LONG TERM CARE: COVID-19 SERIES

Session 11: Rewiring the way we approach safety – Questions & Answers

Disclaimer: All information is provided by healthcare providers working in long-term care facilities across Ontario including those at Baycrest. All identifying information including names of individuals, organizations, or locations have been removed for privacy. **The answers below are amalgamated responses from our Hub team members and Learning Partners.**

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Question 1: From my experience working as a Medical Director and an attending physician in LTC in Ontario, I noticed that we can be fixated on our legislative requirements and regulations. An example is that when I was in a LTC home with a resident doctor, we looked at a MedCart and I asked the resident "what are the findings an inspector would have of this cart?". It was framed based on the legislation and regulations, and I didn't think to frame it in a "what are the potential safety concerns". I wonder if other people with similar LTC experience tend to be more focused on those legislative requirements?

Answer: What comes to mind when you ask this is an example of a physician who worked in an emergency department and she was struggling for years on the safety issues she identified, but she had difficulties getting people on board with shifting practice. After a meeting we had and her learning about the five safety dimensions around measurement and monitoring safety (See Image 1), she started asking questions associated with that framework. After that, she started to frame the issues she had at work around safety and within fifteen minutes she had a collective solution and support from her physician group. So something she had been struggling for years to change, she was able to implement when she simply changed her framework. So similar to your example of the MedCart, when we frame it as a legislative or regulatory hammer coming down it yields less results than if we were to frame the issue through a safety lens. Often times in LTC, it is as though there is a hammer that is coming down on us with the legislative requirement, so how do we merge the legislation with this safety culture. It's a real opportunity and something we really need to try to embrace.
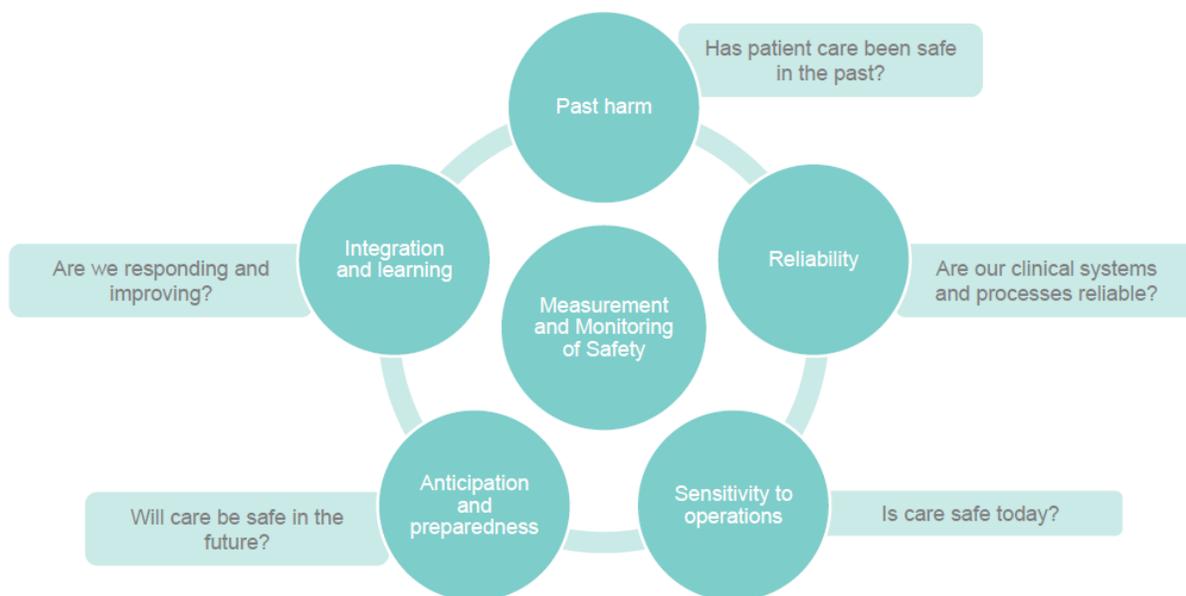
Image 1: Measurement and Monitoring of Safety Framework.

Question 2: Despite these legislations that are incredibly important, how do we balance the legislation while also framing it through a safety lens?

Answer: In my experience working with LTC homes and their teams, having that shift in approach where there are open conversations to allow for collective solutions to be made can really help. In the presentation, we mentioned that a LTC manager of a unit would be greeted with staff who had a list of safety concerns that they not only identified but also came up with solutions for. So he created a culture of "detectives" who without any sort of prompting, just through regular conversations then created a safe space for people to come forward with their safety concerns and solutions to those concerns. As a LTC manager, safety wasn't just part of his job to identify the problems and solve, but it became a collective goal to create safety.

