

Evaluating effective participation in residential aged care

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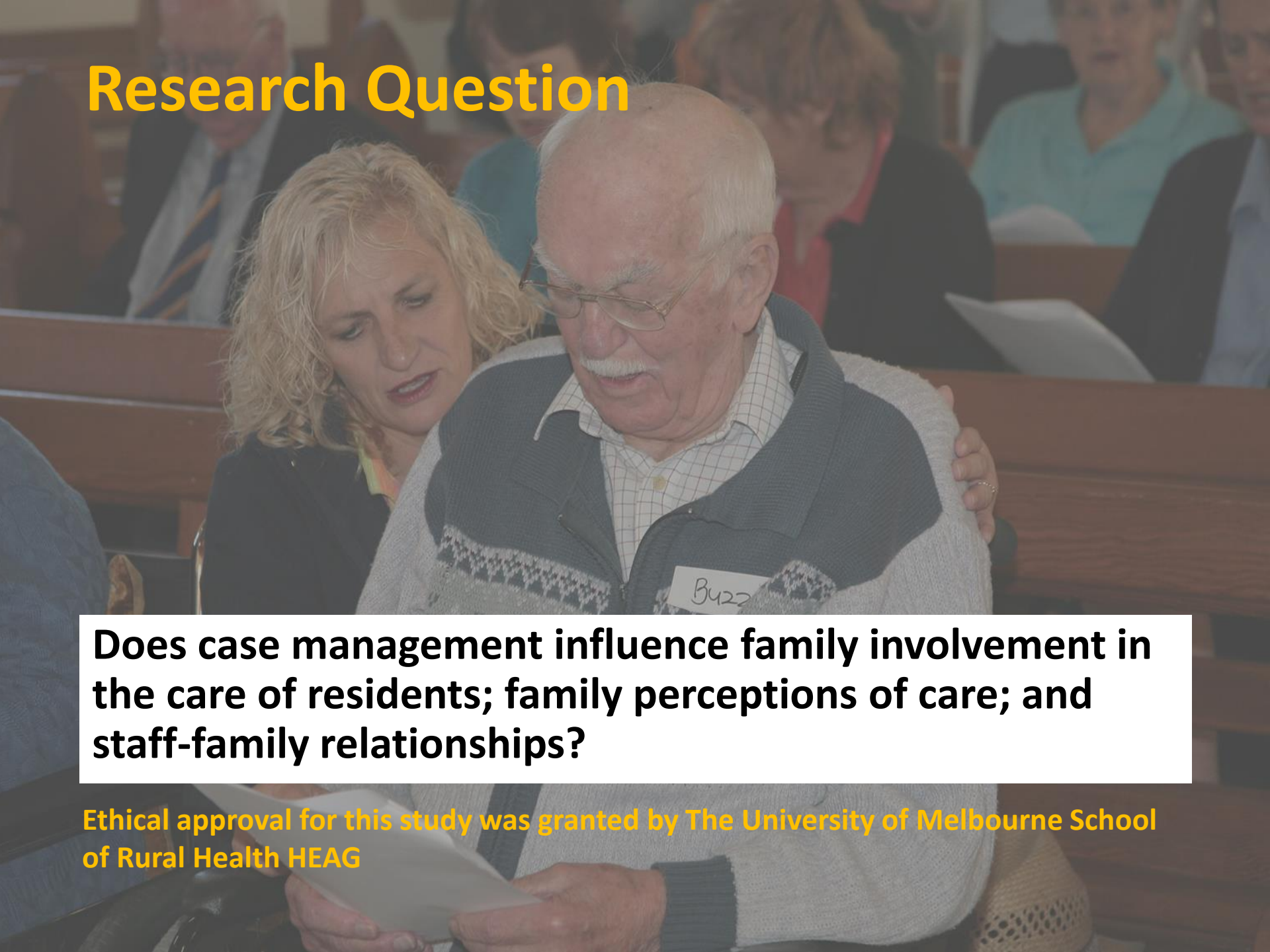
Moira Healthcare Alliance
"Care in the Community"

Cobram District Health

A Victorian Government initiative

Victoria The Place To Be

Research Question



Does case management influence family involvement in the care of residents; family perceptions of care; and staff-family relationships?

