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

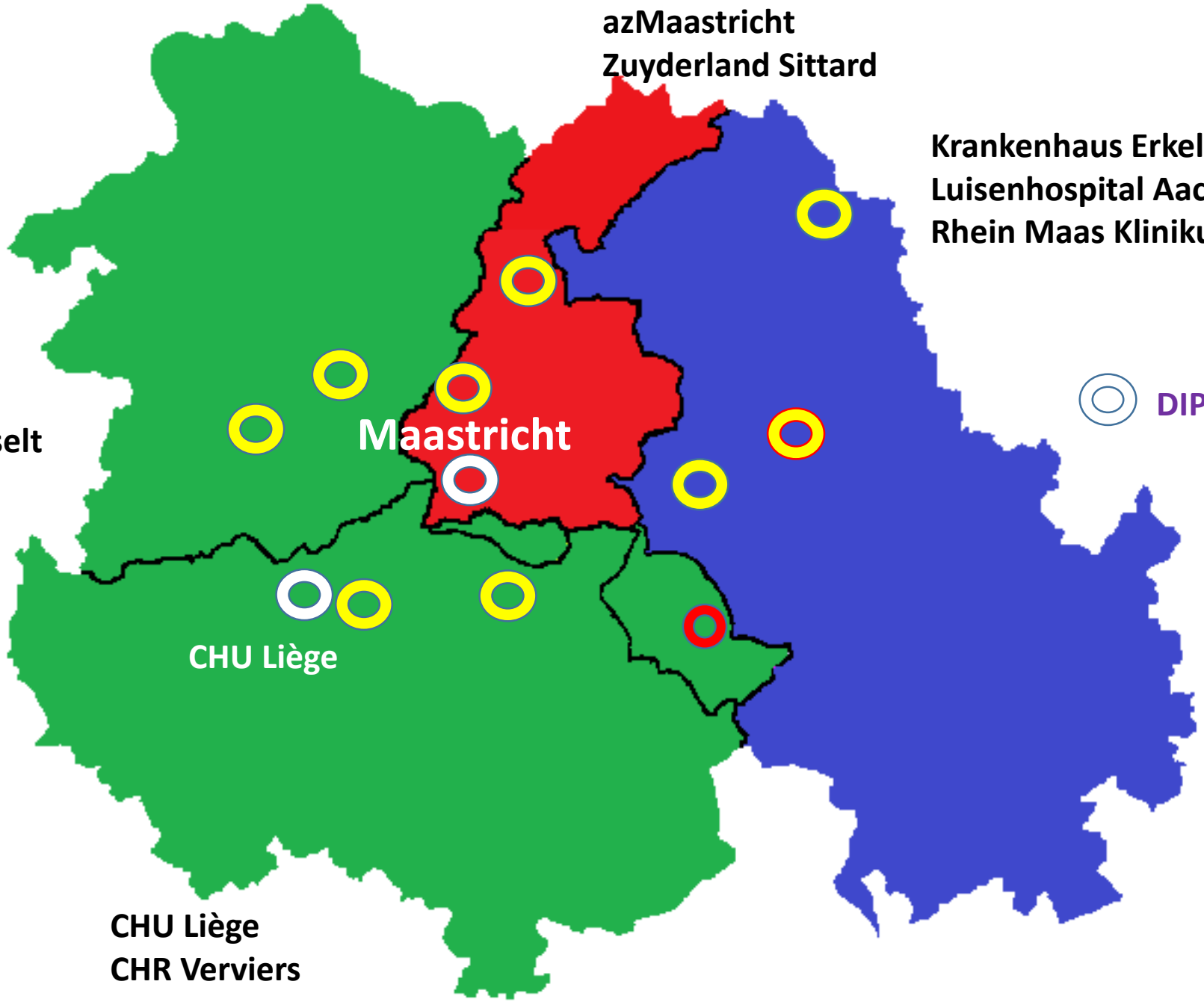
General subject:	Family caregiver support in acute geriatric settings in Euregion Maas-Rhine
Target group:	Family caregiver (novice) of elderly person discharged to home after acute hospitalization on geriatric ward
Concerns:	Is everyone and everything ready to provide care at home? Can caregivers find 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:

