RESEARCH ON THE RUN
Integrated Care & Transitions

Let’s get real about person-centered geriatric home care

High quality geriatric home care relies on collaborative, team-based delivery from multiple different providers to meet the complex needs of older adults.
Key learnings

Person and family-centred care (PFCC) is a well-established philosophy of care for individual interactions between patients and providers; yet, our current understanding is insufficient for guiding team-based care.

Each health care discipline focuses on different aspects of PFCC and it is important to understand and optimize these differences in a team environment to ensure comprehensive delivery of PFCC.

Education, training and resources are needed to enhance individual provider understanding of their role and others’ roles in team-based PFCC.
Project overview

High quality geriatric home care relies on collaborative, team-based delivery from multiple different providers to meet the complex needs of older adults. Person and family-centred care (PFCC) is a leading philosophy of care in today’s health care system involving four key components:

- Respect and Dignity
- Information-sharing
- Participation
- Collaboration

Unfortunately, current definitions of these components focus on individual interactions between single providers and patients/their family caregivers and are insufficient for guiding team-based PFCC. Health care providers from different disciplines also have different interpretations and applications of PFCC within their work. We currently do not know how individual providers—specifically nurses, occupational therapists (OTs) and physio-therapists (PTs)—can individually and collectively contribute to the delivery of comprehensive team-based PFCC in geriatric home care.

Research questions:

1. What do nurses, OTs and PTs individually and collectively do to deliver person and family-centred geriatric home care?
2. How do team-based PFCC activities align to existing key concepts and discipline-specific theories of PFCC?

What did we find?

- A framework for team-based PFCC emerged from the following findings:
  - Each discipline makes a dominant contribution to PFCC at the point of care:
    - Nurses enable individual personhood to be represented in care planning
    - OTs enable participation in life activities
    - PTs enable participation in rehabilitation and care activities
  - Dominant contributions of individual disciplines are well-aligned to the key concepts of Respect and Dignity and Participation in current definitions of PFCC
  - Communication emerged as a team-function of PFCC to achieve shared accountability for care planning and common goals
  - Communication is not represented in current definitions of PFCC—the key concept of Information-sharing refers to providing information to patients and families only
  - At a system-level, education and training is required for providers to feel part of an interdisciplinary team and have first-hand experience operationalizing PFCC in a home care environment

What did we do?

We used a research method called Realist Synthesis to investigate team-based PFCC involving nurses, OTs and PTs in geriatric home care. Realist Synthesis involves:

- Consulting experts in each discipline about the application of PFCC in their field
- Reviewing published research evidence on PFCC
- Reviewing reports, best practice guidelines and other documents on the websites of professional colleges and associations for each discipline
- Bringing all of the above evidence together into a framework to describe team-based PFCC
• This finding relates to the key concept of Collaboration with patients and families in current definitions of PFCC in terms of designing new education models

Next Steps:
• Validate the findings with nursing, OT and PT students, educators and frontline providers
• Conduct a workshop with providers to operationalize the framework for team-based PFCC
• Pilot-test the framework in geriatric home care at Saint Elizabeth

IMPACT: How are we moving Knowledge to Action?
• Publishing and sharing the findings of this research in both academic and non-academic formats
• Refining our PFCC education at SE to include team-based concepts and discipline specific contributions
• Engaging stakeholders (e.g. students, educators, frontline providers) in operationalizing and testing the framework

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Our goal is to improve people’s health and care. We work on innovative solutions for tough problems.

We see possibilities everywhere.