

# Supporting conversations about patient safety in the home

**Am I Safe?**  
MODEL AND CONVERSATION GUIDES

**3**  
**CUSTOMIZABLE**  
**CONVERSATION**  
**GUIDES**  
**INSIDE**



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**Supporting an individual's choice to live at risk in their home is a complex and challenging issue for health care providers, patients and their caregivers<sup>1</sup>. Understanding and accepting “what is safe?” requires achieving a balance between the patient's and family's concept of risk and the health care provider's knowledge and perception of acceptable risk.**

The Am I Safe? strategy and conversation guides is an evidence-informed model and toolkit created by the Canadian Home Care Association (CHCA) in partnership with the Canadian Patient Safety Institute (CPSI). The content was informed by the following foundational initiatives:

- The landmark study *Safety at Home: A Pan-Canadian Home Care Safety Study, 2013* (Doran, Blais et al).
- The *Safety at Home Roadmap* (proceedings and recommendations from a 2014 expert roundtable co-hosted by CPSI and CHCA).
- A 2015 pan-Canadian environmental scan and subsequent findings report *Supporting Conversations about Patient Safety in the Home*.

A key step in the creation of Am I Safe? was to gain a clear understanding of the availability and use of resources to guide safety conversations between health care providers and patients when receiving home care services. This exploration revealed that although patient risk assessments are routinely made, there is a lack of awareness, availability and use of guides to assist providers in having these difficult safety conversations within the context of care in the home. The findings shaped the next phase of the project: the development of resources to facilitate difficult conversations and support informed decision-making when answering the question “am I safe?”.

Based on these findings the CHCA and CPSI collaborated to develop the Am I Safe? model and conversation guides to achieve the following results:

- Patients and their caregivers are engaged in conversations with providers on how to optimize their safety at home.
- Patients and their caregivers take more actions to be safe.
- Providers have greater confidence and ability to conduct difficult conversations with patients about personal decisions regarding their safety in the home.

FOR OUR WORK, WE USED THE FOLLOWING DEFINITION OF DIFFICULT CONVERSATIONS— “A SITUATION IN WHICH AT LEAST TWO PARTIES ARE ENGAGED WHERE (1) THERE ARE DIFFERING OPINIONS, PERCEPTIONS, AND NEEDS/WANTS, (2) FEELINGS AND EMOTIONS RUN STRONG, AND (3) THE STAKES ARE HIGH<sup>2</sup>”.

<sup>1</sup>Caregivers are individuals (family members, neighbours, friends and other significant people) who take on a caring role to support someone with a diminishing physical ability, a debilitating cognitive condition or a chronic life-limiting illness. (Carers Canada, 2017)

<sup>2</sup>Patterson, K., Grenny, J., McMillan, R., Switzler, A. 2012. *Crucial Confrontations: Tools for Talking When Stakes Are High*. New York: McGraw-Hill. Available at: <https://wizchan.org/hob/src/1449204259443-1.pdf>

