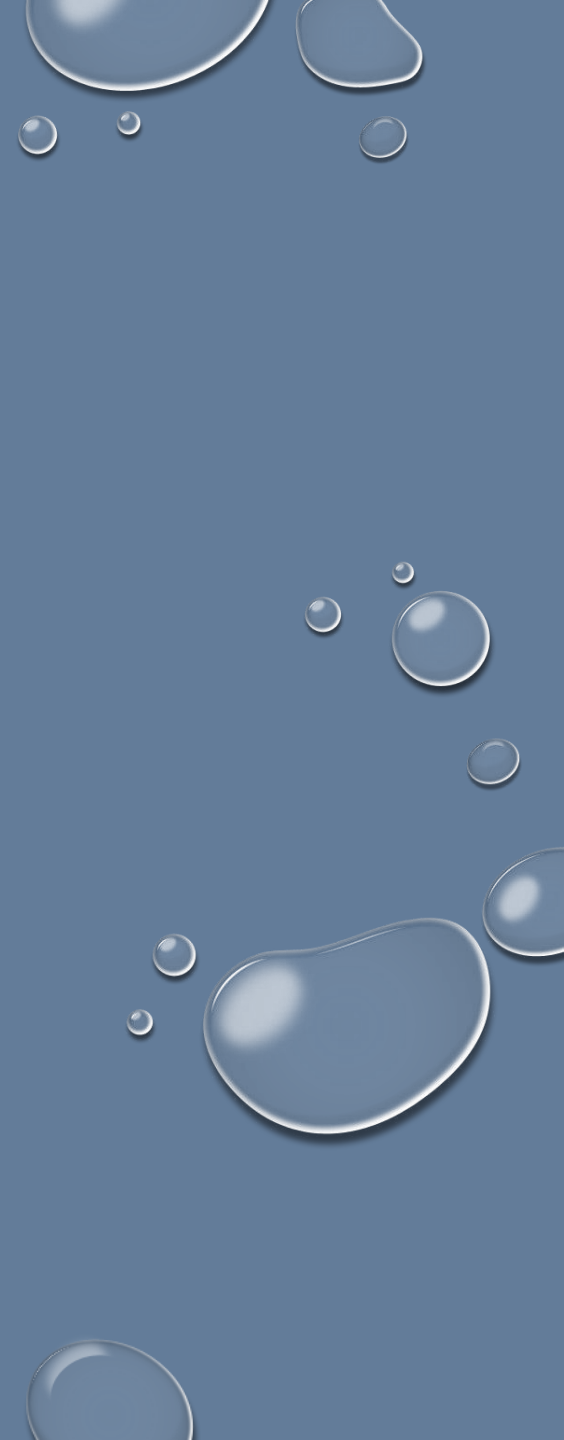


RISK ENABLEMENT AND REALISTIC MEDICINE

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BACKGROUND



Original work was commenced in 2013 – focused upon community dwelling people living with dementia. In retrospect, it was focussed upon supporting staff rather than enabling service users




NHSGG&C also developed a framework for the acute sector



AHP careers fellowship funding in 2018 to redevelop framework along with NHS GG&C.



New toolkit is generic for all conditions, professions and people living with risk



**A SIMPLE
DEFINITION
OF A VERY
COMPLEX
SUBJECT.....**

- Risk enablement is trying to help someone to achieve what matters to them even when there is risk present

TOOLKIT

- Flowchart to guide thinking
- Risk enablement framework
- Risk enablement support plan

Have you considered Risk Enablement?
(This may relate to behaviour, treatment, discharge planning, participation in activity)

Has the issue of risk arisen?
(This may relate to behaviour, treatment, discharge planning, participation in activity)

YES Consider the opinions of all involved, including the person, family, carers, MDT.
NO Treat and record as usual

Is there any uncertainty about how to proceed?
Use supervision to support your approach

YES Does the activity/situation that creates the risk contribute positively to the individuals quality of life and well being?
Use supervision to support your approach

NO Proceed with plan and record appropriately

YES Consider using the risk enablement toolkit to reach agreement on how to proceed, involve all parties in conversations that establish individual goals/personal outcomes.
Use supervision to support your approach

NO Consider options for removing/modifying risk. Use an individual goal setting/outcomes approach to support the individual's wishes

Step 1: Understand the person and their unique context
Use a personal outcomes approach to identify what is important to them and what they want to achieve.

