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D16/E16

Advancing Safe Care in the Home Setting

Alice Bonner, PhD, RN
Secretary
Massachusetts Executive Office of Elder Affairs

Stephen E. Muething, MD
Co-Director, James M. Anderson Center
Professor of Pediatrics
Michael & Suzette Fisher Family Chair for Safety
Cincinnati Children's Hospital Medical Center

December 12
9:30 AM – 10:45 AM
11:15 AM – 12:30 PM

#IHIFORUM

Nothing to disclose

- Alice Bonner and Stephen E. Muething today have no relevant financial or nonfinancial relationship(s) within the services described, reviewed, evaluated, or compared in this presentation.



Session Objectives

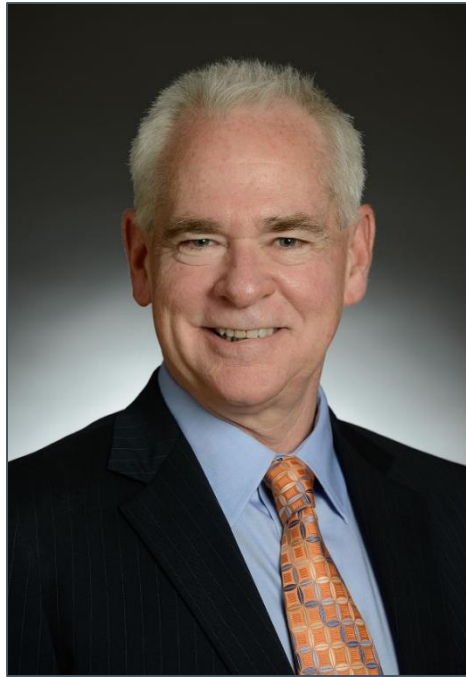
- Describe patient safety issues associated with care in the home setting
- Identify strategies for advancing the safety of care in the home setting



Disclosures

- Both presenters have nothing to disclose.





Stephen E. Muething, MD
Co-Director, James M. Anderson Center
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Imperative to Improve Safety in the Home

- Care is increasingly provided in the home
- Safety issues in the home not well understood
 - Existing work has largely focused on inpatient settings
- Data is limited but indicate that preventable harm is an important issue in the home





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Project & Report Overview



Project Purpose

- Assess issues and identify strategies to improve patient safety in the home setting

