WHITE PAPER

CLARITY

Home Care: The New Frontier for Risk-Quality-Safety Management

INTRODUCTION

In a recent issue of Clarity's RQS Insider, the realities of the Decentralized Healthcare System and the management of Risk-Quality-Safety in that broad arena were discussed.[1] Within that decentralization is a growing trend and a conscious effort to enable the care of patients in their homes. Several studies have shown that there are many benefits of home-based care, including the preference of the patient, the ability to provide a more individualized care plan, and reduced healthcare costs. Earlier this year, the Institute for Healthcare Improvement/National Patient Safety Foundation (IHI/NPSF) released its report, No Place Like Home: Advancing the Safety of Care in the Home,[2] which presents a variety of information and resources that can help healthcare organizations plan for a successful Home Care program.

The focus of this White Paper is to outline and connect several areas that relate to allegations of medical negligence in home care. These areas include: characteristics and challenges unique to home care that can contribute to adverse events; risks and types of events encountered; actual claim allegations brought in medical negligence cases involving home care providers; and finally, mitigation strategies that can be considered to reduce risk exposure.

It is important to emphasize that while care delivery is becoming increasingly decentralized, a duty of care can be established when the patient first comes into the healthcare system or physician's office. That duty of care in a legal sense is the first step that must be established in allegations of medical negligence. As healthcare providers and RQS professionals assess their ability to manage risk, quality, and safety in a variety of care settings, they must start with the premise that the duty of care for the patient transfers through all aspects and venues of that patient's care. Whether discharged to home care from the hospital, or through outpatient procedures, that duty of care extends throughout the system, and the healthcare organization and clinicians have an obligation to help assure the safety and quality of outcomes to that patient.

WHILE CARE DELIVERY IS BECOMING INCREASINGLY DECENTRALIZED, A DUTY OF CARE CAN BE ESTABLISHED WHEN THE PATIENT FIRST COMES INTO THE HEALTHCARE SYSTEM.

CHALLENGES AND CHARACTERISTICS OF HOME CARE DELIVERY

The IHI/NPSF Report focuses on safety and its challenges in the home care setting. Among them:

- Risks associated with being outside the controlled environment of the healthcare system
- Issues with communication and coordination among the care team, the care recipient, and the family caregiver
- Need to balance autonomy of patient and risk to patient
- Closeness of the link between care recipient and those providing care
- Limited health literacy of care recipient and family caregiver
- Availability of data that is provided from the home
- Social and physical isolation of patient
- The variety of needs and populations of patients

In addition to the characteristics and challenges to home care broadly, other studies have identified specific patient-related characteristics that must also be considered. These can include an assessment of the instrumental activities of daily living (IADLs), which measure the ability of patients to be on their own, and co-morbidities of the individual patient.[3,4] Both of these areas should be considered for any given patient when recommending home care as an alternative to a higher level of care.

THE RISKS AND TYPES OF EVENTS ENCOUNTERED

First a word about what is considered an 'adverse event.' Professionals in the field of RQS Management have considered the definition of an adverse event for many years. For the purposes of this White Paper, the definition of an adverse event is an untoward occurrence or unsafe situation that resulted, or could have resulted, in patient harm and subsequently could be implicated in an allegation of medical negligence. While the studies cited here all use their own definitions of an adverse event, there is a thread of the definition provided here that is common to all of them.

The IHI/NPSF Report acknowledges that there are risks associated with the provision of home care that they characterize as 'potential harm.' As stated in the Report, these include:

- Adverse events related to medication and other forms of treatment
- Injuries due to physical hazards in the home (e.g., falls)
- 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 neglect and abuse of care recipients

There are a number of international studies[3,4,5,6] that have taken a retrospective approach to identifying the types of adverse events that are found in home health patient charts. The similarities among the studies are striking, even if the way the data are presented varies. The commonly found adverse events noted in these studies are:

- Healthcare-associated infections (wound or catheter-induced)
- Falls (often with medication or declining physical state implications)
- Pressure ulcers and skin breakdown
- Mental health or behavioral problems
- Potential neglect and abuse of care recipients

Masotti, McColl and Green[4] discuss patient-level, organization-level, and system-level characteristics which impact adverse event susceptibility. Patient-level characteristics reported were: increased age of the patient; co-morbidities; depression; cognitive impairment; functional status limitations; patient compliance; and whether a patient lives alone or with others. Organization-level and system-level characteristics included: communication issues; patient education; and local system-level integration issues that have an impact on collaboration and coordination.

