# RISK ENABLEMENT AND REALISTIC MEDICINE

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# BACKGROUND

Original work was commenced in 2013 – focussed 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.

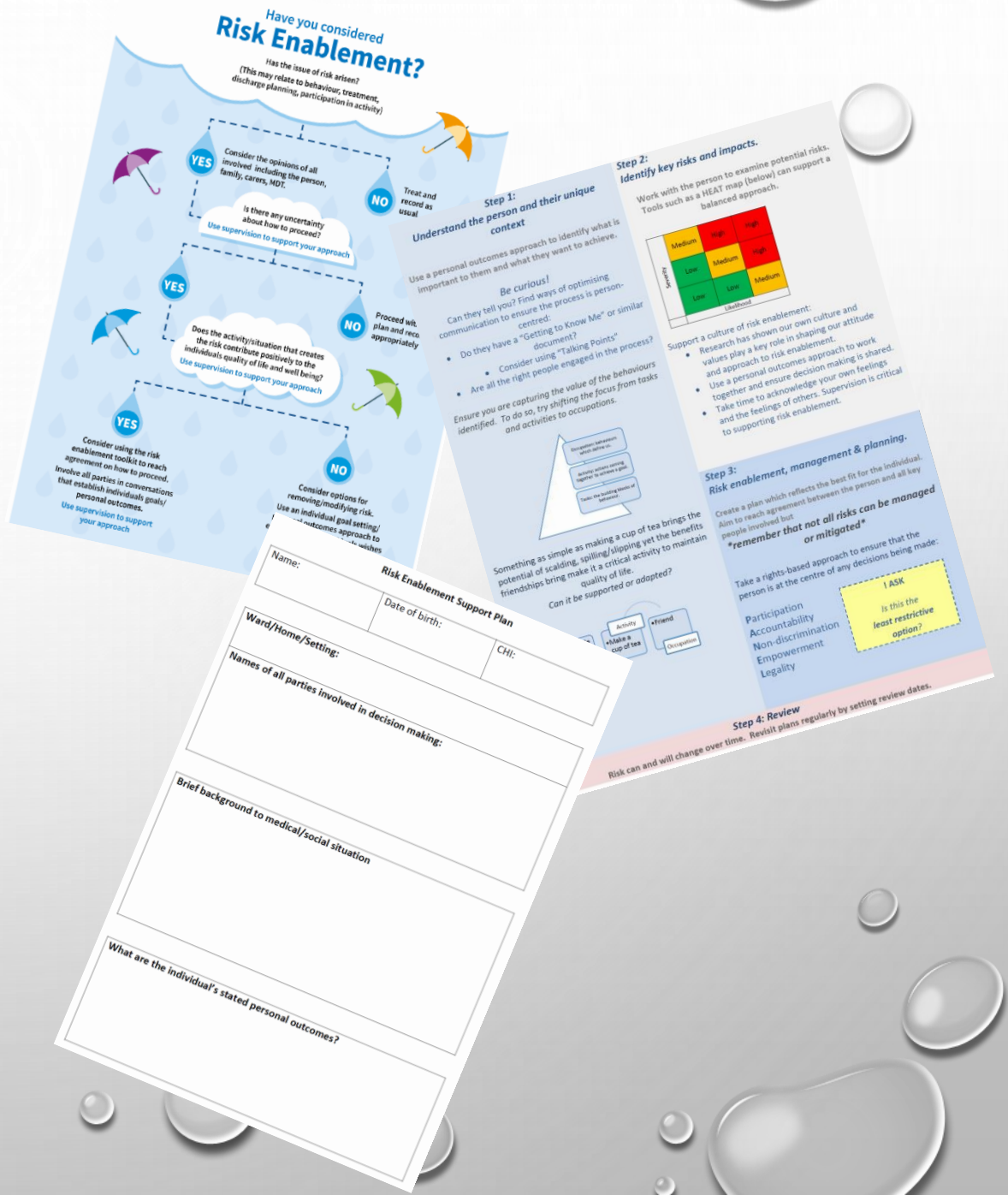
New toolkit is generic for all conditions, professions and people living with risk

