

# RISKY BUSINESS:

# RISK ASSESSMENT & OCCUPATIONAL THERAPY

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### Background

In Acute Care Occupational Therapy (OT) provides assessment and interventions related to patients' functional cognitive and physical abilities to facilitate discharge planning. These functional assessments often reveal safety risks, which lead to barriers for patients to return to the community and engage in meaningful activity.

#### Typical OT Role in a Patient's Flow Through Acute Care





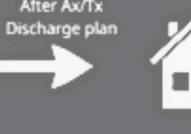












## Approach

A gap was recognized by Occupational Therapists in their knowledge and skills for identifying and mitigating functional risk factors for patients being discharged from hospital.

To address this gap, the role of OT in risk assessment was explored through:

- ☐ Completing a literature review of the OT role and risk assessment
- ☐ Defining risk
- ☐ Developing guiding principles for risk assessment
- ☐ Developing a tool for risk assessment
- ☐ Developing a process for initiating risk assessment
- ☐ Engaging stakeholders in the practice change process
- ☐ Utilizing Plan Do Study Act (PDSA) cycles for evaluation

# Defining Risk

Risk was defined though a literature review:

- ◆ At risk refers to a chance of suffering or injury, and harm to self or others.
- ◆ Risk is a matter of degree: the degree of harm and the probability of that harm eventuating.

#### **Tolerable & Intolerable Risk:**

◆ Level of risk should be viewed on a continuum and risk within a domain may be tolerable up to some point.

Tolerable risk Individualized risk factors that require no intervention based upon strengths, support system, and environmental supports

Intolerable risk Considerations of risk factors that have a greater potential for harm to self or others; evidence of new behaviour is unprecedented

## **±**Guiding Principles

Five Guiding Principles were established: Ethics & Practice Standards, Person-Environment-Occupation Model, Therapist Perspectives, & Decision Making Capacity.

These identify the interconnected & influencing factors that create a foundation for the emerging practice area of functional risk assessment.

#### Decision Making Capacity

Defined the interface between risk assessment and decision making capacity pre-assessment processes.

### Patient & Family **Centred Care**

Ensured the risk assessment process upheld the tenets of patient and family centred care.

#### **Therapist Perspectives**

Explored the impact of personal values, biases, prior experience, & practice setting on how therapists approach risk.

#### Ethics & **Practice Standards**

Reviewed the legal and ethical standards that guide therapists in the assessment of risk.

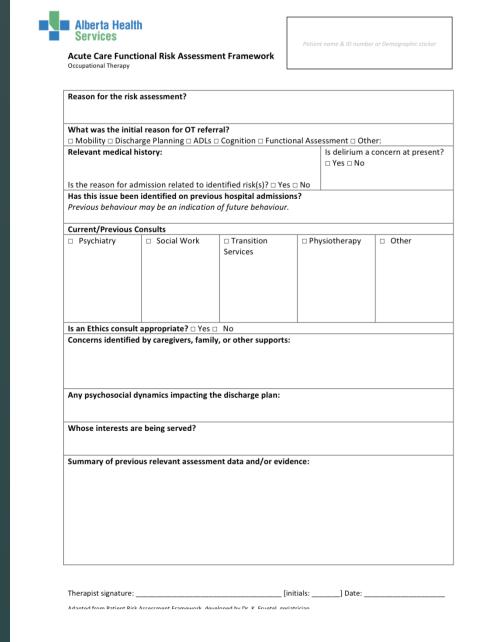
#### Person **Environment** Occupation Model

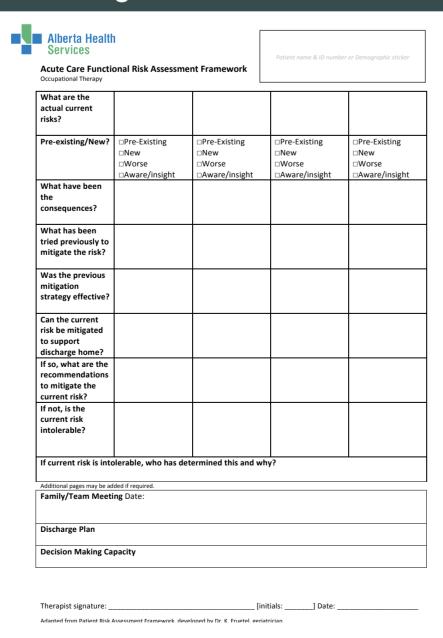
Grounded the risk assessment process in a holistic OT model of functional performance.

