
Enhanced Home Living Client & Caregiver Supports Pilot Edmonton Zone

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Overall Goal

Create a foundation to improve quality of life for Home Care clients and family caregivers.

Objectives

1. Caregiver's wellbeing is supported
2. Long-term supportive and maintenance clients have real choice to stay at home
3. Test the impact of enhancing support services as opposed to health services

Engaged our Clients/Families/Staff/Stakeholders

Asked: *What impacts quality of life in community?*

Self management options

Meaningful assessments

Targeted interventions

Flexibility

Support services not health services

Increased service volume

Who are we targeting? Triggers (Highlights)

Respite Support

- Family caregiver providing >21 hours of care per week
- Family caregiver expresses distress
- Client has dementia responsive behaviors, or depression
- Caregiver Risk Screen Score of 17 or more
- CHES Outcome Scale of 3-5 combined with a High MAPLe

IADL Support

- Family caregiver or client unable to increase support with IADLs
- MAPLe Outcome 4 (High) or 5 (Very High)
- IADL CAP triggered at Level 2 indicating a “markedly higher prospect of requiring a significant increase in formal IADL care
- IADL Difficulty Scale 3 or higher
- Client at risk of eviction due to lack of cleanliness

How are we doing?

Literature shows Home Care groups at most risk for adverse outcomes are:

- Distressed Family Caregivers
- High MAPLe/High CHES
- Low MAPLe/High CHES
- High MAPLe/Low CHES

We authorized respite for 16% of these groups and home supports for ≤ 1%.

What did we do?

Enhanced Assessments

1. Education: Case Managers and Family Caregivers on core competencies
2. Caregiver Assessment: Implementation of the CSNAT (Carer's Support Needs Assessment Tool)
3. Identification of At-Risk Caregivers

Enhanced Services

1. Respite
 2. Instrumental Activities of Daily Living (IADL) Supports
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What did we do?

Enhanced Funding Options

1. Clients/families choose their provider and Invoice AHS monthly for reimbursement of assessed hours of care
2. Clients/families provided with \$264/month to address broad scope of IADL needs

Flexible Implementation

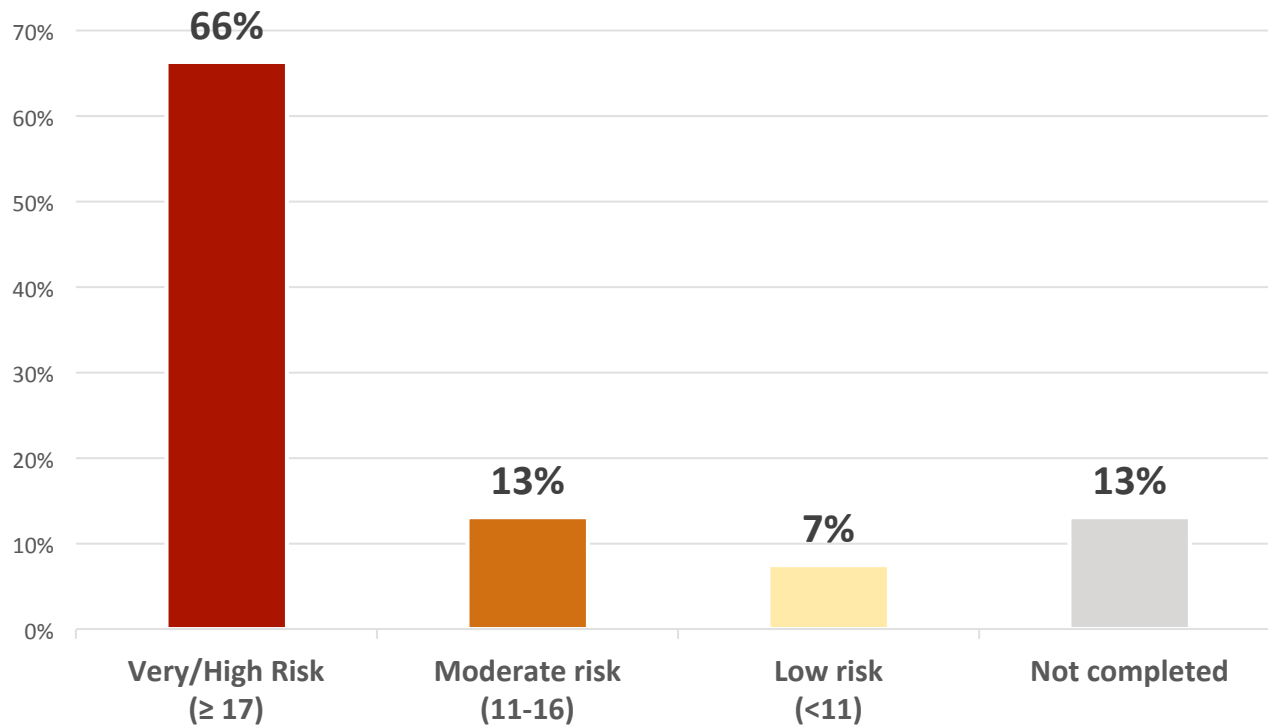
1. Time vs. task-based assessments;
 2. Access to private and public options;
 3. Self-determined and self-directed;
 4. Opportunity to bank time;
 5. Implementation tailored to population needs (rural/inner city/suburban/urban)
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Four (4) Pilot Teams:

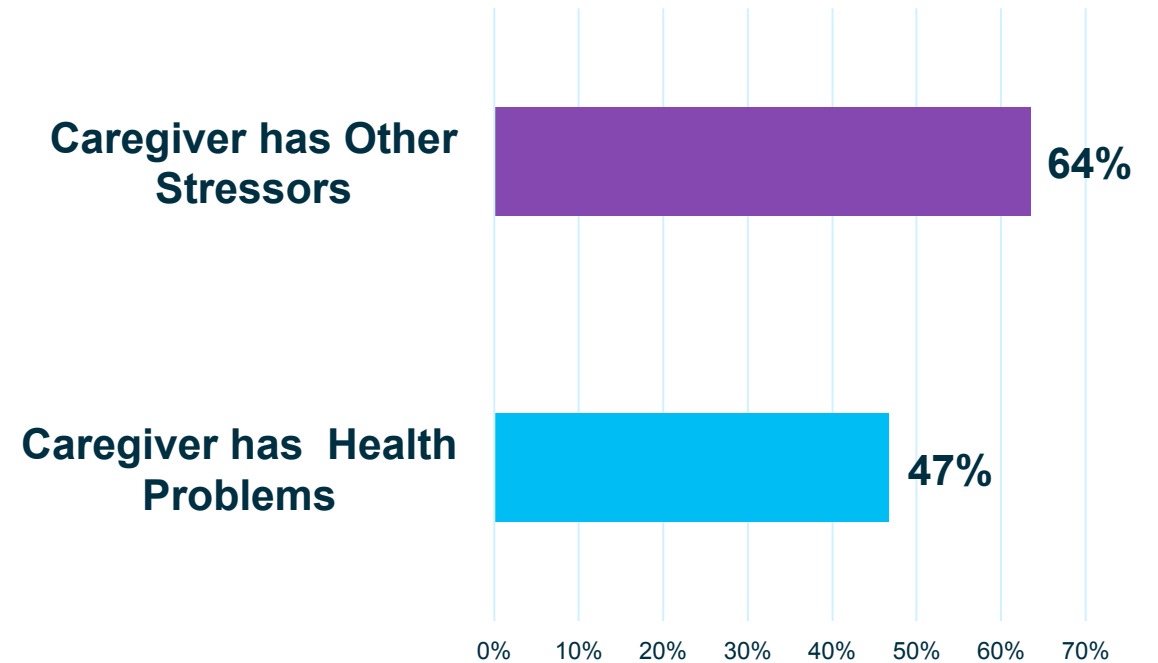
- ▶ Rural (Evansburg)
 - ▶ Inner city (Northeast)
 - ▶ Suburban (St. Albert)
 - ▶ Urban (Southwest)
- Case Managers will review to determine clients/families that meet established triggers:
 - New clients
 - Clients on community waitlist
 - Existing clients
 - Utilize Client Review process to test triggers, processes, assessment tools.

