nurses and other health professionals. The objective of this study was to test the effectiveness of this PUPCB on incidence of HAPU in at-risk hospitalised patients.

**Methods:** This cluster randomised trial recruited tertiary hospitals with >200 beds in three Australian states. Patients were eligible if they were ≥18 years old; at risk of PU because of limited mobility; expected to stay in hospital ≥48 hours and able to read English. Hospitals (clusters) were stratified in two groups by recent HAPU rates and randomised within strata. The PUPCB was multi-component, and was aimed at the patient and nurse. There were three messages for patients’ participation in PUP care: keep moving; look after your skin; and eat a healthy diet. These messages were delivered as one-to-one patient education using a DVD, poster and brochure as resources. Nurses in intervention hospitals were trained in partnering with patients in their PUP care. The statistician, recruiters, and outcome assessors were blinded to group allocation and interventionists blinded to the study hypothesis (tested at both the cluster and patient level). The primary endpoint, incidence of HAPU, was detected by daily skin inspection. Data collection occurred from June, 2014 to May, 2015. The trial was registered with the Australian New Zealand Clinical Trials Registry (registration number ACTRN12613001343796).

**Results:** A total of eight hospitals and 200 patients per hospital were recruited and 799 patients per group analysed. The mean (±SD) time spent delivering the intervention to each patient was 9.5 ± 5.4 minutes. Cluster adjusted, patient level analysis controlled for potential confounders yielded an adjusted hazard ratio of 0.58 (95% CI: 0.25, 1.33; p = 0.198) in the PUPCB group. At the cluster level, the HAPU incidence rate in the PUPCB group was 9.6 per 1000 days and in the control group it was 20.1 per 1000 days, with an incidence rate ratio of 0.48 (95% CI: 0.33, 0.69; p < 0.0001).

**Conclusion:** The evidence indicating effectiveness of our intervention is unclear with the patient level analysis showing a 42% average reduction in HAPU rate in the PUPCB group, however, confidence intervals indicate that there may be a reduction of 75% or an increase of 33% in HAPU rates. The PUPCB is simple to implement and based on current clinical practice guidelines.

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**FAMILY AND CAREGivers ARE AN INTEGRAL PART OF HOME CARE SAFETY**

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**Objectives:** This presentation will feature national evidence collected over the past 10 years from seniors receiving homecare services in 7 Canadian provinces. This program of research showcases the multiple meanings and influences on the broadened conceptualization of homecare safety including emotional, social, and functional safety from the perspectives of clients, family/caregivers, and providers.

**Methods:** Caregivers are family members and friends who enable and support homecare clients to receive care at home. In 2012, 28% of Canadians 15 years of age or older, spent a median of 4 hours a week providing help or care to a relative or friend with a chronic health problem. Caregivers are increasingly relied upon by the health system to provide 70–75% of the care required at home, with little or no attention paid to the caregivers’ health, safety, concerns, or prerequisites.

This research represents the product of multiple complementary and interconnected studies led by an interdisciplinary pan-Canadian team of knowledge users and researchers. Using a mixed method design, client and caregiver interviews were followed by photo “walkabouts” where participants visually guided the interviewer through their daily experience of managing at home. The concerns or strategies that were pointed out were captured on digital camera. Focus groups were conducted with regulated professionals and non-regulated home support workers about safety in home care.

**Results:** The most compelling and consistent finding across this pan-Canadian program of research is that the safety of the client is inextricably linked to the safety of their family and caregivers, regardless of the focus of each homecare safety study (i.e., palliative, medication management, multiple chronic illness). Some key safety risks specifically associated with caregivers include how the physical and emotional toll is a source of distress for caregivers. Caregivers, regardless of their age, personal health, work obligations, or family situation often feel pressured to assume care of a family member/friend because there are few options available. In institutions, 24-hour care is primarily provided by experienced and regulated care providers; at home, caregivers are often unprepared for the extent of the care they have to give. Caregivers find themselves responsible for complex, around-the-clock care such as helping with mobility, toileting and pain control and possibly dealing with confusion and wandering. Caregivers’ inevitable fatigue is a potential safety risk to clients because it affects decisions about medication or care. Fatigue and the psychological and physical impact of stress on caregivers also lead to depression or substance abuse, endangering both caregivers and clients with the potential to lead to physical and psychological abuse. These factors add up to a significant risk that caregivers may become patients themselves, ultimately increasing, rather than easing, system demand for healthcare.

**Conclusion:** This cumulating body of evidence is highly relevant for practice and decision-making given the shift both in Canada, and internationally, of healthcare services from institutions to the home and community. The national results collected over 10 years clearly indicate that the safety of caregivers and clients are intertwined and threats to the safety of family and caregivers must not be severed from client safety. Focusing on the client and caregivers as the “unit of care” will mitigate risk, help to ensure seamless quality care, and better support for caregivers and clients. Recommendations for actions, relative to the identified risks, at different levels of the system will be discussed.