Increasing Esthers' Confidence in Managing Activities of Daily Living (ADLs) at Home

ESTHER
Network for Health & Social Care
SINGAPORE

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Background

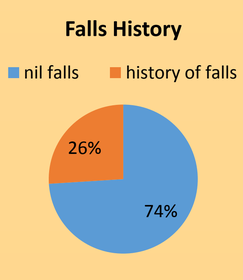
Aim:

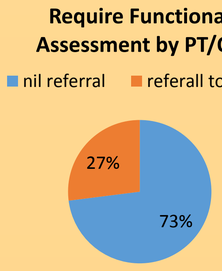
Our project aims to increase Esthers' confidence in managing activities of daily living (ADLs) at home through collaborative intervention with Esther, H2H Community Nurse and Occupational Therapist.

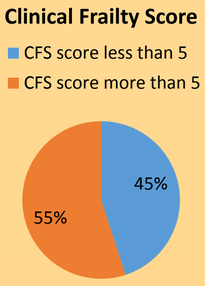
Inclusion criteria:
Elderly above 65 years old; enrolled in H2H programme; stay in Bukit Merah/ Tiong Bahru Community of Care (CoC) zone from July -October 2019; express concerns in managing their daily activities at home; and meet one of the following criteria:
I) Frail (Clinical Frailty Score of 5-7)
II) Experiencing functional performance change affecting their ability to manage ADLs/IADLs at home
III) History of falls in the past one year

Preliminary data collection

Retrospective data collected for 108 patients enrolled in H2H programme from April to June 2019, revealed that frailty was a common geriatric syndrome among elderly referred to H2H.







We asked our Esthers what their main concerns were to better understand their experiences. Their comments were as follows:
"I want to go back to my home"
"I have fear of falls"
"I worry about how to manage at home"

A step-wise discussion with Esthers helped us to understand their perspectives of the problems. Here are some of the problems raised by Esthers:

"I have difficulty managing daily activities at home"

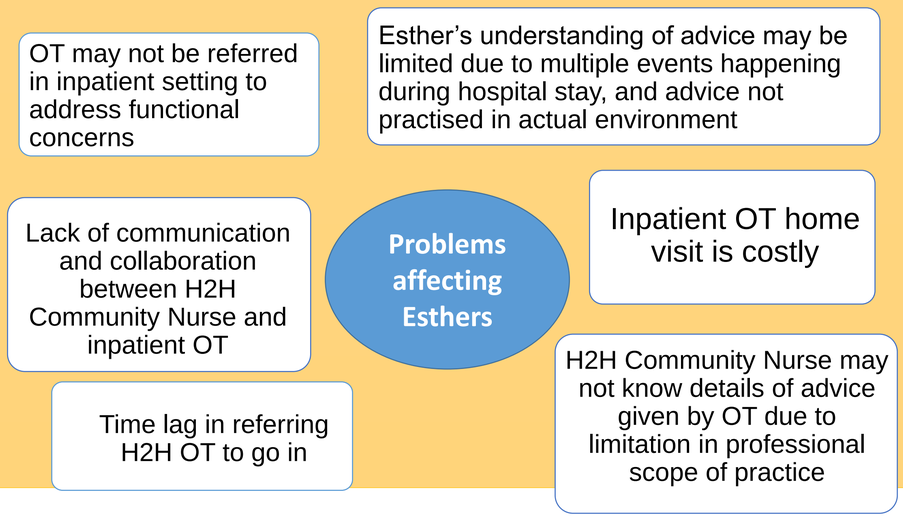
"I feel weak, cannot walk well now"

"I am scared that I will fall at home"

"I don't know what I can do to be safer at home"

"It will be good if healthcare professional can come to my house and advise me further"

Upon reflecting on Esthers' journey and concerns, we have arrived at some possible issues affecting Esthers:

