skin breakdown/pressure sores.
* Substantially limits access to home or community.
 |  |  |
|  | **Significant weight gain/loss or change in eating patterns:*** Excessive weight loss or gain within the reporting year that is not intentional.
* Weight loss so excessive that could be related to additional concerns.
* Eating habits or patterns have changed to include loss or increase in appetite, not eating the foods that they had previously liked, coughing while eating, experiencing difficulty chewing or swallowing etc.
 |  |  |
|  | **Choking and/or aspiration or swallowing disorders:*** Has a diagnosis of dysphagia (difficulty swallowing) or demonstrates problems with swallowing, choking, refuses to eat or coughs while eating etc.
* Has been treated for aspiration pneumonia
 |  |  |
|  | **Inability to tolerate a medical examination/procedure:*** Due to apprehension, fear, medical condition, previous unpleasant experiences etc. the person is unable to tolerate a medical examination or procedure. This might include dental visits, intrusive procedures, or responds negatively to any type of medical intervention for reasons unknown.
 |  |  |
|  | **Increased or unusual falls:*** Increased or unusual falling that results in injury such as fractures or severe injury.
 |  |  |
|  | **Seizures:*** Has a diagnosis of seizure disorder that is not controlled.
* Has active seizures
 |  |  |
|  | **Allergies/Allergic Reaction:*** Allergic reaction could cause serious illness or possible death.
 |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. **Individual Risks: Relevant to Personal Safety**

|  |  |  |  |
| --- | --- | --- | --- |
| **✓** | **Identified Risk Issue** | **Describe the incident(s) or issue(s) that indicates this as a current Risk?** | **Is this risk issue addressed somewhere now? If so, how?** |
|  | **History of smoking in bed:*** Individual smokes in bed but has a tendency to fall asleep.
 |  |  |
|  | **Inability to pay bills:*** Individual has a tendency to give all their money away.
 |  |  |
|  | **History of pedestrian safety issues:*** History of walking into street in front of cars. Lacks understanding of pedestrian safety.
 |  |  |
|  | **Unable to safely evacuate during an emergency:*** Inability to evacuate from a building without assistance.
 |  |  |
|  | **Exploitation:*** Allows individuals to live in home without being on the lease.
* Gives away or spends all their money to/on strangers.
 |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. **Individual Risks: Relevant to Behavior**

|  |  |  |  |
| --- | --- | --- | --- |
| **✓** | **Identified Risk Issue** | **Describe the behavior or issue(s) that indicates this as a current Risk?** | **Is this risk issue addressed somewhere now? If so, how?** |
|  | **History of or presently engages in aggressive or dangerous behavior:*** History of extremely serious criminal acts such as: pedophilia, murder, rape, arson, etc. (Note: History of a less severe act, that is now managed and no longer occurs, should be closely reviewed to determine if it continues to be a risk.)
 |  |  |
|  | **Criminal justice involvement:*** Criminal justice involvement which can lead to incarceration and/or the risk of being exploited, abused, medically neglected and loss of services.
 |  |  |
|  | **Fascination with fire or of fire setting:*** Currently demonstrates or expresses an intense interest in fire, matches, setting fires etc. or has any history of arson.
 |  |  |
|  | **Contact with Emergency Medical Services, law enforcement, or mobile crisis:*** Engages in dangerous behavior that can only be managed by calling an emergency entity.
* Recent suicidal ideation or attempts to commit suicide.
* Destruction of property so serious that it could lead to criminal charges.
 |  |  |
|  |  |  |  |

**Risk Analysis and Planning Tool**

|  |  |
| --- | --- |
| **Name of Individual:** |  |
| **Meeting Date:** |  |
| **Date Completed:** |  |
| **Name of Person Completing this Form:** |  |

|  |
| --- |
| **Team Members:** |

**Directions:** Before the annual team meeting the case manager may use the following grid to record the individual risks that have been identified by all team members (e.g. Individual, guardian/family, providers, etc.) (i.e., using the “Risk Issues Identification Tool”). At the team meeting, you may use the grid to facilitate open discussion, analysis, brainstorming and planning in order to:

* *Review with the team all the identified Individual risks that were recorded on the Risk Issues Identification Tool, or as otherwise identified during the team meeting;*
* *Review the reasons associated with each risk issue identified;*
* *Develop final actions, supports, and services for addressing each risk; and*
* *Note where the information to address each risk will be documented in the PCISP (i.e. which Life Domain).*

|  |
| --- |
| **Risk Score** |
| **Risk** | **History/Frequency** | **Risk Matrix** | **Is a Risk Mitigation Plan needed to solve a problem?** |
| **Severity** | **Likelihood** | **Total Risk Score** | **Risk Level** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Discuss during the Team Meeting** |
| **What is the risk?** | **What is the problem we are trying to solve with this risk mitigation plan?** | **What if we do not put a risk mitigation plan in place (e.g. do nothing)?** | **What action did the IST decide to take to manage this risk?** | **Which Life Domain should this risk be included? (Note: only should be noted once in PCISP.)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Identified Risks the IST agreed are no longer a risk or are not determined to be a risk or a risk that does not warrant a risk mitigation plan.** |
| **Identify the possible risk** | **Why the identified risk is no longer a risk or determined not to be a risk or a risk that does not warrant a risk mitigation plan by the IST?** | **Which Life Domain of the PCISP will this be noted?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |