

NCARE

Navigating, Connecting, Accessing,
Resourcing, Engaging

*Feasibility of a
volunteer/healthcare
provider navigation
partnership to support
frail rural-dwelling older
adults.*



Acknowledgements

Investigative Team

- ❖ Barbara Pesut, UBC
- ❖ Wendy Duggleby, U of A
- ❖ Grace Warner, Dalhousie
- ❖ Konrad Fassbender, U of A
- ❖ Carole Robinson, UBC

Knowledge Partners

- ❖ Brenda Hooper, Nurse Navigator
- ❖ Elisabeth Antifeau, Interior Health
- ❖ Lorraine Gerard, BCHPCA
- ❖ Kathryn Downer, Pallium
- ❖ Sharon Baxter, CHPCA
- ❖ Suzanne Lehbauer, Castlegar Hospice
- ❖ Marg Malcolm, Trail Hospice
- ❖ Jane DiGiacomo, Nelson Hospice



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- Canadian Hospice Palliative Care Association.
- Pallium
- Interior Health
- University of Alberta, Faculty of Nursing
- Canada Research Chairs Program



Research Associates



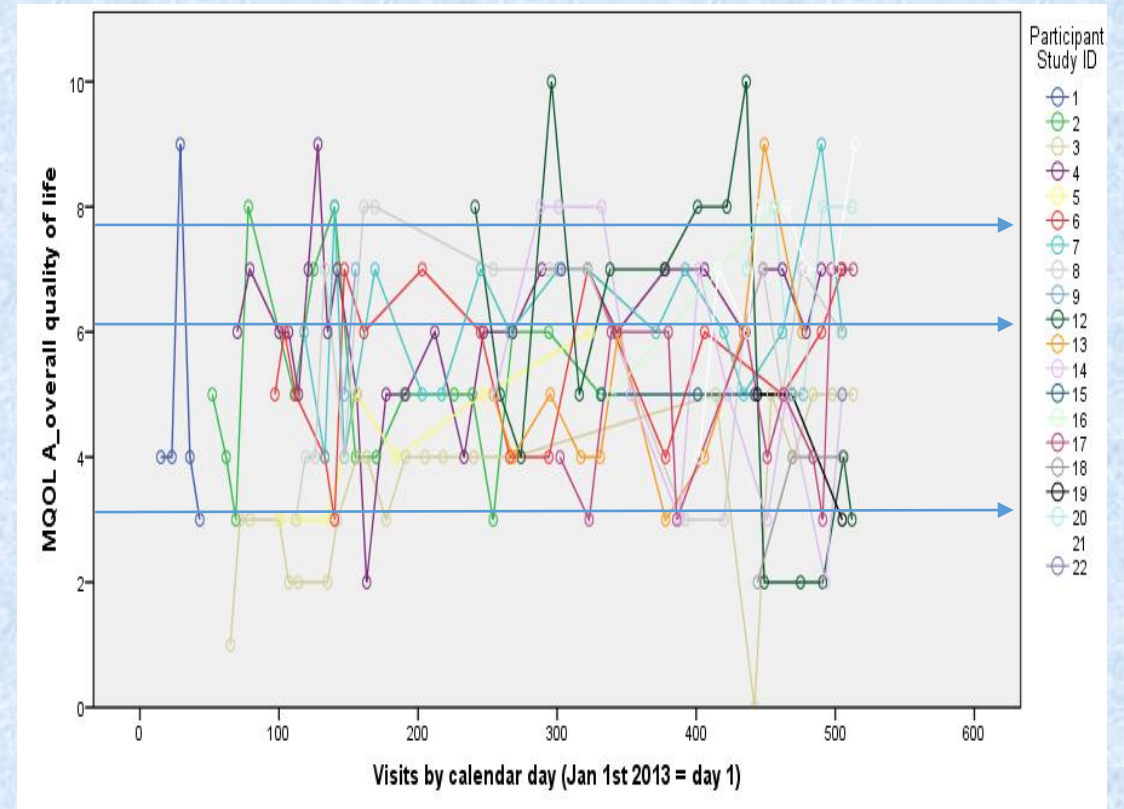
- ❖ Laura Cottrell, PhD Student, TVN HQP
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- ❖ Jennifer Swindle, Research Coordinator U of A
- ❖ Joanne Ward, Administrative Assistant U of A.

