

RESEARCH BRIEF - e-Shift, an innovative home care model: A 3-Year Study - Summary Review of Research Activities

What is the topic of this research?

In response to the needs of older adults at the end-of-life and other patients needing shift nursing care in urban and remote rural settings, and challenges in having sufficient nursing capacity in all locations to provide over night homecare, the South West Community Care Access Centre developed, a new and innovative model of home care called eShift. The eShift model connects unregulated care providers (eShift technicians) providing home care to a remotely-situated Directing Registered Nurse (DRN), through a smart phone application using real-time communication and documentation technology. The DRN monitors and directs appropriate, safe, and effective care provided in collaboration with the technician in real-time. This increases the capacity of the DRN to support many families each shift rather than just one, enhancing quality of care delivery for older adults and their family caregivers, and supporting patients to die at home with fewer ER visits and hospitalizations which saved health system costs.

How was the study done?

Activities within the three-year plan of research included:

- 1) Interviews and focus groups with decision-makers, healthcare providers, and family caregivers and an analysis of key documents (Year 1).
- 2) Survey of eShift healthcare providers and family/friend caregivers regarding care processes and outcomes; also included in year 2 research activities was a review of eShift patient charts. (Year 2).
- 3) An economic analysis of the eShift care model; health service utilization / costs in the last 30 days of life (Year 3).

What did the researchers find?

- The patient AND family caregiver are the focus of care.
- Patients were cared for in a timely manner and patient symptoms (e.g., pain) were well managed.
- The eShift model increased dying in place of choice, facilitated, in part, by adequate caregiver coping.
- Caregivers rated overall quality of care high and formed positive relationships with eShift team.
- Family/friend caregiver respite was supported and caregivers experienced decreased caregiver stress

- eShift patients had fewer hospitalizations and emergency department use than with non-eShift palliative home care or patients who died in hospital in their last 30 days of life.
- Real-time documentation and decision making was facilitated and there was a perception of fewer errors or mistakes in patient care.
- The eShift team was an interprofessional team that was inclusive of Sensory Technologies, the technology provider.
- Mentoring of eShift Technician by Directing Registered Nurse and eShift team was important and valued.
- Healthcare providers reported high job satisfaction.
- eShift technology was easy to use and technical support was readily available.
- The innovative use of health human resources, a hallmark of the eShift model, enhanced access to palliative/respite care within the home setting.

Conclusion

Our study findings suggest that the eShift model of care supported patients to die in their place of choice, reduced caregiver stress and burden, and cost the healthcare system significantly less than dying in hospital. Healthcare providers working in the eShift model, reported high job satisfaction, high interprofessional collaboration, and believed they were providing high quality care to patients and families. Overall, decision-makers, healthcare providers, and family/friend caregivers viewed the eShift model of palliative home care as an innovative and important approach to the delivery of high quality, patient/family-centered palliative home care.

Who are the researchers?

A team of researchers are led by co-principal investigators:

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