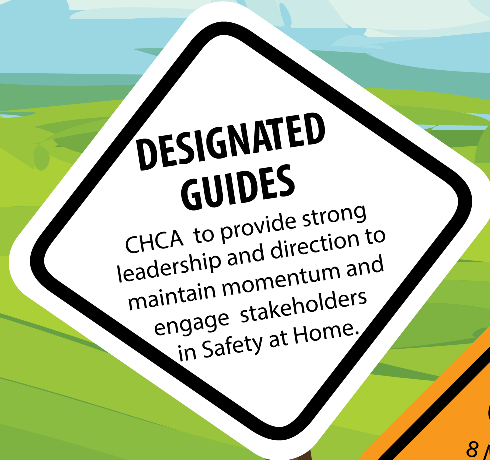
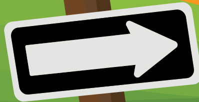
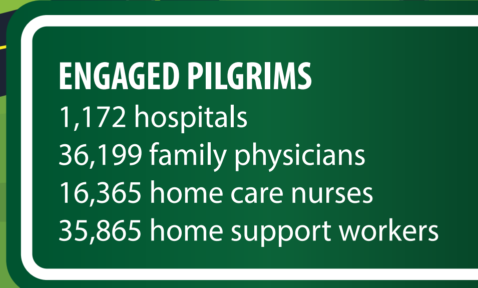
SAFETY AT HOME

FIXED DESTINATION
Safety at Home
is valued, recognized and everyone's responsibility.







Canadian Home Care Association

THE CANADIAN HOME CARE ASSOCIATION (CHCA)
HOSTED AN INVITATIONAL ROUNDTABLE FOR HOME CARE STAKEHOLDERS ACROSS THE COUNTRY.

THE OBJECTIVES OF THE FORUM WERE TO:

SETTING THE CONTEXT

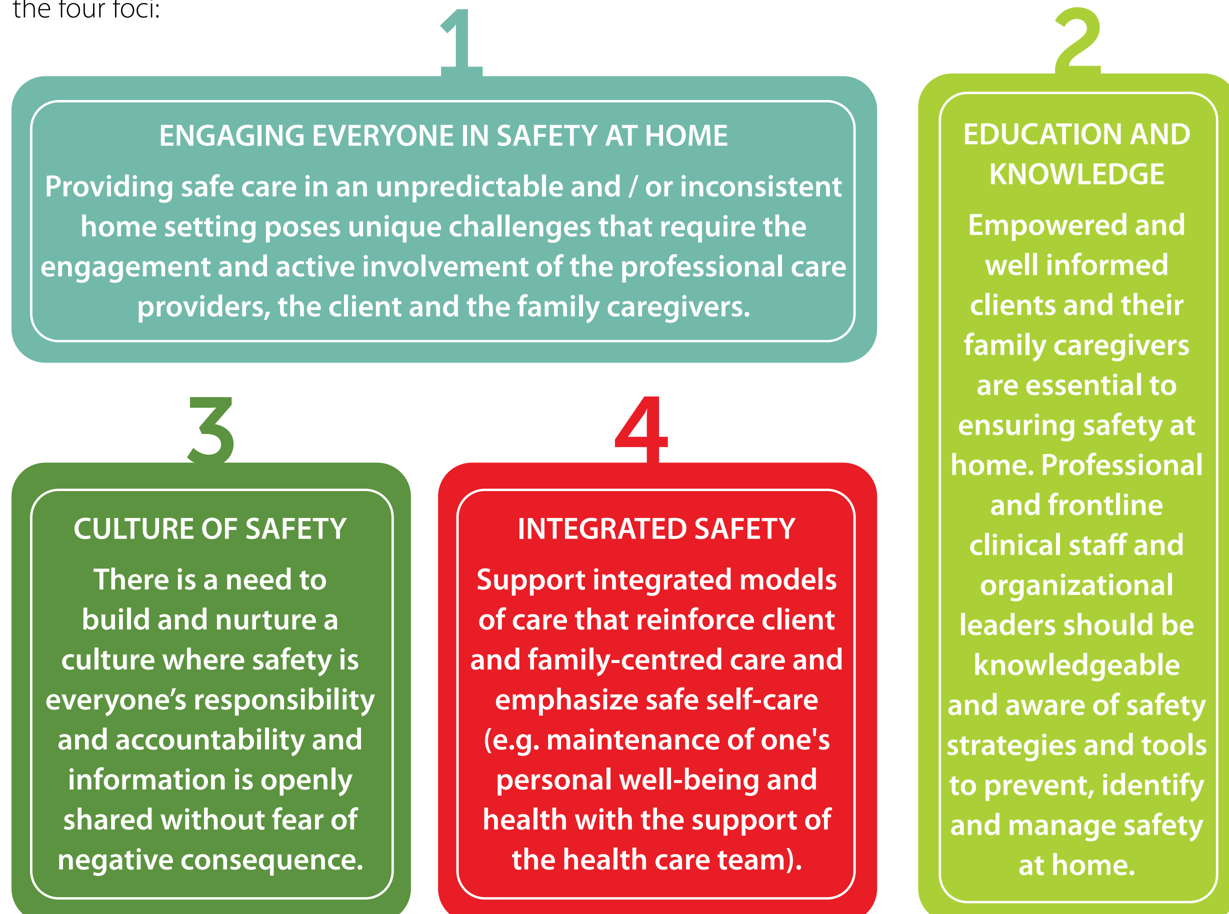
The Canadian Home Care Association (CHCA) welcomed participants to the forum, reaffirming its commitment to advancing safety in home care. The session began with an overview of key strategic goals and the collaborative efforts between CHCA and the Canadian Patient Safety Institute (CPSI) to improve patient safety in home and community care.