Ethical approval for this study was granted by The University of Melbourne School of Rural Health HEAG

Background

Family involvement in long term residential care

Why is it important?

Family members remain involved in the lives of their loved ones following placement in long-term residential care facilities

(Gaugler et al. *Ageing & Mental Health.* 2004:8(1);65-75)

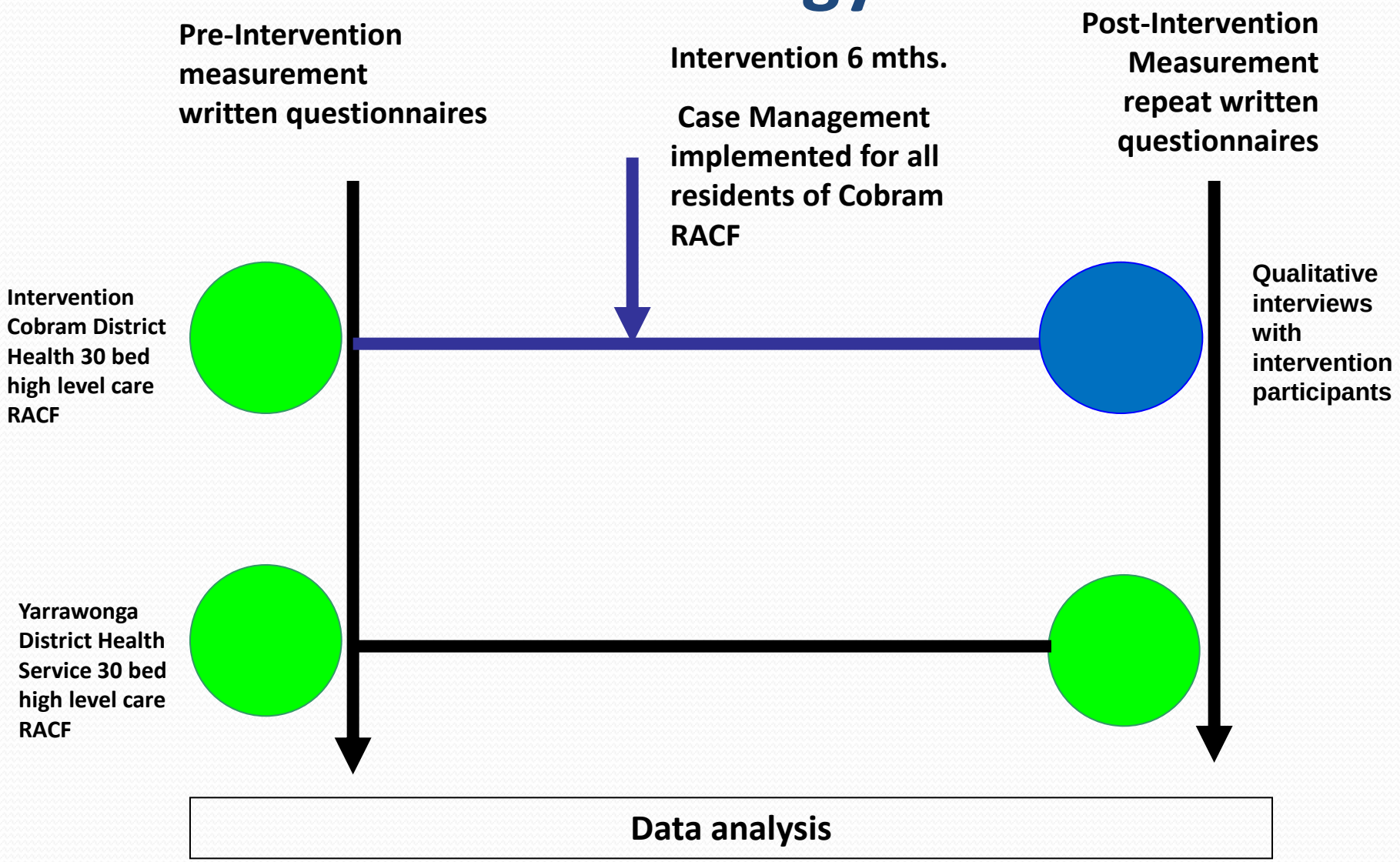
Family involvement positively impacts resident quality of life and emotional well-being of family members

