

DESCRIPTION OF THE PRACTICE

1. Title of the practice

- *'PROMOTING INDEPENDENCE FOR OLDER PEOPLE FOR PERSONAL HYGIENE'* -

2. Organisation responsible for the practice

Municipality of Östersund, Sweden

3. Contact person(s)

E-mail

policy@esn-eu.org

4. Summary of the practice

The initiative is taking place in Östersund, an urban area in the middle of Sweden. It is managed by the community care administration of the Municipality of Östersund. The purpose is to support older people in improving their functional skills related to personal care and hygiene, particularly bathing and showering. The initiative especially targets older people who are discharged from the hospital as it has been common that they did not receive an assessment of their needs in their own homes, which meant that the help and support they received at home did not always meet their specific needs and requirements.

In this initiative, care managers and occupational therapists work together to provide home-based rehabilitation to older people. The care managers process the applications for home help and conduct an individual assessment in the person's own home. The occupational therapists provide the support service and supervise home support workers.

5. National/regional/local context of the practice

National context:

National policies and legislation emphasise the need to provide tailored support to meet the needs of older people and to improve their independence in activities of daily living.

The 'promoting independence for older people for personal hygiene' initiative addresses national and regional priorities by promoting independence while at the same time creating cost-efficiencies within a constrained financial environment. This has enabled resources to be invested in other initiatives focused on the promotion of active ageing.

6. Staff involved

The initiative was implemented to address the lack of interprofessional collaboration at the point of discharge from the hospital. This lack of collaboration and coordination had the effect that older people were routinely offered a home help service for bathing without having had a formal assessment in their own homes. The initiative is an attempt to address this based on collaboration between care managers and occupational therapists.

Care managers lead the first stage by processing the applications and conducting the initial needs assessment in the person's home. Care managers can ask for input from other professional groups for the initial assessment. Once the care starts, occupational therapists provide home-based rehabilitation but, again can include other professionals. For example, if occupational therapists find that a person needs more formal help despite receiving help through the initiative, they may liaise with care managers about the level of extra support needed and enlist additional home-help staff to ensure that the person can remain independent in their own home.

7. Target group

Older people who apply for help with bathing in their own homes.

8. Aims of the practice

The aim of the initiative is to promote the independence of older people by improving their ability for activities of daily living, specifically their ability to bathe or shower on their own. The initiative operates on the premise that older people can regain their independence if they are helped to build on their own strengths and resources and if their home environment is appropriately adapted to ensure personal safety.

9. Issues for social services

Service Integration/ Cooperation across services	x	Service Planning		Contracting	
Technology		Skills development (of the workforce)		Quality of services	x
Prevention and rehabilitation	x	Participation of service users		Volunteering	

ANALYSIS OF THE PRACTICE

10. Status

Pilot project (ongoing)	x	Project (ongoing)		Implemented practice (restricted areas)	
Pilot project (terminated)		Project (terminated)		Widely spread practice/rolled out	

11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- *Micro-level practice:* a practice that involves individuals at the local level
- *Meso-level practice:* a practice that involves organisations or communities
- *Macro level practice:* a practice that involves large population groups

Micro level, aimed at the individual.

12. Leadership and management of the practice

Description of the leadership of the practice, considering the following criteria:

- *Collaborative management:* shared between large partnerships, often of central, regional, and local representation
- *Organisational management:* by one organisation
- *Professional management:* managed by a single person
- *Shared management:* shared with no defined leadership

Organisational management: the Municipality of Östersund has been leading the initiative.

13. Engaging stakeholders in the practice

Description of the engagement of stakeholders, considering the following criteria:

- *Individual practice:* individuals have sought practice change
- *Network approach:* one or more organisations develop a network
- *Collaborative approach:* large collaboration with relevant stakeholders

Access to services: care managers now routinely offer all people who apply for home help with

bathing a home visit by an occupational therapist.

Occupational therapists' home visits focus on an assessment of the abilities of the person and their environment with the ultimate aim of optimising functional abilities and independence. For a person who had a need for formal support, despite the occupational therapy intervention, the occupational therapist informs care managers about the level of support needed and informs and supervises home help staff to ensure optimal levels of activity and participation for the person in need of support.

During the needs assessment process, care managers can include other professionals to provide assessments. Occupational therapists then provide home-based rehabilitation within a multi-professional context.

All the professionals involved work for the municipality of Östersund. The mix of professionals and the extent of the collaboration may differ between teams in the municipality. For example, if the occupational therapist identifies a balance problem, a physiotherapist may be asked to assess and implement an intervention. Problems with participation in social activities outside the home might also be identified and addressed with another intervention.

14. Involvement of service users and their families

Description of the involvement of service users, considering the following criteria:

- *Team involvement: service users and carers were part of the practice team*
- *Consultative: a consultative body of users was set up for an ongoing dialogue and feedback*
- *Involvement in care: person-centred approaches to care/support*

Involvement in care: when a person applies for home help, they are asked if they would like a visit from the occupational therapist.

