Identifying Patient Safety Risks in Non-Acute Care Settings

Broadening the Patient Safety Agenda to Include Home Care Services

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Abstract
Caring for an individual in the home is inherently complex. The physical environment, family dynamics and the cognitive abilities of the client and family members are only a few of the factors to be considered in delivering services. Although targeted initiatives have been established to reduce preventable injuries and deaths in the hospital sector, there has not been a corresponding level of research or patient safety initiatives in other healthcare delivery sectors. A coordinated and collaborative approach to generate new knowledge pertaining to safety in home care in Canada has therefore been undertaken by the Canadian Patient Safety Institute (CPSI), VON Canada, and Capital Health (Edmonton). Actions included the development of a background paper (Lang and Edwards 2006) that informed an invitational roundtable discussion, where key safety issues in home care were identified and priority actions discussed. Over 40 individuals from across Canada participated, reflecting various disciplinary and organizational affiliations in the delivery of home care services. This paper describes key findings from the background paper, outcomes from the ensuing roundtable discussions and implications for practice, research and policy.

Background
There is a growing demand for home care services in Canada (Canadian Institute for Health Information 2003), and the level of patient acuity at transition to this setting is also increasing (Canadian Institute for Health Information 2006). Caring for an individual in the home is inherently complex. The physical environment, family dynamics and the cognitive abilities of the client and family members are only a few of the factors to be considered in delivering services. Although targeted initiatives have been established to reduce preventable injuries and deaths in the hospital sector (Safer Healthcare Now 2005), there has not been a corresponding level of research or patient safety initiatives in other healthcare delivery sectors. A coordinated and collaborative approach to generate new knowledge pertaining to safety in home care in Canada has therefore been undertaken.

The Canadian Patient Safety Institute (CPSI) and VON Canada jointly identified a commitment to focus on safety in home care. Capital Health (Edmonton) was approached to collaborate, and an invitational roundtable discussion was held in conjunction with the first Patient Safety in Home, Community and Long Term Care Conference. Actions included the development of a background paper (Lang and Edwards 2006) that informed the roundtable discussion, where key safety issues in home care were identified and priority actions discussed.

Over 40 individuals, reflecting various disciplinary and organizational affiliations in the delivery of home care services, received the background paper and participated in the roundtable. This paper describes key findings from the background paper, outcomes from the ensuing roundtable discussions and implications for practice, research and policy.
Results
The literature suggests that there has been a shift toward recognizing the complexity of the healthcare system and how it affects patient safety, while moving away from the culture of blame (Lang and Edwards 2006). Overwhelmingly, research on patient safety is focused on institutions such as hospitals. These are regulated systems designed for providing healthcare with credentialled professionals, and support staff guided by supervisors and administrators. The environment for home care is less controlled, with much of the care being provided by unregulated workers, family and caregivers in settings that were designed for daily living and not for providing healthcare (Coyte, Baranek and Daly 2000). Thus, the care and safety of patients in home care settings cannot be attended to without including the family members, the unpaid caregivers and the paid providers in the equation (Harrison and Verhoef 2002; Lehoux 2004).

Key informants from seven Canadian provinces and one American state were interviewed for the background paper. Their insightful views about issues, concerns, gaps and priorities related to safety in home care were more concordant than discordant. They shared a socioecological perspective and acknowledged that the traditional institutional patient safety perspective does not fit, but rather that a “different set of glasses” are needed to view the complexity of issues in the home setting. They discussed physical, emotional, social and functional safety. Informants recognized the importance of considering the family as the unit of care and propounded that safety for the patient is inextricably linked to the safety of family members, caregivers and providers. The implications of safety in home care need to be addressed in relationship to: service provision for vulnerable patients such as the frail elderly; ethical considerations underlying the myriad daily decisions in home care; the critical role of patients, family members and unpaid caregivers as part of the healthcare delivery team; human factors principles for technology within the built home care environment; and the cost of doing nothing, both economic and human (Lang and Edwards 2006).

Key safety issues identified at the roundtable were: the conventional institutional focus on the physical safety of the patient rather than considering the client, family, caregiver and provider as an interlinked unit; problematic communication and coordination among service sectors, providers, caregivers, family and clients; ...
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