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REQUEST FOR APPLICATIONS (RFA)

Patient / Client Safety in Home Care in Canada

Competition Announcement

January 28, 2010

Revised March 2, 2010

Submission deadline: April 8, 2010 at 12:00 pm MT

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Key Dates

Announcement of competition	January 28, 2010
Deadline for receipt of applications	April 8, 2010
Review of applications completed	May 27, 2010
Notification of decision	June 30, 2010
Project commencement	By October 1, 2010

1.0 Introduction

Safety is fundamental to the delivery of high quality healthcare services. As identified in the pivotal Canadian Adverse Events Studyⁱ approximately 7.5% of acute care hospital patients experienced at least one adverse event¹ while in hospital. While there is increasing evidence about patient safety issues and potential solutions in hospital or acute care settings, there is a need for more evidence on the nature of patient safety issues in all healthcare sectors and settings to guide effective approaches to improving patient safety and the quality of healthcare services in Canada. Specifically, there is limited data and understanding about the burden of safety problems and adverse events among Canadian home care clients and in the home care setting. Here, the provision of care differs from acute care environments in many ways, including the nature of formal service provision, the physical context and variability of home environments, the role of informal caregivers (including family members, friends and others who are unpaid, but are frequently the primary person responsible for caring for the client), and client characteristics.

Home care clients (i.e., recipients of home health care services) are playing an increasingly significant role in their own care and may have differing perspectives of their care needs.ⁱⁱ In addition, the concept of ‘safety’ may vary between clients, informal caregivers, and formal care providers (including professionals or non-professionals who may be regulated or unregulated, and are employees of organizations that provide home care services to clients).

In Canada, the provision of home care typically encompasses both social and health services and differs according to the needs of the individual, including acute, long-term, palliative and respite services^{iv}. The provision of home care services differs amongst and within the provinces and territories, and these formal services may be delivered by both public and private agencies^{iv}. The Canadian Home Care Association has defined *home care* as “as an array of services, provided in the home and community setting, that encompass health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration, and support for the informal (family) caregiver.”ⁱⁱⁱ A recent publication by the Canadian Healthcare Association explored the landscape of home care in Canada and highlighted some of the key issues and challenges related to home care provision across the country. The report refined this definition and described *home care* as “the full array of services offered at home and in the community to support those who need help to remain in the home and those who care for them”^{iv}. For the purposes of this research project, this broad definition has been adopted. Within this definition, acknowledgement is provided to the following considerations:

¹ In the Canadian Adverse Events Study, *adverse event* was defined as an unintended injury or complication that results in disability, death, or increased use of health care resources and is caused by health care management.

- the range of home care services available varies significantly across the country, apparently independent of need;
- these services include both publicly and privately funded services;
- home care services are seen to include all services designed to optimize the functioning of the client in his/her home, as well as optimal functioning of informal caregivers or family members who provide care for the client;
- the majority of home care services currently delivered in Canada relate to the management of chronic diseases and health conditions among the elderly but include acute/post-acute, chronic and palliative care services delivered to clients of all ages^{iv};
- there is increasing pressure to move what were once considered acute care services into home/ community based settings, driven both by financial pressures and by patient and family preferences and supported by the advent of new information, communication and clinical technologies that can support home-based delivery of health care^{iv}.

This research will focus on the wide range of home care services, whether focused on chronic health conditions (e.g., chronic diseases like cardiovascular and respiratory diseases, frailty, pressure ulcers, etc.), post-acute or palliative care in nature, delivered to a wide range of clients, in order to optimize their functioning in the home or place where home care services are delivered.

The Canadian Patient Safety Dictionary defines *patient safety* as “the reduction and mitigation of unsafe acts within the health care system, as well as through the use of best practices shown to lead to optimal patient outcomes.”^v It is acknowledged that current definitions do not fully recognize the unique aspects of home care client safety as described above. A standardized taxonomy and classification of key patient safety concepts is recognized as being vital for sharing learning across healthcare systems, and the World Health Organization’s (WHO) World Alliance for Patient Safety is developing an International Classification for Patient Safety^{vi} which is intended to be adaptable, yet consistent, across the entire spectrum of healthcare.

