Safety in Homecare: Perspectives from Clients, Family Members, Caregivers, & Paid Providers

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- Pilot Study Participants (Clients, family members, caregivers and providers)

OVERVIEW

- Background

- VON Canada and CPSI Home Care Safety Initiative

- Environmental Scan

- Pilot Study results

- Recommendations

SAFETY IN HOME CARE BACKGROUND

- Since 1997, the number of home care clients in Canada has increased by 51% (Canadian Home Care Association, 2008).

- Yet, patient safety research is predominantly focused within institutional settings.

- VON Canada recognized this gap and in collaboration with CPSI spear-headed a number of initiatives.

LANDSCAPE OF SAFETY IN HOME CARE

- May 2006 National Invitational Roundtable

- **Six themes for home care safety:**

  1. Safety of the client, family, caregiver, and provider are inextricably linked

  2. Unregulated and uncontrolled settings, autonomy, and isolation

  3. Challenges of communication on many levels

  4. Safety is multidimensional (physical, emotional, social, functional)

  5. Diminishing focus on prevention, health promotion, and chronic care

  6. Quandaries of human resources and maintenance of competence

SAFETY IN HOME CARE:
BROADENING THE PATIENT SAFETY AGENDA TO INCLUDE HOME CARE SERVICES
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REPORT RECOMMENDATIONS

- A different set of glasses is needed for studying safety in the home care context

- Future research must include the perspectives of home care recipients and providers

LANDSCAPE OF SAFETY IN HOME CARE

- Foundational portrait of safety in home care (Lang & Edwards, 2006)

  - Home care safety presents unique challenges and requires a fundamental rethink of underlying assumptions and guiding frameworks that have been used to examine patient safety in institutional settings

- 2008 – CPSI Convened *Core Safety in Home Care Team*

  - Researcher and decision makers

  - Identify priority research areas and to advance safety research in home care

  - CPSI – funded Environmental Scan
    - Pilot Study
    - Key Informant Interviews
    - Literature Review

PILOT STUDY

Method:

- Interviews with clients, family members, caregivers and provider (N=15) in Alberta Health Services Edmonton and the Vancouver Island Health Authority

Findings:

- Meaning of home care safety
- Safety Concerns
- Technology

MEANING OF HOME CARE SAFETY

Recipients' perspectives diverge from those of providers

- Meant they could be at home and in charge (i.e. in charge of their care, their surroundings, their life in general).

    - *"Sometimes they [home care providers] agree with what I am doing and sometimes they don't agree."*

- Providers considered safety in a more traditional medicalized way
    - Risk assessments (e.g., falls)
    - Ensuring clients received medications in *blister paks* to minimize medication errors
    - Proper disposal containers for syringes and needles.

SAFETY CONCERNS

- Caregivers are central to the success of home care, but are easily made invisible as long as the client is maintained at home and all is going well.

  - *"Families are tired," and "if they didn't look after their own health, they didn't keep themselves safe in that whole process (of care giving)."*

  - *"You (the family caregiver) are coping, coping, and coping, and then one more thing happens and then it's like you just aren't coping anymore."*

TECHNOLOGY

- Alarm systems, motion sensors, sound monitors and other monitoring systems enable clients to feel safer and to obtain help in the event of emergencies.

- Feeling safer comes with a cost, and the cost is often paid by the caregiver who is constantly responding to these alarms.

- Providers identified the need to have access to GPS to make visible their location at all times.
  - Often on the road, traversing a wide variety of neighborhoods and the elements
  - Range of potentially risky home situations (i.e., aggressive patients, unclean conditions etc.)

ENVIRONMENTAL SCAN RECOMMENDATIONS

- **For researchers:**

    - Involve clients, family members, caregivers, and providers in order to understand their varied perspectives as well as their respective vulnerabilities, needs and strengths.

    - Elicit the elements of a definition of home care safety from stakeholders.

ENVIRONMENTAL SCAN RECOMMENDATIONS

- ### For researchers:

  - Develop a definition of home care safety that is conceptual in nature, with clearly articulated elements that may be tailored to individual clients/situations with each element potentially having a different relative importance.

  - Identify and explore multiple study methods and various relevant sources of visual and textual data to capture the complexity and multidimensionality of home care safety.

ENVIRONMENTAL SCAN RECOMMENDATIONS

- ## For decision makers:

  - Shift the way organizations and practitioners provide care in response to the emerging home care safety landscape.

  - Consider a model of practice that enables the provider and the client(s) to co-create a health-promoting environment conducive to risk-mitigation for all involved.

  - Focus on staff education to build the knowledge and competencies required to work in a different way with clients that is directly linked to the new model of practice.

ENVIRONMENTAL SCAN RECOMMENDATIONS

- **For decision makers:**

  - Develop organizational procedures/standards that reflect the 'flexible' definition of safety, and therefore enable the proposed model of practice.

  - Designate, as a high priority, technology enabled documentation to facilitate the transfer of information within the home and across the health care continuum.

VON CANADA

ENVIRONMENTAL SCAN RECOMMENDATIONS

- ## For policy makers:

  - Recognize that home care safety has fundamental differences than safety in institutional settings and as such, strategies and interventions to mitigate the safety risks require some different approaches and policies.

  - Designate, as high priority, the development and implementation of an electronic health record system that links across sectors of the health care system.

ENVIRONMENTAL SCAN RECOMMENDATIONS

- ## For policy makers:

  - Focus and prioritize primary health care and home care reform for those clients with chronic illnesses with the goal of preventing and/or diminishing hospital (re)admissions.

  - Consider the needs of caregivers in funding approaches. Opportunities need to be embedded in service authorization and funding for caregivers to be the recipients of services, and to be able to access respite care that will enable them to continue to fulfill the critical role that they play.