



College of Occupational Therapists of Ontario
Ordre des ergothérapeutes de l'Ontario

PREP

Managing Risks in Occupational Therapy Practice

June 2020

Introduction

All occupational therapists (OTs) may face risks in their practice – to their clients or themselves throughout their careers. Consider the following situations:

- An OT obtaining consent for a treatment plan with a non-English speaking client without the use of an interpreter
- An OT working in the community who only has experience with an adult population being asked by their manager to also work with a paediatric population
- An OT being asked to perform a controlled act without delegation and additional training

All of these situations contain elements of risk – risks to the OT, the client, and the organization. In some cases, these risky situations may be out of your control to prevent. In many cases, however, you have a choice about how to address the risk, as opposed to simply letting it happen. When you perceive that an activity or chosen action has an element of risk, this should not stop you from proceeding; it also does not mean that you should ignore the risk.¹

Managing risk, or what is commonly referred to as risk management, is an integral part of an OT's practice that involves proactively identifying, analyzing, and addressing risks to reduce their frequency and impact. Risk management is a framework that can be used to help OTs achieve the best possible client outcomes in a safe, effective and ethical manner. It can also be used to reduce risks to the OT, continuously improve the quality of your practice and can present opportunities for you as well. Addressing risks to clients is a primary component of your practice and the foundation of any risk management activities that an OT performs. It is important to note that risk management is a cyclical process that is ongoing; it is not an activity that is only performed once.

Benefits of Risk Management:

- Provides learning opportunities
- Enables evidence-informed decision making
- Provides structure to help manage and prioritize risks in practice
- Supports better client outcomes
- Supports safe and ethical practice
- Fosters communication and collaboration amongst all team members in the delivery of quality client care

¹ Adapted from the Royal College of Occupational Therapists (2018). Embracing risk; enabling choice. Guidance for occupational therapists. 3rd edition.

The responsibility for identifying and addressing risk in an organization or practice setting is a shared responsibility of everyone involved, including the OT. It is important for all healthcare professionals to examine risks in practice and have a plan in place to address them to ensure that clients are receiving safe and effective care.

A simple way to conduct risk management is for an OT to ask themselves the following questions when faced with a decision related to risk: ²

- What could happen?
- How likely is it to occur?
- How severe would the outcome be?
- How can the chance of occurrence or the impact of the event be reduced?
- What data do we need to collect to monitor the situation?
- Who else needs to be involved?

This PREP outlines the concepts of risk management and demonstrates the application of these strategies using hypothetical case scenarios. There are examples of risk management activities that could be undertaken by an organization and examples of risk management activities that could be performed by an individual OT.

Learning Objectives

Upon completion of this *PREP* you will be able to:

1. **Identify** the types of risks in occupational therapy practice.
2. **Assess** levels of risk in practice using a risk rating framework.
3. **Apply** a risk management framework to manage risks in practice to support safe client care.
4. **Review** and monitor the effectiveness of decisions made to manage ongoing risks in practice.
5. **Understand** how the College minimizes risk to the public through its four program areas.

Embedded within the PREP are case scenarios and links to various resources that you may select to supplement your learning and support your ability to apply risk management skills.

At the end of the PREP, you will be required to review four practice scenarios and answer the Reflective Practice Exercise question for each scenario. Your answers to the four practice scenarios are not scored or graded. Though you may wish to review this PDF version of the PREP, particularly with colleagues to enhance your learning, you are still required to complete the PREP online in MyQA. Once you complete the PREP, return to your MyQA homepage to

² Used with permission from the College of Physiotherapists of Ontario. For more details see: <https://www.collegept.org/rules-and-resources/risk-management>.

ensure that you see a “completed” status in your PREP box, along with a green dot. This ensures that you have met your requirement.

The PREP is required to be completed by October 31, 2020. Specific learning needs identified through completion of this PREP may be incorporated into your Professional Development Plan. Material covered in this eLearning module is designed to be relevant to occupational therapists in clinical and non-clinical practice across all practice settings.

Background

An early step in risk management is to identify who is at risk. For an OT in clinical practice, the primary group at risk is the clients. How will a particular action or inaction jeopardize or benefit the health, safety and well-being of the client? The OT should also consider the risks to other stakeholders - will the actions benefit or harm the employer, facility, school, clinic, client’s family or colleagues? Each of these audiences requires their own risk management.

Once the recipient of the risk has been identified, the next step is to use a systematic process to identify the various risks, measure and analyze them, devise a strategy to address them and then monitor the implementation of that plan. Although the terminology is different, OTs will recognize that the risk management approach overlaps significantly with the [4A Approach to Conscious Decision-Making \(2019\)](#), which itself is based on the critical steps of the [Conscious Decision-Making in Occupational Therapy Practice \(2012\)](#) framework. This PREP on managing risks in practice will reinforce those concepts using risk management terminology.

Definitions

Before delving more deeply into risk management principles, it is helpful to consider some fundamental definitions.

Risk can be defined as the possibility of something bad happening at some time in the future; a situation that could be dangerous or have a bad result.³ In risk management, there is also positive risk, which refers to any condition, event, occurrence or situation that provides a possible positive impact for a project or environment.⁴

³ Oxford Learner’s Dictionaries Retrieved from https://www.oxfordlearnersdictionaries.com/us/definition/english/risk_1?q=risk on October 15, 2019.

⁴ Enterprise Risk Management [Part III]: 5 Examples of Positive Risk. Retrieved from <https://www.ispartnersllc.com/blog/erm-5-examples-of-positive-risk/> on February 10, 2019.

Risk-based regulation is an approach by a regulatory body like the College, to guide, encourage and even direct those being regulated, for example OTs, to minimize the frequency and severity of client harm.

Risk management is a cyclical approach to decision making for an organization or individual. It involves systematically identifying risks, analyzing those risks, developing a plan to address them and then implementing, monitoring and reviewing the plan, including identifying any additional risks noted throughout the cycle.

Risk management framework is a structured approach or tool used to help an organization or an individual to apply risk management principles. A commonly used framework is illustrated in the Risk Management Cycle that will be described later in the eLearning module.⁵

Let's get started by thinking about how to identify risks in situations from the examples presented in the introduction.

- **An OT obtaining consent for a treatment plan with a non-English speaking client without the use of an interpreter:**
 - The risks to the client include not understanding the OT's role and treatment plan, not being able to provide input into the treatment plan and not receiving the services they need due to the language barrier.
 - The OT is at risk of not meeting professional obligations pertaining to informed consent and client-centred, transparent practice.

- **An OT working in the community who only has experience with an adult population being asked by their manager to also work with a paediatric population:**
 - This is a risky situation for the OT and the paediatric clients as the OT may not be competent to practice with this population.
 - This poses a risk for the organization if the OT is not skilled in providing services to the paediatric population.

- **An OT being asked to perform a controlled act without delegation and additional training.**
 - This is a risky situation for the OT and their clients as the OT may not have the skills, knowledge and judgement to perform this controlled act and has not received any additional training. Furthermore, there is no legal authorization in place for the OT to perform the act.
 - This poses a risk for the organization if the OT is not competent in performing the controlled act and has not received the appropriate training or delegation to do so.

⁵ The term "risk management framework" also has a technical meaning referring to the commitment, mandate, resources, accountability structure, and monitoring offered by the leaders of an organization, like a Board of Directors, to ensuring that risk management principles are applied throughout the entire organization.

Using a Risk Management Framework

A commonly used risk management framework is the Risk Management Cycle which is shown in the following diagram:

Risk Management Cycle



The Risk Management Cycle is the core concept in risk management. It is used to structure the information gathering and analysis required to make an informed decision. It also organizes the process in a logical fashion, each step building on the previous ones. While the five steps cannot be completely isolated from each other, for example at each step of the process additional risks will likely be identified, approaching the process systematically will ensure that full attention is given to each step. The cyclical concept also reinforces the continuous nature of risk management; it is not linear with a beginning and an end.

An Overview of Risk Management

Risk management should be applied to the entire organization, facility, or individual OT's practice. It can also be applied to specific decisions such as a treatment recommendation or determining a safety issue. Whatever the context, risk management applies a consistent approach to any situation.

Let's look at a common risk that OTs may face in their day-to-day practice where applying a risk management framework would be useful. Consider the following scenario.

You are about to attend an appointment with a client. If you leave now, you will be on time. A call comes in and you see on the call display that it is your child's school; the call will likely be important. Your client may be upset if you arrive late for your scheduled appointment.

Even in this simple scenario, you could benefit from applying risk management principles. The first step would be to begin by identifying the risks to your client in delaying your arrival. You would also identify the possible risks to your child and the school if you do not take the call. There could also be some risks to you if you take the call or not.

You would then analyze which risks would cause the greatest harm. Probably the greatest harm to the waiting client would be the impact on the OT-client therapeutic relationship by your late arrival. On the other hand, you may not know the urgency of the matter related to your child without answering the phone; the degree of that risk might be unknown.

The next risk management step is to consider your options to address this situation, which might include:

1. Not answering the call and proceeding to your client visit.
2. Answering the call to analyze its urgency and then determining the relative risk to your client if you delay the visit.

Although there are options to consider, being indecisive, or not making a decision is the same as an unplanned option, or "simply letting it happen". Failing to make a choice before the call goes into voicemail limits your ability to make a conscious decision.

After considering your options, you would make a choice and implement it. You would then gauge the outcome of your choice and perhaps have that experience guide you the next time you face a similar situation.

This simple example illustrates the fundamentals of risk management and makes the point that we already apply risk management principles in our daily lives – sometimes subconsciously, without even realizing it. Awareness of risk management enables an OT to make a considered and planned choice rather than letting unplanned, or unmodifiable risks occur.

Applying the Risk Management Cycle

Identification of Risk

Identifying the risks to an organization or an individual in any given situation is the first step. From a risk management perspective, the worst thing that could happen is that an organization or individual experiences a negative event that is completely unanticipated. It is impossible to plan for that risk. One of the lessons from the Wettlaufer Report about the Ontario nurse who murdered eight of her clients is that organizations, facilities and individuals were unprepared to identify as an actual risk that a health care practitioner might deliberately harm residents of the long-term care homes.⁶

Identifying risks begins with a scan of the environment. The scan can also include consulting with leaders at the organization. Almost every organization has already put some thought into the risks they face and have some measures already in place to address those risks. OTs can review the risk management policies and procedures that are in place at their practice setting.

OTs working in a setting without pre-determined risk management policies and procedures, such as in a private practice could conduct an environmental scan to identify the risks in their practice setting. They could then consult with mentors or sector specific resources such as working groups to determine the risks they may face in practice and develop policies and procedures for their setting.

Depending on if you are working in a clinical role, a management or administrative role, or in an academic setting, a variety of resources can be consulted to identify risks. These can include reviewing:

- Available data such as safety incidents or client complaints
- Any relevant published literature or studies
- College resources such as the website, annual reports, Standards of Practice, and published Discipline Committee decisions
- Resources from other applicable organizations, for example professional associations and insurers

⁶ Honourable Eileen E. Gillese. (2019). Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System. Report, Volume 2 – A Systemic Inquiry into the Offences.

- Applicable legislation
- Relevant newsletters and blogs pertinent to your sector or area of practice
- Information or presentations from conferences pertinent to your sector or area of practice

After the preliminary scan, the next step is to identify and obtain details about risks. Different steps can be taken; these can include:

- Reviewing existing checklists or developing new checklists for the activities of the organization or of an OT's individual practice. For example, safety checklists, cleaning and maintenance checklists for equipment used in practice, or infection control checklists.
- Conducting interviews and workshops with staff and others, such as clients. For example, asking the receptionist what concerns, and complaints are expressed to them by clients and other stakeholders may turn up information that no one else in the organization possesses. Clients may complain to the receptionist that an office door is too heavy, or the waiting area is difficult to access for clients in wheelchairs and so on.
- Reviewing policies and procedures.
- Team approaches, where a facilitator leads a group to identify the risks to the organization and provide additional insights into the nature, causes and consequences of those risks.
- Compliance reviews to see the degree to which policies and procedures are followed, and to determine why they may not be followed and how they may be bypassed. For example, there have been numerous articles about how health care workers bypass the privacy rules at their facilities in order to “get the job done”.⁷
- Inspections to examine the facilities, premises, and equipment used day-to-day.

