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Enhancing the Experiences of Family Caregivers and Formal Caregivers at a Non-medical Model Caregiving Company: the Optimization of Communication Practices

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ENHANCING THE EXPERIENCES OF FAMILY CAREGIVERS AND FORMAL CAREGIVERS AT A NON-MEDICAL MODEL CAREGIVING COMPANY: THE OPTIMIZATION OF COMMUNICATION PRACTICES

by

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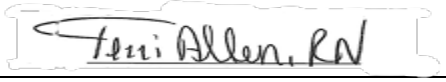
Teri Allen		4/24/2024
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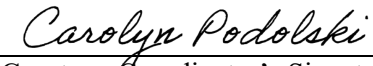
Carolyn Podolski		4/26/2024
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Abstract

The elderly population is rising and in conjunction, the concept of "Aging in Place" has maintained popularity among senior citizens as well. To achieve this goal, a combination of familial caregivers and formal caregivers is necessary to maintain care in the home. Consequently, the home care industry, which employs formal caregivers to provide caregiving services in the home, has risen in popularity. Unfortunately, communication breakdowns between familial and formal caregivers are common-place and can be attributed to a variety of sources. For example, the manner by which family caregivers and formal caregivers record information or write notes is fundamentally different. Family members typically used paper-based systems while formal caregivers typically use separate, electronic platforms. In addition, the training of these formal caregivers, often with the certification of "personal care assistant," is varied throughout the United States, which can result in lacking documentation skills. With that in mind, the purpose of this capstone was to provide two deliverables that will allow a private, non-medical home care company to enhance their communication practices within the scope of their current intra-organizational electronic platform. The first deliverable was the creation of a Visit Note Protocol, which provided clarity and guidance to the Visit Note writing process. The second deliverable was the creation of a presentation outlining functions of their intra-organizational platform that could be used to enhance communication. Overall, this capstone process was deemed a success, as all objectives were accomplished and both deliverables met the needs of the site.

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Background

By 2050, the elderly population is projected to increase to greater than two billion on a global scale (United Nations Department of Economic and Social Affairs.)—making the older adult population one of the fastest growing segments of the world population (Shenoy & Harugeri, 2015). Therefore, an increased need for long term care is expected as well (Mosquera et al., 2016). When examining long term care options, the concept of "aging in place" has become the most popular preference for older adults over the last 30 years (Binette, 2021; Ratnayake et al., 2022; Thoma-Lürken et al., 2018).

In order to age in place, the elderly often rely on caregivers, who play a pivotal role in enabling older adults to age in their respective homes (Bandini et al., 2023; Wagner, 2021). Caregiving is complex, often relying on the involvement of two types of caregivers: formal and informal (Ellis et al., 2023; Janse et al., 2018; Renyi et al., 2022). Informal caregivers are often family members, neighbors, or spouses that provide unpaid caregiving services. On the other hand, formal caregivers are paid, professional caregivers (Janse et al., 2018). These professional caregivers often provide services through home care agencies, as home care agencies have increased in popularity (Fabius et al., 2023; Tennant et al., 2023). Depending upon the professional caregivers' title and agency, they can assume different responsibilities or roles. However, this literature review will primarily focus on personal care assistants, or professional caregivers that provide non-medical caregiving services such as engagement in activities of daily living and household tasks (Reckrey et al., 2019), as Visiting Angels is a non-medical model home care company (Visiting Angels Living Assistance Services., 2024).

However, due to the complex nature of caregiving with its formal and informal sources, communication breakdowns are commonplace (Renyi et al., 2022; Schurgin et al., 2021). This could be due to a variety of sources. For example, there is a tangible communication disconnect between informal and formal caregivers, as the manner by which information and daily note taking is communicated is fundamentally different (Tennant et al., 2023); informal caregivers typically use paper-based symptoms (Association, 2019; Renyi et al., 2018; Tennant et al., 2023), and professional caregivers typically use an intraorganizational, technological platform (Tennant et al., 2022; Tennant et al., 2023). Furthermore, professional caregiver/personal care assistant training varies throughout the country (Drake et al., 2020; Kelly et al., 2013), and consequently communication and documentation skills can be lacking (Medicine et al., 2008; Stone & Bryant, 2019).

To provide best care to older adults aging in place, all caregiving parties must be informed and communicative (Renyi et al., 2022; Schurgin et al., 2021; Tennant et al., 2023). Therefore, the literature points to the need for simple, straightforward solutions (Bandini et al., 2023), suggesting the use of collaborative digital technology (Renyi et al., 2022; Tennant et al., 2022), continued use of a company's current electronic platform (Tennant et al., 2023), and to implement agency-level communication interventions such as communication protocols and expectations of documentation (Fabius et al., 2023; Tennant et al., 2023).

Question

How can the caregiving experiences of familial and formal caregivers of the elderly that are aging in place be enhanced or improved?

