

SCREENING FOR CLIENT SAFETY RISKS IN HOME CARE

KEY MESSAGE

FINDINGS FROM THE SAFETY AT HOME STUDY SHOWED THAT THE RATE OF ADVERSE EVENTS (AE) IN CANADIAN HOME CARE CLIENTS WAS 10 – 13%, OVER A PERIOD OF ONE YEAR. OF THESE ADVERSE EVENTS, OVER HALF WERE DEEMED PREVENTABLE, THE MAJORITY OF WHICH WERE FALLS, INFECTIONS, OR MEDICATION-RELATED INCIDENTS. THE FIRST 30 DAYS OF HOSPITAL DISCHARGE REPRESENTS A PERIOD OF TRANSITION AND WAS ASSOCIATED WITH A 60% INCREASE IN THE ODDS OF EXPERIENCING AN ADVERSE EVENT.

NATIONALLY STANDARDIZED CLINICAL PROTOCOLS FOR SCREENING FOR RISK TO CLIENTS AND INSTITUTING PREVENTIVE MEASURES ARE IMPORTANT TOOLS TO PREVENT HARM. THE RAI IS A SUITE OF SUCH TOOLS.

BACKGROUND

Determining who could benefit from home care services is important for creating safer living conditions for older individuals living at home in the community. In many cases there are seniors who could benefit from home care services to facilitate rehabilitation and prevent future falls; yet, at present, there is little done to identify at-risk clients or populations. In some cases, there are no policy mechanisms in home care to ensure that changes in the results of risk assessments are flagged and followed up to resolution.

To illustrate this point, a recent report found that of the seniors who said they are **not** receiving any services at home:

- Nearly one in five (18%) had fallen at least once in the last 12 months.
- Nearly two-thirds (63%) had suffered an injury due to their fall, and 39% of these seniors had received medical attention;
- Almost one in five (18%) who received medical attention had been hospitalized, and 43% of these people were continuing to receive follow-up medical care but were not receiving home care services.¹

While Accreditation Canada incorporates proof of risk assessments into its standards, there currently are no evidenced-based national protocols in home care regarding the process of how or when these are best completed. Accreditation Canada's National Leading Practices program (e.g. Vancouver Island Health Authority Home Care and Community Care's Medication Reconciliation at Admission to Home Care initiative) and Canadian Home Care Association's *High Impact Practices* (e.g. Alberta's Partnering for Patients) are examples of resources that could be promoted and replicated where possible.

THE EVIDENCE

The Safety at Home Study demonstrated the need for early and routine assessments – especially for falls, medication reconciliation and medication management. For example, it was identified that most of the falls-related incidents occurred with clients who had well-established histories of falls, and, in most cases, medication was a contributing factor.

Although an assessment may be performed routinely on admission to home care, in the cases reviewed during the study, there were repeated examples where a reassessment was not performed following a change in status. In other situations, there was no response to an assessment indicating that the client was at significant risk and required an adjustment to the care plan or equipment. Likewise, failure to identify client deterioration was noted. While paid providers had responsibility for specific

aspects of client care, often no one person had a complete overview. When compounded by lack of standardized risk assessments and poor documentation of a client's status, the appropriate intervention was less likely and the potential for client harm increased.

The Safety at Home study also showed that home care service providers sometimes lacked consistent application of standards related to medication management and reconciliation processes, which could identify discrepancies and prevent harm.

RECOMMENDATIONS

- 1 *Encourage the national use of the Resident Assessment Instrument (RAI) assessments to prospectively identify clients at-risk (e.g., signs of decline) for adverse events and to provide a basis for ongoing monitoring and evaluation of outcomes.*

Evidence-based screening tools could help identify clients and caregivers who are most at risk. The RAI-HC, along with its evidence-based clinical assessment protocols, provides a standardized way to assess clients' needs. It could also provide national data for providers, policy-makers, and researchers to monitor and improve quality, to determine how and where to allocate resources, and to standardize services. It is also easily linkable with hospital data and could provide information linking community supports with health services utilization.¹

- 2 *Implement a common electronic chart or integrated communication processes, accessible to all caregivers from all sectors to standardize communication among disciplines and across sectors and expand the use of electronic reporting and communication tools.*

Electronic health records and closed-loop communication processes should be rapidly expanded in HC applications. Electronic health platforms or smart technology can trigger requirements for various assessments or other interventions to be done at certain intervals or after certain events (and be tailored to local requirements) thus minimizing the potential for human error. Electronic records can also facilitate the identification of safety related “red-flags” that may go unnoticed or unreported by home care providers. Having a common, electronically accessible chart, available to all health care providers in all settings, would vastly enhance communication of important information and promote information continuity.

- 3 *Assess for risks related to medication reconciliation*

Medication reconciliation processes in home care should be informed by the Safety at Home Study findings, as medication errors were among the most frequent observed in the study, and polypharmacy and failure to communicate changes in medications to the home care personal were often identified as contributing factors. Often effective medication reconciliation processes can address these risk factors.

REFERENCES

- 1 Health Council of Canada. (2012). *Seniors in need, caregivers in distress: What are the home care priorities for seniors in Canada?* Toronto: Health Council of Canada. Retrieved from http://www.healthcouncilcanada.ca/rpt_det_gen.php?id=348