From an RQS Management perspective, what is of central interest is that in all the studies mentioned above, the adverse events noted were deemed often preventable, in one study by as much as 75% of the time.[6]

IMPLICATIONS ON ALLEGATIONS OF NEGLIGENCE IN HOME CARE

Managing the risk of potential medical negligence goes right along with managing the safety of the patient in the home care setting. They are two sides of the same coin. Healthcare Risk Managers and Healthcare Providers all know that 'risk follows the patient'. Managing that risk in a setting away from the normal resources found in the hospital or other areas of the healthcare system is complex and requires both forethought and proven systems to effectively manage the work and care provided.

The types of allegations associated with negligence in home care center around maintaining the standard of care, just as in the hospital setting. "Standard of care" is a legal term which indicates that a professional must perform their responsibilities in a manner that would be accepted by a reasonably prudent person performing the same set of responsibilities in the same setting. Allegations associated with medical negligence claims in the home care setting include:[7,8]

- Medication errors
- Lack of communication
- Equipment failures
- Falls with injury
- Neglect – including neglect of personal hygiene
- Relying too heavily on family members to do what the health professional needs to be doing

MANAGING THE RISK OF POTENTIAL NEGLIGENCE GOES RIGHT ALONG WITH MANAGING THE SAFETY OF THE PATIENT IN THE HOME CARE SETTING. THEY ARE TWO SIDES OF THE SAME COIN.

Another article[7] we reference lists some signs of home care negligence in order to help make family members more aware of any potential negative things that could be happening, including: bed sores, joint pain, bruises, infections, unexplained behavior changes, dehydration, and malnutrition.

Taking a look at these allegations in relation to the types of adverse events noted above, it is clear that the best way to mitigate claims of medical negligence is to enact preventive strategies that lessen the occurrence of such events.

RISK MITIGATION STRATEGIES

The IHI/NPSF Report describes certain principles for enhancing home care safety, all of which are important considerations in setting up a home care program to help ensure care excellence. These are also helpful to review from an RQS perspective to help put an appropriate RQS Management program in place for these services.

In addition, the Clarity report on Decentralized Care Delivery has a checklist that can be used to help you create your Home Care RQS Management Program. Areas covered by the checklist are: Staffing, Clinical Pathways & Protocols, Patient Selection and Informed Consent, Diagnostic Testing, Handoffs, Patient Complaints and Adverse Events, Patient Communication, Provider Communication & Referrals, Documentation, Insurance Program, and Management of Emergency Situations. Each of these areas can be adapted to the Home Care delivery setting.

A SPECIAL EMPHASIS ON AN EARLY WARNING SYSTEM

The IHI/NPSF Report noted that the establishment of an early warning system is an important part of a good RQS Management Program. While in the US there is mandatory reporting under the Center for Medicare and Medicaid Services (CMS) through OASIS (Outcome and Assessment Information Set), there is no data set to inform the potential for an adverse event or a real event that can be used by healthcare providers and RQS professionals. The studies on home care adverse events used retrospective chart reviews that can cover several past years. What is needed is a real-time system to capture and create truly actionable data that can drive appropriate interventions.

