

# Home and Community Care Highlights

A digest produced quarterly at the University of Toronto  
by the CHSRF/CIHR Health Services Chair in  
Health Care Settings and Canadians

**Volume 6, Number 4: December 2007**

## In this issue:

- Focus on informal caregivers:
  - Factors affecting their physical health
  - Attitudes towards respite care;
- Acceptance of nurse practitioners delivering “Hospital in the Home” programs;
- Focus on home-based monitoring of:
  - Patients with chronic heart failure living in the community
  - Children with asthma via an Internet-based model;
- Methods to encourage end-of-life health care planning among young-old adults;
- Contributing factors to more rapid discharge from acute care hospitals; and
- Visual impairment as a predictor of community support service use.

**Contact: Peter C. Coyte**

[peter.coyte@utoronto.ca](mailto:peter.coyte@utoronto.ca)

Department of Health Policy, Management and Evaluation,  
Faculty of Medicine, University of Toronto,

155 College Street, Suite 420,

Toronto, Ontario M5T 3M6

<http://www.hcerc.utoronto.ca>



Canadian Health Services Research Foundation  
Fondation canadienne de la recherche sur les services de santé

# Home and Community Care Highlights

Volume 6, Number 4: December 2007

Topic	Headlines & Conclusions (page no.)	Thumbnail Summary (page no.)
Informal caregivers – the future care recipients?	2	4
Targeting respite care services to informal caregivers most in need	2	5
Acceptance of specialized nurse practitioners delivering care in the home over traditional hospitalization	2	6
Remote monitoring patients with chronic heart failure living in the community: Living up to the promise	2	7
Internet-based monitoring provides peace of mind for parents of children with asthma	2	8
Methods to encourage end-of-life health care planning among young-old adults	3	9
Factors that facilitate more rapid discharge from acute care hospitals	3	10
Visual impairment – predictor of community support service use	3	11

## About Home and Community Care Highlights:

*Home and Community Care Highlights* responds to decision-makers' needs for timely and relevant evidence by providing accessible synopses of recent research pertaining to the financing, delivery, and organization of primary, home and community-based health care activities.

This digest is produced quarterly at the University of Toronto by the CHSRF/CIHR Health Services Chair in Health Care Settings and Canadians and remains the property of the Chair.

The Chair is supported by the Canadian Health Services Research Foundation in partnership with the Canadian Institutes of Health Research, and by the regional co-sponsor, the Ontario Ministry of Health and Long Term Care.

Synopses are provided in two formats: **Headlines & Conclusions** crystallize the take-home messages of the research in a few sentences; **Thumbnail Summaries** condense the background, methods, findings, and conclusions of the research into quick-to-use, single-page overviews that include reference information.

Please see Page 12 for information on Review Team and list of Journals Reviewed.

## For subscription information, please contact:

**Peter C. Coyte**

Email: [peter.coyte@utoronto.ca](mailto:peter.coyte@utoronto.ca)

Telephone: 416.978.8369  
Fax: 416.978.7350

Courier address:  
155 College St, Suite 420,  
Toronto, Ontario M5T 3M6

<http://www.hcerc.utoronto.ca>



*CHSRF/CIHR Chair: Health Care Settings & Canadians*

*Department of Health Policy, Management & Evaluation*

*Faculty of Medicine, University of Toronto*



### **Informal caregivers – the future care recipients?**

This review identified the following factors as predictors of poor physical health in informal caregivers: duration and burden of care giving, cognitive impairment in the care recipient, not being a spouse, low level of support, and age of the caregiver. Caregivers with poor physical health cannot provide care effectively. Attention should be broadened to include informal caregivers because they too can become future patients in the health care system. Thus, specific interventions should not only target psychological health but also address physical health such as encouraging healthy living.

### **Targeting respite care services to informal caregivers most in need**

This study examined informal caregivers' attitudes towards respite care. Three distinct categories of caregivers were identified: (1) those that need and ask for respite care; (2) those that need but do not ask for respite care; and (3) those that do not need respite care. While respite care has been shown to be an effective mechanism for alleviating caregiver burden, not all caregivers seek or need respite care. This study finds that decision makers should target respite care services to informal caregivers in the first two categories.

### **Acceptance of specialized nurse practitioners delivering care in the home over traditional hospitalization**

The results of this limited study suggest that providers and recipients of care may be prepared to accept specialized care in the home when delivered by nurse practitioners as an alternative to traditional hospitalization. All participants in the hospital in the home program, including patients, informal caregivers, and health care providers reported high levels of satisfaction. The impact of the program on the physician's workload was minimal.

### **Remote monitoring of patients with chronic heart failure living in the community: Living up to the promise**

This review indicates that remote monitoring programs may be a realistic option in expanding access to chronic heart failure programs, addressing some of the barriers of transport and funding. Patients with chronic heart failure are high users of health services. While multi-disciplinary approaches to improving outcomes are well established, access to these programs is limited. Remote monitoring programs reviewed in this study can reduce admissions to hospitals and overall mortality by nearly 20%, while improving overall quality of life for patients with chronic heart failure living in the community.

### **Internet-based monitoring provides peace of mind for parents of children with asthma**

This one-year study demonstrated that Internet-based home monitoring of children with asthma is a viable option for families facing challenges in traveling to specialty care centers. 'Virtual' patients were compared to traditional office-based patients and various measures of therapeutic adherence and disease control were evaluated. The office-based and virtual groups exhibited similar performances in nearly all outcomes. However, use of the patient website declined steadily throughout the study period, which suggests that a one-year study period may be too short to assess the overall efficacy of this type of telemedicine.

### **Methods to encourage end-of-life health care planning among young-old adults**

Despite the potential advantages of end-of-life planning, current end-of-life planning practices are lacking. This study assessed five factors to determine their relative influence on each of following three forms of end-of-life planning: living will, appointed durable power of attorney for health care, and informal discussions about one's health care preferences. Hospitalization, personal beliefs, and direct experiences with end-of-life issues are significant predictors of end-of-life planning. Suggestions on how health care providers may encourage end-of-life preparations were provided.

### **Factors that facilitate more rapid discharge from acute care hospitals**

Enabling legislation, screening/triage, case management, and patient education facilitate more rapid discharge from acute care hospitals. The purpose of this study was to identify factors enhancing and limiting the performance of health care organizations, when it comes to timely discharge. An examination of six high performing organizations in England revealed that the organizational capacity, external environment, and interagency efficiencies influence effective discharge processes.

### **Visual impairment – predictor of community support service use**

Community support services (e.g., meals-on-wheels) were found to be more intensely used by those with moderate to severe visual impairment. This study, which examined the impact of sensory impairment on the use of community support services in Australia, suggested that home care programs that included assistance for everyday activities like cleaning and shopping may be essential to enable visually impaired elderly individuals to remain at home.