# 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



# DEFINITIONS OF RISK

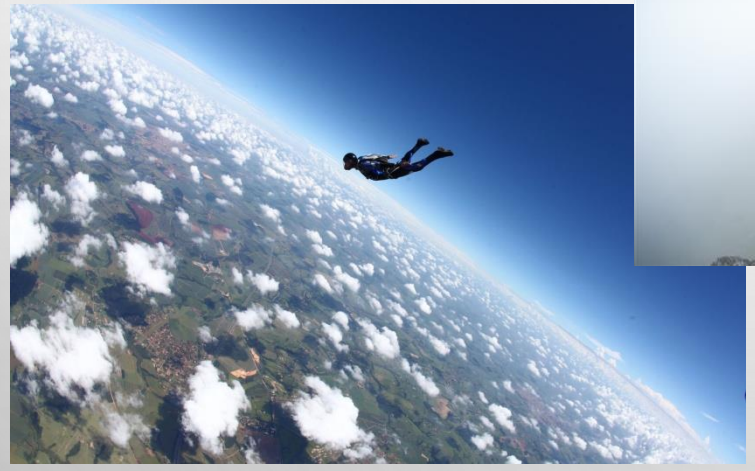
- "A risk is the likelihood that a hazard will actually cause its adverse effects, together with a measure of the effect" (health & safety exec)

- 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?

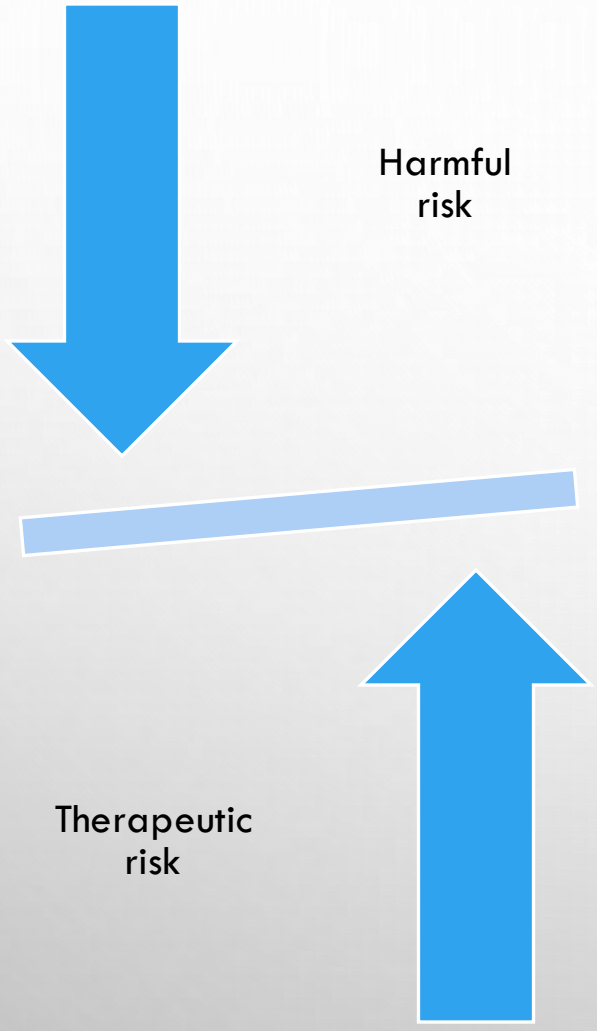


Best thing you've ever done or never in a million years?

Fun or wreckless?

