

Understanding Care Structures and Patient Outcomes in Home Based Care

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What We Have Discussed So Far...

1. Home care team member roles
2. Communication and documentation
3. PSW role
4. Challenges to the safe integration of PSWs



What this presentation will cover...

Care Structures

- ✓ Delivery of added skills
- ✓ Documentation
- ✓ Service patterns
- ✓ Continuity of care

Outcomes

- ✓ Home care outcomes
- ✓ Outcomes reporting



Care Structures: Documentation in Home Care



What's in a home care "chart"?

Nursing Charts

- Client consent forms
- Care plans
- Flow sheets (i.e. wound care, IV, dialysis etc)
- Progress notes

Personal Support Charts

- Client consent forms
- Care plans
- Tick sheets
- Teaching agreements for added skills

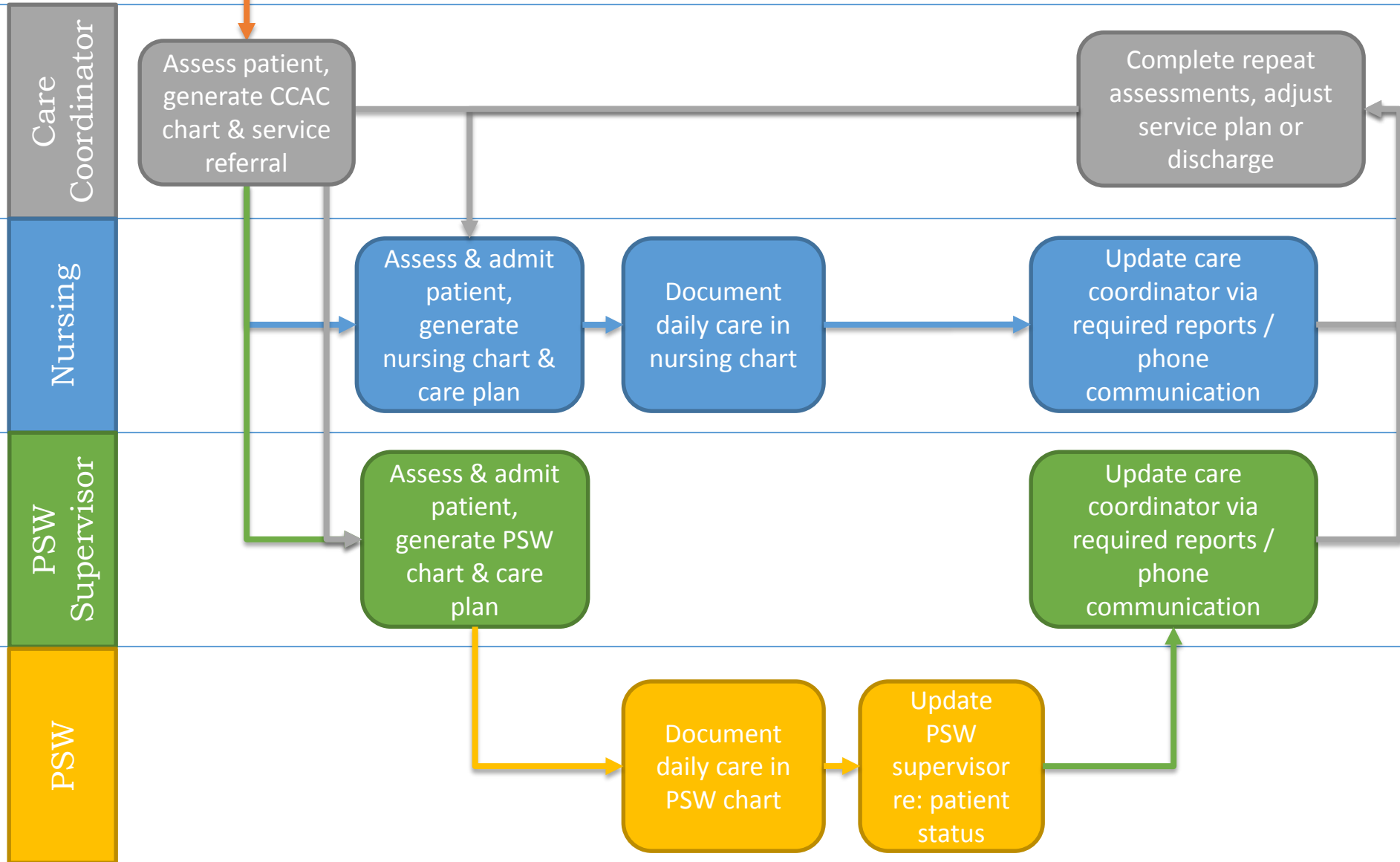
Administrative Charts

- CCAC chart
- Service provider chart



Home Care Patient Records

REFERRAL FOR HOME CARE



Documentation Concerns

“If we go in and see a client and it’s another agency that’s doing PSW, we can look at their chart... The problem with that is that a lot of times... They’re tick sheets. They just tick them off. It’s really hard to see on that tick sheet what they’ve actually seen. Did they notice redness earlier? Did they report it? It’s not actually documented in their charts.

- Nurse

“The nurses aren’t going to really go into our chart and look, because they’re looking in their own chart to see, but we might have some really important stuff in our charting that they don’t know about that we’ve been logging for the last week or two.”

