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Feature Article

The Model of Care Partner Engagement: Use in delirium management



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ABSTRACT

Care partner engagement is a central tenant of person-centered care. Despite widespread interest in transforming current health care delivery to a more person-centered system, little is known about effective strategies for engaging care partners. The Model of Care Partner Engagement is introduced and described as an evidence-informed framework that nurses can use to guide the development of care partnerships. The case of hospitalized older adults with cognitive impairment and delirium is used to illustrate implementation of the model. Care partner engagement is integral to national efforts that promote affordable, equitable, high quality care and is a growing expectation of older adults and their families.

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The 2010 Patient Protection and Affordable Care Act has spurred the development of various care and payment models that emphasize improved coordination and care quality.¹ These models are designed to be person-centered. Care partner (patient and family) engagement is a central tenant of person-centered care in which patients, their families, and health professionals actively participate at all levels of the health care system to improve care.² Care partner engagement at the direct care level can range from consultation and involvement in decision-making to the provision of direct care. It can also occur at the organizational and societal levels in the form of shared leadership in the development of health care policy. Active engagement by care partners in decision-making and care management has demonstrated improvements in both quality of care and quality of life.³ Despite widespread interest in transforming current health care delivery to a more person-centered system, little is known about effective strategies for engaging care partners. This is especially evident in the case of

hospitalized older adults with cognitive impairment and their families.⁴ In this population, care partnerships have strong potential for preventing and treating costly iatrogenic problems, improving quality of life, and reducing high rates of avoidable re-hospitalizations.^{5,6}

Hospitalized older adults with cognitive impairments are at high risk for the development of delirium and would benefit from care partner engagement at the direct care level. An abundance of evidence indicates that delirium is prevalent, deadly, and costly.^{7–10} It is also seriously under-recognized by health care providers who are not prepared to assess and manage this medical emergency.^{11,12} A recent review of the literature on care partner involvement in delirium management concluded that there is very little research to guide nurses in the implementation of models of care partner engagement.⁴ Identification of conceptual models that explicate contributing factors, processes, and outcomes of complex care processes, such as care partner engagement, provide nurses with a framework to guide the development, execution, and evaluation of practice interventions.

To guide nursing practice at the direct care level, the evidence-informed Model of Care Partner Engagement is presented as a conceptual framework, and delirium care for older adults with cognitive impairments is used to illustrate implementation of the model. The model has not been formally tested but maps to the

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well-known linkages among structures, processes of care, and health outcomes.¹³ The model integrates research findings on structures that facilitate delirium care processes, concepts from Schumacher and colleagues' Transactional Model of Family Caregiving Skill,¹⁴ an adapted version of the National Institute for Health and Clinical Excellence (NICE)¹⁵ evidence-based practice guidelines for management of delirium in hospitalized older adults, and the Family Hospital Elder Life Program (Family-HELP).¹⁶

First, the Model of Care Partner Engagement and the empirical and theoretical evidence supporting it is described. Second, a table of engaged caregiving processes is provided in order to demonstrate how this model could be implemented in acute care as a mechanism to reduce negative consequences associated with delirium in older adults with pre-existing cognitive impairments.

The Model of Care Partner Engagement

The major constructs of the Model of Care Partner Engagement are illustrated in Fig. 1. Care partner engagement at the direct care level requires a shift in traditional thinking away from working *for* patients toward working *with* patients and families.¹⁷ In the model, system-level and individual factors that contribute to the process of initiating and maintaining care partnerships are identified. System supports are fundamental contextual factors that facilitate or inhibit the development of successful care partnerships. Three individual structures influence the enactment of care partnerships in the delivery of care to patients with delirium: 1) characteristics of the individual patient; 2) the care partner's preparedness including knowledge and skills; and 3) the care team's capacity and preparedness for initiating and maintaining care partnerships. Care partnerships are operationalized by a five-step engaged caregiving process that includes: negotiation and risk assessment, awareness and information support, joint monitoring plan, shared decision making and early intervention, and making adjustments. These processes are adapted from the early work of Schumacher, et al¹⁴ who identified nine core caregiving processes important to a care partnership. Appropriately engaged care partners directly impact

patient health outcomes, patient and care partner activation, and outcomes relevant to the health system (such as cost).