Types of Risk

Several examples of potential risks have been introduced so far. Now let's consider the broader spectrum of risks to be aware of, in clinical situations and at the organizational level.

Risk Identification for the Clinical OT

In clinical situations, OTs need to examine the risks to the client, to themselves and to other stakeholders. This ensures that the OT has considered as many risks as possible from different perspectives in order to best determine which could cause the most harm.

⁷ Ross Koppela, Sean Smith, Jim Blythe, and Vijay Kothari, “Workarounds to Computer Access in Healthcare Organizations: You Want My Password or a Dead Patient?” *Stud Health Technol Inform.* 2015;208:215-20, draft found at: <https://www.cs.dartmouth.edu/~sws/pubs/ksbk15-draft.pdf>

The College of Physiotherapists of Ontario has developed a risk identification framework which clinical OTs might find useful in helping them to identify various categories, or types of risks to consider. [Click here to view the framework](#). The framework outlines the following types of risks that have been adapted for occupational therapy practice:⁸

Clinical Techniques are risks relating to the technique itself and how it is used. For example, an OT performing transfers, administering standardized testing to a client, or providing treatment for a particular condition.

Environmental risks relate to the physical environment where occupational therapy services are provided. This can be outside of the client care area such as the washroom, hallways, walkways, or steps in a facility/building/client's home/OT's private practice environment. This can also refer to risks inside the client care area such as the surfaces, lighting, waste disposal, workload demands, or availability of resources.

Equipment related risks are those used in the delivery of occupational therapy services. For example, therapy bands and balls, modalities, mobility devices, sensory and fine motor equipment. This category also includes examining the risks pertaining to the maintenance and cleaning of the equipment.

Human risks relate to both the client and the OT. For example, client-related risks include ability to communicate, cognition, balance, stability/complexity of condition, stress, anxiety, pain. OT-related risks include knowledge, skill, judgment, experience and stress level; ability to communicate; ability to apply Standards of Practice; ability to assign and supervise occupational therapist assistants.

Other potential risks include biological, fire, chemical, financial or electrical.

Risk Identification at the Organizational Level

For organizations that oversee the provision of occupational therapy services, tools such as charts and graphs are useful to ensure that all the risks are identified by systematically going through the types or categories of risk. Without such tools, organizations might only focus on one or two types of risk. The most common generic framework used in risk management categorizes the sources of risk into four quadrants as illustrated in the following diagram:

⁸ Used with permission. Retrieved from: <https://www.collegept.org/rules-and-resources/risk-management>. The College of Physiotherapists of Ontario's risk management framework was adapted to incorporate examples from occupational therapy practice.



Hazard risk is a negative outcome involving personnel, property or liability. Examples of hazard risk would include fire and property damage, theft or crime and liability claims.

For example, an OT who provides services to individuals or groups of clients in any setting would identify the contraction of infectious diseases as a hazard risk to the goal of providing safe services.

Similarly, an OT with any client contact would identify boundary crossings as a hazard risk primarily to the client, but also to the OT, as it can result in negative impact to the therapeutic relationship.

Operational risk is the risk of loss from personnel issues, from inadequate processes or systems or from external events affecting operations. Examples of personnel issues include errors and dishonesty by people or the actions of a rogue individual within the setting. Examples of process issues include having inadequate policies and procedures or where individuals depart from them. Examples of systems issues include a failure of technology or equipment, or cyber risk events such as a data breach. Examples of external events affecting operations include utility failures, software changes, or the loss of a supplier.

Financial risk refers to unexpected developments in the financial markets, credit markets or prices of products and services that can have a significant impact on the organization or on an OT. OTs may work in practice areas where abrupt changes in the prices they are able to charge for their services can occur. Client care may be affected if the prices for equipment or home modifications increase and clients cannot afford to implement the OT's recommendations.

Strategic risk refers to external systemic risks that are often outside of the control of the organization or OT. While OTs can sometimes do little to prevent a strategic risk from occurring, they can understand the strategic risks and develop plans to respond to threats or opportunities.

Some examples of strategic risks include, changes to the regulatory environment, such as government restructuring of the sector; changes in government funding; changing workplace

safety requirements or anti-spam legislation and the reputational environment, such as media scrutiny or social media criticisms. Reputational risk is one area where an organization or individual OT can sometimes take proactive measures to reduce the risk.

It is important for organizations and individual OTs to be aware of the types of risks that can occur in occupational therapy day-to-day practice and have a plan in place to manage them.

Consider the following scenario which helps to illustrate **identifying risks**:

You work as an OT in the auto insurance industry and have been treating a client in the community privately for some time. You are contacted by the family of the client who inform you that the client has recently been hospitalized. The family asks you to see the client in the hospital to provide additional OT services privately and assist with discharge planning.

You contact the client and obtain consent to see them at the hospital. During your scheduled visit, the acute care OT asks to speak with you; they believe that there cannot be two OTs treating the same client as it may be seen as a duplication of services.

You are confused about what to do and decide to gather more information. You review the following:

- College resources to see if there are any guidelines pertaining to two OTs treating the same client; You find:
 - The [Essential Competencies of Practice for Occupational Therapists \(2011\)](#) state that an OT:
 - 5.1 Communicates effectively with client, interprofessional team and other stakeholders using client centred principles that address physical, social, cultural or other barriers to communication.
 - 5.4 Collaborates with client, interprofessional team and other stakeholders; and
 - 5.5 Works effectively with client, interprofessional team and other stakeholders to manage professional relationships.
 - The [Code of Ethics \(2011\)](#) states that: An OT promotes respect by applying the principles of - Respect for autonomy. This includes:
 - Recognizing each client's right to make choices for themselves; and
 - Honouring the dignity and worth of each individual.
 - Another applicable principle is collaboration and communication which refers to:
 - Practising as a team member with clients and other professionals.
- You also review the [Guidelines for Working Within Managed Resources \(2018\)](#) which state that an OT should: “ensure that the client understands each provider's scope of practice, role and responsibilities”.

From your information gathering, you identify the following risks:

- The client not receiving the benefits of your private occupational therapy services if you do not provide care, especially if you would be addressing concerns that differ from what was addressed in hospital.
- There may be a loss of rapport with the client if you are unable to resolve the issue with the acute care OT and are not able to provide services they requested.
- There may be differing opinions between you and the acute care OT regarding the client's treatment needs if you are able to provide services in the hospital.
- There could be confusion about your scope and role and that of the acute care OT if you are able to provide services in the hospital.

We will return to this scenario later in the PREP in the section on using a Risk Rating Framework.

Once you have identified the risks, you are now ready to begin the second step of the Risk Management Cycle which is analyzing the risks.

Risk Analysis

This step involves gathering as much information as possible about the nature, causes and consequences of the risk and the existing procedures in place that address the risk. One way to capture your analysis is to create a qualitative risk chart. This may be more practical for OTs who own their own businesses or who are acting in managerial roles. Clinical OTs can also create a qualitative risk chart. They may wish to seek input from others such as a manager, clinical practice leader, mentor or colleague. A qualitative risk chart is just one tool that can be used to analyze risk. OTs may come across other tools that they feel work better in their practice setting.

A qualitative risk chart looks at the severity and impact of a risk, and the likelihood of the risk occurring. Looking at only one of the two components is misleading. For example, only a small proportion of clients obtaining a scooter would ride it on a busy street and an even smaller number of those would be seriously injured. If you only considered it to be unlikely to occur, you would minimize it. However, if the event occurred, the result would be quite severe.

When using a qualitative risk chart, an OT can quantify the severity and impact, as well as the likelihood of each risk on a graph based on historical experience and other quantitative data. However, for many decisions made by OTs in clinical practice, it is not feasible to obtain quantitative data. It may be adequate to simply assign an approximate value to the risk so that an OT can qualitatively identify a general category of the risk and help inform their decision.

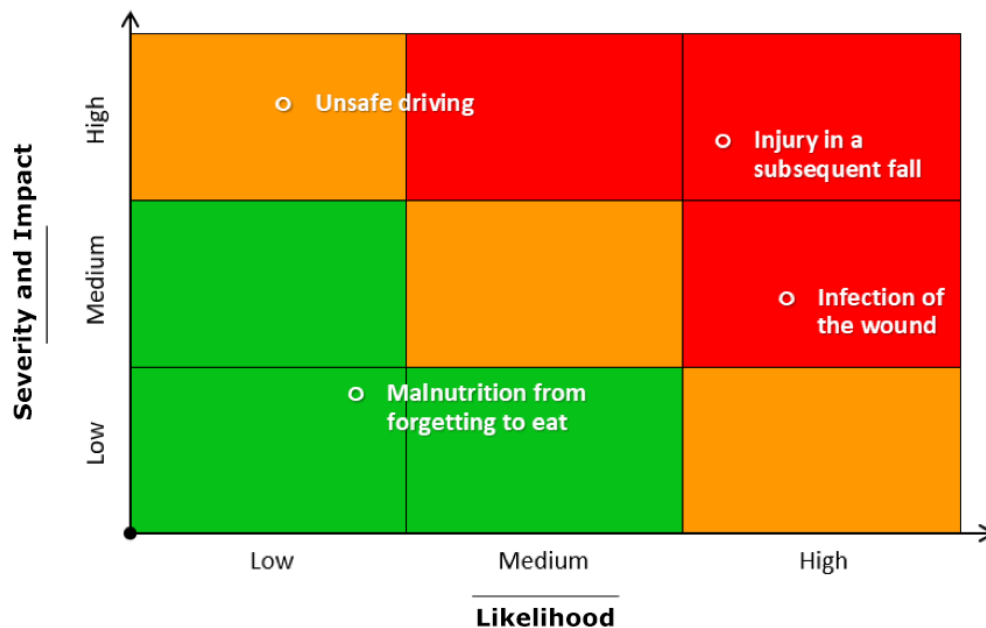
Using a qualitative risk chart to analyze risk is illustrated in the following scenario:

You are assessing a client with cognitive and balance issues secondary to dementia, who is being discharged home from hospital after a fall that resulted in a laceration on their head. You conduct your assessment and identify the following types of risk for this client:

- Infection of the wound
- Injury in a subsequent fall
- Driving without the cognitive ability to do so safely
- Malnutrition by forgetting to eat

After you quantify the severity and impact, as well as likelihood of each risk, you then apply professional judgment, based on the information obtained through the assessment of the client and your experience, to rate the risk. This process will move some risks from the red zone (high risk) into the orange or green zones (medium or low risk). You must initially assess the risks on the assumption that no new measures are being taken to address them. When rating the risks, you can consider the existing measures that are already in place such as the ongoing support of the client by family members. You would then repeat the analysis to see how your proposed methods of addressing the risks have reduced their severity and impact, as well as likelihood and provide a re-rating of each risk.

Qualitative Risk Chart



The colour of the segment helps identify the priority that should be given to addressing the risk.

- Looking at the chart, the greatest risk you might rate is injury from a subsequent fall if the client takes no measures to reduce the risk. The probability of this happening may be high, and the resulting injury could be severe. This risk is rated in the top right corner of

the chart in the red zone as it is high in severity and impact, as well as highly likely to occur.

- The second highest risk, also in the red zone, might be an infection from the wound that could occur quickly and may go unrecognized unless there is a plan in place to monitor the healing of the wound. For the purposes of this scenario we are assuming that home visits by nurses have not yet been arranged. This risk is rated as medium in terms of severity and impact, as well as highly likely to occur.
- The third highest risk might be unsafe driving due to the client's cognitive limitations. However, while the risk of harm is potentially severe, you assess that it is unlikely to occur given the client's family members informed you that they will be driving the client. This risk needs to be addressed, but it is a lower priority than the above two risks because it falls within an orange zone.
- The lowest risk is malnutrition from forgetting to eat. Your assessment is that while this is possible, there are existing supports from family members that make it unlikely that this will occur without being noticed and addressed. This risk falls within the green zone being a low priority to be addressed once the other risks have been addressed.