Recruited Stressed Caregivers

Baseline Caregiver Risk Screen Scores (n=107)



Caregiving Plus Other Stresses



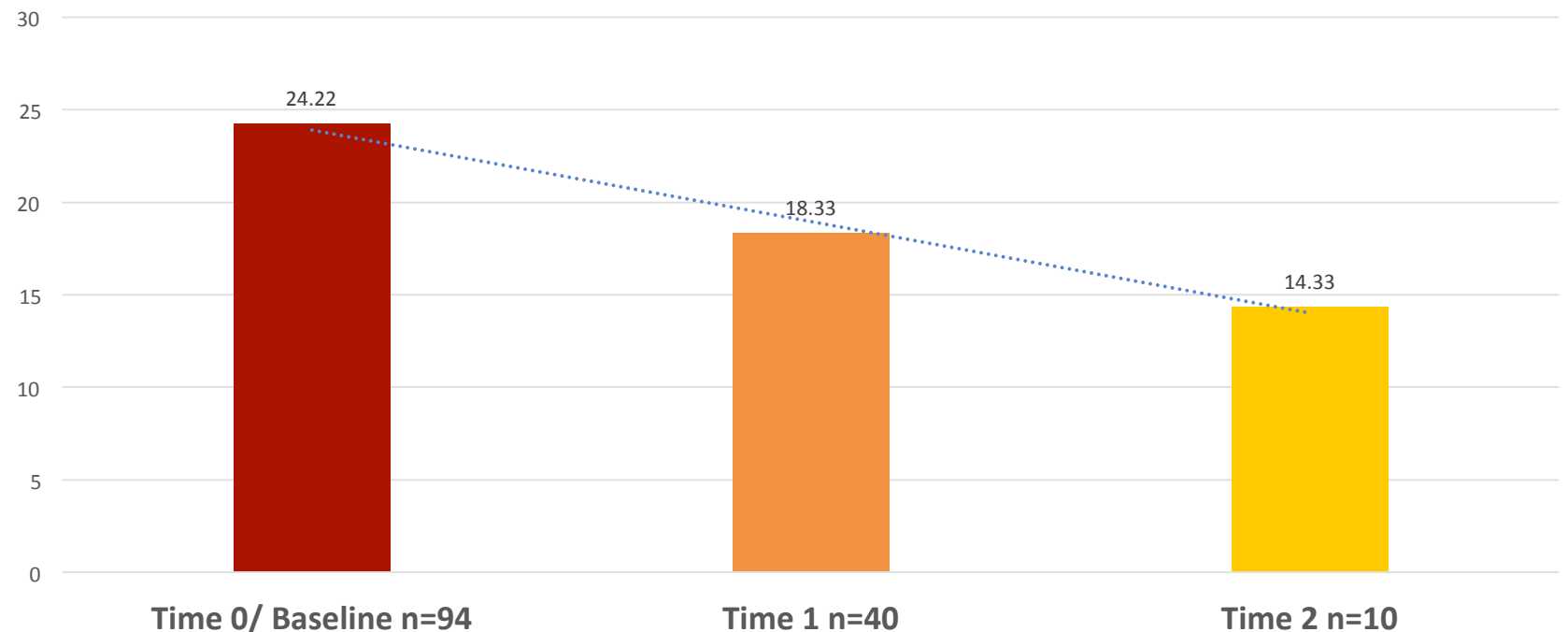
Rolling Data Collection:

Baseline (Pre-intervention) **Time 1** (Cohort 1, Sept 2019 Cohort 2 Dec, 2019 Cohort 3, March, 2020)

Time 2 (Cohort 1, Dec, 2019, Cohort 2, March 2020) **Time 3** (Cohort 1 March 2020, Cohort 2 June 2020, Cohort 3 Sept, 2020)

