

# THE CLIENT'S HOME AS A SAFE WORKPLACE?

Jacqui Holland – Rehabilitation in the Home  
Program Manager

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Senior Physiotherapist

Richard Price – Rehabilitation in the Home  
Case Manager (Nursing)



integrity • compassion • accountability • respect • excellence

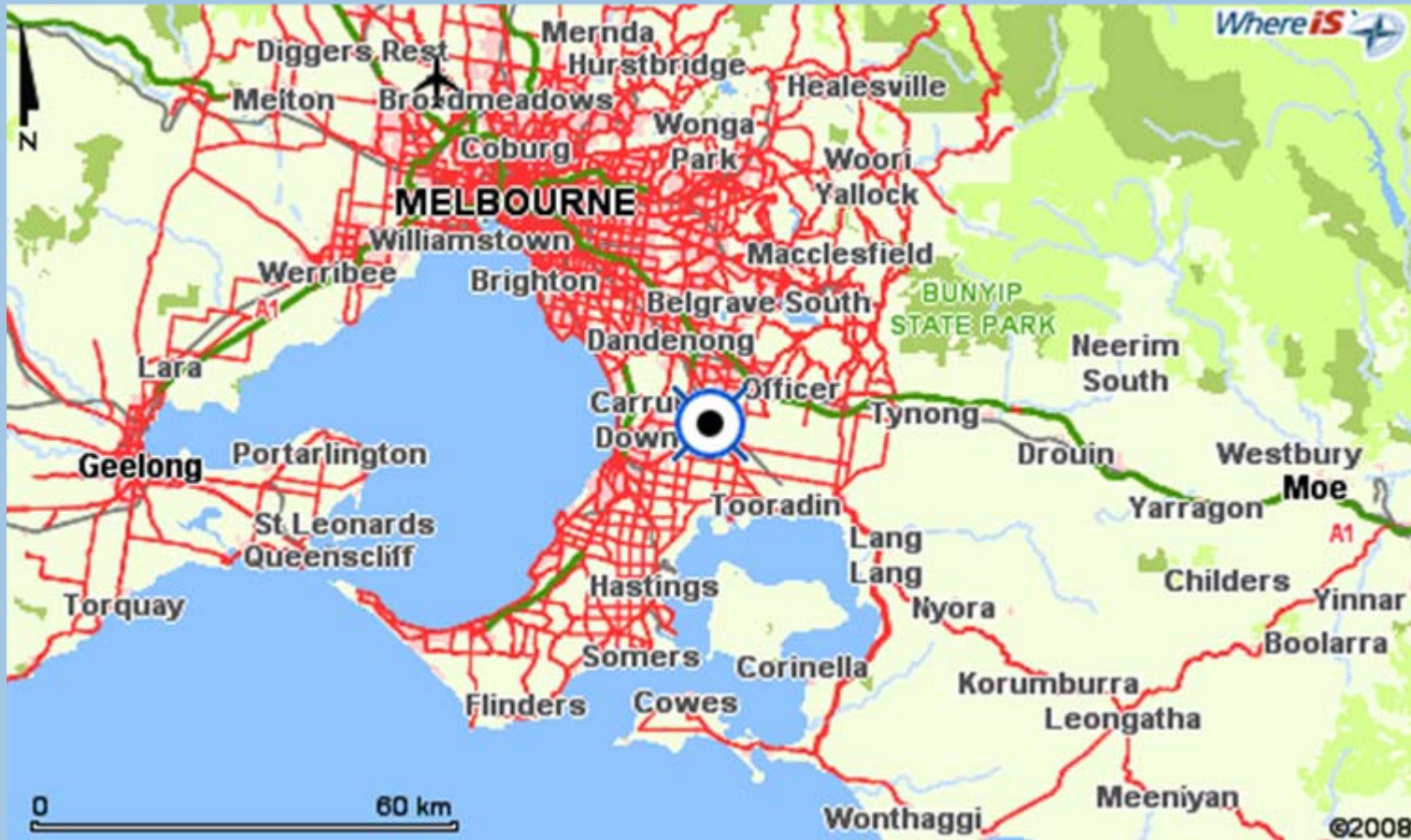
*Southern Health*

Better Health for Our Community

# REHABILITATION IN THE HOME (RITH)

- Intensive, short term rehabilitation service provided in the client's home environment e.g. House, caravan, unit, garage, SRS, flat
- Population
  - Orthopaedic
  - Neurological – including stroke, progressive neurological conditions such as MS and traumatic brain injuries
  - Cardio-respiratory
  - Debility
- Southern Health geographical region

