The client's home as a workplace

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1:45-2:15pm
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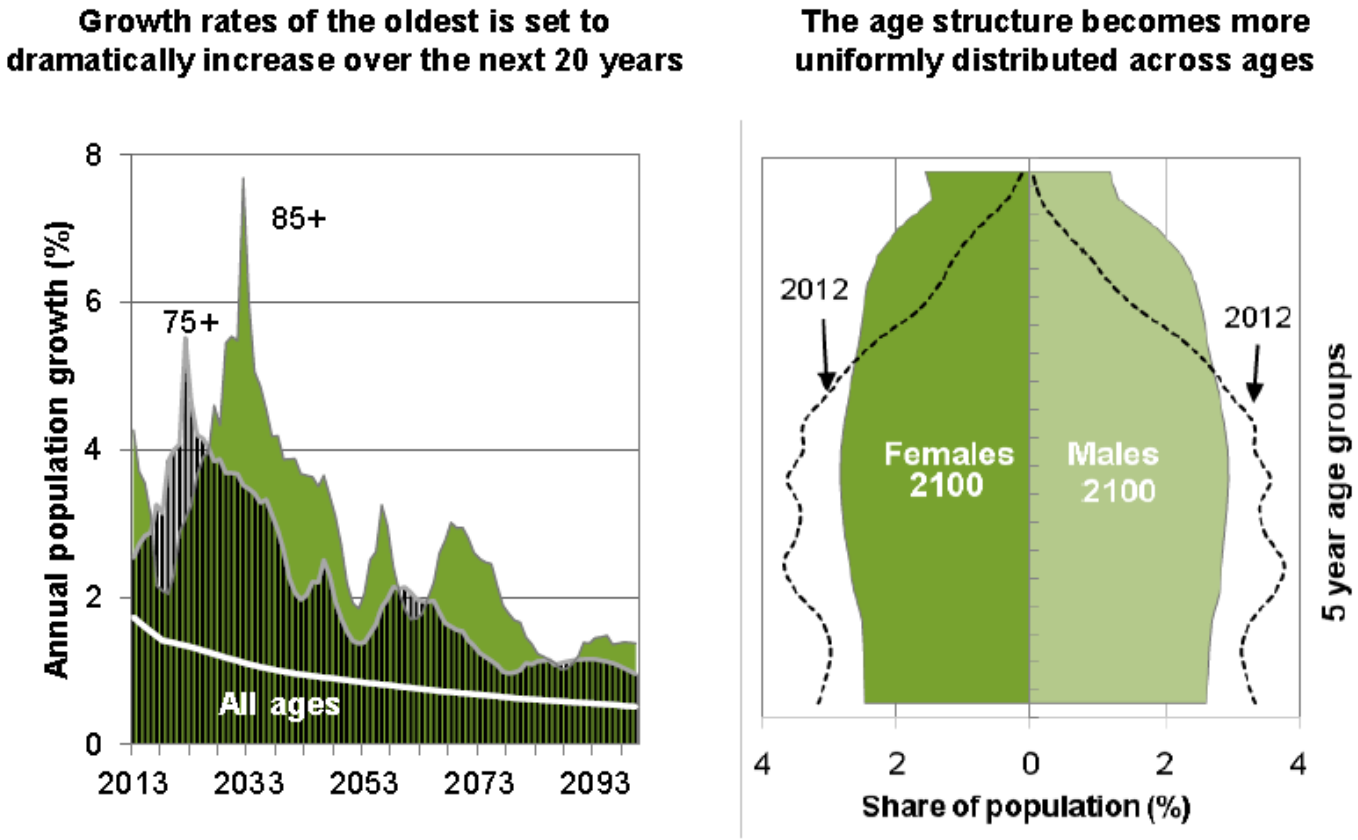
City Memorial Bowls Club,
Carmichael Room,
Warrnambool

What we will cover

- Background
- Policies and Procedures for safety;
- Practical considerations to provide home care;
- Personal implications of home care; and
- Insights gained by being in a person's home.

