Gerontology Thesis Project

Rapid Assessment Instruments for Use Within Geriatric Care Plans for Home-Based Palliative Care Patients

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Inspiration for the Project

A 91 year old patient with metastatic cancer living alone in a rural, unincorporated area of El Dorado County with significant cognitive impairment with a need for coordination of care (ADLs, IADLs, safety risk, symptom and medication management, caregiving, fall risk).

Purpose of the Project

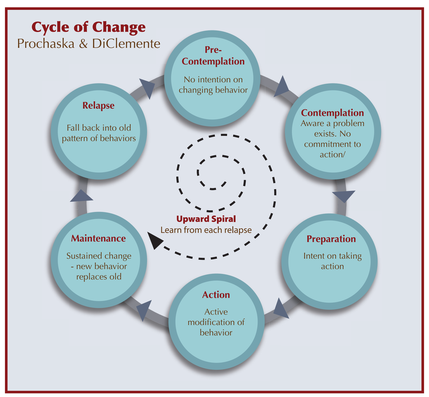
The purpose of this culminating project was to demonstrate the role of the gerontologist within a palliative care (PC) interdisciplinary team (IDT) and how this role can support social work practice utilizing the Gerontology Core Competencies as a framework. A Gerontologist can create comprehensive, holistic care plans which include the results of geriatric RAIs which can serve as a catalyst to begin end-of-life discussions and planning.

Description of the Supportive Care Program for Snowline Hospice

A home based Palliative Care (PC) Program in El Dorado County for anyone of any age, with a terminal illness, who may be in the last one year of life, and needs assistance with pain and symptom management. The Medical Director, Dr. Jeanine Ellinwood, is board certified in PC and works alongside the referring physician (primary care or specialist) involved in treating the patient's chronic illness. Supportive Care provides emotional support and resources for patients, family members, and caregivers by a PC social worker and nurse during home visits. Coordination of services and a palliative care plan is provided to the referring physician, patient, and family to provide comprehensive, patient-centered treatment.

Theory

The Transtheoretical Model (TTM) Stages of Change (SOC) is conceptualized as a process that unfolds over time and involves progression through a series of five stages: precontemplation, contemplation, preparation, action, and maintenance (Norcross, Krebs & Prochaska, 2011).



Demographic of Project Population

El Dorado County has a population of approximately 180,000 people and 18% of the population is over 65, which is greater than the overall California state average of 12.9% (United States Census Bureau, 2014). The U.S. Quick Facts (United States Census Bureau, 2014) revealed the following regarding race and ethnicity in El Dorado County: 89% white alone, 12.7% Hispanic/Latino, 4% Asian, 3.6% more than one race, and 1% Black or African American.

Approximately 35% of El Dorado County is considered rural and 82% reside in unincorporated areas of the county (County of El Dorado, 2014). Additionally, the El Dorado County Community Health Status Assessment (2014) stated that the rural nature of many unincorporated areas of the county results in challenges to obtaining health services (e.g., transportation to services, outreach to residents, and public awareness relative to available services). Older adults with chronic medical illness living in rural areas in El Dorado County are especially at risk for isolation, lack of services, and neglect (unintentional or intentional).

From 1990-2020 the oldest-old (adults over age 85 years) in California will have a 112% increase population growth, however El Dorado County is one of eleven counties in California that will have growth rates of over 150%. In El Dorado County the growth rate is projected to be 300-399%. (California Department of Aging, n.d.)

Application of Theory

This project applied the Transtheoretical Model (TTM) and Stages of Change (SOC) theory because patients and families receiving palliative care (PC) are often in the precontemplation (first stage) or contemplation (second stage) of deciding whether to receive curative and active treatment (e.g., full resuscitation) or comfort measures and to decline life saving measures (e.g., do not resuscitate or allow a natural death). TTM is especially helpful for patients who are uninformed about advanced directives (Rizzo, et al., 2010). TTM provides the framework to identify, understand, and meet patients and their families at the stage in which they are at.