# Rehabilitation in the Home



# Rehabilitation in the Home PROVIDES -

- Case Management
- Rehabilitation Consultant
- Nursing
- Physiotherapy
- Occupational Therapy
- Speech Pathology
- Dietetics
- Neuropsychology
- Podiatry



# Policy context

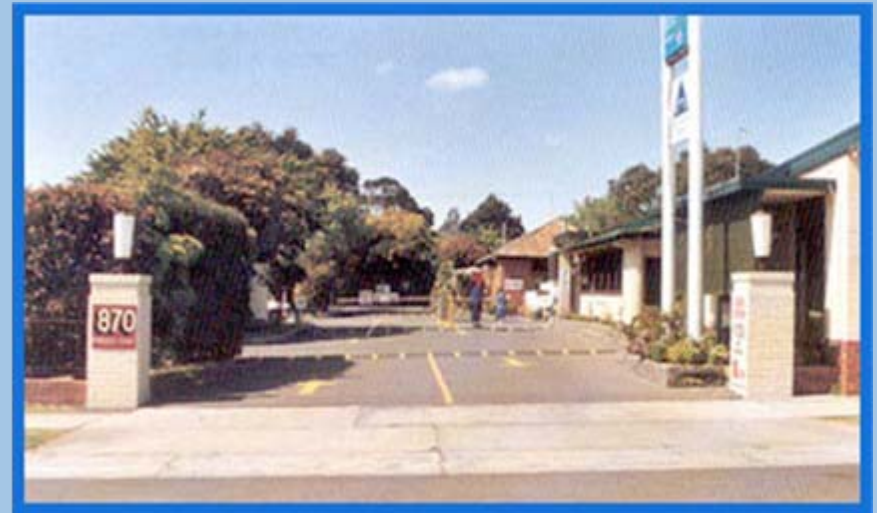


# HISTORY OF OH&S AT RITH

- Awareness of safety issues for RITH workers
- Informal risk identification
- Client centred culture and focus on being responsive to clinical needs

# The story of Mr G

- Mr G
- Age - 62
- Diagnosis – Vertigo
- Known Mental Health History.
- Home – Caravan Park, caravan at rear of park.



# What happened next?

- Catalyst for team interest and action
- Motivated development of the working group
- Building of awareness of safety concerns and risks to home based workers

# OH & S WORKGROUP FORMED

- Brainstorm of current issues
- Identified gaps in
  - the existing process for home visit risk assessment
  - lack of recent code black training
  - education strategies to manage unexpected community based situations that may impact on the safety of the worker

# OH & S WORKGROUP FORMED

- Identified 3 main objectives
  - To develop Home Visit Risk Assessment Tool
  - To update Home Visit Risk Assessment Guidelines
  - Education for all RITH staff including the
    - processes outlined in guidelines

# EQUIP 4 framework

- Equip 4 framework informed the process of planning, implementation and evaluation of the RITH Home Visit Risk Assessment Tool and Guidelines
- 3. Corporate
  - 3.2 The organisation maintains a safe environment for employees, consumers, patients and visitors
    - 3.2.1 Safety management systems ensuring safety & wellbeing for consumers/patients, staff, visitors and contractors

# HOME VISIT RISK ASSESSMENT TOOL and GUIDELINES

- Researched some tools and guidelines currently used in home visiting services.
  - “Working Safely in Visiting Health Services” 1<sup>st</sup> Edition June 2006
  - “Safety Home and Away: Guidelines for Working Safely in Visiting Health Services” Cardinia Casey & Greater Dandenong Community Health Services (2008)
  - Southern Health Mental Health Services tool (MRAR04)
  - Eastern Post Acute Care – Home/Community Visit Staff Safety Risk Assessment

