

Extendicare
 Organization
 Care
NEST
 Ethics
 Goodness
 Trust
 Respect
 Autonomy
 NonMaleficence
 Justice
 Virtue
 Consultation
 Benevolence
 Choice
 Honesty
 Organizational
 Network
 Educate

1. Identify the Problem
2. Identify the Stakeholders
3. Gather all the Facts
4. Identify and evaluate possible solutions
5. Strive for consensus
6. Make a decision
7. Implement
8. Reconsider periodically

**ETHICAL DECISION
 MAKING TOOL**

- Ethics Practice Leader (NAB):
 Tracy Christman – RAI Staff Development
 Coordinator, Mayerthorpe
- Ethics Practice Leader (SAB):
 Renee Laframboise– RSW, Cedars Villa
- Ethics Practice Leader:
 Kim McColl – Administrator, Vista Park Lodge
- Ethics Practice Leader:
 Tawnia Pilgrim – Director of Redevelopment - LTC
 Operations
- Ethics Practice Leader:
 Amy McNally – RSW, Oshawa
- Ethics Practice Leader:
 Tom Wilson – Administrator Windsor

For information, resources and/or
 clinical consultations related to
 Ethics, access FLOW, contact a
 NEST team member or email
 NEST@extendicare.com

**MEET
 YOUR NEST
 TEAM
 LEADS**



**Start the
Conversation**

Extendicare is committed to ensuring that no resident is transferred within the facility or to another facility without prior knowledge, unless such a move takes place during a life-threatening situation.

**COMMITMENT TO
RESIDENTS #13**

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1. If 2 residents don't get along, who should be moved and why?
2. Does your home take the impact of change on residents when addressing things like care and service workloads for staff?
3. Can you think of an example?

**WHAT DO
YOU THINK
ABOUT IT?**



**Start the
Conversation**

Our residents worlds have slowly gotten smaller: moving from a house to an apartment to a room in our Home. How would that make you feel when you loose your private space?
Have you shared your vaccine status with everyone? Do you want to?
How about a mental health issue – do you feel comfortable letting others know your health information?

**PRIVACY AND
CONFIDENTIALITY**

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1. Do you ever talk loud to another worker about a resident in a common area?
2. When possible, do you knock, identify yourself and ask to enter a resident's room before going in?
3. What do you say to your family and friends about your work? Do you talk about the care you provide?

**WHAT DO
YOU THINK
ABOUT IT?**



**Start the
Conversation**

RESTRAINTS

Chemical and physical restraints both come with health risks (ex. increased risk of pressure ulcers, incontinence, loss of muscle strength, increased agitation, depression etc.) The residents, families and staff need to be informed of the health risks as well as the other options available. If no other options are available, and a restraint is needed, all parties need to be informed and know that restraints are a last resort. Often families challenge our least restraints policy and practice. Can you speak to the values related to ethics and least restraints?

1. When thinking about values related to restraints, we need to think about the autonomy of the resident, their wants/wishes, respect for the resident and their family, compassion towards the resident and other residents.
2. Prevention of harm is also a value of Extendicare's. We need to balance the benefit of a restraint with its dangers. We have a least restraint policy that encompasses both physical and chemical restraints. There are times when a physical or chemical restraint is needed, and other times when they are not the best solution. Explore all options.

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**WHAT DO
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**Start the
Conversation**

CAPACITY

The ability to make our own choices (autonomy) is a core value in ethics. It ensures that the voice of a resident or team member is heard.

Capacity implies someone UNDERSTANDS the information given AND KNOWS the consequences of their decision, good or bad.

We can't assume every resident does not have this ability to make choices; we need to involve them as much as possible.

"Not about me, without me" – Accreditation quote that I know I got wrong

1. Four things that can help you decide if someone has the capacity to make a decision. Do they understand the information given to them? Can they retain the information long enough to make the decision? Can they weigh up the information available to make the decision? Can they communicate their decision to you?
2. Did you know that SDMs are required to make decisions based on what they resident would have decided if they could have made the decision, not on what the SDM would do, if they were in a similar situation themselves?
3. Is making bad decisions a sign that someone does not have the ability to make decisions?

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**WHAT DO
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**Start the
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In some ethical dilemmas, human values may be in conflict even when they are all ethically acceptable and legitimate. No matter what we choose, one of the values may not be satisfied.

In trying to solve dilemmas, we may have to weigh individually-identified values to see which ones have more weight, which ones do less harm, or hold more truth to the spirit of the residents' life in this decision.

Strive for consensus.

**VALUES AND
MORAL APPEALS**

1. Think about the 4 main Principles in Ethics: Beneficence – the commitment to do good and promote well-being; Nonmaleficence – the commitment to avoid or minimize harm; Respect for Autonomy – respect for each of our ability to make our own decisions; and Justice – the commitment to treat people fairly and impartially.
2. Think about our lives and the society we live in help to shape our personal values: Veracity – the commitment to truth telling, Respect for Family – considering the impact on family and their stake in the decision, Duty to Care – essential obligations as health care providers. Courage – speaking out to advocate or support convictions.
3. What do you value? Can you list your top 5 values?

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**WHAT DO
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**Start the
Conversation**

We make decisions everyday that impact our lives and the lives of others. The ability to make informed decisions is part of who we are but also important is to ensure we don't hurt others in the decisions we make.

In the time of COVID, how do you find balance in your duty to care for our residents and upholding your own autonomous choices?

Leading with Empathy is one way.

**VACCINE
HESITANCY**

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1. Leading with Empathy is based on the idea of changing the conversation from why have you not been vaccinated to asking people how they feel about the vaccine, with a focus on support, ensuring that information is balanced and on empowerment rather than judgement and criticism.
2. Leading with Empathy recognizes compassion fatigue. The long and hard path COVID has taken us all on and asks us to tell our stories to each other so that we don't feel alone.
3. Do you have a COVID story to share with a co-worker? It might help them to understand you better. (Thank you for your bravery!)

**WHAT DO
YOU THINK
ABOUT IT?**



**Start the
Conversation**

Duty to Care is our legal and moral obligation to keep those around us safe and free of harm. All of us have this responsibility!

At times, our values and morals may be in conflict with this obligation, especially during COVID-19 but extend to such things as physical and chemical restraints, reporting those who don't provide the care we expect. Balancing both the Duty of Care and our "gut check moments" make us better health care workers.

**DUTY TO CARE IN
THE TIME OF COVID**

1. Professionals are bounded to their Duty to Care by their permits to practice as well as their moral obligations. But all health care workers may experience great moral distress during these difficult times. Values at play include personal safety, protection of family, distribution of scarce resources, fear for livelihood, reciprocal responsibilities for the supply of adequate PPE and IPC, etc.
2. Do you ever cry at the end of your shift? Do you fear bringing home COVID to your families? Do you stress about wearing PPE? Do you fear 'failing'? How do you sleep? How do your family members feel about getting the vaccine?
3. Have you told your COVID story to anyone? (Thank you for your bravery!)

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