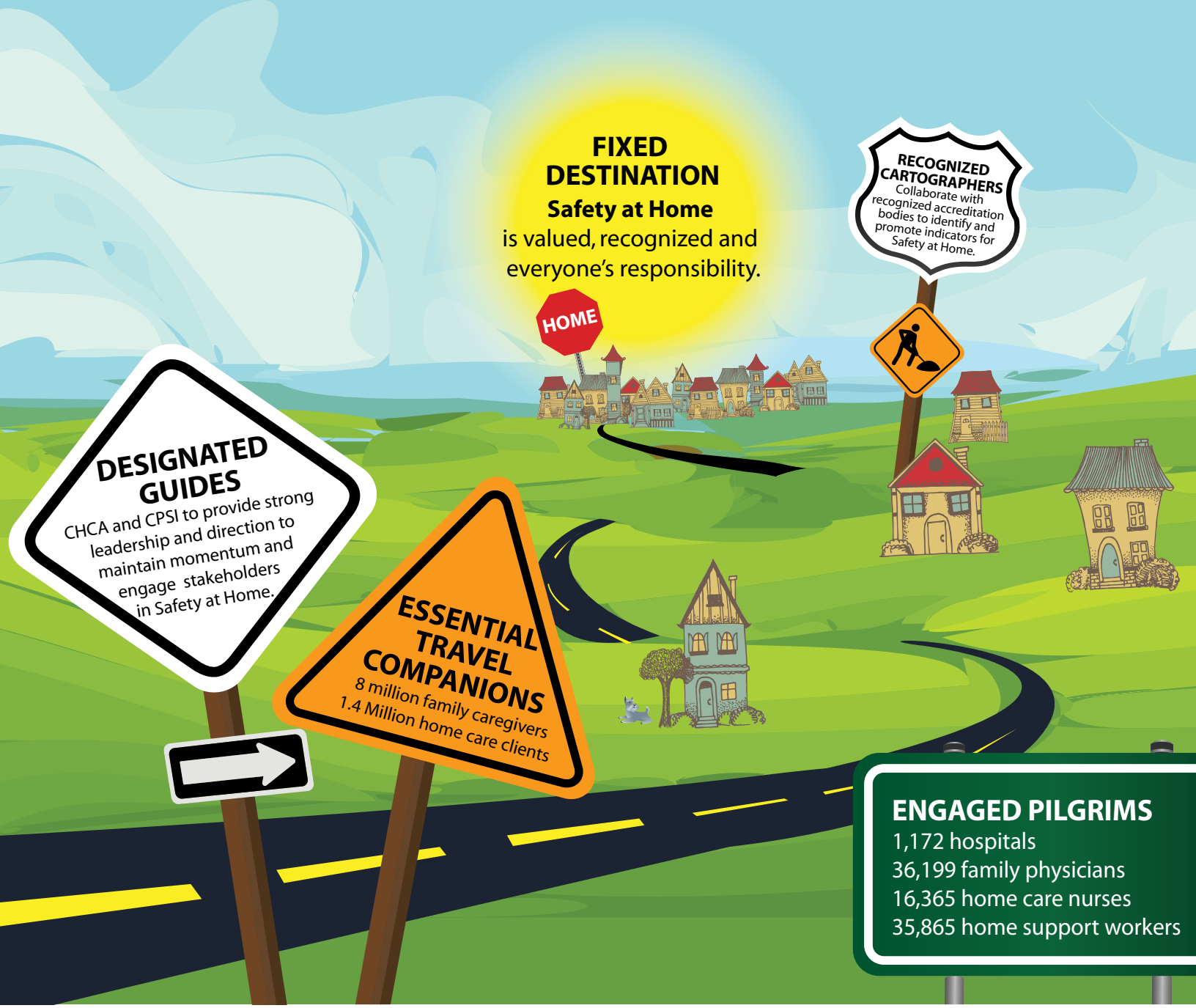
SAFETY AT HOME

Expert Roundtable Proceedings



Canadian Home Care Association
canadienne de soins et services à domicile

The Canadian Home Care Association

The Canadian Home Care Association (CHCA) is a national not-for-profit membership association dedicated to ensuring the availability of accessible, responsive home care and community supports to enable people to safely stay in their homes with dignity, independence, and quality of life. Members include government policy planners, administration organizations, service providers, researchers, educators and others with an interest in home care. The CHCA, as the national voice of home care, promotes excellence through leadership, advocacy, awareness and knowledge.