I was just thinking back to those of us who have been around for a while to remember when there were compliance advisors rather than compliance inspectors. I was thinking, wouldn't it be amazing if we had **safety advisors** as opposed to compliance inspectors. With compliance inspectors, the entire focus is on identification of harm and in many cases the punishment for harm if it's identified as opposed to helping homes identify good safety solutions and sharing them when harm is identified. In light of recent media reporting on the conditions of some LTC homes, I am concerned that there is going to be a lot more inspections with the focus of identifying and punishing harm.

I worked with several LTC homes in my LHIN for 50 years. I noticed changes in the best practices and some that come and go. I really like this patient safety approach and its particularly welcome in the middle of a pandemic. I think overall, we understand safety in the LTC sector during COVID where facilities are screening people at the doors and are managing to decrease their number of cases. I think in order for there to be a balance between patient safety and legislation is to review the initiatives we are already doing. In the past, we were using a quality improvement framework and LTC homes adopted the idea of doing daily huddles, and asking these three questions of "Do you have enough resources to do your job? How are you doing today? And what are the barriers?". That is an example of one previous initiative, and there have been many others over the years.

Question 3: Is there a cost to your service through the Canadian Patient Safety Institute (CPSI) and how do we engage you in LTCs?

Answer: We just wrapped up an 18 month long collaborative where we had an open call for people to join in and participate with us. Unfortunately, we are a small organization, and we are also trying to work through a pandemic so we are currently figuring out creative solutions for how we can share this great wealth of knowledge and this passion to provide safety for others. So our team is getting ready to launch some online tools, resources, tips, and ideas for each of the dimensions that can help bring safety alive in your organization.

We are going to create some webinars and have literature be available to you with some practical tips and ideas. The Maturity Matrix is a great place to start (refer to didactic presentation), which is also freely accessible online. So right now we are in the process of securing these resources and will have them online for you soon. You can check the CPSI website for these announcements. www.patientsafetyinstitute.ca

One thing I can say is that of our nearly 20 teams across the country that all sectors that participated in our collaborative that at the end of each one, every one of them told us that it has changed their culture and they were blown away.

Question 4: Does anyone have an example of new safety issues that arose because of COVID and how you addressed it?

Answer: I personally don't have a direct hands-on role in LTC, but my role involves working with staff from LTC. One thing that came up in these discussions is wandering residents. Now with the COVID pandemic, there is potential risk of spreading the infection if wandering residents are sick or if wandering residents enter a room with a sick resident. Some residents with dementia are also very reliant on their sense of touch and will often touch many surfaces around the home such as a railing. In order to address this safety issue, LTC homes have started increasing environmental cleaning to twice a day to disinfect high touch surfaces in order to better avoid outbreaks.

So it's interesting because with COVID we have to put focus on the safety concerns that come with this pandemic and the question is do we have the capacity to shift the practices in a timely manner to address the pandemic safety concerns.

You mentioned the importance of observation, and I am one of those people who I observe things and sometimes I'll speak to them, and that's okay as long as the team knows we are all working together for the right purpose. We had an incident on one of our units where we had to place a resident in isolation. We didn't have anyone with COVID, but there was still the concern of exposure so we were using gowns and it was the first time we were using the reusable gowns. So when I entered the unit, the clean gowns and the used gowns were indiscernible. I had to ask someone, and they realized that earlier that morning there was only a single verbal instruction as to which pile had the clean gowns. So right away, I recognized that after any shift change, staff can easily wear a contaminated gown. So after I verbalized the potential, we quickly put up signs to easily distinguish between clean and used gowns. A very simple solution, but had I not spoken up about it or if someone else hadn't spoken up about it we could have potentially used contaminated PPE without our knowledge. So these small things can have a big impact.

At our LTC facility it wasn't the management's initiative, but the staff initiative to bring a change of clothes and shoes so as to minimize the risk of bringing home any potentially contaminated clothing to their families. Again, it was the staff that encouraged this practice to keep their street clothes and work clothes separate, so we did request for a clean location in order to change and store our street clothing. Additionally, our home also increased the environmental cleaning and more housekeeping staff cleaning high touch surfaces more frequently. As a result, cleaning agents are more available so if I need something to clean equipment with, I can easily find the right agent. I also try to be a role model for cleaning before putting on reusable PPE. I figure if we just engrain that into our culture that we can stay ahead of the game and so far so good. We did training for all staff on universal masking and encouraged all staff to also point out to others when breaches were made. This has been well adopted and done in a way to promote increased safety for staff and residents. It's all about collectively creating solutions! No one person has all the answers.

Question 5 (POLL): How can you shift your approach to care to create safety?

Answer: So the idea with this poll question is that everybody has something that they can do that's within their power. You don't need money or additional resources, but what are the things that you can do to create safety. One of the important lessons that we learned from our teams is that patient safety isn't a project, it's a way of thinking and if you shift your thinking then you can shift your approach.

So its this idea that you can create resilience for safety and this can come through as simple having regular conversations around safety. What we are doing is a different approach and with things like a daily huddle where you bring entire teams together and empower them through open conversation, you get creative solutions through the differing perspectives of a problem.