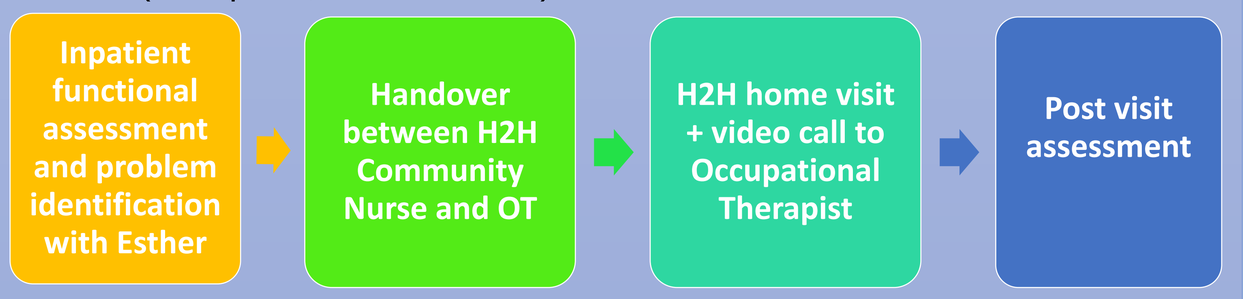


Interventions

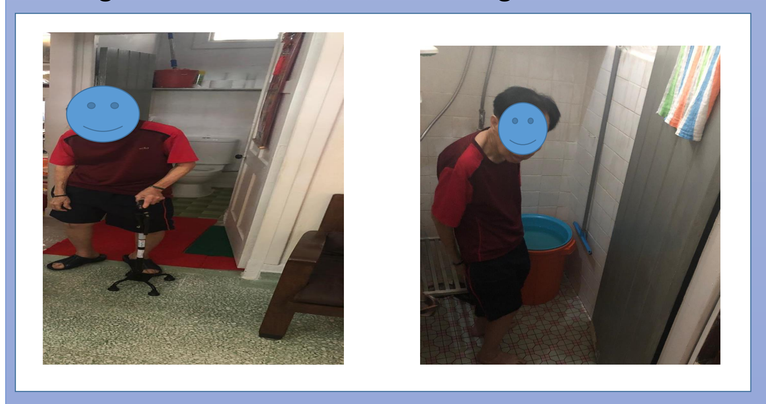
Our project aims to increase Esthers' abilities and confidence in managing ADLs safely through collaborative handovers and video call home-visits involving Esther, H2H Community Nurse and Occupational Therapist.

4 Esthers were selected and enrolled in the study, however 3 of the 4 Esthers could not complete the entire intervention flow (2 drop out, 1 readmission).

Intervention flow:

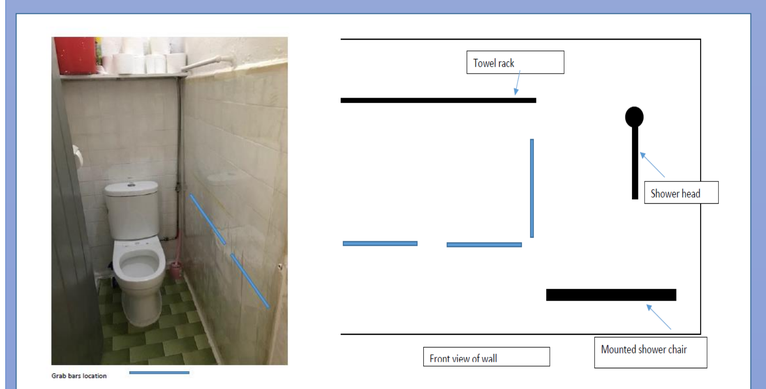


During intervention, the following actions were completed with Esther and her next of kin :

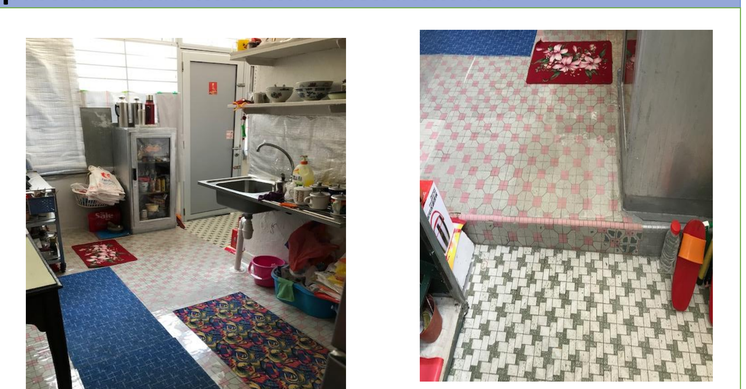


1. Assessment of home environment safety- Toilet & shower area

2. Assessment of Esther's mobility and performance in home environment



3. Identification of possible areas for grab bar installation in toilet based on home environment assessment



4. Provided fall prevention advice and addressed fall hazards based on assessment of Esther's mobility and performance

Outcome

1. Esther reported a 28.6% improvement in score on the Falls Efficacy Scale post-intervention.
2. **Subjective report from family: felt more confident in Esthers's ability to manage safely at home**
   More confident to liaise with HDB EASE contractor
3. **Therapist's and nurse's objective assessment that patient was managing safely at home**
   As observed during home-visit, patient was performing much better at home compared to in the ward - ambulating at a faster speed; ;improvement in lower limb strength was observed from sit-to-stand; and improvement in standing balance. No recent falls since discharge.

Falls Efficacy Scale (FES)
(self rated ranking from 1 to 10, with 1 being very confident to 10 being not confident in managing the stated activity)

Activity	Score before	Score after
Bathing	**5**	**2**
Reaching to cabinet	1	1
Walking around the house	1	1
Meals preparation	NA	NA
Get in and out bed	2	1
Answer door	1	1
Getting and out of chair	1	1
Dressing	1	1
Grooming	1	1
Toileting	1	1
Total	14	10

↓ 28.6%

Conclusion and future plans

Through our trial, there are positive outcomes to suggest that video calls may be an effective and cost-saving alternative to actual home-visits.
Possible future plans:

- Streamline video call process
- Conduct more trials to obtain feedback and data on the effectiveness and receptiveness of technology
- Calculate manpower hours/costs required to conduct video call consultation versus actual therapist home-visit, to understand feasibility of intervention in the long-run