Beyond mobility:

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Theme: Healthcare: Patient / resident risk assessment tools

Objectives:
To demonstrate that using Safety 2 principles impacts upon managing more than mobility and reducing Muscular skeletal risks throughout the entire care package in Aged and Community care.

Case study: Mobility risk assessments: Do they actually address the issues of concern to the worker at the shop floor in a manner that makes them change their actions and their method of work ethic?

Background:
For many years evidence based research demonstrates a global shift in risk management strategies, and whilst multiple tools and methods have been tried and tested over time the question still remains: are they truly understood and utilised at the shop floor, or simply dictated to a few and filed away for audit and litigation purposes. Behavioural, environmental, other activities and social interactions seem to be lost in the voluminous files of assessments and not easily identified as real and usable strategies for the care worker. The ability to succeed under varying conditions to have successful outcomes in everyday work (Safety II) we need to enhance dialogue that challenges bias beyond people manual handling to one of system vulnerabilities.

Method: The introduction of an assessment tool that looks at the total interaction of patient care from a workers risk perspective, requesting more than mobility criteria and using holistic classification and characteristics to build a care package capable of function under varying conditions, whilst translating to simple language statements and pictorial plans.

Lessons Learned: In truth current packages are driven by a multiplicity of risk factors, and there is a strong push for client / resident safety incorporating mobility and in particular mechanical risk reduction strategies; however there is many more risks associated with the care of a person than simply how to assist their mobility. By assessing more influences around patient handling and risk reduction I wish to explore and challenge the audience to consider when developing risk reducing strategies not to mention the education level of care workers must be considered when articulating said strategies for individualised care.

Length of workshop: 20 min presentation (Can be expanded or reduced)

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