



SAFE PATIENT HANDLING

The PEO Model: Person, Environment and Occupation fit



Safe
Patient
Handling

This resource was prepared with the support of The OT Service



It is essential for any professional involved in the safe moving and handling of individuals to have the evidence base behind their practice, and to base their assessment on sound theoretical principals.

The **Person - Environment - Occupation (PEO)** model (Law et al, 1996) considers the convergence of three components:

Person - What motivates them, for example: cultural influences, their degree of autonomy, disability and level of distress.

Environment - This could be characterised as more than the physical environment, but include such things as, institutional and socioeconomic factors.

Occupation and Occupational Performance - Occupation is defined as self-directed meaningful tasks. Occupational performance considers that the extrinsic and intrinsic factors involved in **PEO** are evaluated within a holistic process to maximise performance.



Law et al (1996) state poor occupational performance is caused as a result of a poor fit between the 3 components. An example being that disability comes from a poor fit between the person and the environment rather than the impairment itself, thus rendering the environment as the disabling factor. A fact that as healthcare professionals we know all too well; particularly when considering adaptation to a person's environment or where compensation is required using equipment.



Safe Patient Handling

In line with this model we are trying to achieve a better fit between the person and the environment, thus reducing the disability.

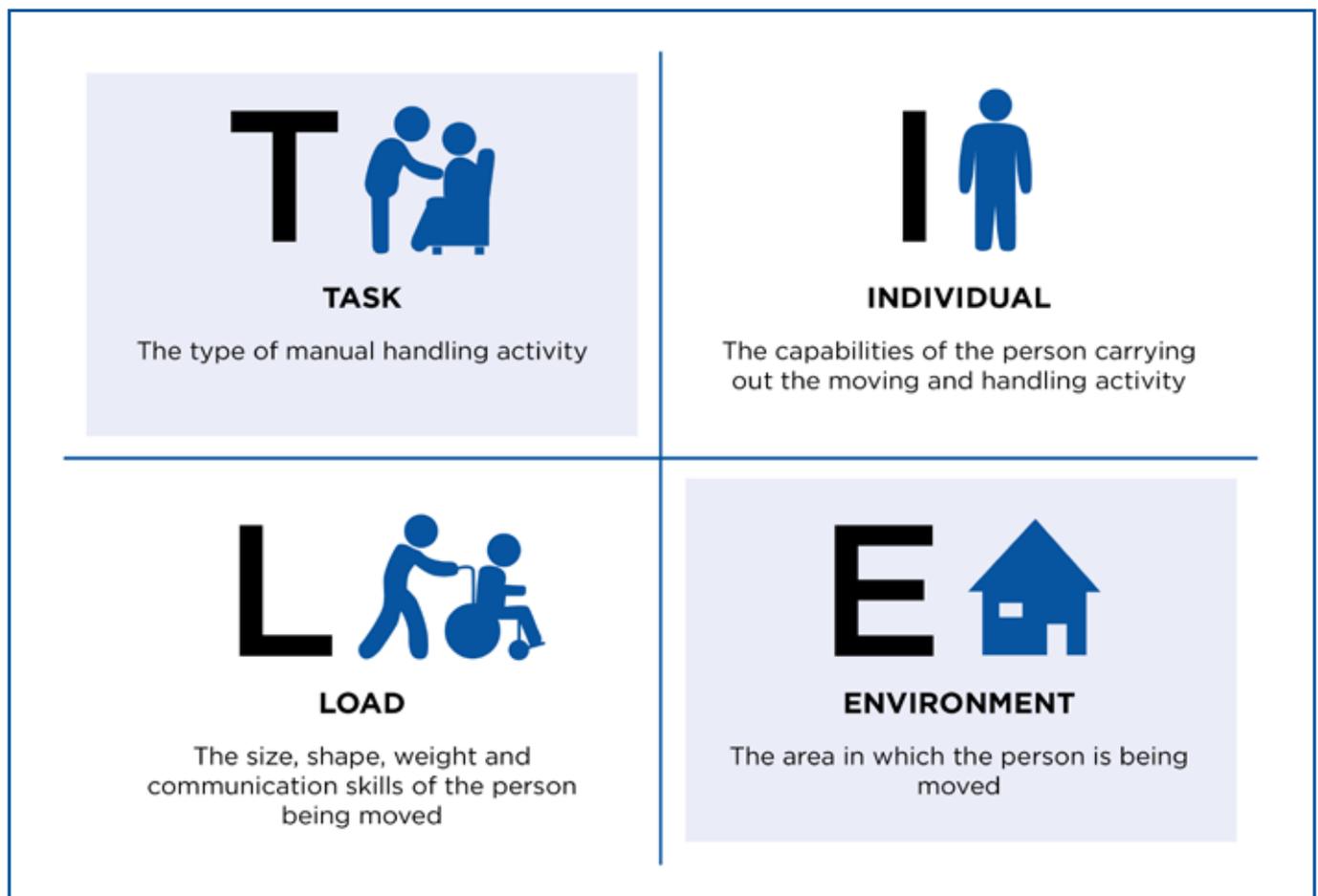
We can compare this model with the risk assessment tool used in moving and handling, **Task - Individual - Load - Environment (TILE)**. **TILE** is an acronym that is designed to help you carry out manual handling risk assessments, by pointing out components pertinent to the assessment which contributes to risk:

T - Task would be the manual handling activity itself. For example, a person uses a mechanical stand aid to transfer on and off the toilet.

I - Individual would be a carer, either a formal carer, health care professional or family member.

L - Load is the person being moved, they are being considered in terms of their physical ability, or deficits, amount of support required, ability to contribute towards the task.

E - Environment means considering the area in which the person is being moved, the physical environment.



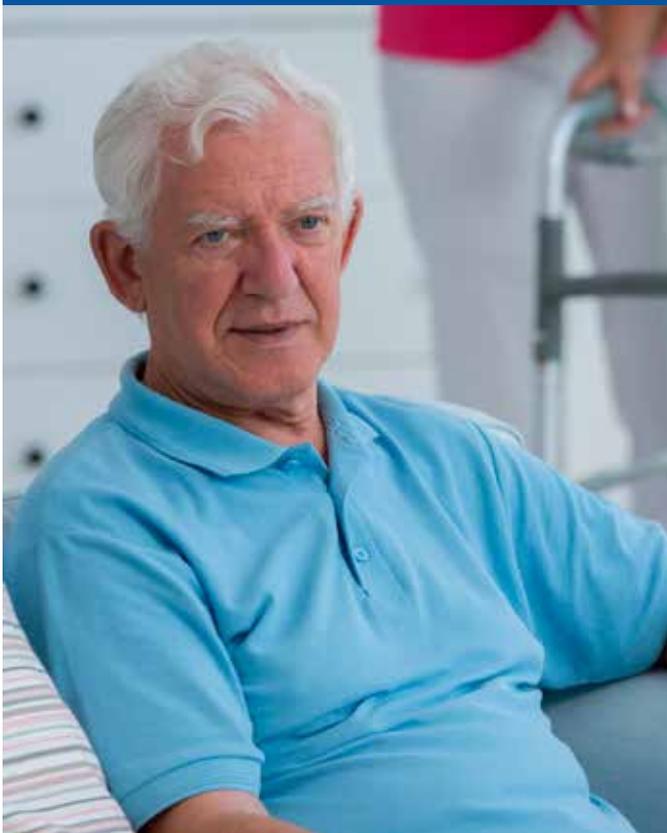
Can the two templates/concepts work together?

The **PEO** model is a good holistic tool for use in professional healthcare practice. The **TILE** risk assessment has its place in providing the practitioner the framework to ensure they are considering all the necessary elements to complete a manual handling risk assessment. This is a starting point to ensure all the risks are highlighted. As healthcare practitioners we understand that people cannot be solely considered in the physical sense i.e. objects or loads to be moved, but as individuals with thoughts, wishes and values to be respected.