Purpose statement

The purpose of this capstone is to enhance the experiences of family caregivers and Visiting Angels caregivers, specifically in regard to their communication practices. This enhancement will be achieved by optimizing the process by which Visiting Angels caregivers communicate crucial daily information about care recipients through their current homecare software, Generations HomeCare. Therefore, this project will result in the development of deliverables to optimize Visiting Angels' communication practices within the scope of Generations HomeCare, as it is a platform that supports all their work processes, enhancing communication between familial caregivers and Visiting Angels staff.

Specific Aims

To enhance effective communication between familial caregivers and Visiting Angels staff, two primary recommendations were created: a visit note protocol and a presentation outlining functions of the Generations HomeCare platform that could be used to enhance communication and personalization. To inform these sets of recommendations, two trainings, one observation, and a series of qualitative interviews were used. The first training was caregiver orientation at Visiting Angels, which entailed an 8 hour caregiving course, followed by a 3 hour orientation, and the successful completion and passing score for the personal care assistant exam. The second training was for the Generations System Training, which involved reading articles, viewing videos, taking notes, and identifying useful functions of the platform that were under-utilized or not used at all. In regard to qualitative interviews, the Visiting Angels staff and identified family members were the expert informants that informed the recommendations. In order to provide recommendations that were helpful and tailored to their needs, input from staff members and from the identified family members was essential. Visiting Angels staff

participated in interviews up to three times during the 14 weeks in order to compile these recommendations. The identified family members participated in a one-time interview. In addition to qualitative interviews, a Visiting Angels' staff member was observed while using the Generations platform. During this observation, the Visiting Angels staff member explained and demonstrated the steps involved in using the application, and the observation was guided and facilitated by semi-structured interview questions. Lastly, all recommendations were compiled into two presentations that were presented before Visiting Angels Management.

Output

Two sets of recommendations were produced from this project. The first recommendation was the creation of a visit note protocol, which provided guidance and structure to the visit note writing process of Visiting Angels caregivers. The second deliverable pertained to the Generations HomeCare platform, itself. This recommendation was delivered in the form of a PowerPoint presentation, which identified and summarized potential application functions that were not being utilized to their fullest or are not being utilized at all that could help enhance communication and personalization.

Outcome

This project was impactful, as it enhanced communication between familial caregivers and formal caregivers at Visiting Angels. Specifically, these two recommendations provided avenues by which the caregiving processes could be optimized at Visiting Angels, enhancing communication between familial caregivers and Visiting Angels staff. This is significant, as previous literature has emphasized the importance of communication among all caregiving parties in order to provide the best care to caregiving recipients (Renyi et al., 2020). These recommendations accomplish this in a tangible, practical, and tailored manner by utilizing their

current system and by prioritizing and gathering information from Visiting Angels staff and family members to inform the above recommendations.

CHAPTER 1

Literature Review

Growing Elderly Population and Rise of "Aging in Place"

The concern for the growing elderly population—specifically the "baby boomer" generation—has been well documented in the literature since the 1980's (Hobbs, 2001; Knickman & Snell, 2002; Munnell, 2004; Olshansky et al., 1993; Pifer & Bronte, 1986). The elderly population is in a state of rapid growth—one of the fastest growing segments of world's population (Shenoy & Harugeri, 2015). On a global scale, the elderly population is expected to grow to greater than two billion by the year 2050 (United Nations Department of Economic and Social Affairs.), and the number of older adults with dementia is expected to increase as well (Association, 2019; He et al., 2016). In 2080, the age-related composition of the United States is projected to be rectangular rather than pyramidal, meaning that the number of elderly individuals will increase while children will decrease (Munnell, 2004; Olshansky et al., 1993; Pifer & Bronte, 1986). According to the most recent United States census, there were 55.8 million individuals over the age of 65 in the United states, which is approximately 16.8% of the entire nation's population (Caplan, 2023). However, in the United States, the growing elderly population is not a new phenomenon, as the growth of the elderly population is the result of a long-term trend since the nation's origin (Munnell, 2004)

With that increase in number of the global elderly population, an increased need for long term care is anticipated (Mosquera et al., 2016). Over the last 30 years, the concept known as "aging in place" has dominated the literature surrounding long-term care options (Ahn et al.,

2020; Arias-Merino et al., 2022; Rowles & Bernard, 2013; Vasunilashorn et al., 2012) and has captured the attention of researchers and policy makers alike (Arias-Merino et al., 2022; Bigonnesse & Chaudhury, 2020; Forsyth & Molinsky, 2021). The concept first surfaced in the 1980's and grew in popularity through the 1990's and 2000's (Bigonnesse & Chaudhury, 2020; Byrnes et al., 2006). As reflected in the literature, the prevailing preference of the elderly is to age in place (Binette, 2021; Ratnayake et al., 2022; Thoma-Lürken et al., 2018). For example, AARP's recent "Home and Community Preferences survey" found that 77% of their respondents ages 50 and up indicated a desire to age in place in their respective homes and communities (Binette, 2021). Additionally, for the past two decades, the number of residents in nursing homes decreased, while the number of residents in traditional, community-based housing increased (Ratnayake et al., 2022; Toth et al., 2022).