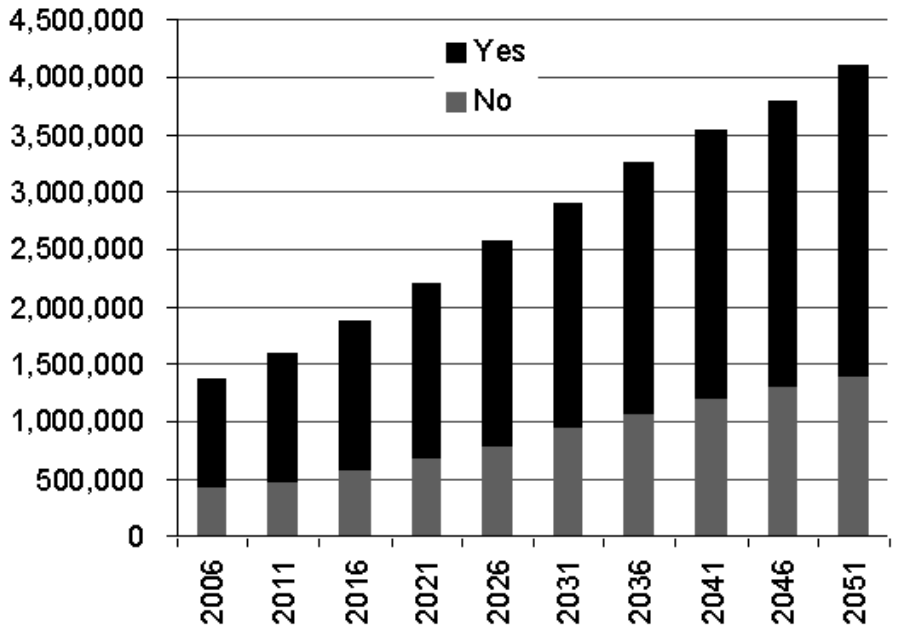
Figure 4 **Population ageing until the 22nd century**



The number of people aged 75 years and over is projected to increase by about 4million between 2012 and 2060.

Productivity Commission. An Ageing Australia: Preparing for the Future. Canberra: Commission Research Paper; 2013.

Figure 7 Number of Persons Aged 65 Years or Over With a Disability and Whether Their Need Could be Met by Formal Home or Community Care, 2006-2051



Source: APPSIM May-2011 version (run 10-05-2011)

Nepal B, Brown L, Kelly S, Percival R, Anderson P, Hancock R, et al. Projecting the need for formal and informal aged care in Australia: A dynamic microsimulation approach. June 2011. National Centre for Social and Economic Modelling, 2011 Contract No.: Working Paper 11/07.

Government perspective

- Government policy, and the preference of most older people, is to receive assistance in their own residence when possible.
  - Trend away from residential care towards community care
- 54% of the growth in funded places under the Aged Care Act 1997 has been in community care
  - Between 1995 and 2007

- A wide range of services can assist older people to live independently
  - from living and personal care through to nursing, medical and palliative care
- Informal carers typically supply such services
  - often in conjunction with one or more formal community care providers through a range of government subsidised programs

Productivity Commission. Trends in Aged Care Services: some implications. Canberra: Commission Research Paper; 2008.

Informal carers

- Aged Care currently relies heavily on informal carers
  - Generally family and friends
    - In 2003, 83% received assistance from informal carers and 64% from formal care providers
  - Directly care for older people
  - Coordinate and facilitate formal community care services.
- Availability of informal carers is expected to decline
  - While demand is expected to rise by 160% between 2001 and 2031, the supply is expected to increase by <60%.
- Unless changes occur could undermine the sustainability of community care and increase the demand for residential care

Productivity Commission. Trends in Aged Care Services: some implications. Canberra: Commission Research Paper; 2008.

Homecare

- Where much of community care is provided
- Homes are not designed for providing or receiving health-care services
  - designed for living.
- Homecare is superimposed on the ‘everyday’ circumstances of peoples’ lives.
  - Consequently, in contrast to institutions of care, there are no national standards in place regarding the physical environment in which homecare services are provided.

Healey-Ogden MJ. Being “at Home” in the Context of Home Care. Home Health Care Management & Practice. 2013 November 25, 2013.

5 Important considerations in home care

1. Functional Safety: Doing what it takes to stay at home.
   - Clients are willing “to live at risk” beyond the point of safety for themselves, their caregivers, and providers to avoid moving into some type of residential care.

Lang A, Macdonald MT, Storch J, Stevenson L, Barber T, Roach S, et al. Researching Triads in Home Care: Perceptions of Safety From Home Care Clients, Their Caregivers, and Providers. Home Health Care Management & Practice. 2013 October 22, 2013.

2. Emotional Safety - Duty creep and losses: How roles change.
   - Increasing number of tasks and responsibilities for caregivers as clients' abilities, independence, and freedom declined.
     - Expected, regardless of the caregivers' age, personal health, work obligations, or family situation.

3. Physical and Social Safety - The unacknowledged challenge: Taking care into the home.
   - Many clients who are sick enough to need home care are not well enough to clean and maintain their dwelling;
   - Live in surroundings that are less than pristine and deteriorating;
   - Providers spend their workdays in conditions that would not be accepted in a hospital or residential care.

