Understanding Information Exchange between Home Care Clients and Aides: Opportunities for Informatics

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IN 2014 it was estimated that over 2 million individuals in the United States used formal personal care services provided by paid, non-skilled care providers such as home care aides.[1] Although some individuals pay out of pocket for these services, Medicaid in many states, including Washington State, provide home care aides for older adults or disabled individuals who need support to stay in their homes. Home care aides in Washington State support consumers with meal preparation, personal care activities, and light housekeeping.[2] Traditionally, due to their scope of work, home care aides have not been required to complete comprehensive training; however, in 2011 Washington State passed a law that required all home care aides to take standardized training courses and pass a certification test. The purpose of this training is to ensure that all home care aides meet the basic qualifications necessary to carry out their tasks.[3] Despite the routine nature of the services that they provide, home care aides are considered a significant resource for individuals that utilize their services.[4]

Methods: We performed a secondary data analysis on transcripts from home care client and aide interviews that were conducted between October 2014 and March 2015. The initial interviews gathered home care client and aide opinions on the new Washington State home care aide training program. During the initial data collection, the interviews were audio taped and transcribed. For the secondary data analysis, we identified excerpts from the interviews that discussed technology use and/or information exchange between home care clients and aides. Each excerpt was coded along a number of salient dimensions, such as topic, thematic content, and general sentiment.

Results: Twenty-seven participants (17 clients and 10 home care aides) were interviewed. The average age of the home care aides was 45 years (range 26 to 64 years), and the average age of the home care clients was 53 years (range 31 to 71 years). Independent and agency-affiliated home care aides were equally represented. Both home care aides and clients considered communication key to a successful client-aide relationship. Clients and aides regularly exchanged information about home care schedules, the work of caregiving, and a range of interpersonal topics including family and hobbies. Most of the communication was conducted face to face. Telephones and paper were used to communicate daily schedules, appointments, and schedule changes. Other forms of technology were not used in information exchange between aides and clients even though mobile telephones and computers were mentioned as potentially useful tools to support caregiving tasks. Participants also discussed the challenges with communication and information exchange. Clients expressed frustration with several aspects of care including having to continually train new home care aides on personal preferences and care needs, and the lack of notification for last minute service disruptions that can be particularly challenging for clients that relied on aides to support important activities such as food preparation and grocery shopping. In addition, home care aides also expressed frustration with the clients' lack of communication about their individual care needs, and often felt unprepared when arriving at a new client's home.

Discussion: Information exchange is critical for the success of the client-aide relationship in home care. Face to face communication is most often used, however, our findings show that there may be additional opportunities for technology interventions to increase the efficiency and reach of the information exchange. Informatics could help aides with communication, documentation, and with tasks related to care facilitating continuity of care and improving patient safety. For example, technology could be used to help clients clearly express their individual needs and preferences, and communicate these needs to aides prior to service. This may reduce the uncertainty from both the client's and the aide's perspective when starting a new relationship. In addition, aides could use technology resources to support caregiving tasks such as foot exams for clients with diabetes.

Conclusion: Technology interventions in home and hospice care have often focused on skilled care providers such as home health nurses, physicians, and therapists. Our findings indicate that home care aides, due to the increasingly important role that they play in care in the home, could potentially benefit from informatics tools to increase the efficiency and effectiveness of their services. More research is needed to better understand the current use of technology in home care encounters, to specify the needs of home care aides and clients and to identify how technology can support care coordination, continuity of

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care and increase home health aides' confidence. Furthermore, we need to explore how technology can be integrated into the home health aide training program.

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