

RESEARCH BRIEF - e-Shift, an innovative home care model: Perceptions of Physicians

What is the topic of this research?

In response to needs of older adults at the end-of-life and challenges in the recruitment and retention of healthcare providers in home care in the South West Community Care Access Centre, a new and innovative model of home care, eShift, has been developed. eShift links unregulated care providers (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, enhancing quality of care delivery for older adults and their family caregivers.

How was the study done?

The study involved audio-recorded interviews and focus groups with decision-makers, technology provider, care coordinators, unregulated care providers (technicians), RNs (directing and visiting), allied health professionals, nurse practitioners, physicians and family caregivers. A total of 47 interviews were conducted to gain insight and understand the structure, process, outcomes and overall impact of the eShift model of palliative home care from the end-users in Ontario.

What did the researchers find?

Both general practice and palliative care specialist physicians were interviewed (n = 6). Physicians described eShift as a model of care that supported their ability to meet patient need for in-home palliative care and prevented unnecessary hospital admissions. These findings are reflected in the following quotes:

“The way I look at it as an early warning system in the sense that if you really are serious about keeping people in the community... you need to have an early warning system in place which will target and signal when there’s a decline or some problem that you need to deal with so people don’t have to go to the hospital. And that’s what this program does.”

“So it should allow me to have less calls...because it’s being problem solved right as soon as it happens versus stuff going on longer. And so I should get less calls and the care, overall the care to my patients should be better.”

“I know if eShift is available and I can work with the family and say ‘As long as we’ve got this help, we will try and give every opportunity for you to stay in your own home.’ If I don’t have that... then my plan, the care plan really is going to change to include the hospital much more readily.”

Further Research?

A survey of the eShift healthcare team was conducted in early 2016. Findings from the survey will be available in early summer 2016. The researchers will be interviewing family caregivers and conducting an economic analysis in 2016-2017.

Who are the researchers?

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

Sandra Regan, RN, PhD, Associate Professor, Arthur Labatt Family School of Nursing, Western University.
sregan4@uwo.ca

Lorie Donelle, RN, PhD, Associate Professor, Arthur Labatt Family School of Nursing and School of Health Studies, Western University. ldonelle@uwo.ca