The most commonly used definition of Aging in Place (Ahn et al., 2020) is as such: "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level" (Center for Disease Control., 2013). However, despite the concept's popularity, there is not a streamlined, clearly defined consensus on the definition of aging in place (Bigonnesse & Chaudhury, 2020; Forsyth & Molinsky, 2021; Rogers et al., 2020). This is in part because aging in place can mean something different from person-to-person—specifically in terms of what "home" and "community" really means (Bigonnesse & Chaudhury, 2020). As a result, the term "aging in place" can often be interpreted to fall within two categories (Bigonnesse & Chaudhury, 2020). The first category involves aging in a person's residential home or community, including downsizing to a smaller dwelling within their familiar community (Bigonnesse & Chaudhury, 2020). The second category typically entails living in supportive housing in order to maximize their participation in the community (Bigonnesse &

Chaudhury, 2020). However, regardless of the variations of the interpretation of "aging in place," there are a several benefits, such as cost-effectiveness (Ratnayake et al., 2022), enhanced quality of life (Castillo et al., 2020), autonomy (Wiles et al., 2012), familiarity (Ratnayake et al., 2022), and social connectedness (Dye et al., 2010).

Role of Caregivers & Home Care Agencies in Facilitating "Aging in Place"

To fully enable older adult's aspirations of aging in place, caregivers provide the driving force that directly impacts and facilitates older adults ability to age in place in their community (Bandini et al., 2023; Wagner, 2021). However, caregiving is an inherently complex process (Renyi et al., 2022), with a frequent interplay between informal and formal caregivers (Ellis et al., 2023; Janse et al., 2018; Renyi et al., 2022). Informal caregivers are often described as family, spouses, friends, or neighbors that provide care without compensation while formal caregivers are paid, hired professionals (Janse et al., 2018).

In response to this desire to age in place, home care options have become increasingly popular (Fabius et al., 2023; Tennant et al., 2023), as home care provides a viable option to facilitate aging in place (Bigonnesse & Chaudhury, 2020). As of 2019, there were over two million home care workers in the United States, and the demand for home care workers continues to grow (PHI, 2019). However, there are various types of hired, formal caregivers/home care workers that can assume different roles and responsibilities depending upon their title (Bandini et al., 2023) and the area in which they reside (Kelly et al., 2013). In the United States, the regulations, job descriptions, and job titles of home care workers vary by state (Kelly et al., 2013). For example, the term "home care workers" serve as an umbrella term that can encompass two groups: home-health aids and personal care assistants (Bandini et al., 2023). Home-health aids provide medical-related services as well as assistance with activities of daily

living (Landers et al., 2016). On the other hand, personal care assistants support their clients in engaging and completing non-clinical activities, such as activities of daily living and household-related tasks (Reckrey et al., 2019). With these variations in mind, this literature review will focus on private home care agencies that provide non-medical services to individuals that are aging in place, as Visiting Angels provides non-medical home care services to their constituents (Visiting Angels Living Assistance Services., 2024).

At the national level there are no standard regulations for home care services, and thus the regulations for non-medical home care varies by state (Kelly et al., 2013). In Georgia, private home care providers that provide non-medical caregiving services must obtain a license (Kelly et al., 2013) and abide by the rules and regulations for private home care providers (Georgia State Government., 2013a, 2013b). Primarily, these caregiving services are provided through formal caregivers that are certified personal care assistants. These formal caregivers that are personal care assistants can offer assistance with activities of daily living and instrumental activities of daily living. These personal care assistants carry out the services outlined in the Care Plan, which are created by the assessment of a Registered Nurse. These personal care assistants are required to document any tasks that were completed with the client, usually via a "task sheet;" they are also mandated to report "personal care needs of the client, on changes in the client's condition, and on any observed problems that affect the client" (Georgia State Government., 2013a, 2013b). Overall, the state of Georgia state recommends but does not require that these changes in client status be recorded on a task sheet (Georgia State Government., 2013a).

Factors and Consequences of Communication Breakdowns

As nursing home utilization decreases, the responsibility of care is transferred to both formal and informal community-based caregivers (Ratnayake et al., 2022). As mentioned earlier,

home care is incredibly complex due the interdependent nature between clients, families, and home support workers (Shaw et al., 2021). The combination of these parties culminates to form a concept known as "care networks" (Ris et al., 2019). Unfortunately, with the complexity of these care networks, communication breakdowns often occur (Renyi et al., 2022; Schurgin et al., 2021), resulting in an informational disconnect between familial and formal caregivers. Primarily, there are three factors that have surfaced in the literature that contribute to or exacerbate these communication breakdowns: different communication methods between familial and formal caregivers, differing prioritization of information that is conveyed, and a paucity of standards of training for formal caregivers in relation to documentation skills.

