

**Transition of Care?**  
AFHTO Conference October 2012



Public Services Health  
& Safety Association™  
A Health & Safety Ontario Partner

*“In a safe system, information is not lost, inaccessible,  
or forgotten in transitions.”*

- Groah, L. (2006)



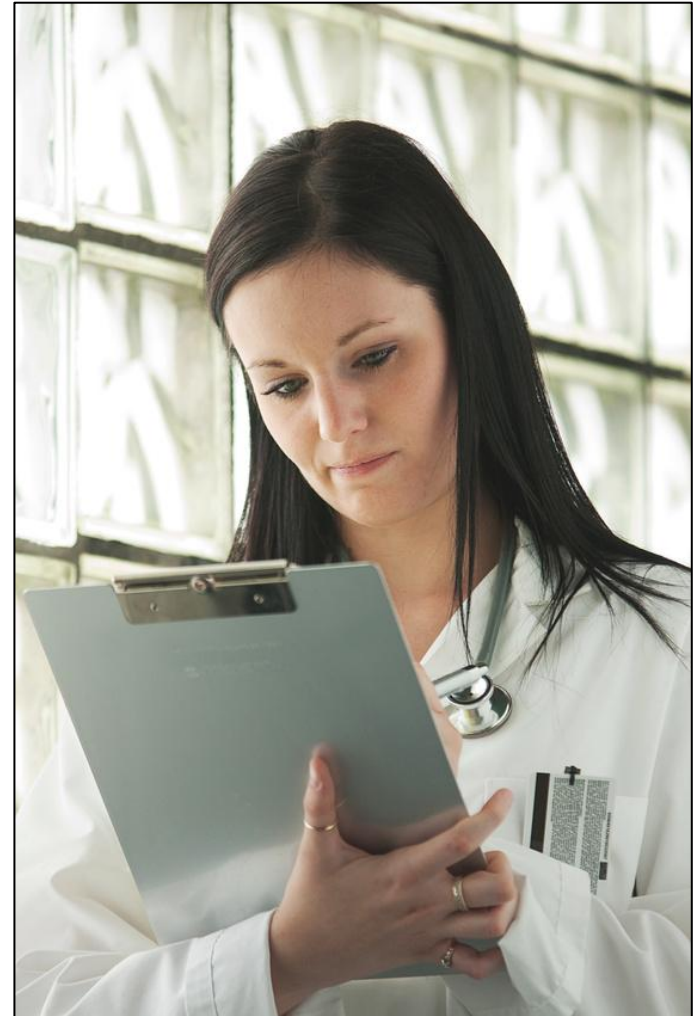
# Agenda

- Overview of Issues and Challenges at Transition of Care Points
- Information to Communicate
- Current Practices
- Improving Transition of Care Practices
- Resources



# Roles and Responsibilities

- All workplace parties play a role in assessing hazards
  - Employer
  - Supervisor
  - Employee
  - JHSC/ HSR
- The level of hazard control will vary between workplace parties according to authority and ability



# What is Transition of Care?

- Transition of clients from one healthcare setting to another
- Can involve a change in physical space, providers and/or scope of care
- Communication of information between individuals and teams is required



# Transition of Care Points



- Point within the system
- Complex, multidirectional in nature
- Transition of care practices vary at each point
- Outcomes are dependent on direction of information flow, content of information shared, and mode of information exchange

# Facts about Transition of Care

- Impacts employee and client safety
- Increased risk of adverse events
- Focus on communication, collaboration and continuity of care
- Evolving client populations in healthcare



# Client Outcomes

- Most adverse events occur during transition times, including skin ulcers, respiratory infections and adverse drug events
- Hip fractures, hospitalized falls, and respiratory infections are most strongly associated with resident death (Doupe et al., 2011)
- An alarming 20% of adverse drug events linked to transfer of patients from acute to community care (Ward et al., 2008)
- Patient-centred units = higher job satisfaction in nurses, less medication errors (Rathert et al., 2007)



# Workplace Violence

- Communication failures, noted in 53 percent of the events, both among staff and with clients and family