4. Physical, Functional, and Emotional Safety: The shared decay of health at home.
   - As clients' health declined and their ability to manage decreases, increasing reliance on caregivers;
     - Often to the point where the caregiver's own health began to deteriorate.
     - Called 'shared decay'.
   - Clients are stressed and worried regarding the health and well-being of their caregivers.
   - Often a home involves not one home care client and a caregiver, but two potential home care clients struggling to manage home and health together

5. Physical, Functional, Emotional, and Social Safety - System design issues: Built-in barriers to safe care.

- Issues include:
  - Delayed access to services, equipment, and medication;
  - Inconsistencies in scheduling and time spent by providers for home care visits;
  - Lack of certification and training of home care support workers; and
  - How well the home care organization communicates with staff and clients.

Views of recipients and care givers on home care: 4 themes

1. Fragmentation
   - The disconnect between approaches to care provision in acute care and home care;
   - multiple providers and multiple agencies delivering care in one home; and
   - difficulties in communication.

Lang A, Macdonald MT, Stevenson L, Storch J, Elliot K, Lacroix H, et al. State of the Knowledge Regarding Safety in Home Care in Canada: Environmental Scan Ontario, Canada: Population Health Improvement Research Network, 2011.

2. Vulnerability

- Potential safety threats to the emotional, physical, social and functional health of recipients and providers.
- Four sources of vulnerability were identified:
  a. Isolation;
  b. Exposure to infection;
  c. Medication mismanagement; and
  d. Potential abuse.

3. Erosion of home as a haven
   - When necessary modifications are made to the home;
   - The medicalisation of personal environment renders the home similar to a hospital room but without the support and resources present in a hospital.

4. Incongruence in home care
   - healthcare professionals practicing in an era where technology enables constant accessibility to current practices yet being bereft of electronic access (evidence based practice);
   - Expectations of families versus the level of resources and support available and/or provided.

Home care must be based on the understanding that well-being is an essential experience within health care and, therefore, is foundational in care that takes place in people's homes.

Healey-Ogden MJ. Being "at Home" in the Context of Home Care. Home Health Care Management & Practice. 2013 November 25, 2013.

Policies and Procedures for safety

Staff and clients

RDNS

- Provides care to >10,000 people daily throughout Australia and New Zealand
  - 2 million home visits to > 40,000 people annually
- Service delivery reasons:
  - Wounds (40%) and medications (>50%) related.
- The care provided enables people to:
  - remain in their own homes
  - Increase independence, choice and control in their helathcare.
  - Remain close to family, carers and friends

- **CP-A02 Client property damage**
- CP-A06 Client home visits
- CP-A08 Promoting client self management
- **CP-B01a Initial needs identification and intake (including client pets/smoking/dangerous weapons)**
- CP-B01b Admitting a client
- CP-B18 Refusing, conditional or conditional services
- **CP-C05 Client records in the home**
- CP-D03 Obtaining equipment for client care
- CP-D06 Obtaining medical supplies for clients
- **CP-E03 Clinical and related waste management**
- CP-E06 Occupational exposure – needlestick, blood or body substances
- CP-E09 Managing road rage, harassment or abuse in the client's home
- **CP-E10 Identifying clients**
- **CP-E11 Sharps management**
- CP-E14 No lifting policy
- **CP-E16 Using client's electrical equipment**
- CP-E17 Case conferences for complex or at risk situations
- CP-E18 Physical restraint of clients at home

- **CP-E19 Safe work postures and manual handling**
- CP-E20 Selecting and testing products and equipment
- **CP-E21 Hand hygiene**
- **CP-E22 Standard and transmission based precautions and personal protective equipment**
- CP-E24 Specimen transportation
- **CP-E26 Firearms and other weapons**
- CP-F02 Witnessing legal documents
- CP-L01 Oxygen therapy and positive airway pressure therapy
- **CP-M01-Vic Care of deceased person**
- CP-N04 Ambulance protocol
- SP-B01a Staff Health – immunisation program
- SP-B01b Staff health – infectious diseases
- SP-B06 Conduct in the workplace
- SP-J01 RDNS commitment to your work health and safety
- SP-J06d Staff incidents
- **SP-J06e Hazards**
- SP-J11 RDNS security system
- SP-J13 Using substances safely
- **SP-J16 Staff safety in bushfires, environmental emergencies and adverse weather**
- SP-L03 Using mobile phones (esp .24 hr emergency phone)

Overall organisational processes

- Clients are registered in electronic client system
  - Site assessment regarding safety and hazards undertaken as part of the registration
- All appointments are booked through the electronic booking system
  - To ensure managers know where staff are located, and can monitor and ensure their safety.
- Any hazards are dealt with
  - Following occupational safety policies and procedures – SAT.....

