

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

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 (HCPs) 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?

Technicians described eShift as a model of care that enhanced their role on the interprofessional healthcare team and they believed their contribution was valued. The technicians received enhanced education in palliative care and applied their education to meet the needs of and build a relationship with the patients and family caregivers and the directing registered nurses. These findings are reflected in the following quotes:

“We’re a team... I’m the eyes. I’m able to give the information from what I see. And from the eyes and the ears and from what I hear, I’m able to give the information to

the nurse. And they are able to instruct me what I need to do.”

“One of the things they trained us when patients can’t communicate and they’re sleeping; and it’s time for the medication but they’re not saying anything; when someone goes into the fetal position or there’s some moaning or just twisting and turning, it’s a sign that they’re uncomfortable and it’s probably time for their pain medication, and we text the nurse. “I observe this with the client. I feel they’d need the pain medication.” And they’ll come back, “Please call me,” or “Yes, go ahead.” They’ll text back, “Okay, go ahead,” and send the instructions on how to give the medication.”

“I think, a lot of times, personal support workers [technicians] don’t always feel like we are part of the health care team because in most situations, we don’t have a direct line of communication with nursing...the e-shift model of care, it’s starting to pull us in... and now feel part of the team. It demands us to be more professional... it forces us to keep learning as well because we are doing so much more in terms of now being able to, to give delegated medications. So I think, professionally, it’s, it certainly makes us better.”

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:

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