Updates were shared on national initiatives, such as the Safer Health Care Now program, and progress in home and community care safety. Additionally, research findings from the Pan-Canadian Home Care Safety Study were presented, highlighting key recommendations to enhance safety practices.

Participants were then invited to share their insights and expertise on the central question: **What actions are needed to strengthen client safety in the home and community 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 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 settings of care.

1. Everyone understands and respects their roles and responsibilities in ensuring safety at home. This recognition and comprehension is exhibited throughout the episode of care and across the continuum of health services.

2. Clients and family caregivers have access to user friendly and easy to understand information that supports self-care in a safe environment. Safety knowledge, skills and accountabilities are embedded in educational curriculum, clinical practice, organizational procedures and policies.

3. The dialogue about safety at home encourages a positive, empowering culture where safety is valued, recognized and everyone's responsibility.

4. Integrated care pathways across all settings of care address high risk safety situations, and include client and family caregiver empowerment as fundamental components.

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 Appendix 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 at 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

a. Create partnerships and collaborative mechanisms with national organizations.
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.
c. Reinforce existing obligations to maintain safety standards as a way to make safety a priority.
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 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. 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.

WHAT CAN WE LEVERAGE TO ACHIEVE OUR GOAL?

Participants were asked to identify initiatives, resources and tools that could be used to advance the strategies stated above.

- Identify and build upon current initiatives and tools used to support 'high risk' areas (falls, medication safety) – including the InterRAI-HC, local risk screening tools, MedRec programs, etc.
- Align with quality improvement initiatives (e.g. Lean, Triple Aim, external accreditation).
- Identify best practice collaborative models of care that include integrated safety and share the positive outcomes (better safer care, better value, better outcomes) they achieved.
- Benchmark other 'high risk' industries (e.g. aviation, transportation) to learn how they have fostered a culture of safety.
- Explore how technology can support increased knowledge of safety and risk management.
- Embed safety at home in the core curriculum for educational / training programs for regulated and unregulated care providers.
- Include safety at home indicators in the national Home Care Database.
- Engage community partners (e.g. police departments, fire departments, EMS) to support change at a grassroots level.
- Partner with consumer organizations to build consumer awareness of safety at home.
- Target safety awareness to baby boomers who are often caregivers and are considering their own health limitations.

WHAT ROLE DOES CHCA HAVE IN THIS WORK?

As participants were sharing their experience and work in the area of safety at home, they were asked what they felt the CHCA should do to advance the dialogue and achieve the outcomes identified by the group. A number of suggestions were put forward and the following list is an amalgamation of the key roles for the CHCA.

LEADERSHIP IN CREATING A DEFINITION AND VISION OF SAFETY AT HOME

- Through engagement with national partners and stakeholders across the country the CHCA should assume a leadership role in the creation of a 'Safety at Home' definition, vision and principles to increase and support understanding across multiple stakeholders.

PARTNERS

ENGAGE PARTNERS TO PROMOTE AN INTEGRATED APPROACH TO SAFETY

- The CHCA should promote a systems level approach to safety by broadening partnerships beyond community to include acute care, long-term care and primary health care.
  - Link accountability to expected change (professional accountability) with realistic and recommendable expectations.
  - Share best practices on integrated models of care – highlighting integrated safety and safety outcomes.