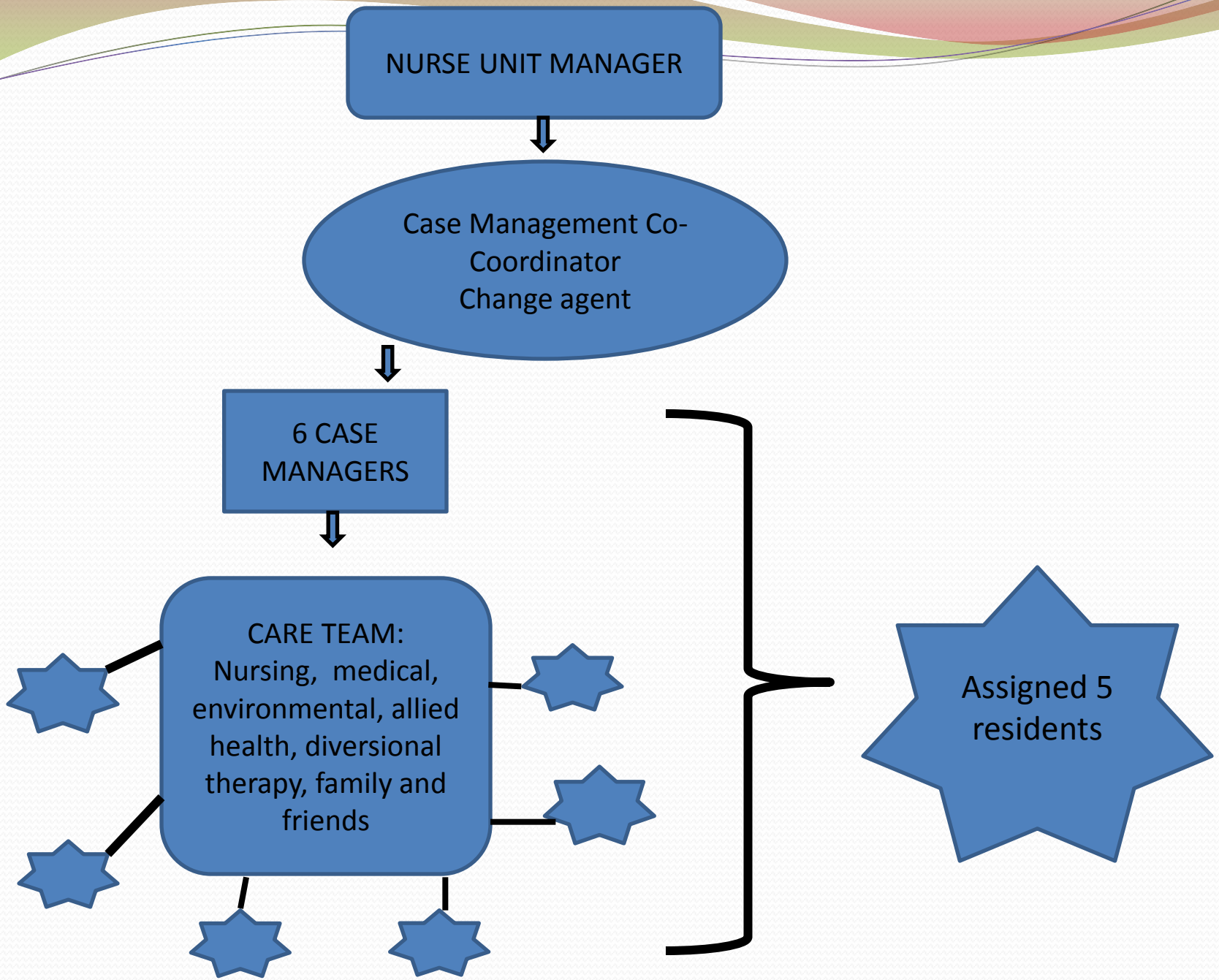
(Gaugler et al. 2004) (Toye et al. *Collegian.* 1996:3(2);4-11) (Hertzberg et al. *Journal of Clinical Nursing.* 2001:10;380-388)

