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Investigating Protective Factors of the DVA Community Nursing program

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Research overview

DVA's Community Nursing (CN) Program provides eligible veterans with clinically required nursing and personal care services in their own homes. The primary aim of the program is to improve veterans' health outcomes and quality of life, enabling them to stay at home as long as possible and to avoid early admission to permanent residential aged care (RAC) see - Description of CN Program.

The research was undertaken to identify the client and service factors that are associated with achieving the aim of the program. The research was commissioned to inform potential program improvements.

The contribution of DVA's other major in-home care program Veterans' Home Care, was included in the research. The research methodology included a retrospective cohort study of de-identified DVA client data as well as client interviews. Consultation with service providers was also undertaken. The research focused on protective factors directly associated with the aim of CN Program and didn't quantify external factors such as the better access to health care services for veterans (GPs, hospitals and allied health services) which could help maintain stronger health status and reduce RAC admissions.

To help understand the underlying mechanisms of the protective factors which support the aim of the CN Program, the research included a small number of client interviews and consultations and an examination of the trajectory from receiving care at home to moving into RAC for CN Program clients compared with those in the Australian population who did not receive CN services, using an age by gender matched sample (see further below).

KEY MESSAGES

- The DVA CN and DHAC programs are different but have the same intent of keeping clients in their homes longer.

- There are multiple and possibly intersecting factors associated with residential outcomes for older Australians.

- DVA CN clients remain at home considerably longer than the comparison group.

- A range of CN Program design features may contribute to this outcome, including timely and comprehensive assessments, support tailored to client needs, clinical care plans developed by registered nurses, timely access to service commencement and ease of scaling up and down of services according to need.

Results

Multiple service delivery factors were associated with delayed RAC admission for CN clients. The personal factors were consistent with other research in the field. Accessing CN services at an earlier age, not living alone, the absence of dementia, or lower medical burden were associated with a reduced risk of entering RAC.

Lower CN client hospital admissions were associated with receiving more clinical and personal care and having higher levels of services. Having a higher level of clinical care was associated with a lower risk of fall-related hospitalisations. Service factors associated with a lower risk of RAC admission were episodic (rather than continuous) CN service delivery and a majority of care being delivered by registered nurses (rather than personal care workers).

The comparison group was a sample of Department of Health and Aged Care (DHAC) Home Care Package (HCP) clients matched on age and gender, who commenced services between 1 January 2010 and 31 December 2014. This group was selected because of the expected similarity of profile, availability of existing data and similarity of program purpose - see Description of HCP Program. RAC admissions and outcomes were tracked for both groups for a five year period up to and including 30 June 2017.

At the end of the five year period:
- more CN clients (32%) were still living at home, compared to HCP clients (16%) – a variance of 16%
- more CN clients (41%) had died at home, compared to HCP clients (26%) – a variance of 15%
- less CN clients (27%) had entered permanent RAC, compared to HCP clients (58%) – a variance of 31%
- less CN clients (50%) with dementia had entered permanent RAC, compared to HCP clients (76%) – a variance of 26%