www.cdnhomecare.ca

ON SEPTEMBER 11, 2013
THE CANADIAN HOME CARE ASSOCIATION (CHCA)
HOSTED AN INVITATIONAL ROUNDTABLE FOR HOME CARE STAKEHOLDERS ACROSS THE COUNTRY (REFERENCE ATTACHMENT 2 FOR A LIST OF PARTICIPANTS).
THE OBJECTIVES OF THE FORUM WERE TO:

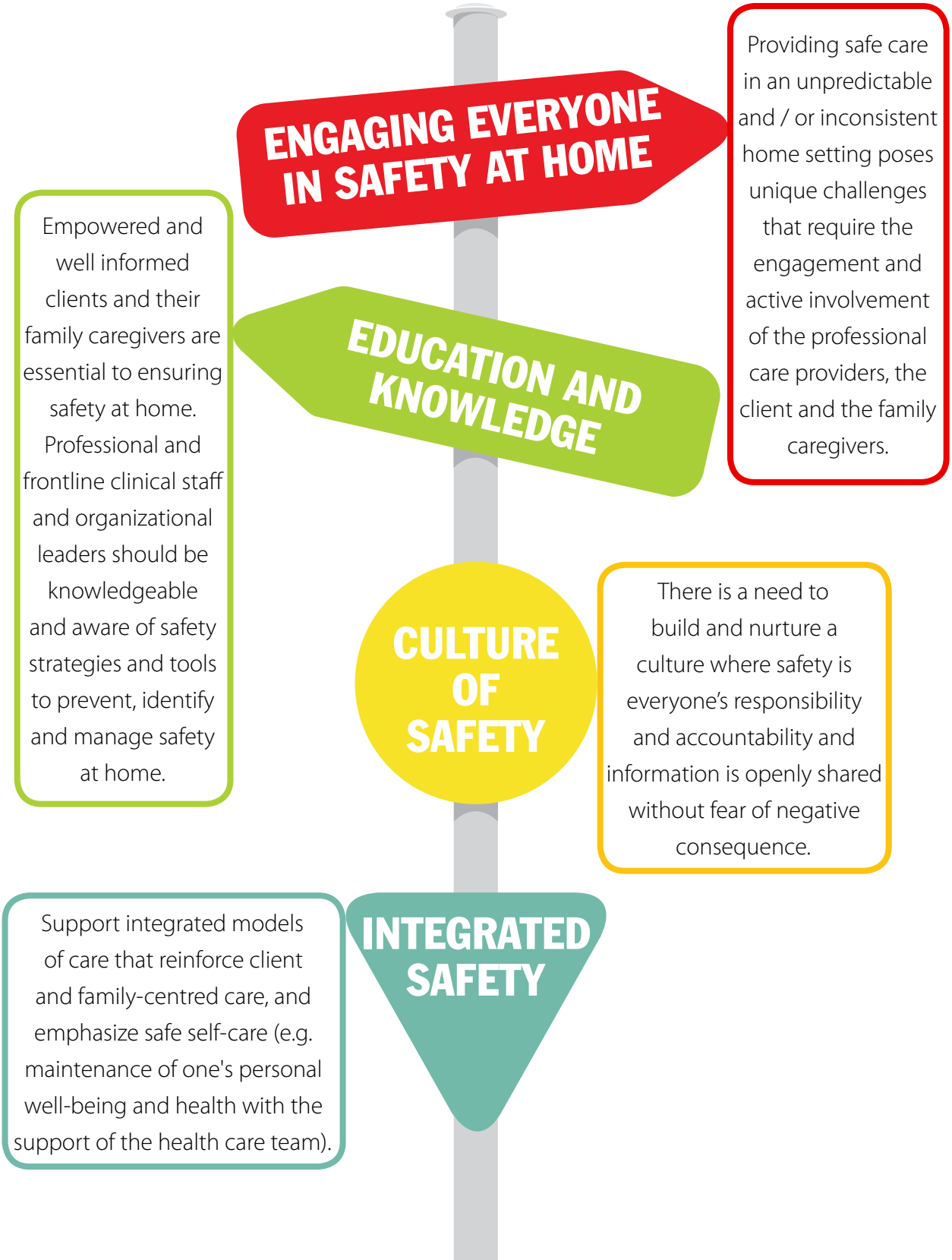
INTRODUCE THE SAFETY AT HOME INITIATIVE

REVIEW THE SAFETY IN THE HOME RESEARCH RESULTS

IDENTIFY ACTIONS, OUTCOMES AND NEXT STEPS TO EMBRACE CLIENT SAFETY IN THE HOME CARE SECTOR

WHAT ARE THE MOST IMPORTANT FOCI FOR SAFETY AT HOME?

