SAFETY AND SUPPORT

Claudia E. Oakes, OTR/L, PhD

ACOTE STANDARDS EXPLORIED IN THIS CHAPTER
B.2.8, B.2.9

KEY VOCABULARY

- Safety: The state of being protected from injury or harm.
- Support: To sustain or maintain so that an individual may participate in meaningful occupation.
This chapter addresses ways in which occupational therapy practitioners and students can take steps to optimize their personal safety and the safety of their clients. It also addresses ways in which practitioners support clients’ occupational performance to promote satisfaction and well-being. Practitioners need to think about safety from two points of view. First, how do we, as members of the health care team, work to ensure that all clients receiving care in the health care system are free from harm? Second, how do we, as occupational therapy practitioners, with a unique skill set, help clients to manage function safely as possible in their environment?

**BROAD ISSUES IN PATIENT SAFETY**

Issues related to safety in health care came to the forefront when the Institute of Medicine published the report “To Err is Human” in 1999 (Kohn, Corrigan, & Donaldson, 1999). That groundbreaking report estimated that between 48,000 and 96,000 people die every year as a result of medical error. In the immediate aftermath of the report, much of the focus was at the individual level, that is, the careless or reckless mistakes that were made by healthcare providers that resulted in harm to clients. Over time, however, the emphasis changed to focus on ways in which the broader health care system could create a culture of safety in which everyone recognized his or her role in promoting the safety and well-being of clients (Dicuccio, 2015; Donaldson, 2008). An impressive amount of research related to safety has been published in journals such as Journal for Healthcare Quality, Journal of Patient Safety, and Joint Commission Journal of Quality and Safety. The aim of much of the research is to gather and disseminate evidence on the best practices to promote client safety (National Quality Forum, 2010; Shekelle et al., 2013).

A further outcome of the Institute of Medicine report was the development of General Patient Safety Goals. Initially created by a Patient Safety Advisory Committee, a group of professionals appointed by The Joint Commission in 2003, these broad-ranging goals are updated yearly. The National Patient Safety Goals (The Joint Commission, 2016) are available at http://www.jointcommission.org/standards_information/npsgs.aspx.

Many of the National Patient Safety Goals are applicable to occupational therapy practitioners, including the following:

- Reduce the risk of patient harm resulting from falls
- Prevent health care-associated pressure ulcers
- Identify safety risks inherent in the patient population

It is essential for all occupational therapy practitioners to recognize their vital part in ensuring client safety. Detecting the presence of hazards in the environment, instructing clients and their families on effective techniques to complete activities of daily living, and communicating concerns about a client’s need for supervision are a few examples of the skills and training that occupational therapy practitioners can contribute. More broadly, however, we play a part in instructing clients that they need to advocate for themselves with respect to their health care, to ask questions of physicians if they do not understand what was said at an appointment, and to fully comprehend their diagnosis and treatment plan. If, for instance, a client tells a practitioner that she does not plan to take her medication because she does not think she needs it, the occupational therapy practitioner can reinforce the need to speak with the prescribing physician to ensure complete understanding of the risks and benefits of taking—or not taking—the medication.

**SAFETY IN AN OCCUPATIONAL THERAPY CONTEXT**

The Occupational Therapy Practice Framework from the American Occupational Therapy Association (AOTA) identifies “safety and emergency maintenance” as instrumental activities of daily living that involve “knowing and performing preventive procedures to maintain a safe environment as well as recognizing sudden, unexpected hazardous situations and initiating emergency action to reduce the threat to health and safety” (AOTA, 2014). This definition can be applied to clients who are addressing issues related to functional independence, as well as to practitioners for use in daily practice.

Safety and support, in the context of occupational therapy, are multifaceted concepts encompassing elements of the person, the environment, the activity, and the interactions among them (Holm, Rogers, & James, 1998). The “person” in the context of safety typically refers to the client, and takes into account client factors that may affect performance, such as impaired balance or memory. The “environment” refers to the physical setting in which the person is functioning, and includes other people who live with or support the client. The “activity” refers to the task that the client is completing, for instance bathing, dressing, or cooking. Any activity may fall on a continuum of risk from “not safe at all” to “very safe.” However, it is the interactions among the person, the activity, and the environment that largely