# DIFFERING VIEWPOINTS

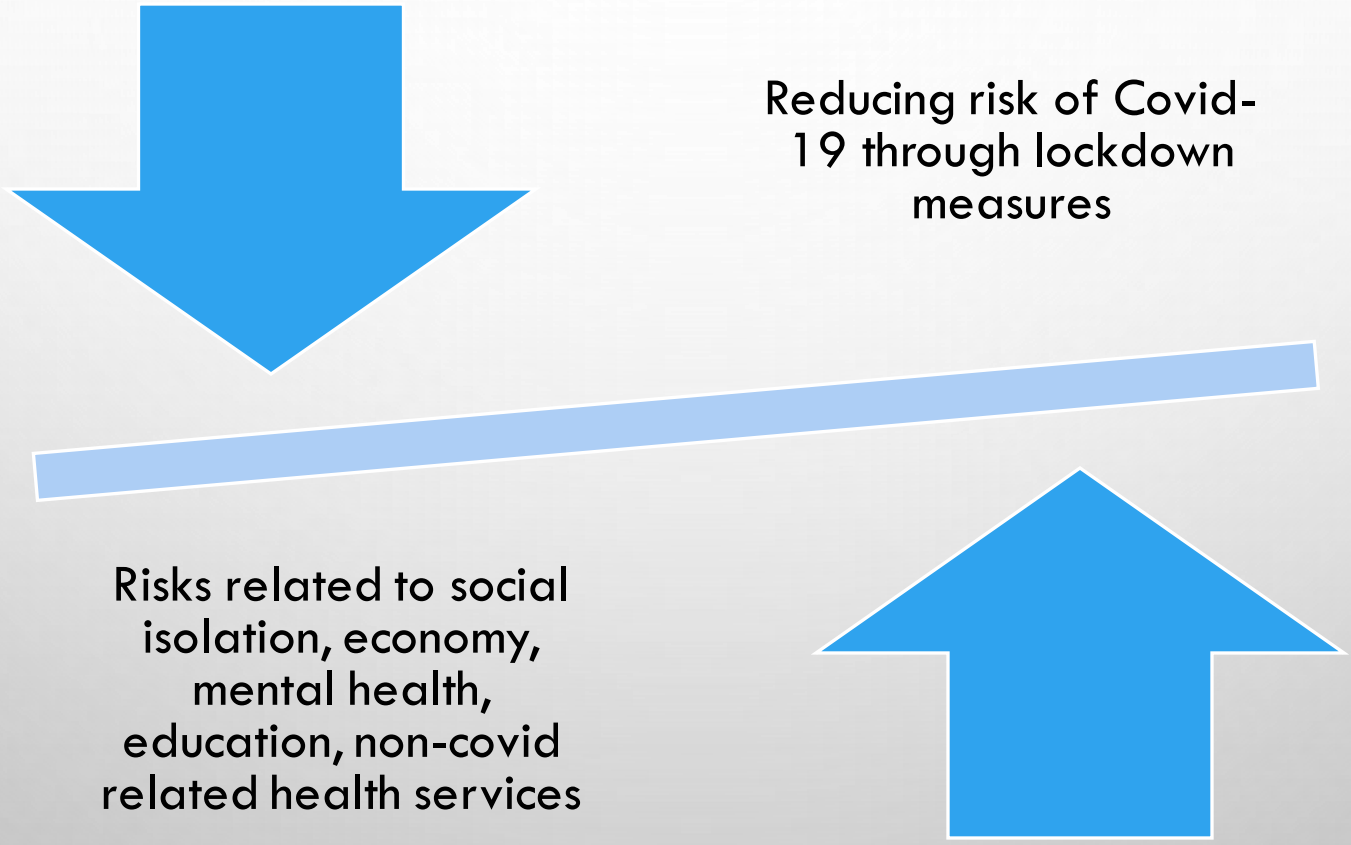
- Professionals tend to prioritise safety over autonomy
- Risk is framed negatively so is avoided as much as possible. Positives of risk taking and consequences of being risk averse are often ignored.
- Service users are often less concerned with safety and more concerned about maintaining self-identity,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