Based on the group discussions, four key foci were identified. Participants were asked to discuss outcomes, barriers, opportunities and strategies that would impact and advance each area of interest. Additionally, stakeholders were asked to share their thoughts on what role the CHCA and CPSI should and could take to facilitate achievement of the recommendations. All participants had an opportunity to provide input into each of the four foci:



WHAT DO WE WANT TO ACHIEVE?

This question was posed to the participants for each of the foci, to begin the articulation of a vision for safety in the home and capture the outcomes that need to be achieved across the country. The resulting four vision statements focus on the client and family caregiver, professional and front-line staff, a fundamental cultural shift, and system transformation that embeds safety across all setting of care.

WHAT DO WE NEED TO OVERCOME?

The group discussions for each focus area generated a number of issues and barriers, many of which were cross-cutting all the four foci. Below is a summary of the common challenges that were identified by the discussion groups (specific barriers are included in the detailed summaries in attachment 1).

LACK OF CLEAR UNDERSTANDING OF "SAFETY AT HOME"–There is a wide disparity between the client / family caregivers' understanding and acceptance of 'what is safe' and the professional care providers' knowledge and perception of acceptable risk. Not all clients have the capacity and / or desire to perform self-care and ensure safety in their homes (e.g. isolated frail elderly, diminished mental capacity, limited access to family caregivers etc.).

LIMITED ACCESS TO TOOLS AND PROCESSES TO SUPPORT SAFETY AT HOME – Both clients and providers have variable access to appropriate tools and processes. Communications about safety at home issues and solutions is inconsistent and inadequate. There are no structured mechanisms to share and access best practices and often safety is not a core component of required organizational practices.

SAFETY AT HOME IS NOT A PRIORITY – With budget constraints and increasing demand, system priorities focus on cost effectiveness and efficiency and safety is often a secondary priority that is not well resourced. The accountability for safety is not clear, and often jurisdictions do not have provincial strategies, and devolve accountability to individual organizations.

LACK OF DATA AND RESEARCH ON SAFETY AT HOME – Evidence-based decision making to support safety at home policy and programming is limited by the lack of awareness and access to research or comparative data. Knowing what works and why, as well as what doesn't and why not (the lessons learned), is essential if safety at home practices are to be generalized across the country.

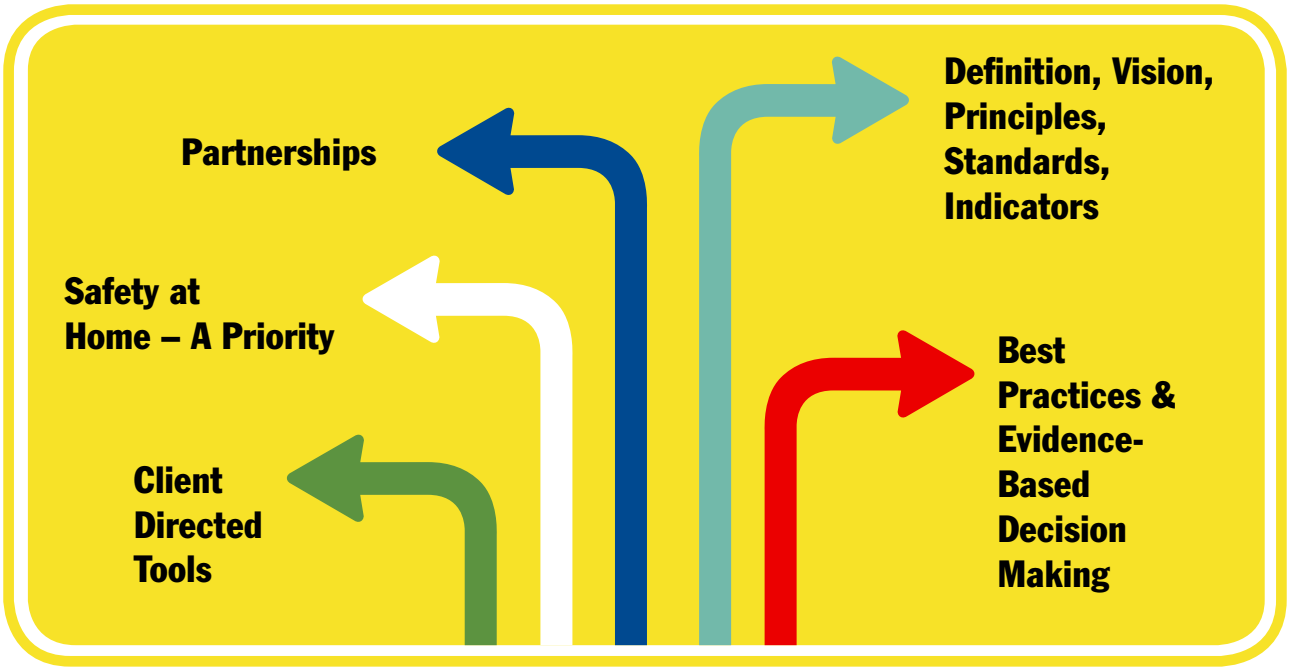
NO NATIONWIDE DEFINITION, VISION OR GUIDING PRINCIPLES FOR SAFETY AT HOME – Development of pan-Canadian strategies and safeguarding a positive safety culture in the home care sector are deterred by the lack of a national framework. The lack of accepted principles, standards and indicators for safety at home limits collaboration and benchmarking across the country.

