HOME CARE SAFETY
THE CANADIAN PERSPECTIVE

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Overview

- Canada: Geographical perspectives
- Program of Research
- Partnerships: A corner stone
- Safety in Home Care

Canada - 9,984,670 sq. km (6 time zones)

Germany - 357,021 sq km
- 3.5% of Canada's size
VON CANADA

› Largest national not-for-profit charitable home and community organization providing care at
  ◦ 52 sites in over 1000 communities staffed by
  ◦ 4,500 health care workers
  ◦ 10,000 community volunteers

HOME CARE SAFETY GAP

› Patient safety research has predominantly focused on hospitals and other institutional settings
› VON Canada recognized a knowledge gap around home care safety and, in 2005 launched several research-related initiatives in collaboration with the Canadian Patient Safety Institute (CPSI)

› A "different set of glasses" are needed to view the complexity of safety issues in the home care
VON’s PROGRAM OF RESEARCH
SAFETY IN HOME CARE

In 2004, VON recognized a knowledge gap around home care safety and launched several research-related initiatives.

- CPSI convened the Core Safety in Home Care Team to identify priority research areas.
- CIHR: to examine the experiences, challenges and insights regarding safety of those receiving and providing palliative home care services in Quebec.
- CIHR-PHSI focused on medication management across four provinces (AB, ON, QC, NS).

BROADENING THE PATIENT SAFETY AGENDA TO INCLUDE HOME CARE

- multidimensionality of safety (physical, emotional, social, functional)
- the inextricably linked relationships and communication among clients, family / caregivers, and providers
- unregulated and uncontrolled settings
- autonomy and isolation
- challenges of human resources and maintenance of competence
Objectives

- Determine the prevalence, incidence, magnitude & types of adverse events (AEs) in home care in Canada
- Determine risk factors, service utilization & other contribution conditions associated with AEs in the general population, and among the sub-populations of congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), diabetes & dementia
- Determine the challenges, concerns, and risks from the perspectives of clients, family / caregivers and paid providers

SAFETY AT HOME: A PAN-CANADIAN HOME CARE SAFETY STUDY (2010-2012)
**Adverse Event Defined**

- Defined by the WHO as an injury caused by medical management or complication rather than by the underlying disease itself, and one that results in either **prolonged healthcare**, **disability at the time of discharge from care**, or **both**.

**PERCEPTIONS OF SAFETY FROM HOME CARE CLIENTS, THEIR CAREGIVERS AND PROVIDERS**

- Ariella Lang (VON Canada)
- Marilyn Macdonald (Dalhousie University)
- Jan Storch (University of Victoria)
- Tony Easty (Centre for Global eHealth Innovation, UHN)
- Melissa Griffin (Centre for Global eHealth Innovation, UHN)
- Lynn Stevenson (Vancouver Island Health Authority)
- Lori Mitchell (Winnipeg Health Authority)
- Helene LaCroix (Saint Elizabeth Healthcare)
- Susan Donaldson (Canadian Home Care Association)
- Lynn Toon (VON Canada)
- Tanya Barber (Dalhousie University)
- Sheri Roach (Capital District Health Authority)
- Cherie Geering Curry (University of Victoria)
- Diane Doan (University of Toronto)
- Régis Blais (Université de Montréal)
PERCEPTIONS OF SAFETY FROM CLIENTS, CAREGivers AND PROVIDERS

Purpose:
Obtain the perspectives of clients with chronic illness (i.e. COPD & CHF), their live-in caregivers, and paid providers regarding home care safety.
3 Provinces: BC, MB, & NB

- 6 semi structured interviews per province with clients, caregivers and providers
- Photographic walkabout data in each household (Human Factors)
- Focus groups- 2 / per province - conducted separately with home care professionals and home support workers

**Conceptual Framework:**
Safety is considered from 4 dimensions: Emotional, physical, social and functional

**WHAT IS HUMAN FACTORS?**

- Discipline dedicated to uncovering and addressing areas of mismatch between
  - People
  - Tools
  - Environments

- When people must use tools and work in environments that do not support them, errors or near misses can occur
Clients & caregivers without clear policies, resources and support are willing to ‘live at risk’ in order to remain in their homes

- Sometimes they refuse home care services to limit the stream of visitors through the house.
- Some clients hide their needs, afraid they will be told to move into an institution.
- Not getting the services they need is a safety issue.