Firstly, the manner by which formal and informal caregivers typically communicate important information is fundamentally different (Tennant et al., 2023). For example, familial caregivers typically rely on paper-based information systems or verbal communication, often through the telephone (Association, 2019; Renyi et al., 2018; Tennant et al., 2023). Often, this can result in a phenomenon known as the "telephone game," meaning that information is conveyed through several caregivers, resulting in errors or misunderstandings (Tang et al., 2018). On the other hand, formal caregivers often use technology to facilitate communication regarding patient care among caregivers (Tennant et al., 2022; Tennant et al., 2023). Often, formal caregivers use intra-organizational platforms that support all aspects of the caregiving work processes, such as documentation, communication, and organization, which results in the optimization of work processes (Renyi et al., 2022; Tennant et al., 2023). These electronic management systems provide a "hub" for information, and they are used for formal caregivers to clock in and out of shifts as well as for documenting any changes in the behavior or health of client (Fabius et al., 2023). The use of electronic platforms has the potential to improve

communication between “hand-offs” between paid caregivers serving the same client (Bandini et al., 2023). However, formal caregiving communication processes are not without their flaws, as familial caregivers are often not included in these intraorganizational processes (Renyi et al., 2022; Tennant et al., 2023). This is unfortunate, as recent studies have indicated that familial caregivers are interested in being included in such platforms (Tennant et al., 2023) and that it is important to include family caregivers in the provision of care process (Hassan, 2020; Hengelaar et al., 2018; Tang et al., 2018).

Secondly, there appears to be differences in the types of information that is conveyed or relayed when examining formal and informal caregivers as well (Tennant et al., 2023). For example, a recent study found that familial caregivers often focus on only the essentials of care when sharing information. On the other hand, formal caregivers desire to provide a more holistic picture of the client. In other words, these formal caregivers not only want to provide information regarding tasks that were completed, but also how they [the client] “really feel today” (Tennant et al., 2023). Though such holistic information may be less structured and therefore more challenging to convey, it still is of the utmost importance to share with others (Tennant et al., 2023).

Lastly, though home care agencies are increasingly using technology to optimize their organizational practices (Gallopyn & Iezzoni, 2020; Scales, 2019), there are other issues that transcend electronic platforms. For example, across the United States, the training of personal care assistants is non-standardized and lacking (Drake et al., 2020) and typically receive less oversight in terms of training and orientation (Kelly et al., 2013). However, the training that is in place often focuses more-so upon the completion of tasks rather than the importance of how communication can address the client’s needs (Kelly et al., 2013). Therefore, it is unsurprising

that a recent study has noted great variability in the amount that homecare workers record or write down and that often important information remains "undocumented, in the heads of the homecare workers" (Bratteteig & Eide, 2017). This is unfortunate as formal caregivers are often described as the eyes and ears of the home care organization, placing them in an optimal position to document observations and changes over time in the person's behaviors and overall condition (Reckrey et al., 2019).

Overall, family caregiver – professional caregiver communication breakdowns (Renyi et al., 2022; Schurgin et al., 2021; Tennant et al., 2023) and a lack of coordination (Schurgin et al., 2021; Thoma-Lürken et al., 2018) can lead various negative consequences. One such consequence includes family caregivers feeling the burden of maintaining continuity of care due to such breakdowns (Tennant et al., 2022). This significant familial caregiver burden has the potential to result in premature institutionalization of older adults (Verbeek et al., 2015). Because these familial caregivers play an integral role in the lives of their care recipients, they should be invested in to help maintain aging in place (Huelat & Pochron, 2020). Furthermore, recent literature has shown the importance of including family caregivers as valuable contributors to providing care (Hassan, 2020; Hengelaar et al., 2018; Tang et al., 2018). Therefore, to ensure that the highest level of care is provided, coordination and communication among all involved caregiving parties is essential (Renyi et al., 2020).

Future Directions and Potential Solutions

There is a complex interplay between rising technology use in home care (Gallopyn & Iezzoni, 2020; Scales, 2019), variability in documentation standards and training among formal care givers (Bratteteig & Eide, 2017; Kelly et al., 2013), and the informational disconnect between formal and informal caregivers (Renyi et al., 2022; Schurgin et al., 2021; Tennant et al., 2023). However, despite the complexity, the literature points to the need for simple,

