

RISK ASSESSMENT TOOL FOR HOME CARE CLIENTS

Client Name:			DOB:			PHIN:		
Use the Risk Assessment Tool to assist in determining a client's level of risk in combination with the Case Coordinator's own professional judgment.								
Place a check mark in the appropriate boxes. The risk level is determined by the greatest number of checks in each column e.g. A client scores 2 in the low category, 8 in the medium and 2 in the high category. The level of risk according to the definition would be medium.								
Low			Medium			High		
<input type="checkbox"/> Lives in a supportive environment (e.g. in an EPH or with/near caregiver)			<input type="checkbox"/> Lives alone but has a supportive caregiver nearby (within 30 minutes of travel)			<input type="checkbox"/> Lives alone and does not have a stable, supportive caregiver.		
<input type="checkbox"/> Minimal Home Care involvement (20 hours per week) and care plan meets client's needs			<input type="checkbox"/> Moderate Home Care involvement (20-40 hours per week) and care plans meets client's needs			<input type="checkbox"/> Maximum or over-cost/over-protocol Home Care Services (≥40 hours per week) and difficulty in meeting care needs in current environment		
<input type="checkbox"/> Minimal physical frailty – Services can support client's situation and which without do not pose a risk or deterioration in health status.			<input type="checkbox"/> Moderate physical frailty-Services can support client's situation but if without for an extended period of time would pose a risk for deterioration in health status.			<input type="checkbox"/> Severe physical frailty-requires services that are necessary to sustain health and without which would pose a serious and immediate risk and deterioration in health status		
<input type="checkbox"/> Accesses all services possible (e.g. ADP, congregate meals, community bath, Handivan)			<input type="checkbox"/> Access some services			<input type="checkbox"/> Unable to or does not access community supports such as ADP, MOW, Congregate Meals		
<input type="checkbox"/> No/Mild dementia			<input type="checkbox"/> Moderate dementia (MMSE 20 – 25)			<input type="checkbox"/> Cognitively Impaired (MSSE 19)		
<input type="checkbox"/> Sound judgement or relies on others to make decisions			<input type="checkbox"/> Judgement is questionable			<input type="checkbox"/> Makes decisions that lead to deterioration of health or places client at risk		
<input type="checkbox"/> No wondering			<input type="checkbox"/> Has wandered once or twice in the last 3 months			<input type="checkbox"/> Observed wandering behavior daily		
<input type="checkbox"/> Assessed as Low risk for falls & injury			<input type="checkbox"/> Assessed as Moderate risk for falls & injury			<input type="checkbox"/> Assessed as High risk for falls & injury		
<input type="checkbox"/> No hospital admissions in past year			<input type="checkbox"/> ≤2 hospital admissions in past year			<input type="checkbox"/> ≥2 hospital admissions in past year		
<input type="checkbox"/> Slow deterioration in physical health			<input type="checkbox"/> Moderate deterioration in physical health			<input type="checkbox"/> Rapid deterioration in physical health		
<input type="checkbox"/> Reliable back-up plan/support systems			<input type="checkbox"/> Back-up plan/support systems are available on a short term basis			<input type="checkbox"/> Support systems unable to respond or effectively meet client need		
<input type="checkbox"/> Braden Score 15-23			<input type="checkbox"/> Braden Score 13-14			<input type="checkbox"/> Braden Score ≤ 12		
Low			Medium			High		
Other Comments/Concerns:								
Date completed:			Risk Level:			Signature/Designation:		