Oxygen Safety in the Home: Solutions-Oriented Strategies for Providers across the Home Care Setting

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The Joint Commission
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Objectives

- At the conclusion of the presentation participants will be able to:
  - Identify the risks associated with oxygen related fires.
  - Explore how the accreditation process helps organizations mitigate oxygen related risks.
  - Explore ways to help your staff identify and respond to patients engaging in at-risk behaviors.
Patient Protection and Affordable Care Act (PPACA)

- Improve the Delivery of Health Care Services
- Improve Health Outcomes & Population Health
- Affordable Care through Cost Control
Transitioning to a new model of care

The changing paradigm of care
- Accountability from all providers
- Partnering through affiliation
- Increased reliance on technology
- Rewards and penalties associated with outcomes of care
“It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change."

Charles Darwin
Potential Risk Points:

- Overestimating Capabilities
- Balancing Interests and Engaging Stakeholders
- Recognizing Interdependence
What the data tells us today:

- Smoking while wearing oxygen is still #1 event
- Root cause of the occurrences:
  - Communication
  - Leadership
  - Human Factors
  - Physical environment
  - Assessment
Ongoing Challenges in Home Care
Rethinking the concept of non-compliance
Raising awareness about the risks associated with oxygen related fires

1. Individual’s health status

2. The unintended consequences of technology

3. New lifestyle innovations may expose new risks

4. Impact of operational demands on patient safety
Analysis of Sentinel Events Reveals:

- Communication
- Leadership
- Human Factors
- Physical Environment
- Assessment
How does accreditation support an unparalleled framework for safety?

- Identifies and helps you proactively address contributors to quality and safety
  - NPSG Data-driven approaches to care
  - Leadership standards
  - Competency and ongoing training
  - Assessment and provision of services
  - Record of care
Revisions to National Patient Safety Goal 15.02.01 on Home Oxygen Use

- NPSG expectation is the same: Identify risks associated with home oxygen therapy such as home fires.
- Effective January 1, 2015
- Includes modifications that enhances the focus on patient safety and clarifies specific requirements.
- NEW element of performance (EP) requiring periodic reevaluation of fire risks in the home.
- NEW EP requires implementing strategies to improve compliance with oxygen safety precautions when unsafe practices are observed in the home.
NPSG.15.02.01: Identify risks associated with home oxygen therapy such as home fires.

☑ Expanded rationale:

- Describes the fire risks associated with oxygen

- Explains the importance of the home risk assessment

- Emphasizes the responsibility of every organization providing services in the home to assess safety risks
National Patient Safety Goal 15.02.01 on Home Oxygen Use

An oxygen safety risk assessment should be conducted before starting oxygen therapy in the home and when home care services are initiated. However, when more than one organization provides services in the home, it is the responsibility of each organization to assess potential fire risks when its staff enters the home.

-CAMHC, Fall 2014 Edition
Includes elements promoting standards compliance

- EP1: Meaningful risk assessment
- EP2: Risk based re-assessments
  relevant patient education
- EP4: Assess level of compliance with interventions
- EP5: Implement strategies to improve compliance
Standards:

Leadership

- Policies and procedures describe a clear and consistent process to address patients engaging in high-risk behaviors.
- Describes the responsibility of managers to act on reports of high-risk behaviors.
- Expectation is clear: If you see it, you must tell someone, document it and take the next step.
Competency & on-going training

- Educate staff on how to recognize at risk behaviors.
- Inform staff of events that may prompt at risk behavior
- Teach staff how to successfully work with these patients
- Instruct staff on what to do when their efforts are unsuccessful
Relevant topics to consider:

- Recognizing the effects of hypoxemia
- Conflict resolution
- Negotiating safe care and services
- Effective self-management techniques
- Recognizing and responding to unsafe patient/client behaviors
Leveraging the onsite survey experience

- Observe the individual tracer process
  - Assessing the physical environment
  - Interviewing the patient/client and caregiver
  - Validating observations and impressions
- Evaluate the system tracer activities
- Engage in discussions about leading practices
- Determine if you are using all the resources available to your organization.
Free resources to support your ongoing efforts

Take 5 Podcast: Oxygen Safety

Blog post: 10 Ways to Prevent Fires in the Home

Visit www.jointcommission.org and type “oxygen safety” in the search bar to find these and other helpful resources

Currently accredited providers can access our Leading Practices Library (found on your extranet site) for additional resources on this and other topics.
Did you know OCTOBER is National Fire Safety Month?

Fire Safety in Green Buildings
This webinar will cover the results of a study commissioned by the Fire Protection Research Foundation on the intersection of green building design and fire safety. The study identifies

http://www.nfpa.org/
Other resource sites

Oxygen safety

Oxygen makes things burn much faster. Think of what happens when you blow into a fire -- it makes the flame bigger. If you are using oxygen in your home, you must take extra care to stay safe.
Home Care Accreditation

Medtrade 2014
Medtrade is taking place October 20-23, 2014 in Atlanta, GA.

National Hospice and Palliative Care Organization

The Joint Commission Accreditation Home Care
There is No such thing as Safely Smoking with oxygen.

If you smoke while using oxygen it is not a matter of if you get burned. It is only a matter of when it will happen.

Tips for effective patient education:
- Give staff a fixed script to use
- Use clear infographics
- Emphasize safety as your company priority
- Be transparent with your processes
- Always document care in relation to goals
The interaction of human factors

PEOPLE
Individual factors
Knowledge, competency, expectations, attention, goals, health, fatigue, age, body size, strength, stress, etc.

WORKPLACES
Workplace factors
Site design, fixed plant design, geotech design, access, etc.
Equipment design
Displays, controls, interface, feedback, warning systems, ease of use
Work environment
Noise, vibration, lighting, visibility, temperature, dust, chemical exposure, etc.

MANAGEMENT
Organisational/systems factors
Resourcing, organisation of work, policies, procedures, management decisions and leadership, etc.
Job design
Rosters, workload, task design, job requirements, supervision, etc.
Information transfer
Communication (written and oral), handovers, instructions, labels, signs, etc.
Some leading practices to consider

- Use uniform messaging verbally and in writing
- Use a defined process to manage at risk individuals
- Always notify the prescriber/payer of at risk behaviors
- Teach staff how to document observations and responses
- Do a root cause analysis on any near miss
- Consider the use of a contract with at risk patients/clients
- Establish inter-organization safety partnerships
- Embed accountability into job descriptions
Avoid these popular MYTHS:

- We can’t be accountable for a non-compliant patient.
- It’s none of our business, we’re not the DME company.
- He/she is a hospice patient give him/her what they want.
- It’s their home and the patient is responsible.
- Just don’t document that you saw the at risk behavior.
- Just keep documented that you re-educated the patient.
- Staff already know how to handle these patients.
- The doctor(s) don’t want to hear about it.
- The insurance company doesn’t care.
- He/she is very careful, it won’t happen to them.
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