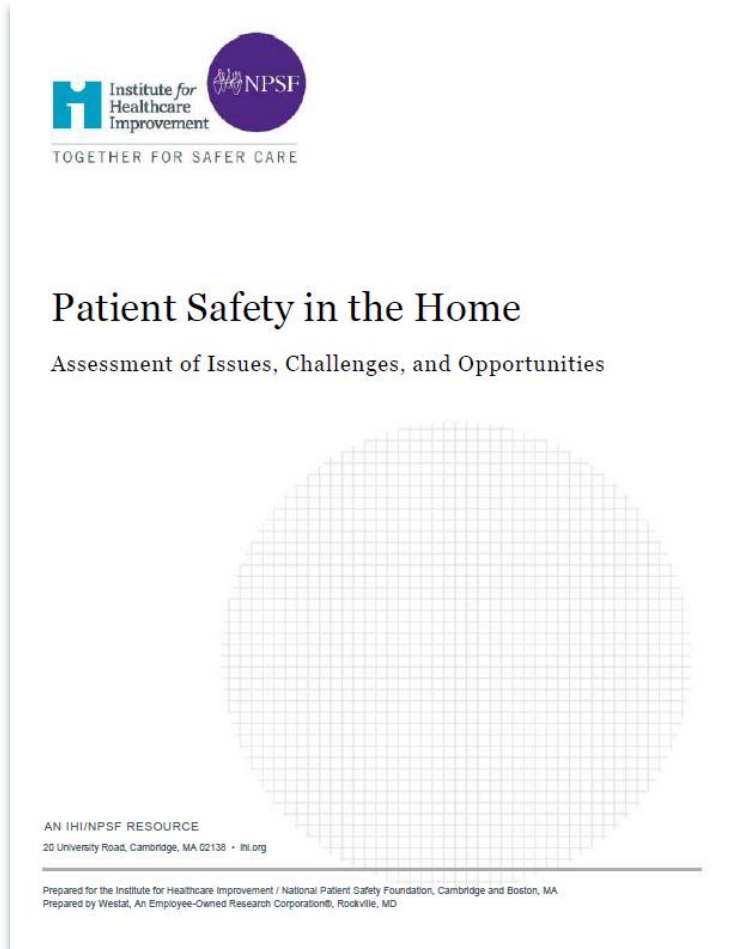


Project Overview

- Phase 1:
 - Landscape analysis developed
 - Literature review
 - Subject Matter Expert interviews
 - Findings presented at 2017 Patient Safety Congress
 - Landscape analysis report disseminated



Landscape Analysis



Available for complimentary
download:

<http://www.ihi.org/resources/Pages/Publications/Patient-Safety-in-the-Home.aspx>



Project Overview

- Phase 2:
 - Establish expert panel
 - Host convening
 - Develop recommendations to address key safety issues in the home setting
 - Draft and disseminate synthesis report



Synthesis Report



Available for complimentary download:

<http://www.ihi.org/resources/Pages/Publications/No-Place-Like-Home-Advancing-Safety-of-Care-in-the-Home.aspx>



Phase 2 Process

- Convened Expert Panel in November 2017
 - Two-day roundtable discussion
- Objectives:
 - Discuss and prioritize key safety issues in the home setting
 - Produce strategic recommendations to address key issues
- Phase 1 landscape analysis formed starting point for discussion



Key Definitions

Care Recipient: Individual who is receiving care at home (in this report, this term will be used instead of “patient”)

Patient/Care Recipient Safety: Freedom from accidental or preventable harm occurring in the home or related to care during the provision of home care

Home: Place where the care recipient lives (Note: Excludes group homes, nursing homes, skilled nursing facilities, assisted living residences, and other residential care settings where additional support is provided)

Home Care Worker: Umbrella term for all who provide care in the home with the exception of family caregivers

Home Health Care: Refers to skilled nursing, medical, or clinical services provided in the home

Personal Care Services: Includes assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs)



Expert Panel & Report Focus

- Focused on the largest drivers of safety concerns
- Concentrated on two primary components of care in the home:
 - Home health care
 - Personal care
- Also considered the physical and emotional safety of:
 - Care recipient
 - Family caregiver
 - Home care worker
 - As well as the interconnected nature of the safety of all these individuals





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Key Findings



Importance of the Home as a Site of Care

- Home is an important site of care for many people
- Factors influencing growth of care in the home:
 - Growing elder population
 - More people with disabilities receiving care at home and living longer (including those with mental health disorders)
 - Preference among care recipients to remain at home
 - Shorter hospital lengths of stay; patients come home “sicker”
 - Desire by accountable care organizations (ACOs) and other managed care organizations to provide care in the most cost effective setting



Services Provided in the Home

Care in the home comprises a number of different services provided by a variety of individuals with a range of training and expertise, including:

- Personal care services
- Home health care
- Hospice and palliative care
- Primary care services
- Complex hospital-level medical or surgical services
- Coordinated hospital-level services
- Emergency medical services
- Mental or behavioral health services



Key Role of Family Caregivers

- Not just family, caregivers may also include friends, neighbors, and volunteers.
- Family caregivers complete critical tasks:
 - Coordinate services
 - Provide a large portion of personal care services
 - Support many aspects of home health, hospice, and palliative care services.
- However, many care recipients do not have family or other social support
 - Due to changing family and social dynamics



Care Recipient Safety in the Home

- Care recipient safety issues in the home not well understood despite work to date
 - Existing work has largely focused on inpatient setting
- Data is limited but indicate that preventable harm is an important issue in the home
 - Potential risks for care recipients, family caregivers and home care workers
- More work needed to advance safety in the home
 - Gains have been made in certain fields and provide a firm foundation on which to build