straightforward solutions (Bandini et al., 2023). For example, collaborative, digital technology has been noted in the literature as a promising avenue to facilitate communication and coordination among both formal and familial caregivers (Renyi et al., 2022; Tennant et al., 2022). Therefore, utilizing the resources that the agency already utilizes, such as their current electronic platform, could prove useful when addressing the aforementioned issues and increasing transparency and information sharing (Tennant et al., 2023). However, simply using a digital platform will not alleviate a lack of structure or expectations of paid caregivers for documentation. As the need for home care grows (Fabius et al., 2023; Tennant et al., 2023), the "natural next step" would be to create and implement strategies to enhance communication practices at the agency level (Fabius et al., 2023). Therefore, establishing a communication protocol and expectations of documentation or communication for caregivers provides a practical solution (Fabius et al., 2023; Tennant et al., 2023). Furthermore, as stated over 15 years ago in the 2008 Institute of Medicine report, development is needed among the home care workforce, specifically in the skills of observation, documentation and reporting (Medicine et al., 2008; Stone & Bryant, 2019). Establishing such documentation expectations can prove useful, as improved communication between caregivers and supervisors can enhance the supervisor's ability to identify any changes in a client's health (Breslin & Wood, 2016).

Role of Occupational Therapy in Light of Proposed Solutions

In general, occupational therapists are uniquely positioned and trained to provide support and intervention for both caregivers and the elderly (Association, 2020). In addition, occupational therapists play a frequent role in helping the facilitation of aging in place for older adults (Association, 2020; Walker et al., 2019), and recent literature has explored the feasibility (Dickson & Toto, 2018) and pointed to the effectiveness of occupational therapy interventions to enhance the aging in place of elderly individuals (Brown et al., 2020; Sheffield et al., 2013).

Additionally, occupational therapy students experience extensive training regarding how to effectively and efficiently provide documentation of services, including the need and rationale for services (Education, 2018; Kearney, 2018). In geriatric practice, there is a noticeable shift in theory, transitioning from a person-centered approach to a person and family-centered approach (Schulz & Czaja, 2018). This theory applies to non-medical home care, as previous studies have emphasized the importance of communication and coordination among all caregiving parties in order to provide best care (Renyi et al., 2020). A critical tenant of this theory includes the concept of information sharing (Fields et al., 2021). Occupational therapists have the required skill sets to help support the principles of this theory (Fields et al., 2021), as one of the philosophies that guides occupational therapy involves understanding the complex interplay between person, environment, and occupation (Johnson & Yerxa, 1989; Law et al., 1996).

CHAPTER 2

Needs Assessment

As seen in the literature, there appears to be a global desire for the elderly to age in place in their respective homes (Binette, 2021; Ratnayake et al., 2022; Thoma-Lürken et al., 2018). The backbone of this aging-in-place movement involves the support of caregivers—both formal and informal (Ellis et al., 2023; Janse et al., 2018; Renyi et al., 2022). The literature points to the need for all caregiving parties to communicate with one another, in order to provide best care to clients and loved ones (Renyi et al., 2022; Schurgin et al., 2021; Tennant et al., 2023). However, it is apparent in the literature that the methods by which formal and informal caregivers communicate are often distinctly separate (Tennant et al., 2023), resulting in communication breakdowns (Renyi et al., 2022; Schurgin et al., 2021). For example, families or informal caregivers will typically use paper-based systems to document daily occurrences of family members (Association, 2019; Renyi et al., 2018; Tennant et al., 2023), while formal, hired

caregivers may use an electronic database that does not share their findings with families (Tennant et al., 2022; Tennant et al., 2023). However, though these electronic databases are useful for hired caregivers, it is apparent in the literature that the training, including in regards to documentation skills (Medicine et al., 2008; Stone & Bryant, 2019) is varied, limited, and non-standardized within the United States (Drake et al., 2020; Kelly et al., 2013). This can result in great variability in what is written down remains and often leaves information "undocumented, in the heads of the homecare workers" (Bratteteig & Eide, 2017). This is unfortunate, as these formal caregivers are often described as the "eyes and ears" of their home care agencies, uniquely positioned in a manner that allows them observe daily changes in their clients over time (Reckrey et al., 2019).

Therefore, with these issues in mind, simple, and straightforward solutions are best suited (Bandini et al., 2023). In order to provide simple and straightforward solutions, the literature points to utilizing collaborative, digital technology (Renyi et al., 2022; Tennant et al., 2022) and to use a home care's current electronic platform (Tennant et al., 2023). For example, maximizing the use of Visiting Angels current platform, Generations HomeCare, by researching and exploring all it has to offer, provides an intuitive and pragmatic avenue to enhancing communication between familial caregivers and Visiting Angels caregivers as well. Furthermore, enabling family members to having access to visit notes in the agency's electronic platform could prove to be a simple solution that already utilizes their current resources (Tennant et al., 2023) and prioritizes family-centered care by including family members in the day-to-day operations and observations (Fields et al., 2021). The literature has described that agency level policies as the "natural next step" in improving communication among caregivers (Fabius et al., 2023). This could take shape in the form of establishing expectations for documentation and

communication among formal caregivers (Fabius et al., 2023; Tennant et al., 2023), which would not only improve intra-agency understanding of a client's status but also improve the quality of the writing if family members were given access to view such notes.