- PSW

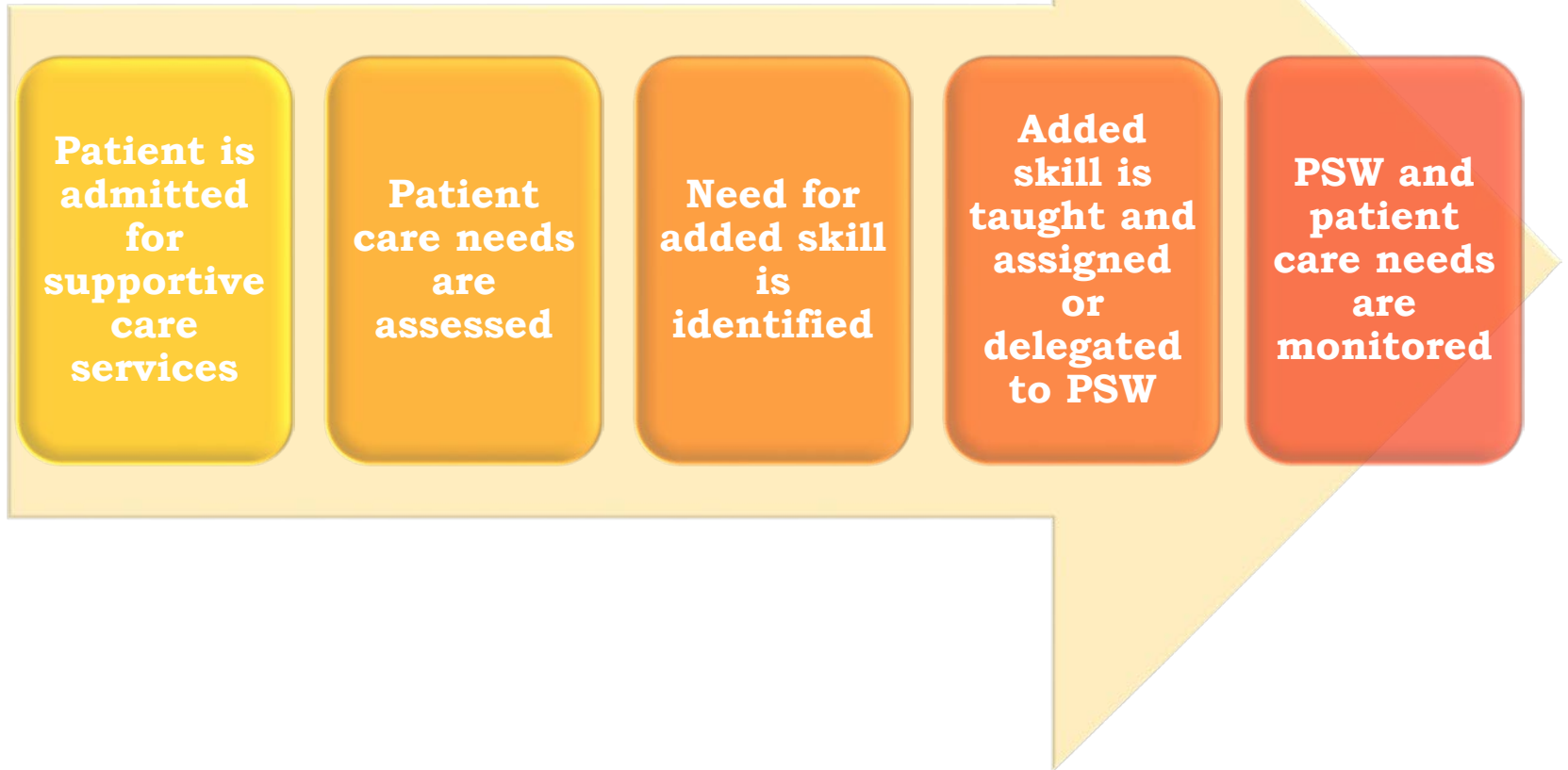


Care Structures: Delivery of Added Skills



Delivery of Added Skills: Process

Added skills: tasks performed by PSWs that are outside their education which require teaching and assignment or delegation by a regulated health professional.



Delivery of Added Skills: Delegation vs Teaching & Assignment

Delegation

- Formal process
- Regulated health professional transfers authority to carry out a care activity (which is a controlled act) within their scope of practice to someone whose scope of practice or education does not include the controlled act.