More research required on influence of institutional family-oriented practices and how families and staff work together in nursing homes (Maas et al. *Nursing Research* 2004 March-April:53(2):76-86):

- 'Relationship between staff and relatives has been neglected through the use of approaches to care that emphasize 'task' performance. (Hertzberg & Ekman *Journal of Advanced Nursing* 2000:31(3);614-622)
- Negotiated partnerships between family and staff are seen as critical by families and benefit all stakeholders, especially residents. (Bauer & Nay *Journal of Gerontological Nursing* 2003:29(10);46-53)

Methodology




NURSE UNIT MANAGER
Case Management Co-Coordinator
Change agent
6 CASE MANAGERS
CARE TEAM:
Nursing, medical, environmental, allied health, diversional therapy, family and friends
Assigned 5 residents

Measurement tools

Comparative analysis intervention and control group data

- Demographic questionnaire – family members (pre-test)
- Characteristics of residents – age, gender, RMMS, RCS, length of stay, main disability

Quantitative measurement pre and post:

Maas et al. Family Perceptions of Care Tool – (FPCT)

- Pre-tested for reliability and validity (Maas and Buckwalter, 1990)
- 51 items, 7 point Likert scale; four original subscales:
  1. "overall care"
  2. "nursing care"
  3. "relationships with staff"
  4. "environment"

Maas et al. Family Involvement Questionnaire – 5 subscales:

1. Social-emotional support
2. Activities of daily living
3. Instrumental activities of daily living
4. Monitoring care
5. Directing care

All tools are available from the author

Participants

55 family members invited to participate:

- **22/29 (76%) intervention site completed pre-test phase**
- **20/26 (77%) control site completed pre-test phase**
- **16 (55%) in the intervention group completed both phases**
- **12 (46%) in the control group completed both phases**
- **Attrition predominantly due to death of relatives**

Results – baseline comparisons

- No significant differences between intervention and control group residents and participants
- Residents whose family members participated in the study were not different to those family members who chose not to participate

Results

- **Examples of increases in rates for the intervention group included:**
  - **Median number of visits (control no change)**
  - **Written contacts**
  - **Attendance at social activities**
  - **Overseeing staff interactions & talking with staff about their relative**
  - **Attendance at case conferences (more than doubled for intervention group)**
  - **Decision making about treatments or care (doubled in intervention group)**
  - **Overall satisfaction with care and relationships increased at the intervention site**

Limitations & recommendations

- Very small sample/lack of statistical power
- High levels of satisfaction with care in pre-test 'ceiling effect'
- Relatives reluctant to 'complain'
- Instruments not sensitive enough to elicit shifts in attitude and perception (made worse by small sample)
- Family members 'reticent participants' eg: time constraints & perceived inability to have worthwhile input
- Staff reluctance to include families despite training and instructions: While staff express theoretical support for collaboration with families numerous studies concluded that this did not translate into clinical practice (Haesler & Bauer: systematic review)
- Change in nurse unit manager, high turnover of nursing staff/case managers,
- Study only measured influence of case management on family involvement
- Recommendation that future studies evaluate the impact on resident outcomes and staff satisfaction
- Recommendation for further studies over multiple sites to ensure adequacy of sample size to capture effects

Collaborators & Acknowledgements

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- Yarrawonga & District Health Service
- Residents, families and staff of both facilities
- The University of Melbourne School of Rural Health
- Moira Healthcare Alliance
- Department of Human Services Statewide Quality & Safety Branch
- Cochrane Consumers & Communication Review Group