Winter 2005
Issue 9

VHA HOME HEALTHCARE

Complex care, Simple comforts

COMMUNITY care connection

Harm-free Healthcare

"Do No Harm"...

...that is the rallying cry of the healthcare industry across North America. Patient safety is the focus of a groundswell of initiatives – collaborative and individual – in both the U.S. and Canadian healthcare systems.

Why the urgency? For decades, research in other jurisdictions indicated that a large number of hospital patients experienced adverse events ("AEs"), i.e., adverse outcomes such as injury, death or prolonged hospitalization caused by medical care. In May 2004, the Canadian Adverse Events Study* confirmed that hospital patients in Canada have similarly high adverse event rates, e.g.,

- 1 of 13 adults entering hospitals experience an adverse event
- between 9,000 and 24,000 patients die each year as a result of an adverse event.

In November 2005, a Commonwealth Fund survey revealed that 30% of Canadian respondents with health issues reported an error in their recent health treatment.**

Client Safety in Home Healthcare

Although the Canadian Adverse Events Study focused on hospitals, we know that errors in the hospital – particularly medication errors – can transfer with the patient to their home in their discharge prescriptions. Moreover, the transition between hospital and home is a high-risk period, susceptible to errors as responsibility for care transfers from hospital to family physician, home care nurse/support worker and family members. Even without transition and continuity issues, human error can also occur in home care where healthcare professionals are working quite independently and without institutional supports. Finally, although the home environment is less pathogenic than hospitals, there is a risk of acquiring infections at home as well as in the hospital.

Adverse Events Research Outside the Hospital

In the 2005 Commonwealth Fund survey, sixty percent of the reported errors occurred outside the hospital. An important study reported in the Canadian Medical Association Journal, February 2004, *Adverse events among medical patients after discharge from hospital****, found that approximately one-quarter of 328 patients discharged from a Canadian teaching hospital's general internal medicine unit had an AE after hospital discharge, and half of the AEs were preventable or ameliorable. Two-thirds of the

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Best Practices in Safer Client Care

CCHSA PATIENT SAFETY GOALS

1. Create a culture of safety within the organization.
2. Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum.
3. Ensure the safe use of high risk medications.
4. Ensure the safe administration of parenteral medications.
5. Create a worklife and physical environment that supports the safe delivery of care/service.
6. Reduce the risk of health service organization-acquired infections, and their impact across the continuum of care/service.

Two national initiatives are promoting a set of practices among Canadian healthcare providers which, based on evidence and research, will increase patient/client safety in the healthcare system.

In December 2004, the Canadian Council on Health Services Accreditation (CCHSA) issued a set of patient safety goals and required organizational practices (ROP's) in five key areas: culture, communication, medication use, workforce/worklife and infection control. See left sidebar. VHA is preparing for its third accreditation survey in 2006 and has a focused patient safety agenda to meet those standards.

The ***Safer Healthcare Now!*** **(SHN)** Campaign, launched in April 2005 across Canada, challenges healthcare providers at all levels to reduce the number of adverse events leading to patient injury or death. Modeled on a campaign in the U.S., **SHN** invites institutions/providers to adopt one or more of six suggested patient-safety interventions applicable to the healthcare services they provide. Five of the interventions are most applicable to hospitals and one, Medication Reconciliation, is relevant across the broader health sector. More than 132 healthcare organizations have signed on to the campaign. In consultation with the **SHN** Ontario node, the Quality Healthcare Network, VHA is currently investigating how the medication reconciliation protocols could be applied in the community sector.

Research studies and expert opinion support these initiatives. Below is a short list of references that assist in understanding the genesis and context of patient/client safety concerns and some of the proposed practices and solutions.

Baker, G. Ross and Norton, Peter G. et al. (May 2004) *The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada.* Canadian Medical Association Journal 170: 1678 - 1686. www.cmaj.ca

Marx, D. (2001, April 17). *Patient Safety and the Just Culture: A primer for health care executives.* New York: Trustees of Columbia University. Retrieved on December 3, 2005, from www.mers-tm.net/index.html

Morath, Julianne M. and Turnbull, Joanne E., (2005) *To Do No Harm.* San Francisco: Wiley & Sons Inc.

Patient Safety Papers, Healthcare Quarterly Special Issue, 2005. Retrieved November 2005 from www.longwoods.com. (includes articles on seamless care and medication reconciliation, patient safety culture, and more)

The Institute for Safe Medication Practices. www.ismp-canada.org

First Step to Safer Care: Creating a Positive Client Safety Culture

Client safety has been a core value at VHA since we began caring for the children of seriously ill mothers in 1925. Over time, VHA has professionalized its services, adding nursing to its continuum of care and adopting "better" and "best" practices relevant to personal support and nursing.

Best practices related to client safety are represented by the new CCHSA goals (see sidebar previous page). Based on an extensive literature review and expert consultation, CCHSA determined that the initial goal had to be creating a safety culture in each healthcare organization.

What is a good client safety culture?