CHAPTER 3

Capstone Experience Protocol

There are two primary deliverables produced through this project. This project was approved by the GSU IRB. The IRB approval form is attached in the Appendix 3 section. View Figures 1 and 2 that illustrate the entire process of creating both deliverables.

Participants & Recruitment

- **Recruitment**

  There were two primary types of participants: Visiting Angels office staff and family caregivers. Visiting Angels office staff were recruited via word-of-mouth. To recruit family caregivers, the student, owner, and Registered nurse collaborated to identify five family caregivers that would be likely to participate. After identification, the student crafted an email that was sent to the five identified family caregivers to request participation.

- **Inclusion/exclusion criteria**
  - Inclusion: Visiting Angels Office Staff or a family caregiver of a client receiving caregiving services from Visiting Angels Alpharetta
  - Exclusion: less than 18 years old and not a Visiting Angels office Staff member or a family caregiver of a client receiving caregiving services from Visiting Angels Alpharetta.

Deliverable 1 Process

The purpose of this deliverable was to create visit note guidelines that provide structure and clarify expectations of Visiting Angels caregivers when writing visit notes. This deliverable was informed through the knowledge gathered through participating in a caregiver orientation, staff observation, and semi-structured interviews with Visiting Angels staff and family caregivers. Refer to the section Appendix 4 for the various semi-structured interview questions.

- **Orientation**

  The formal caregiver training entailed the completion of an 8-hour online formal caregiving course as well as a 3-hour orientation session required by Visiting Angels. To successfully complete orientation, a minimum score of 80% on the Personal Care Assistant Exam was required.

- **Interviews & Observation**
  - Phase 1 Interview: Initial interview and observation of site mentor.
    - In order to gather the baseline understanding regarding the current informational and communication practices of Visiting Angels, the site mentor was interviewed. Additionally, the student observed the site mentor using the Generations HomeCare application and demonstrating how to create a visit note.
  - Phase 2a interviews: Visiting Angels Office Staff
    - Five Visiting Angels staff members were interviewed with a set of semi-structured interview questions in order to understand what constitutes a sufficiently informative visit note.
  - Phase 2b interviews: Family caregivers

        - Five family caregivers were interviewed with a separate set of semi-structured interview questions as well in order to identify the preferences of family caregivers that would be reading and viewing the visit notes.

- **Analysis of Interviews**
    - All interviews were transcribed and de-identified. For the initial interview with the site mentor, a paragraph was written to summarize the results of the interview.
    - For the phase 2 interviews, each family member or Visiting Angels staff interview was qualitatively analyzed in an iterative fashion. Two sets of themes, categories, and codes were identified—one for family caregivers and another for Visiting Angels Staff member interviews. Then, the results of the qualitative analysis of both types of interviews were written in paragraph form.
- **Creation of Visit Note Protocol**
    - The creation of the visit note protocol was informed by the findings of qualitative analysis of the family caregiver and Visiting Angels staff interviews as well as the knowledge gathered during the initial interview, observation, and caregiver orientation. The visit note protocol underwent two rounds of revisions that were reviewed by the site mentor and faculty mentor.
- **Presentation of Deliverable**
    - A visit note protocol presentation was created to present to Visiting Angels Management.

Deliverable 2 Process

The second deliverable involved creating a presentation outlining functions of the Generations HomeCare platform that could be used to enhance communication and personalization.

- **Training**

  To understand all that the platform has to offer, I completed the free Generations HomeCare platform training. This training entailed viewing training videos and reading articles through the Generations training website.

- **Analysis of Findings**

  - Written notes were completed during or after each video or article was viewed. After all available training videos and articles were reviewed, a written summary was created that identified application functions that are not being utilized and explained the value of using those functions for the purpose of enhancing communication and personalization.

- **Compilation of Findings**

  - The information from the written summary was then transposed into a presentation format. In this presentation, five functions were identified and their value to the company was outlined as well. Furthermore, an explanation regarding how to use practically implement these functions was included for each of the five identified functions.