## CREATING THE MODEL AND CONVERSATION GUIDES

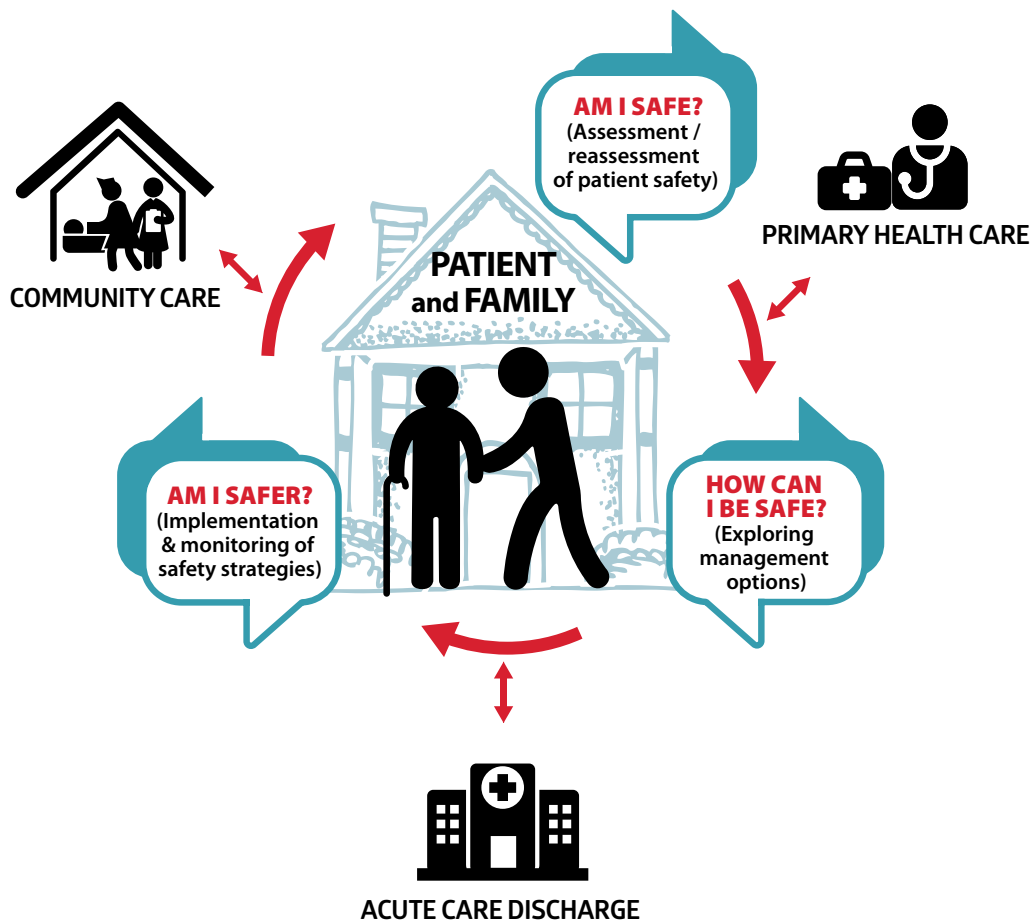
A targeted environmental scan and e-Delphi consultations were undertaken to gain consensus on the key elements of the Am I Safe? model. Providers within the health care system in three targeted areas were engaged:

- Acute care discharge planners
- Primary health care
- Home care service providers

Drawing on their expert knowledge and input, a model for addressing difficult conversations was created. The following key elements and considerations shaped and guided the creation of the patient-centric Am I Safe? model:

- **REFRAME THE CONVERSATION – FOCUS ON SAFETY:** The concept of ‘patient risk’ should be reframed to that of ‘patient safety’. Patient risk can be viewed negatively by patients, their caregivers and the health care team. Subsequent management strategies can be perceived as punitive or having negative impacts on a patient’s quality of life. Focusing the conversation on patient safety reframes the discussion to a positive tone and will help patients and their caregivers embrace actions and change resulting from management and mitigation strategies.
- **RECURRENT CONVERSATIONS IMPROVES SAFETY:** Safety conversations must take place often and involve many health care providers across various settings of care. The environmental scan identified a clear gap in this area. Patients and their caregivers are the one constant between providers and across care settings. Empowering patients and caregivers to engage health care providers in conversations and become vested parties in their own safety is critical. This approach will ensure the conversations about patient safety are a priority and always take place no matter where or who is providing care. The Am I Safe? model builds on these two concepts: patient are stewards of their own safety and safety is a continuous conversation.
- **CUSTOMIZED, FLEXIBLE TOOLS:** Resources and tools to facilitate safety conversations need to meet the unique needs of the various individuals involved in ensuring safe and effective patient care in the home and community. Tools must support appropriate language and messaging about safety, increase engagement and support sustainable behavioral changes among patients, caregivers and health care providers. Resources and information should address three critical areas (at a minimum): communication, decision-making, and ethical or moral distress.
- **BUILD ON EXISTING PRACTICES:** A suite of tools to enable conversations about patient safety at home should reflect the context and setting of care where providers, patients and their caregivers are engaged. Risk assessments are currently a routine component of frontline health care provider and patient interactions therefore the tools should support the assessment process and reinforce information that is currently being collected.