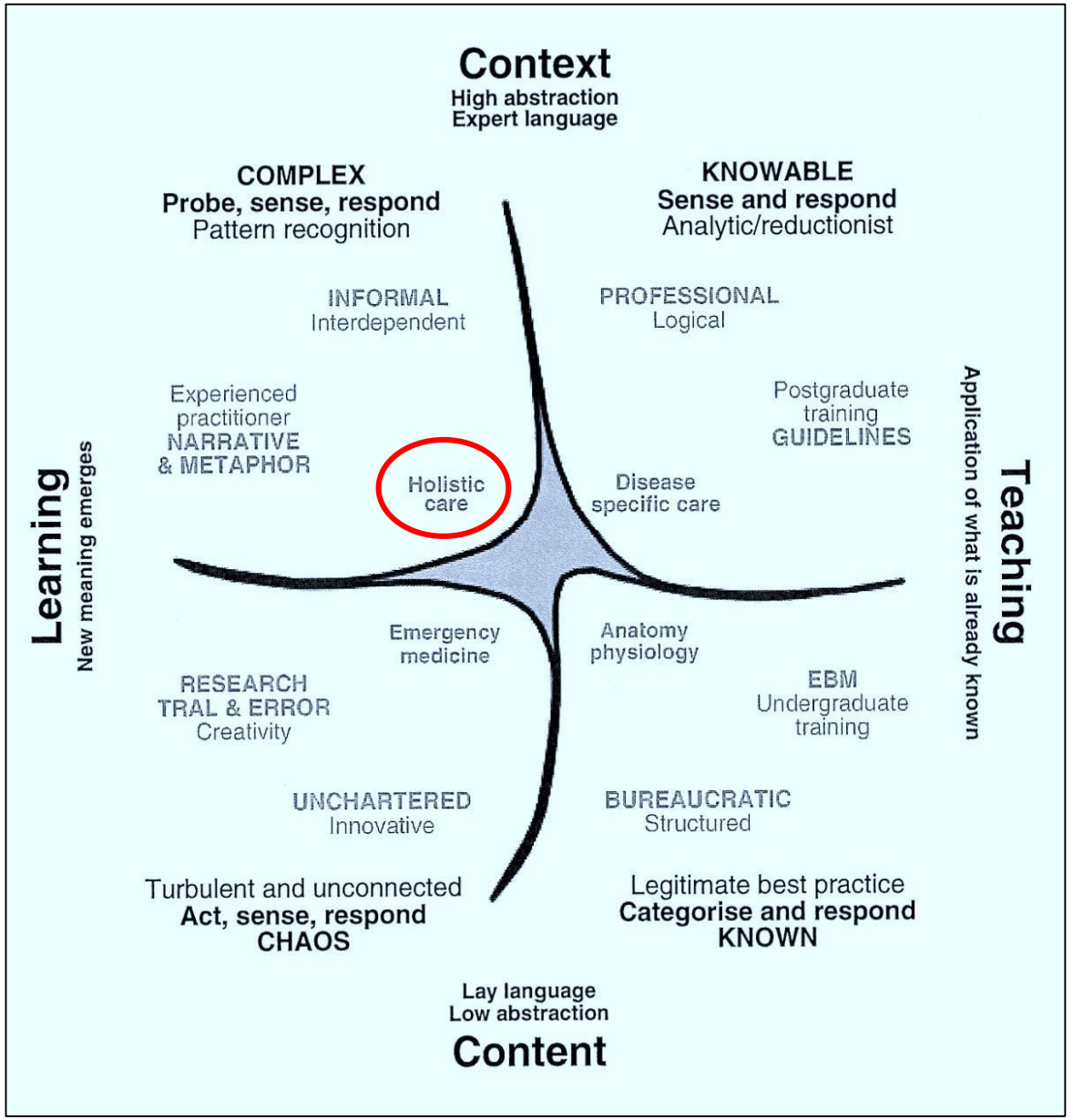
- interdependency, self-organisation, non-linearity, emergence, open boundaries, co-evolution, ….