Using a Risk Rating Framework

Another useful way to analyze risk in occupational therapy practice is by using a Risk Rating Framework to rate the impact of risk and the likelihood of the risk to occur to the client and the OT, in any given situation. This may be a more practical way to analyze risk for clinical OTs and is illustrated in the following diagram:

Risk Rating Framework

High risk

Highly likely to occur and/or severity has a high impact to the client or OT

Moderate risk

Likely to occur and/or severity has a moderate impact to the client or OT

Low risk

Unlikely to occur and/or severity has a low impact to the client or OT

Let's apply the Risk Rating Framework to the earlier scenario where you are a private practice OT working in the auto insurance industry who has been asked to provide services to your client who was admitted to the hospital.

The risks that you initially identified were:

- The client not receiving the benefits of your private occupational therapy services if you do not provide care, especially if you would be addressing concerns that differ from what was addressed in hospital.
- There may be a loss of rapport with the client if you are unable to resolve the issue with the acute care OT and are not able to provide services they requested.
- There may be differing opinions between you and the acute care OT regarding the client's treatment needs if you are able to provide services in the hospital.
- There could be confusion about your scope and role and that of the acute care OT if you are able to provide services in the hospital.

The next step in the Risk Management Cycle is to perform a risk analysis. Let's use the Risk Rating Framework to analyze the risks you had identified:

- *Your client not receiving the benefits of your private occupational therapy services if you do not provide care:*
 - This would be a low impact risk to the client because they are receiving occupational therapy services from the acute care OT at the hospital.
 - This would be a low impact risk to you as your services could be put on hold while the client is in hospital.
 - This risk would be likely to occur as it appears the acute care OT does not believe there can be two OTs seeing the same client while in hospital.
- *There may be a loss of rapport with the client if you are unable to resolve the issue with the acute care OT and provide services:*
 - This would be a high impact risk to both you and your client.
 - This risk would be likely to occur as it appears the acute care OT does not believe there can be two OTs seeing the same client.
- *If you are able to provide services in hospital, there may be differing opinions between you and the acute care OT regarding the client's treatment needs:*
 - This would be a high impact risk to you and your client if there are conflicting messages from two service providers. It could result in uncoordinated care for the client while in hospital and upon discharge from the hospital.
 - This risk would be unlikely to occur as both OTs would be committed to client-centred practice and ensuring the best care for their client.
- *If you are able to provide services in the hospital, there could be confusion about your scope and role and that of the acute care OT:*
 - This would be a high impact risk to the client because they may not share relevant information with both of you. The client may assume that each of you is privy to the same information regarding their care while in hospital and for their discharge home.

- This would be a high impact risk to you in terms of being able to meet your professional obligations and provide quality care, because the client and acute care OT may not share relevant information with you pertaining to the client’s current care and discharge plans. In addition, you may not have direct access to the client’s hospital records in a timely manner.
- This risk would be unlikely to occur as both OTs would communicate with each other and the client to ensure the best care for their client.

We will return to this scenario later in the PREP in the section on Addressing Risks.

Barriers to Risk Analysis

As part of an OT’s risk management practices it is important to consider any barriers that could impact effective analysis of risks. Many of these barriers were discussed in the [2019 PREP on Critical Thinking and Professional Judgement](#).

Barriers to Applying Critical Thinking and Professional Judgement in Occupational Therapy

Unconscious biases	Not engaging in self-reflection	Differing values
Using emotion only to guide decision-making	Not given the relevant information from others	Fear of being wrong
Lack of knowledge / relevant information	Appeal to tradition: “It’s always been done this way”	Lack of resources
Conflicting requirements from organizations, policies, colleagues etc.	Difficulty advocating for the client or OT services	Fear of conflict with others
Confusion about scope of practice	Ignoring instincts	Assuming others are doing it
No-one questioning the decisions made	The unknown: lack of awareness or knowledge about what you don’t know	Not enough time

One primary barrier that could impact effective risk analysis is the assumptions, biases and even prejudices we each have. It is important for OTs to continually evaluate any unconscious bias or cultural insensitivity that could impact their decision making. Similarly, relying on gut instinct is not a form of risk analysis. While there is something to be said for pausing when one’s “gut” says that doing something is wrong, that indicator would only be helpful at the point of initiating the risk management process. Gut reactions are not a substitute for gathering and assessing data. Another barrier to risk management is the tendency to do things the same way

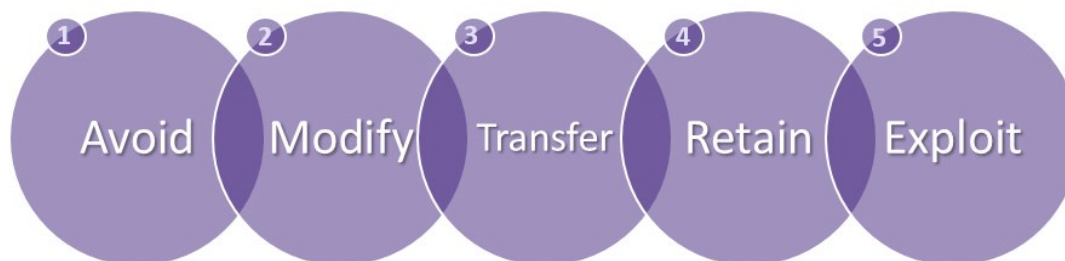
they were done before. While it can certainly apply to an individual OT, this barrier is often seen in an organizational setting where there can be institutional resistance to change. The Risk Management Cycle itself can help overcome these barriers by its reliance on taking action based on evidence and using consultative and collaborative methods to identify, analyze and address risk.

Once you have identified and analyzed the risks, you are now ready to move on to the third step of the Risk Management Cycle which is addressing the risks.

Addressing Risk

This step involves making decisions and creating a plan for addressing the identified risks. There are five common techniques that can be used for addressing risk.

Techniques for Addressing Risk



Avoiding a risk means taking steps to not be exposed to a particular risk. For example, an OT who is reluctant to fabricate splints may choose not to work on an orthopaedic floor in a hospital. An OT being asked by their manager to perform an activity that they do not have the skills, knowledge and judgement to perform would need to be transparent with their manager and discuss why they are choosing not to perform the activity.

Modifying a risk means taking steps to reduce either the likelihood or the severity of the risk, or both to a tolerable level. This is likely the most commonly used technique. For example, in cases of protecting client information, the following modifications might be considered:

- Instituting privacy safeguards such as locking paper files in a cabinet or installing anti-virus programs for electronic records
- Establishing policies and procedures such as using encryption when communicating with clients or limiting the use of email communications to non-clinical topics
- Hiring experts, for example, having a privacy lawyer review your related policies and procedures
- Crisis management provisions such as having a written policy on how to respond to a privacy breach

It can be helpful to use tools developed by other organizations or individuals in similar practice settings/roles, if you are permitted to, so you do not have to “re-invent the wheel”. You could also consider networking with other OTs who are in a similar industry or creating an informal peer support arrangement where you can meet and share about current issues and helpful resources.

Transferring a risk means entering into an arrangement that shares the consequences of the risk with others. The most common example of transferring risk is to purchase insurance, if it is available, to cover the financial impact of a loss. Sometimes aspects of the risk can be shared with partners. For example, an OT could hire a reputable file or data storage company that has strict security measures to store their data or files.

Retaining a risk means accepting that the existing risk is at a tolerable level so that any other techniques to address the risk are unnecessary. For example, for many organizations and individuals, the potential for a temporary electrical power outage does not require any plan such as buying a generator or having an alternative physical location. Insurance deductibles and exclusions are another example of a retained risk. Retaining risk often occurs where the risk is highly likely to occur, and the severity of the risk is low.

Exploiting a risk means taking advantage of it in a positive way to benefit yourself and others. For example, an OT who has a client with a unique physical challenge in their activities of daily living may spend a lot of time inventing an adaptive tool that can then be marketed and sold to other clients.

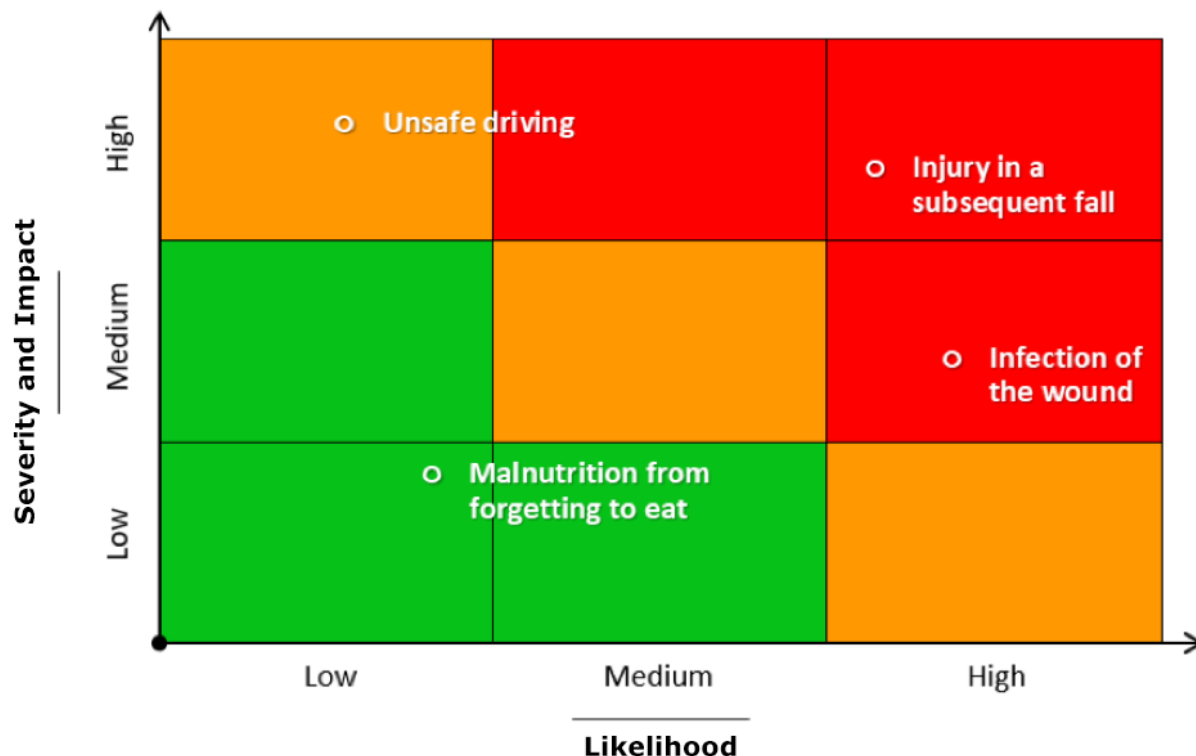
Creating a Plan to Address Risk

Techniques used to address risk, can be combined. For example, to address the risk of clients cancelling appointments at the last minute, the plan could involve making appointment reminder calls (*modifying the risk*), charging a late cancellation fee (*modifying the risk*), initiating a process to discharge the client (*avoiding the risk*), and tolerating the loss of productive time (*retaining the risk*).

Creating a plan to address risk involves analyzing the various options and considering the potential implications of each option. Documenting the plan in writing, including appropriate policies and procedures, ensures consistent practices for similar situations and acts to minimize potential risk in the future. Many larger organizations, such as the College, have a written risk register which identifies each risk, attributes a value or priority to the risk, specifies the plan for that risk, assigns responsibility for the implementation of the plan, states how the effectiveness of the plan will be measured, and sets out the latest date at which that risk will be addressed. While some organizations and individual OTs may not have a formal risk register, they may have written policies and procedures addressing the most frequent and severe risks faced in their practice.

When addressing risk, you can revisit the Qualitative Risk Chart to see if your proposed plan shifts the rating of the risk to a more beneficial section of the chart. The ideal situation is to shift a negative risk making it unlikely to occur and with a low severity and impact (situating the risk in the green section of the chart).

Let's return to the previous scenario which used the Qualitative Risk Chart for the OT assessing the client being discharged from hospital after a fall.

