The College of Naturopaths of Ontario

Guidelines

Managing Risk in Clinical Practice

Introduction

Risk management is the analysis and control of risks. It is a methodical approach to recognizing the likelihood of risk (how often); analyzing the impact of the potential harm (who bad) to the patient; and implementing strategies and processes informed by data, to identify and respond to circumstances that put patients at risk of harm.

It is not possible to eliminate all risks in naturopathic practice, however, NDs have a duty to protect patients from risk of harm as much as possible. The framework described below is based on principles of public protection including: safety, patient-centered care, communication, accountability and compliance with professional and regulatory obligations. The framework has four steps for identifying and managing risk in clinical practice:

1) Identify the source of risk, and analyze the harm characteristics;
2) Assess protective factors and solutions to mitigate risk;
3) Develop and apply strategies and solutions;
4) Evaluate the experiences and processes, follow up and adjust as needed.

Framework for Managing Risk in Clinical Practice

STEPS TO MANAGING RISK	CONSIDERATIONS

1. Identify the source(s) of risk and analyze the harm characteristics.	Gather and analyze all the information relevant to the risk of harm. Then analyse the situation to find the source or sources of risk.
	
	• Identify the sources of risk:
	  ○ Naturopathic Self: knowledge, skill and judgement; stress, competence, conflict of interest, ability to communicate, adequacy of record keeping, ability to express and collect informed consent, compliance with regulatory framework, adherence to established protocols, suitability of care for a particular patient.
	  ○ Work Environment: inter-professional relations, workload, organizational policies, physical space (walkways etc.), equipment (laminar air flow hood, acupuncture needles), waste disposal, sharps handling.
	  ○ Environmental factors: system limitations, public misunderstanding, lack

	of funding, biological risks, infection control, financial hardship, cost of regulation, availability of resources, natural disasters, • Identify risk of harm characteristics: o type of harm; o Likelihood of the risk (rare, unlikely, possible, almost certain); o Frequency (almost never, sometimes, everyday, always); o Impact or severity of harm (low, moderate, high, extreme); o Duration (one time, short, long, indefinite) • Determine whether risk is perceived (irrational beliefs or emotions) or rational: o Define the worst-case scenario, the best-case scenario and identify the most likely outcome; o Consider whether your personal assumptions and beliefs are having an effect on the situation.
2. Assess protective factors and solutions to mitigate risk.	Assess all potential protective factors and explore the best solutions to mitigate risk. Some might already be in place or you may need to develop a new protective factor, such as an advanced practice skill. Once the source of risk have been identified, analyze the situation to determine whether the appropriate protective factors are in place. • Protective Factors that may mitigate the risk of harm in the situation may include: o Individual: ND competencies, skills, abilities, professional judgement; o Environmental: processes, resources, controls, policies. • NDs must have the knowledge and competency to respond to the risk in a timely manner o Ability: CPR training, emergency first aid; o Tools: crash cart, emergency drugs and substances, Personal protective equipment. • Protective factors and solutions to mitigate risk should always protect a patient's right to autonomy, confidentiality, dignity, and access to information, or increase safety, effectiveness of treatment in order to reduce harm.
3. Develop and apply strategies and solutions	Apply the most relevant protective solution for the delivery of safe, competent and timely patient-centered care.

	Once you have explored the potential protective factors, apply the most appropriate to reduce or eliminate the risk of harm.
	
	• Risk responses should be patient centred and aligned with principles of public protection and safe naturopathic practice.
	• Strategies and solutions should address risk areas that are within and outside of the member's control. These may relate to:
	  ○ risk to patients from treatment (e.g. Infection, negative reactions), pandemic planning, natural disaster.
	• Outline conditions and tools used to implement the protective factors. For example:
	  ○ Prevention Plan: create an action plan and put measures in place to prevent risk from occurring (e.g. Infection control procedures, staff training in de-escalating aggressive situations))
	  ○ Contingency Plan: create an action plan to address risk if it does occur (e.g. Flowcharts and guidelines for accessing emergency services, properly stocked crash cart etc.)

4. Evaluate Experiences, Processes and Outcomes	Reflect on an assess the experiences, processes and protective outcomes put in place.
	
	Reflective practice is essential in evaluating the efficacy of the protective factors put in place and the risk management experience.
	
	• Ask good questions to get relevant answers
	  ○ Was the risk to patients minimized;
	  ○ Are other potential protective factors desirable to further minimize risk of harm (e.g. Further education and training)
	• Communicate with patients, colleagues, inter-professional team members and other staff to gain additional insight.

Suggested Reading

Standard of Practice for Emergency Preparedness
Standard of Practice for Infection Control
Standard of Practice for Therapeutic Relationships and Professional Boundaries

Approval

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Appendix I

Crash Cart

The following list comprises those supplies and equipment that may be required based on an assessment of the level of risk associated with the practice. It would be expected that the type of emergency equipment in the Member's office would correspond with the level of risk associated with the practice.

- pocket mask for cardiopulmonary resuscitation;
- basic dressing supplies;
- syringes;
- needles;
- alcohol;
- gauze, bandages, micropore tape, cotton balls, scissors;
- non-latex gloves;
- smelling salt (amyl nitrate) or essential oil (peppermint);
- epi-pen or ampoules of epinephrine;
- salbutamol;
- oxygen tank with regulator 0-10 L/min with mask or nasal cannula
- resuscitation bag with O2 attachment

Additional items that may be required for Infusion Therapy

- armboard;
- normal saline bags;
- dextrose 5% (D5W);
- calcium gluconate;
- magnesium chloride 200mg/ml;
- applicable antidotes for all IV substances being administered;
- diphenhydramine (Benadryl) for oral administration;
- non-latex tourniquets;
- IV tubing, administration sets, and angiocatheters