System support for care partner engagement and delirium management

The adoption and integration of care partner engagement as an approach to delirium management involves system-wide efforts to implement this practice change.¹⁸ Initially, strong administrative support and a collective vision that is communicated to all staff are needed. Equally important is the identification of champions or opinion leaders who can model the vision and communicate the advantages of adoption to staff, patients, and families. Systematic implementation across a health care system includes several steps: evaluation of the readiness for practice change, education of all staff regarding methods to promote care partnering and delirium management, development of policies that support care partnering and delirium management, and continuous performance improvement monitoring.

There are many available resources that support the system-wide adoption and integration of best practices for both care partnering and delirium management. The Planetree Organization publication, *The Putting Patients First Field Guide*, is a real-world guide to how hospitals and integrated health care systems are operationalizing patient-centered care including the formation of care partnerships (<http://planetree.org/>). Care partner engagement is facilitated by organizational characteristics and policies that encourage active participation such as open visiting hours, bedside rounding with staff, and electronic health records that can be accessed and edited by care partners.¹⁹

There are also several nursing-specific system resources that support care partner engagement in delirium care. The Nurses Improving Care for Healthsystem Elders (NICHE; www.nicheprogram.org/) program is the leading nurse-driven national program designed to help hospitals improve the care of older adults. Infusing and sustaining innovation in practice is a primary focus of the program. One important NICHE resource germane to delirium care partnerships is the Family Preferences Index. This index explores caregivers' personal choices for participating in the care, which the nurse can use to build a partnership with the family. The Hartford Institute also has several modules that address the assessment and treatment of delirium utilizing a patient- and family-centered care approach. These resources and others are listed in Table 1.

When adopted as part of an overarching person-centered approach at the system level, care partnerships improve delirium outcomes for older adults. For example, The Creating Avenues for Relative Empowerment (CARE)¹⁸ and the Family Hospital Elder Life Program (Family-HELP)¹⁶ are two programs that provide delirium education, training in delirium prevention activities, and integration of care partners into the prevention program. Pilot investigations of these programs have demonstrated fewer incidents of delirium during hospitalization, lower readmission rates, increased ability of care partners to interpret patient behaviors,¹⁸ and feasibility of care partner engagement in preventative interventions.¹⁶

Individual structure: patient characteristics

Care partnerships are demonstrated by treatment decisions that integrate the patients' values, needs, preferences, medical evidence, and clinical judgment.² The patient remains a critical component of the care partnership because his/her individual characteristics can influence the care partner and health care providers' engaged caregiving processes, and subsequent health outcomes. For

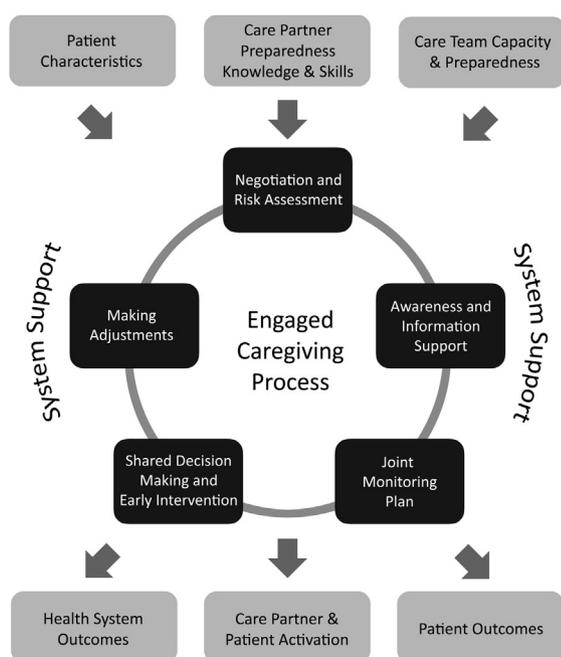


Fig. 1. Model of Care Partner Engagement.

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