# HOME VISIT RISK ASSESSMENT TOOL

- Developed a tool to meet the needs of the RITH Program.
- Completed prior to acceptance on to the RITH program by either RITH Case manager or referring agency
- Assesses range of potential risks
  - Access to property
  - Hazards
  - Animals / pets
  - Occupants
  - History

# ACTION PLAN DEVELOPED

- To support the assessment and management of identified risks
- Supports the documentation of detailed information gathered while completing the risk assessment tool
- Assists with clinical decision making regarding appropriateness for home based rehab services
- Ensures discussion regarding risk identification and management with program manager

# HOME VISIT RISK ASSESSMENT GUIDELINES

- Home Visit Risk Assessment
  - Tool completed and risks identified
- Risk Management
  - Risks discussed with RITH Program Manager
  - Complex referrals discussed with relevant senior RITH staff
  - Alternate options considered
- Prior to the Home Visit
  - In/out whiteboard
  - Mobile phone programmed with Emergency numbers, including Psych Triage number, 112, RITH Dedicated Emergency Phone

# HOME VISIT RISK ASSESSMENT GUIDELINES

- Dedicated Emergency Mobile Phone
- Vehicle Guidelines
  - Relevant equipment, including updated first aid kit
  - Car Resource Folder (includes locations of petrol stations, copy of Home Visit Risk Assessment Guidelines)
  - Awareness of potentially dangerous situations
  - If caught in a bushfire
- Whilst Conducting the Home Visit
  - Parking
  - Assessment of potential risks
  - “Personal Safety – Emergency Phone call” Flowchart

# HOME VISIT RISK ASSESSMENT GUIDELINES

- Upon Return From the Home Visit
  - Incident reporting
- Failure to Return From the Home Visit
  - “Failure to Return From Home Visit” Flowchart

# ROLE OF OH & S CONSULTANT

- Maree O'Dwyer – Southern Health Continuing Care OH &S Consultant
- Discussion and consultation regarding RITH OH & S needs
- Review of drafts of the Home Visit Risk Assessment tool and guidelines
- Prompted further discussion and recommended the development of the action plan

# EDUCATION

- Maree O'Dwyer officially launched the Home Visit Risk Assessment Tool and Guidelines at RITH Education Day in May 2008
- Education of RITH team regarding outcomes of project and Home Visit Risk Assessment Guidelines
- Specific training arranged to address the unique community-based needs of the RITH team : “Handle with Care – Managing the Potentially Violent Client in a Crisis”

# WHAT'S NEXT?

- Evaluation:
  - Audit of Home Visit Risk Assessment Tool
  - Review of Home Visit Risk Assessment Guidelines
  - RITH Team satisfaction
  - Access and Intake Team satisfaction

# PANEL MEMBERS

- Justin Delaney      Manager Sub-Acute Ambulatory Care Services
- Jacqui Holland      Program Manager RITH
- Andrea Williams      Senior Case Manager RITH
- Kirsten Caspers      Senior Physiotherapist RITH
- Danielle McNair      Occupational Therapist RITH
- Richard Price      Case Manager (Nursing) RITH

# PANEL DISCUSSION

- How could we further improve?
- Do you know of any other home visiting services that use a dedicated emergency phone?
- How could we manage the responsibility of the emergency phone - considering staff rostering and covering 2 work sites?
- Are there any other safety initiatives that are being used in other home visiting services?
- How do we manage the tension between delivering a client-centred service and our OH & S responsibilities?

# REFERENCES

- Department of Human Services - Care in Your Community (2007)
- Department of Human Services – Health Independence Program (draft) Guidelines 2008
- Eastern Post Acute Care – Home/Community Visit Staff Safety Risk Assessment
- “Safety Home and Away: Guidelines for Working Safely in Visiting Health Services” - Cardinia Casey & Greater Dandenong Community Health Services (2008)
- Southern Health Mental Health Services (MRAR04)
- The Australian Council on Healthcare Standards – Equip 4 - Table of standards and criteria, July 2006
- Working safely in visiting health services - Work Safe 1<sup>st</sup> Edition June 2006