potentially understandable

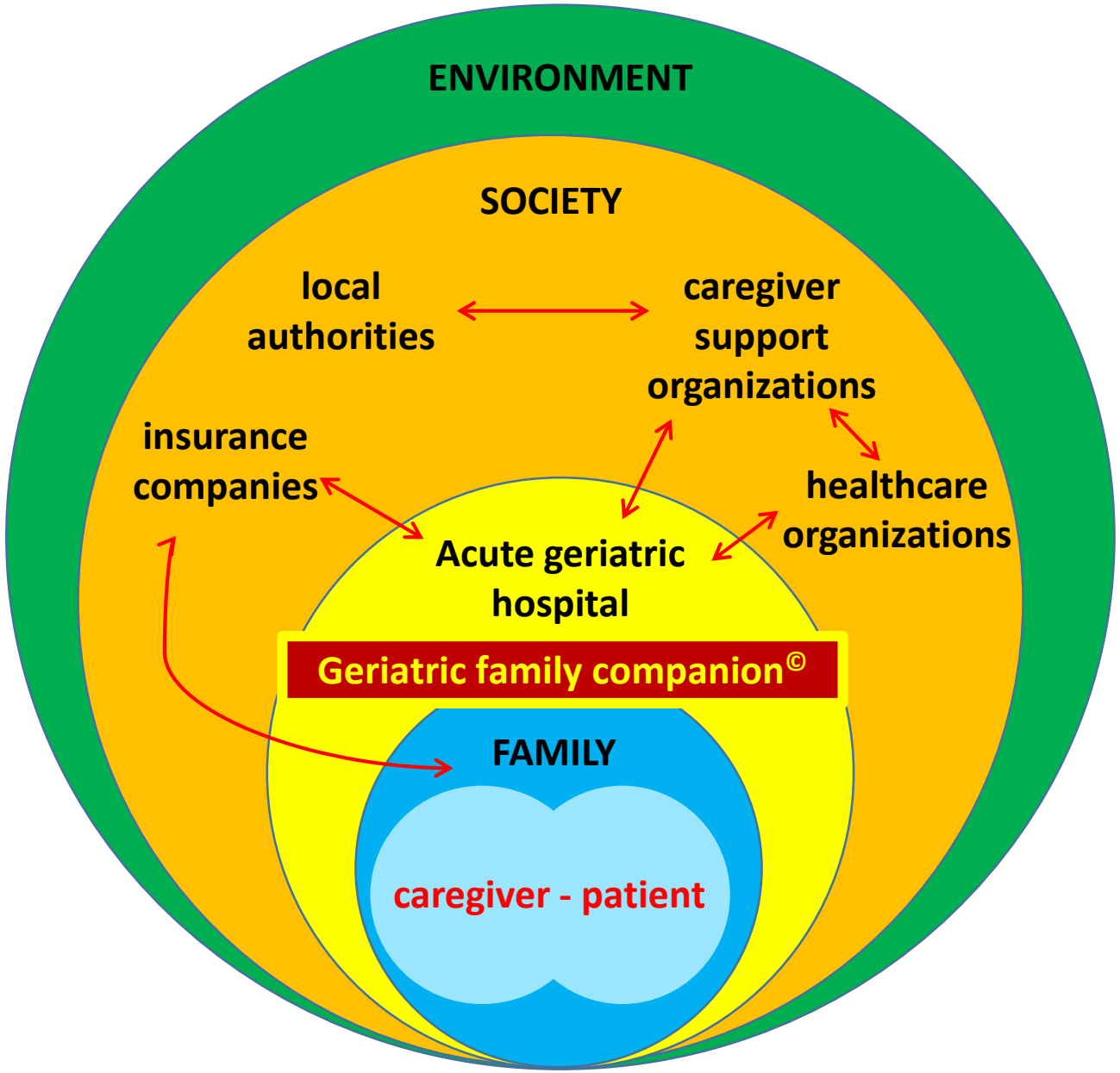
Strategies for research:

1. Reduce complexity
2. Embrace complexity

Innovative solutions



From: Sturmberg JP, Martin CM. Knowing – in Medicine. J Evaluation in Clinical Practice 2008;14:767-70. (Based on Cynefin© framework by Dan Snowden)



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
- …..

Based on: Bircher J, Hahn EG. Applying a complex adaptive system's understanding of health to primary care. F1000Research 2016;5:1672


First exploration

360° exploration of status-quo and support needs of family caregivers in a geriatric department. Rhein-Maas Klinikum Würselen, Germany.

A Participartive Health Research Project.

