

HOME CARE SAFETY ROUNDTABLE ACTION PLAN

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You need an integrated system to have integrated safety.

It would have taken so little for J-J to spend one last Christmas at home. Maybe a bit more time for a meaningful conversation between family and provider would have made that possible. Maybe a bit more understanding, but that didn't happen on that Christmas Eve.

Diagnosed with aggressive ovarian cancer and suffering from *C. difficile*, J-J Lyddiatt had less than six months to live by Christmas of 2010. Her mother, Anne Lyddiatt (herself a home-care nurse), knew her daughter — who hated hospitals — would have to

be admitted to treat a recurring *C. difficile* infection. It was the hope of Anne and the doctor that J-J could spend Christmas day at home but to make it possible would require in-home intravenous rehydration. Complicating that, however, was J-J's fear of needles, a "true phobia," according to her mother. On the day of discharge from hospital, the home care nurse came to start the IV; unfortunately it didn't run successfully. Ultimately, J-J had to be taken straight back to the hospital she had just left. The whole family spent her last Christmas with J-J at the hospital.

J-J's story is not, strictly speaking, about home care client safety, but rather points to the issue of patient safety within the transition from hospital to home care. Further, it does highlight some of the vulnerabilities of clients identified in recent reports on home care safety. Key among these are Safety at Home – A Pan-Canadian Home Care Safety Study (Doran and Blais, 2013) and the Canadian Home Care Association's Expert Roundtable Proceedings (2013), both of which highlight challenges J-J and many other clients experience when they receive care:

- The need to strengthen communication between clients and families and their care providers, and among and across care teams and across sectors.
- The need to accelerate the improvement of client and family experiences through cross sector approaches to planning and delivering care.
- The need for integrated models focused on client and family-centred care.

Care at home has exploded in recent years. The Canadian Home Care Association (CHCA) reports that in 2011, 1.4 million people received home care, or one in six seniors, a 55 per cent increase since 2008. Public spending for home care was \$5.9 billion, 4 per cent of total public health spending in 2010. According to the Canadian Institute for Health Information (CIHI), the older you are, the more likely you are to need care at home: over age 85, 44 per cent of men and 59 per cent of women receive home care. Increasingly complex levels of care are also routinely delivered by family and friends. Procedures that just a few years ago would have been provided in hospital are now being delivered at home.

Canada needs to tackle the issue of safety in home care. To help address these issues a roundtable was held in Winnipeg in June 2014, co-sponsored by the Canadian Patient Safety Institute (CPSI) and the Canadian Home Care Association. The focus of the day was on client safety, grounded by the findings from the Pan-Canadian Home Care Safety Study (2013). Safety issues associated with worker safety were not directly explored at the Roundtable. The action items identified in this report are centred on client and family safety priorities.

The roundtable was one of a series of meetings undertaken by CPSI as part of its 2013-2018 business plan to accelerate action on patient safety in Canada. The plan calls for CPSI to act as a catalyst and secretariat for improving safety by collaborating with other national organizations, multiple levels of government, clients, families, care providers and other stakeholders from across the country. Home care safety is one of the "Forward with Four" priorities of this joint effort; the others are surgical safety, infection prevention and control, and medication safety.

In 2013, the landmark Pan-Canadian Safety at Home Study examined the prevalence, incidence, magnitude and types of adverse events in home care. It also looked at risk factors and the impact of adverse events and the effect of safety concerns on clients, families and providers. The study identified policies, practices and tools to help reduce adverse events in the home care setting.

Dr. Diane Doran, co-lead investigator on this study, was at the roundtable to summarize the findings for participants. The study found that the annual incident rate of adverse events was in the range of 10-13 per

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cent. It was judged that 56 per cent of the adverse events were preventable. The most common adverse events in home care were falls, medication errors and infections. While death from adverse events is rare (a consequence 7 per cent of the time) 69 per cent led to disability and 91 per cent increased use of health care resources.

An analysis found four overarching systemic weaknesses contributed to adverse events in home care:

1. Inconsistencies in the way care is planned and delivered;
2. Lack of integration of home care teams, lack of care coordination across healthcare sectors and failures in communication;
3. Poor standardization of processes, equipment and packaging of medications; and
4. Clients and their personal caregivers sometimes making decisions that put their health at risk.

The proceedings of the Expert Safety Roundtable sponsored by the Canadian Home Care Association in September 2013, identified these issues for safety in homecare:

1. Engaging everyone in safety at home — Providing safe care in an unpredictable and / or inconsistent home setting poses unique challenges that require the engagement and active involvement of the professional care providers, the client and the family caregivers.
2. Education and Knowledge – Empowered and well informed clients and their family caregivers are essential to ensuring safety at home. Professional and frontline clinical staff and organizational leaders should be knowledgeable and aware of safety strategies and tools to prevent, identify and manage safety at home.
3. Culture of Safety – There is a need to build and nurture a culture where safety is everyone's responsibility and accountability and information is openly shared without fear of negative consequences.
4. Integrated Safety – Support integrated models of care that reinforce client and family-centred care, and emphasize safe self-care (e.g. maintenance

of one's personal well-being and health with the support of the health care team).