The research undertaken within this project will contribute to advancing the WHO’s framework and must incorporate the following considerations with respect to safety in home care:

- the breadth of home care safety is not limited to physical safety but includes social, emotional and functional components as well;
- many variables cannot be regulated or controlled in private home dwellings/personal residences such as is possible in institutional settings;
- the pursuit of a risk-diminished or risk-free environment must be balanced against the realities of the client’s tolerance of risk, preferences, and home life and be respectful of the risks that clients’ choices may impose on both formal (paid providers) and informal caregivers (family members, friends and others);
- the safety of the client is inextricably linked to the safety of the family and caregivers;
- how family/caregiver involvement in care delivery affects safety;
- there are very significant differences in training/education and roles and responsibilities within the care teams (including clients, informal caregivers and formal care providers) and how this impacts safety for team communication, handovers and knowledge transfer amongst the team; and
- the focus of efforts to examine safety in home care should emphasize the minimization or mitigation of safety risks for patients/clients rather than on discrete events.

The sponsoring organizations – the Canadian Patient Safety Institute (CPSI); the Canadian Institutes of Health Research (CIHR) Institutes of Health Services and Policy Research (IHSPR), Aging (IA), and Circulatory and Respiratory Health (ICRH); The Change Foundation; the Canadian Health Services Research Foundation (CHSRF), and others – are committed to supporting research that generates new knowledge and that contributes to improving the safety of home care services for Canadian home care clients. The partner organizations are further committed to ensuring that this knowledge is shared amongst Canadian decision makers, health professionals and other relevant knowledge users and will support the development of evidence-informed recommendations for policy and practice related to home care safety.

2.0 Objectives

It is the objective of the sponsoring organizations to fund original research that will address all of the following objectives:

- Investigate the nature, prevalence, magnitude, scope and determinants of adverse events in home care setting(s) across Canada. The sample selected **must** include aging and /or the aged **and** patients /clients with chronic conditions, among others. Applicants **must also** specifically address relevance/generalizability to individuals with circulatory and respiratory chronic conditions.
- As a significant amount of home care services are delivered by informal care providers, the research scope must include both formal home care service provision as well as informal caregiving by family members and others. An important outcome will be the identification of a pan-Canadian estimate of the prevalence and incidence of adverse events experienced by home care clients.
- Advance methodology for exploring patient /client safety in home care settings.
- Identify practices and/or tools that have been shown to or have the strong potential to reduce avoidable adverse events (including critical incidents or near misses) for home care clients. Practices and/or tools relevant to this stream and of particular interest are those that may currently exist in Canadian or international jurisdictions but are not yet broadly implemented in Canada.
- Advance a definition of home care client safety that will become the basis for Canadian, and potentially international, home care client safety improvement efforts.

Applicant teams must:

- describe and explore patient safety risks and root causes of adverse events through the perspectives of home care clients, family members, formal and informal caregivers and providers;
- provide clarity on the methods and data sources that will be used to articulate adverse events in the home care setting; and
- review and where appropriate build upon the efforts of Canadian patient safety research in home care.

It is expected that the research team considers a variety of sources and types of evidence including:

- high quality international published literature on home care safety – health, social and economic aspects;
- the availability of relevant data/information held in administrative and clinical databases;

- qualitative and quantitative methods to describe and compare various aspects of safety in the provision of home care;
- different perspectives on the challenges in ensuring safe home health care – i.e. that of professional and non-professional providers, purchasers (government/insurance), policy makers, managers, and of course, those of home care clients and their informal caregivers;
- expert advice from healthcare leaders (policy makers; clinical leaders and managers/executives) and leading academics;
- practices and policies considered ‘promising’ or leading edge; and
- a sample that provides a good representation of the various settings and regions across Canada (i.e. western, central, eastern and northern representation), and types of home care delivery (scope within the available resources) – to ensure generalizability and applicability of the knowledge gleaned through this research initiative.

3.0 Funds Available

NEW AS OF MARCH 2, 2010

As of March 2, 2010, the total amount of this initiative is **\$1.2 million** CDN over two years. Of the \$1.2 million, \$1 million is directly available to the successful research team. The \$1 million available to the research team for the proposed budget must be explained and justified in pages 12-13 of the Application Form. The sponsoring organizations will use the remaining \$200,000 for knowledge translation activities coordinated by this group with the successful research team.

