HKCE Symposium on Community Engagement VIII

YWCA: Using interdisciplinary Case-management approach to empower carers of frail elders: pilot project of collaboration with CUHK

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Introduction

• Promoting ‘aging in place’ for frail elders is an utmost challenging issue in elderly care service provision.

• EHCCS and IHSC(FC) play an important role in preventing premature and avoidable institutionalization of frail elders in Hong Kong.
Introduction

• Yet, rapid population aging and the increased waiting time for Residential Care Service have greatly increased the service burden for both EHCCS and IHSC(FC).

• Family caregiving is a highly substantial informal care resource to buffer against this service burden.
Aims of the Project

• To develop an innovative empowerment model, using client-center health-social collaborative case management approach, to empower the carers of community-dwelling older adults who had mild-to-sever level of impairment and are not receiving any EHCCS and IHSC(FC).

• To evaluate the feasibility of the innovative empowerment model and its impact on carer’s outcomes.
Expected outcomes

**Carer’s level**

- Relieve caregiving burden.
- Improve caregiving self-efficacy.

**Service agency level**

- Identify the structure and process indicators which contribute to the success of the innovative empowerment model, if any.

**Community level**

- To promote the concept of health-social collaboration and case management in caregiver empowerment.
Project period & Service Targets

• Project period
  – April – Dec 2012

• Service targets
  – Carers of community-dwelling older adults who were defined by the Chinese MDS-HC as having mild to moderate level of impairment
  – A total of 61 care recipient-carer dyads were recruited:
    • Service group: n=30
    • Control group: n=31
Pre-recruitment sharing session

Identifying the caregiving experience & carers’ expectation

Introducing the project
The health-social collaborative case management caregiving support model

• Incorporating with three service concepts

Specificity of carer support strategies to caregiving needs

Caregiving learning need assessment is conducted to both carers and the care recipients as an entity

Multi-faceted skills is needed for complex caregiving

Integrating multi-disciplinary expertise in developing caregiving resource and delivering the empowerment.

Caregiving in a long-term & dynamic process

Adopting a case management approach to sustain the service benefit.
The health social collaborative case management caregiving support model

First Step:
RNs & social workers conducted a comprehensive assessment to a care recipient-carer dyad.

Second Step:
A case conference was held with nursing academician, registered nurses and social workers.

Care recipient’s assessment:
Functional status, health and behavioral problems

Carer’s assessment:
Caregiving history; day-to-day caregiving needs; competing demand; perceived self-efficacy and threats; coping resources & health status

Third Step:
Identified mismatch in caregiving needs & resources
Generate a problem list for each caregiver

Third Step:
Identified appropriate case managers to provide ongoing support through monthly tele-care;
Referred cares to receive various skill training workshops which were specific to their caregiving needs.

Fifth Step:
Held ceremony to honor the carers as ‘caregiver ambassador.

Fourth Step:
Mid-term sharing session
The health social collaborative case management caregiving support model

<table>
<thead>
<tr>
<th>Topics of the skill-training workshop</th>
<th>Discipline involved in teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication management</td>
<td>Registered Pharmacist</td>
</tr>
<tr>
<td>Optimizing physical activities for frail elders</td>
<td>Registered nurse</td>
</tr>
<tr>
<td>Nutritional promotion and feeding techniques</td>
<td>Nutritionist and registered nurse</td>
</tr>
<tr>
<td>Mental health promotion for care recipient</td>
<td>Social worker</td>
</tr>
<tr>
<td>Symptom management</td>
<td>Registered nurse</td>
</tr>
<tr>
<td>Caregiver stress management</td>
<td>Social worker</td>
</tr>
<tr>
<td>Overcoming environmental hazards and fall prevention</td>
<td>Registered nurse</td>
</tr>
<tr>
<td>Transfer and lifting techniques</td>
<td>Registered nurse</td>
</tr>
</tbody>
</table>
Snapshots of project implementation

Assessment to the care recipient-carer dyads
Snapshots of project implementation

Carers Training Workshops
Snapshots of project implementation
Snapshots of project implementation

Carer recognition ceremony
Supported by Kerry Holding Ltd
Snapshots of project implementation

Facilitating care recipient to express gratitude to their carers
Project evaluation

- Face-to-face interviews with 3 standardized questionnaires at baseline, after workshops and at 3 months thereafter.
  - Caregiver Burden Inventory (CBI)
    - 24-item questionnaire measuring physical, emotional, social, time-dependent and developmental burden associated with family caregiving provision.
    - Score ranges from 0-120, with higher score representing higher level of burden.
    - Evidence of internal consistency, content and construct validity.
Project evaluation

- Revised Scale for Caregiving Self-Efficacy (RSCSE)
  - 15-item questionnaire measuring self-efficacy in obtaining:
    - Obtaining respite (SE-OR)
    - Managing disturbing behaviors (SE-DB)
    - Controlling upsetting thoughts (SE-CU)
  
  - Score ranges from 0-100, with higher score representing higher level of SE.
  