In addition to the material they were sent to read, participants were asked to fill out a short survey. The survey asked what their organization's top three concerns or perceived gaps were in client safety in home care, and what they thought clients and families feel are top concerns or gaps. It also asked participants to describe a client safety initiative their organization has underway, and what would be most important for their organization to see included in a national home-care action plan.

The results of the survey were analyzed and distilled into discussion themes. Communication was a key issue for respondents, including the need to improve communication among the different sectors in home care, among providers, and between providers and clients. There was also considerable concern over the risks patients may choose to live with at home and the difficulties that providers face planning and delivering care in environments they believe to decrease client safety. At the roundtable, the results of the survey were discussed, modified, and then voted on. The final themes selected by the audience to develop action plans at the roundtable were:

- System-level communication
- Collaborative care
- Leading practices (medication safety, falls prevention and infection prevention and control)
- Measurement in home care
- Clients' right to choose to live at risk, and partnering with clients and families

Each theme was then discussed in a "world café" group, a format that uses small groups to generate creative solutions to problems. Tables had facilitators, and attendees participate in three of five groups for 20-minute discussions to develop actions for each theme. Once back in the large group, another round of voting decides what actions would be included in the plan. Below is a synthesis of what participants had to say in their small groups:

System-level communication

Transition points in care are critical times when home care clients are vulnerable to failures in systems which can put them at greater risk. Client safety requires a lot of conversations and information exchanges, particularly during admission and discharge. One participant said no one should be discharged without a meeting about a care plan. There was discussion of different leading practices that help reduce errors and support communication across care settings. Participants wanted to see wide-spread use of tools and resources to support a systems approach to reducing client risk in and out of home care. The use of an Electronic Health Record (EHR) was cited as a potential enabler.

Collaborative care

Originally this theme was introduced as interprofessional care; however participants quickly decided that the interprofessional word was too restrictive for home care. The participants felt collaborative care, which values the importance of family and friends as peers in the care process, was better suited for this theme. One participant said adopting a collaborative approach should begin in school, as providers are being trained. There was broad acknowledgment of the complexity clients and families face as they move through the health system. A suggestion that system navigators might be a good idea was quickly challenged, however. “Everyone [on a team] is a system navigator,” someone responded.

Leading practices in medication safety, falls prevention and infection prevention and control

There are many well-established leading practices in medication safety, falls prevention and infection prevention and control. The key issue for home care is adapting and implementing evidence-based practices across jurisdictions. Participants said we need to promote the spread of evidence and help organizations and jurisdictions put it into practice to reduce harm.

Measurement

Measuring is essential for accountability and quality improvement. Although a variety of data is collected in home care, the challenge, as in other sectors, is to use it to promote improvements in care. Participants said

measurement is the cornerstone of improving safety, however home care presents particular challenges: much of what happens is not formally recorded and clients and their families may not even think to mention something that would be reportable in a hospital. What to measure, how to measure and where it should be reported and analyzed were seen as big challenges for home care. It is also noted that there are opportunities to maximize the use of existing measures such as the CIHI Home Care Reporting System and the RAI – Home Care.

The client’s right to live at risk, and partnering with clients and families

Home care clients and providers may have different perceptions of the risks associated with being cared for at home. Disparity can exist between the client/family caregivers’ and the professional caregivers’ understanding and acceptance of “what is safe”. There are often different perceptions among these three groups about the risks found in many areas of home care. The challenge is achieving an informed understanding between the different parties. The participants noted the importance of identifying resources that would help guide the parties to have the necessary conversations so the risks are named and understood and plans are made to mitigate these risks.

The Action Plan:

“Every person should be available to take the baton.”

When the world café rotations were completed, participants came back together to hear a quick debrief of discussions and recommended actions for each theme. Participants then voted on which goals they felt held the greatest potential to help advance the client safety agenda in home care. CPSI, in its role as secretariat, then drafted a plan outlining short- and medium-term actions for achieving improvements in each goal, with suggestions for deadlines and who might be involved in each step. To keep action on home care safety sharply focused, we include only the five goals that received the most votes in this action plan.

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THEME 1 – SYSTEM LEVEL COMMUNICATION

Goal	Action
Identify or develop new tools and resources to assist in reducing harm associated with communication breakdowns at transitions in and out of home care.	Conduct an environmental scan and analysis of communication tools and resources to improve system-level safety communication in home care.
	Conduct focus groups with clients and families to identify their communication needs to make transitions in and out of home care safer.
	Cross reference the tools and resources identified in the environmental scan and map to client and family needs identified in focus groups.
	Identify or develop new evidence- based tools and resources to improve system-level communication for home care.
	Develop and implement a communication plan to share information on tools and resources with the field.

