

Operationalizing a holistic health definition as a framework to guide dialogue-based assessment at the point-of-care

Comprehensive assessment of client needs is an important component of the care planning process. Unfortunately, existing assessment tools (e.g., the interRAI Home Care assessment) are not always used as intended to support comprehensive care planning at the point-of-care. The reasons for this are not clearly understood, but it is possible that the comprehensiveness of these assessment tools from a documentation perspective could make conducting the assessment as a person-centred and conversational process challenging for both the assessor and the client. To address this challenge, we aim to map the items from the comprehensive assessment tool to a holistic health definition that could support dialogue-based care planning and goal-setting in home care.

This study explored the use of the Pillars for Positive Health¹, a holistic definition of health developed by researchers in the Netherlands as a tool to guide a more person-centred and conversational point-of-care assessment process in home care. This was done by inviting a group of home care experts to conduct a series of surveys aimed at mapping the Pillars for Positive Health, with elements of the interRAI Home Care assessment tool². We anticipate that the results from this study could be used to develop a conversation guide for comprehensive assessment in home care to complement existing comprehensive assessment tools and support a more consistent, person-centred and dialogue-based approach to care planning.

Project Overview

How health is defined across population groups is important as it, to a large extent, informs the delivery of care for these groups. Thus, a robust yet operationalizable definition of health suited to the health demands of individuals across a range of settings is vital to the creation of programs tailored towards

addressing holistic care needs. The World Health Organization's (WHO) health definition, given its focus on "completeness", has been described as ill-suited to meeting the health demands across population groups¹. To address the deficiencies of the WHO's definition, researchers in Netherlands proposed a conceptual

health definition that emphasizes the human ability to adapt to changing health states, termed the Pillars for Positive Health (PPH)². This definition, given its robustness, practicality and ability to reflect current epidemiological realities, has the potential to guide the dialogue-based and person-centred point-of-care assessment approach that is needed in home and community care. To facilitate its use as a framework to guide care assessment conversations, however, there is a need to operationalize the PPH in accordance with the interRAI Home Care (HC) tool, currently used in Canada by point-of-care providers to evaluate the needs of home care clients³. Mapping the items of the interRAI HC tool to the PPH will inform our understanding of the potential for the integration of this definition to support more individualized and holistic care planning at the point-of-care in home care⁴.

We sought to operationalize the Pillars for Positive Health as a framework to link a comprehensive assessment instrument with dialogue-based goal setting and interdisciplinary care planning at the point-of-care in home care.

What did we do?

We conducted a two-stage modified eDelphi study with a team of home care experts that included researchers, clinicians, older adults and caregivers. In the first stage, the experts complete a series of mapping exercise via a series of online surveys. In these surveys, the expert panel were asked to map the interRAI HC tool to the 6 PPH categories (i.e., bodily functions, daily functioning, societal participation, quality of life, meaningfulness, and mental wellbeing). In the second stage, we asked the experts to provide suggestions regarding unmapped elements from the interRAI HC assessment tool and the PPH categories. The team were then asked to rate their agreement with these suggestions.

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What did we find?

Of the 201 interRAI assessment elements considered in this mapping exercise, 80 items (32%) mapped to bodily functions, 32 (16%) to each Daily Functioning and Mental Wellbeing, 24 (12%) to Quality of Life, 10 (5%) to Participation and 1 to Meaningfulness. Ten (5%) items were considered to have No Pillar of Best Fit and 12 (6%) elements did not reach consensus. The experts also proposed a range of suggestions for additional assessment elements in the underrepresented domains (i.e., Participation and Meaningfulness) and additional descriptors to expand on the scope covered by each of the PPH domains.

What will be the impact?

It is anticipated that the findings of this study will be used to develop a conversation guide to complement existing comprehensive assessment tools and support a more consistent, person-centred and dialogue-based approach to care planning. Key indicators of success will include:

Holistic Health Assessment: Helping clinicians to approach the holistic health assessment process in a person-centred and conversational way to ensure that it reflects health needs across all relevant health domains.

Dialogue-based care planning: Ensures client experience and engagement in care planning is enhanced, resulting in more person-centred goals for action.

Make the assessment process less challenging: The mapping process done in the first stage of the study will be useful in reconciling the comprehensive assessment as a conversation and documentation exercise, thus making the care planning process less arduous for assessors and clients, concomitantly leading to improved outcomes.

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References

1. Huber M, Van Vliet M, Giezenberg M, et al. Towards a 'patient-centred' operationalisation of the new dynamic concept of health: a mixed methods study. *BMJ Open*. 2016;6(1): e010091.
2. Sinn CLJ, Hirdes JP, Poss JW, et al. Implementation evaluation of a stepped approach to home care assessment using interRAI systems in Ontario, Canada. *Health Soc Care Community*. 2022;00:1-12. doi:10.1111/HSC.13784
3. Giosa JL, Byrne K, Stolee P. Person-and family-centred goal-setting for older adults in Canadian home care: A solution-focused approach. *Health Soc Care Community*. 2022;30(5):e2445-56.