Association for Gerontology in Higher Education (AGHE) Gerontology Core Competencies Applied in this Project

Gerontology Core Competencies Applied in this Project

Domain	Core Competency	Recommended Competency Content
Psychological Aspects of Aging	I.3 Relate psychological theories and science to understanding adaptation, stability and change in aging	I.3.3 Demonstrate knowledge of signs, symptoms and impact of common cognitive and mental health problems in late life (e.g., dementia, depression, grief, anxiety.
Research and Critical Thinking		I.6.7 Promote and apply the use of appropriate forms of evidence
Attitudes and Perspectives	II.1 Develop a gerontological perspective through knowledge and self-reflection.	II.1.3 Assess and reflect on one's own work in order to continuously learn and improve outcomes for older persons.
Ethics and Professional Standards	II.2 Adhere to ethical principles to guide, work with, and on behalf of older persons.	II.2.1 Respect the person's autonomy and right to real and meaningful self-determination. II.2.4 Protect older adults from elder abuse of all types.
Communication with and on Behalf of Older Persons		II.3.3 Advocate for and develop effective programs to promote the well-being of older persons. II.3.5 Apply and teach caregivers communication techniques to research and practice for elders with dementia.
Interdisciplinary and Community Collaboration	II.4 Engage collaboratively with others to promote integrated approaches to aging.	II.4.1 Perform and promote the roles of the gerontologist in collaborative work on behalf of older persons. II.4.2 Respect and integrate knowledge from disciplines needed to provide comprehensive care to older persons and their families. II.4.3 Develop interdisciplinary and community collaborations on behalf of the older population.
Well-Being, Health and Mental Health		III.1.1 Build relationships that are respectful, confidential and engage positive change. III.1.4 Provide care coordination services for persons with complex health and mental health problems. III.1.5 Facilitate optimal person-environment interactions. III.1.6 Assist caregivers to identify, access, and utilize resources that support responsibilities and reduce caregiver burnout. III.1.7 Facilitate end-of-life planning, including: advance care planning and palliative care. III.2.3 Recognize and educate about the multifaceted role of social isolation in morbidity and mortality risk.

Rapid Assessment Instruments

- The Heindrich/Rafs II for fall risk
- Montreal Cognitive Assessment (MoCA)
- The Confusion Assessment Method (CAM) for delirium
- Brief Patient Health Mood Scale (PHQ-9)
- Katz Index of Independence in Activities of daily living (ADLs) Assessment
- Lawton Instrumental Activities of Daily Living (IADLs) Assessment
- Caregiving Needs Assessment
- Caregiver Strain Index
- FICA a Spiritual History/Pain Assessment
- Quality of Life Assessment
- The Mini Nutritional Assessment (MNA)

Results of the Questionnaire Given to Snowline IDT Staff

Sacramento Office:

- Ten total participants out of twelve completed the Questionnaire.
- Three MSWs, Three RNs, One MD, One Home Health Aide, One Spiritual Care Advisor.
- 80% of IDT participants wanted to learn how to be trained on the MoCA.
- 70% of IDT participants wanted to learn how to be trained on the Delirium (CAM) and Quality of Life.
- 60% of IDT participants wanted to learn how to be trained on Spiritual Pain and Caregiver Strain.
- 50% of IDT participants wanted to learn how to be trained on Mini Nutritional Assessment, Falls Risk, Depression, Caregiving Needs.

Diamond Springs Office:

- Seven total participants out of ten completed the Questionnaire: Three MSWs, Three RNs and one Spiritual Care Advisor.
- 100% of IDT participants wanted to be trained on the Quality of Life Assessment.
- 85% IDT participants wanted to be trained on the MoCA, Delirium, Quality of Life, Depression and IADLs to identify if a person can live safely alone.
- 71% IDT participants wanted to be trained on the Caregiver Strain and Caregiver Needs.
- 57% IDT participants ADLs, Spiritual Pain, and Fall Risk Assessment.

Motivational Interviewing for End-of-Life Conversations

Utilizing core Motivational Interviewing (MI) techniques, specifically, reflective statements, summaries, exploring values, and naming resistance, can be used in palliative care (Pollak, et al., 2011). The promotion and application of MI in this setting is an appropriate use of an evidence-based intervention for older adults, their families, and caregivers. The Geriatric Assessment and Plan invites the patient to explore different perspectives, the opportunity to benefit from an informed decision, and allows them to possibly move from the precontemplation stage (no change intended) to the contemplation stage. MI based upon the Transtheoretical Model (TTM) can help reduce a patient's resistance, resolve patient ambivalence, support patient autonomy, and improve the quality and efficacy of PC conversations (Pollack, et al., 2011).