## Model of patient-centric safety conversations **Am I Safe?**



Safety conversations where patients and caregivers drive iterative conversations about safety in the home. Key features of the model include:

- Patients and their caregivers are the focal point of the model, representing their lead role in conversations about safety.
- Home care services, primary health care and acute care discharge planning inform patient conversations and decision-making.
- Patient safety conversations occur in a continuous cycle of evaluation, education, implementation and monitoring.
- Patients and caregivers are empowered and capable of making informed choices about risk and safety with the assistance of the health care team.

The goals of the second phase of this work were to create conversation guides to enable the Am I Safe? model of patient-centric safety conversations. The following activities were undertaken to ensure the creation of evidence-informed tools based on research evidence, clinical expertise and patient experience.

### **GUIDANCE FROM AN EXPERT GROUP**

The Safety Advisory Group provided expertise in identifying the most appropriate communication support resources, and input throughout the drafting of the content.

- Acclaim Health
- Baxter Corporation
- Beacon Community Services
- Canadian Home Care Association
- Canadian Patient Safety Institute
- Care At Home Services
- Closing the Gap Healthcare Group
- Northwood Home Care Limited
- Patients for Patients Safety Canada (caregiver and patient)
- Regina Qu'Appelle Health Region

### **BUILDING ON ESTABLISHED CONVERSATION STRATEGIES**

Extensive searches of websites for openly available materials was undertaken to identify potential resources that could be adapted and used in developing the safety strategy and conversation guides. As there are currently no specific resources available to facilitate difficult conversations on safety and living at risk in the home setting, the scan was broadened to other areas in health care and social service sectors where difficult conversations are undertaken. Search criteria included the following topics:

- advance care planning
- medication safety
- falls prevention campaigns
- clinician and patient engagement
- risk communications
- seniors and driving
- dementia and mental health

In total, 31 evidence-based resources were identified for further evaluation of applicability.

### **LEARNING FROM “PATIENT CONVERSATION” INITIATIVES**

Recognized “patient conversation” initiatives and subject matter experts were consulted through online surveys and telephone interviews to gain their perspectives and experiences when facilitating difficult, but necessary, conversations in their respective fields. A total of 16 organizations provided recommendations on content and format, key elements in facilitating difficult conversations, and suggestions for best practice conversation guides.

- Alberta Health Services
- Alzheimer Society of Canada
- Canadian Red Cross
- Canadian Virtual Hospice
- CBI Health Group
- Choosing Wisely
- CSA Group
- Government of Yukon, Department of Health and Social Services
- Horizon Health Network
- Institute for Safe Medication Practices (ISMP) Canada
- Mental Health Commission of Canada
- Speak Up
- Spectrum Health Care
- VHA Home HealthCare
- Waterloo Wellington Community Care Access Centre
- Winnipeg Regional Health Authority

## **ASSESSMENT OF MOST APPLICABLE RESOURCES**

The 31 evidence-based resources were critically appraised to determine their validity, quality and relevance in facilitating difficult safety conversations. Using a criteria matrix, the Safety Advisory Group evaluated and prioritized potential conversation resource guides. The matrix provided a rapid and consistent method for evaluating the identified resources. It quantified the sample guides with numeric rankings, resulting in prioritized resources. Each resource was evaluated by at least two different members of the Safety Advisory Group to produce objective results.

The top 15 resources, along with themes derived from the evaluations and group comments were used in the development of the Am I Safe? safety strategy and conversation guides.

## **A STRATEGY FOR IMPLEMENTATION**

Upon completion of the Am I Safe? conversation guides, a stakeholder consultation was held to explore strategies to support the adoption and integration of the conversation guides into care practices. A total of 15 experts, including clinical managers, nurses, personal support workers, a clinical practice coach, occupational therapist and policy analyst, participated in facilitated group discussions to evaluate the usability of the guides and recommendations on practical application for each target audience.