Obviously, it's a culture where the focus on client safety is explicit and organization-wide. Leadership/management commitment is crucial. Client safety must be a strategic goal and supported with orientation, training, supervision and clinical leadership throughout the organization.

However, the focus on client safety cannot translate into blaming and discipline for those who make errors or accidentally harm clients. It may seem counterintuitive but having a blameless safety system, which encourages reporting of all accidents, errors and near-misses has proven to offer the best protection to clients. Why? Because then staff are not afraid to report near-misses, accidents/errors; more near-misses/accidents/errors are reported; anonymous information can be shared so everyone learns from the report and systemic/process problems can be corrected and/or improved.

What do we know about the safety culture within Canadian healthcare organizations?

CCHSA invited healthcare organizations to get baseline data about their safety culture through an employee survey entitled Patient Safety Climate in Healthcare Organizations developed at Stanford University.

Thirty healthcare organizations encouraged their staff to respond to the anonymous survey. Almost 5,000 healthcare workers participated in the survey. CCHSA describes the overall results as follows:

> "Results of this survey show that organizations are paying attention to having patient safety as part of their organizational culture. Organizations are teaching patient safety procedures and goals to new employees within their first six months of work. Many staff feel reassured within their organizations. For example, most respondents indicated that if they make a mistake, they do not need to try to hide it. They also feel that they will not suffer negative consequences if they report a patient safety problem. The majority of staff also feel that patient safety decision-making is being made by the most qualified people to do so."
>
> The overall results of this survey indicate that adequate patient safety culture exists, but also show that there is room for improvement. There is a general feeling that there is a lack of adequate resources dedicated to patient safety. Participants also feel that senior management is not aware of the kinds of risks that are associated with patient care. There is minimal effort given to recognizing safety through achievement rewards and incentives. There is also concern that doctors and nurses have the potential to hide serious mistakes."

VHA's Client Safety Culture

VHA is one of the 30 healthcare organizations across Canada that chose to participate in the survey. Results revealed that VHA has a positive safety culture. We scored above the Canadian norm on 30 of the 38 survey items. Among other things, our staff believe that they have adequate resources to provide safe care; that senior management is aware of safety risks to clients and provides a climate that promotes client safety; that VHA manages risks to clients well; that reporting a client safety problem will not result in negative repercussions for the person reporting it.

Opportunities for improvement have been identified based on the survey results. Those opportunities are primarily in the area of recognizing or rewarding staff for good client safety practices, teamwork and team learning about safety (since our personal support workers and nurses work independently in the field there is less opportunity to learn from each other, including from the mistakes of other staff).

What is VHA doing now?

VHA has made client safety a strategic priority. We are reviewing our orientation and training programs with respect to client safety. For recognition of good client safety practice and for team learning about safety practices, VHA is reviewing its employee recognition program and the literature in the field to find creative ways of supporting employees in safe client care processes. After our safety priority and improvement initiatives have been in effect for approximately two years, VHA will resurvey our staff to assess the impacts on our client safety culture.

How Can We Improve Safety Culture?

Two relevant studies give us some ideas...

Training

Ginsburg et al. (2005) evaluated the effectiveness of training for improving patient safety culture. They surveyed 338 nurses in clinical leadership roles in two different hospitals. The sample consisted of nurses who voluntarily attended two patient safety workshops (study group) and those who did not attend the workshops (control group). The training included presentations on the rate of adverse events in healthcare, theoretical models of human error, how to learn from errors, teamwork and safety leadership. Both groups were resurveyed 10 months later to assess the impact of the training intervention. There was a significant improvement in safety culture perceptions among nurses who received the training, while there was no improvement in control group perceptions. Training interventions offer a relatively cost-effective way to improve patient safety culture. Ginsburg, L., Norton, P. G., Casebeer, A. & Lewis, S. (2005). An educational intervention to enhance nurse leaders' perceptions of patient safety culture. Health Services Research 40 (4), 997-1020.

Leadership Commitment

Mearns et al. (2000) benchmarked safety culture survey results among nine offshore oil installations in the UK to assess the impact of benchmarking on safety culture. Staff completed surveys assessing the safety culture on the nine installations. The survey measured six dimensions of safety culture (e.g., management commitment to safety). Each participating installation received their own survey results and comparisons to the results of other participating installations. Installations were expected to use these results to implement change in order to improve their culture. One year later, the nine installations were resurveyed. Installations varied in the degree of improvement. One installation did not improve on any of the six factors, while another installation improved on all six factors. The installation with the greatest improvement increased levels of employee involvement in health and safety, took action to demonstrate management commitment and improved health promotion. The authors concluded that bench-marking assists safety culture improvement by identifying areas for improvement but management commitment to safety and action on the improvement opportunities identified is necessary to create a stronger safety culture. Mearns, K., Whitaker, S., Flin, R., Gordon, R. and O'Connor, P. (2000). Factoring the Human into Safety: Translating Research into Practice. Vol.1 - Benchmarking Human and Organisational Factors in Offshore Safety. OTO 2000 061. Sudbury: HSE Books.