Site Assessment

Site Assessment Tool (SAT) embedded within the process of admission

- Systematic way to identify risks and risk control strategies to both client and staff
  - Any risks/hazards in accessing clients home
    - Bushfire risks and safety plans in place
  - Any risks in the home such as animals, smoking, weapons, aggressive persons
  - Ensure there are working smoke alarms

- Ensure personal care equipment working
  - Including equipment for manual handling
- Ensure sharps/biological waste equipment/disposal available , if required
- To identify support networks if client vulnerable
  - Can register client on ‘Vulnerable Person Register’
- Specific medical issues identified
  - If client is undergoing chemotherapy/cytotoxic therapy or systemic radiotherapy
  - If client has any infectious diseases such as MRSA or VRE
    - To apply transmission based precautions

Practical considerations to provide home care

Home environment

- Must appreciate the lack of uniformity that exists in home care versus acute care environments
  - Homes are designed for living, not for providing healthcare
- The house itself can become dangerous for the client
  - Consider an elderly client, using a walker, and having to carry her oxygen tubes and then walk around the house… the house itself becomes a safety trap
  - Not all the houses are similar and because of those variations, some of them are not adaptable

Lang A, Edwards N. Safety in Home Care: Broadening the Patient Safety Agenda to Include Home Care Services. Edmonton, AB: Canadian Patient Safety Institute (CPSI), 2006.

- Sometimes less than ideal physical environment.
  - Cleanliness issues
  - Clutter and hoarding
  - No beds that can be lifted up or trays that can be moved
  - Must consider disposing of sharps and contaminated material
- Must also consider the impact that the physical environment has on the client in between visits.
  - Are there risks for falls
  - Medication storage issues
  - Access to support services
  - Telephone access

Organisational adaptations

- Wound dressing packs can be purchased
  - Allows clean equipment set up
  - All required equipment available

A plastic container with a sealable lid: to store your equipment
A plate: Make sure there are no scratches, chips or cracks
A cup or small bowl: to hold fluid for cleansing
A pair of scissors. Make sure they are all metal with no signs of rust
Plastic forceps. The nurse will provide these.

Sterile 10 or 20ml syringes: for wound cleansing
Plastic snap lock bags: for storing opened dressings
A clean foot basin and clean towel: to wash and dry surrounding skin
A clean handtowel and soap: for nurse to wash their hands
A plastic bag: for rubbish.

Personal implications of home care

What home care means to clients and their families

- Home care has a special meaning for clients and their families.
  - They are at home and therefore feel in charge
    - i.e. in charge of their care, their surroundings, and their life in general
  - They feel they can make their own decisions
    - While clearly recognizing that these decisions are not necessarily always in line with what their provider preferred or was trying to accomplish

Lang A, Macdonald MT, Stevenson L, Storch J, Elliot K, Lacroix H, et al. State of the Knowledge Regarding Safety in Home Care in Canada: Environmental Scan Ontario, Canada: Population Health Improvement Research Network, 2011.

Client autonomy

- As a provider you are in the clients home
  - The client, family, and caregiver autonomy and choice are at the forefront
  - Provider can give Health education, provide recommendations on strategies and make suggestions for care
    - But ultimately the clients will decide what they do.

Lang A, Edwards N. Safety in Home Care: Broadening the Patient Safety Agenda to Include Home Care Services. Edmonton, AB: Canadian Patient Safety Institute (CPSI), 2006.

The Challenge

- To provide ethical care closely aligned with the values, needs, and decision-making of the clients and those around them.

Emotional Safety

- Must consider the psychological impact of receiving home care services for the client and family
  - often distressing or anxiety-provoking to adjust to and cope with various elements of their health condition and the corresponding home care services
    - i.e. learning to manage medications, changes in client health status, treatments, medical technology

Lang A, Edwards N. Safety in Home Care: Broadening the Patient Safety Agenda to Include Home Care Services. Edmonton, AB: Canadian Patient Safety Institute (CPSI), 2006.

Health Care Providers

Have to consider the ethics around balancing a safety agenda with quality of life and personal autonomy

Must balance choices such as keeping somebody at home functioning but physically unsafe, where psychologically it produces the greatest safety by protecting their dignity, their sense of self, their values and their lifestyle choices

Not much guidance or support for providers

Lang A, Edwards N. Safety in Home Care: Broadening the Patient Safety Agenda to Include Home Care Services. Edmonton, AB: Canadian Patient Safety Institute (CPSI), 2006.

Insights gained by being in a person's home

- Incalculable to provide information:
  - on ability of person to contribute to their self-management
  - On factors impacting on health outcomes
- Home care providers see what clinics do not

One example

- Client with a non-healing diabetes related foot ulcer - home visit identified:
  - Client lived in a garage.
  - Carpet saturated with cat urine and embedded with cat hair and other materials
    - Completely unsafe
  - Client walked barefoot
  - No heater in the middle of winter
  - Cooked on a camp stove

Thank You

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Australian Association of Gerontology

http://www.aag.asn.au/

We welcome new members!

21st March 2014