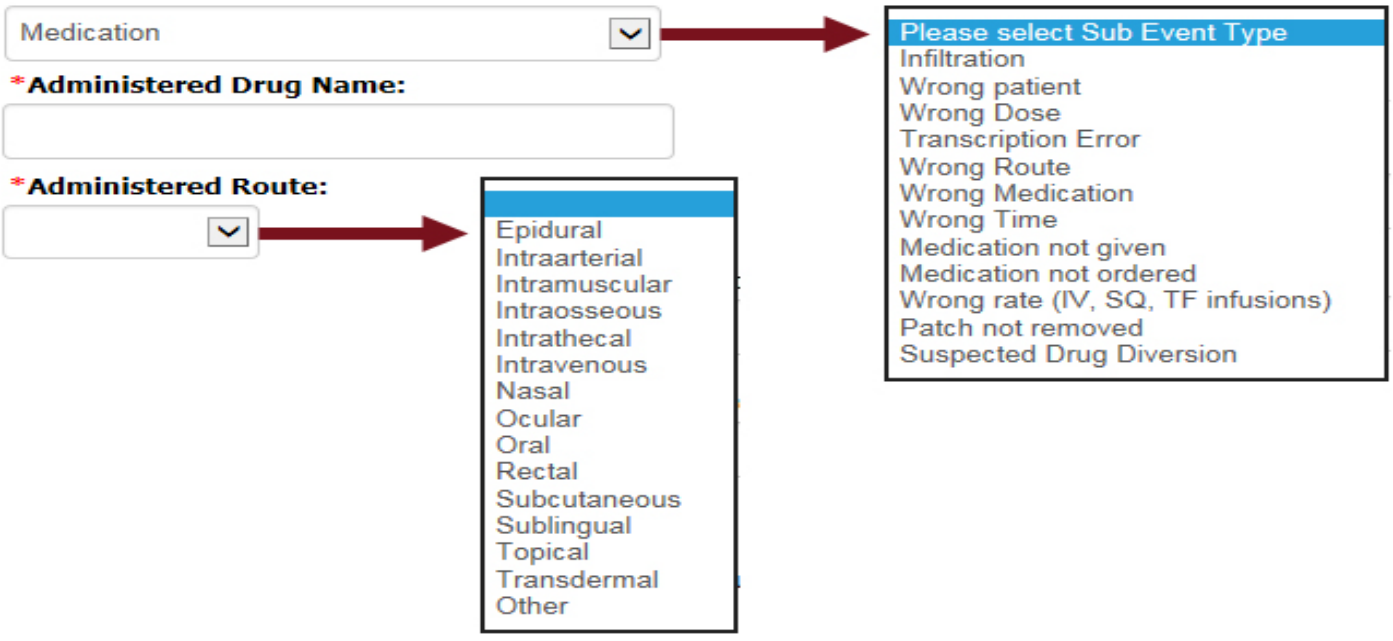
AN EARLY WARNING SYSTEM HELPS TO CREATE A HIGH-RELIABILITY ORGANIZATION THAT CAN ENHANCE PATIENT SAFETY.

The Healthcare SafetyZone® Patient Safety and Event Management System (SafetyZone) is used by Clarity clients for this purpose, and there are other systems available as well. Through the use of a system like the SafetyZone, with its real-time knowledge and collaborative workflow processes, healthcare risk, quality and safety professionals and healthcare providers can not only get far ahead of a potential claim, but more importantly can prevent harm from coming to the home care patient.

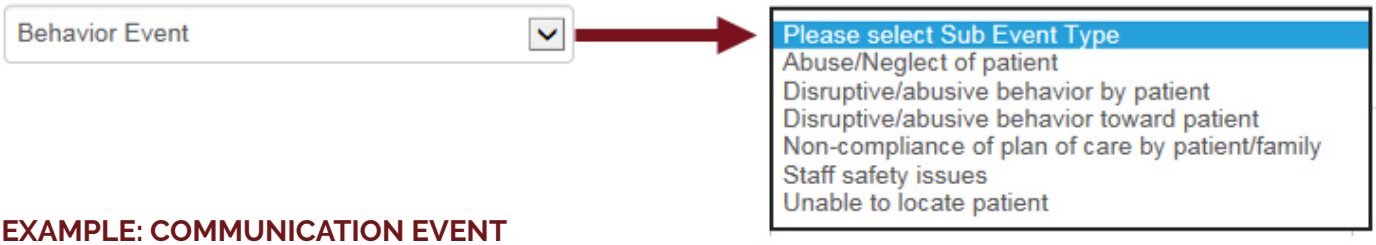
Implementing this type of an early warning system helps to create a high reliability organization that can enhance patient safety by building continuous awareness and quickly executing on actionable information. This is crucial to the home care setting, and can have an impact on other services that can take place in the home as well, such as hospice, primary care, and infusion services.

Following are examples of the types of events and situations that are being collected by Clarity's Home Health, Hospice, and Hospital clients with these services. They are presented to help you see how you might structure such an event recognition and early reporting program for your organization. The initial event and subevent type trigger additional questions that provide needed information. The whole event is then routed to those who need to know so that investigation and action can begin, all while being documented in the Follow-Up Section of the report.