RHEIN-MAAS KLINIKUM
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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

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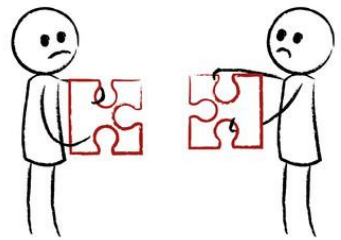
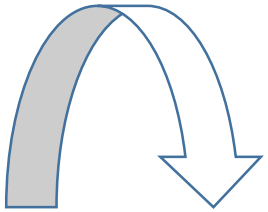
From idea to project realisation

start — realisation — end



Exploring status-quo & support needs

Actual support offers and needs



New project

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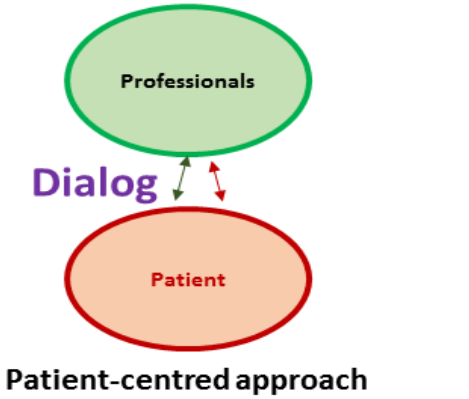
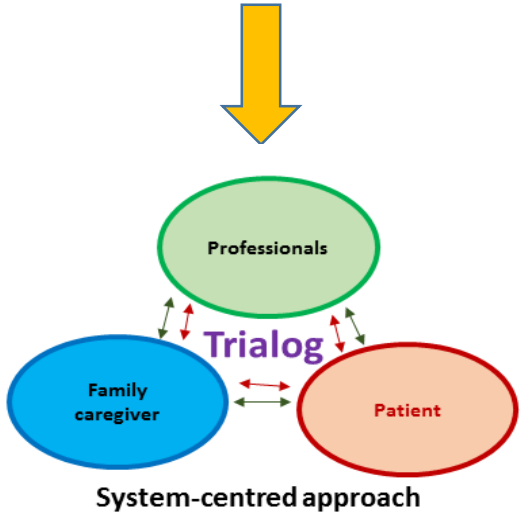
Setting



Patient-centred approach



System-centred approach

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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%

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Project life cycle & Participative Health Research (PHR)

New project
CONCEPT DEVELOPMENT

Orientating
(type 1-3)

Literature review
Exploration talks
Field visit
Impulse lecture

Aligning
(type 4-5)

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

Planning
(type 3-5)

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

Data gathering
(type 6)

Developing data collection instruments
Developing plan of action
Conducting data collection

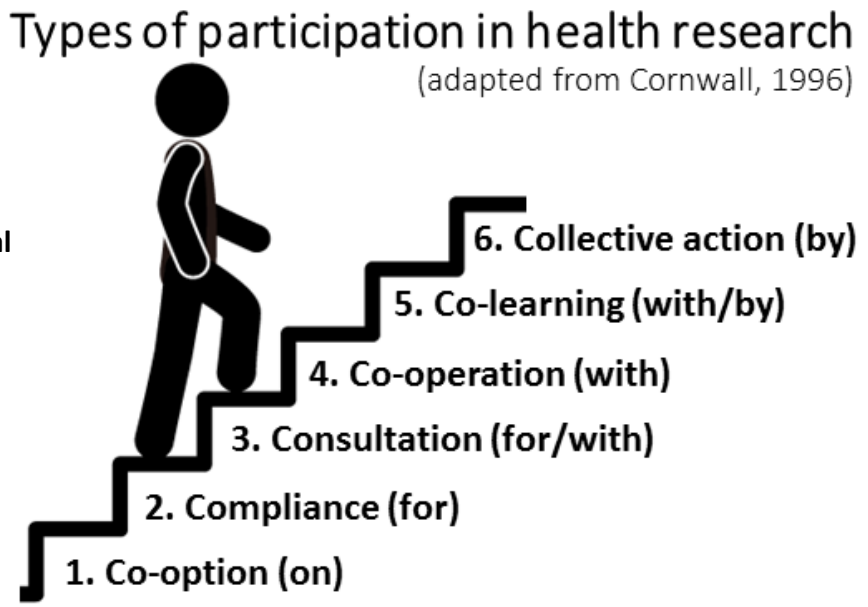
Analysing /concluding
(type 5)

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

Reporting
(type 6)

Disseminating
- Internal
- External
Exploring concept development options

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



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The research team

External impulse provider
Facilitator
Critical friend

Broader internal perspective
(School nurse, pastor)

Service end-user
Family caregivers
(experienced)

