CAOT Position Statement: Occupational therapy and client safety (2011)

Occupational therapists enable people to engage in everyday living through occupation (Townsend & Polatajko, 2007). It is the position of the Canadian Association of Occupational Therapists (CAOT) that occupational therapists practice in accordance with the national client safety standards outlined in the Canadian Patient Safety Institute's (CPSI) document entitled, The Safety Competencies: Enhancing Safety Across the Health Professions *(2009). This safety competencies framework. identifies the knowledge, skills, and attitudes required by all health care professionals, including occupational therapists, for safe client care.*

Recommendations for occupational therapists:

CAOT endorses six safety competency domains identified by the CPSI:

1. Occupational therapist contribute to a culture of client safety; a commitment to applying core client safety knowledge, skills and attitudes to everyday work.
2. Occupational therapists work in teams for client safety; working within inter-professional teams to optimize both client safety and quality of care.
3. Occupational therapists communicate effectively for client safety; promoting client safety through effective health care communication.
4. Occupational therapists manage safety risks; anticipating, recognizing, and managing situations that place clients at risk.
5. Occupational therapists optimize human and environmental factors; managing the relationship between individual and environmental characteristics in order to optimize client safety.
6. Occupational therapists recognize, respond to and disclose adverse events; recognizing the occurrence of an adverse event or close call and responding effectively to mitigate harm to the client, ensure disclosure, and prevent recurrence.

CAOT Initiatives

To enable occupational therapists to engage in practices promoting client safety, CAOT will:

1. Work in collaboration with the profession and inter-professional stakeholders interested in the advancement of client safety standards in the public and private sectors throughout Canada. Stakeholders include members of other health professions and their associations, health care management, as well as client representative members of the public. This will ensure promotion of client safety strategies.
2. Facilitate or support educational activities that offer professional development to implement client safety practices.
3. Provide occupational therapists with access to research-based evidence to support implementation of client safety practices.
4. Develop and implement a communication plan to inform members of initiatives aimed at client safety.

Background

The Canadian Association of Occupational Therapists is a professional not-for-profit national voluntary organization that provides resources and services to develop excellence in occupational therapy services. Occupational therapists are graduates of university programs with baccalaureate or Master's entry-level degrees and are regulated health professionals.

Occupational therapists work with individuals and groups of all ages, and levels of ability to promote healthy occupation. Occupation is concerned with all the activities that people are engaged in such as work, volunteerism, school, leisure and personal care. Occupational therapists provide services in health care organizations, community services, schools and industry in both the public and private sectors. An evidence-based practice approach is central to occupational therapy service delivery (CAOT, 1999).

Safety is fundamental to healthcare quality, and there is a need for more evidence on client safety issues to guide improvement of client safety and the quality of health care in Canada. As identified in the Canadian Adverse Events Study approximately, 7.5% of acute care hospital patients experienced at least one adverse event while in hospital (Bates, Cullen & Laird, 1995).

Medical errors occur commonly in healthcare practice and can lead to minor or major patient

consequences. Occupational therapy errors have been defined as: omissions or commissions in practice in which occupational therapists felt responsible; which had serious and/or potentially serious physical and/or psychological consequences for the patient, and which would be judged wrong by knowledgeable peers at the time they occurred (Lohman, Mu & Scheirton, 2004). More recently, with the development of the Canadian Model of Client- Centered Enablement (Townsend, Polatajko, Craik & Davis, 2007) and the related disablement-enablement spectrum (Townsend, Whiteford, Polatajko, 2007), occupational therapists may conceptualize what was formerly considered 'errors' in practice may be framed as situations of ineffective, missed enablement or minimal enablement; each situation having potential harmful consequences to the client. It is suggested that, "with critical reflection, occupational therapists may change ineffective enablement, with recognition that complex practice condition as well as therapist choice determine possibilities for enablement" (Townsend and Polatajko, 2007, p. 130).

Practice errors have been researched in medicine (Peters, Slovic, Hibbard & Tesler, 2006), pharmacy (Bates, Cullen &Laird, 1995; Leape, Bates & Cullen, 1995) and nursing (Benner, Sheets & Uris, 2002; Johnstone, & Kanitsaki, 2006; Smith & Crawford, 2003). However, with the exception of some recent studies in the area of physical rehabilitation and geriatrics (Lohman, Mu & Scheirton, 2004;, Mu , Lohman & Schierton, 2005, Scheirton, Mu & Lohman, 2003) study of occupational therapy error has been limited.

In a national U.S. survey of occupational therapists, researchers found the most frequently reported causes of errors were: mis-judgement, inadequate preparation, lack of experience, inadequate knowledge, and miscommunication between health care professionals (Mu, Lohman & Scheirton, 2006). Additionally, a Canadian survey of the schools of medicine, nursing, pharmacy, physiotherapy and occupational therapy was conducted to identify the concepts of client safety currently incorporated in the university programs. The survey results indicated little integration of client safety concepts within the health professional schools curriculum. These studies indicate that occupational therapists will benefit from engaging in the use of the Competencies framework with their health care colleagues.

Glossary

Adverse event: An event that results in unintended harm to the patient, and is related to the care and/or services provided to the client rather than to the client's underlying medical condition.

Culture of patient safety: A health care organizational approach in which the provision of safe care is a guiding principle. A culture of safety reflects the knowledge, skills and commitment of all leaders, management, health care professionals and staff to the provision of the safest possible patient care. The culture appropriately and adequately supports providers in the provision of safe care, including continuous professional development. The culture encourages learning from adverse events and close calls to strengthen the system. Where appropriate, it supports and educates health care providers to help prevent similar events in the future. Justice is an important element; all are aware of what is expected, and are held professionally accountable in a fair way. Fairness and due process are fundamental to the determination of the reasons for adverse events. The interests of both patients and providers are protected.

Disclosure: The process by which an adverse event is communicated to the client by health care providers.

Enabling occupation: The process of facilitating, guiding, coaching, educating, prompting, listening, reflecting, encouraging, or otherwise collaborating with people so that they may choose, organize and perform those tasks and activities of everyday life which they find useful and meaningful in their environment (CAOT, 2002).

Evidence-based occupational therapy: Client-centred enablement of occupation based on client information and a critical review of relevant research, expert consensus and past experience.

Ineffective enablement: Ineffective enablement may occur when client's needs are not met; this may be due to ineffective use of resources, skill or knowledge. For example, lack of knowledge and skill to demonstrate how to safely operate a mechanical lift.

Medical Error: An act (plan, decision, choice, action or inaction) that when viewed in retrospect was not correct and resulted in an adverse event or a close call (Frank, 2008).

Minimal enablement: Minimal enablement may occur despite good intentions for enabling occupation due to difficult practice conditions , e.g. lack of proper assistive devices to use to minimize fall risk and care giver injury for transferring client from bed too wheelchair.

Missed enablement: Missed enablement may occur when the lack of opportunity, resources, or vision result in unnecessary losses to others, e.g. heath authority does not fund occupational therapists to do home visits to educate caregivers on safe effective transfer techniques and use of transfer equipment.

Occupational therapy clients: Individuals or groups who receive occupational therapy services. They may include persons with occupational problems arising from medical conditions, transitional difficulties or environmental barriers, families and caregivers of such persons, or organizations wishing to promote the health of their members.

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