IDENTIFY SHARE & SUPPORT

IDENTIFY AND SHARE BEST PRACTICES AND SUPPORT EVIDENCE-BASED DECISION MAKING

- Identify and share best practices / tools / resources and support pan-Canadian knowledge sharing to raise the profile of safety innovation, and support adoption across the country.
  - Create tools to support providers to learn about and implement safety at home (including post-assessment tools) – 'quick wins'.
  - Convene stakeholders to advance the discussion and identify practice leaders and champions across the country.
  - Support evidence-based decision making through evaluation of projects in progress—communicate these findings and practices nationally.
  - Identify research to support evidence-based decision making.

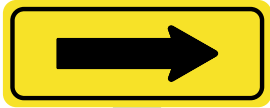
AWARENESS & EDUCATION

SUPPORT SAFETY AT HOME AWARENESS AND EDUCATION

- Develop, disseminate and promote educational tools for families, and caregivers and professional staff to build awareness and understanding of safety in the home.
- Promote a common language of safety at home across Canada (target policy, administration, front-line, clients and caregivers).
- Launch an awareness campaign focusing on why clients should care about and take responsibility for their safety .

FINAL REMARKS

Each participant shared one sentence that would encapsulate their thoughts on the day and the task ahead. Overwhelmingly, the group felt positive that action should and could be undertaken, that urgency was needed and that collaboration was the most effective way to achieve results. The group cautioned that safety is a large and complex issue and to keep expectations realistic and celebrate small wins.



DETAILED DISCUSSION NOTES FROM FOUR SAFETY FOCI

FOCUS AREA 1: ENGAGING EVERYONE IN SAFETY AT HOME

Providing safe care in an unpredictable and / or inconsistent home setting poses unique challenges that require the engagement and active involvement of the professional care providers, the client and the family caregivers.

WHAT WE WANT TO ACHIEVE?

Everyone understands and respects their roles and responsibilities in ensuring safety at home. This recognition and comprehension is exhibited throughout the episode of care and across the continuum of health services.

WHAT DO WE NEED TO OVERCOME?

- Disparity between the clients / family caregivers' understanding and acceptance of 'what is safe' with the professional care providers' knowledge and perception of acceptable risk.
- Clients and family caregivers have limited access to information and tools to understand and determine what is safe.
- Professional care providers do not have consistent processes and tools to identify, assess, manage, and measure risk at home and across the continuum.

WHAT CAN WE DO TO ENGAGE EVERYONE IN SAFETY AT HOME?

- Provide national leadership through partnerships and engagement (policy planners, administrators, providers) to create and share a common vision and comprehension of safety at home.
- Make safety at home a priority for all health care systems across the country by creating a business case that reinforces cost effectiveness and client outcomes.
- Identify and share best practices across the country that use strategies to prevent, reduce and manage risks, and support ongoing collaboration and application through the creation of a network across the country for dissemination and information exchange for professional providers.
- Develop tools and strategies to assess client / family competency or confidence in determining and managing safety at home.
- Identify and promote specific indicators for safety at home and across the health system.

WHAT CAN WE LEVERAGE TO ACHIEVE OUR GOAL?

- Evaluate the current risk screening tools and process in use across the country and provide recommendations on effective / efficient approaches that are "meaningful but not lengthy".
- Evaluate how the InterRAI – HC tool can be used to support increased risk assessment and safety conversations.

FOCUS AREA 2: EDUCATION AND KNOWLEDGE

Empowered and well informed clients and their family caregivers are essential to ensuring safety at home. Professional and frontline clinical staff and organizational leaders should be knowledgeable and aware of safety strategies and tools to prevent, identify and manage safety at home.

WHAT DO WE WANT TO ACHIEVE?

- Empowering Clients & Family Caregivers - Clients and family caregivers have access to user friendly and easy to understand information that supports self-care in a safe environment.
- System Transformation - Safety knowledge, skills and accountabilities are embedded in educational curriculum, clinical practice, organizational procedures and policies.

WHAT DO WE NEED TO OVERCOME?

- Safety at home is not recognized as a priority.
- Lack of data and research on safety at home limits evidence-based decision making.
- Inconsistent and inadequate communication about safety at home challenges and solutions.
- Lack of standards and accreditation process to support safety at home.