Attending organizations included:

- Acclaim Health
- Closing the Gap Healthcare
- Health Canada
- Mississauga Halton Community Care Access Centre
- ParaMed Home Health Care
- Saint Elizabeth
- VHA Home HealthCare

## AM I SAFE?

Through critical evaluation, adaptation of the current body of research and experience of subject matter experts, three conversation guides are available to assist regulated health care providers, unregulated health care providers and patients and their caregivers to engage in conversations about safety in the home.

### IMPLEMENTING 'AM I SAFE?'

Reframing the focus from conversations about patient risk to that of patient safety is a vital step in changing patient and caregiver perception and facilitating their involvement in safety management and mitigation strategies.

Home care clients/patients often fail to see themselves as unsafe in their home environment because identified risks are ever present in an individual's day-to-day life. Despite failing to recognize potential risks, patients have a desire to be safe and would likely be willing to implement strategies that would maintain or add to their personal safety.

The notion of risk and risk-taking is often regarded in a negative light. As a result, patients and their caregivers can perceive risk management strategies as punitive or an attempt to negatively impact or restrict one's life choices. Re-framing the conversation to safety rather than risk, sets a positive tone thereby creating a constructive environment that encourages patients and their caregivers to be involved in conversations and actions. Ensuring the uptake and adoption of the safety conversation guides into policy and practices is critical. To facilitate sustainable implementation of the resources, the following measures are recommended:

- Integrate the conversation guides into current practices by embedding the tools into risk assessment processes, practice standard documentation, patient care plans, and other clinical programs (i.e. caregiver coaching programs, chronic disease self-management programs).
- Include the conversation guides in orientation sessions and ongoing education, through combinations of case studies, role playing, educational videos and discussions to share experience and explore adoption of the guides for unique "difficult" conversations. Consider peer-to-peer training approaches to increase receptivity and model desired behaviours.
- Engage senior leadership, clinical managers and frontline staff in creating an organizational culture that embraces patient and provider safety.
- Develop a value proposition and articulate the importance of safety conversations in enhancing current care practices.
- Cultivate a sense of shared responsibility and role clarity in driving conversations about safety in the home among all stakeholders.

• **Leverage the Am I Safe? conversation guides by branding them with your logo and contact information.**



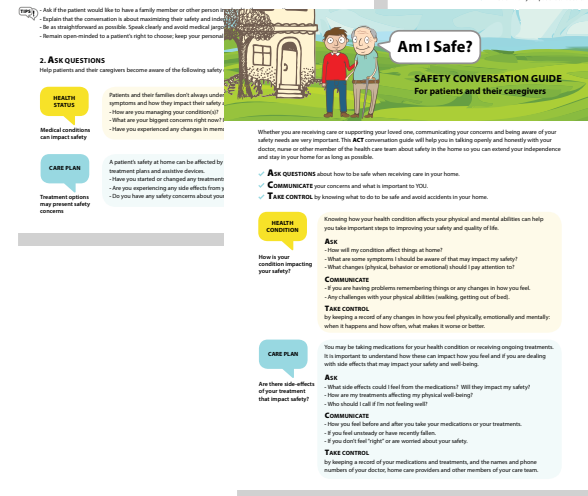
# CUSTOMIZED CONVERSATION GUIDES

There is no “one size fits all” solution to facilitate difficult conversations with patients and their caregivers. The Am I Safe? conversation guides use a customized approach and evidence-informed process to support safety conversations with patients, caregivers and frontline home care providers.

The conversation guides include simple memory aids and straightforward steps to help providers (nurses and home support workers) and patients and their caregivers start discussions and take appropriate actions. Building on shared decision-making principles, the Am I Safe? conversation guides provide helpful tips and tactics that can be used with all clients receiving home care services.

Each conversation guide can be customized with the service provider logo so that patients know who and how to contact your staff if they have any questions or concerns.

If your organization is interested in customizing and using the Am I Safe? Conversation guides contact the CHCA at: [amisafe@cdnhomocare.ca](mailto:amisafe@cdnhomocare.ca)





# Am I Safe?

## SAFETY CONVERSATION GUIDE For Regulated Health Care Providers

Ensuring safe and effective care for your patients will enable them to live safely and independently in their own home. This **SAFE** conversation guide will support you in initiating a two-way conversation with your patients and their caregivers about safety in the home.