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

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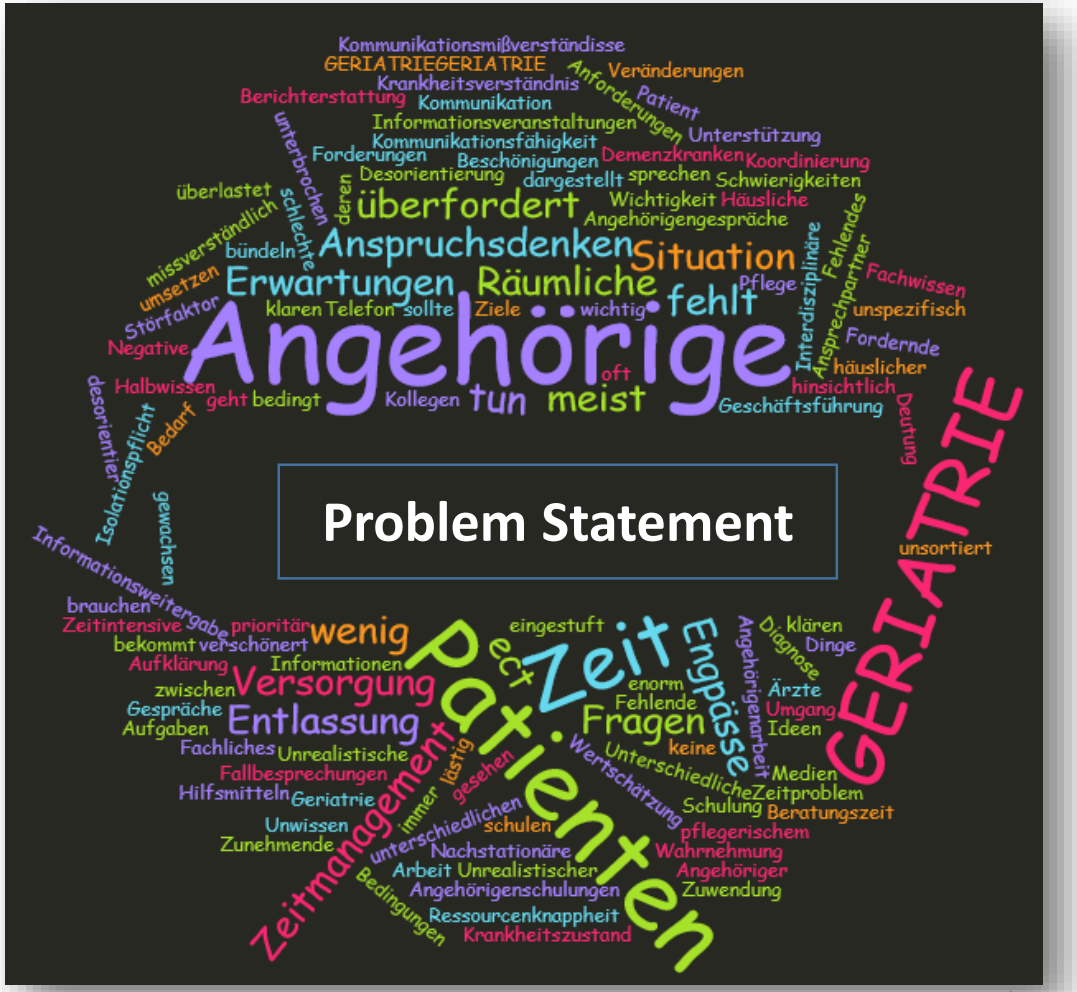
Formulating a collective problem statement

Deficiencies:

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



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Exploring the teams expectations

End-user:

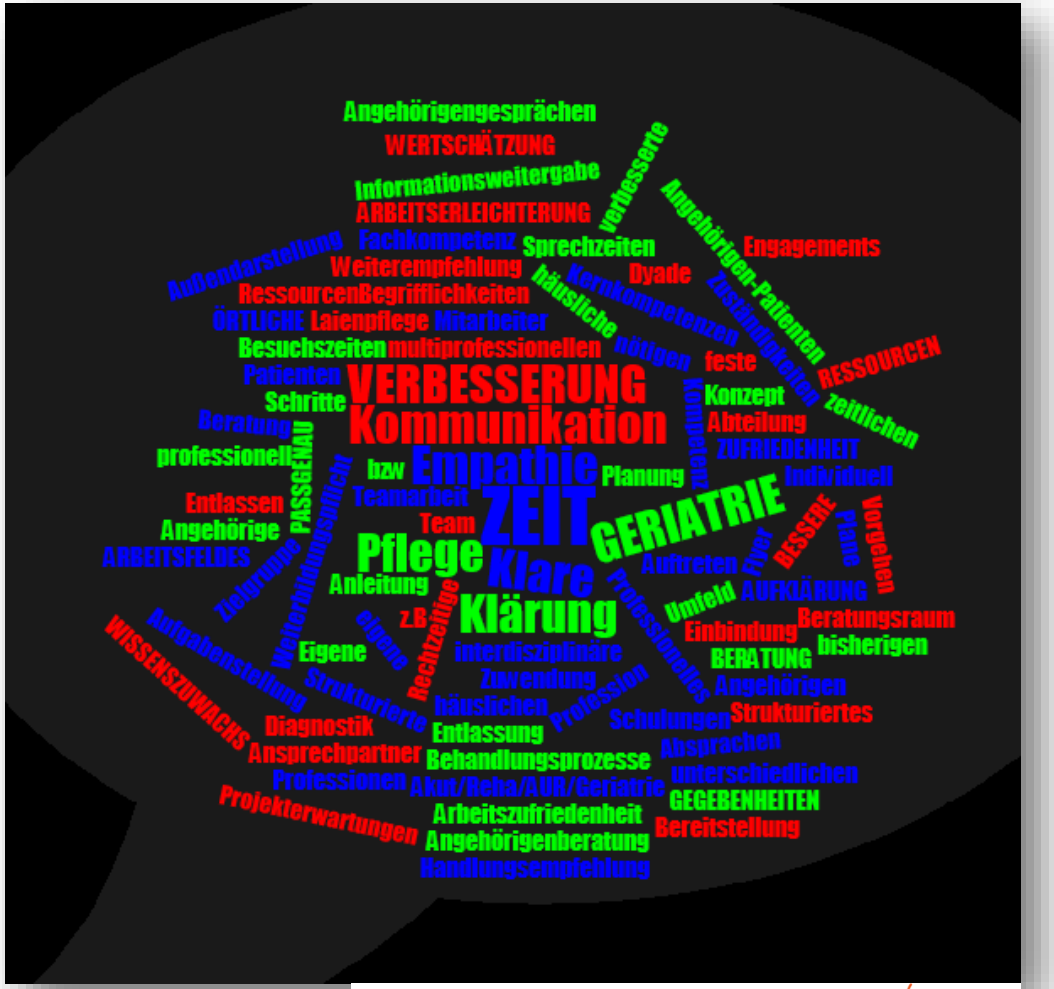
- Satisfaction
- Security
- Adequate support

Service provider:

- Skills to improve communication
- Knowledge (broader perspective)
- Resources (time, place, mandate)

Individual level:

- empowerment
- appreciation



Formulating collective research questions

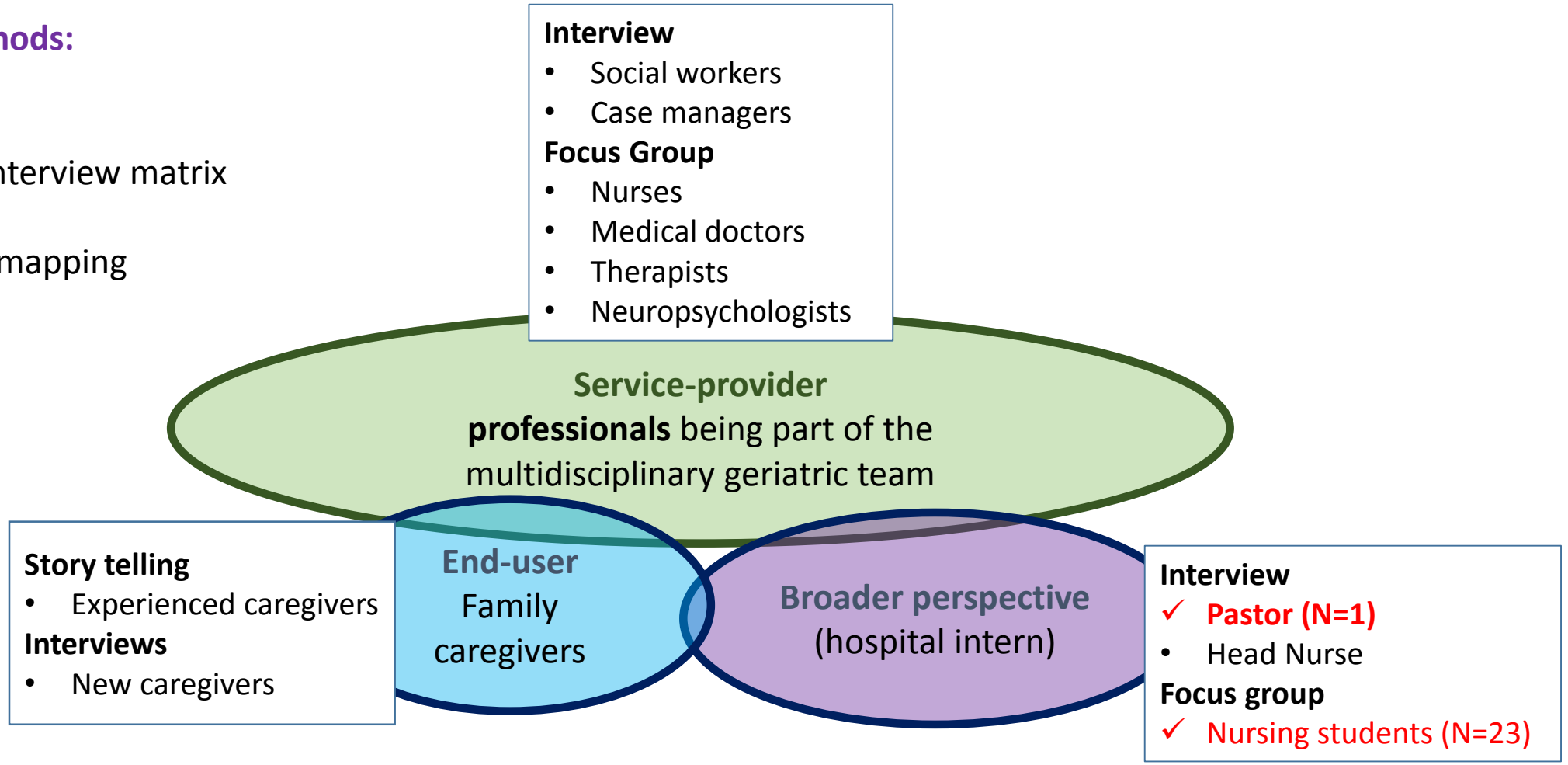
RQ1: *How is support for family caregivers currently offered in the geriatric department?*

