<table>
<thead>
<tr>
<th>Case</th>
<th>Age (yo)</th>
<th>Gender</th>
<th>Care management problems</th>
<th>Clinical context and patient factors</th>
<th>Specific contributory factors</th>
<th>General contributory factors</th>
</tr>
</thead>
</table>
| F - 1 | 70       | F      | ‘Rollator’ walker did not fit in bathroom | Increased weakness                 | Environment Factor - Size of rollator  
Patient Factor - increased weakness | Environment Factor - Size of rollator |
| F - 2 | 90       | F      | 2.5 hour delay in accessing client who did not respond to door | Unwitnessed fall - client not able to provide details. Left greater trochanteric fracture identified not requiring surgery. "...very coherent and sharp" in ED. | Patient Factor - History of frequent falls | Patient Factor - Refuses to go to longterm care. |
| F - 3 | 67       | F      | No grab bars in bathroom | Unable to weight bear following knee surgery  
Unwitnessed fall - refused initial transfer to ED  
Fractured left ankle diagnosed 24 hours later | Patient factor - unable to weight bear | Environment Factor - Building management does not allow equipment attached to walls. |
| F - 4 | 93       | F      | Wet bathroom floor (water or urine)  
Multiple medications and vital signs not measured regularly | History of incontinence | Patient Factor - Loss of balance  
Patient factor - Potential incontinence episode led to wet floor | Task Factor - possible hypotension not ruled out  
Patient factor - incontinence |
| F - 5 | 87       | M      | Walker placed too far away from seated client | Client with dementia and history of falls | Patient Factor - possible syncope  
Environment Factor - incorrect placement of walker  
Task Factor - medication may contribute to syncope | Environment Factor - seated in chair without arms |
| F - 6 | 91       | F      | Alone in apartment soaking feet in tub  
Did not have easy access to call button | Unwitnessed fall into bath and unable to pull herself out | Patient Factor - slipped into tub and remained there until morning | Environment Factor - no way to call for help |
<table>
<thead>
<tr>
<th>ID</th>
<th>Age</th>
<th>Gender</th>
<th>Patient Factors</th>
<th>Organizational and Management Factors</th>
<th>Team Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>F - 7</td>
<td>68</td>
<td>M</td>
<td>● At high risk for fall with one leg 2&quot; shorter than other ● Unwitnessed fall from bed resulting in significant hematoma ● Following day had witnessed fall in doctor's office - no injury</td>
<td>Patient Factor - leg length discrepancy</td>
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<tr>
<td>F - 8</td>
<td>88</td>
<td>F</td>
<td>● Lost 30 lbs in past year ● Required additional dietary support in retirement home ● Unwitnessed fall from sofa in retirement home ● Unable to provide details but told PSW she thought she had fainted ● Fractured pelvis</td>
<td>Patient Factor - excessive weight loss not treated Organizational and management Factor - Retirement home does not prepare 'Renal' meals</td>
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<tr>
<td>F - 9</td>
<td>77</td>
<td>F</td>
<td>● Uses 4-wheeled walker and/or cane outside of apartment but will not use it inside - prefers to &quot;wall or furniture walk&quot;. ● Prepares her own medication despite dementia ● Unwitnessed fall - did not notify caregivers for 5 days. Taken to primary care and diagnosed with compression fracture of spine ● Competent clients can make their own decisions ● Carpet has contributed to falls in the past</td>
<td>Patient Factor - refuses to use walking aids in apartment Environment Factor - consideration to removing carpet from apartment</td>
<td></td>
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<tr>
<td>F - 10</td>
<td>85</td>
<td>F</td>
<td>● Family believes they can manage the mother's care on their own ● Son witnessed fall but unable to get to her. ● Client fell into bookcase and lost consciousness ● Client is severely cognitively impaired, restless and requires bi-lateral support.</td>
<td>Patient Factor - Client severely cognitively impaired and non-verbal and acts independently Patient Factor - Requires constant supervision within reach of caregiver 24/7 Team Factor - Concern for family caregiver burnout Organizational and management Factor - at maximum amount of home care support</td>
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<tr>
<td>F - 11</td>
<td>80</td>
<td>M</td>
<td>● Client safer in manual wheelchair but prefers motorized ● Medications contribute to sleepiness ● Client fell asleep in motorized wheelchair and fell forward because of forward position in chair and no seatbelt. ● Head contusion, transferred to ED and observed over night</td>
<td>Patient Factor - sits too far forward in chair without seat belt Environment Factor - safer in manual wheelchair because of position in chair Team Factor - receiving maximum home care services will need to transfer to care home if needs increase</td>
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</table>
| F - 12 | 96 | F | • Fall atypical of client  
• Requires medication review | • Unwitnessed fall in bathroom secondary to dizziness  
• Fractured femur and head laceration  
• Returned home to independent living | Patient Factor - requires work up for hypotension  
Organizational and management factor - Requires risk assessment for falls |
| --- | --- | --- | --- | --- | --- |
| F - 13 | 74 | F | • Husband believes his wife's weakness and fatigue, kidney function and mild mental impairment are all contributing factors to fall.  