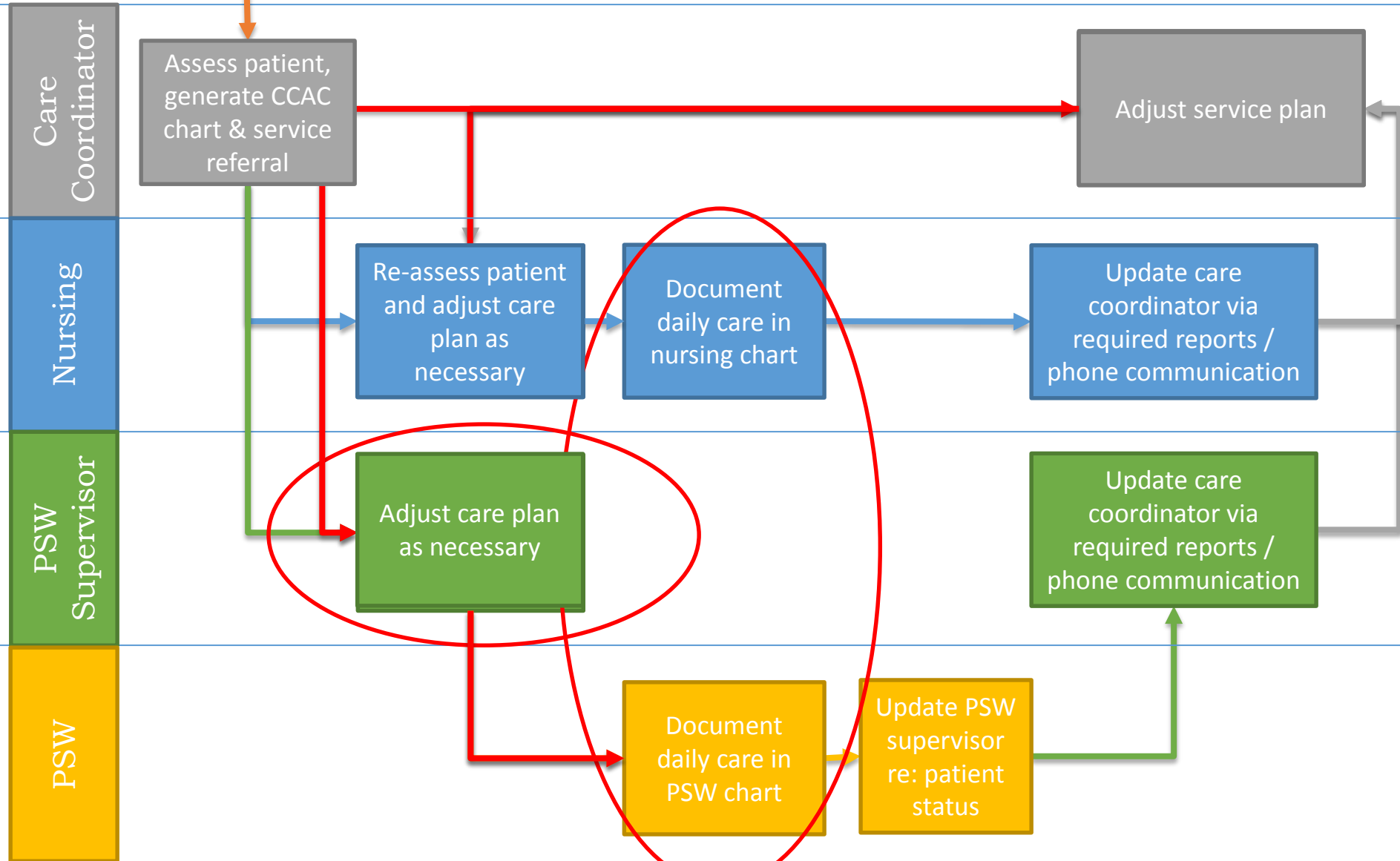
Teaching and Assignment

- Assignment of patient care activities that are outside the scope of employment or education of an individual but does not require formal delegation (i.e. care activity is not a controlled act).



Delivery of Added Skills: Issues

REFERRAL FOR HOME CARE



Delivery of Added Skills: Issues

“What will happen is the PSW will be the first one to go in. We usually don’t get in within the first week or two of service.”

– PSW Supervisor

“a patient may need a special function right away, but everybody just generally accepts that it may take two or three weeks to coordinate it.”

– PSW Supervisor

“[By the time the training occurs] this patient, has gone a week to two weeks without having these special function exercises or Hoyer lift done, or the family’s been doing it.”

– PSW Supervisor



Care Structures: Documentation of Added Skills



Documentation of Added Skills: College of Nurses

- ❖ Delegation can be either oral or written, however “appropriate documentation of the particulars of delegation must be maintained”¹
- Any record of the particulars of a delegation must include¹:
 - a. the date of the delegation,
 - b. the delegator’s name,
 - c. the delegatee’s name, and
 - d. the conditions, if any, applicable to the delegation.
- ❖ Documentation requirements in teaching and assignment is less clear.
 - ❖ “Identify conditions for performing and indicators for seeking assistance.” and “Ensure a monitoring mechanism is in place”¹
 - ❖ “Has the assignment or delegation been followed up with the appropriate documentation in the health record?”²
 - ❖ “Appropriate supervision, documentation, communication, & evaluation plans in place?”³

¹CNO (2015) Practice Guideline: Authorizing Mechanisms. ²CRNNS (2012) Assignment and Delegation Guidelines for Registered Nurses and Licensed Practical Nurses. ³BC Ministry of Health Services (2008) Personal Assistance Guidelines.



Documentation of Added Skills: Organizational Policy

- ❖ Most organizations had forms or policies around the documentation of added skills.
- ❖ Documentation guidelines / forms required the following information to be included in the patient chart:
 - Step-by-step instructions on how to perform the skill,
 - Conditions for performing the skill,
 - Indicators for when to seek assistance (including signs of adverse effects),
 - Signatures of the regulated professional teaching the skill and all PSWs who received teaching.
- ❖ Some teaching agreements also included:
 - Information regarding the frequency of ongoing competency monitoring,
 - Signs of client progress that can be expected



Documentation of Added Skills: Chart Review

- ❖ The location of information varied by organization

	Charts with Added Skill in Care Plan (n=210)
Some documentation of teaching or delegation of added skill	12.9%
No documentation of teaching or delegation of added skill	87.1%

Why?

