

Broadening the Patient Safety Agenda to Include Safety in Long-Term Care

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Abstract

Recent patient safety literature has placed more of an emphasis on acute care than long-term care (LTC). The Canadian Patient Safety Institute, Capital Health (Edmonton), and CapitalCare (Edmonton) have collaborated to create a research and action agenda for improving resident safety in Canadian LTC settings. This collaboration resulted in the development of a background paper highlighting the current state of the science, 14 key-informant interviews with stakeholders across Canada, and an invitational roundtable discussion. Findings from the key-informant interviews and roundtable discussion are described here.

Key-Informant Interviews

Participants: 14 family, frontline staff, researchers, policy makers, managers.

Method: Semi-structured telephone interviews,.

Results: 12 themes were developed, see Figure 1.

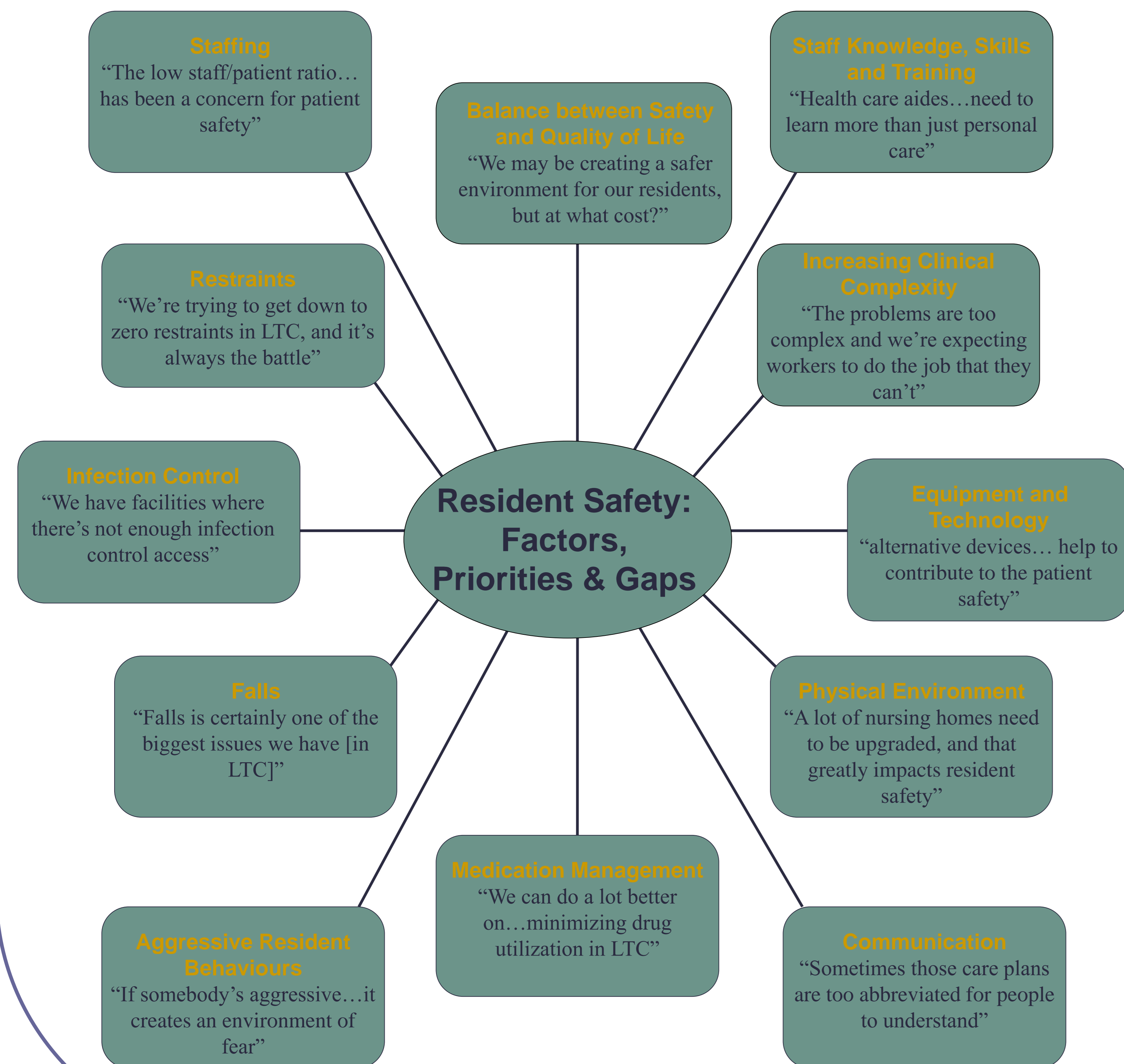


Figure 1. Factors, priorities and gaps in resident safety in LTC

Roundtable Discussion

Participants: 65 family members, frontline providers, managers, senior leaders, researchers, educators, and policy experts.

Method:

- Participants were randomly assigned to 8 groups.
- Groups identified and then reported their top 3 key issues regarding resident safety in LTC in a plenary discussion. A list of priority issues was developed.
- Groups selected a priority issue and identified the strategies needed to address these priorities, and reported these in a plenary discussion.

Results: Communication and staffing/human resources emerged as priority issues affecting safety in LTC. See Table 1.

Table 1. Key challenges of the priority issues and the strategies for improvement identified at the roundtable discussion.

	Communication	Staffing/Human Resources
Key Challenges	<ul style="list-style-type: none"> •Lack of interdisciplinary communication •Limited family engagement and inadequate communication with families •Getting input from all team members for care planning •Lack of disclosure of incidents •Frequent change in management •Transition between healthcare facilities •Medication management •Role of communication in creating and maintaining a culture of safety 	<ul style="list-style-type: none"> •Staff skills need to keep up with increasing clinical complexity of residents •Funding for and access to education •Need for more managers/leaders so they can interact more with their staff •Mix of staff and staffing ratio •Large number of unregulated staff in LTC •Need for training of care aids, nurses and managers •Recruitment and retention of staff is challenging •Too many demands on staff; increasing workload
Strategies	<ul style="list-style-type: none"> •Share strategies that work within the LTC sector •Policy development for disclosure •Regular care conferencing •Use of technology for clearer communication •Need for increased care in communication around transitions •Explore need for shift overlap •Positive effect of continuity of staff on communication 	<ul style="list-style-type: none"> •Leadership <ul style="list-style-type: none"> ◦reduce the scale of the responsibilities of managers ◦increasing the numbers of managers ◦training and leadership development for management •Increase the attractiveness and profile of LTC <ul style="list-style-type: none"> ◦public awareness campaign ◦report good news stories about LTC ◦ensure that staff feel valued ◦good role modeling ◦LTC seen as a good career choice

Discussion & Conclusion

Research on safety in LTC is necessary to guide policy and improve quality of care. Issues requiring further inquiry include:

- Improving communication
- Staffing/human resources
- Aggressive resident behaviours
- Innovative methods to nurture the balance between safety and quality of life among LTC residents
- Maintaining safe environments with the increasing clinical complexity of residents in LTC

Progress in resident safety in Canadian LTC settings is imperative to improve the safety of frail elders in this setting. Next steps include:

- Dissemination of findings to key stakeholders and media outlets
- Presentation of findings at conferences across Canada
- Increase research capacity to study the issues and identify priority actions
- Encourage increased funding of researchers and centres of excellence so that best practices can be identified
- Focusing research on both action-oriented/demonstration projects and applied health services research