THEME 2 – COLLABORATIVE CARE

Goal	Action
Identify or develop an evidence-based collaborative care approach that recognizes and celebrates the contributions and key roles of clients and families as part of the broad team of providers, which also includes professionals, support staff and unregulated providers.	Conduct an environmental scan for tools and resources related to collaborative care.
	Convene a working group including clients and families to develop the values, principles, goals, outcomes, roles and responsibilities of a collaborative care approach.

THEME 2 – COLLABORATIVE CARE continued

Goal	Action
Identify or develop an evidence-based collaborative care approach that recognizes and celebrates the contributions and key roles of clients and families as part of the broad team of providers, which also includes professionals, support staff and unregulated providers. continued	Obtain endorsement of the collaborative care approach by CHCA and accrediting bodies, and facilitate large-scale adoption of its values and principles via inclusion of its features as standards by accrediting organizations.

THEME 3 – CLIENT’S RIGHT TO LIVE AT RISK AND PARTNERING WITH CLIENTS AND FAMILIES

Goal	Action
Identify or develop resource(s) to guide conversations between professional caregivers, clients and family to promote informed decision making and care planning to minimize risk associated with care in the home.	Identify or develop resource(s) to help guide conversations about risk among everyone involved in providing and receiving collaborative care. Do field tests of the resource(s). Design and implement a dissemination plan (which would include a communication/education strategy) to encourage organizations to use the resource(s).

THEME 4 – ADVANCE KNOWLEDGE OF MEASUREMENT FOR IMPROVEMENT

Goal	Action
Develop methods for using data to improve home care safety in falls prevention, medication safety and infection prevention and control.	Do an environmental scan of what data is collected and how it’s used. Develop a learning series focused on how to use data to improve care in falls prevention, medication safety and infection prevention and control.

THEME 4 – ADVANCE KNOWLEDGE OF MEASUREMENT FOR IMPROVEMENT

Goal	Action
Develop methods for using data to improve home care safety in falls prevention, medication safety and infection prevention and control.	Explore opportunities with accrediting organizations, health quality councils and other partners to promote participation in the learning series.
	Deliver and evaluate the effectiveness of the learning series.
	Examine the effectiveness of the learning series in advancing data collection and use.

THEME 5 – LEADING PRACTICES IN MEDICATION SAFETY, FALLS PREVENTION, AND INFECTION PREVENTION AND CONTROL

Goal	Action
Advance use of evidence-based leading practices in medication safety, infection prevention and control and falls prevention in the home care sector to reduce risk and improve client safety.	Create home care faculty with expertise in falls prevention, medication safety and infection prevention and control.
	With the faculty identify evidence to help reduce harm and improve client safety in one or more of the three priorities areas (medication safety, falls prevention and infection prevention and control).
	Develop a Safer Health Care Now Getting Started Kit (GSK) for home care for one or more of the priority areas.

THEME 5 – LEADING PRACTICES IN MEDICATION SAFETY, FALLS PREVENTION, AND INFECTION PREVENTION AND CONTROL continued

Goal	Action
Advance use of evidence-based leading practices in medication safety, infection prevention and control and falls prevention in the home care sector to reduce risk and improve client safety. <small>continued</small>	<p>Create and implement a pan-Canadian approach for increasing the use of the evidence-based practices as outlined in the GSK.</p> <ol style="list-style-type: none">1) Ensure implementation approaches are aligned with the goals of organizations involved.2) Use opinion leaders to help develop and promote the Getting Started Kits.3) Form a coalition of sponsors to ensure a critical mass of agencies adopting the kits.4) Assemble a threshold of participating organisations to ensure the creation of a network that supports each other. <p>Highlight organizations using evidence-based practices and demonstrating leading practices.</p> <p>Evaluate use of evidence-based resources by home care providers.</p> <p>Evaluate whether use of the tools has reduced risks.</p>

HOME CARE ROUNDTABLE PARTICIPATING ORGANIZATIONS

- Accreditation Canada
- Alberta Health Services
- Atlantic Health Quality and Patient Safety Collaborative
- Canada Health Infoway
- Canadian Home Care Association
- Canadian Institute for Health Information
- CARF Canada
- Canadian Patient Safety Institute
- CSA Group
- Eastern Health
- Health Canada - First Nations and Inuit Home and Community Care Program
- Health Canada – Strategic Policy Branch
- Health Quality Council of Alberta
- Health Quality Council of Saskatchewan
- Health Quality Ontario
- Home Care Client Family Perspective
- Institute for Safe Medication Practices Canada
- Island Health Authority - Continuing Health Services
- Manitoba Institute for Patient Safety
- Ministry, Manitoba Health
- Ministry, Nunavut Department of Health and Social Services
- Ministry, Northwest Territories Department of Health and Social Services
- Ministry, New Brunswick Department of Health
- Ministry, Nova Scotia Department of Health and Wellness
- Patients for Patient Safety Canada
- PEI Home Care
- Public Health Agency of Canada
- Revera Home Health
- Saint Elizabeth
- Saskatoon Health Region - Community Care
- The College of Family Physicians of Canada
- The Institute for Health Policy, Management and Evaluation
- University of Toronto
- Yukon Home Care Program

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