- ❖ Variation in policy regarding which tasks require formal delegation
- ❖ HR/scheduling records vs patient charts



Chart Review: Our Sample



Patient Characteristics

Mean age is 80.5 years



61% are female



39% are married



88% have a caregiver



Living Arrangement



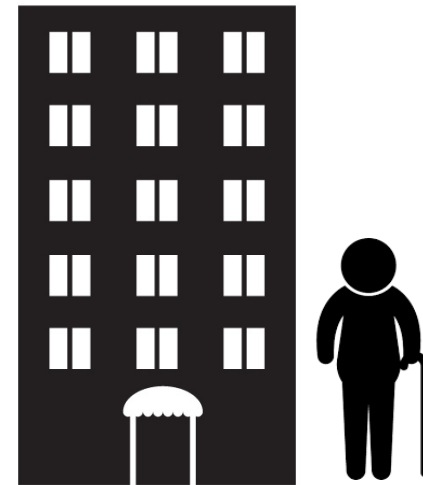
25% Live Alone



25% Live with Spouse



22% Live with Family

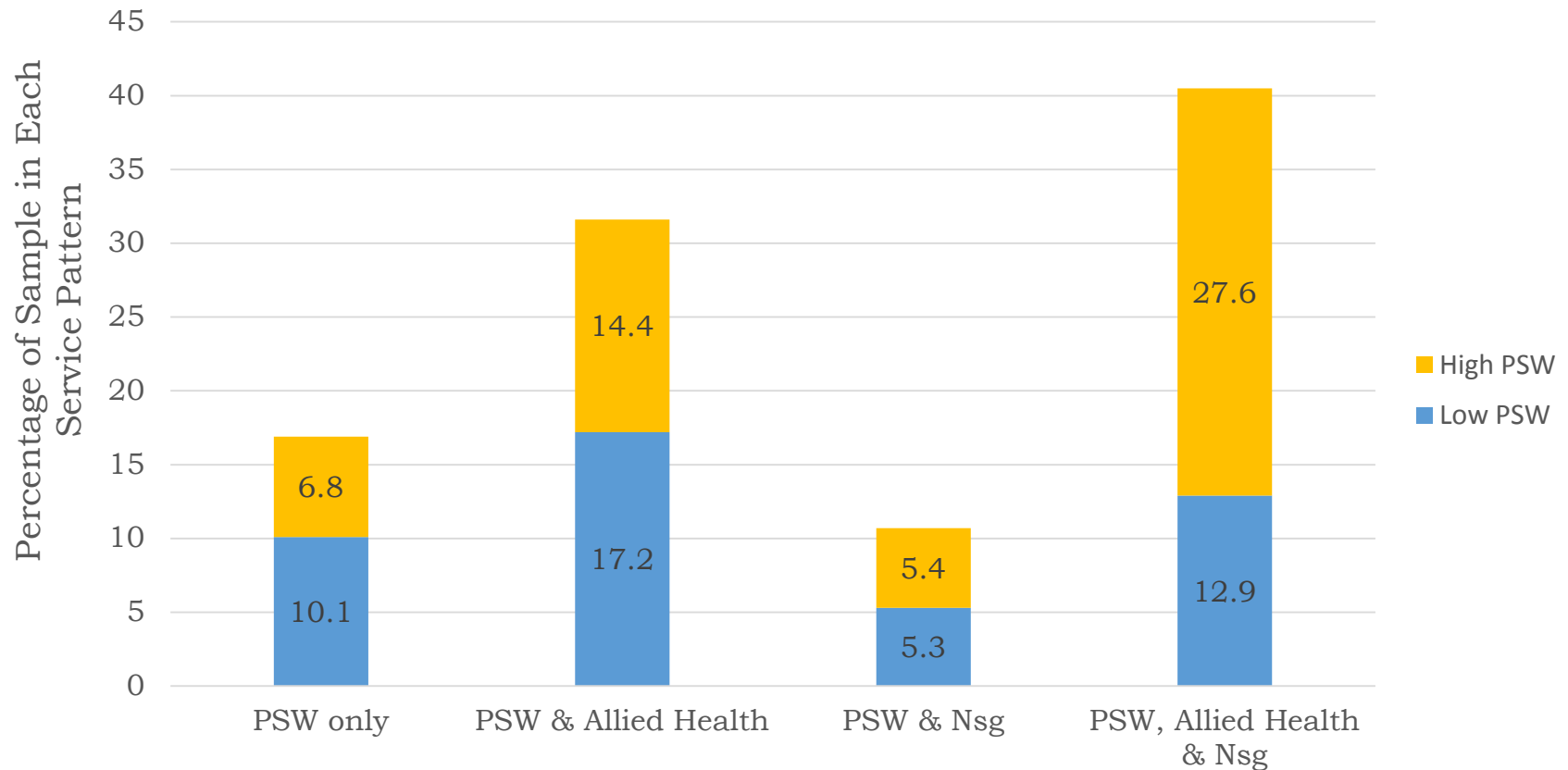


28.2% Live in Congregate Living Settings

Care Structures: Service Patterns



Home Care Service Patterns



