

## **OHCA Position Statement**

### **Safety in the Home & Community Care Environment**

Patient safety is a significant health care priority in Canada. In the health care system much of the work on safety has been focused within the acute and long term care sectors where care and direct responsibility for a hospitalized patient or institutionalized resident extends 24 hours per day. Home care, however, is markedly different from the institutional sector. Many of the standard safety processes and procedures that work well in an institution do not translate easily into the privacy of an individual's home environment.

With the increasing demand for care at home, home care advocates must continue to articulate some of the significant differences and challenges relating to the assessment and management of potential adverse events. Home care providers have much to offer the broader system in terms of managing the delicate balance between the need to create a safe working environment for home care staff and providing safe care for clients while respecting their individual rights within their own homes.

#### *Client Safety*

Family and friends, not the formal home care system, provide the majority of continuous care and support to their loved one in the home which is quite different than the acute care setting. Discrete home care services (e.g. nursing care, personal support, therapy) are delivered in defined amounts of time by staff in order to achieve specific goals, such as providing specific procedures or instruction regarding self-care. Providers must therefore carefully assess the client's needs and support system in order to ensure that care can be safely delivered in the home environment. This process requires significant experience in the application of safety standards in non-institutional settings.

Home care staff provide ongoing support to clients and their families assisting them to make good choices regarding their safety. However, individual homes lack many of the safety specifications found in the institutional setting; and as a result clients may be more vulnerable to adverse events in their own home environment. Home care staff must be constantly vigilant and prepared to address the potential for injury in the home, such as from slips and falls on surfaces that may not be optimum for proper ambulation. Falls in the home are directly accountable for 40 percent of all elderly admissions to nursing homes or long-term care facilities.<sup>1</sup>

Unused medications in the home and/or the absence of standard medication storage and use can result in adverse events in the home. Transitions from institution to home and/or

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<sup>1</sup> *Prevention of Falls and Injuries Among the Elderly* – A special report from the office of the Provincial Health Officer, Ministry of Health Planning, British Columbia, January 2004

amongst various professionals can affect the client's understanding regarding the types and amounts of medications that should be taken and when compounded with the memory issues of some elderly home care clients, medication errors can occur. Comprehensive assessments, good communication with other members of the health team and other health and social services, and time spent clarifying medication-related questions are some of the strategies that staff employ to enhance client safety at home.

The ramifications of delivering increasing types and levels of home care will affect current safety policies and further study is needed in order to ensure that practices, policies and funding reflect the challenges of this unique environment.

### *Staff Safety*

Provincial legislative and regulatory requirements for staff safety that have emanated from the institutional environment inform and direct policies and procedures within home care organizations. However, many are not directly transferable to the home environment, and new requirements of home care organizations must take into account the challenges of health care delivery in the private domain. At a recent OHCA roundtable of home care leaders from across the province, the unique characteristics of home care and the impact to employee safety were discussed. It was acknowledged that each new client environment poses potentially new and different challenges for the home care provider and can create an element of unpredictability for staff.

Unlike institutional staff, home care staff must travel to visit clients and be attentive to the risks associated with travel and driving. Remote access to equipment, supplies and to colleagues for support requires planning and flexibility. Electronic aids such as laptops, pagers, telephony and cell phones are becoming accepted as tools necessary to deliver safe care in the home. As home care staff often work alone, 24/7 access to supervisory staff is effective in ensuring that home care staff receive assistance with problem solving in a timely manner.

Home care providers respect the rights and choices inherent to clients within their own homes. However, before home care services are initiated, clients are requested to ensure that their environment will enable a safe visit for staff. For example, clients may be instructed to secure pets, store firearms, refrain from smoking and ensure that walkways are lit and clear.

The need for excellence in home assessments and inter-agency communications, especially during a transition from hospital to home, is key to ensuring these safe working conditions for staff. From a systemic perspective, hospitals, CCACs and home care organizations must work together prior to care transitions, to assess the status of the home environment to ensure both the safety of staff and clients.

Home care organizations resource their staff to provide safe care, often translating practices that have arisen from an institutional context to the home setting. Staff must be well

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informed and trained in safety procedures but also have the ability to improvise in the home setting while applying approved safety principles for care. The front-line home care staff member is a special and unique individual who enjoys the variability and new challenges that exist within each home environment. In addition to organizational support, home care staff, who often work alone, must display personal attributes of maturity, self confidence, flexibility and creativity in applying policies in order to ensure both their own and their client's safety.

### *Conclusion*

Home care is vital to the transformation of health care in Ontario, and accordingly, the OHCA wishes to raise awareness about the need to recognize the distinguishing aspects of home care delivery when developing and applying health system policy. As more client populations with greater complexity of care needs are cared for in the community, the system is challenged to ensure effective policy without compromising the essence of home care. Given the importance placed on the ability to age at home, this challenge is one that must be collectively, and systemically, addressed.

The OHCA, *the voice of home care in Ontario*, represents Canadian home care service organizations that deliver quality home care to an estimated 300,000 Ontarians annually. The OHCA advocates for a safe, dependable and accessible home care system for Ontarians. OHCA members are accredited through the Canadian Council on Health Services Accreditation (CCHSA) or the International Standards Association (ISO).

### **For more information, contact:**

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