SYSTEMS LIMITATIONS HINDER INTEGRATED SAFETY STRATEGIES – Although safety is a shared challenge across all settings of care, integrated approaches to health care delivery are relatively new and often limited by inflexible funding and inadequate resource allocation across settings of care.

EDUCATIONAL PROGRAMMING DOES NOT EMPHASIZE SAFETY AT HOME – Multi-disciplinary safety strategies and accountabilities are not included in the current educational curriculum. Home care team members receive disparate safety training and are often not aware of team membership responsibilities in regards to safety at home.

WHAT STRATEGIES AND ACTIONS CAN WE UNDERTAKE TO ACHIEVE OUR STATED OUTCOMES?

The groups identified a number of action steps for each focus area. The following are common strategies and actions that were cross-cutting all foci.



DEFINITION, VISION, PRINCIPLES, STANDARDS, INDICATORS

- **a.** Create and share a common definition, vision and supporting principles for safety at home
- **b.** Define 'Safety in the Home' focusing on "What Safety at Home could be?" with an emphasis on safety rather than risk
- **c.** Ensure alignment of the definition and vision with accrediting bodies' standards or required organizational practices (ROPs)
- **d.** Develop clear accountability and role expectation guidelines for organizations
- **e.** Identify and promote specific indicators for safety at home within the home care sector and across the health system

PARTNERSHIPS

- **b.** Create partnerships and collaborative mechanisms with national organizations (Accreditation bodies, CHCA, CPSI)
- **b.** Engage a broad range of stakeholders in developing and implementing safety at home strategies (policy planners, administrators, providers)
- **c.** Develop strategies and actions to engage clients and family caregivers in safety at home (focus on prevention)
- **d.** Connect with other associations that have a vested interest in building integrated Key Performance Indicators, (e.g. hospital consortiums, primary health care teams) and include safety at home on their agendas

SAFETY AT HOME–A PRIORITY

a. Develop a campaign to build awareness and make Safety at Home a priority for all health care systems across the country and for patients / clients

b. Link safety at home to driving system priorities – e.g. decrease in ER admissions, Lean process improvements

c. Reinforce existing obligations to maintain safety standards as a way to make safety a priority (will vary across the country, in some provinces it is a law, others it is reflected in principles/ accreditation standards)

d. Engage key stakeholders (funders, administrators, providers) to promote new culture of safety.

e. Engage senior leadership to drive any change around safety

BEST PRACTICES & EVIDENCE-BASED DECISION MAKING

a. Identify and share best practices across the country

b. Develop best practice guidelines (RNAO is an excellent resource) to support frontline providers

c. Explore integrated risk assessment and management strategies across the continuum of care

d. Identify integrated safety initiatives that can be adopted by other jurisdictions (e.g. SAIL Program, Baxter Renal Program, Lifeline, home exercise programs, HNHB Medrec program)

e. Invest in research and catalyst funding to support and measure outcome based safety at home models

CLIENT DIRECTED TOOLS

a. Develop tools to support client / family competency or confidence in determining and managing safety at home (self-care)

b. Best practice training tools that support client and family caregiver health literacy and awareness of safety