**MULTIPLE SERVICE TYPES =
MULTIPLE SERVICE PROVIDER ORGANIZATIONS**



Care Structures: Continuity of Care



Two Dimensions of Continuity

1. Interpersonal Continuity

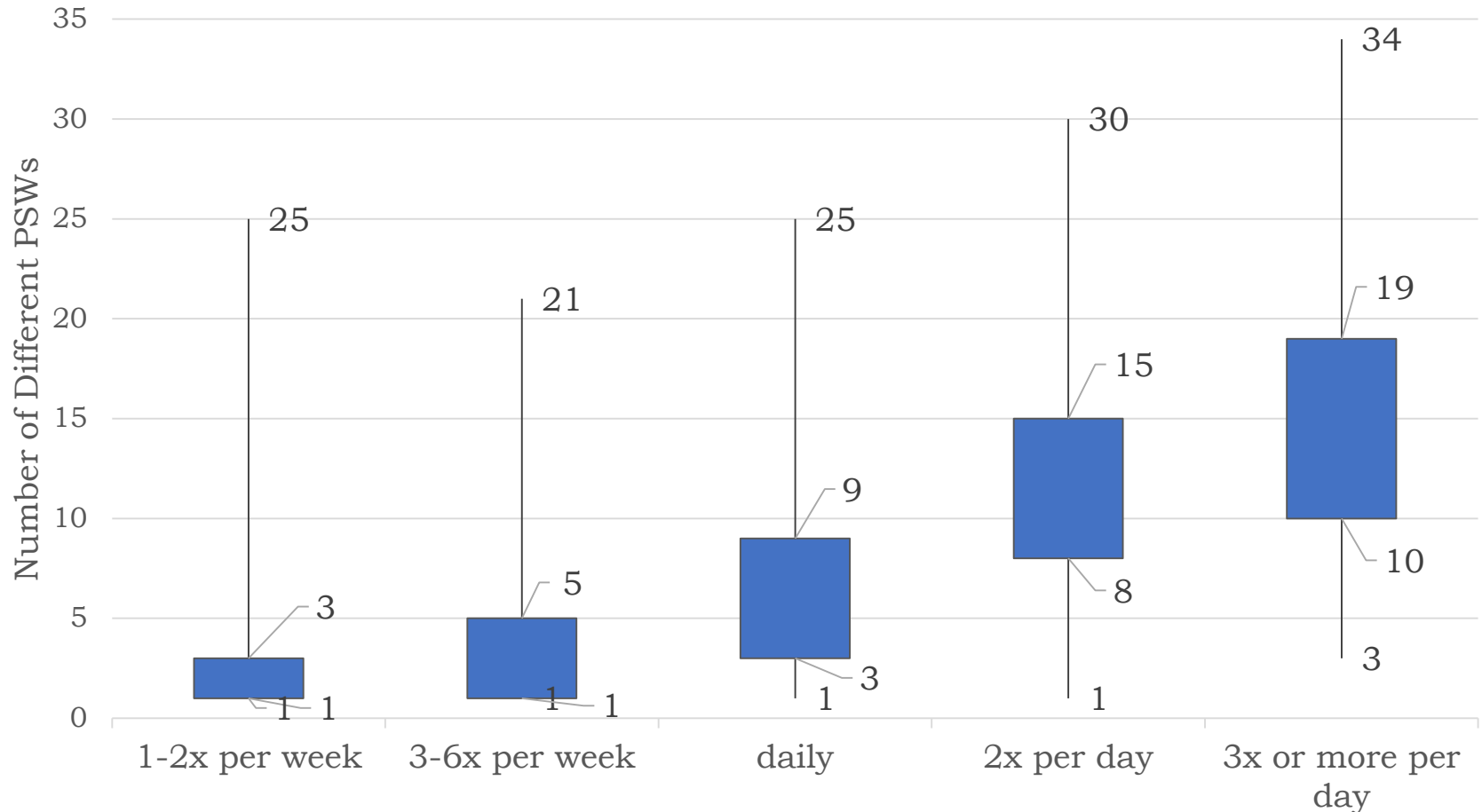
- Continuity of care provider
- Allows provider to build personal trust, develop knowledge about patient routines, health conditions and care needs.

2. Organizational Continuity

- Continuity of service provider organization both within an episode of care and across episodes
- Important for informational and interpersonal continuity