**CODE WHITE**

# Case Study- Casa Verde Nursing Home

- On June 9, 2001, a 74 year old male suffering from dementia was admitted to the Casa Verde nursing home in Toronto. Approximately 2 hours after admission, the resident suddenly became violent, grabbing a piece of metal from a wheelchair footrest and killing two other male residents at the facility before staff could intervene and stop him.
- This case was portrayed as an example of how older adults suffering from dementia can turn suddenly and unexpectedly violent.
- There have been 14 homicides committed at nursing homes/long term care (LTC) facilities since 1998
- List of recommendations, directed to MOHLTC, CCACs and LTC facilities

# Workplace Violence - Case in Mental Health

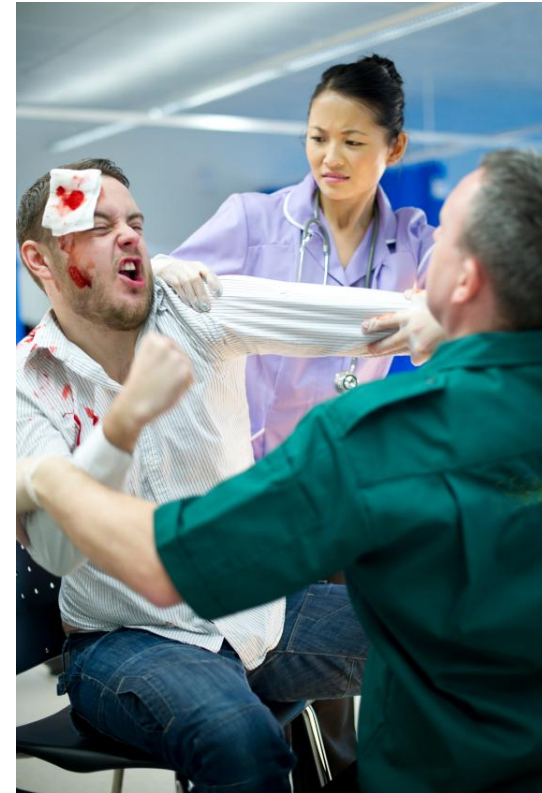
- On November 14, 2007, in CAMH's 1001 Queen St. W. Secure Observation and Treatment Unit, a patient woke in the middle of the night and began wandering. After unsuccessfully trying to persuade the patient to return to bed, a nurse radioed for help. The patient punched the nurse who arrived to help. The first nurse fled to the nursing station but was unable to lock the door. The patient entered the station and started punching a third nurse and the second nurse, who was now on the scene.

# Workplace Violence – Cases from BC

- A worker in a group home was assaulted by a newly admitted client. Previously, the client had been assessed and found unsuitable for the kind of care offered by the group home, but this information was not passed on to the facility.
- A care aide working casual shifts in a facility was hit by a resident. She had not been told about this particular resident's risk of striking out, nor the approaches required to avoid triggering the behaviour.

# Workplace Violence- across Canada

- February 2011- Alberta
  - A mental health worker killed in a client's home
- January 2005- British Columbia
  - Social worker fatally stabbed by his client



# Health and Safety Implications – Employee and Client

- Lack of appropriate mandatory health and safety orientation and training for employees
- High percentage of vulnerable employees in healthcare
- Lack of supervision or working alone
- The trend of changing client population and care settings

# Communication



## CONTACT PRECAUTIONS

Visitors, please ask for Pink Information Sheet.  
**Before entering**, perform hand hygiene and follow instructions below.  
Door may remain open

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 **Gown and Gloves**

- Must be worn to enter this room

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 **Equipment**

- Disposable when possible
- Dedicated to patient
- Clean and disinfect all equipment before removing from this room

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 **Patient Transport**  
(Essential Purposes Only)

- Patient must perform hand hygiene and wear a clean gown
- For direct contact with patient wear a gown and gloves
- Notify receiving area

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 **Before Leaving This Room**

- Remove gloves and gown
- Perform hand hygiene

  
Waterloo Wellington

This sign was developed by a collaboration of the hospitals, public health and Regional Infection Control Network in the Waterloo Wellington area.