Doubly Vulnerable Rural Older Adults

Quality of Life Ideal



Quality of Life Real



Rural Capacity for High Quality Care

Palliative and Supportive Care, page 1 of 12, 2013.
© Cambridge University Press, 2013 1478-9515/13 \$20.00
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Among neighbors: An ethnographic account of responsibilities in rural palliative care

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Trail Castlegar Augmented Response: Enhancing supportive services for persons and families living with life-limiting chronic illness

*T*CARE



vancouver
foundation

PWIAS
PETER WALL INSTITUTE
FOR ADVANCED STUDIES
THE UNIVERSITY OF BRITISH COLUMBIA | VANCOUVER

PILOT 2012-2014

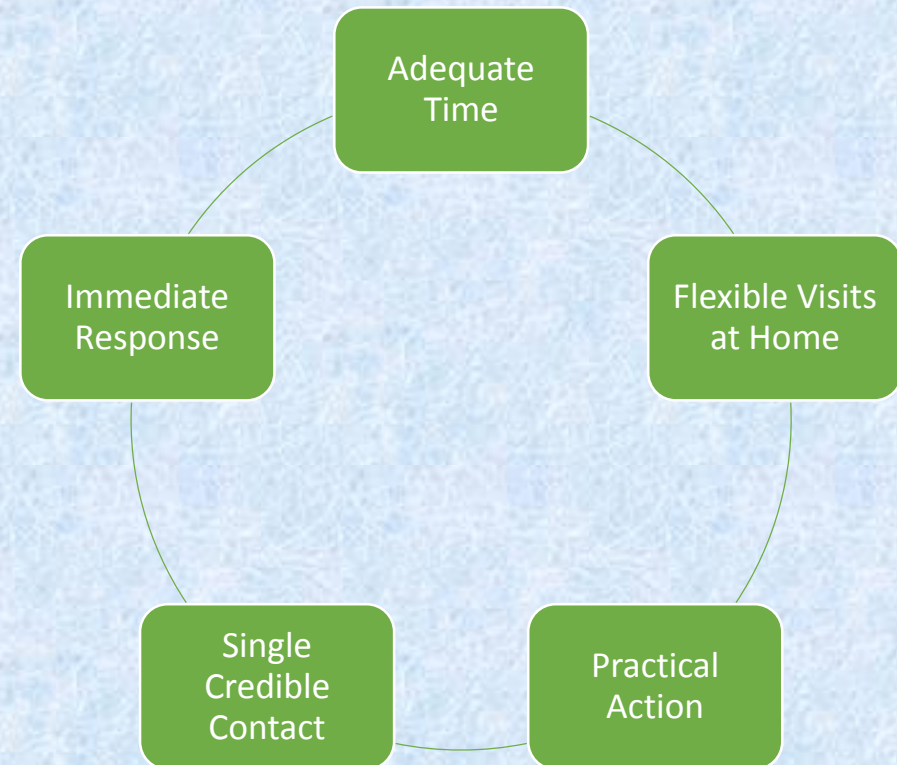
- Nurse Navigator conducted regular in-home visits over a 2 year period with 25 older adults living with life-limiting chronic illness; 11 FCG.
- **Primary reasons for registering with the service:** social isolation, poor access to information, need for emotional support, family conflict, challenges getting outside the home, desire to die in their preferred location, difficulties negotiating physician relationships – particularly when multiple physicians involved.
- Longitudinal collection of quality of life, healthcare utilization and older adult and family caregiver need.

