An integrated geriatric care planning approach in home care

We meaningfully engaged older adults, their family/friend caregivers and point-of-care providers in the co-creation of a framework for integrated care planning in home care.

Geriatric care planning at the point-of-care could be more integrated through inclusive assessment practices, dialogue-based goal-setting and flexible communication strategies. Assessment of older adults for service allocation and point-of-care delivery should be linked and include both standardized tools and clinical judgment and observations.

**Project Overview**

Home health care services are essential for meeting the needs of older adults who wish to remain in their own homes as long as possible.

Current home care planning processes and tools used for allocating these services often fail to integrate with the information needed or collected at the point-of-care.

Improved integration from planning through delivery is a key priority in Canada for achieving person- and family-centred home care.

This study aimed to co-create a more integrated geriatric home care planning approach in partnership with older adults, their family/friend caregivers and point-of-care health care providers.

**What did we do?**

We used the Participatory Research to Action (PR2A) Framework to authentically engage older adults, their family/friend caregivers and point-of-care providers in the development of a bottom-up solution for integrated care planning.

This was a mixed methods research study involving three phases:

**Phase 1**

A web-based survey of geriatric care assessment practices (the G-CAP survey) was developed and completed by home care nurses, occupational therapists and physiotherapists ($N = 350$).
Phase 2
Solutions-focused key informant interviews were completed with older adults and their family/friend caregivers (N = 25) to understand how goal-setting could be more person-and family-centred.

Interpretation Phase
Survey and interview results were applied in a workshop with older adults, their family/friend caregivers and health care providers (N = 19) to co-design solutions for more integrated geriatric home care planning.

What did we find?
A framework for a more integrated geriatric care planning approach in home care emerged that included three key factors:

- Inclusive Assessment Practices
  - Address the information needs of everyone at the point-of-care
  - Apply a short, user-friendly, common assessment tool

- Dialogue-Based Goal-Setting
  - Ask older adults about their understanding of their health care needs
  - Seek to understand and apply information about personal interests, preferences and motivators

- Flexible Communication Strategies
  - Tailor tools and technologies to the preferences and abilities of older adults and family/friend caregivers
  - Leverage existing and potentially new tools and technology to promote collaboration

What was the impact?
Next steps for this research study include:

- Additional co-design workshops to confirm and refine the framework that emerged
- The development of a pilot study to test and evaluate the emerging solutions for more integrated care planning at SE Health

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