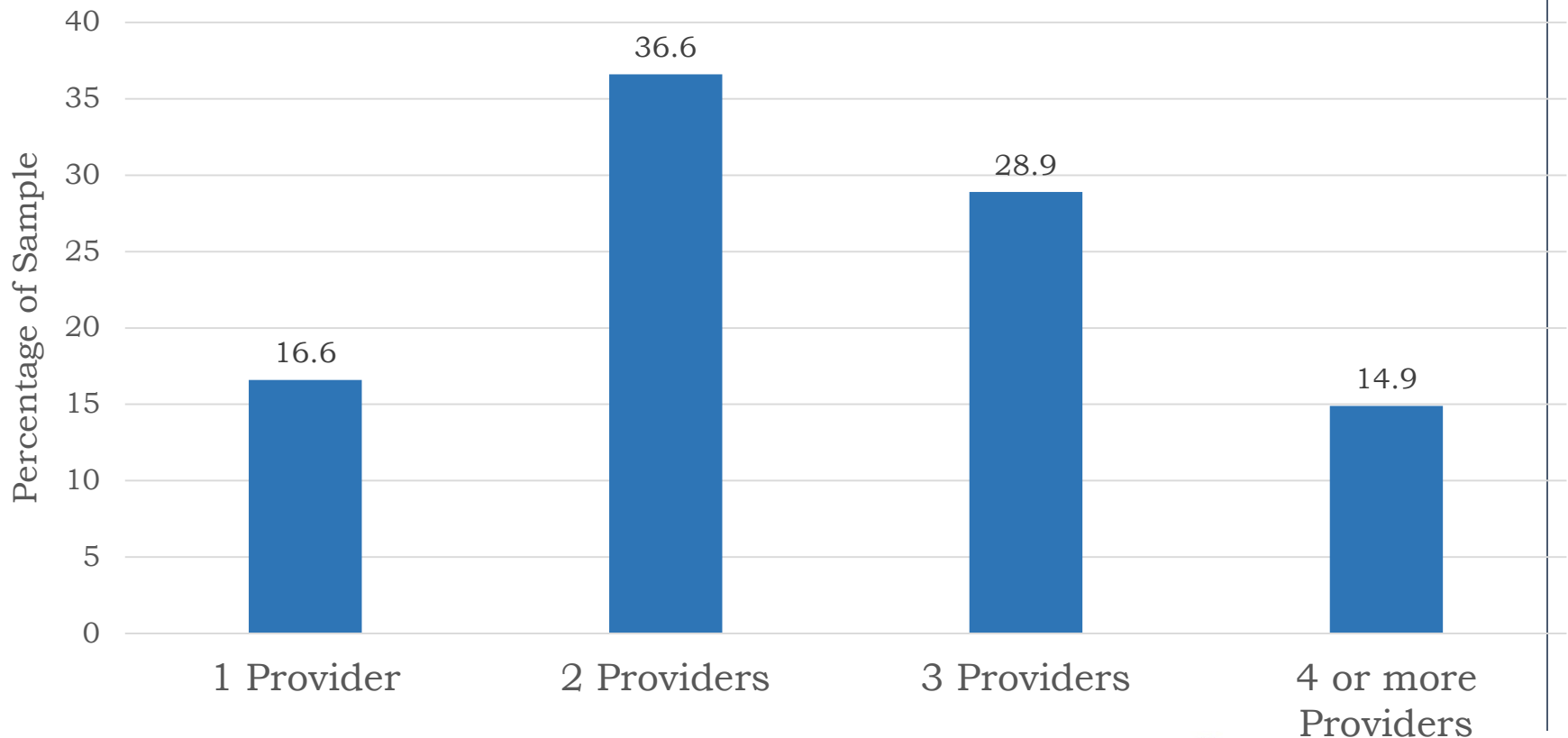


Interpersonal Continuity: PSW Care Providers over 3 months



Organizational Continuity: Service Provider Organizations

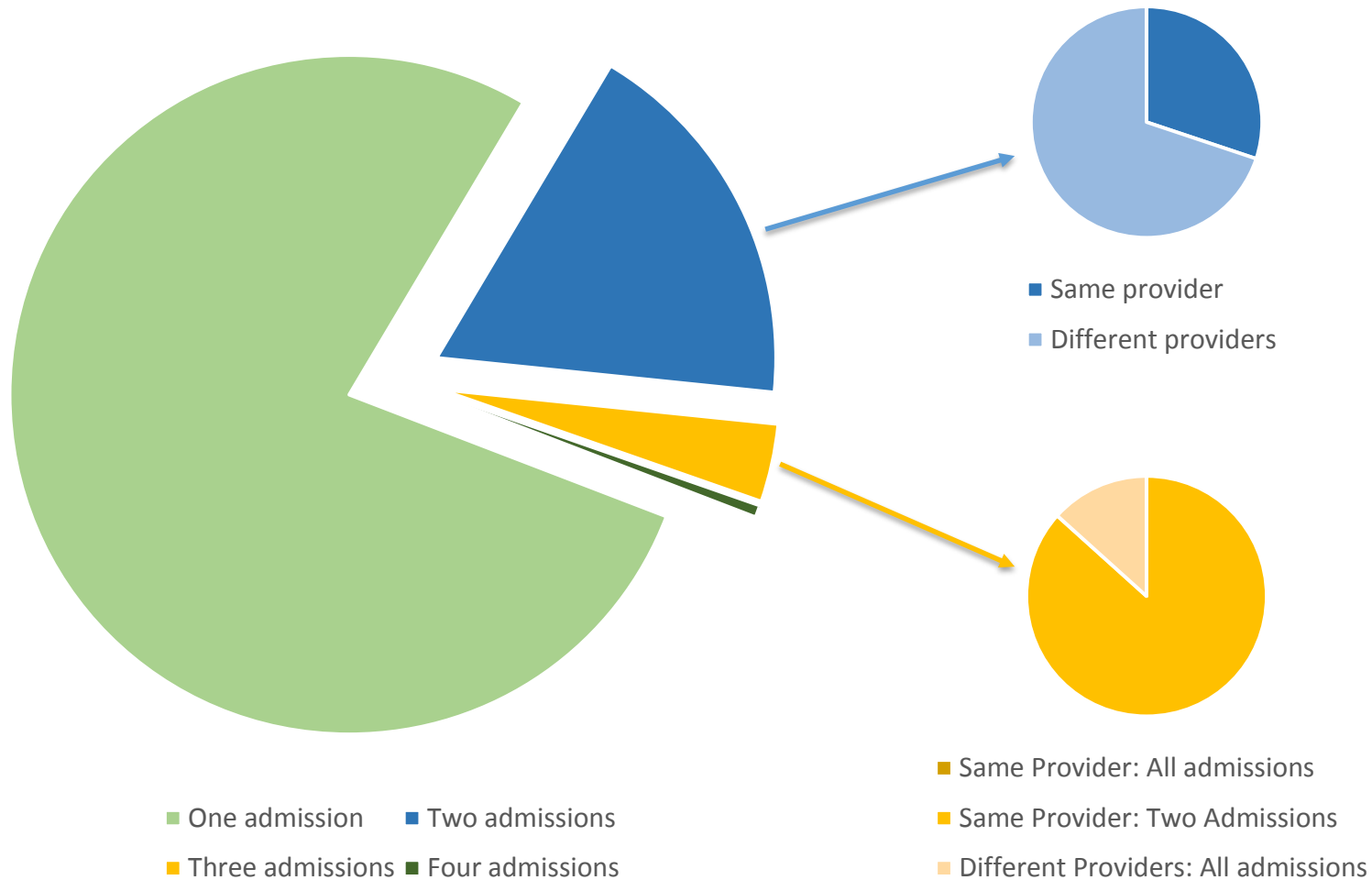
- Number of service provider organizations ranged from 1-7 with an average of 2.5 per patient