Evaluation

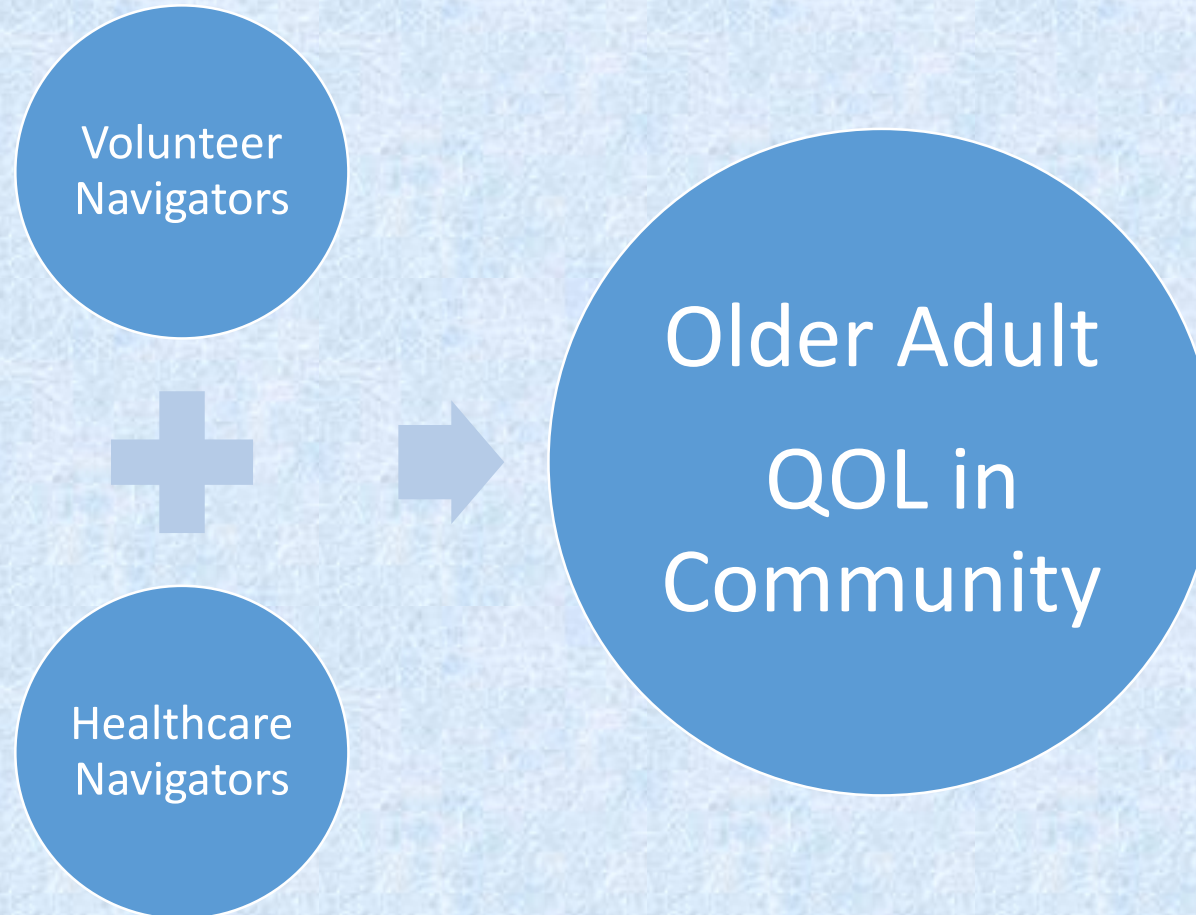
Benefits



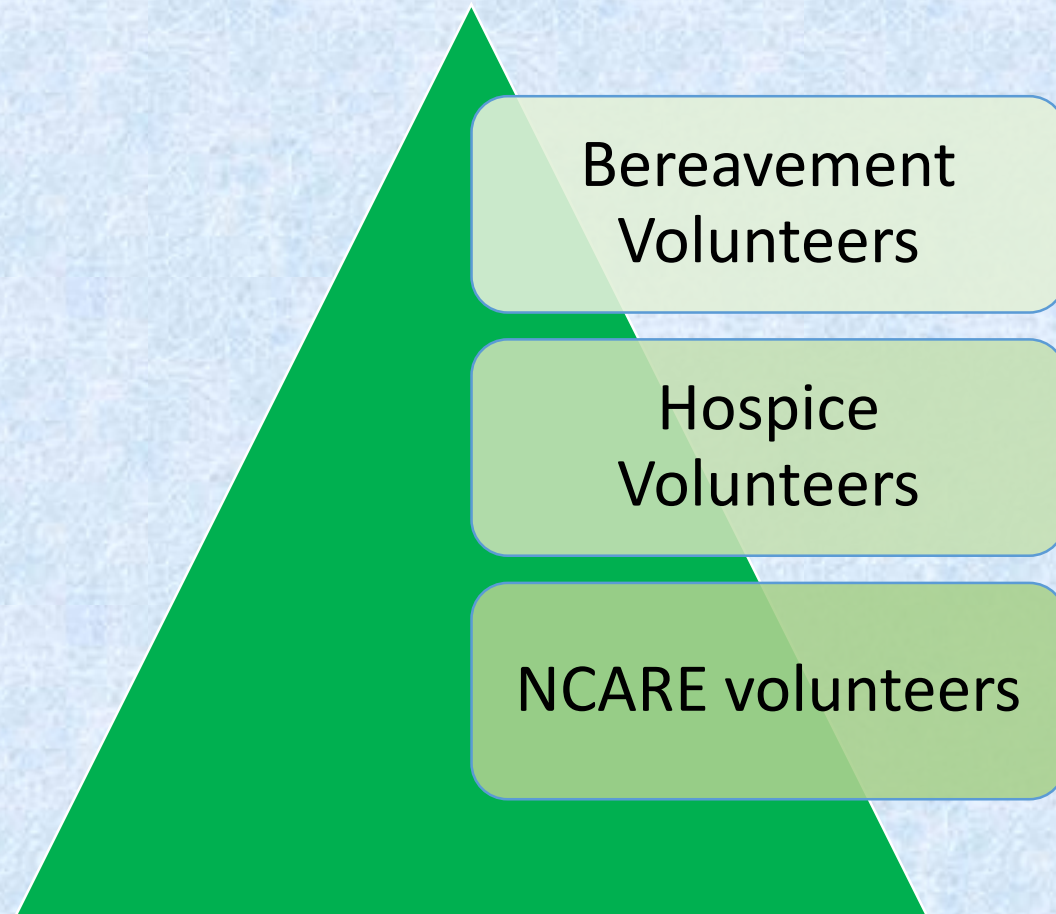
Person-Centred Approach



The Vision of NCARE



An Upstream Role for Volunteers within Hospice



Navigation

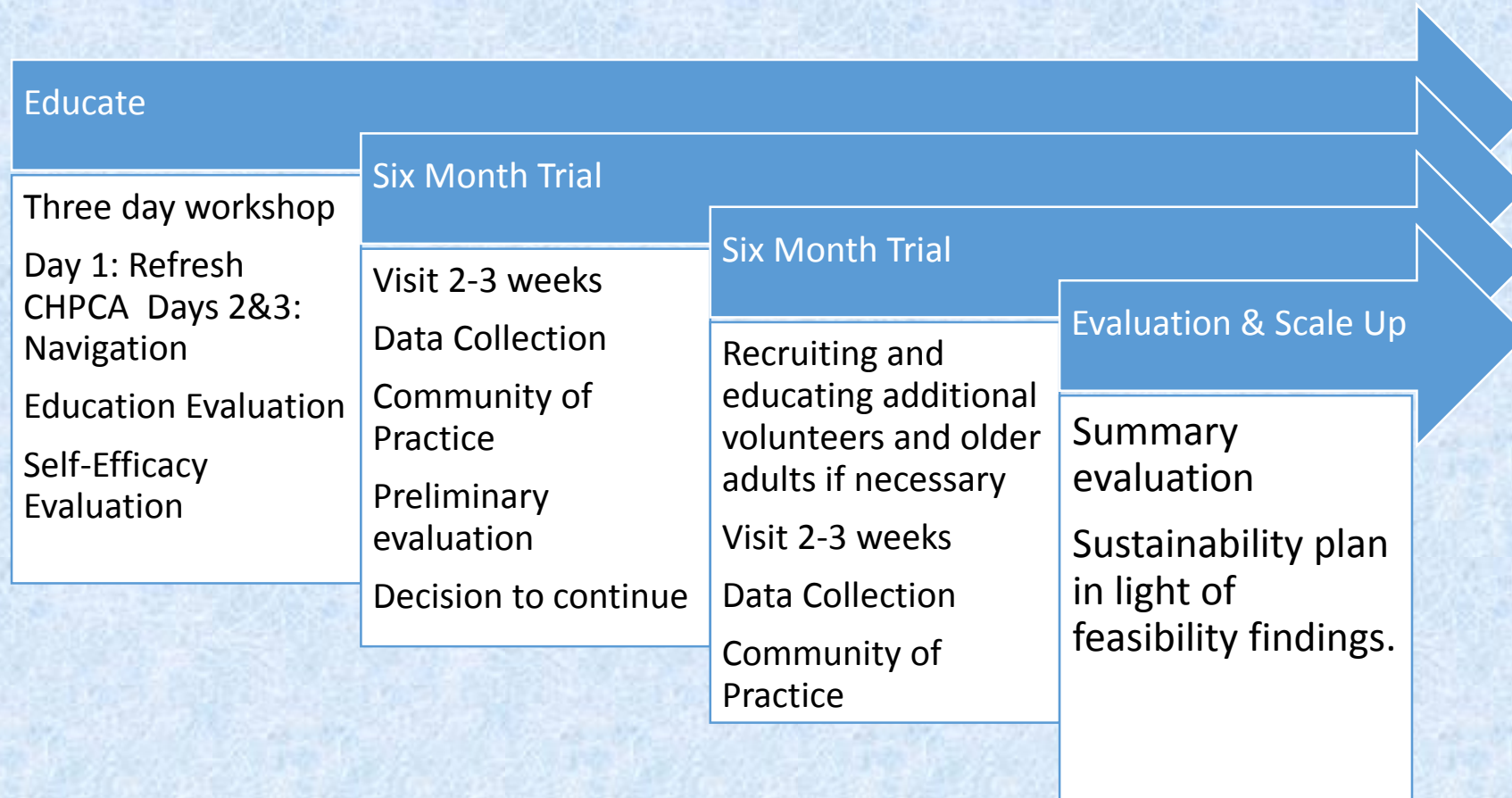
- *“Working in collaboration with patients, families, and communities to: a) negotiate the “best fit” for the needs of older rural persons, their families and communities and resources; b) improve access to needed services and resources at the end of life (including death) and bereavement; and, c) to promote quality of life, foster independence, and facilitate community connections utilizing a culturally safe, palliative approach.”*