15. Costs and resources needed for implementation

Description of how the practice is financed, considering the following criteria:

- *Within existing resources: staff time and other resources are provided 'in-house'*
- *Staffing costs: costs for staff investment*
- *Joint/Pooled budgets: two or more agencies pool budgets to fund services* • *Funded project: external investment*

Staffing costs: on average, the occupational therapy assessment and intervention include three home visits over two hours. The average cost for salaries and technical equipment is EUR130 per person.

Within existing resources: meetings to enable interprofessional understanding, focusing on the unique roles, perspectives and knowledge of care managers and occupational therapists and the benefits of interprofessional collaboration.

16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- *Multi-method: use of both a qualitative and a quantitative approach*
- *Single method: a qualitative or quantitative approach*
- *Audit: looks at data sources such as existing medical records and/or other routinely collected service data.*
- *Informal: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback*
- *No evaluation*
- *An evaluation is planned*

Multi-method:

A quasi-experimental trial was conducted in which participants aged 65+ were recruited consecutively as they applied for home help with bathing. A total of 95 participants were recruited to

the intervention group (n=59) or to the control group (n=36). Data was collected at the beginning of the trial (baseline) and after 15 weeks (follow-up).

Quantitative measures:

- ADL-taxonomy to evaluate ADL (activities of daily living) ability
- [Standardised health questionnaire](#) to evaluate persons' health-related quality of life

Opportunistic feedback:

- Telephone interviews with local care managers to investigate the amount of allocated home help with bathing and discussions with clinical staff
- Data analysis: parametric and nonparametric statistics. Next steps for evaluation:

The clinical experience shows that the initiative has worked well. However, no further evaluation (except for the published trial – see further information) has been conducted to assess to what extent all potential participants actually have been offered the occupational therapy assessment/intervention or to what extent the occupational therapists implement the intervention as intended.

A broader focus on activities and participation of the initiative's target group could help to highlight what other sets of interventions should be offered to the target group to address their wider participation needs, for instance, in order to prevent social isolation. Such an evaluation may provide evidence for broadening the focus of the initiative to further improve the target group's quality of life while at the same time increasing the (cost-)effectiveness of the initiative.

17. Measurable effects of the practice and what it has achieved for...

Service users	<p>Measurable:</p> <ul style="list-style-type: none"> • At follow-up, 15 weeks from baseline, 32 per cent of the intervention group and 72 per cent of the control group were allocated home help. The probability of being allocated home help in the intervention group was 0.23 (adjusted for baseline differences) compared to the control group. <p>Measurable effects based on ADL & EQ5D:</p> <ul style="list-style-type: none"> • Limited impact on a person's ADL ability and health-related quality of life were identified. This has led to a questioning of the sensitivity of the ADL instrument used.
Formal caregivers	<p>Perceptual effect:</p> <ul style="list-style-type: none"> • Clinical staff have given positive feedback about the initiative.
Informal carers	<p>Measurable:</p> <ul style="list-style-type: none"> • Informal caregivers' time spent on helping service users with bathing or showering is reduced.

Organisations	<p>Measurable:</p> <ul style="list-style-type: none"> The total cost, including occupational therapy, technical equipment, and home help (for those in the intervention group), was 40 per cent of the total cost in the control group, including the cost for home help, over the time period 0-15 weeks after the beginning of the trial. Cost estimates are based on the registered time for occupational therapy intervention, the allocated time for home help (based on information from care managers) and the cost of technical equipment.
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Other	n. a.
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18. Anticipated or 'aspirational' effects of the practice and what it has achieved for...

This category can include outcomes which are not documented, quantified, or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.

Service users	n. a.
Formal care givers	n. a.
Informal carers	n. a.
Organisations	n. a.
Other	n. a.

19. How the practice has changed the way the service is provided (lessons learned)

Lessons learnt:

- Occupational therapy plays an important part in helping older people with bathing difficulties to regain independence.
- Interprofessional collaboration is key to meeting the needs of older people with bathing difficulties.
- More should be done to ensure all potential participants receive this home-based intervention from occupational therapists as suggested after the initial assessment.
- The initiative was cost-effective in the short term and is expected to produce more cost-savings in the longer term.

20. Sustainability of the practice

Description of whether the practice is sustainable, considering the following criteria:

- Potential for sustainability:* practice was newly started or is ongoing/not yet mainstreamed. How could the practice be sustained (in terms of resources)?
- Organic sustainability:* service users have been empowered to take the practice forward •
Established: the project has been operational for several years

Established: the initiative was implemented in 2002 and first evaluated in 2006. The fact that the initiative has been in place for over 10 years proves that it is sustainable.

21. Transferability of the practice

Description of whether the practice has been transferred, considering the following criteria:

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

Transferred:

Several municipalities in Sweden have implemented similar initiatives with similar results.

Potential for transferability:

A high proportion of those seeking help from their municipality can regain independence as a result of a focused intervention at a low cost.

22. Further information

Zingmark and Bernspång (2011) 'Meeting the needs of elderly with bathing disability'. *Australian Occupational Therapy Journal*, 58, pp. 164-171.