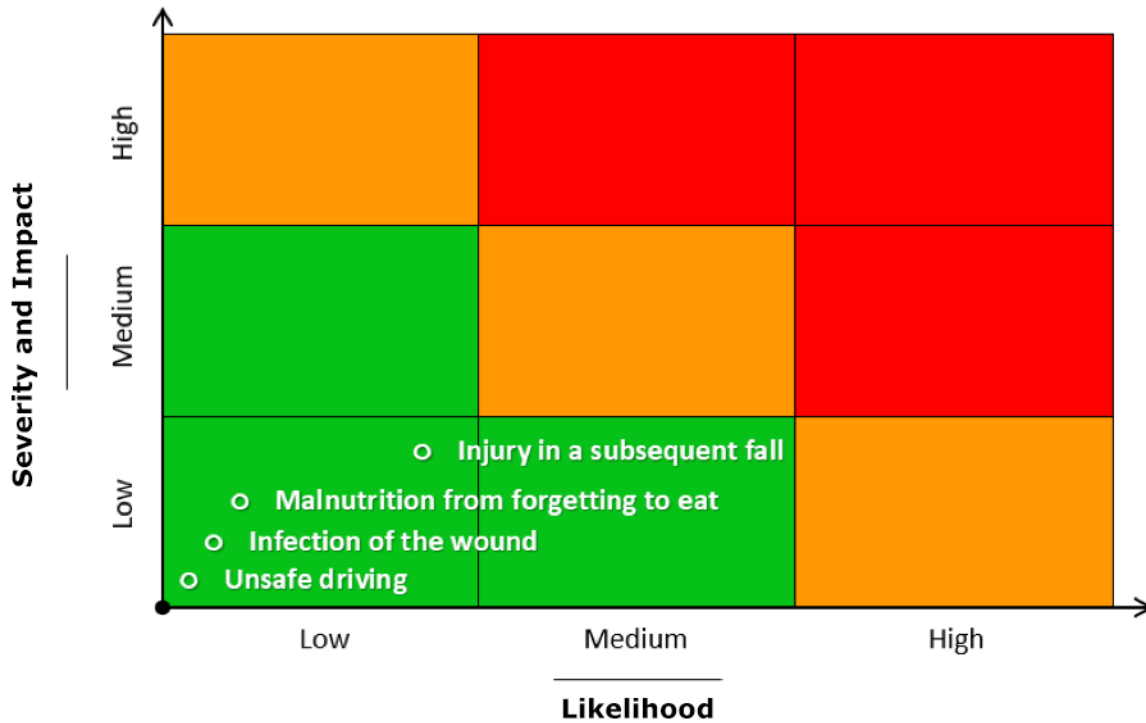


The following steps to address the identified risks might alter the chart as follows:

- Infection of the wound could be addressed by involving a homecare nurse to inspect and change the dressing.
- Injury resulting from a subsequent fall could be addressed by recommending a suitable mobility aid and footwear, providing the client with education and training on its use speaking to family members to encourage the client to use the aid regularly, and performing an environmental scan of the environment to check for safety hazards.
- Driving without the cognitive ability to do so safely could be addressed by organizing a driving assessment with the client and having transparent conversations with the client and family members (with consent) about the risk with continued driving; the OT could recommend community transportation options to the client to replace driving.

- Malnutrition caused by forgetting to eat could be addressed by assisting the client to sign up for a meals-on-wheels program or providing the information about the program to the client’s family member.

Qualitative Risk Chart



As the chart now shows, after applying techniques to address the risks and then re-rating them, all risks are in the green level with the greatest risk being injury from a subsequent fall, particularly if the client does not use their mobility aid at all times.

In every situation, risks to all stakeholders should be considered - for example the client, the OT, the family members and other stakeholders, even if the intent of the process is to primarily address one audience – in this case the client.

Continuing with the scenario where you are the private practice OT and your client has been admitted to the hospital, you review the risks you previously identified and generate the following ideas to address them:

- Advise the client that you are not certain if two OTs can work with the same client in acute care and therefore you are unable to provide services until they are discharged from the hospital. (In this example you would be addressing the risk using the **avoid** option).

- Proceed with seeing the client in hospital as they have requested your services. Disregard the acute care OT's concerns in order to remain client centred. (In this example you would be addressing the risk using the **retain** option).
- Request to speak to the hospital OT's supervisor and ask them to decide whether you can see the client in hospital. (In this example you would be addressing the risk using the **transfer** option).
- Engage the acute care OT in further discussion regarding their reasoning for believing two OTs cannot work with the same client. Suggest a communication plan between the client and the two OTs to ensure optimal client care. Discuss the plan with the client and obtain informed consent. Obtain hospital clearance to offer services in their facility by speaking to the hospital OT's supervisor. (In this example you would be addressing the risk using the **modify** option.).

Having considered the options, we will return to this scenario later in the PREP in the next section on Implementing Your Plan, Monitoring, and Reviewing Risks.

Implementing Your Plan, Monitoring and Reviewing How Risks are Addressed

Once you engage in the first three steps of the Risk Management Cycle – identifying risks, analyzing risks, and addressing risks – you are then ready to select and implement the best option which poses the least risk to all involved. You would then develop a plan that includes a written list of actions in a logical sequence, including anyone who may be impacted by those actions. It can also be useful to note completion dates.

Continuing the scenario where you are a private practice OT whose client has been admitted to the hospital, you choose to speak to the acute care OT to further discuss their reasoning. The acute care OT states that they have never had a private OT work with one of their clients in hospital. You inquire if you can meet with the OT and their supervisor. Following the meeting, it is determined that there are no concerns with you seeing the client privately in hospital. You formulate a plan, which includes:

- Discussing the treatment plan with the client and obtaining informed consent
- Clarifying your scope of practice with the client in terms of what you will address while they are in hospital
- Setting up a communication plan between you, the client, and the acute care OT to ensure relevant information is shared and to prevent duplication of services
- Ensuring the plan is documented
- Coordinating your treatment schedule so it does not interfere with the client's hospital treatment

You continue to provide treatment to the client while they are in hospital. When they are ready to be discharged home, you work collaboratively with the acute care OT to

develop a transition plan for the client. The client returns home safely with equipment and supports in place. You continue to see the client privately in the community.

When reviewing the identified risks, you realize that this situation could occur with your other clients in the community and with future clients. You decide to develop a one-page document to provide to current and future clients that informs them of the process that you will follow if they are admitted to the hospital and wish to continue with private services. You share this document with your OT colleagues.

Once you have completed the Risk Management Cycle, you continue to monitor the occurrence of clients on your caseload being admitted to the hospital.

Since risk management is a cycle, the implementation plan should contain a component where new information is identified and considered. This is referred to as the monitoring and reviewing step. As part of this step, you are considering what is working and what is not working early in the process. Thought should be given to how the effectiveness of the plan can be measured. You should consider how the collection of certain data would be helpful. For example, how many times has the risk repeated itself since you implemented your plan? Measurement tools such as surveys or checklists may have to be developed as part of the implementation plan. It is important to note any unexpected consequences of the plan and any emerging risks that have not yet been identified. The Risk Management Cycle will then be repeated incorporating new learnings and information.

Before you begin the Reflective Practice Exercise, here is one final scenario that illustrates the entire Risk Management Cycle.

Sam is a community-based OT with experience in providing services to help adults age in place at home. Sam observes that many clients approaching retirement are concerned their cognitive abilities will decline rapidly once they stop working. Sam has connections with people who offer “retirement planning” programs and would like to propose to conduct workshops about maintaining cognitive function and preventing the onset of dementia through a combination of mental and physical activities and dietary recommendations. Sam believes a presentation by an OT will be well received and will even be remunerative.

Identify Risk

Sam reviews several College resources and considers the following:

- [The Standards for the Prevention and Management of Conflict of Interest \(2012\)](#):
 - Standard 6 notes that: The occupational therapist will avoid self-referral when there is a potential, perceived or actual financial benefit, unless alternative options are not in the best interest of the client or the client is at risk of not receiving the services.

- In this situation, Sam should not self-refer his own clients to the workshops. His colleagues who offer the retirement planning programs should be the ones to advertise the workshop and recruit potential attendees.
- [The Standards for Consent \(2017\)](#):
 - Standard 2 notes that: The OT will ensure informed consent is obtained from the client or substitute decision-maker (SDM) at the start and throughout service delivery.
 - Although Sam is not providing individual recommendations to the attendees of the workshop and is not entering into a therapeutic relationship with them, he still has a professional obligation to ensure that he has obtained consent. He can explain the purpose and objectives of the workshop to the attendees and answer any questions they may have. If attendees choose to stay and attend the workshop, this would imply their consent. Sam would maintain an attendance list for each session of his workshop.

In addition to reviewing College resources Sam gathers information by considering the following questions:

- If Sam uses his OT title to market the workshops, would the attendees view themselves as his clients?
- Could the content of his presentation be viewed as providing “expert advice”?
- If Sam provides dietary recommendations, could this be viewed as being outside his scope of practice?

After reviewing the appropriate resources and consulting the Practice Resource Service at the College, Sam identifies the following:

- He will have a professional relationship with the attendees of the workshop. While that relationship may not necessarily be clinical in nature, professional standards such as confidentiality, conflict of interest, and professional boundaries will still apply.
- The attendees could view the content of his presentation as “expert advice”. Sam realizes he will have to clearly communicate his role and the purpose of the workshop to the participants.
- Sam realizes that providing dietary recommendations to attendees could be seen as outside of his scope of practice. Although Sam likes to exercise and eat healthy, he does not have formal education or training in nutrition. If he provides dietary recommendations, it would be providing his own advice to attendees through his lens and would not be considered evidence-based.

Sam identifies the following risks of providing workshops to adults to maintain cognitive function and prevent the onset of dementia:

- ***Risks to Attendees include:***

- Potential for confusion over Sam’s role. Attendees may assume that he is providing a clinical service rather than simply providing general information and may therefore avoid obtaining an individualized assessment of symptoms of a cognitive illness based on “reassurances” received at the workshop.
- Attendees may not find the workshop useful.
- **Risks to Sam include:**
 - Not clearly communicating his role and scope to attendees. Attendees may not understand that he is only providing general information as opposed to providing direct therapy or individual recommendations.
 - He could fail to meet professional expectations and obligations given the informality of the workshops, such as taking attendance, keeping a record of the workshop outline and content, and maintaining documentation.
 - There is reputational risk if the workshop is not found to be useful by the attendees.
- **Risks to Stakeholders include:**
 - Financial or reputational risk to the workshop organizer who books Sam for the workshops - if they are not well received.

Analyze Risk

Using the Risk Rating Framework, Sam rates the identified risks:

High risk

Highly likely to occur and/or severity has a high impact to the client or OT

Moderate risk

Likely to occur and/or severity has a moderate impact to the client or OT

Low risk

Unlikely to occur and/or severity has a low impact to the client or OT

Identified Risk	Risk Rating to Client and OT
There is risk of confusion over Sam’s role if attendees assume he is providing a clinical service rather than providing general information. As a	<ul style="list-style-type: none">• This would be a high impact risk to the attendees if they view Sam as an “expert” and view what he is saying as “prescriptive” because they are at risk for deterioration of symptoms.

result, they may avoid obtaining an individualized assessment.

- This would be a high impact risk to Sam as he could be seen as not meeting his professional obligations as a result of miscommunication about his role and misconstruing the information provided in the workshop.
- This risk would be unlikely to occur as Sam would implement strategies to appropriately communicate his role and scope.

There is risk of Sam's workshop not meeting professional expectations and obligations.

- This would be a high impact risk to Sam if he is not following the required professional expectations as outlined in the Standards of Practice.
- This would be a high impact risk to the attendees as they are not in a formal therapeutic relationship with Sam.
- This risk would be unlikely to occur as Sam has already reviewed the Standards of Practice and is aware of his professional expectations and obligations.

There is risk that the attendees do not find the workshop useful or engaging.