Promising
Early
Results

Caregiver Risk Screen Means
Baseline, Time 1, & Time 2 Data



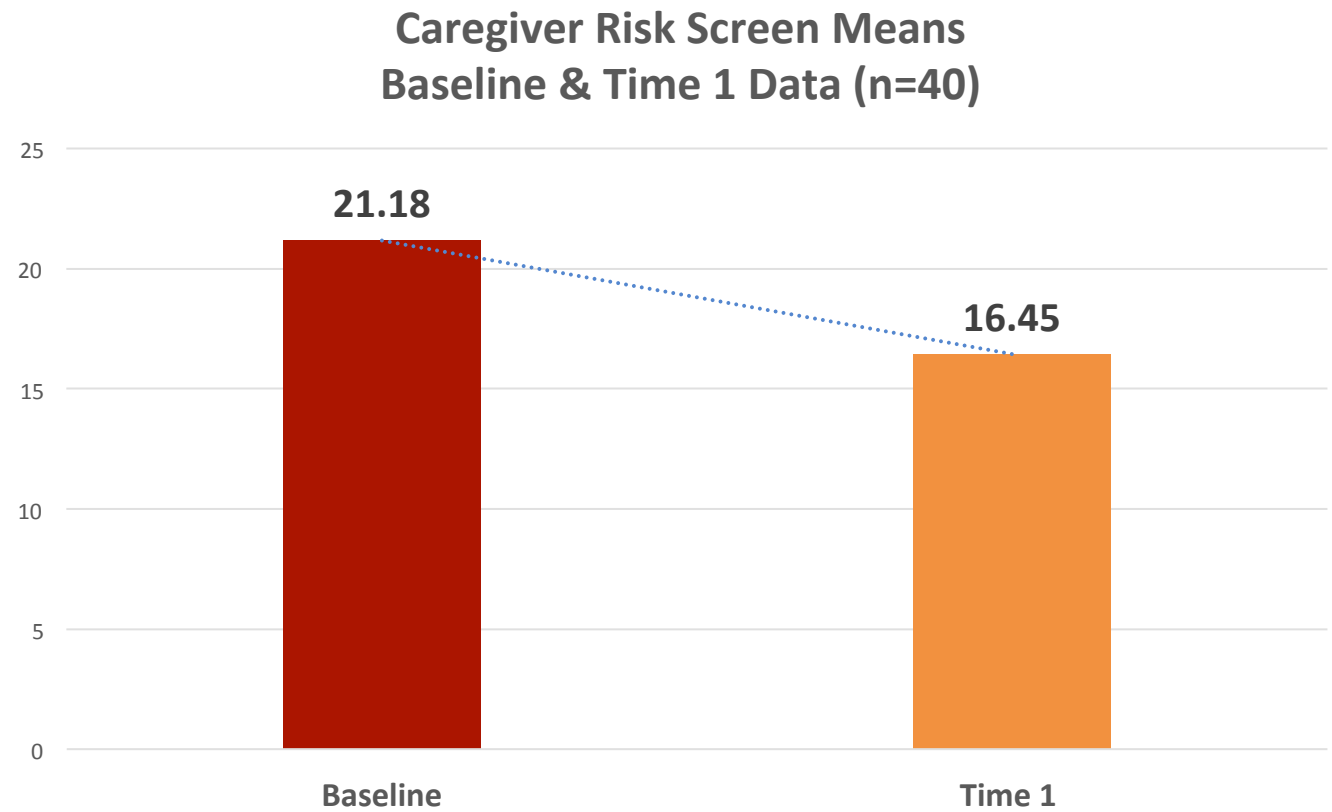
Caregiver Risk Screen:

Time 1- Meaningful Decrease in Stress

*Statistically significant decrease from Baseline (m=21.18, SD=6.4) to Time 1 (m=16.45, SD= 6.7), $t(40)=4.61$, $SD=6.47$, $p=.0001$ (two tailed).

The mean decrease in the CRS scores was 4.73 with a 95% confidence interval ranging from 2.65 to 6.8.

Meaningful Effect Sizes: Cohen's $D=0.73$ (Medium, boarding on high effect size) $\eta^2 = 0.353$ (large effect size).



Enabling Caregiver Wellbeing

I am astounded by how good it is and I didn't expect it. Its really helping me heal. I feel I am getting stronger and I do appreciate it.

[Family Caregiver Time 1]

I strongly believe that if this pilot project discontinues, my level of stress will return to the level it was before this project became available to us. My blood pressure is just now starting to stabilize whereas 3 months ago it was still dangerously high.

[Family Caregiver Time 2]

Just with the consistency, she didn't have to schedule her day around our healthcare people coming in to provide care. It's the same time every day, same caregivers. So, the client... who has some cognitive decline, is getting to know, and is building rapport with his caregivers. So, it's actually lifted his mood completely.

[Healthcare Provider]

Next Steps

- Finalizing Impact/Evaluation Report
- Address suggestions from staff/clients/caregivers to improve the initiative
- Determine roll out to the remainder of the program