• Consistent complement of workers provide care. | • Complex medical history and a history of frequent falls  
• Unwitnessed fall "legs just gave way" when walking across apartment from bathroom to bedroom using her 4 wheeled walker  
• Significant clutter in home  
• X-rays negative but in hospital x 10 days for treatment of cellulitis and newly diagnosed chronic renal failure. | Patient Factor - newly diagnosed chronic renal failure - No new falls since starting dialysis (4 months).  
Environment Factor - Clutter  
Team Factor - client required physical assessment by primary care physician |
| M - 1 | 93 | F | • Incorrect packaging technique used by community pharmacist resulting in client overdose  
• LPN delegated responsibility for medication to uncertified HCA |  
• 93 yo legally blind  
Alzheimer's client unable to decipher that once daily medication was placed in every blister in a four dose per day blister pack | Individual task Factor - Health Care Aid lacked skills and certification for medication delivery  
Patient Factor - elderly client legally blind |
| M - 2 | 67 | M | • Client with impaired memory discharged home with Home Parenteral Therapy (PICC line)  
• Home care agreed to deliver his daily IV antibiotics when there to do his foot dressing but w/e nurse departed before completion of infusion and client left the PICC line open to air. | • Osteomyelitis and Multiple comorbidities including: depression, chronic alcoholism, hepatosplenomegaly, DVT, and acute renal failure  
• PICC line open to air places client at high risk of septicemia or endocarditis  
• PICC line removed and antibiotics delivered in clinic | Individual Factor - home care nurse showed poor judgement leaving patient to complete the IV infusion and reconnect PICC line  
Patient Factor - client incompetent for managing IV medication  
Organizational and management factor - Review of provincial policies and procedures for Home Parenteral Therapy  
Organizational and management factor - Review Home Care Medication Risk Assessment for IV medications |
| M - 3 | 89 | F | - Existing blister pack opened and new anticoagulant meds from separate blister pack were added to the original pack and taped close  
- Multiple blister packs confusing for staff  
- Home care manager not informed of change in antibiotic dose by MD or Pharmacist  
- Medication management policy for provincial clients differs from private residential care clients - only pharmacist may adjust blister packs for provincial clients  
- Anticoagulant dose missing and wrong dose delivered x 15 days noted by pharmacist  
- Team Factor - Physician and pharmacist neglected to inform home care of change in anticoagulant dose  
- Task Factor - Use separate blister pack for medications that are regularly adjusted | Team Factor - need to improve communication between MD, Pharmacist and Home care  
Organizational and management factor - variation in medication policy between provincial and private clients |
|---|---|---|---|---|
| M - 4 | 76 | F | - Client neglects to plug in IV pump to preserve battery power  
- Client requires additional education regarding IV pump  
- 3 weeks before Physician notified of recurrent missed doses and difficulty with IV pump  
- Client irritated by IV pump alarm and switched off  
- Missed multiple doses of antibiotics  
- Consider referring client to the IV Outpatient Clinic  
- Patient factor - Lack of assessment of client ability to manage and troubleshoot IV pump issues | Team Factor - need to improve communication between MD, and Home care |
| M - 5 | 81 | F | - Following iv infiltration and discontinuation of line nurse directed client to drink iv fluid  
- Potential lack of validation of staff qualifications and ensuring equipment is readily available  
- Client had oral blisters and normal saline drink burned mouth.  
- Individual Factor - home care nurse showed poor judgement telling client to drink her iv fluid. Evidence of having done this previously | Organizational and management factor - Observe and confirm staff qualification to practice |
| M - 6 | 85 | F | - Two missed doses of antibiotics due to home care service assuming nurse received assignment despite never confirming back either verbally or electronically.  
- Daughter had to coordinate home care nurse visits to LTC  
- LTC facility did not have a nurse on staff who could deliver the IV medication  
- Client being discharged from acute care back to longterm care and home care was to deliver the IV antibiotics.  
