

Home Care Case Managers' Integrated Care of Older Adults with Multiple Chronic Conditions: An Institutional Ethnography



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Background

- In Canada, the number of older adults aged 65 and over with multiple chronic conditions (MMC) is rising. This aging population represents 33% of community living older adults, with one in six of these individuals receiving home care.
- MCC is a predictor of decreased quality of life, disability, premature mortality and increased health care costs and caring for this population is challenging due to inadequate health system structures.
- To date the majority of research related to older adults with MCC receiving home care focuses on single chronic illness trajectories and treatments and does not focus on the complex health and social implications of MCC.
- Everyday, home care case managers (HCCM) strive to provide safe, quality and integrated care for older adults with MCC. HCCM are expected to anticipate, react and plan for the complex bio-psychosocial needs of this population.
- The institutional structures of home care programs and services, as well as health care legislation, administrative and professional policies influence and organize the every day work of HCCM.
- These structures can in turn create fragmented approaches to care, where holistic and integrated care is difficult, if not impossible for HCCM to achieve when providing home care for older adults with MCC.

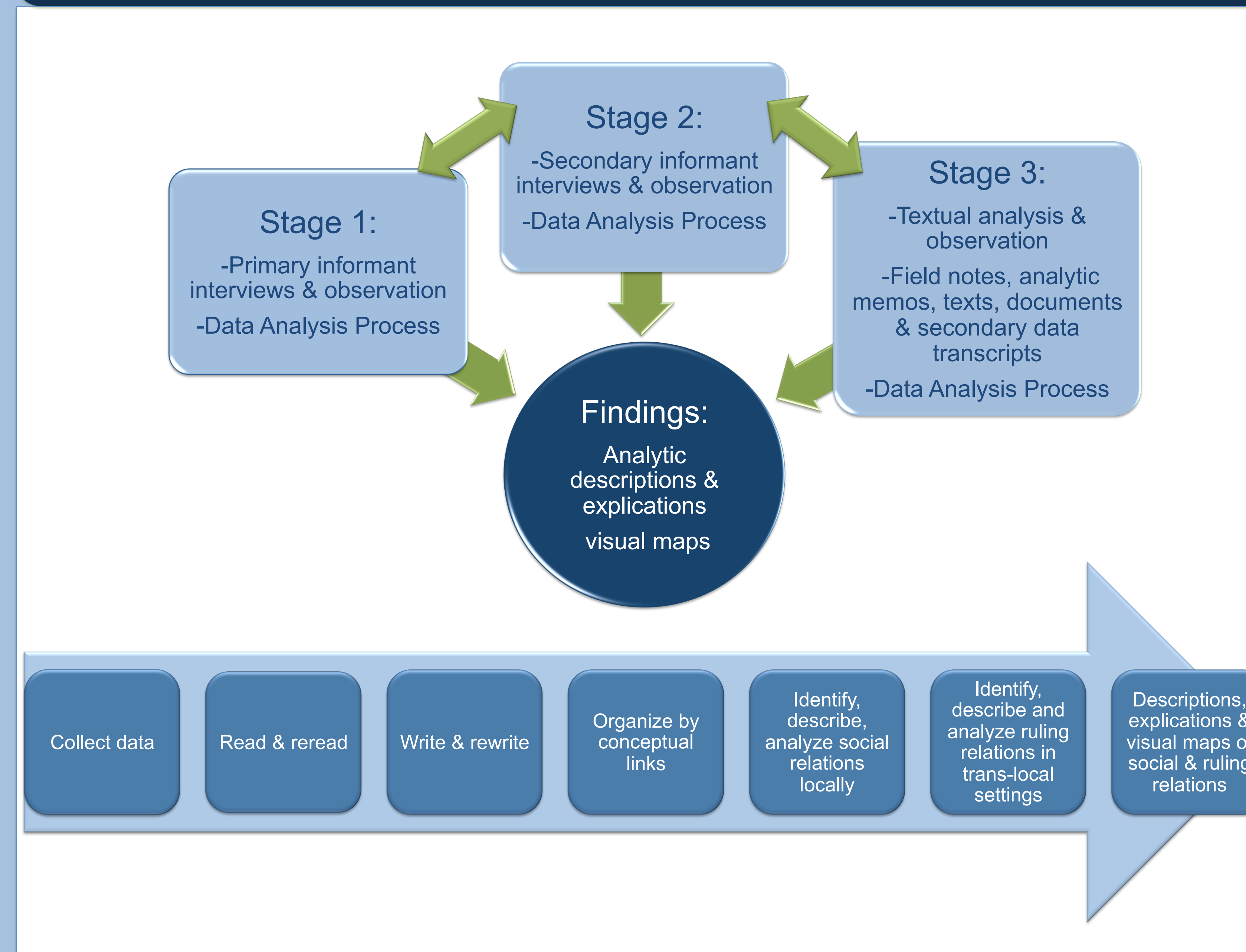
Objectives

- Explore how HCCM do the work of providing, or not providing, integrated care of older adults with MCC
- Explore and map home care programs, policies and practices organize the work of HCCM when caring for older adults with MCC
- Explicate how HCCM integrated care of older adults with MCC is influenced by social and institutional relations within health care
- Identify recommendations and strategies to assist HCCM, home care leaders and health care policy planners and decision makers to improve integrated home care services for older adults with MCC

Design

- **Method:** A qualitative approach of Institutional Ethnography (IE) will be used. IE is used to discover and explain how people's everyday lives and work is embedded in, organized and coordinated by social relations that link what people do in their local settings with the work and practices of people in other settings.
- **Setting:** Study setting will be in five provincial home care offices in Prince Edward Island, Canada. Secondary data from a qualitative, Interpretive Descriptive study of HCCM and home care leaders in Edmonton, Alberta, Canada will also be used.
- **Sample:** Participants will include six HCCM and four home care leaders employed by Health PEI's home care program in PEI.
- **Data Collection/Analysis:** Primary data collection will include semi structured interviews, participant and site observation, documents/texts, field notes and analytic memos. Secondary data includes interview and focus group transcripts, site observation field notes, participant journals and documents/texts. Bisaillon's analytic guide will assist analysis of the coordination of HCCM work and social relations.