- This would be a moderate impact risk to Sam as it could impact his confidence and reputation.
 - This would be a low impact risk to attendees because although they may be disappointed with the information provided, their overall health and well-being are not negatively impacted.
 - This risk would be unlikely to occur as Sam has extensive knowledge about the topic.
-

Address Risk

Before making a decision, Sam considers options for addressing the identified risks:

Avoid: change your circumstances so you are not exposed to a particular risk

Modify: apply a strategy that will reduce the likelihood or severity of the risk (or both) to a tolerable level

Transfer: enter into an arrangement that shares the consequences of the risk with others

Retain: accept that the risk is at a tolerable level, so you do not need to apply any other risk treatment technique

Exploit: take advantage of a positive risk (otherwise called an opportunity)

For his next steps, Sam considers the options for addressing the identified risks. He could:

- Decide not to proceed with the workshops (**avoid**).
- Decide to proceed with the workshops, not self-refer attendees, and have his colleague who engages in retirement planning oversee the advertising and recruiting of attendees (**modify**).
- Decide to proceed with the workshops, not self-refer attendees, have his colleague who engages in retirement planning oversee the advertising and recruiting of attendees, and remove the information about dietary recommendations as he realizes that it could be outside of his scope of practice (**modify**).
- Decide to proceed with the workshops, not self-refer attendees, have his colleague who engages in retirement planning oversee the advertising and recruiting of attendees, remove the information about dietary recommendations as he realizes that it could be outside of his scope of practice, and explicitly communicate to the attendees that his role is that of an information provider and not a provider of specific individualized clinical services (**modify**).

Implement the Plan

After careful consideration, Sam decides to proceed with the workshops. He implements the following plan to address the identified risks:

- Sam develops a written plan for conducting his workshops with deadlines for each action. He includes a section where he can record any incidents or unusual events that may occur during his workshops.
- He then creates a script that outlines all the important information to convey to attendees at the beginning of the workshop. For example, consent, the format of the workshop, and that the information he is providing does not constitute individualized recommendations for the attendees.
- Sam includes a “disclosure” slide to display at the beginning of his presentation outlining his role as that of an information provider and not a provider of clinical services. The slide also states that the workshop is not a substitute for obtaining a diagnosis of any symptoms and encourages attendees to obtain advice from a qualified health care practitioner.
- Sam speaks to his colleague who organizes the retirement planning programs to discuss how the workshops will be promoted and advertised. He informs his colleague that the advertising should not imply he is providing clinical services or individualized recommendations and advice.

Monitor and Review Risk

- To document the content of his workshops, Sam creates a binder containing copies of the workshop materials including an outline of the sessions and the handouts that he will provide to attendees.
- As he is implementing his workshops, Sam records the time spent preparing, travelling and presenting the materials.
- He generates an attendance register for each workshop session and ensures storage of attendee's names in a confidential manner.
- Sam provides an evaluation form for attendees to complete containing questions about how the presentation could be improved, whether any information was confusing, and questions about his role as a way to determine if there could be potential for misinterpretation or a boundary crossing.

After every presentation Sam reviews the feedback from the evaluation forms and edits the written and verbal presentation to improve it.

By following the steps of the Risk Management Cycle, Sam is able to mitigate risks and maintain professionalism, while also fulfilling a need of community members who are nearing retirement.

How the College Minimizes Risk Through its Four Program Areas

Like many organizations, the College applies risk management to its functions and operations. The main risk management focus of the College is protecting the public by doing all that it can to ensure that OTs provide safe, competent and ethical services. The College gathers information about risks from numerous sources including:

- Calling on the experience and expertise of its Council and committee members.
- Participating in organizations including the Health Profession Regulators of Ontario (previously the: Federation of Health Regulatory Colleges of Ontario) and the Association of Canadian Occupational Therapy Regulatory Organizations where regulatory risk is a frequent topic of conversation.
- Attending conferences, presentations and workshops for regulators.
- Communicating regularly with other regulators.
- Reviewing articles, newsletters and blogs pertaining to professional regulation.

- Conducting consultations with the profession and the public.

As a result of the College's risk analysis it believes that it can be most effective at enhancing the professional conduct of OTs, by using various complementary regulatory approaches. These regulatory approaches are administered through the four program areas of the College: Registration, Practice Resource Service, Quality Assurance and Investigations and Resolutions.

The Four Program Areas of the College

The **Registration program** minimizes risk to the public by ensuring that all OTs who are permitted to register with the College meet educational qualifications, including those from international programs, that confirm the Essential Competencies of occupational therapy have been taught. Applicants must demonstrate they have learned those competencies through an examination process. Applicants must declare any criminal or unprofessional behaviour from their past. The Registration program also manages annual renewal of OTs already registered with the College, including reviewing any reports of criminal or unprofessional charges, allegations or findings.

The **Practice Resource Service** protects the public by providing OTs with tools and assistance to address the more challenging issues that arise in practice and that could negatively impact client care. Professional standards and guidelines are developed to provide OTs with ongoing references and support. Additionally, the Practice Resource Service publishes cases and FAQs to highlight relevant issues in OT practice and to encourage OTs to consistently engage in conscious decision-making in practice. Members of the public also contact the Practice Resource Service to gain information about the services they can expect to receive from an occupational therapist.

The **Quality Assurance (QA) program** reduces risk to the public through proactive measures impacting all registered OTs, regardless of their practice setting. As part of the QA program OTs are required to reflect on their practice, engage in education (this PREP) and set professional development goals to ensure they are meeting the Essential Competencies of Practice and addressing any gaps in skills, knowledge or judgement. The College monitors OTs' participation in the QA program and refers OTs who have been identified as having gaps in competence to the Quality Assurance Committee (QAC). The QAC makes decisions which requires OTs to demonstrate improvements in practice to ensure they provide safe, effective, quality care to their clients.

The **Investigations and Resolutions program** protects the public by investigating individual complaints or concerns and responding appropriately to them. For example, when considering a complaint, the College's Inquiries, Complaints and Reports Committee (ICRC) uses a risk assessment framework to ensure that public protection guides their decision-making. This framework considers whether there is sufficient information to address the risks raised by the complaint. Then a list of regulatory responses to the concerns or complaint are considered. These

responses vary from least serious – take no action, to moderately serious – requiring the OT to participate in remedial action such as education, to most serious – disciplinary action. Generally, discipline is reserved for cases in which the ICRC has determined that the public cannot be protected by a less significant intervention.

Here is an example of how the College minimizes risk to the public through its four program areas.

College Risk Management Scenario

Jordan moves to Ontario after practicing as an OT in the United States (US). A former client in the US files a complaint with the State Regulatory Board stating that Jordan failed to provide continuity of care and transferred their clinical record without consent. Since Jordan no longer wishes to practise in the US state, she sends a letter to the Board resigning her membership and explaining that the client was referred to a colleague, and their clinical record was also transferred to the same colleague with notice provided to the client. Jordan hears nothing more. On the annual renewal form, as part of the College's Registration program, Jordan does not declare the complaint.

The College later receives notification from the state Board that Jordan has been disciplined for the complaint and, since she did not appear at the hearing, she was found to have engaged in professional misconduct and was suspended until the client's clinical record is returned to the client. As part of the College's Investigations and Resolutions program, Jordan is notified by the College that she is being investigated for both the conduct found by the state Board and for having failed to declare the proceedings on her annual renewal form. Jordan responds that she did not receive notice of the hearing before the state Board, likely because it no longer had her current address. Jordan produces the letter to the client notifying them that she was closing her practice and referring the client to a colleague along with the client's clinical record. Jordan also produces a letter from her colleague indicating that they did receive the client's clinical record and they were awaiting contact from the client.

The Investigations Complaints and Reports Committee (ICRC) is of the view that Jordan could have done more when closing her practice in the US to ensure that the client had actual notice of the referral and the transfer of their clinical record. The ICRC is also of the view that Jordan should have followed up with the state Board about the progress of the complaint. They note that it is Jordan's responsibility to follow up on the status of the complaint made in the previous jurisdiction before applying to a new jurisdiction. The ICRC issues Jordan an oral caution that will be noted on the Public Register.

After Jordan receives the oral caution, she wants to ensure this will not happen again and that ongoing care is provided to any of her future clients once she discontinues services with them. Jordan calls the College's Practice Resource Service for guidance and the Practice Consultant walks Jordan through the [Standards for Record Keeping \(2016\)](#) and the [Guide to Discontinuation of Services \(2014\)](#) to assist her in developing an action plan.

When completing her Self-Assessment, Jordan reconsiders her experience and thinks about how things could have been handled differently. While Jordan experienced many stressful emotions throughout the process, she realized in the rush to move to Ontario she had not sufficiently considered the interests and perspective of clients. Jordan decides to learn more about client-centred practice and records her goals, activities and learnings in her Professional Development Plan.

This scenario illustrates how the College uses risk-based regulation through its four program areas in relation to its dealings with clinical OTs. As a result of the OT's involvement in these four program areas, they are less likely to engage in similar actions in the future. Participating in the College's QA program can further the OT's learning and improve the quality of their practice and the care they provide to clients.

The scenario also illustrates the importance of OTs fully engaging in College processes including:

- Registering on time each year
- Carrying liability insurance
- Updating information on their profile within 30 days
- Completing annual mandatory Quality Assurance requirements
- Remaining current with practice Standards and Guidelines
- Opening and responding to emails from the College in a timely manner

Failing to engage in College processes can not only affect the outcomes for clients, but can have significant personal risks to OTs, in this case, even after leaving their practice from one jurisdiction to another.

Now, let's apply your knowledge of how to manage risk in occupational therapy practice to the Reflective Practice Exercise.

Reflective Practice Exercise

Each of these scenarios will help you apply the steps of the Risk Management Cycle, and then make a decision that will lead to the best outcomes for your clients and for you as the OT. The Risk Management Cycle should be repeated to identify and manage risks to lead to positive outcomes for other stakeholders as well.

Scenario 1

You are working at a hospital in the outpatient department where there is a set number of occupational therapy sessions depending on the client's reason for referral. You have informed clients about the service delivery model and the number of visits they will receive, upfront.

You have a small private practice in your home. A few clients who are approaching discharge express that they would like to have additional occupational therapy sessions to address new goals. You have not disclosed that you have a private practice, however some of your clients inquire if you would be able to continue providing occupational therapy services following their discharge from the hospital. You reflect on whether you can see them privately. Factoring into your decision is that you already know the clients well and private sessions would allow for continuity of care.

You apply the Risk Management Cycle to determine how to respond to your clients:

Identify Risk

You begin by reviewing several College resources to identify the risks. You note the following:

According to the [Standards for the Prevention and Management of Conflict of Interest \(2012\)](#):

- Standard 1: an OT will reflect upon and recognize:
 - 1.2.1 Activities which affect their ability to be impartial and neutral in the client-therapist relationship; and
 - 1.2.2 Whether there is any benefit to the occupational therapist, directly or indirectly, that could affect their professional judgement.
- Standard 6: The occupational therapist will avoid self-referral when there is a potential, perceived or actual financial benefit, unless alternative options are not in the best interest of the client or the client is at risk of not receiving the services.
- The [Code of Ethics \(2011\)](#) describes the principles of client-centred practice and autonomy. In this scenario, the clients have a right to pay for private occupational therapy services and to choose a provider. The Code of Ethics also outlines the principle of transparency; in this situation this means informing clients about options for private occupational therapy services in the community.

In addition to reviewing College resources you gather information by considering the following questions:

- Does my hospital employer know I have a private practice?
- Have I checked with my employer to determine if there are any hospital policies or provisions in my employment contract that would not allow me to see the hospital clients privately?

After reviewing the appropriate resources and consulting with various team members, you identify the following:

- Yes, your hospital employer is aware of your private practice.
- You have checked with your employer and there are no hospital policies or provisions in your employment contract that prevent you from taking on hospital clients privately provided it is following their discharge from the hospital.