Figure 1. Deliverable 1 Process

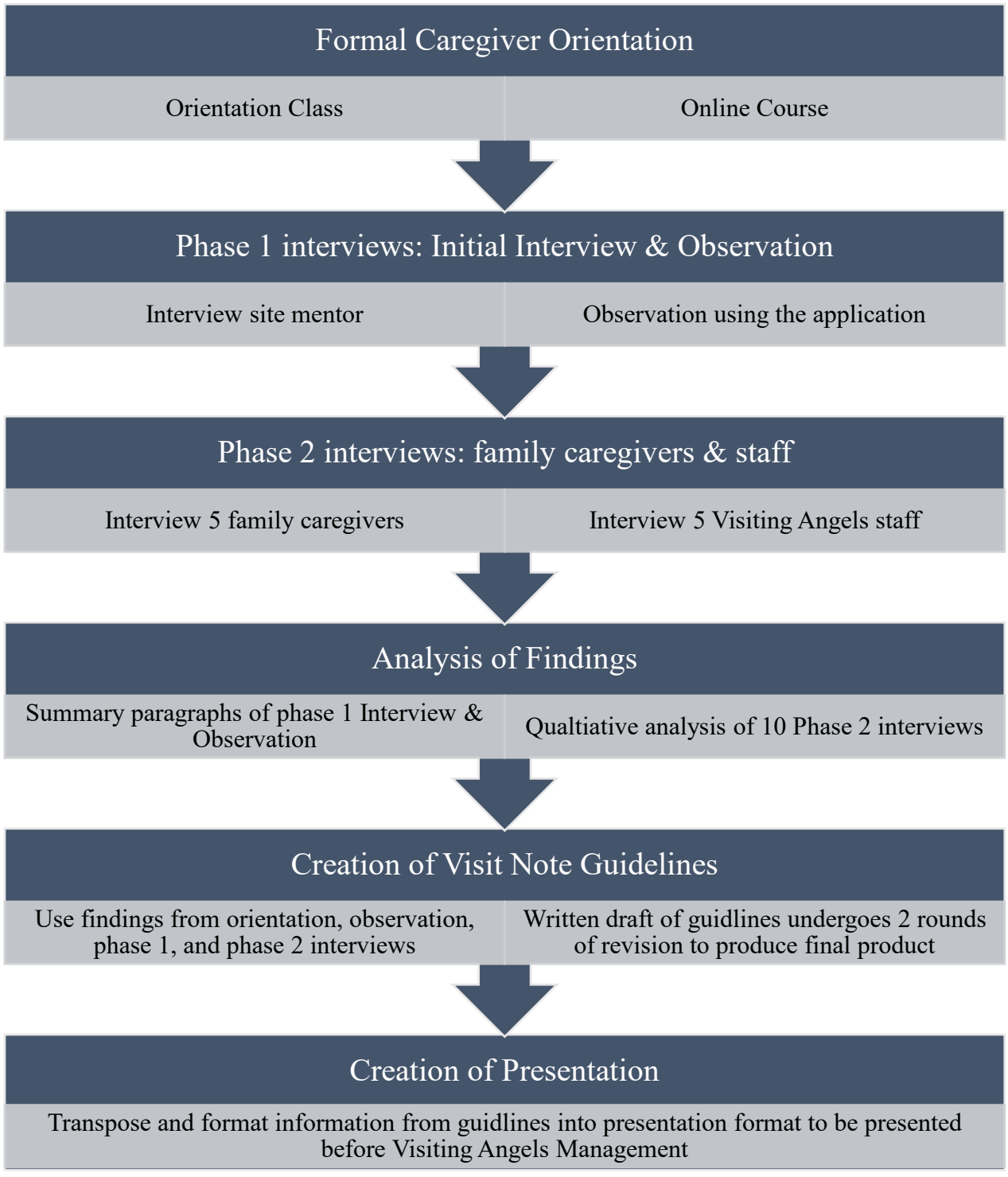
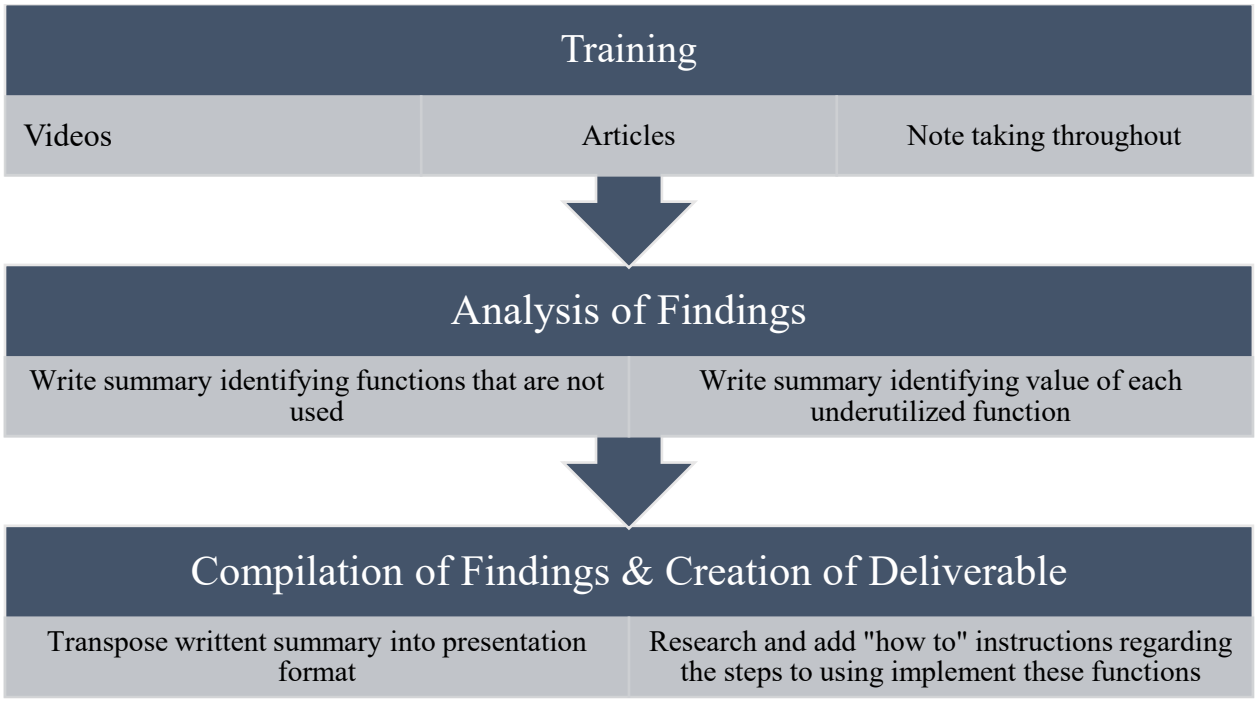