Be curious!
Can they tell you? Find ways of optimising communication to ensure the process is person-centred.

- Do they have a "Getting to Know Me" or similar document?
- Consider using "Talking Points"
- Are all the right people engaged in the process?

Ensure you are capturing the value of the behaviours identified. To do so, try shifting the focus from tasks and activities to occupations.

Step 2: Identify key risks and impacts.
Work with the person to examine potential risks. Tools such as a HEAT map (below) can support a balanced approach.

Severity	High	High	High
Medium	High	Medium	High
Low	Medium	Low	Medium
Low	Low	Low	Medium

Support a culture of risk enablement:

- Research has shown our own culture and values play a key role in shaping our attitude and approach to risk enablement.
- Use a personal outcomes approach to work together and ensure decision making is shared.
- Take time to acknowledge your own feelings and the feelings of others. Supervision is critical to supporting risk enablement.

Step 3: Risk enablement, management & planning.
Create a plan which reflects the best fit for the individual. Aim to reach agreement between the person and all key people involved but **"remember that not all risks can be managed or mitigated"**

Take a rights-based approach to ensure that the person is at the centre of any decisions being made:

- Participation
- Accountability
- Non-discrimination
- Empowerment
- Legality

1 ASK
Is this the least restrictive option?

Step 4: Review
Risk can and will change over time. Revisit plans regularly by setting review dates.

Risk Enablement Support Plan

Name: _____ Date of birth: _____ CHI: _____

Ward/Home/Setting: _____

Names of all parties involved in decision making: _____

Brief background to medical/social situation _____

What are the individual's stated personal outcomes? _____

DEFINITIONS OF RISK

- “A risk is the likelihood that a hazard will actually cause its adverse effects, together with a measure of the effect” (health & safety exec)
- Positive risk is recognising and accepting, but managing risk, when there is a positive objective or outcome” rcot
- “A necessary part of quality of life for person-centred care” clark and mantle

PERCEPTION OF RISK

Terrifying or exhilarating?



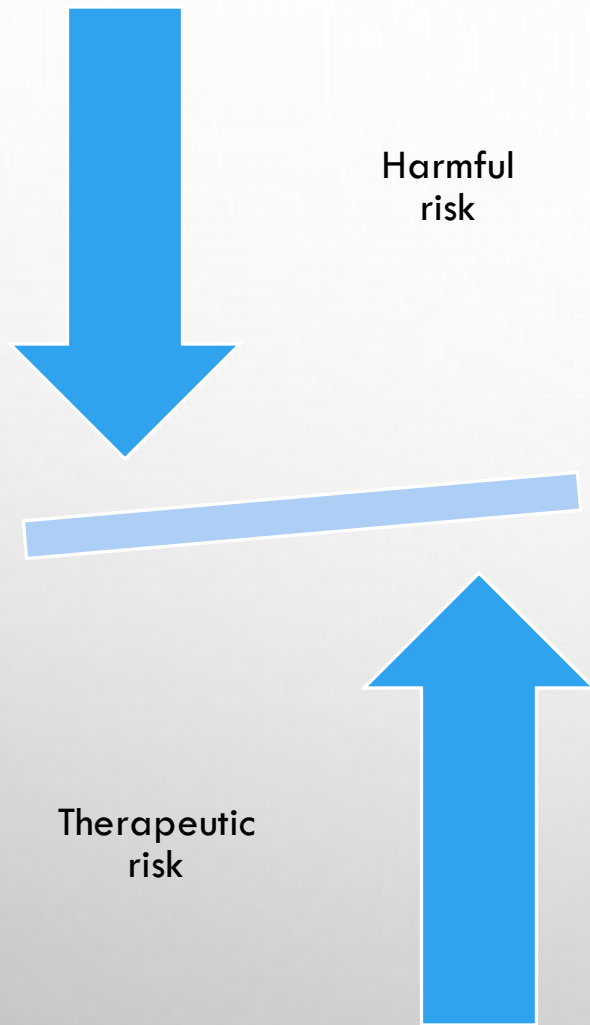
Best thing you've ever done or never in a million years?



