



# What's the Use

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## This Issue: Highlights on Frail Older Adults & Home Care

### THOUGHTS ON THE STATE OF HOME CARE FOR THE FRAIL OLDER ADULT

Maureen Markle-Reid

Director of Research on Frail Older Adults and Home Care, SLRU.

This edition highlights our work on home care and the frail older adult. Over the last 15 years, the SLRU has been involved in research on evaluating the cost and effectiveness of alternative home care interventions to enhance the health and quality of life of older people and their informal (unpaid) caregivers. The results of these studies can be found on our website at [www.fhs.mcmaster.ca/slru/pubs.htm](http://www.fhs.mcmaster.ca/slru/pubs.htm). The results overwhelmingly suggest that proactive, comprehensive and coordinated community care for people with chronic needs is more effective and less expensive in the same year than providing reactive and on-demand care. Proactive provider initiated care is above and beyond usual care (i.e. not in response to a specific health problem or event). This includes strategies that are cooperative and cross-sectoral, linking physical health care to social, mental health, and other services.

These studies also showed that the most serious barrier to delivering cooperative, holistic, proactive community-based services is the way in which the different sectors are funded (separately) now. We have to work out how to reward alliances that bring health, social, education, recreation and housing sectors together in order to provide comprehensive care of older people.

Extensive reform initiatives have given rise to a shift in home care services from health promotion and prevention to meet the need for post-acute care. The impact of that on health outcomes and costs for frail, older people and their informal caregivers has not been well tested in Canada. Research is urgently needed to inform policy and practice regarding the most efficient way of allocating scarce home care resources to enhance health outcomes while containing costs. Two peer-reviewed studies that are currently in progress will be highlighted in this issue. These studies will test the effects and expense of a comprehensive and interdisciplinary team approach to stroke rehabilitation and falls prevention in home care for older people.

Please contact us or visit our website for more information on our work with this vulnerable population and we hope you find this newsletter a helpful reminder for effective programs and service delivery for the frail older adult and vulnerable populations in general.



# Use as Purpose

“Using, employ for a purpose, handle as an instrument, put into operation”



## The Stroke Study is In collaboration with:

- Saint Elizabeth Health Care
- Toronto CCAC
- VHA Home Health Care
- VON

## The Interdisciplinary Stroke Rehabilitation Project

### Study Approach:

A total of 240 stroke survivors and their unpaid caregivers, who are eligible for home care services, will be randomly assigned to either regular home care or the interdisciplinary stroke rehabilitation team approach. Subjects in the second group will receive home care services from a team of professional and non-professional service providers with experience and training in stroke care. The team will provide a comprehensive, coordinated and evidence-based approach to stroke rehabilitation through weekly case conferencing, a written interdisciplinary care plan, and joint visits. Information will be collected at the beginning of the study and after 12 months through questionnaires and reports from the Toronto CCAC and the service provider agencies. Interpreting and deciding how to use the results will be done collaboratively by the organizations involved in the study. The study will strengthen the links between researchers and decision makers who have a vested interest in stroke care in the community.

**Project Date:** October, 2005 - September, 2008

### Funded by:

- CIHR Institute of Health Services and Policy Research
- CIHR Knowledge Translation Branch
- Ontario Ministry of Health and Long-Term Care
- Toronto Community Care Access Centre
- Bridgepoint Health
- System Linked Research Unit, McMaster University
- Heart and Stroke Foundation of Ontario
- Greater Toronto Area Rehabilitation Network

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## The Falls Prevention Project

This study-in-progress is a collaborative research project between the Halton CCAC and McMaster University SLRU. It will look at the comparative effects and expense of a proactive, nurse-led, multifactorial and interdisciplinary team approach to falls prevention for older at-risk home care clients. Community partners integrally involved are the Halton Region Health Department, Community Rehab, Halton CCAC & Ministry of Health and Long Term Care.

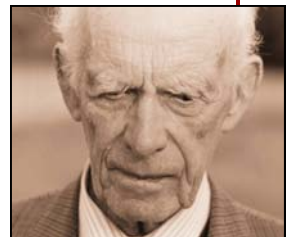
**Funded by:** the Canadian Patient Safety Institute.

### Study Approach:

The design will be a two-armed, single blind randomized controlled trial of 110 older people >75 years and at risk for falls through a home care programme in Ontario. Subjects will be randomly allocated to either usual home care (control) or the interdisciplinary team. In the interdisciplinary group, a team of professional home care service providers, with specialized training in falls prevention, will proactively provide a comprehensive, coordinated and evidence based approach to falls prevention.

### Study Purpose:

Falls are common in older people but many are preventable. Because of the multifactorial nature of falls, early prevention interventions that incorporate an interdisciplinary approach using a variety of strategies will have the greatest effect. This randomized trial in home care will compare



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the efficacy and costs of a multifactorial and interdisciplinary team approach to falls prevention with those of usual care for frail older people (75+) at risk for falls. The project will also identify the prevalence, determinants and costs of falls and fall injuries among older people requiring home care services. The results will shape policies and practice related to the allocation and delivery of home care services for falls prevention across Canada. **Project Date:** June 2006 - June 2008

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Did you know...  
 1/3 of all independently-living Canadian seniors experience at least one fall each year?