Which Way from Here

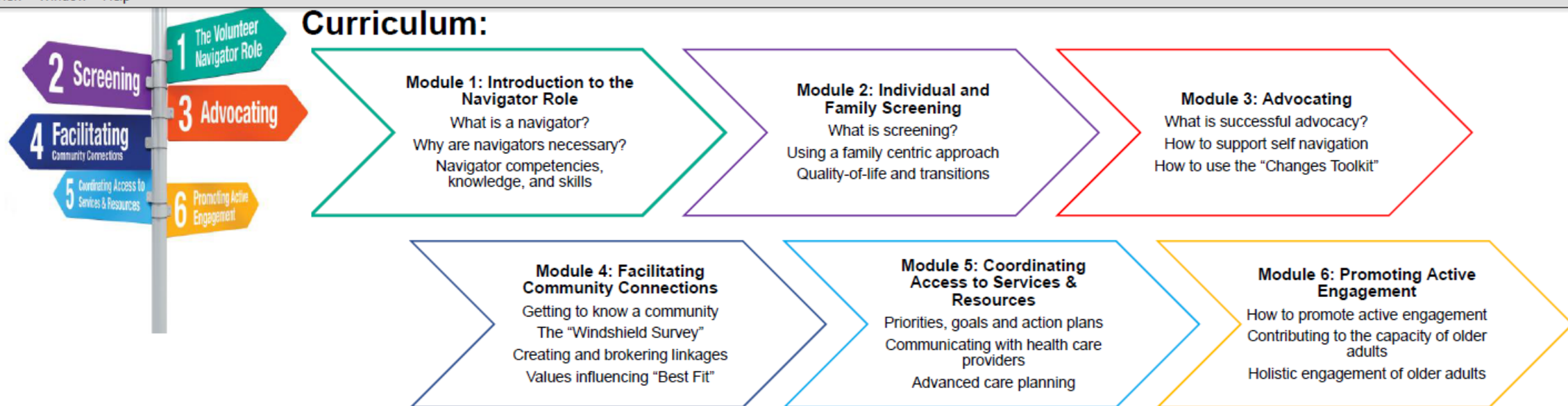
<http://www.nurs.ualberta.ca/livingwithhope/library/Which%20Way%20from%20Here%20Final%20Report.pdf>

Research Implementation



Research Progress

- Curriculum completed for volunteers and healthcare providers.
- Seven volunteer navigators completed 3-day training.
- Three healthcare navigators recruited for consultation.
- Volunteers supervised by dedicated navigator.
- Fourteen older adults and two family caregivers recruited. Illnesses include cancer (n=6), CHF (n=1), COPD (n=1), multiple chronic conditions (n=6).
- Volunteers paired with 2 older adults each and visiting q2-3 weeks.
- Three community of practice teleconferences.