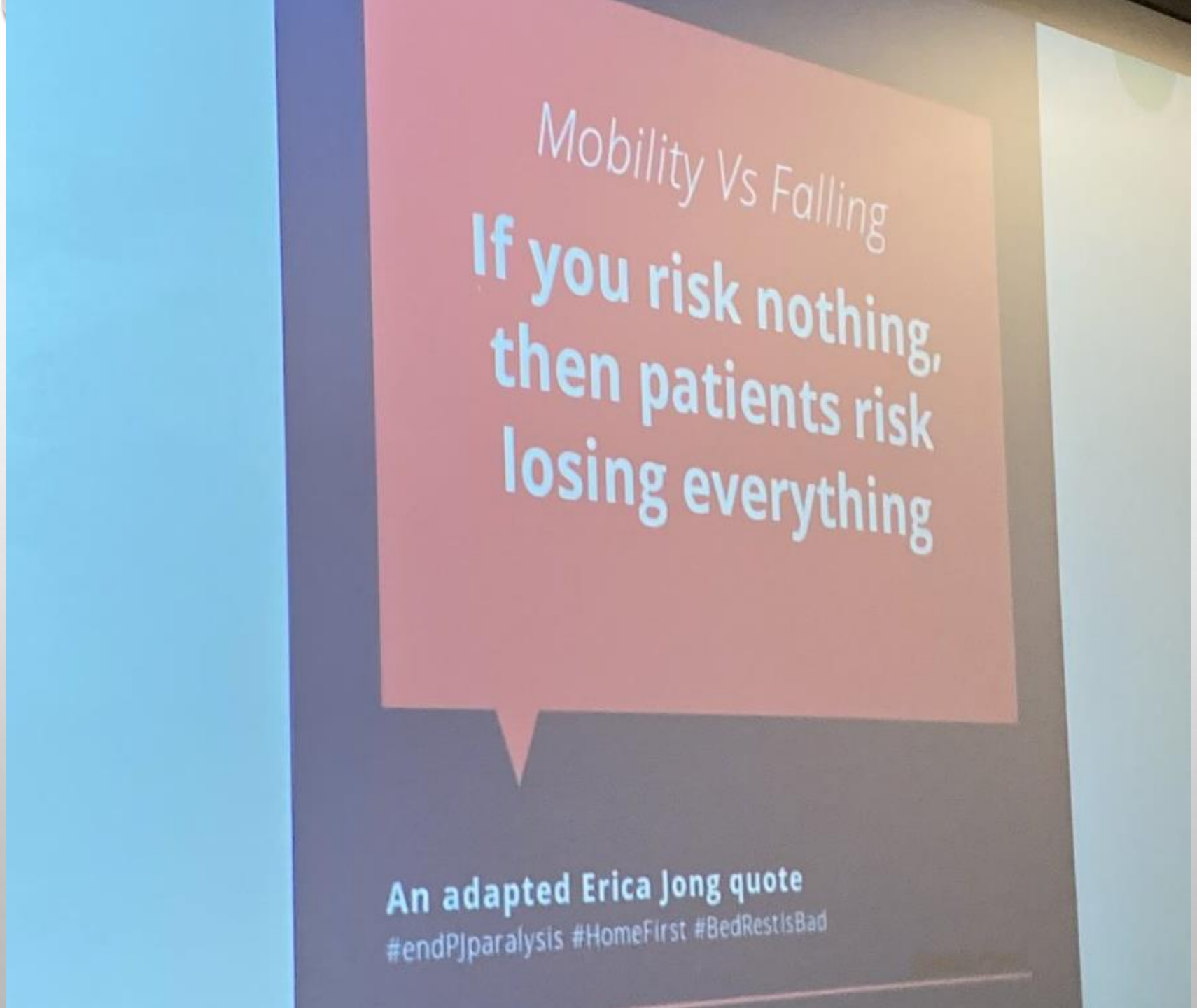
- JRF 2014

# BALANCING RISK



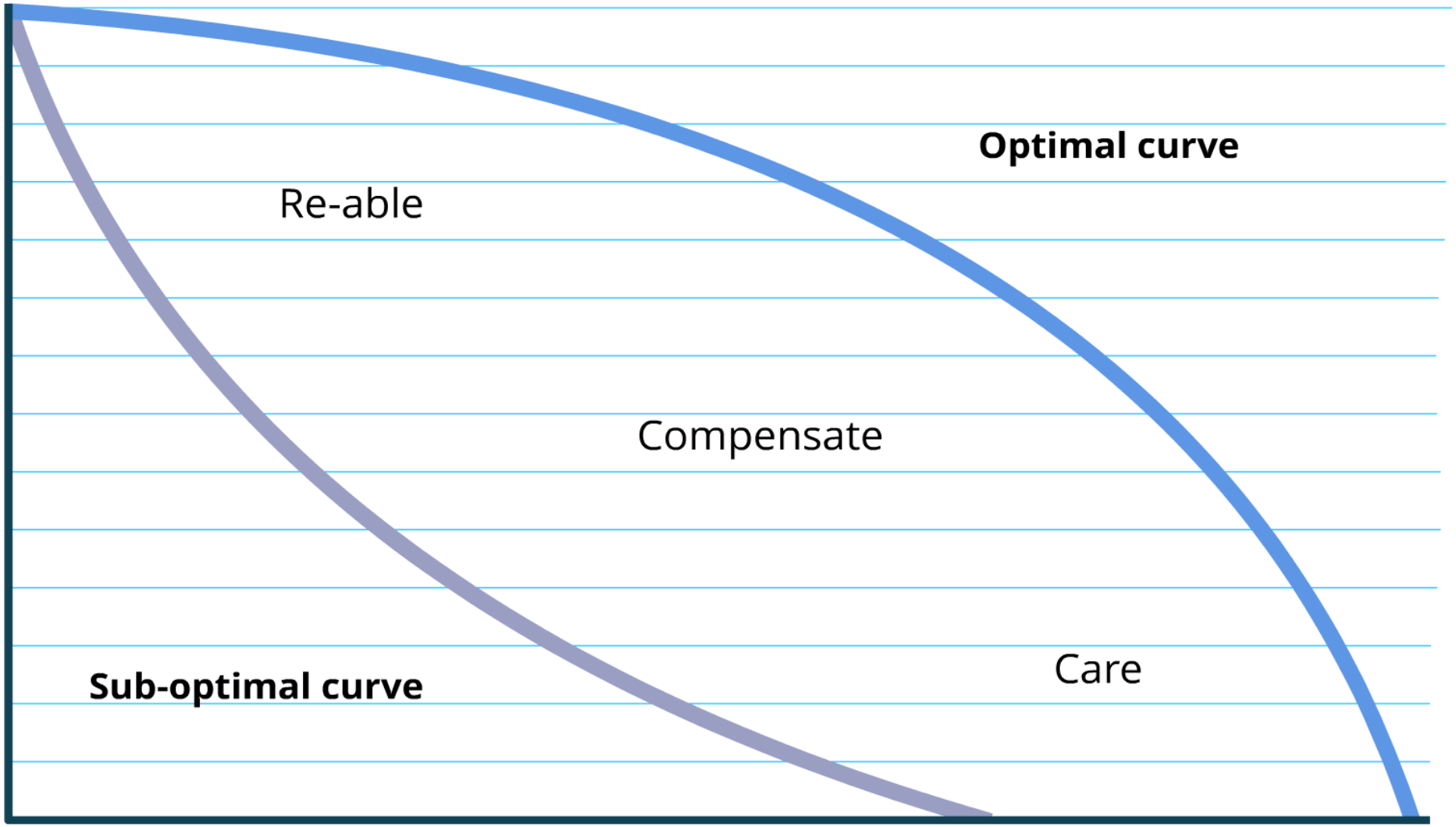
Reducing risk of Covid-19 through lockdown measures

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

Cutting toenails
Shopping
Using Steps
Walk 400 Yards
Heavy Housework
Full Wash
Cook a hot Meal
Moving Around
Transfer From a Chair
Light Housework
Transfer From Toilet
Get Dressed
Transfer From Bed
Wash Face and Hands
Eat Independently




ELAPSED TIME AFTER JOINING THE CURVE

# 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 assessment – performed well, orientated, able to make a hot snack, good score in standardised cognitive assessment. 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