# Use as Impact

“To use, employ, ensure, exercise, influence, put to use, treat, to apply...knowledge transfer”

## SLRU’s Impact on the Work of the New Local Health Integration Networks (LHINs)

“LHINs are designed to plan, integrate and fund local health services in an effective and transparent manner.”

In June 2005, the Minister of Health announced the initiation of 14 Local Health Integration Networks (LHINs), as a critical part of the evolution of health care in Ontario. The legislation places significant decision-making power at the community level and focuses the local health system on the community’s needs. LHINs are designed to plan, integrate and fund local health services, including hospitals, community care access centres, home care services, long-term care facilities and mental health services, in an

effective manner.

**Research as a partner too!**

The MOHLTC suggested that the SLRU share our research with the LHINs, as it identifies cost effective services for vulnerable populations and new methods of measuring integration efforts, including the Human Services Integration Measure (Browne, et al., 2004). Our first session was with the Hamilton, Niagara, Haldimand, Brant LHIN. The LHIN executive are arranging opportunities to share this information with existing Networks

within this region. For example communication is underway to work with the Geriatric Network of Services for the frail older adult. It is our hope that by measuring the integration and collaboration efforts of networks we will assist in identifying the impacts of this model.

The SLRU is planning similar policy forums with the other LHINs in Ontario. We look forward to partnering with LHINs and providing relevant research for building a more effective and responsive health care system.



CANADIAN PATIENT SAFETY INSTITUTE

building a safer health system

From May 2-5, some members of the SLRU staff attended an “Enhancing Safety” conference in Edmonton, held by the Canadian Patient Safety Institute (CPSI). Dr. Maureen Markle-Reid, along with SLRU representative Darlene Lane presented a poster created by our Unit, outlining the details of the proposed CPSI-funded Falls Prevention project. The SLRU was the only group that presented a poster at this event, as the majority of conference participants’ studies are in their infancy.



**Dr. Markle-Reid at the Enhancing Safety Conference in Edmonton, presenting a poster entitled “An Interdisciplinary Team Approach to Falls Prevention for Frail Older Home**

# Use as Practice

“A function being used or practiced; the practice pattern being suitable, useable, and available”

## HEALTH PROMOTION BY HOME CARE NURSES

A randomized controlled trial presented clear evidence that providing seniors with proactive nursing health promotion compared to providing professional services on demand, results in enhanced quality of life related to early identification and management of risks for adverse events (i.e. falls, polypharmacy, depression, caregiver stress) at no additional expense. Publications on this study include:

**Markle-Reid, M.,** Weir, R., Browne, G., Roberts, J., Gafni, A., & Henderson, S. (2006). Health promotion for frail older home care clients. *Journal of Advanced Nursing*, 54(3), 381-395.

**Markle-Reid, M.,** Weir, R., Browne, G., Roberts, J., Gafni, A., & Henderson, S. (In press). The effectiveness and efficiency of home-based nursing health promotion for older people: A review of the literature. *Medical Care Research and Review*, 63(5), 1-39.

“More recently we have become more interested in the dissemination of evidence, and models of governance and accountability which foster coordination of services and shared commitments. Thus our interest in the seamlessness between services, education, research and administration have been revitalized” ... Message from Director, Dr. Gina Browne, Annual Report, 1992

### Directions from the Director, Dr. Gina Browne

“Having a culture of co-operation can respond like a rainbow after the storm. Configurations of collaboration can illuminate the landscape. Alliances among autonomous agencies produce new angles on age-old problems. New opportunities emerge amidst a spirit of inventiveness, collaboration and social entrepreneurship” .... Message from Director, Dr. Gina Browne, Annual Report, 1995



## Upcoming Events

October 25-27, 2006, Hamilton, ON, Practice to Policy: Global Perspectives in Nursing (5th International Conference)

This conference will gather nurses and policy makers from around the globe to celebrate the individual and collective achievements of nurse clinicians, academics, researchers, and administrators. It will explore and interpret today's nursing world with particular emphasis on health human resources and advancements in nursing across the continuum of practice policy. Sponsored by: Nursing Health Services Research Unit (NHSRU), McMaster University. Dr. Browne will provide a pre-conference workshop on “Power of Nurses to affect Outcomes and Costs”. For more information, visit the NHSRU website at [www.nhsru.com](http://www.nhsru.com).

December 10-12, 2006, Toronto, ON, Viewpoints: 2006 Home Care Summit (16th Annual Canadian Home Care Association Conference)

Dr. Markle-Reid will provide two presentations during this conference, entitled “From Isolation to Integration: Interdisciplinary team approach to stroke rehabilitation in home care” and “Breaking down Barriers: Integrated falls prevention”. For more information, visit the <http://www.cdnhomecare.ca/conference.php>

Next Issue: Fall 2006— Children at Risk and Integration Efforts

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<http://www.fhs.mcmaster.ca/slru/home.htm>