Fun or wreckless?

DIFFERING VIEWPOINTS

- Professionals tend to prioritise safety over autonomy
- Risk is framed negatively so is avoided as much as possible. Positives of risk taking and consequences of being risk averse are often ignored.
- Service users are often less concerned with safety and more concerned about maintaining self-identity, wellbeing and relationships



- Measuring risk involves balancing the positive benefits gained from taking risks against the negative effects of attempting to avoid the risk altogether

• JRF 2014

BALANCING RISK



Reducing risk of Covid-19 through lockdown measures



Risks related to social isolation, economy, mental health, education, non-covid related health services



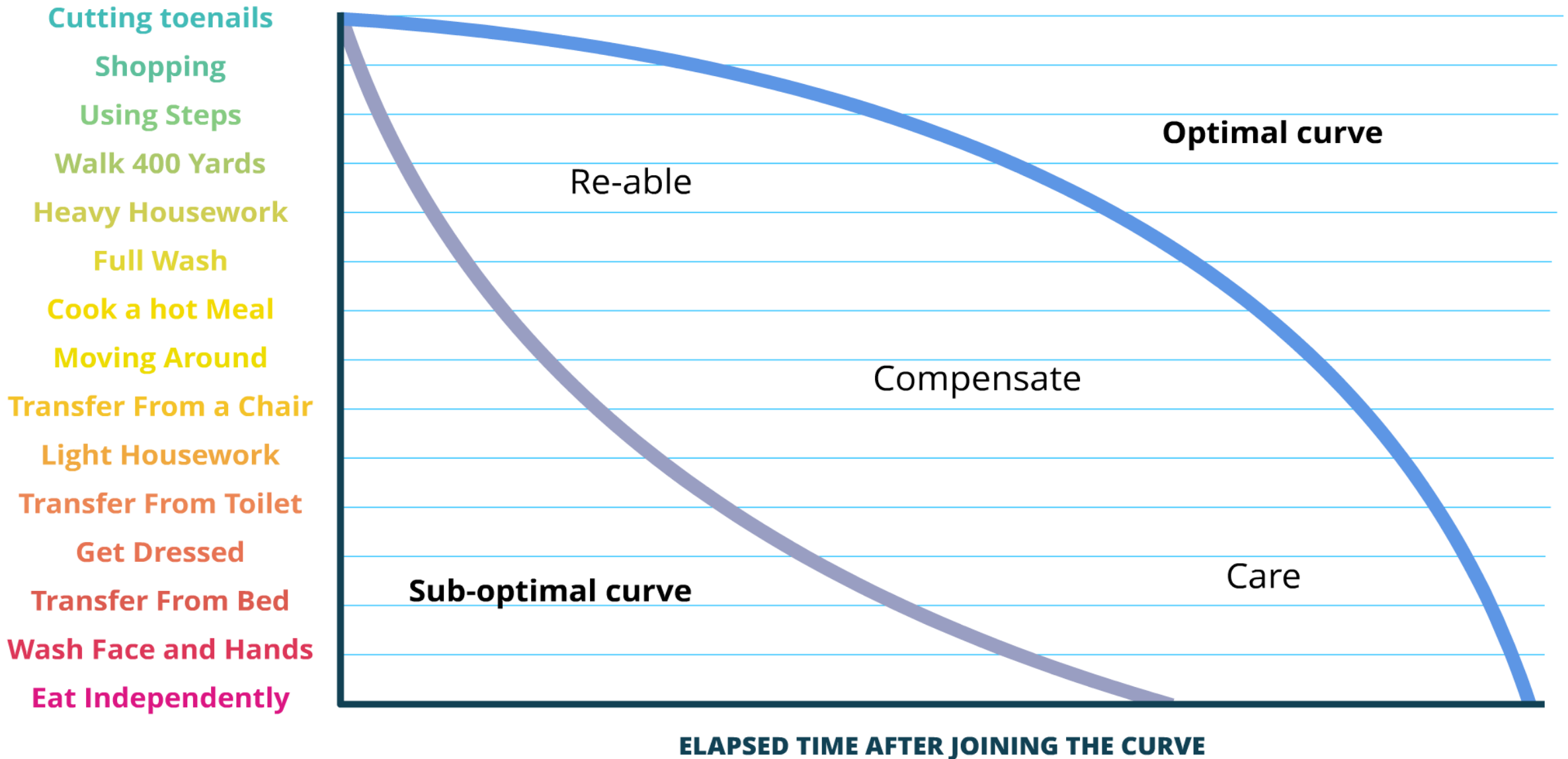
Mobility Vs Falling

**If you risk nothing,
then patients risk
losing everything**

An adapted Erica Jong quote

#endPJparalysis #HomeFirst #BedRestIsBad

*Based on continuing research carried out at the Newcastle University Institute for Ageing



CLIENT CENTEREDNESS

- Our values, needs and wishes are all different. We cannot assume that we know what is best or right for other individuals based upon our own beliefs.
- Risks should be enabled if :
 - They add significant value to the individual's life
 - They do not outweigh the potential consequences of removing that risk

PERSONAL OUTCOMES AND RISK

- When risk is present, this historically becomes the focus of professionals who feel that it is their responsibility to remove risk completely and ensure safety. A diagnosis of any long-term condition does not mean that you must live in a risk free environment
- People are responsible for their own lives and when they are at home, will act in accordance with their wishes (as we do in our own lives)
- Lack of capacity does not mean that a person's previous wishes can be discounted.

Realistic Medicine	Risk Enablement
Shared decision making	Individual, family and carers are fully involved and informed of any discussions about risk, integrated as members of MDT
Personalised approach to care	Person centred discussions around risks, personal outcomes, routines, preferences
Reducing harm and waste	Appropriate use of resources by prioritising essential care and minimising delayed discharges
Reducing unwarranted variation	Use of an established toolkit could standardise the approach to care when risk is involved
