CONFERENCE ABSTRACT

Improving the care network of home-dwelling older adults: results of an intervention mapping study

22nd International Conference on Integrated Care, Odense, Denmark, 23-25 May 2022

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Introduction: Studies have shown that formal care providers need to collaborate with informal caregivers and align their activities in the care network in order to organise support for a home-dwelling older adult. Our study focused on concepts that help us understand the functioning of the care network in terms of network mechanisms: navigation to resources, negotiation between participants, and contagion of ideas and behaviours. It is expected that care networks that are able to handle these three network mechanisms positively influence the support of the home-dwelling older adult. This presentation information will be shared on the development of a training programme for healthcare professionals to apply network mechanism in daily care.

Methods: An intervention mapping study was performed. First we developed a logic model of the problem by using a mixed-methods approach (survey amongst x healthcare professionals; interviews with participants 19 care networks, and proof of concept study in 16 networks). Next we focused on the logic model of change. We performed desk research and held 5 focus groups. Third we designed the training programme for formal care providers. Last we examined the feasibility of this training programme and tools with 21 healthcare and social services providers.

Results: The programme teaches healthcare and social care professionals to improve the interaction in the care network in order to generate support more effectively. The training includes both theoretical background of network mechanisms and practical exercises and tools on negotiation an navigation to be used in care networks. These tools enable formal care providers to analyse network interaction and outcomes and subsequently to improve negotiation and navigation with the care network.

Formal care providers reported that the framework of network mechanisms helped them to understand the functioning of the care network. They found the tools extremely useful for negotiating and navigating to offer support to an older adult and informal caregivers. Experiences showed that they connected to informal caregivers in various ways. The formal care providers highly valued the training and tools. The main barrier was uncertainty about how they could justify the time invested to institutional management.

Conclusion: The framework of network mechanisms helps formal care providers to see possibilities for improvement in the functioning of care networks of home-dwelling older adults and to perform network-related actions in order to improve the perceived health and quality of life of this home-dwelling older adult.

Implications: Taking the step to actually using these tools with informal caregivers seemed more difficult. The feasibility study was hindered by Covid-19 pandemic, as it hampered contact in care networks due to social distancing measures.

To determine which effects the training programme could have in everyday practice, more longitudinal research is recommended.