Please note that this is an increase of \$100,000 from the amount available at the launch date (a total amount of \$1.1 million on January 28, 2010) due to a new partnership with CIHR’s Institute of Musculoskeletal Health and Arthritis.

The research project award will be non-renewable.

This amount may increase if additional funding partners are recruited to participate, and all applicants will be notified if any additional funds become available to augment this total.

The team is encouraged, but not required, to identify additional funding sources to augment the funding available through the RFA. Teams securing such funding should include the funding as a revenue, and account for both funds requested through the RFA as well as the additional funding in the expenditure section of the budget in the application form.

4.0 Eligibility Requirements

Eligible research proposals must include the following:

- A primary focus on home care client safety in Canada;
- Specific research objectives and design/methods appropriate to the study questions;
- An interdisciplinary team comprised of at least one experienced researcher and one decision maker, and other relevant **knowledge users** (e.g., patients/clients, informal caregivers, and members of the public, as appropriate) who will be engaged throughout the research process.
- A Team Lead (and Co-Lead, if applicable) who is an employee or affiliate of a Canadian not-for-profit organization (e.g., hospital, health region, university, professional association, etc.). The Team Lead and Co-Lead cannot receive salary support through the project budget.
- Project funds must be held by a Canadian not-for-profit healthcare organization or a Canadian university that is legally able to hold and administer research funds (generally the business or research services office of the team lead's organization administers funds).
- A pan-Canadian scope to ensure that results that can be applied to multiple regions and/or settings. The research team must be structured appropriately to ensure engagement of various regions across Canada (e.g., western, central, eastern and northern representation) and ensure access to data and organizations considered essential to this study.
- A detailed knowledge translation plan that outlines how the decision maker(s) and other appropriate knowledge users will be integrated throughout the research process (i.e., integrated KT), how the results of the research will be disseminated to audiences beyond the participating decision makers, as well as how the application of the findings will be encouraged (i.e., end-of-grant KT). For additional information regarding knowledge translation, and for integrated and end-of-grant KT definitions, please refer to CIHR web page: <http://www.cihr-irsc.gc.ca/e/39033.html>

In addition to the above, the eligibility criteria for CIHR research funding programs apply. Please refer to the [Individual Eligibility Requirements](#) regarding the eligibility requirements for individuals and organizations and about how to become eligible. The use of the CIHR funds must comply fully with the [policies and guidelines outlined in the CIHR Grants and Awards Guide](#).

In addition, the research team must, as a condition of funding, agree to work with the sponsoring organizations and other key stakeholders on key knowledge translation activities including the dissemination of results and development of recommendations for the implementation of change for policy and practice in Canada based on the findings. This will also include the development of 'companion products' for various audiences and the general public such as briefings, reports, media releases, newspaper/newsletter articles and electronic (web-based) files and other appropriate communication tools.

Team Composition Requirements:

The team composition must be interdisciplinary and multi-jurisdictional and must include appropriate knowledge users throughout the research process

There must be at least one Decision Maker and one experienced Researcher on the project team.

- The Decision Maker should be someone positioned to effectively facilitate the adoption of project results; a Decision Maker is an individual who makes decisions or influences policies that have a direct influence on the organization, delivery, financing, management, or regulation of health systems or services.
- The Researcher is an individual with experience in conducting research who is able to effectively plan, develop, and conduct research of strong scientific rigour.

In addition, applicant teams are also encouraged to forge expert international links as part of the research team.

Consultants to the applicant team are not eligible to be considered as part of the team composition. For the purposes of this RFA, a consultant is considered an individual whose role in the proposed research is to provide a special service (such as access to equipment, training in a specialized technique, statistical analysis, access to a patient population, etc.) but who is not involved in the overall intellectual direction of the research. Consultants may be reimbursed from the grant for actual costs they incur in providing the service. Consultants need not be included as signatories on the application, and may be added to the research team during the course of the research, as requirements for additional services emerge. However, all those appointed as Consultants in the application must provide a letter, addressed to a Principal Applicant, indicating their agreement to provide the service as described in the application and indicate costs.