  - Evidence of internal consistency, content and construct validity.
Project evaluation

- Medical Outcomes Study 36-item Short Form Health Survey (SF-36; Chinese version)
  - Measuring physical and mental well-being.
  - Score ranges from 0-100 with higher score representing better health status.
  - Evidence of internal consistency, conceptual equivalence and construct validity
### Results: Characteristics of CR

<table>
<thead>
<tr>
<th></th>
<th>Case management (n=30)</th>
<th>Control Group (n=31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>84.9 ± 8.3</td>
<td>82.8 ± 8.4</td>
</tr>
<tr>
<td>Male</td>
<td>13 (43.3%)</td>
<td>14 (45.1%)</td>
</tr>
<tr>
<td>With spouse</td>
<td>12 (40%)</td>
<td>16 (51.6%)</td>
</tr>
<tr>
<td>No. of children</td>
<td>3.8 ± 2.0</td>
<td>2.9 ± 1.7</td>
</tr>
<tr>
<td>No. of chronic illness</td>
<td>3.3 ± 2.1</td>
<td>2.4 ± 1.7</td>
</tr>
<tr>
<td>No. of hospitalization in previous year</td>
<td>1.3 ± 1.7</td>
<td>1.6 ± 1.4</td>
</tr>
<tr>
<td>Perceived health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>7 (23%)</td>
<td>2 (6.5%)</td>
</tr>
<tr>
<td>Not good</td>
<td>11 (36.7%)</td>
<td>14 (45.2%)</td>
</tr>
<tr>
<td>Fair</td>
<td>6 (20%)</td>
<td>9 (29.0%)</td>
</tr>
<tr>
<td>Good</td>
<td>6 (20%)</td>
<td>6 (19.4%)</td>
</tr>
</tbody>
</table>
## Results: Characteristics of Carers

<table>
<thead>
<tr>
<th></th>
<th>Case management</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>61.5 ± 14.8</td>
<td>61.2 ± 17.2</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>5 (16.7%)</td>
<td>9 (29.0%)*</td>
</tr>
<tr>
<td><strong>With spouse</strong></td>
<td>20 (66.7%)</td>
<td>24 (77.4%)</td>
</tr>
<tr>
<td><strong>No. of children</strong></td>
<td>2.1 ± 2.0</td>
<td>2.7 ± 1.7</td>
</tr>
<tr>
<td><strong>Relationship with CR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>wife/ husband</td>
<td>8 (26.7%)/ 1 (3.3%)</td>
<td>9 (29.0%)/ 2 (6.5%)</td>
</tr>
<tr>
<td>daughter/son</td>
<td>16 (53.3%)</td>
<td>16 (51.6%)</td>
</tr>
<tr>
<td>daughter in-law</td>
<td>2 (6.7%)</td>
<td>1 (3.2%)</td>
</tr>
<tr>
<td>maid</td>
<td>3 (10.0%)</td>
<td>3 (9.7%)</td>
</tr>
<tr>
<td><strong>Year of caregiving</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;3 years</td>
<td>11 (36.7%)</td>
<td>10 (32.3%)</td>
</tr>
<tr>
<td>3-5 years</td>
<td>10 (33.3%)</td>
<td>12 (38.7%)</td>
</tr>
<tr>
<td>&gt;5 years</td>
<td>9 (30%)</td>
<td>9 (29.0%)</td>
</tr>
<tr>
<td><strong>Perceived health</strong></td>
<td></td>
<td></td>
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<tr>
<td>Poor</td>
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<td>9 (30.0%)</td>
<td>12 (28.7%)</td>
</tr>
</tbody>
</table>
Results: changes in caregiver burden

Total caregiver burden

- CM
- Control

P<0.05
Results: changes in caregiver burden

Social burden

P<0.05

Emotional burden

Time-dependent burden

P<0.05
Results: changes in caregiver burden

Physical burden

![Graph showing changes in physical burden over time for CM and Control groups.]

Developmental burden

![Graph showing changes in developmental burden over time for CM and Control groups.]

- Physical burden
- Developmental burden
Results: comparison in self-efficacy

Handling upsetting emotions

Handling disruptive behaviors

Obtaining respite services
Results: comparison in health status

Physical well-being

Mental well-being

P < 0.05
Key messages

- Family carers of community-dwelling elders with impairment had prominent caregiving needs which need to be addressed promptly.

- This pilot feasibility project demonstrated both the feasibility and positive effects of a health-social collaborative case management caregiving empowerment model in improving the caregiving outcomes of the community frail elders.
Key messages

• Factors contributing to success of the care model
  – Tailoring caregiving needs to caregiving demand by assessing care recipient and caregivers as an unity.
  – A strong intersectoral collaboration.
  – Enhanced continuity of care through case management approach and optimized tele-care.
  – Enabling the caregivers to receive the empowerment interventions.
  – Explicit recognition of the effort of carers is important to sustain this informal care resources.
Implications to elderly care services

- This project has developed the human resource and infrastructure which are required to implement a health-collaborative case management empowerment model for caregivers.
- The HKSAR Government has launched a pilot scheme on community care service voucher for older adults. The empowerment model can be readily adopted as one of the services in the Voucher Scheme.
- The feasibility of adding door-to-door training on complex caregiving skills to the empowerment model needs further exploration.
Recognition & Acknowledgement

Tailored SUPPORT

Unfailing Care

Ongoing Encouragement