*missing n=27



Organizational Continuity: Looking Across Nursing Care Admissions



Continuity of Care: Delivery of Added Skills

“I think we have to look at the environment that we’re in right now, though. It’s not consistent, reliable, dependable personal support workers in the community.”

- Care Coordinator

“These skills, you need to be trained on them. Not necessarily eye drops but some of the other ones and because of the high turnover rate and having different people with days off and so-and-so’s covering this day off but they’re not trained, it makes it a lot more difficult because of that.”

- Nurse



Summary: Why is Continuity Important?

- Building therapeutic relationships
- Patient-centered care
- Availability of patient-related clinical information
 - Change in status
 - Health events
- Communication between providers



Home Care Outcomes and Outcomes Reporting



Home Care Patient Outcomes

Clinical Outcomes

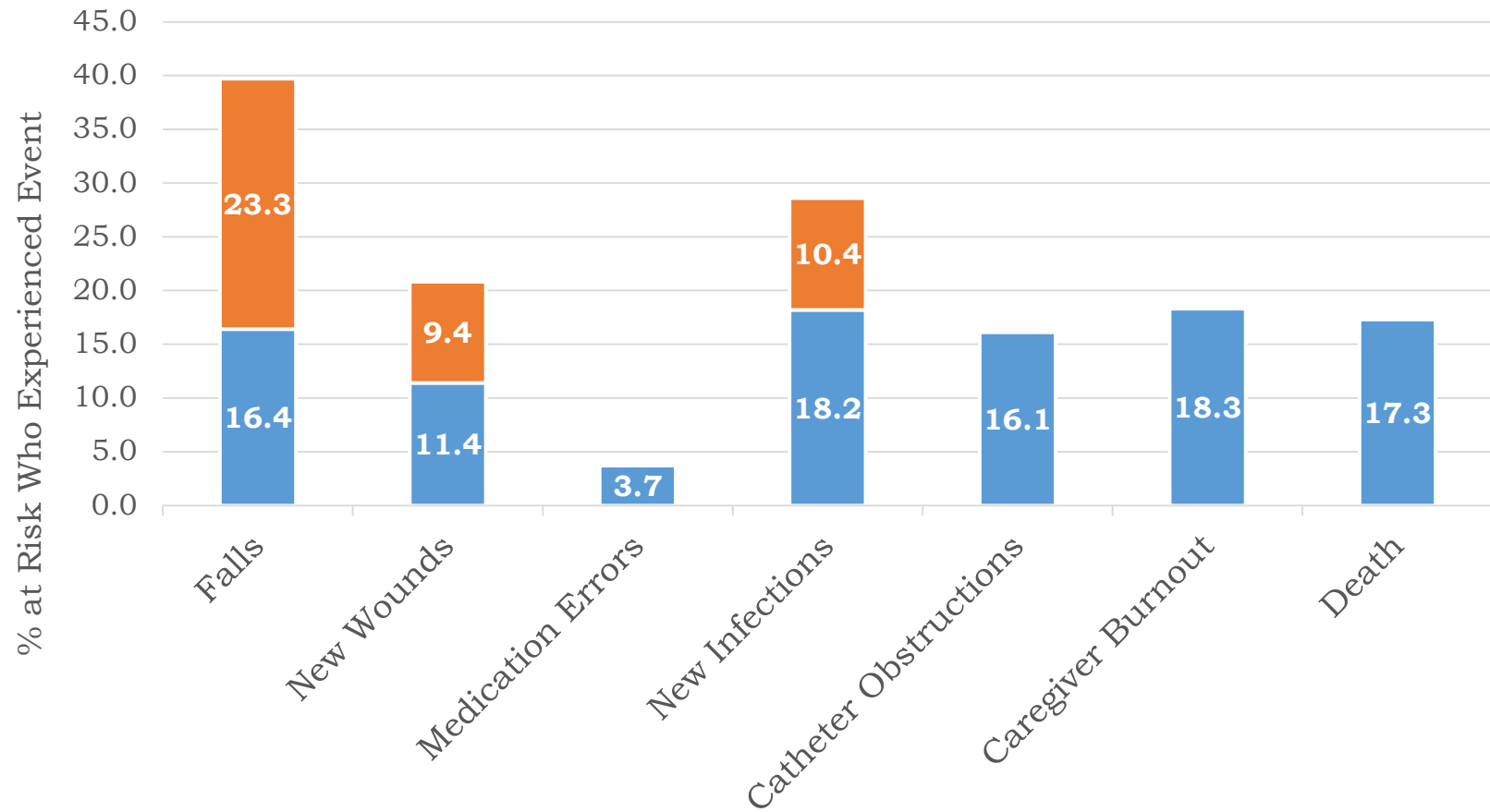
- Falls
- New wounds
- Medication errors
- Catheter obstructions
- Caregiver burnout
- Death