Managing risk appropriately	Considering facts around risk, benefits of risk taking, potential consequences of risk avoidance
Becoming innovators and improvers	AHP fellowship, Quality Improvement methodology

CASE STUDY 1

- 61 year old male, diagnosis of early Alzheimers disease
- Falls history
- Previous assessment stated that he should live in 24 hour care setting. Guardianship order as he disagreed with recommendation.
- OT assesment – performed well, orientated, able to make a hot snack, good score in standardised cognitive assesment. Evidence of problem solving skills. Communication impairment.
- Not engaging in personal care, no discussion held about personal preferences. Person centred equipment and plan setup, new routine effective.
- Courageous conversation – team began to consider alternatives.

CASE STUDY 2

- Mrs M is 91 years old. She lives alone in a two storey house.
- She has cognitive decline and difficulty mobilising, using a walking frame or trolley to move around indoors.
- Supported by her two daughters, who live locally, she has carers four times each day.
- She is able to make herself a drink but hot meals are made by her carers.
- Her daughters would like Mrs M to move into a care home nearer to her daughters and feel it is unsafe for Mrs M to remain at home.
- Mrs M is resolute that she wishes to remain in her home, where she has lived for 50 years.

WHAT ARE THE INDIVIDUAL'S STATED PERSONAL OUTCOMES?

- To remain in her own home.
- To continue to sleep upstairs and use the toilet facilities upstairs.
- To continue to go out to the bingo with her daughter, something that she remains able to do and gets pleasure from.

WHAT RISKS ARE ASSOCIATED WITH THESE PERSONAL OUTCOMES?

- Falling when ascending and descending the stairs
- Falling on steps at both front and back door or when going out to bingo
- Recurrent UTI's due to dehydration
- Increased confusion due to change

AGREED ACTIONS FOLLOWING DISCUSSION

- **Discussion with care management re enhanced care package to include support with hydration and use of stairs to access toilet during each visit**
- **Use of four wheeled walker to attend bingo**
- **Provision of personal wheelchair for going out with family and friends**
- **Review of risk in four months or when any significant change in function occurs.**

QUESTIONS