- Lack of current and pertinent medical information available at the time of transfer
- Timeliness of the information, and
- Legal implications of information transfer

# Key Issues and Challenges

- Timely and complete information exchange
- Collaboration and teamwork
- Continuity of care
- Client outcomes
- Provider health and safety outcomes





# Common hazards impacting transition of care

- Workplace violence or aggression
  - Early hazard identification is also critical to help address the high incidence of workplace violence and aggression in health and community care organizations.
- Musculoskeletal injuries
  - A higher number of obese and more acutely ill clients leads to increased physical demands that put employees at a greater risk of musculoskeletal disorder (MSD) injuries; early hazard identification can mitigate this risk.
- Infection prevention and control exposures
  - US data shows that an alarming 20% of adverse drug events associated with medication errors occur during transitions of care between the inpatient and nursing home settings.

# Current Transition of Care Practices

- Acute care
- Pediatrics
- Community and home care
- Long-term care
- Mental health



# Information to Communicate



- Client demographics
- Client medical information
- Safety concerns
- Most responsible/primary care provider
- Plan of care
- Potential risks to employee safety
- Strategies for risk management

# Improving Transition of Care Practices

- Identify all possible transition of care points
- Identify employee and client safety risks
- Standardize the information exchange process
- Avoid relying solely on electronic communication tools
- Raise awareness in staff
- Facilitate verbal communication
- Integrate client and employee safety
- Evaluate interventions



# Improving Transition of Care Practices (cont'd)

- Ensure confidentiality and privacy
- Use standardized language
- Use visuals to portray information
- Include risk management and prevention strategies
- Use of hazard approach to communicate information



# Improving Transition of Care Practices (cont'd)

- Essential to incorporate OH&S risk management principles into all stages of information transmission during transitions of care
- Stages of information gathering include during :
  - referral and assessment, and
  - service planning and delivery
- Standardization of risk codes across the system

# Implementation Steps

- All sectors agree on:
  - Universal Codes
  - Communication strategy (transfer forms, chart flags, etc)
- Formation of a Implementation Steering Group to support change
- Consider a pilot within a LHIN
- Associations then work with their members on an implementation plan
- Organizations adopt codes and communication strategy

# Embrace Safety- Culture Shift



- Need for a culture shift within organizations and system-wide
- Staff safety linked to quality client care
- Recognize the need to focus on staff safety
- Seek senior leadership support
- Provide frontline staff with tools necessary for improved transition of care experiences for all involved



# Resources

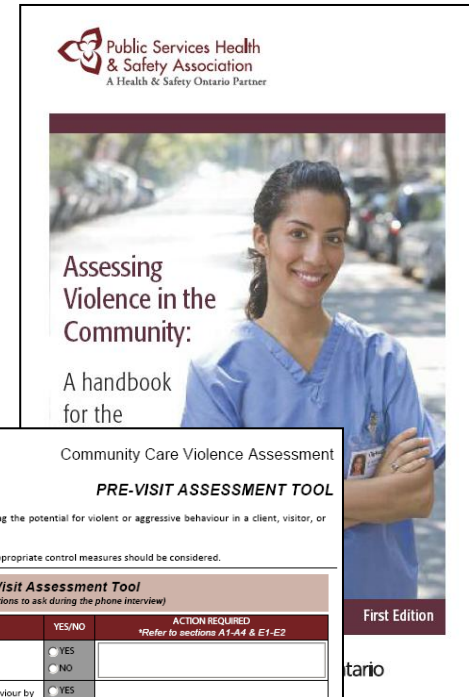
- PSHSA Fast Fact “Transition of Care – Building a Safer System”
- PSHSA Web tutorial: Increase awareness of Transition of Care risks within your organization.
- Community Care Workplace Hazard tool and video shorts

# Resources – Workplace Violence

## Assessing Violence in the Community handbook

- Provides assessment tools, tips and guidelines
- Fillable/ downloadable assessment tools for client, home and community to assist with communication of workplace violence risks

OHSCO Violence risk assessment e-tool



Public Services Health & Safety Association™  
A Health & Safety Ontario Partner

Community Care Violence Assessment  
**PRE-VISIT ASSESSMENT TOOL**

This tool provides practical questions for assessing the potential for violent or aggressive behaviour in a client, visitor, or family member prior to conducting a home visit.

A "Yes" response indicates an elevated risk and appropriate control measures should be considered.