Challenges Unique to Safe Care in the Home Setting

- Provision of care outside the controlled environment of the health care system
- Communication and care coordination
- Balancing of autonomy and harm
- Close link between care recipient and people providing care
- Limited health literacy
- Variable availability of data
- Social and physical isolation



Challenges Unique to Safe Care in the Home Setting

- Variety of needs and populations, including:
 - Frail older adults
 - Older adults with multiple comorbid conditions
 - Adults and children with cognitive impairment or dementia
 - Adults and children with chronic illness or physical, mental, behavioral, or intellectual disabilities
 - Adults and children who are receiving palliative or end-of-life care
 - Adults and children who are otherwise healthy and receiving acute post-surgical services, such as rehabilitation after joint replacement surgery
 - Adults and children living in rural communities and/or inner cities
 - Low income individuals or families



Key Types of Harm in the Home Setting

- Adverse events related to medication and other forms of treatment
- Injuries due to physical hazards in the home
- Injuries related to equipment and technology
- Pressure injuries
- Infections
- Conditions related to poor nutrition
- Adverse effects on family caregivers
- Adverse effects on home care workers
- Potential abuse and neglect of care recipients



Existing Foundation for Safe Care in the Home

- Home health care
 - Considerable work has been done to develop a reporting structure, safety culture, and safe practices
 - Has amassed a substantial body of research and data on safety through the Outcome and Assessment Information Set (OASIS)
- Hospice and palliative care
 - Serves as holistic example of offering coordinated, interdisciplinary care in the home in a person- and family-centered manner
- Going forward, efforts must be made to spread these achievements across all care provided in the home





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Guiding Principles & Recommendations



Guiding Principles

The Expert Panel identified five guiding principles to advance safety of care in the home with specific recommendations & tactics to put each principle into action:

- **Principle 1:** Self-determination & person-centered care are fundamental to all aspects of care in the home setting
- **Principle 2:** Every organization providing care in the home must create & maintain a safety culture
- **Principle 3:** A robust learning & improvement system is necessary to achieve & sustain gains in safety
- **Principle 4:** Effective team-based care & care coordination are critical to safety in the home setting
- **Principle 5:** Policies & funding models must incentivize the provision of high-quality, coordinated care in the home & avoid perpetuating care fragmentation related to payment



Guiding Principle 1: Self-Determination

- Recommendation 1.1: Improve communication with care recipients and family caregivers.
- Recommendation 1.2: Provide meaningful, relevant education for care recipients and family caregivers.
- Recommendation 1.3: Develop tools to improve patient centeredness in systems of care.



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Guiding Principle 2: Safety Culture

- Recommendation 2.1: Create a vision for a safety culture in the home health and personal care fields.
- Recommendation 2.2: Ensure the emotional and physical safety of family caregivers and home care workers.



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Guiding Principle 3: Learning & Improvement System

- Recommendation 3.1: Build a measurement and reporting infrastructure.
- Recommendation 3.2: Share data on safety in the home.
- Recommendation 3.3: Teach and evaluate competency of safety and improvement skills across the home health and personal care fields.
- Recommendation 3.4: Create an intensive improvement collaborative for early adopter organizations.
- Recommendation 3.5: Create a learning system for identifying and sharing best practices related to care in the home.



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Guiding Principle 4: Team-Based Care & Care Coordination

- Recommendation 4.1: Create a common, longitudinal care plan based on the goals of the care recipient or recipient/family caregiver dyad.
- Recommendation 4.2: Develop and test new models of team-based care.
- Recommendation 4.3: Ensure visibility and use of community-based and underutilized resources.
- Recommendation 4.4: Utilize technology to support team-based, coordinated care.



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Guiding Principle 5: Incentivizing Policies & Funding Models

- Recommendation 5.1: Align payment models with goals of whole-person, community-based, coordinated care.
- Recommendation 5.2: Reduce regulatory burden.



Summary

- Increasing amount of care being provided in the home
- Patient safety issues in the home less well understood than in other settings
- More work is needed to advance safety in the home
 - Gains have been made in certain aspects and provide a firm foundation on which to build
- Guiding principles and recommendations provide a framework for moving forward



Synthesis Report



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Questions?