You identify the following risks of offering to provide private occupational therapy services to the hospital clients:

- **Risks to the Client include:**
 - Potential increased risk of boundary crossing if the client is now being seen in the OT's home
 - Limitations in the amount of private services that the client may be able to afford
 - Variations in treatment from hospital to private practice, for example, variations in resources and equipment; this may also impact the client's understanding and expectations of occupational therapy services
- **Risks to the OT include:**
 - Entering into a conflict of interest if you are self-referring the client to your private practice
 - Potential increased risk of boundary crossing if the client is seen in your home-based private practice
- **Risks to Stakeholders include:**
 - The hospital may risk losing you as their OT provider if your private OT practice gets busier

Analyze Risk

Using the Risk Rating Framework, you rate the identified risks of offering to provide private occupational therapy services to the hospital clients:

High risk

Highly likely to occur and/or severity has a high impact to the client or OT

Moderate risk

Likely to occur and/or severity has a moderate impact to the client or OT

Low risk

Unlikely to occur and/or severity has a low impact to the client or OT

Identified Risk	Risk Rating to Client and OT
There is risk of conflict of interest if you are self-referring hospital clients to your private practice.	<ul style="list-style-type: none">• This is a high impact risk to you and your clients if you do not adhere to your professional obligations and Standards of Practice and if you

	<p>do not recognize that you are entering into a conflict of interest.</p> <ul style="list-style-type: none">• This risk would be unlikely to occur as you are carefully reviewing Standards of Practice and ensuring you are proceeding appropriately.
<p>There is risk that there will be limitations in the amount of private services the client may be able to afford.</p>	<ul style="list-style-type: none">• This is a low impact risk to clients because they will have received their set number of sessions in the hospital. The private sessions would be viewed as supplementary.• This is a low impact risk to you since you would inform clients about the fees for your private services and the clients would decide if they wish to proceed.• This risk would be unlikely to occur because if you were to offer private services you would be upfront and transparent about your fees.
<p>There is risk that there will be variations in treatment between the hospital and your private home-based practice.</p>	<ul style="list-style-type: none">• This is a low impact risk to you and your clients as the clients would still be receiving services. The risk could be further minimized by communicating the differences and managing client expectations prior to initiating private services.• This risk would be highly likely to occur given the differences in resources between the hospital and your private practice.
<p>There is risk of potential for boundary crossing if hospital clients are seen in your private home-based practice.</p>	<ul style="list-style-type: none">• This is a high impact risk to you and your clients if it occurs because it affects the therapeutic relationship and client's well being.• This risk would be likely to occur because of the clients' existing rapport with you, however you can implement strategies to minimize this risk, such as communicating expectations and reinforcing boundaries.

Address Risk

Before making a decision, consider your options for addressing the risks in this scenario.

Avoid: change your circumstances so you are not exposed to a particular risk

Modify: apply a strategy that will reduce the likelihood or severity of the risk (or both) to a tolerable level

Transfer: enter into an arrangement that shares the consequences of the risk with others

Retain: accept that the risk is at a tolerable level, so you do not need to apply any other risk treatment technique

Exploit: take advantage of a positive risk (otherwise called an opportunity)

For your next steps, you identify the following options:

- (a) You could choose to offer private services to your hospital clients. You would provide your business card, contact information and outline your fees. You would not provide them with a list of service providers in the community. *In this example you would be addressing risk using the **exploit** option.*
- (b) You could choose not to offer private services to your hospital clients recognizing that it will place you in a conflict of interest. You would discuss their upcoming discharge, provide a list of other private OTs in the community and document the discussion. *In this example you would be addressing risk using the **avoid** option.*
- (c) You could choose to offer private services to your hospital clients. You would provide your business card, contact information and outline your fees. You would also provide a list of other service providers in the community. *In this example you would be addressing risk using the **modify** option.*

Implement the Plan

Please select the option you feel would pose the lowest risk to your clients and you.

Rationale:

If you chose option (b) **not to offer private services to your hospital clients recognizing that it will place you in a conflict of interest, discuss their upcoming discharge, provide a list of other private OTs in the community and document the discussion – good choice.** This option poses the lowest overall risk to your clients and you. By informing your hospital clients that you are not able to see them privately you are managing a potential conflict of interest related to self-referral in your practice. You reflect that while you have a private practice, it is best not to treat your hospital clients privately as you have a prior relationship with them. Additionally, it may place you at a higher risk for a potential boundary crossing given the fact that services with previous clients would now be provided in your home. Providing a list of private OTs in the community ensures you are meeting professional obligations related to discontinuation of services.

Note: In some situations, such as when you are the only OT in a geographical area who offers a particular service, and there are no other OTs to refer a client to, you would need to weigh the risks of providing the service to the client versus the risks of not providing the service.

Option (a) - you could choose to offer private services to your hospital clients, provide your business card, contact information and outline your fees, and not provide them with a list of service providers in the community – *is not the most appropriate option*. You would not select this option because self-referring clients to your private practice and not providing other options to the hospital clients is unethical and would place you in a conflict of interest.

Option (c) - you could choose to offer private services to your hospital clients, provide your business card, contact information and outline your fees, as well as provide a list of other service providers in the community – *is not the most appropriate option*. You would not select this option because self-referring would place you in a conflict of interest. Although you are providing a list of other private OTs in the community, that does not negate the fact that you are entering into a conflict of interest. Although your hospital does not have a policy against seeing clients privately once they are discharged, your professional standards indicate otherwise.

Monitor and Review

You reached a decision not to offer private services to your hospital clients.

In reflecting on this decision, you determine that you will also implement the following changes in your practice:

- Review the Code of Ethics and the Standards for the Prevention and Management of Conflict of Interest on a more frequent basis.

Using the Risk Management Cycle in this scenario helped you to identify the best course of action. This framework can be used on an ongoing basis to evaluate your decisions to ensure safe client outcomes and minimize the likelihood of future risks.

Scenario 2

You are working in school health with a five-year old child who has sensory processing difficulties. The child's parents inform you that they were researching sensory modalities on the Internet. They insist that you make a recommendation to the child's school for a weighted vest to be worn at all times while the child is in school. The child's parents feel that wearing the weighted vest all day will allow the child to focus better in school. You are uncomfortable with the request as you have not assessed if the child would benefit from a weighted vest. Based on your experience, you have concerns about a child wearing a weighted vest all day as it could cause musculoskeletal injury. Additionally, given the complexities and demands of a busy school environment, school staff may not have the ability to provide all day monitoring and supervision.

The child's parents leave you numerous voice messages stating that they have spoken to the school and staff are agreeable to trial the weighted vest with the child, however, they are awaiting your recommendation so it can be ordered. The parents request that you complete your equipment recommendation and submit it to the school as soon as possible.

You apply the Risk Management Cycle to determine how to respond to the child's parents:

Identify Risk

To identify the risks, you begin by reviewing several College resources.

According to the [Standards for Occupational Therapy Assessments \(2013\)](#), an “assessment is an ongoing, fluid process throughout service delivery”.

- Indicator (Clinical Reasoning) 3.B.1 states that an OT will:
 - “Analyse all relevant information collected about the client using logic, rationale, and a balance of subjective and objective information as a basis for clinical reasoning.”
 - In this situation, you determine that you need to assess the suitability of a weighted vest as a possible treatment option, in conjunction with, or in place of other intervention options before you can decide if you should complete an equipment recommendation.

- The [Essential Competencies of Practice for Occupational Therapists \(2011\)](#) state that an OT:
 - 2.1.5 Synthesizes and analyzes the information to inform occupational therapy service; and
 - 7.4.3 Demonstrates situational awareness by continually observing the whole environment, thinking ahead, and reviewing potential options and consequences.
 - In this situation, based on your experience with weighted vests, you anticipate potential safety risks and consequences if the child wears it all day in school.

- The [Code of Ethics \(2011\)](#) speaks to the principles of client-centred practice, respect for autonomy, and collaboration and communication:
 - Client-centred practice: recognizes that clients are diverse, and that each client is an individual.
 - Respect for autonomy: recognizes each client's right to make choices for him or herself; and
 - Collaboration and communication: means practising as a team member with clients and other professionals.
 - In this scenario, the child's parents have a right to make suggestions relating to their child's treatment. It is the OT's responsibility to acknowledge and work collaboratively with the child's parents to determine what treatment interventions would best meet the child's needs.

In addition to reviewing College resources you gather information by considering the following questions:

- Does the schoolboard have policies and procedures for teachers provision of personal equipment?
- Do the child's teachers have experience, training and a level of comfort with using weighted vests?
- Are there health-related contraindications for this child to wear a weighted vest? For example, back or neck weakness, balance or coordination issues, or a heart condition?
- What does the research evidence say about the safety and efficacy of recommending weighted vests for all day use with children with sensory processing difficulties?

After reviewing the appropriate resources and consulting various team members, you identify the following:

- Yes, the schoolboard has policies and procedures for student specialized equipment, which is included in the student's individualized education plan (IEP) and must reflect the need for the equipment and instructions for its use.
- The child's teachers do have experience and comfort with past students wearing weighted vests in the classroom, but not with all-day use.
- The child does not have any health-related concerns that would prevent them from wearing a weighted vest.
- You determine that current research evidence regarding the efficacy of wearing weighted vests all day is inconclusive.

You identify the following risks if the child wears the weighted vest all day in school:

- **Risks to the Client include:**
 - Experiencing exclusion and/or stigmatization from peers
 - Participation in physical and other school activities may be affected and/or limited
 - Risk of a musculoskeletal or other physical injury as a result of prolonged use of the vest, for example fatigue, overheating or discomfort
- **Risks to the OT include:**
 - Change to the relationship with the child, their family, and/or the school if you disagree with the recommendation for the weighted vest to be worn all day
 - Reputational risk if the vest injures the child
- **Risks to Stakeholders include:**
 - Reputational risk to teachers or the school if the vest is not used properly and the child is injured
 - Reputational risk to the vendor and/or manufacturer of the vest if safety risks are not clearly outlined and the child is injured

Analyze Risk

Using the Risk Rating Framework, you rate the identified risks to determine how to respond to the child's parents about wearing the weighted vest all day:

High risk

Highly likely to occur and/or severity has a high impact to the client or OT

Moderate risk

Likely to occur and/or severity has a moderate impact to the client or OT

Low risk

Unlikely to occur and/or severity has a low impact to the client or OT

Identified Risk	Risk Rating to Client and OT
There is risk of the child experiencing exclusion and stigmatization from peers.	<ul style="list-style-type: none">• This is a high impact risk to the child as this could cause the child to experience social and/or emotional challenges, as well as hinder occupational therapy goal attainment.• This is a moderate impact risk to you as this could negatively affect your therapeutic relationship and trust with the child and their family.• This risk would be unlikely to occur as you would work with the child's team to foster inclusion and education of peers.
There is risk that the child's participation in physical and other school activities may be affected or limited.	<ul style="list-style-type: none">• This is a high impact risk to the child; however, the risk could be minimized if the vest was removed for these activities.• This is a low impact risk to you; however, you would have a professional obligation to indicate your recommendation for removal of the vest to encourage the child's participation in school activities.• This risk would be likely to occur which is why you would work with the child's team to implement strategies to support the child's participation in activities.

There is risk of a musculoskeletal injury or other physical injury as a result of prolonged use of the vest.

- This is a high impact risk to the child's safety and well-being if it occurs.
- This is also a high impact risk to you as it may affect your relationship with the child, their family and potentially the school; it may also affect your confidence and reputation.
- This risk would be likely to occur which is why you are consulting resources to support your decision making.

There is risk of change to the relationship with the child, their family, and or the school if you disagree with the request for the weighted vest to be worn all day.

- This is a moderate impact risk to all parties involved however, this risk could be further minimized by you being transparent, fostering communication and providing sound rationale for your decision.
-

Address Risk

Before making a decision, consider your options for addressing the risks in this scenario.

Avoid: change your circumstances so you are not exposed to a particular risk

Modify: apply a strategy that will reduce the likelihood or severity of the risk (or both) to a tolerable level

Transfer: enter into an arrangement that shares the consequences of the risk with others

Retain: accept that the risk is at a tolerable level, so you do not need to apply any other risk treatment technique

Exploit: take advantage of a positive risk (otherwise called an opportunity)

For your next steps, you identify the following options:

- (a) You could proceed with making the equipment recommendation for the weighted vest to be worn at all times while the child is in school. You would notify the school and parents. *In this example you would be addressing risk using the **retain** option.*
- (b) You would not proceed with making the recommendation for the weighted vest and continue with your previous treatment plan. *In this example you would be addressing risk using the **avoid** option.*
- (c) You could discuss your clinical reasoning and your recommendation for the weighted vest to be removed for periods of time throughout the day with the child's parents. After also discussing use of the weighted vest with the child, you would obtain consent, and

submit your recommendation, wearing schedule, and instructions for use to the child's school. *In this example you would be addressing risk using the **modify** option.*

Implement the Plan

Please select the option you feel would pose the lowest risk to your client and you.