- ✓ **SHARE** your risk and safety assessment.
- ✓ **ASK QUESTIONS** to understand your patient's perspectives and how they impact their safety.
- ✓ **FACILITATE** informed decision making through active communication.
- ✓ **EVALUATE** progress and continue conversations about safety in the home.

### 1. SHARE YOUR ASSESSMENT

Frame your conversation in a positive way – discuss safety not risk. Focus on fact-based information gathered from risk and safety assessments. Share specific examples from your observations.

- TIPS!**
- Ask if the patient would like to have a family member or other person involved in the conversation.
  - Explain that the conversation is about maximizing their safety and independence.
  - Be as straightforward as possible. Speak clearly and avoid medical jargon.
  - Remain open-minded to a patient's right to choose; keep your personal values on safety out of the conversation.

### 2. ASK QUESTIONS

Help patients and their caregivers become aware of the following safety considerations.

#### HEALTH STATUS

Medical conditions can impact safety

- Patients and their families don't always understand their medical conditions and symptoms and how they impact their safety and well-being.
- How are you managing your condition(s)?
  - What are your biggest concerns right now? Is this impacting your safety?
  - Have you experienced any changes in memory, mood and physical symptoms?

#### CARE PLAN

Treatment options may present safety concerns

- A patient's safety at home can be affected by unintended side effects from medication, treatment plans and assistive devices.
- Have you started or changed any treatments or medications?
  - Are you experiencing any side effects from your medications or treatments?
  - Do you have any safety concerns about your treatment or care plan?

## LIFESTYLE CHOICES

Behavior and attitudes are linked to safety

Lifestyle choices including tobacco use, alcohol consumption, physical activities, and eating habits all impact a person's safety.

- Are you experiencing any limitations that concern you?
- What are some of the things you do to stay active and healthy?
- Are you interested in learning about your [nutrition need]/[physical activities]?

## PHYSICAL ENVIRONMENT

A safe home environment

Have an open discussion on how to make the home safe.

- Is there anything that has been getting in your way of doing things?
- Do you have any safety concerns right now?
- Could anything be changed to make your home safer?

- TIPS!**
- Encourage conversation by using prompts such as nodding, saying “go on” or “I would like to hear more about that.”
  - Expect emotions and acknowledge them with supportive statements, such as “It seems like this conversation is difficult for you. Can you tell me what is making it difficult?”
  - Repeat back what you’ve been told in your own words to ensure a clear understanding.
  - Gauge your patient’s readiness—and willingness to have a safety conversation.

### 3. FACILITATE INFORMED DECISION MAKING

Make sure your patient has enough information to answer the question “Am I Safe?”

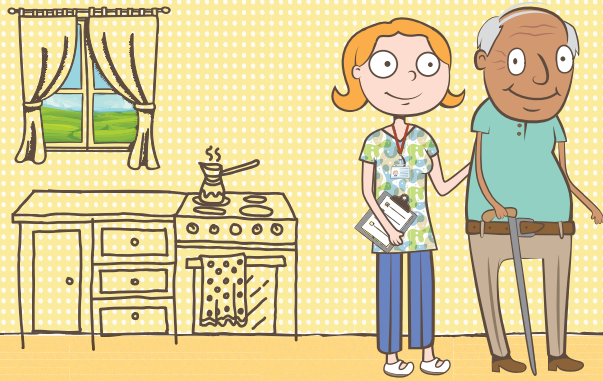
- TIPS!**
- Use the teach-back technique to check for understanding – “To make sure I’ve explained things well, tell me how you understand your situation.”
  - Pose friendly questions: “There are different ways that people can make their life easier and safer at home. Can we spend a few moments talking about what is important to you so that we can plan your care together?”
  - Provide written information about safety concerns and encourage your patient to share with their family members.

