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 through 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.

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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.

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.

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

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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- Ethics & Practice Standards
- Person Environment Occupation Model
- Therapist Perspectives
- Decision Making Capacity

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Acknowledgements
Debra Froese- OT PPL Calgary Zone
Allied Health Management
RGH OT Community of Practice

Appendix
Assessment of the RAFT
- Tolerable risk: individualized risk factors that require no intervention, supports, or 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.

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