Rationale:

If you chose option (c) - you could discuss your clinical reasoning and your recommendation for the weighted vest to be removed for periods of time throughout the day with the child's parents. After also discussing use of the weighted vest with the child, you would obtain consent, and submit your recommendation, wearing schedule, and instructions for use to the child's school – **good choice**.

This option poses the lowest overall risk to the child and you. This option offers the child an opportunity to try the weighted vest to see if it has benefits without exposing the child to potential musculoskeletal injuries and, or fatigue from prolonged use. It seeks input from the child and demonstrates to the parents that you are collaborative and recognize and respect their role in their child's care.

Option (a) - you could make the equipment recommendation for the weighted vest to be worn at all times while the child is in school and notify the school and parents – *is not the most appropriate option*. You would not select this option because you would not be addressing any safety risk to the client. Additionally, you would not be adhering to your professional standards or using your professional judgement and clinical reasoning skills to determine whether use of a weighted vest is the best, or an appropriate intervention for this specific client.

Option (b) - you would not proceed with making a recommendation for the weighted vest and continue with your previous treatment plan – *is not the most appropriate option*. You would not select this option because although you would be avoiding the identified risk, you would not be demonstrating a client-centred approach and addressing the child's parents' suggestion. As the OT, you have a professional responsibility to determine if the suggestion can be implemented or incorporated into the occupational therapy treatment plan. In this situation, after considering all factors, you would have used your professional judgement to determine that although you would not recommend the vest to be worn all day, wearing it for scheduled periods throughout the day is a reasonable option for this child.

Monitor and Review:

You reached a decision to recommend a safe approach with use of the weighted vest.

In reflecting on this decision, you determine that you will also implement the following changes in your practice:

- Develop a policy that outlines the OT's role and responsibilities relating to ordering of equipment such as weighted vests.
- Clarify your role with all stakeholders at the beginning of services.
- Conduct more regular and thorough reviews of the research evidence on the efficacy of sensory-based interventions.
- Consult with OT colleagues who work in paediatrics for practical strategies to implement equipment, including sensory based equipment, into classrooms.

Scenario 3

You have recently moved to a new community and have been contracted by an agency to provide mental health services. You have been asked to develop a group to promote occupational engagement for community members who identify with a culture you have limited exposure to. You learn that music is a very important part of their culture. You have a musical background and have previous training in using music as a modality to address clients social and emotional goals in a group setting. There are other OTs who are employed by the agency however, you do not have the opportunity to interact with them often.

During the first session you notice that the group members do not seem engaged. You attempt one more session and notice the same reaction from group members. You lead a discussion with the group members and learn that they are not engaged because the song choices are not meaningful to them. They state that you have chosen songs they do not identify with. You are discouraged and consider ending the group.

You apply the Risk Management Cycle to determine potential next steps in this situation:

Identify Risk

To identify the risks, you begin by reviewing several College resources.

According to the [Essential Competencies of Practice for Occupational Therapists \(2011\)](#) an OT:

- 1.5.5 Understands the impact of values and beliefs that may affect practice.
 - 5.5.1 Demonstrates sensitivity to issues related to diversity and difference; and
 - 5.5.2 Adapts approach to consider impact of diversity on occupational therapy service outcomes.
-
- The [Code of Ethics \(2011\)](#) speaks to the principles of client-centred practice, respect for autonomy, and collaboration and communication:
 - *Client-centred practice:*
 - Determine what has meaning and purpose for the client; and
 - Recognize that clients are diverse and that each client is an individual;

- *Respect for autonomy:*
 - Recognize each client's right to make choices for him or herself; and
 - Honour the dignity and worth of each individual;
- *Collaboration and communication:*
 - Practise as a team member with clients and other professionals.

Further research finds the following information pertaining to cultural competence:

- A [Canadian Association of Occupational Therapists Position Statement on Diversity](#) from 2014 recommends that:
 - "... therapists focus on self-awareness, knowledge about diverse groups, and respect for others, to optimize their work with clients, colleagues and students who differ from themselves".

In addition to reviewing College and other resources, you gather information by considering the following questions:

- How could I have gained a better understanding of the clients' cultural values and beliefs?
- Has my employer completed a needs assessment to determine the community members' goals and barriers to engagement?

After reviewing the appropriate resources, you identify some missed opportunities:

- You could have engaged the group members prior to the onset of the session to gain a better understanding of their culture as well as their insights and feedback on how to structure the sessions.
- You could have consulted one of the other OTs employed by the agency who has experience developing group therapy sessions.
- You could have done more research about the culture.
- You determine your employer has not completed a needs assessment.

Even though you have selected music you have found to be highly effective when used in past groups you have developed, you identify the following risks of using the same music as a modality with this group:

- **Risks to the Client include:**
 - Participants may remain disengaged, which would affect their rapport and therapeutic relationship with you, and their ability to meet their occupational therapy goals
 - Participants may continue to feel they do not identify with the session, or group process as a whole resulting in feelings of distrust towards you, other OTs, and/or other health care professionals in general

- **Risks to the OT include:**
 - If clients continue to remain disengaged as a result of your music selection for the group and are not able to meet their occupational therapy goals, your therapeutic relationship with them would likely be affected; this may cause a decrease in your self-confidence and/or negatively affect your reputation
 - If clients continue to remain disengaged as a result of your music selection, you would not be meeting your professional obligations of ensuring client-centred practice; this may jeopardize your employment if the agency questions your competence in providing group therapy

- **Risks to Stakeholders include:**
 - If clients continue to remain disengaged and outcomes are not met, in addition to distrust of the OT, they may distrust the agency

Analyze Risk

Using the Risk Rating Framework, you rate the identified risks of continuing to use the same music as a modality in your group:

High risk

Highly likely to occur and/or severity has a high impact to the client or OT

Moderate risk

Likely to occur and/or severity has a moderate impact to the client or OT

Low risk

Unlikely to occur and/or severity has a low impact to the client or OT

Identified Risk	Risk Rating to Client and OT
There is risk of the clients remaining disengaged, therefore not meeting occupational therapy goals and affecting the therapeutic relationship.	<ul style="list-style-type: none"> • This is a high impact risk to you and your clients as the group would not be effective and goals would not be met. • This risk would be highly likely to occur if you continued using the same music as a modality.
There is risk of clients not trusting you/other OTs/other health care professionals, or the group process as a whole.	<ul style="list-style-type: none"> • This is a high impact risk to you and your clients as they would not meet their occupational therapy goals and

may not access services in the future. As a result, your self-confidence and reputation may be affected as well.

- This risk would be likely to occur as not implementing changes to the music used in your group would not be viewed as client centred and would not foster trust and collaboration. Clients may wonder if other professionals would proceed in the same manner.

There is risk of not meeting professional obligations of client-centred practice and therefore the agency may question your competence with providing group therapy.

- This a low impact risk to your clients as they may not be aware of how your agency perceives you.
- This is a high impact risk to you as it may affect your employment, self confidence and reputation as an OT.
- This risk would be unlikely to occur as you would be using your professional judgement and a conscious decision-making approach to evaluate the situation and your next steps to minimize risk and support best practice and client outcomes.

Address Risk

Before making a decision, consider your options for addressing the risks in this scenario.

Avoid: change your circumstances so you are not exposed to a particular risk

Modify: apply a strategy that will reduce the likelihood or severity of the risk (or both) to a tolerable level

Transfer: enter into an arrangement that shares the consequences of the risk with others

Retain: accept that the risk is at a tolerable level, so you do not need to apply any other risk treatment technique

Exploit: take advantage of a positive risk (otherwise called an opportunity)

For your next steps, you identify the following options:

- (a) You could discontinue the group altogether as you are concerned about disengagement of group members, not meeting your professional obligations and the agency questioning your competence. You could provide resources and referrals to other providers who offer mental health services in the community. *In this example you would be addressing risk using the **avoid** option.*
- (b) You could inquire if a group member would be interested in co-leading the group to improve engagement. You could consult the group member on cultural norms and the type of music to use as a modality in the group. *In this example you would be addressing risk using the **transfer** option.*
- (c) You could discuss the idea of using music as a modality with the group and request input on how to make the sessions more culturally meaningful for the members. *In this example you would be addressing risk using the **modify** option.*

Implement the Plan

Please select the option you feel would pose the lowest risk to your clients and you.

Rationale:

If you chose option (c) – *you could discuss the idea of using music as a modality with the group and request input on how to make the sessions more culturally meaningful for the members – **good choice***. This option poses the lowest overall risk to your clients and you. By selecting this option, you would be meeting your professional obligations, engaging the group members and practicing in a client-centred manner by valuing their feedback and input. Engagement with the group members would also further your understanding of their culture. You would be taking appropriate steps to develop cultural competence and meet your clients needs.

Option (a) - *you could discontinue the group altogether as you are concerned about disengagement of group members, not meeting your professional obligations and the agency questioning your competence. You would provide resources and referrals to other providers who offer mental health services in the community – **is not the most appropriate option***. You would not select this option because, although it would help to minimize the identified risk, you would not be meeting the client's needs for group therapy and you would be leaving them without services to address their mental health challenges and occupational therapy goals. Furthermore, you would not be fulfilling your professional obligations to provide the required services. When faced with a challenging situation, OTs are encouraged to use a conscious decision-making approach to identify options, as well as to consult with the College and colleagues for support on next steps. OTs may also find it useful to identify opportunities for growth and professional development as a result of challenging situations they face in practice.

Option (b) - *you could inquire if a group member would be interested in co-leading the group to improve engagement. You would consult the group member on cultural norms and the type of music to use as a modality in the group – **is not the most appropriate option***. You would not select this option because having a group member co-lead the group could present several new risks, including the potential for a boundary crossing. For example, if the group member begins

to contact you outside of regular business hours to discuss plans for the group sessions. Working with a group member to co-lead the group may also impact your professional relationship with the other group members as they may feel that you are giving preferential treatment to the co-leader.

Monitor and Review

You reached a decision to gather input on how to make the sessions meaningful for the group members. In reflecting on this decision, you determine that you will also implement the following changes in your practice:

- Transparently explain that you are new to a community and/or unfamiliar with a particular culture in future.
- Apply strategies to assess clients' needs and seek input prior to developing new occupational therapy programs or making changes to existing ones.
- Express your interest in obtaining information and input from clients to increase your cultural competence and assist them in achieving their occupational therapy goals.
- Seek input and feedback from OT colleagues in your network to improve your group therapy process in the future.
- Document all knowledge gained as well as any changes made to your processes.

Scenario 4

You are an OT with a private practice and have been providing psychotherapy to a client who has a diagnosis of social anxiety disorder affecting her ability to work, attend school, and maintain her social functioning. You have been treating her for six months and have built trust and therapeutic rapport with her. You have been providing education and strategies to manage her symptoms and she is demonstrating improvements. Additionally, she has an established network of social supports in her current community.

The client informs you that she is planning to attend university in September and will be moving to another city in Ontario that is closer to the university campus. She inquires if you could continue to provide occupational therapy services using telepractice. You consider the request.

You apply the Risk Management Cycle to determine if you should provide psychotherapy services to this client using telepractice:

Identify Risk

To identify the risks, you begin by reviewing College resources and note the following:

The [Guidelines for Telepractice in Occupational Therapy \(2017\)](#) state that:

- “OTs should consider what occupational therapy services can be reasonably and safely delivered using telepractice technologies. OTs should also have a process to deal with any adverse or unexpected events during a telepractice session.”
 - In this situation, you should first determine if telepractice is an appropriate method to deliver occupational therapy services. You then need to have a plan in place to address any adverse events that may occur.
- Jurisdiction: “OTs should know and apply the legislation, standards and guidelines for telepractice services within the client’s jurisdiction.”
 - As your client is moving to an area within Ontario, it is within your jurisdiction as you are an OT practicing in Ontario. You would follow all of the College standards and guidelines in the delivery of service.
- Technology: “The OT must ensure that the technology used in telepractice is of sufficient quality to communicate effectively; provide safe occupational therapy interventions; and form an accurate professional opinion to make necessary health care decisions.”
 - Prior to engaging in telepractice, you need to examine the type of technology you will be using to ensure it is secure and enables clear communication with your client.
- Confidentiality, privacy and access: “OTs using telepractice services must take reasonable measures to maintain confidentiality and protect personal health information.”
 - You must examine the technology you are using to ensure that you can maintain privacy of the information. You should also outline any risks associated with the technology you are using.
 - You should also ensure you will be providing telepractice services from a private location to maintain the client’s privacy and confidentiality.
- Consent: “The requirement for OTs to obtain client consent is the same for telepractice and in-person client interactions. The OT should clearly outline the nature, benefits, risks, limitations, and potential outcomes of the occupational therapy services.”
 - Although you have an ongoing therapeutic relationship with the client, you must obtain ongoing consent as there will be a change in service delivery. You must outline the nature, benefits, risks, limitations and outcomes of using telepractice so that the client understands and can make an informed decision about proceeding.
- Continuing and transferring care: “OTs should be aware of options for continuing care when providing telepractice services.”
 - You have an obligation to learn about and communicate to your client about community resources and service providers in your client’s new community.