Service Use Outcomes

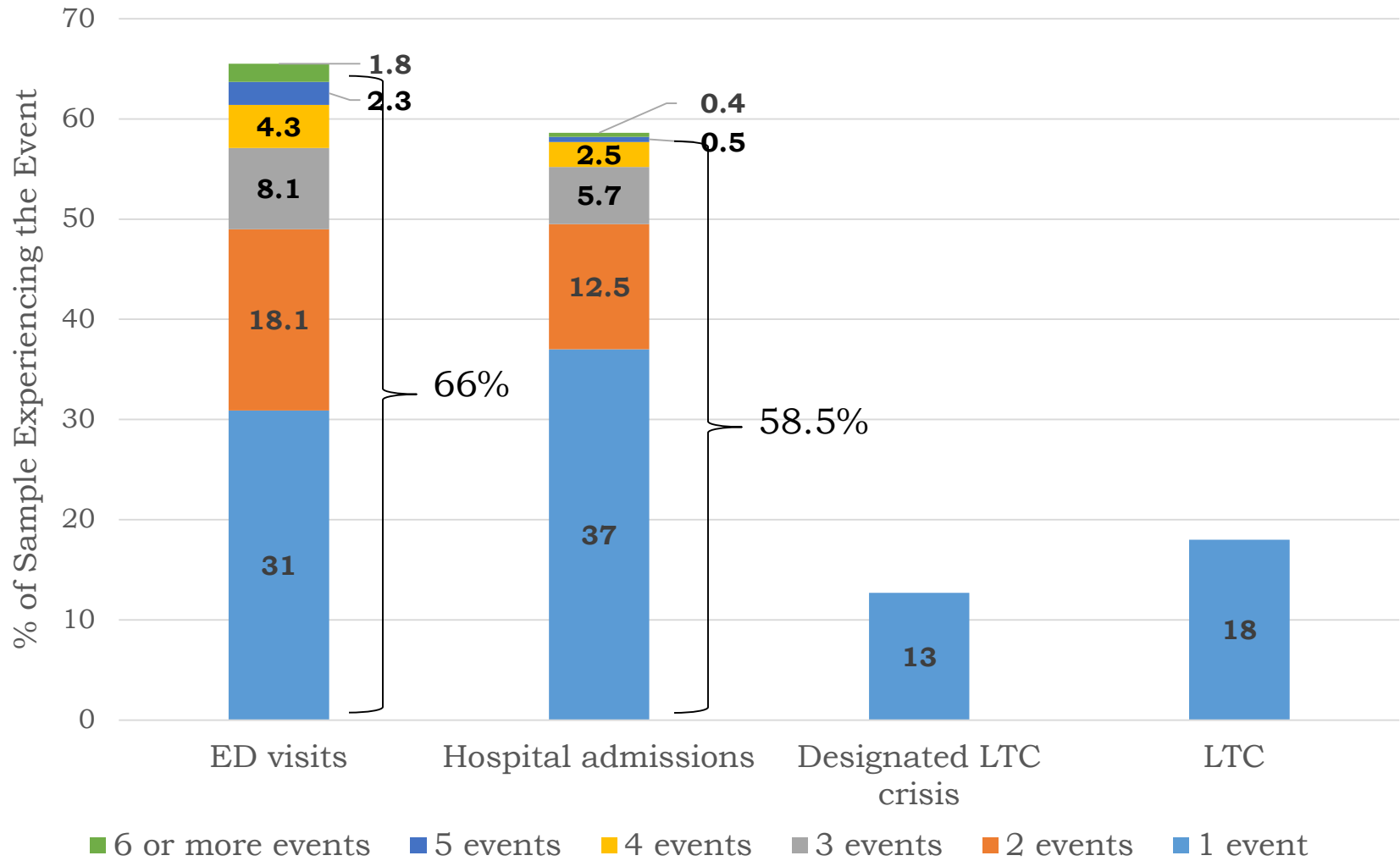
- Emergency department visits
- Hospitalizations
- Crisis long-term care application
- Long-term care admission



Clinical Outcomes



Service Use Outcomes



Outcomes Reporting: Administrative Data vs Patient Records

ED Visits

- ✓ Over-reported in chart review data = 5.6%
- ✓ Under-reported in chart review data = 41.4%

Hospitalizations

- ✓ Over-reported in chart review data = 4.3%
- ✓ Under-reported in chart review data = 10.8%



THANK YOU!

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