5.0 Partners / Collaborators

The Request for Applications, “Patient/Client Safety in Home Care in Canada”, is a collaborative initiative between the:

- [Canadian Patient Safety Institute \(CPSI\)](#)
- [CIHR Institute of Health Services and Policy Research \(IHSPR\)](#)
- [CIHR Institute of Aging \(IA\)](#)
- [CIHR Institute of Circulatory and Respiratory Health \(ICRH\)](#)
- [CIHR Institute of Musculoskeletal Health and Arthritis](#)
- [The Change Foundation](#)
- [Canadian Health Services Research Foundation \(CHSRF\)](#)
- Others (TBD)

6.0 Sponsors’ Commitment to Knowledge Translation

The sponsoring organizations are committed to timely translation of research findings to improve health and health care. As such, they will be involved with the successful research team in some key integrated and end-of-grant knowledge translation activities (see Eligibility Requirements for examples). In particular, a high level stakeholder group that includes the sponsoring organizations will be formed to facilitate consultation and feedback on the research and dissemination of the results from those who will be challenged to address anticipated findings. The sponsoring organizations will retain funds of approximately \$200,000 for knowledge translation activities coordinated by this group with the successful research team.

7.0 Deliverables

The successful research team will deliver a final report written in a 1:3:25 format: one page of key messages; a three-page executive summary; and a 25-page (maximum) final report (excluding references and appendices). The final report is expected to include lessons learned from the team's interactions with key audiences for whom the research is relevant.

In addition, the research team is expected to prepare the following “products” over the course of the program:

- **At six months:** a comprehensive “state of the science” literature synthesis/summary, including main messages. This summary should also be prepared in the standard 1:3:25 format and may be made available for wider dissemination.
- **At the end of each year:** brief administrative, financial, and progress reports.

Costs related to translating the final report so that it is available in French and English will be borne by the sponsoring organizations. The final report is due within three months of the end of the research agreement term and will be made available on the websites of the sponsoring organizations.

The sponsoring organizations encourage the publication of results in open access peer-reviewed journals (freely available online) or in an online repository of published papers, within six months after initial publication. A submission-ready paper based on the final research report must be simultaneously submitted to a peer-reviewed journal and the sponsors with the expectation that it will be published within 12 months of its submission. The sponsors will make every attempt to assist the research team in achieving a fast-track review of the paper.

8.0 Guidelines

Allowable Expenses:

The full application must provide a detailed justification of all costs.

Funding can be used for the following types of expenditures:

Personnel

- Funds to cover the cost of dedicated staff hired to work on the project (for example, research assistants, coordinators, etc).
- Contract staff/consultants, provided that such costs are well justified.

Dissemination/Knowledge Transfer

- Knowledge transfer activities beyond publication in peer-reviewed journals and presentations at scientific meetings.
- Travel, accommodation, workshop/seminar costs, and other KT related activities
- Costs involved in dissemination of the results of the work funded under this funding opportunity to target audiences (e.g., printing, web site development, etc).

Operating Costs

- Communications (e.g., teleconferences, videoconferences).

- Office supplies.

Direct Research Expenses (e.g., article retrieval, database search fees, access to administrative databases)

Capital Equipment (to a maximum of 10% of the budget)

- Computer software, licenses.
- Computer hardware, devices.
- Other (except for items such as furniture).

Travel (Government of Canada Treasury Board guidelines must be followed)

- Project-related travel.

Ineligible Expenses:

- Salaries of the Team Lead, Co-Lead, and team members are not eligible to be paid through the project budget. The only exception is replacement funds for decision makers who are being replaced while they are engaged in the project.
- Funds for research administration or research overhead at the administering organization.
- Funds for indirect costs of research (e.g., rent).
- Funds for service delivery (i.e., those services normally delivered in the care process).
- Release time or salary support for consultants who hold a faculty position within a post secondary academic institution or career award, fee-for-service clinicians or whose current job description includes conducting or participating in research.

Conditions of funding:

The successful team will be provided with a letter of offer that stipulates the conditions of funding, including any methodological questions raised through the review process that will need to be addressed prior to funding being provided. Once all conditions of funding have been met, the team will be required to sign a research agreement.

Communication requirements:

The research team will prominently acknowledge the support and funding of all sponsoring organizations (CPSI, the CIHR Institutes, The Change Foundation, CHSRF, and other partners [TBC]) in all written, oral and web-based communications produced in relation to this research. Similarly, the sponsors will acknowledge the research team in any dissemination activities that they undertake. In addition, the research team will add the following disclaimer to all written materials for dissemination:

"The views expressed herein do not necessarily represent the views of the Canadian Patient Safety Institute, the CIHR Institutes, The Change Foundation, or those of the Canadian Health Services Research Foundation".