“She has signed a letter stating that she totally understands the risk of what she’s doing and she wants to continue living in the community.” (Provider)
**Duty Creep & Losses: How Roles Change**

The feelings of duty or obligation caregivers experience in taking care of their loved ones, as well as the subsequent role changes and losses living with chronic illness can cause:

- As a client’s health declines, pressure mounts for caregivers to do more and more.
- “Duty creep” and the difficulty of taking on a role in the client’s life can put great stress on caregivers.
- Stress can make it even harder for caregivers to look after everything from ensuring medication is taken to organizing care to running errands.
- Physical and emotional health and safety of both clients and caregivers may be compromised.

“But I think I said a little while ago about being a free bird to do whatever I wanted for years and that has stopped... But it’s like almost like being tied... No, my duty is right here to do the best I can and that’s what I’m trying to do.” (Caregiver)

**Rationing Oxygen: Rationing Living**

The impact of limiting funded portable oxygen on the lives of home care clients.

- Clients who needed oxygen therapy had as much as they needed at home but portable oxygen supplies were limited 2/month for most participants.— sufficient to get to medical appointments only.
- Clients may give up activities affecting their emotional well-being and increasing feelings of isolation.
- Clients may also try to continue activities without their oxygen — risking blackouts and exacerbations.
- This results in physical, emotional, and functional safety concerns for themselves and others.

“I would just love to see them have unlimited [portable oxygen]. Because it to me, in terms of like decreasing someone’s anxiety and decreasing their depression, if you can allow them to get out of the house and even just go for coffee or go to the grocery store, that would just do so much to improve their mood and to make things easier for them.” (Provider)
The Unacknowledged Challenge: Taking Care to the Home

Numerous challenges exist for clients, caregivers and health providers when care is shifted from institutional settings (i.e. hospitals) to the home.

- Some clients and caregivers found it difficult to maintain treatments and their house or apartment.
- Clients and their caregivers may live in dirty or deteriorating surroundings.
- Paid providers face working in these conditions as well as facing the presence of tobacco smoke or pets.
- Clutter and awkward placement of medical equipment can pose tripping hazards.
- These challenges pose potential risks to physical, emotional and functional safety and would not be accepted in institutional settings.

“Someone’s home that’s our workplace, you know, but even walking up to the entrance, is it shovelled, is the... You know, there’s something sprinkled for the ice, like thinking for ourselves. Is there somebody smoking in the home, have they stopped smoking for that period of time that, you know, prior to us coming and going?” (Provider)

The Shared Decay of Health at Home

- The decline of the client leads to a decrease in their capabilities to remain independent and thus an increase in their reliance on others for support and care.
- There is an inextricable link between client and caregiver health and safety. The physical and emotional demands of looking after a chronically ill family member or friend can lead to serious health problems for caregivers.
- Stress and isolation can cause depression and anxiety.
- Chronically ill clients, seeing their caregivers decline, also suffer.
RECOMMENDATIONS

- Make routine assessments of caregiver’s health and wellbeing part of home care; conduct ongoing reassessments of clients and caregivers that include updating and adapting care to their changing health needs.
- Offer caregiver training and ongoing support; create policies that ensure counselling for caregivers as part of home care services.
- Create a ‘home first’ policy to include systems and resources that ensure prompt response to needs and concerns, effective communication, coordinated care and a safe environment for clients, caregivers and providers.

- Lift restrictions on portable oxygen supplies.
- Create policies that include resources and provisions for maintaining the home; its security, cleanliness and maintenance.
- Ensure a primary care coordinator for each household to ensure seamless care, to better support clients and caregivers, and to eliminate the inefficient administration that delays care and puts safety at risk.
DANKE SCHOEN