Vade Mecum: interprofessional cross-border health system development in the acute geriatric setting

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Introduction on Vade Mecum
- background
- complexity

Outcomes of first exploration
- participative health research
- multimethod design
## Vade Mecum: a practice-based complex intervention

<table>
<thead>
<tr>
<th>General subject:</th>
<th>Family caregiver support in acute geriatric settings in Euregio Maas-Rhine</th>
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<tr>
<td>Target group:</td>
<td>Family caregiver (novice) of elderly person discharged to home after acute hospitalization on geriatric ward</td>
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| Concerns:       | Is everyone and everything ready to provide care at home?  
|                 | Can caregivers find their way in the system?  
|                 | Can caregivers adequately care for themselves, given their tasks, for as long as needed? |
| Aim:            | Prevention of overburdening (caregiver) and rehospitalisation (care recipient) |
| Approach:       | Geriatric Family Companion© = hospital-based new job profile: early involvement, counselling in home setting, information provision, cross-border network |
| Current:        | First exploration using participative health research in one large geriatric hospital department |
Vade Mecum

9 participating hospitals
3 research institutes
Complexity

Complex < adaptive > systems:
• interdependency, self-organisation, non-linearity, emergence, open boundaries, co-evolution, ....

potentially understandable

Strategies for research:
1. Reduce complexity
2. Embrace complexity

Innovative solutions

The Vade Mecum concept

Meikirch model: Complex adaptive system
• Different levels
• Organizations / Stakeholders
• Interconnections (within - between)

Implications for Research:
• Learning culture
• Mind-set of uncertainty
• Embrace multiple perspectives
• Develop working relationships with key stakeholders
• Understand networks within & between organizations
• .....
First exploration
360° exploration of status-quo and support needs of family caregivers in a geriatric department. Rhein-Maas Klinikum Würselen, Germany.

A Participative Health Research Project.
Family or informal caregiving

70% of people who need daily assistance are supported by family caregivers in their home environment. (Robert Koch Institute, 2016)

Definition:
Family caregiving is provided “free of charge” by a relative, partner, friend or neighbour to a person with a (acute) or chronic disability. (adapted from Family Caregiver Alliance, 2017)

Societal perceptions:
...the backbone of the long-term services and support systems. (The Eldercare Workforce Alliance, 2017)
...the biggest and cheapest home care service. (Robert Koch Institute, 2015)
...I´m 24/7 on call. I have no time for myself anymore. (CG of a dementia patient)
Who cares in Germany?

- 6.9% adult population are family caregivers = 4.7 Mill.
- 65% are female
- Median age 54 years
- ¾ provide care in their own house, when high demand of care is required (e.g. end of life, dementia)
- Weekly time investment ranges between 14– 36.7h

(Statistisches Bundesamt, 2015; GEDA 2012; Wetzstein et al. 2015; Meyer, 2006)
Starting a new complex intervention for geriatric family caregivers
From idea to project realisation

Exploring status-quo & support needs

Actual support offers and needs

New project

Concept development for caregiver support in the geriatric department
Geriatric Department

- 86 beds (acute /rehabilitation care)
- Multidisciplinary team (N=74 VTE)
- Cases: 1550 (2016)
- Co-morbidity: 50% (delirium, dementia, depression)
- Age (mean): 82.7 years
- Re-hospitalisation: 10%
Project life cycle & Participative Health Research (PHR)

New project

Concept development

Disseminating
- Internal
- External

Exploring concept development options

Schedule: 3-12.2017
Setting: Geriatric department
Country: Germany

Reporting
(type 6)

Orientating
(type 1-3)

Aligning
(type 4-5)

Planning
(type 3-5)

Data gathering
(type 6)

Analysing/concluding
(type 5)

Assigning multiprofessional researcher team
Formulating collectively:
- problem statement,
- goals,
- expectations,
- research question

Presenting research methods
Selecting suitable methods for the geriatric setting
Assigning methods to the different groups of participants

Developing data collection instruments
Developing plan of action
Conducting data collection

Co-creative knowledge generation
- Analysing data by group
- Analysing data by method
- Merging data to one picture

Literature review
Exploration talks
Field visit
Impulse lecture

Types of participation in health research
(adapted from Cornwall, 1996)

1. Co-option (on)
2. Consultation (for/with)
3. Co-operation (with)
4. Co-learning (with/by)
5. Co-learning (with/by)
6. Collective action (by)

Maastricht University
Leading in Learning
The research team

**Service-provider professionals** being part of the multidisciplinary geriatric team (MD, nurses, therapists, case managers, social workers)

**External impulse provider**
- Facilitator
- Critical friend

**Broader internal perspective** (School nurse, pastor)

**Service end-user**
- Family caregivers (experienced)
Deficiencies:

- Resources (time, staff, infrastructure)
- Skills / knowledge
- Interprofessional communication
- Management support
- Interconnected and harmonized activities
- Conceptualized trialog
Exploring the teams expectations

End-user:
• Satisfaction
• Security
• Adequate support

Service provider:
• Skills to improve communication
• Knowledge (broader perspective)
• Resources (time, place, mandate)

Individual level:
• empowerment
• appreciation
RQ1: How is support for family caregivers currently offered in the geriatric department?

RQ2: What is needed to support family caregivers in order to prepare them for their new caregiving role?
Developing a participative mixed-methods study design

Presented methods:
- Interview
- Focus group
- Structured interview matrix
- Story telling
- Community mapping

Service-provider professionals being part of the multidisciplinary geriatric team

Interview
- Social workers
- Case managers

Focus Group
- Nurses
- Medical doctors
- Therapists
- Neuropsychologists

Story telling
- Experienced caregivers

Interviews
- New caregivers

End-user
Family
caregivers

Broader perspective
(hospital intern)

Interview
- Pastor (N=1)
  - Head Nurse

Focus group
- Nursing students (N=23)
"If you always do what you’ve always done, you always get what you’ve always gotten."

(Jessie Potter, seventh annual Woman to Woman conference, 1981)
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