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AEs caused only symptoms, but 12% led to an emergency department visit, 17% led to a hospital readmission, and 3% resulted in death. The authors also note that in many of the earlier studies on hospital AE rates conducted in other countries, a significant percentage of the AEs occurred post-discharge.

Research Needed into Adverse Events in Home Care

Research is needed on the incidence and causes of AEs for chronic care clients in home care settings. Where clients have not been recently discharged from hospital, what is the rate of adverse events? How well are community health teams communicating? Are there errors related to interpretation of doctors' orders by informal and formal community health care providers?

Healthcare system improvement requires research to inform our patient safety efforts. Cross-system collaborative research should be encouraged in order to determine the best and most effective communication and continuity practices among the healthcare system organizations.

* Baker, G. R. and Norton, P., et al. (May 2004) *The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada.* Canadian Medical Association Journal 170: 1678 - 1686. www.cmaj.ca; *The Canadian Adverse Events Study and Medication Safety,* Hospital News, July 2004, www.ismp-canada.org.

** Schoen, C. et al., *Taking the Pulse of Health Care Systems: Experiences of Patients with Health Problems in Six Countries*, Health Affairs Web Exclusive (November 3, 2005)

*** Authored by Forster, A., Clark, D., Menard, A., Dupuis, N., Chernish, R., Chandok, N., Khan, A. and Van Walraven, C.

Nominations now being accepted for the 2006 heroes in the home awards

Heroes in the Home are those family members and friends who compassionately provide most of the in-home care for their loved ones suffering from illness or disability. VHA Home HealthCare recognized two such heroes, Jean Woodward and Brenda Abraham, in 2005. Read their compelling stories in Community Care Connection Issue 8 at www.vha.ca.

2005 Hero in the Home, Darlene Abraham (right) with her personal support worker, Zdenka Hubschova (centre) and Darlene's son Tyler (left).

In spring 2006, VHA will again award $500 to each of two nonprofessional caregivers who exemplify the compassion and sacrifice demonstrated by the many families and friends who are providing daily care for their loved ones.

2005 Hero in the Home, Jean Woodward

Nominations are welcome until May 1, 2006 for the 2006 awards. Caregivers must reside in Ontario. To nominate a caregiver you know, please see our website at www.vha.ca and click on Heroes in the Home on VHA's home page, or send your nomination to Joy Klopp (jklopp@vha.ca) or at VHA's 170 Merton Street office. For more information, call Joy at (416) 482-8782.

We welcome your support

MEMBERSHIP

VHA welcomes new members. Consistent with our not-for-profit tradition and to help us be the best we can be, we encourage members of the communities we serve to participate in VHA's governance. VHA members are entitled to vote at our Annual General Meeting and are provided with ongoing information about our operations and developing issues in the field of in-home services in Ontario. VHA members may also decide to become more involved by participating in the work of our Board and/or its committees. There is nominal membership fee of $25.00 (which can be waived in special circumstances).

For more information we invite you to contact Patricia Triantafilou at (416) 482-4617 or patricia@vha.ca

DONATION

Charitable donations to VHA Home HealthCare will make a meaningful difference in the lives of people in need of care and support in your community. Donations are welcome at anytime and can be mailed, made by phone (credit card contribution) and or in person at our 170 Merton Street office. You may also want to consider making a "tribute gift" in honour of a loved one or special friend.

To our 2005 donors, our sincere thanks for your generosity.

IF YOU

have any comments or suggestions regarding our newsletter, please feel free to contact the editor of

COMMUNITY care connection

Joy Klopp
at (416) 482-8782 or 1-888-314-6622
or visit our web site at www.vha.ca

Offering complex care and simple comforts since 1925

VHA SERVICES

- ✓ Adult and Elder Care
- ✓ Child and Family Care
- ✓ Respite or Caregiver/Family Relief
- ✓ Palliative Care
- ✓ Mental Health Support
- ✓ Foot Care
- ✓ Attendant Care
- ✓ Extreme Cleaning
- ✓ Information and Referral Services
- ✓ Supplementary Staffing in Care Facilities
- ✓ Supportive Housing

VHA PROFESSIONAL STAFF

- ✓ Registered nurses/registered practical nurses
- ✓ Personal support workers/homemakers
- ✓ Client service coordinators/supervisors
- ✓ Other skilled professionals as required

VHA Home HealthCare is a member agency of the United Way of Greater Toronto and a contracted provider for all five Toronto Community Care Access Centres, the Durham Access to Care, the CCAC of York Region, Chatham/Kent and Sarnia-Lambton CCACs, the City of Toronto's Homemakers and Nurses Services program and the Regional Municipality of Durham.

All services can be made available in your own home, in hospital or in a long-term care facility.

VHA HOME HEALTHCARE

For more information, please call us at

(416) 489-2500

or 1 (888) 314-6622

or visit our web site at www.vha.ca

United Way of Greater Toronto

Community Care Connection is available electronically. If you'd like to cut down on the paper landing on your desk and be able to share the newsletter with your colleagues by a click of the mouse, just send your email address to jklopp@vha.ca.

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