- Daughter not notified of mother's transfer to LTC | Organizational and management Factor - no RN on staff to deliver IV medication  
Organizational and management Factor - require a reliable system for assigning and confirming case assignment |
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<th>Patient Factor</th>
<th>Task Factor</th>
<th>Organisation and management Factor</th>
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</thead>
<tbody>
<tr>
<td>M - 7 31 M</td>
<td>Pharmacy required a &quot;limited use code&quot; in order to dispense anticoagulant · When CCAC contacted physician for revised prescription he had left for the day · Delay in arranging services through CCAC (fax and telephone)</td>
<td>Client forgot to purchase anticoagulant from local pharmacy after discharge from acute care · Client had to go to ED at local hospital to receive antibiotic subcu injections · Mother unable to assist with injections</td>
<td>no one available to assist with injection</td>
<td>prescription for Lovenox injection was incomplete and could not be dispensed</td>
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<tr>
<td>M - 8 58 M</td>
<td>Medication overdose of Enoxaparin. · Medication Administration Record (MAR) and Prescription (Rx) were both available in the home but showed different information. · Pharmacist unable to clarify and nurse unable to contact family physician..</td>
<td>Client and spouse had limited facility with English · Nurse unfamiliar with client - first visit · Chart in home was incomplete and lacked contact information for doctor</td>
<td>Individual Factor</td>
<td>Nurse should have known not to use the same syringe x3 for medication administration</td>
</tr>
<tr>
<td>M - 9 76 F</td>
<td>Missed dose of antibiotic because medication was not delivered by pharmacy · Home Care supervisor told patient should return to hospital for antibiotic dose - client’s daughter told by hospital not to return · Information system / Service Provider system failure. Medical supply fax appeared to Home Care system but was not received by the Pharmacy’s system until 1 day later.</td>
<td>Caregivers (informal) did not understand who to contact for service - Home Care nursing, Pharmacy, personal support · Client does not speak English</td>
<td>Organisational and management factors</td>
<td>Lack of process to follow up and confirm that patient went to ED for dose when all else failed.</td>
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<td>Team factor</td>
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| M -10 | 97  | F     | • Longterm family doctor retired and new family doctor does not do home visits  
• New family doctor was not responsive to calls from community pharmacists regarding need for hypotension medication assessment.  
• Being managed by multiple physicians - cardiologist, family doctor, walk-in clinic and ED - poor inter- MD communication and misunderstanding of who was responsible for specific care management.  
• Client fiercely independent  
• 97 yo client's was cared for by daughter who recently died leaving the client with no one to take her to the family doctor.  
• Client is legally blind  
• Client has difficulty swallowing pills so nurse crushes medications which renders some inactive and others that can't be crushed she can't swallow e.g. iron and stool softener | Patient Factor - Lack of client advocacy and support  
Patient Factor - Client chooses to live alone | Team Factors - Multiple organizations and physicians delivering care with a lack of communication coordination  
Organizational and Management Factor - No mandatory Medical reconciliation post hospital discharge |
|-------|-----|-------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| M -11 | 98  | F     | • Mixed antibiotics with Tylenol.  
• Resolved through Pharmacist's home visit and strategic placement of medications in room i.e. PRN meds in bag on door. | Patient Factor - Legally blind  
Pharmacist and Family physician both make house calls | Organizational and Management Factors - care of the medically complex elders requires a more comprehensive approach such as regular geriatric nurse home visits for clients over 70 years old to promote healthy aging in their own homes |
| M -12 | 84  | M     | • Medication reconciliation revealed multiple 'Over-the-Counter' meds which interfered with prescription meds.  
• Lack of availability of home based specialty clinic services e.g. CHF  
• Client's first language is Portuguese  
• Unsure if patient ever received formal CHF self-management teaching | Patient Factors - Drug-drug interaction between OTC and prescribed medications | Task Factors - All elderly patients should undergo a MedsCheck review upon discharge from hospital |
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<tr>
<th>M-13</th>
<th>81</th>
<th>F</th>
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| • Increase in DM medication not instituted in timely manner. Elevated blood sugars persisted.  
• Family was not directly informed about medication change in a way that they could immediately operationalize it  
• Would benefit from a single in-home record that facilitates good communication about mom’s care plan |
| • Multiple PSW's and family caregivers involved in client's medication administration adding complexity  
• Family aware of medication changes but did not investigate how to implement change |
| **Work Factor** - Use of blister packages as a medication management tool good for stable long term medications, but is a challenging to incorporate mid-cycle changes |
| **Task Factor** - Accepting PSW as fully peer-equal member of the health care team, would be key to identifying when patient is off her baseline |

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<tr>
<th>M-14</th>
<th>91</th>
<th>M</th>
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| • Syncope due to poor or no medication reconciliation performed at previous admission and at discharge  
• Multiple medication discrepancies identified by home care.  
• MedRec resulted in most meds being discontinued. |
| • 91 yo client is hearing and sight impaired. |
| **Task Factor** - inadequate medication reconciliation |
| **Task Factor** - inadequate medication reconciliation |