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



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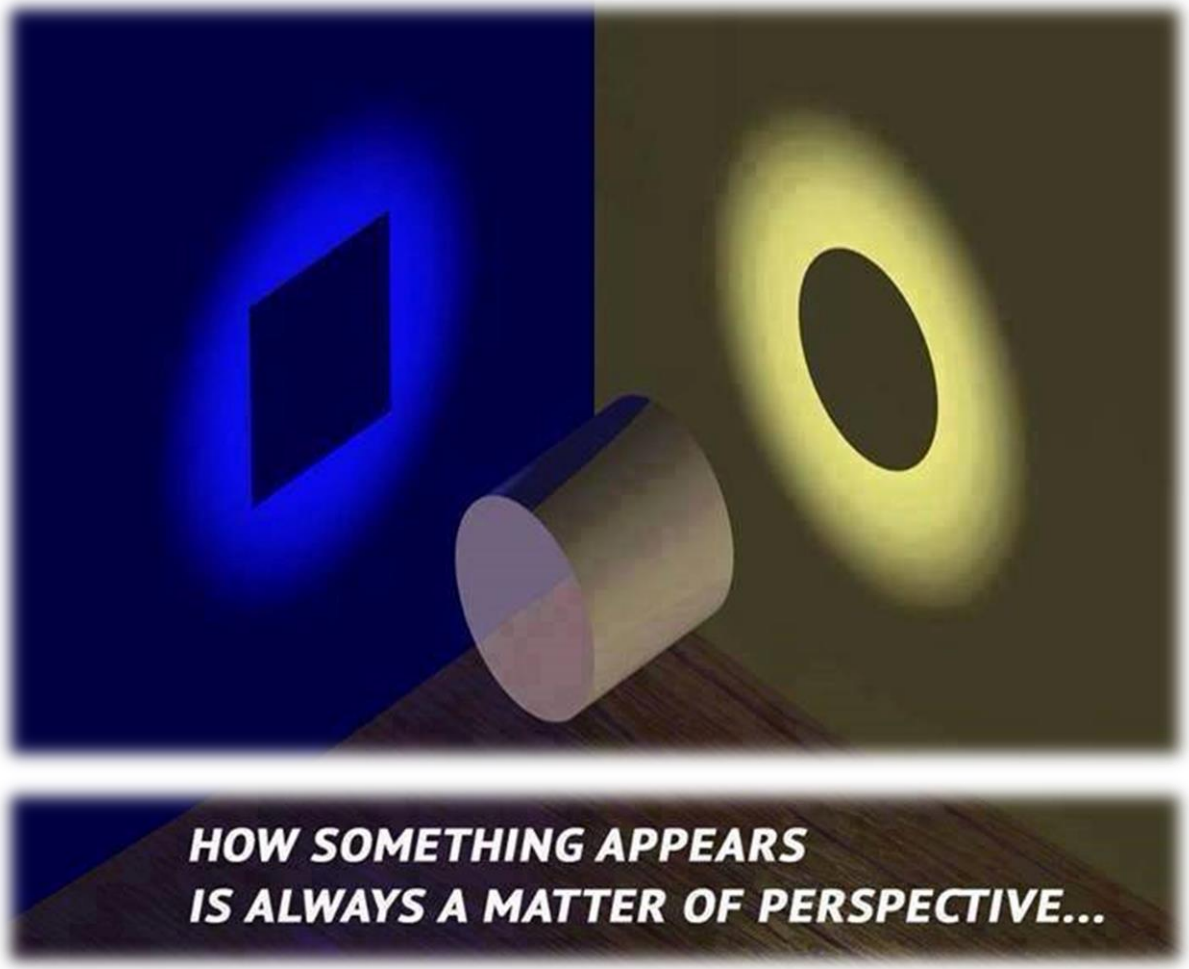
“If you always do what you’ve always done, you always get what you’ve always gotten.”

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



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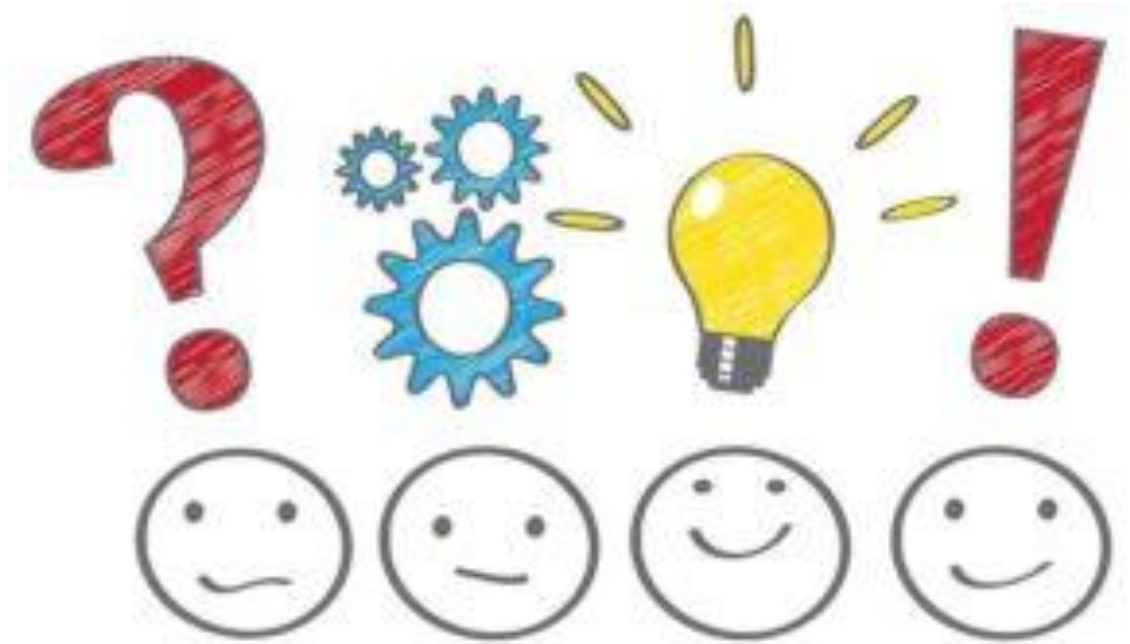

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