Data Collection & Analytic Process



Proposed Findings

- Proposed findings will reveal the everyday work activities and actions of HCCM as they strive to provide an integrated approach for care of older adults with MCC. Rich analytic descriptions, explications and visual maps of HCCM work as they interact with the organizational structures and practices determined by home care policies and services will be developed. Proposed findings will include:
- How HCCM in PEI and Alberta, Canada provide, or do not provide integrated care for older adults with MCC
- How home care programs, policies and practices organize the work of HCCM when caring for older adults with MCC
- How HCCM work and ability to provide integrated care for older adults with MCC is influenced by dominant health care practices
- Recommendations, strategies and future directions for HCCM work, home care and health care policy and programs to be reviewed and potentially changed

Implications

- The demand for home care is outpacing the available funding and resources within our current fragmented health and home care system structures. This inhibits the provision of integrated care for older adults with MCC and directly affects the scope and quality of care that HCCM can provide for this population.
- The research findings will aim to address issues related to HCCM provision of integrated care for the rapidly expanding population of older adults with MCC.
- Making HCCM work and practices in PEI and Alberta visible will provide a more complete view of how integrated care of older adults with MCC is socially organized and impacted by internal home care and external health care structures and policies.
- Recommendations for HCCM integrated care of older adults with MCC that stretch beyond individual HCCM accounts have the potential to impact broader home care and health care structures, policies and resources, and ultimately health outcomes for older adults with MCC.

Ethics

- Research proposal has been submitted for ethical review to University of Alberta's Health Research Ethics Board and Prince Edward Island Research Ethics Board.

Dissemination

- Integrated Knowledge Translation: Developed collaborative partnerships with health and home care leaders in PEI.
- End of Grant Knowledge Translation: Will develop four peer reviewed publications within high impact journals, academic and professional conference presentations and communication with PEI and Alberta government and policy officials via policy briefs, meetings and presentations with HCCM and home care leaders.
- Social media (Twitter & Facebook) to reach additional knowledge users, other affiliated health care and social organizations, and researchers.
- Post study: Develop interactive arts based Knowledge Translation sessions with informants.

References

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