## Risk Assessment Framework Tool (RAFT) & Implementation

The RAFT was developed to provide:

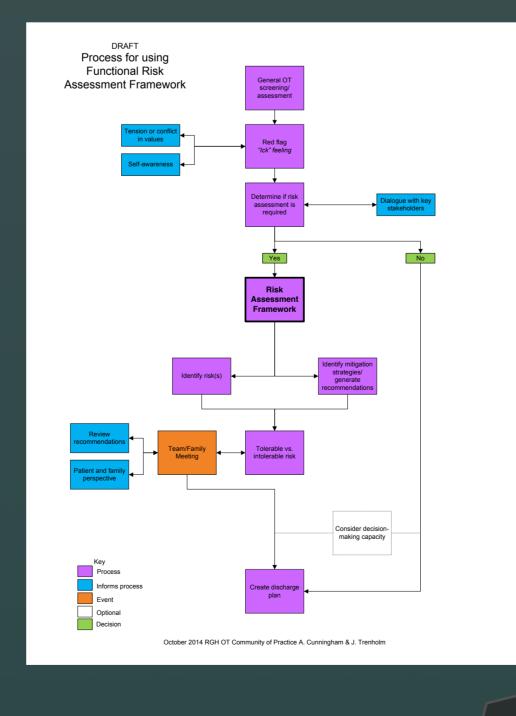
- ◆ Structure for Occupational Therapists' clinical reasoning when evaluating risks versus benefits to decrease subjectivity in discharge recommendations.
- ◆ A tool to formally communicate the functional risks, potential consequences, and mitigation strategies to the interdisciplinary team, patient, and family.
- ◆ An increase in the continuity and consistency of care, thereby achieving patient and family-centred care goals.





#### Implementation of the RAFT included:

- ◆ Engagement of stakeholders.
- Identification of barriers.
- Creating a process to initiate the RAFT:



A logic model and PDSA cycles were used to evaluate and adapt the tool as needed.

Logic Model				
Components	Screen	Risk Assessment	Discharge Plan	Documentation
Objectives	To determine if patients are appropriate for risk assessment.	To identify risks, strengths, and recommendations for discharge. To identify tolerable versus intolerable risk.	To communicate recommendations to pt, family, and team. To implement recommendations.	To support clinical reasoning. To communicate to interdisciplinary team over time.
Outputs	•Number of pts appropriate for risk ax •List of reasons for initiating risk ax •Current/previous consults •Number of times reason for admission was the initiating factor for risk ax •Number of times risk had been identified on previous hospital admissions	List of types of risk     Number of risks/pt     Number of intolerable risks/pt     Presence or absence of support network     Presence or absence of home care prior to admission	•Number of pts returning to prior to admit environment •Number of pts who then needed capacity assessment (DMCA/ Psychiatry) •New recommendations Y/ N •Number of days since screen	•Time to complete risk ax •Number of worksheets filed on chart (vs. kept as non-formal/internal worksheets)
Short term outcomes	Increased understanding between team and patient/family about risks and consequences to make an informed decision about discharge plan.  More patients discharged to prior to admit environment.			
	Cohesive understanding of risk/OT role in risk assessment.  Understanding of decision making process to initiate risk assessment.  Formal evidence to communicate assessment and recommendations to inter-disciplinary team.			
Long term outcomes	Increased continuity and consistency of care.  Decreased subjectivity of risk vs. benefit.  Increased understanding between team members to support a least-intrusive discharge plan.  Promotion of aging in place principles.			

## Next Steps

- ◆ Adapt the RAFT to different clinical areas beyond the Acute Care setting.
- ◆ Offer ongoing education on risk assessment.
- ◆ Survey therapists and holding focus groups to gather feedback and adapt the RAFT as needed.
- ◆ Continue to promote the important role of OT in functional risk assessment to improve patient outcomes.

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