

RESEARCH BRIEF - e-Shift, an innovative home care model: Perceptions of Directing Registered Nurses.

What is the topic of this research?

In response to the needs of older adults at the end-of-life and challenges in recruitment and retention of healthcare providers in home care in the South West Community Care Access Centre, a new and innovative model of home care, eShift, has been developed. eShift connects 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?

Directing Registered Nurses described eShift as a model of care that allowed them to meet the needs of the patients and their family caregivers, augmented communication and collaboration among the healthcare team and in turn, enhance quality of care delivery. In addition, enhanced workplace satisfaction was reported by the DRNs working within the eShift model of care. These findings are reflected in the following quotes:

“I’ve always seen it as a total teamwork. It’s not about me being their boss or directing. You direct in a way that’s really positive and mentoring. I can’t work without them [Technicians] and they can’t work without me.”

“It gives the family that time for rest. We’re in there, say for eight or twelve hours, and it gives them a really good break. We’re there to care... and to let them [informal caregivers] know their loved one’s well care for.”

“It’s really good for the soul of the patient to be at home if that’s their desire... It would help fulfill a lot of needs financially versus hospitalization—huge improvement. Also for the family, being at home and having that support... it is positive.”

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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