

FOUNDATIONS FOR A HOME CARE REPORTING SYSTEM: RESULTS OF A DELPHI SURVEY OF HOME CARE EXPERTS

Research Team: Diane Doran, G. Ross Baker, Cathy Szabo, Jennifer Carryer and Julie McShane

BACKGROUND

Limited data exist about patient safety issues among home care clients. Some home care organizations have instituted reporting systems in their efforts to improve quality and safety. However these systems are not systematic or well-grounded in research because for the most part the research that can inform such strategies does not yet exist in home care. This research project is a first step in addressing this research gap. The objective of this work was to identify an initial list of reportable adverse events for home care clients, which could provide a foundation for a national home care reporting system.

One of the strengths of this research was its use of evidence generated from the pan-Canadian Safety at Home Study (Doran et al. 2013), funded by the Canadian Patient Safety Institute, Canadian Institutes of Health Research, Canadian Health Services Research Foundation and the Change Foundation. The research team built on this evidence and utilized a Delphi methodology to identify serious reportable events in home care, and then reviewed the literature to identify characteristics of effective reporting systems.

METHODOLOGY

Potential adverse events were identified from the recent literature and findings of the pan-Canadian Safety at Home study. A Delphi methodology was then used to refine the list of reportable adverse events in home care. Developed by Dalkey and Helmer (1963), the Delphi process attempts to identify priorities or gain consensus about a set of statements or questions to be rated by participants.

Twenty four individuals recognized by peers as having expertise in home care client safety participated in the Delphi survey. Participants were recruited from national and regional network such as the Ontario Association of Community Care Access Centres (OACCAC), Canadian Home Care Association, Canadian Nurses Association, The Alliance of Professional Associations for Community-Based Therapy Services (APACTS), and pan-Canadian Safety at Home study Knowledge Exchange Board. The participants included nurses, dietitians and therapists who had an average of 10.9 years of home care experience (range 1-25, sd 7.0). The participants spanned six provinces and territories and represented a variety of provider, funder and home care stakeholder organizations.

RESULTS

Two rounds of a Delphi survey were required to yield a final list of four adverse events that achieved consensus on both reportability and preventability (mean ≥ 3.6 on a 4 point Likert scale) and twenty-two that met reportability criteria. Selected examples of reportable adverse events that reached a high level of agreement by Delphi panelists include:

- serious injury related to inappropriate service plan,
- adverse medication reaction requiring emergency room visit or hospitalization,
- new infection related to peritoneal dialysis, intravenous line or central catheter,
- serious injury related to oxygen in the home,
- new wound infection,
- pressure ulcer, and
- evidence of client abuse.

CONCLUSION

Adverse event data collection and analysis in the home care context is challenging because of the nature of home care, the lack of institutional control, the reality of multiple care providers and the unknown effect of family or self-care on the occurrence of adverse events. A standardized, coordinated home care adverse event reporting system is an important first step in the collection of meaningful data about safety in home care. The consensus list of events generated in this study is an important part of that first step. The World Health Organization's patient safety research motto is "better knowledge for safer care;" adverse event reporting in home care will go a long way to gaining better knowledge, and thus enhancing safe care for clients.

Dalkey, N. C., & Helmer, O. (1963). An experimental application of the Delphi method to the user of experts. *Management Science*, 9(3), 458-467.

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COMMENTS FROM DELPHI PANELISTS

"...prevention is complex and requires consideration of multiple factors including the action of paid providers, as well as systems issues and the influence of the client's own decision making"

"...please remember that people have the right to live at risk."

"Often workers are put in difficult situations using the client's own equipment, or unsafe surroundings. These impact the prevention of events."