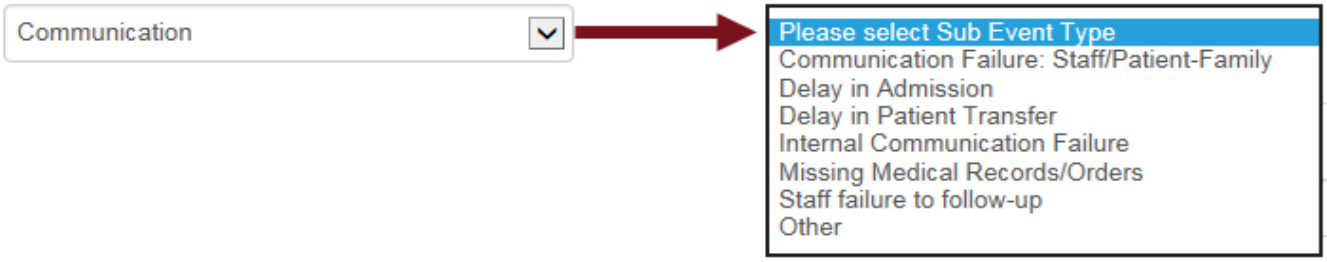
EXAMPLE: MEDICATION EVENT



EXAMPLE: BEHAVIOR EVENT



EXAMPLE: COMMUNICATION EVENT



Regardless of the system that is used to capture event data and potential harm situations early, it is important to consider putting an early warning system in place as part of a strong Home Care RQS Management Program.

SUMMARY

We know that the movement to Home Care is accelerating, and for many good reasons. However, it is still relatively new. In healthcare, it can take several years for allegations of negligence to be made against a new service area, but they do eventually come. For healthcare providers the time is right to put in place a strong Home Care RQS Management program that fits the services the organization is providing, whether these are owned by the hospital, contracted for by the hospital, or working as a standalone Home Health Service.

In building a thorough organizational RQS approach, one must consider: the unique characteristics of the service area; the types of adverse events that can occur; and the allegations that can stem from those events. A solid RQS Management Program will advance patient safety, enhance patient outcomes, and ultimately serve the organization's bottom line by reducing resources that go to hospital readmissions, additional patient care, or litigation.

Anna Marie Hajek
President & CEO
Clarity Group, Inc.

For more information on Clarity's Healthcare SafetyZone® system, visit ClarityGrp.com/SafetyZone or call 773-864-8280.

REFERENCES

1. Hajek, AM. Healthcare Risk Management in the Age of Decentralized Care Delivery. RQS Insider, March 2018. Chicago, Illinois: Clarity Group, Inc.

2. No Place Like Home: Advancing the Safety of Care in the Home. Boston, Massasschusetts: Institute for Healthcare Improvement; 2018.

3. Sears, NA, Blais, R, Spinks, M, Pare, M, Baker, GR. Associations between patient factors and adverse events in the home care setting: a secondary data analysis of two Canadian adverse event studies. BMC Health Services Research (2017) 17:400. DOI 10.1186/s12913-017-2351-8

4. Masotti, P, McColl, MA, Green, M. Adverse events experienced by homecare patients: a scoping review of the literature. International Journal for Quality in Health Care. (2017) 22:2, pp. 115-125.

5. Sears, NA, Baker, GR, Barnsley, J, Shortt, S. The incidence of adverse events among home care patients. International Journal for Quality in Health Care. (2013) 25:1, pp. 16-28.

6. Schildmeijer, KGI, Unbeck, M, Ekstedt, M, et al. Adverse events in patients in home healthcare: a retrospective record review using trigger tool methodology. BMJ Open 2018; 8:e019267. DOI: 10.1136/bmjopen-2017-019267

7. Ankin Law Office. Medical Malpractice by Home Health Care Providers. https://ankinlaw.com/medical-malpractice-by-home-health-care-providers/

8. Insureon Blog. Malpractice lawsuit tips for nursing homes, hospices, and home health aides. https://www.insureon.com/blog/post/2014/04/18/malpractice-for-nursing-homes.aspx

Clarity Group, Inc. | 8725 West Higgins Road, Suite 810 | Chicago, IL 60631
p 773-864-8280 | f 773-864-8281 | www.claritygrp.com

CLARITY

WHITE PAPER