

An Interprofessional Virtual Healthcare Neighborhood for Caregivers of Elderly With Dementia

Christianne Fowler, DNP, GNP-BC, Tina Haney, DNP, CNS, and Carolyn M. Rutledge, PhD, FNP-BC

ABSTRACT

Healthcare websites are vital resources for individuals with limited access to healthcare. The 6 million United States citizens with dementia and their caregivers are an example of a population in need of the assistance provided by interactive websites. Dementia often confines the patient and caregiver to the home, thus creating caregiver burden and stress that often results in institutional care. This article describes the nurse practitioner–developed Virtual Healthcare Neighborhood, a web-based platform. The Virtual Healthcare Neighborhood provides an interprofessional approach to using technology to provide education, peer support, and healthcare consultation to caregivers of homebound older adults with dementia.

Keywords: caregivers, communication technology, dementia, healthcare websites, interprofessional collaboration, nurse practitioner

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The Virtual Healthcare Neighborhood (VHN) is an interactive website developed and implemented to address the needs of informal caregivers of homebound elderly with dementia. One of every nine people, approximately 5 million individuals, in the United States over age 65 has dementia.¹ In 2014, care for those with Alzheimer's disease is expected to cost the United States \$214 billion.¹ Many of these individuals are cared for by informal caregivers, generally their spouses or grown children. In fact, these caregivers provide approximately 17 billion hours of unpaid care each year, averaging 20 hours per week. This care saves the healthcare system just over \$220 billion per year.²

Many of these caregivers suffer from caregiver strain and burden that they attribute to anxiety, depression, and sleep disturbance.³ Caregivers report that behaviors such as wandering, physical/vocal agitation, and aggression cause some of the greatest strain.^{4,5} Transporting the care recipient to healthcare sites can be difficult and is avoided when possible.^{6,7} Caregiver burden and strain can result in decreased caregiver health that ultimately contributes

to poor outcomes for the individual with dementia (eg, decreased quality of life and early nursing home placement).^{8,9}

As early as the 1990s, researchers, such as Brennan and colleagues,¹⁰⁻¹² implemented and evaluated web-based technologies as a method of support for informal caregiver of Alzheimer's patients. Historically, as with their research, nurses have tended to spearhead these efforts.¹⁰⁻¹² Support through such home-based technology has been found to reduce informal caregiver stress,¹³ improve caregiver decision-making,¹⁰⁻¹² and improve their quality of life,¹⁴ by connecting caregivers to support they need.¹⁰⁻¹² To support the informal caregiver, nurse practitioners may want to take the lead in developing and implementing innovative strategies to support the caregiver and care recipient in their home with technology such as that available through customized websites.

THE VHN

To empower the caregivers of individuals with dementia, a VHN—or an asynchronous interactive website—was developed. Implementation of the

VHN was made possible through a small, statewide grant that covered salaries and technical support. The informal caregivers volunteered for the program, thus they did not receive compensation for participation. The specific aims associated with the grant were to determine the feasibility and impact of developing and implementing the VHN.

The VHN, administered through a secure firewall and password-protected website, provides peer and interprofessional allied healthcare support to the informal caregivers of those with dementia. It addresses primary stressors that impact the informal caregivers, instead of focusing solely on the physical care of the individual with dementia. Because the caregivers of those with dementia are able to interact not only with the interprofessional team, but also with other informal caregivers in similar situations, the website was given the name “Virtual Healthcare Neighborhood.”

The VHN was spearheaded by two nurse practitioners, a gerontological nurse practitioner (GNP) and a family nurse practitioner (FNP). Realizing the importance of interprofessional collaboration, as outlined in the core competencies developed by the Interprofessional Education Collaborative,¹⁵ the nurse practitioners added a clinical nurse specialist, a physical therapist, a dental hygienist, a clinical counselor, and a computer specialist to their team. Consequently, the VHN provides caregivers with: (1) asynchronous access to the interprofessional healthcare team; (2) educational modules on the most current information related to self-care and caring for elderly individuals with dementia; (3) peer support through blogs; (4) community resources; and (5) an online sleep hygiene program that offers feedback on sleep quality via actigraphy. The computer specialist (a graduate student and expert in online telehealth platforms) launched the website and maintains it through collaboration with the interprofessional team of healthcare providers. He is able to support the informal caregivers with technological issues that arise with the use of the website.

The participants in the VHN sign in on a homepage (Figure) that provides them with access to a blog site for peer support from other caregivers of individuals with dementia. The site provides an opportunity for caregivers to upload pictures, share personal information, review photos and descriptions

of the interprofessional team members, and obtain educational materials addressing caregiver issues as well as information on dementia. Provider support and education is delivered through a question-and-answer forum (“ask the expert”) and weekly provision of educational materials.

Educational Modules

Studies have shown that patient education provided through technology can be as effective as traditional face-to-face education.¹⁶ Educational content included in the VHN has been identified through experiences of the interprofessional team members, a review of the literature, and suggestions by caregivers. The educational information is delivered through: (1) an interactive caregiver blog site; (2) written materials or stories; (3) an asynchronous question-and-answer page; and (4) and videos. The topics presented are based on issues the caregiver may encounter and strategies for addressing the issues. Each interprofessional team member is responsible for a month’s content on a rotating basis and is available to field questions that arise from the content presented that month. The content is developed through an interprofessional approach where the most relevant profession takes the lead in presenting the materials yet in consultation with the other professions on appropriate content relevant to their field of expertise. The educational modules include issues that are known to impact the self-efficacy of caregivers. Topics include: (1) sleep issues and sleep hygiene; (2) online social support; (3) strategies for empowerment of caregivers; and (4) caregiver issues related to “worry” (eg, weight loss impacted by poor nutrition and oral health, limited activity, burden).

Caregivers are able to use the “Question and Answer” section of the website to ask questions of the interprofessional team of providers. Questions may relate to issues that the caregiver is facing or content being presented in the educational modules. The GNP is responsible for monitoring the website every other day Monday through Friday to address questions as they are posted. The role of the GNP is to either: (1) answer the question; or (2) send the question to the interprofessional team member who has the expertise to best answer the question. The final response either comes from one member of the

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