9.0 Review Process and Evaluation

Stage 1: Screening Process

Prior to Peer/Merit Review, all applications received will undergo a screening process. The screening is to assess applications for consistency with the requirements of the research competition

as outlined in this document and in the application form. Please note applications whose focus is not primarily on patient/client safety in home care and who do not address **each** of the objectives listed under Section 2.0 will not receive further consideration. Funding partners will have access to the applications for the purpose of the screening process.

Screening Criteria:

- Application is consistent with the requirements of the research competition as outlined in this document and in the application form, and aligns with **each** of the objectives listed in Section 2.0.
- Full application is received at the CPSI office on or before application deadline (April 8, 2010 at 12:00 p.m. MT).
- Application includes one original, plus four additional hard copies, and one electronic copy via e-mail.
- Application form is complete and includes all mandatory information, required signatures and supporting documentation, including all letters of support. Applications received by fax will **not** be accepted.
- Applicant team includes at least one Researcher and one Decision Maker.

Applications successfully satisfying the screening criteria will undergo a Peer/Merit Review process by a Peer/Merit Review Panel.

The team lead of all applications unsuccessful in Stage 1 will receive notification from CPSI by May 27, 2010.

Stage 2: Peer/Merit Review Process

All applications successful in Stage 1 will be assessed in Stage 2 through a peer/merit review process. This evaluation process assesses both the scientific merit and the potential impact of the proposed projects. This process will be used as the RFA calls for a collaborative approach to the research and knowledge translation which engages knowledge users throughout the research process to inform the research plan, carry out the project, and apply the findings. Each application will be reviewed by at least one researcher and at least one decision maker/knowledge user. Potential impact and scientific merit scores will be weighted equally. The Peer/Merit Review Panel may include international experts as well as Canadian leaders. Names of Panel members will be published on the CPSI web site after the Panel meeting.

Based on both the review and ranking process, Panel recommendations for project funding will be provided to CPSI. CPSI will consider the final recommendations and determine in consultation with the sponsoring organizations which project, if any, will be recommended for funding.

Peer/Merit Review Criteria:

- The scientific feasibility and viability of the project
 - Is the proposal relevant to the objectives of this funding opportunity?
 - Are the project questions and objectives clear?
 - Does the proposal meet all the objectives of this funding opportunity?
 - Is the proposal informed by an appropriate review of the relevant literature?
 - Are the methods and analytical/evaluative approach appropriate and of acceptable rigour for the questions and topic?

- How well has the team identified and addressed the limitations to their approach?
 - Are the project plan and timelines clear and feasible? Is the budget reasonable and appropriate?
 - Does the team have the requisite skills and experience necessary to complete the proposed research? Consideration will be given to the team's track record, importance and originality of past research, and historical productivity and impact.
- The potential benefit to the healthcare system in improving patient safety
 - To what extent will the project yield new information that will contribute to meaningful and sustainable improvements in home care safety?
 - What is the likelihood that the project will have a positive and substantive impact on health outcomes, practice or policy in multiple jurisdictions?
 - What is the potential for and ease with which the results can be applied in other healthcare jurisdictions or settings?
 - To what extent are decision makers involved as active partners in the research process?
 - To what extent are other knowledge users (e.g., direct care providers, patients/clients, informal caregivers, students, members of the public, etc.) involved as active members throughout the research process?
 - Is the knowledge translation plan feasible, complete and appropriate (including both integrated and end-of-grant KT activities)?
 - Does the project include an evaluation plan to assess the project outcomes and impacts (including the KT plan)?
 - Demonstration of interdisciplinary and/or multi-jurisdictional collaboration (e.g. more than one province/territory, more than one health delivery organization, more than one profession participating, etc.)
 - Strengths and suitability of applicant team
 - What is the quality and capacity of the lead applicant and the project team? Do their track records demonstrate that they have the composite experience, skills, and expertise to achieve the project objectives in all components as required and function as an effective team?

Applications that have undergone Stage 2: Peer/Merit Review will be notified of the results of the process by **June 30, 2010**.