This is where **PEO** becomes a useful tool as it goes beyond the basic structure of **TILE** and asks us, as practitioners to consider people as more than just a load to be moved, but what motivates them, what stresses they are under and their degree of autonomy. The environment as not just physical, but social and institutional. Occupations being meaningful, including self-maintenance and satisfaction with completion of tasks, and the relationship between these domains, and how by changing the relationship between the two we can reduce disability.

In stressful situations, particularly in someone's home it's really important that we show our clients, their family or their carers', that we are considering and valuing these points, and indeed we are documenting as such as this will lead in to balanced decision making if so required.

Case study example:



Your client that cannot weight bear and wishes to be able to use the toilet in a conventional manner (commode or toilet). They would prefer not to have multiple numbers of carers calling, and at night would like their partner to aid in toileting, as opposed to wearing pads. **TILE** leads you to the following conclusion:

- The **Task** is achievable given your client's (the **Load**) level of ability.
- The **Individuals** (formal carer and family member) is capable of supporting the handling requirements in relation to your client's care needs.
- The **Environment**, via provision of assistive technology such as a ceiling track for example, will make access to conventional toileting systems achievable.

The assessment also leads you to the conclusion that 'single handed' care is possible. Thus, reducing the reliance and associated cost of care provision.

Moving on from **TILE**, the application of the **PEO** model takes this further and personalises this process:

- The **Person** is considered as a whole, not just as a Load, with their psychological needs considered, such as the need to dignity, privacy and a level of independence.
 - In this case the desire to access a toilet, reduce reliance on carers and be supported by their partner at night, and not wearing incontinence pads.
 - Improving the **Environment** by providing assistive technology and guidance.
 - Allowing access to conventional toileting.
 - Supporting a reduced number of carers. (Single handed care)
 - Supporting the **Person's** night time privacy with their partner.
 - Thus improving the fit between the **Person**, the **Occupation** & the **Environment**.

Therefore in line with the **PEO** model we have reduced the overall disability by improving the fit between all the three domains.

The simple case study shows how use of the **PEO** model enables us to personalise **TILE**, acknowledging the basic requirement of risk assessment and the overall needs, thoughts and wishes of an individual person. The elements of **TILE** link very well with the domains of **PEO**, giving more substance and shows clearly that as practitioners we have considered so much more than the purely objective and tangible, but the less object and more subjective realms of thoughts and wishes, motivations, interpersonal relationships and how they can influence a situation.

This is of particular importance in the world of moving and handling where balanced decision making needs to be shown; application of the **PEO** model can aid in this and be used as a tool to clearly demonstrate this to all parties.

Reference:

Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P. & Letts, L. 1996. The Person-Environment-Occupation Model: A transactive approach to occupational performance. Canadian Journal of Occupational Therapy. 63(1):9-23

Invacare Case Studies



CASE STUDY

Enabling single handed care for an elderly couple to remain at home



Enabling single handed care for an elderly couple to remain at home



CASE STUDY

Supporting safe moving and handling at home



Supporting safe moving and handling at home

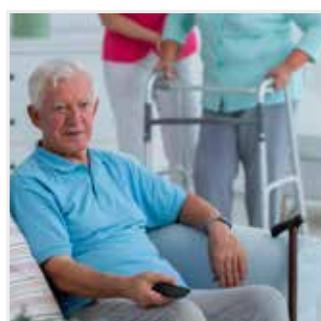


CASE STUDY

Home adaptation - Introducing a ceiling hoist for a young adult with physical and cognitive impairment



Home adaptation - Introducing a ceiling hoist for a young adult with physical and cognitive impairment



CASE STUDY

Introducing a powered stand assist into a Residential Care setting



Introducing a powered stand assist into a Residential Care setting