### 4. EVALUATE PROGRESS

Always ask yourself “Is my patient safe?” and “Can my patient be safer?” Safety conversations need to happen often. Provide opportunities to continue the conversation in follow-up appointments or calls.

- TIPS!**
- Document and share your actions and observations in the care plan.
  - Encourage all team members, including patients, to voice their concern if they sense or become aware of a safety risk. Use assertive statements to communicate safety risks outlined by “CUS”:
- I am **C**oncerned  
I am **U**ncomfortable  
This is a **S**afety Issue

ADD YOUR LOGO



# Am I Safe?

## SAFETY CONVERSATION GUIDE For Unregulated Health Care Providers

As someone who spends the greatest amount of time with the patient, you are often the first care provider to notice changes in the individual's condition or situation. This **CARE** guide will help you think about patient safety, get to know your patients and families, and share your ideas so you can help them stay safe in their homes.

- ✓ **CAREFULLY OBSERVE** things that may affect your patient's safety.
- ✓ **ASK QUESTIONS** to understand your patient's point of view and get to know them better.
- ✓ **REPORT** what you see and hear to your supervisor or health care team member.
- ✓ **ENCOURAGE** your patient to be safe.

### HEALTH STATUS

Recognize changes in how the client is feeling, acting or thinking

#### **CAREFULLY OBSERVE**

- Behaviours and emotions (mood swings, confusion, memory loss, aggression).
- Physical abilities (mobility, strength, walking, getting out of bed).
- Appearance (odour, pale skin, change in weight, bruises, reddened/itchy areas).
- Communication (changes in ability to speak, hear, or answer questions).

**ASK** how your patient is feeling to learn their thoughts about their health condition—  
How do you feel today?

**REPORT** changes in physical, emotional or mental status.

**ENCOURAGE** your patient to think about what makes them feel better or worse throughout the day.

### CARE PLAN

Be aware of how the services can impact the client's safety

#### **CAREFULLY OBSERVE**

- Medications (refusing/skipping a medication, having difficulty taking it, new medications).
- Patient's care needs and plan (discomfort from therapy, care or treatment, unmet needs).

**ASK** your patient to share their likes and dislikes and how you can help them with care—  
How would you like me to [ ]?

**REPORT** any concerns with your patient's care.

**ENCOURAGE** patient's involvement in their own care.

## LIFESTYLE CHOICES

Lifestyle choices can affect safety

### CAREFULLY OBSERVE

- Signs of possible abuse (unusual scars, multiple or frequent bruises, inappropriate behaviour).
- Risk-taking behaviors (excessive alcohol intake, illegal drugs, smoking).
- Social support (social activities, loneliness).
- Eating and appetite (types, amount and condition of food).

**ASK** if your patient is aware of how their lifestyle choices are impacting their safety—Do you feel safe in your home?

**REPORT** any unusual things or changes in your patient's daily activities.

**ENCOURAGE** your patient to have a safe and healthy lifestyle.

## PHYSICAL ENVIRONMENT

Home environments can pose safety challenges

### CAREFULLY OBSERVE

- Living conditions (clutter in the house, barriers to mobility, lighting, animals).
- Fire and other potential safety hazards (burn marks in carpets, loose carpets).
- Any changes that could impact safety in the home.

**ASK** your patient if they feel safe and comfortable in their home—Is there anything you need to make you safer in your home?

**REPORT** any concerns with your patient's living environment that may put you or them in an unsafe situation.

**ENCOURAGE** your patient to think of ways to make the inside and outside of their home a safer place and to always be mindful of their safety.

## TIPS



- Talking with patients and their caregivers, rather than at them, sets a warm tone and builds trust.
- Observing is not just what you see or hear, but also knowing what is 'normal' for the patient.
- Report only the facts - be precise, accurate and provide details or specific examples:
  - Describe the specific situation or behavior; provide concrete data
  - Explain the safety concerns
  - Seek advice
  - Confirm plan

ADD YOUR LOGO



# Am I Safe?

## SAFETY CONVERSATION GUIDE For patients and their caregivers

Whether you are receiving care or supporting your loved one, communicating your concerns and being aware of your safety needs are very important. This **ACT** conversation guide will help you in talking openly and honestly with your doctor, nurse or other member of the health care team about safety in the home so you can extend your independence and stay in your home for as long as possible.

