

## RESEARCH BRIEF - e-Shift, an innovative home care model: Perceptions about Patients & Family Caregivers

### 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 health care 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 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, technicians, RNs (directing and visiting), allied health professionals, nurse practitioners, physicians, and family caregivers. A total of 47 interviews were conducted to understand the structure, process, outcomes and overall impact of the eShift model of palliative home care from the end-users in SW Ontario.

### What did the researchers find?

Healthcare providers, care coordinators, and family caregivers indicated that:

Families were reluctant to give up the burden of care, feeling responsible for the care of their palliating relative. Patients in turn sometimes expressed the desire to only be cared for by family members, limiting the extent of care provided by nursing and technicians staff. Families were often apprehensive about an influx of new health care workers with each increase in the level of care. The desire for privacy contributed to families' reluctance to accept care, especially overnight; an intimate time for families. This impacted families' acceptance of eShift.

*"It is very difficult and challenging for people to all of a sudden have this influx of caregivers. You know, they got people coming in through the day so they still want to have some privacy."*

Intensity of palliative home care, including eShift, was thought to symbolize 'end of life' for the patient and family. This further complicated the acceptance of care as patients and family were being offered a service they were

reluctant to acknowledge as needed. Families would accept eShift when overwhelmed with exhaustion and were in need of immediate respite care.

*"Some families [think] by accepting that help they're acknowledging that the person is getting worse and that they don't want to say what they dread the most."*

Care coordinators reported trying to anticipate eShift demand, knowing that eShift may be initially refused. Care coordinators provided information to patients and families early in the palliative process about eShift as an option for patient palliative care and family respite.

*"So if the door isn't even opening to have any conversation, they're not even recognizing that they're palliative, or they're still so hopeful that they just don't want to go there... Sometimes if we can't have that conversation with the client and their partner right there then I sometimes [walk with the] partner to the door and I will [explain] eShift then to let the partner know, if the client is not ready for that discussion yet."*

The Care coordinators also saw benefit in "easing in" eShift service, starting with one or two nights a week, to help families build a trusting relationship with the technician.

*"She [the caregiver] now trusts the PSW [technician] so from that experience I would say, yes, it's a definite plus if we can start and ease in."*

The Care coordinators carefully monitored patients and caregivers to be able to rapidly deploy eShift when needed. They maintained regular communication with the team including visiting nurses, nurse practitioners, and service provider organizations to anticipate need and ascertain the available resources for eShift implementation.

### Recommendations to support patients and families?

- 1) Further facilitate communication between home healthcare workers, care coordinators and service provider organizations in anticipation of eShift demand.
- 2) Introduce eShift early to families as a potential service to familiarize them with the option as part of the care plan.
- 3) Implement eShift gradually with single shifts before full time care is necessary to ease families into overnight care.

### Who are the researchers?

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

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