Pre-Visit Assessment Tool (Sample questions to ask during the phone interview)		
ASSESSMENT ITEM	YES/NO	ACTION REQUIRED <i>*Refer to sections A1-A4 &amp; E1-E2</i>
1. Is the client resistant to the home visit?	<input type="radio"/> YES <input type="radio"/> NO	
2. Is there a history of violent or aggressive behaviour by the client or persons in the dwelling?	<input type="radio"/> YES <input type="radio"/> NO	
3. Are there any triggers associated with the violent/aggressive episodes, such as when limits are set or during specific activities/events?	<input type="radio"/> YES <input type="radio"/> NO	
4. Does the client have any medical conditions that may predispose them to violent or aggressive behaviour including head injury, substance abuse, or cognitive impairment?	<input type="radio"/> YES <input type="radio"/> NO	
5. Is the violent/aggressive behaviour directed toward a specific person or group of persons?	<input type="radio"/> YES <input type="radio"/> NO	
6. Will the person(s), towards whom the violent/aggressive behaviour is directed, be present during the health care worker's home visit?	<input type="radio"/> YES <input type="radio"/> NO	
7. Have threats recently been made against the client?	<input type="radio"/> YES <input type="radio"/> NO	
8. Are you aware of restraining orders issued against anyone in the household?	<input type="radio"/> YES <input type="radio"/> NO	
9. Are firearms or other dangerous weapons kept in the home?	<input type="radio"/> YES <input type="radio"/> NO	
10. Are there pets or animals in the home?	<input type="radio"/> YES <input type="radio"/> NO	

\*Further information on assessment items and actions required can be found in the PSHSA booklet "Assessing Violence in the Community: A Handbook for the Workplace", free to download at [www.pshsa.ca](http://www.pshsa.ca) or available to purchase through the PSHSA store.


HOME Print Form Save PDF Form Reset Form

# Resources – Musculoskeletal Disorders (MSD)

- Handle with Care (tools for hazard recognition, risk assessment, control and evaluation)
- CARE Cards
- Client Mobility Review Poster
- Communication: Logo cards

## Client Mobility Review

Before moving a client, check:



- C**ommunication
  - eye contact?
  - able to follow simple commands?
- A**bility
  - change in physical ability?
  - change in energy level?
  - can client move legs, arms?
  - is client drowsy? (medications, illness, fatigue)
- R**esistance
  - client refusing to participate?
  - signs of escalating behaviour?
  - client agitated?
  - client uncooperative?
- E**quipment / Environment
  - any obstacles along the travel path?
  - equipment functioning & positioned appropriately?
  - correct sling type/size?
  - correct positioning of bed, equipment, chair, track?

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**Preparing the Environment**

- ensure path is clear
- ensure furniture is arranged according to planned transfer
- no spills on the floor
- adequate lighting

**Preparing the Client**

- appropriate clothing and footwear
- do not allow client to put arms around caregiver's neck
- ensure medical devices do not interfere

**Preparing the Equipment**


- ensure equipment is in working order
- position all equipment accordingly
- using equipment procedures as outlined by manufacturer
- lock all wheels
- lower bed rails

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# Resources – Infection Prevention and Control

- Point of care risk assessment tool
  - Free to download
  - Each caregiver completes point of care risk assessment tool with client to communicate identified risks
- Risk assessment tool is also available at an organizational level to identify and communicate gaps in an infection prevention and control program

**Point-of-Care Risk Assessment**  Public Services Health & Safety Association™  
A Health & Safety Ontario Partner

This checklist lists factors to consider when evaluating the likelihood of biological exposure.  
*Shaded areas indicates elevated risk that may require action.*

Client Contact and Work Activities		
Assessment Item	Yes	No
1. Does assigned work involve close contact with people/animals or their environment?		
2. Are you in contact with people/animals with known infectious diseases or pathogens?		
3. Do you perform, assist, or observe aerosol-generating procedures, such as CPR, airway suctioning, endotracheal intubation?		
4. Are you exposed to blood or other body fluids, secretions, or excretions?		
5. Are you in contact with mucous membranes, non-intact skin, or body tissues/organs/remains?		
6. Do you handle potentially contaminated items, surfaces, equipment, or sharps?		
7. Do you handle potentially contaminated water, soil, or food products?		

Sharing of best  
practices?

Questions?



*Thank you*



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*[www.healthandsafetyontario.ca](http://www.healthandsafetyontario.ca)*