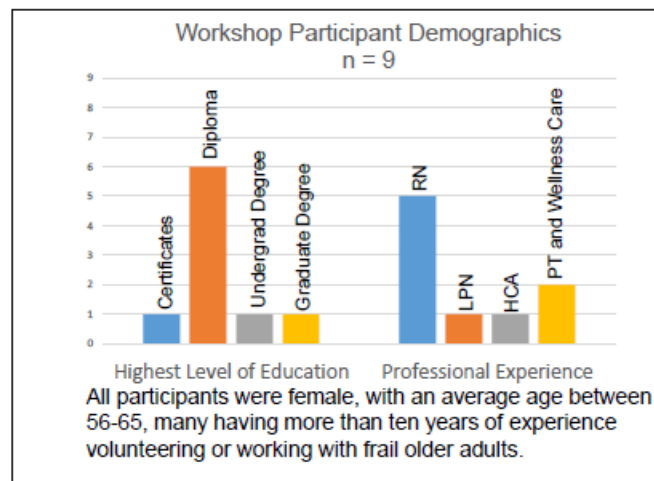


*Much of the curriculum was driven by the Final Report, "Which Way from Here; Navigation Competencies for the Care of older Rural Adults at the End of Life." By Duggleby et al, 2014, funded in part by CIHR.

Curriculum Delivery Method:

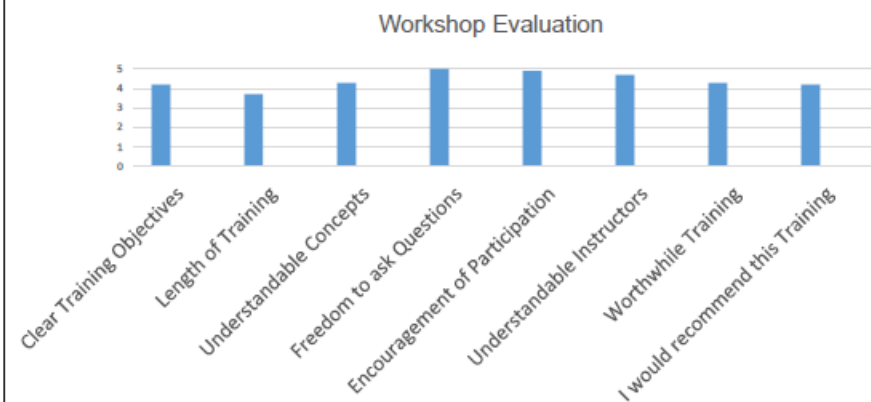
Nine individuals participated in a three-day workshop. The curriculum included lectures, role play, skits, and discussions based on the competencies for navigators.

Results:



"I really appreciated the demos and in depth conversation"

-workshop participant



Preliminary Findings

- Mean visit length: 100 minutes. Range 14-205 minutes.
- Volunteers highly satisfied with the role.
- Examples of services:

CONNECTING: *Loneliness*: schedule planning to facilitate participation in senior center activities. : *Challenges managing chronic illness*: information about community-based chronic illness support programs.

ACCESSING: *Inability to make phone calls to request services due to speech impairment*: practical assistance with calls. *Challenges getting to hospital for intravenous line care*: encouraged consultation with home care nurse. *Difficulty expressing wishes to hospital staff*: assistance with writing out care wishes.

RESOURCING: *Financial barriers to accessing needed services*: creative strategizing that resulted in paying family member to assist.

ENGAGING: *Recent spousal bereavement*: story-telling and reminiscing. *Grief over declining health and memory*: engagement with art work and physical activity.

Preliminary Evaluation Planned for November 2015

Thank you



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