WHAT CAN WE DO TO RAISE AWARENESS AND KNOWLEDGE OF SAFETY AT HOME?

- Develop strategies and actions to engage (planning / feedback / change) clients and family caregivers in safety at home (focus on prevention).
- Embrace a multi-sector partnership approach to safety "We all own safety" (target one issue).
- Link safety at home to system priorities – e.g. decrease in ER admissions, Lean process improvements.
- Invest in research and catalyst funding to support and measure outcome based safety at home models.
- Increase awareness of safety at home through national and provincial reporting and awareness campaign.

WHAT CAN WE LEVERAGE TO ACHIEVE OUR GOAL?

- Best practice training tools that support client and family caregiver health literacy and awareness of safety.
- Introduce motivational interviewing into the client assessment process.
- Develop best practice guidelines to support frontline providers.
- Build safety into a standardized curriculum for unregulated care providers (home support workers).
- Explore integrated risk assessment and management strategies across the continuum of care.
- Identify integrated safety initiatives that can be adopted by other jurisdictions.
- Include safety at home indicators in the national Home Care Database.

FOCUS AREA 3: CULTURE OF SAFETY

There is a need to build and nurture a culture where safety is everyone's responsibility and accountability and information is openly shared without fear of negative consequence.

WHAT DO WE WANT TO ACHIEVE?

Change the dialogue about safety at home to create a positive, empowering culture where safety is valued, recognized and everyone's responsibility.

WHAT DO WE NEED TO OVERCOME?

- Fear of reprisal at all levels (client, employee, industry).
- Reconciling what a client may deem "safe" in their home with what a provider may deem "safe".
- Finding the balance between risk and safety; what are acceptable risks? What is necessary to be safe?
- No common definition of safety at home?

WHAT CAN WE DO TO INGRAIN A SAFETY AT HOME CULTURE INTO ALL WE DO?

1. Define 'Safety in the Home' through the creation of a vision and framework - e.g. "What Safety at Home could be" (focus on safety rather than risk).
2. Engage key stakeholders (funders, administrators, providers) to promote new culture of safety.
3. Develop clear accountability and role expectation guidelines for organizations.

WHAT CAN WE LEVERAGE TO ACHIEVE OUR GOALS?

- Experience with Safer Healthcare Now and how it has impacted the acute care culture.
- CHCA Harmonized Principles for Home Care (engagement process, implementation strategy, communications).
- Benchmark other 'high risk' industries (e.g. aviation, transportation) to learn how they have fostered a culture of safety.
- Align with quality improvement initiatives (e.g. Lean, Triple Aim, external accreditation).
- Engage community partners (i.e. police departments, fire departments, EMS) to support change at a grassroots level.
- Partner with consumer organizations (e.g. Rogers, security companies, home improvement retailers, pharmacy chains) to build consumer awareness of safety at home.
- Target high visibility issues (falls, medication safety) and build on existing tools and programs.

FOCUS AREA 4: INTEGRATED SAFETY

An integrated model of care that reinforces client and family-centred care and emphasizes safe self-care (e.g. maintenance of one's personal well-being and health) with the support of the health care team.

WHAT DO WE WANT TO ACHIEVE?

- Create pathways across integrated health settings that address high risk safety situations, and include client and family caregiver empowerment as a fundamental component.
- Support the integrated safety pathways with common assessment / charting, processes and key performance indicators.

WHAT DO WE NEED TO OVERCOME?

- Integrated approaches to health care delivery are relatively new, with few supported by flexible funding and resource allocation across settings of care.
  Not all clients have the capacity and / or desire to do self-care (e.g. isolated frail elderly, diminished mental capacity, limited access to family caregivers etc.).
- Educational curriculum does not reflect and support this philosophy.

WHAT CAN WE DO TO SUPPORT INTEGRATED SAFETY APPROACHES?

- Engage senior leadership to drive any change around safety.
- Connect with other associations that also have a vested interested in building integrated key performance indicators, (e.g. hospital consortiums, primary health care teams).
- 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 principles/accreditation standards).

WHAT CAN WE LEVERAGE TO ACHIEVE OUR GOALS?

- Target safety awareness to baby boomers who are often caregivers and are considering their own health limitations.
- Best practice collaborative models of care that include integrated safety and share the positive outcomes (better safer care, better value, better outcomes) they achieved.
- Leverage technology to facilitate communication between care providers, clients and family caregivers.
- Accreditation standards can reinforce 'required operational practices' (ROPs) for integrated safety pathways.

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.

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