- ✓ **ASK QUESTIONS** about how to be safe when receiving care in your home.
- ✓ **COMMUNICATE** your concerns and what is important to YOU.
- ✓ **TAKE CONTROL** by knowing what to do to be safe and avoid accidents in your home.

### HEALTH CONDITION

How is your  
condition impacting  
your safety?

Knowing how your health condition affects your physical and mental abilities can help you take important steps to improving your safety and quality of life.

#### ASK

- How will my condition affect things at home?
- What are some symptoms I should be aware of that may impact my safety?
- What changes (physical, behavior or emotional) should I pay attention to?

#### COMMUNICATE

- If you are having problems remembering things or any changes in how you feel.
- Any challenges with your physical abilities (walking, getting out of bed).

#### TAKE CONTROL

by keeping a record of any changes in how you feel physically, emotionally and mentally: when it happens and how often, what makes it worse or better.

### CARE PLAN

Are there side-effects  
of your treatment  
that impact safety?

You may be taking medications for your health condition or receiving ongoing treatments. It is important to understand how these can impact how you feel and if you are dealing with side effects that may impact your safety and well-being.

#### ASK

- What side effects could I feel from the medications? Will they impact my safety?
- How are my treatments affecting my physical well-being?
- Who should I call if I'm not feeling well?

#### COMMUNICATE

- How you feel before and after you take your medications or your treatments.
- If you feel unsteady or have recently fallen.
- If you don't feel "right" or are worried about your safety.

#### TAKE CONTROL

by keeping a record of your medications and treatments, and the names and phone numbers of your doctor, home care providers and other members of your care team.

## LIFESTYLE CHOICES

Are you living and acting safely?

Being independent and safe means making good choices in how and what you eat, how much exercise you do and whether you drink alcohol or smoke. Alcohol and over-the-counter drugs or herbal remedies can interfere with medicines or cause certain symptoms.

### ASK

- What are some tips I can do to manage my condition and stay safe at home?
- Are there any activities that I should do or not do?
- What type of diet should I have?

### COMMUNICATE

- Any unexpected changes in your life – things that make you feel stressed or concern you.
- If you are not sleeping well or eating regular meals (breakfast, lunch, dinner).
- How you spend your day – what activities you do.

### TAKE CONTROL

by staying active and keeping in touch with friends and family. Keep an open mind and try different things - find out what makes you feel safe and happy.

## PHYSICAL ENVIRONMENT

Is your home safe?

Sometimes you have to make changes to your home to make it easier for you to carry out your daily activities, prevent accidents, and be safe. Installing grab bars in the bathroom, and easy to use handles, moving furniture, using brighter lighting or clearing space are all ways to help you stay safe.

### ASK

- What do I need to do to make my home safe?
- Where do I get the things I need?

### COMMUNICATE

- If you are having problems walking, bathing or getting around your house.
- How often are you taking walks outside your house – how far are you going?
- Is it becoming difficult to open your cupboards, turn on your faucets or do other things around your house.

### TAKE CONTROL

by routinely assessing your own needs and inspecting your home for any potential home safety issue.

## TIPS



Don't be afraid to clarify to make sure you understand what is being explained to you. Ask the person to write down his or her instructions for you.

HELPFUL PHRASES:

"Can you please explain that to me again" or  
"What I am hearing you say is...is this right?"

ADD YOUR LOGO





Canadian Home Care  
Association  
canadienne de soins  
et services à domicile

The Canadian Home Care Association (CHCA) is dedicated to ensuring the availability of accessible, responsive home care to enable people to safely stay in their homes with dignity, independence and quality of life. Our vision is an integrated health and social care system that provides seamless patient- and family-centred care that is accessible, accountable, evidence-informed, integrated and sustainable.

For more information on the CHCA:

 [www.cdnhomecare.ca](http://www.cdnhomecare.ca)

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