Stage 3: Agreement and Project Commencement

The successful research team recommended for funding will be required to resolve all conditions for funding identified during the Peer/Merit review process, including obtaining all required ethical approval(s) prior to the start of funding (if applicable). Upon successful resolution of the conditions, a research agreement will be forwarded to the team lead for review and signature by the authorized executive of the institution. Once the signed agreement has been returned to and processed by CPSI, project funds will be released to the financial lead for disbursement as outlined in the payment schedule of the agreement.

Projects must commence no later than **October 1, 2010**; including obtaining ethics approval (if applicable). If this is not possible, the sponsors may withdraw funding for the project.

10.0 How to Apply

Completed packages must be received at the CPSI office no later than **April 8, 2010 at 12:00 p.m. MT**. Applications must be complete and include all required supporting documents.

Applications or portions thereof received after the deadline will not be accepted.

- The original fully signed application and four complete paper copies must be submitted to:
Home Care RFA
Canadian Patient Safety Institute
Suite 1414, 10235 101 Street
Edmonton, AB T5J 3G1
- In addition, please submit your completed application form electronically in MS Word format (excluding attachments) to homecarerfa@cpsi-icsp.ca.
- Applications will be accepted in English or French. Please note that the project details and budget justifications sections of French language applications received by CPSI will be translated to English. Applicants may arrange to have these sections of their application translated by a translator of their choice and CPSI will reimburse them at the rate of \$0.25 per word. Applicants will have up to one week after submitting their proposal to submit their translation. (**Please note:** the original application must still be submitted by the deadline.)
- Applicants must use CPSI's application form to indicate their decision regarding the commissioning of the translation. Any revisions made to the application will disqualify the application from consideration in the competition.
- To obtain a copy of the **Application Form** and/or submit any questions or seek clarification, please e-mail CPSI at homecarerfa@cpsi-icsp.ca. To ensure consistency of information provided, telephone responses to queries will not be accommodated.

11.0 Additional Information

Two recent studies, one conducted in the United States^{vii,viii} and another conducted in Ontario^{ix}, have begun to advance knowledge in this area and have each found that 13% of home care clients receiving formal home health care services have experienced an adverse event. However, there is a need for more evidence on the nature of patient/client safety issues in the home care sector and different home care settings (including, for example, safety in both formal and informal care giving) to guide effective approaches to improving patient safety and, in the longer-term, quality of home care in Canada.

In 2006, CPSI and the Victorian Order of Nurses (VON) Canada released a foundational report entitled, "Safety in Home Care: Broadening the Patient Safety Agenda to Include Home Care

Services”^x, which summarized findings from a comprehensive literature review, several key informant interviews, and the discussions at an invitational roundtable event of pan-Canadian stakeholders. This report highlighted the themes and unique issues associated with patient safety in home care:

- the multiple dimensions of safety in home care, including physical, emotional, social, and functional safety;
- there is greater autonomy and choice for clients, families, and caregivers;
- the majority of clients receiving home care support are elderly and live alone;
- the relationship between the safety of the clients and their families and caregivers and providers (both paid and unpaid) are inextricably linked;
- the complex challenges with communication between and amongst clients, families, caregivers and providers;
- home environments where care is delivered is unregulated and uncontrolled; and
- the challenges related to human resources and maintenance of competence by formal providers of care.

Building on these findings, a recent pilot study^{xi} further examined the home care safety perspectives of clients and their families. Central to these findings was that the notion of home care safety differs significantly between formal providers, informal caregivers and family members and clients, who are viewed as the recipients and point of care for home care services. These varying perspectives suggests that future research should involve patients, families, caregivers and providers to help better understand and explore patient/client safety in ways that are meaningful and applicable in home care.

A recent exploratory study^{xii,xiii} sought to identify the nature and prevalence of patient safety problems among long stay home care clients using data from the RAI-HC© assessment instrument, currently collected through the Canadian Institute for Health Information (CIHI) Home Care Reporting System from several jurisdictions across Canada. This study has contributed data for the first time on patient safety risk indicators for home care, and suggests that the RAI-HC is useful for identifying potential adverse events related to home care. However, the authors have identified that further validation and investigation is required to confirm whether the adverse events are attributable to health care management before more can be known about the prevalence of adverse events among Canadian home care clients. In order to do this, methods such as chart auditing and linking to other administrative data (e.g. hospital discharge administrative database) is required.

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