- On an ongoing basis, you should also evaluate whether the client's needs would be better met by a local provider.

The [Standards for Psychotherapy \(2018\)](#) state in Standard 10 that: “the OT will be responsible for recognizing, minimizing, and managing the risks associated with performing psychotherapy.”

- Performance indicator 10.6 notes that the OT will: “determine if the delivery of psychotherapy intervention by telepractice is appropriate”.
- Additionally, the Standards for Psychotherapy outline discontinuation of services in Standard 13 that an OT will: “discontinue psychotherapy in a safe and ethical manner”.
 - Performance indicator 13.4 notes that the OT will: “discuss the reason for discontinuation with the client, including the arrangement of referrals to another qualified health care professional if further treatment is indicated”.

In addition to reviewing the College resources you gather information by considering the following questions:

- Have I engaged the client to problem-solve any barriers that the client may experience using coping strategies or accessing crisis services in their new community?
- Have I researched health and crisis services in the client's new community?

After speaking with your client and reviewing appropriate resources, you identify the following:

- The client does not identify any barriers to using coping strategies or accessing crisis services in their new community.
- Yes, you have researched health and crisis services in the client's new community and have provided her with this information.

You identify the following risks of using telepractice for psychotherapy with this client:

- **Risks to the Client include:**
 - She may not access local health services in her new community since she may be unfamiliar with providers and has not established a therapeutic rapport with them
 - The change in service delivery may impact your therapeutic relationship
 - She will have fewer supports to access initially in her new community
 - There is a potential for her symptoms to worsen, as she will be in a new environment with new people
- **Risks to the OT include:**
 - The change in service delivery from in-person treatment sessions to telepractice sessions may impact your therapeutic relationship with the client
 - The client may develop an over reliance on you for support as she has limited supports available in her new community
 - If the technology used for delivering telepractice services does not work or is unreliable, services and goal attainment would be affected

Analyze Risk

Using the Risk Rating Framework, you rate the identified risks of providing psychotherapy to your client using telepractice:

High risk

Highly likely to occur and/or severity has a high impact to the client or OT

Moderate risk

Likely to occur and/or severity has a moderate impact to the client or OT

Low risk

Unlikely to occur and/or severity has a low impact to the client or OT

Identified Risk	Risk Rating to Client and OT
There is risk that the client does not access local health services in her new community as she is unfamiliar with them creating an over reliance on you for support.	<ul style="list-style-type: none">• This is a high impact risk to your client because she will need to be linked to local health service providers to assist her if her symptoms worsen and/or if she needs immediate care and/or to assist in discharging her from your services.• This is a high impact risk to you if she is dependent on you for care, including when she is in crisis.• This risk would be likely to occur as there is uncertainty about how the move to the new community will affect her.
There is risk that a change in service delivery will impact the therapeutic relationship.	<ul style="list-style-type: none">• This is a high impact risk to your client if it occurs because her occupational therapy goals would not be met, and her treatment would be affected.• This is a moderate impact risk to you as you may feel you were not able to help your client meet her goals. It is likely if this occurred, the client would need to be referred to another provider.• This risk would be unlikely to occur because you have engaged in open communication with your

	client and researched/consulted appropriate resources to support the telepractice option.
There is risk that if fewer supports are available in the client's new community it could potentially lead to an increase in her symptoms.	<ul style="list-style-type: none">• This is a high impact risk to your client because she relies on her established network of support in her current community to help manage her symptoms.• This is a high impact risk to you as she may increasingly rely on you for support. With a worsening of symptoms, the service requirements may also change and may no longer be appropriately provided using telepractice.• This risk would be likely to occur as there is uncertainty about how the move to the new community will affect her. This risk would be minimized through development of a safety plan and research of local providers/strategies for enhancing her social network.
There is risk if the technology used for delivering telepractice services does not work or is unreliable.	<ul style="list-style-type: none">• This is a high impact risk to you and your client as it would disrupt the sessions and could make service unavailable.• This risk would be unlikely to occur as you would have researched appropriate technology to be used for delivering services through telepractice.

Address Risk

Before making a decision, consider your options for addressing the risks in this scenario.

Avoid: change your circumstances so you are not exposed to a particular risk

Modify: apply a strategy that will reduce the likelihood or severity of the risk (or both) to a tolerable level

Transfer: enter into an arrangement that shares the consequences of the risk with others

Retain: accept that the risk is at a tolerable level, so you do not need to apply any other risk treatment technique

Exploit: take advantage of a positive risk (otherwise called an opportunity)

For your next steps, you identify the following options:

- (a) You could determine that face to face services is preferred for this client because of her history and because she is at a high risk for worsening of symptoms due to the change in environment. You could agree to provide psychotherapy using telepractice until she can find a psychotherapy provider in her new community that you will provide a referral for. You would develop a safety plan in case her symptoms increase during a session, or if there is a loss in connection. You would also develop strategies with her on how she can find supports in her new community. *In this example you would be addressing risk using the **modify** option.*
- (b) You could decide not to proceed with providing psychotherapy using telepractice because you do not feel this is an appropriate option given the client is at a high risk for worsening of symptoms because of the change in environment. You could inform her that you will be discharging her from occupational therapy services and encourage her to locate a psychotherapy provider in her new community that you can provide a referral for. *In this example you would be addressing risk using the **avoid** option.*
- (c) You could agree to provide psychotherapy using telepractice as you feel you can manage your client's needs. You could leave it up to the client to determine if she would like to locate any other providers in her new community. You would develop a safety plan with her that she will contact you every time she is in crisis. *In this example you would be addressing risk using the **retain** option.*

Implement the Plan

Please select the option you feel would pose the lowest risk to your client and you.

Rationale:

If you chose option (a) you determine that face to face services is preferred for this client because of her history and because she is at a high risk for worsening of symptoms due to the change in environment and agree to provide psychotherapy using telepractice until she can find a psychotherapy provider in her new community that you will provide a referral for. You would develop a safety plan in case her symptoms increase during a session, or if there is a loss in connection. You would also develop strategies with her on how she can find supports in her new community – **good choice**. This option poses the lowest overall risk to your client and you. By continuing to provide services until she secures a local psychotherapy provider you would be meeting your client's needs and your professional obligations. While the client's symptoms have been stable during your face to face sessions, you foresee that they may initially become worse as she will be in a new environment without her network of social supports. This may make delivering psychotherapy using telepractice with this client, not a good option longer-term. You've also addressed the risk of her going into crisis as best as you can with the implementation of a safety plan. Working with her to develop strategies on finding supports in her new community also encourages and enables her to be autonomous with her ongoing goals.

Option (b) - you could decide not to proceed with providing psychotherapy using telepractice because you do not feel this is an appropriate option given the client is at a high risk for worsening of symptoms because of the change in environment, and informing her that you will be discharging her from occupational therapy services and encouraging her to locate a psychotherapy provider in her new community that you can provide a referral for – *is not the most appropriate option*. You would not select this option because discontinuing the psychotherapy sessions completely could potentially be a high-risk situation for your client as she does not have linkages to another provider. You would also not be meeting your professional obligations relating to discontinuation of psychotherapy services with this client if you selected this option.

Option (c) - you could agree to provide occupational therapy services using telepractice as you feel you can manage your client's needs and could leave it up to the client to determine if she would like to locate any other providers in her new community. You would develop a safety plan with her that she will contact you every time she is in crisis – *is not the most appropriate option*. You would not select this option because it could be a high-risk situation for everyone involved. The client may become dependent on you and not consider linking with other local service providers that could potentially better meet her needs. This scenario presents many risks and because you foresee her symptoms may worsen, at least initially, in a new environment, it would be important for the client to become aware of local health services and providers and you would have a professional responsibility to support this.

Monitor and Review

Your decision was to provide services via telepractice until the client locates a provider in her area for face to face services – which you can help her identify.

In reflecting on this decision, you determine that you will also implement the following changes in your practice:

- Develop a resource that outlines potential risks and limits to providing psychotherapy using telepractice for you and your clients to review.
- Share this resource for feedback and input from colleagues in your network who also provide psychotherapy and/or other occupational therapy services to clients using telepractice.
- Become familiar with community resources in your clients' communities as soon as possible.

Conclusion

Risk management is an approach to managing risks that can be applied in a wide variety of situations. Risk management involves the systematic application of certain principles to an individual's or an organization's circumstances. It involves the identification of risk, a detailed analysis of the nature, causes and consequences of the risk, the development of a plan to address risk, and then the implementation, monitoring, measurement and review of the effectiveness of that plan. The Risk Management Cycle then begins all over again.

Applying risk management to an OT's practice helps to ensure that practice decisions are based on evidence, are well thought out after considering what can go wrong, are implemented carefully and are continuously re-evaluated. Risk management helps OTs to ensure that clients receive safe, effective and ethical services. Making changes that positively impact client safety and decrease risks can safeguard an OT's occupational therapy practice against undue, or unplanned events.

Here are some tips to assist you in managing risks in your practice:⁹

- Seek adequate training so you are confident and competent in assessing and managing risk.
- Make sure that you understand your organizational policies and procedures. If you are in private practice, review your policies and procedures regularly.
- Make sure that you understand legislation relevant to your area of practice.
- If you are unsure of your responsibilities in a particular situation, you may seek resources or ask for support from colleagues.
- Work with your colleagues to develop a culture of proactively embracing risk.
- Develop systems of open communication to share information with others.
- Work in partnership with your clients in assessments, decision-making and planning.
- Discuss any identified risks with your clients to engage them in problem solving.

This PREP is intended to be a useful resource to assist OTs in managing risks in practice. Although we have provided some tools, such as the Risk Management Cycle, a Risk Rating framework and a Qualitative Risk Chart, this is not an exhaustive list of possible options and tools that could be helpful for OTs to use to minimize and address risks in practice. Additionally, depending on an OT's place of employment, their organization may already be performing risk management. OTs may need to consult their colleagues or manager for information about their role within the organization's overall risk management plan. For OTs in private practice, it is important to examine potential risks in practice and develop a risk management plan to help manage them.

⁹ Adapted from the Royal College of Occupational Therapists. (2018). Embracing risk; enabling choice.

Risk management is not a new concept to OTs. OTs already perform risk management on a daily basis in their practice, sometimes without even realizing it. Whether it is a situation requiring a decision about answering a phone call or entering into unfamiliar territory such as providing service to your private client in the hospital, using a risk management framework helps OTs to consider all options and make the most informed decision to reduce risks to all parties involved. While the reality is that risks cannot be avoided, many could be reduced and learned from to implement improved practice and quality care for clients.

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College of Occupational Therapists of Ontario Resources

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[Essential Competencies of Practice for Occupational Therapists in Canada, 3rd Edition \(2011\)](#)

[Conscious Decision Making in Occupational Therapy \(2012\)](#)

[Guide to Controlled Acts and Delegation \(2018\)](#)

[Guide to Discontinuation of Services \(2014\)](#)

[Guidelines for Telepractice in Occupational Therapy \(2017\)](#)

[Guidelines for Working Within Managed Resources \(2018\)](#)

[PREP: Professional Boundaries and the Prevention of Sexual Abuse \(2018\)](#)

[Standards for Consent \(2017\)](#)

[Standards for Record Keeping \(2016\)](#)

[Standards for Occupational Therapy Assessments \(2013\)](#)

[Standards for the Prevention and Management of Conflict of Interest \(2012\)](#)

[Standards for Psychotherapy \(2018\)](#)