Figure 2. Deliverable 2 process



Site Description

The overall mission of Visiting Angels LLC is to "provide the highest quality care to those that you love, and we are so honored to serve" (Visiting Angels Living Assistance Services.) Specifically, Visiting Angels provides non-medical model caregiving services for adults within their natural environment, which could be at home or at a residential facility (Visiting Angels Living Assistance Services., 2024). Though Visiting Angels is a larger brand, each branch is owned and operated locally. Currently, the Alpharetta branch of Visiting Angels has no other existing programs or partnership with any higher education facilities. In regard to staff expertise, Visiting Angels is comprised of highly qualified staff. Gary Stiefel has co-owned this branch for three years with his wife, Liliana Ortega. Additionally, they have various office staff, such as a scheduler, media manager, RN, and approximately 40 caregivers. Currently, Visiting Angels Alpharetta serves 70 clientele in the Cherokee County and Fulton County areas.

Though Visiting Angels Alpharetta does not have any existing programs, the scope of this capstone project aligns with their mission, as providing best care includes prioritizing communication among caregiving parties (Renyi et al., 2022; Schurgin et al., 2021; Tennant et al., 2023), and the deliverables of this capstone accomplishes that goal.

CHAPTER 4

Results

Deliverable 1: Results of Phase 1 Interview with Site Mentor (S5)

Through this phase 1 interview with the site mentor (S5), the staff Registered Nurse, three topics were discussed: the current standard of how caregivers use the application, challenges with visit note writing, and the need for supplementary materials to support caregivers' ability to write visit notes. In regard to the first point, currently, caregivers use three primary functions on the application: the task list, visit note function, and the care plan. When a caregiver is assigned a shift, the caregiver can access client information through the care plan, as well as previous visit notes and the task list. Caregivers are supposed to "check off" tasks as they are completed, and then summarize their visit with a client in a visit note. This visit note can be written within 24 hours of the visit. When the care plan is created, S5 includes helpful personal information, such as client preferences, but caregivers often do not view it day-to-day. In regard to the general content to be reflected in the visit note, S5 indicated that knowing the status of the client or a change of status was of the utmost importance, but, she also reported that the true challenge of writing visit notes may be that caregivers are unsure of what they should or should not write. For example, S5 explained that some caregivers write just one sentence, while others are lengthy. As the staff Registered Nurse, she reviews visit notes bi-weekly to flag for any issues. However, if they are not informative or written clearly, that process becomes much more difficult. Furthermore, S5 voiced that *"any process in place, any training materials that talks*

about specifically what a good visit note looks like, something like that probably should be developed." Additionally, the S5 stated that having a set process in place would allow them to *"better manage what is occurring out in the field"* and that setting expectations for documentation/visit note writing would be helpful. Though she voiced that it can be difficult to institute change when previous caregivers have their own routines, she voiced that ultimately the desire is for caregivers to learn *"the Visiting Angels way."*

Deliverable 1: Results of Phase 2 Family Caregiver Interviews

Two primary themes were identified across the five semi-structured interviews with family caregivers. Each family caregiver is assigned an alias: F1, F2, F3, F4, F5.

Theme 1: A visit note is meant to capture the routine and activities of the day in a concise manner, in order to keep family caregivers "in the loop."

Purpose of Visit Note

Through the five interviews, it became clear that family caregivers desired for visit notes to provide a summary of the client's day, routine, and any concerns, with the intent of keeping family caregivers informed. F4 stated that *"I think it would all be helpful to give me, you know, the big picture anyway. What's going on?"* This is particularly pertinent for family caregivers that live farther from their loved one. Specifically, two out of the five family caregivers (F2 and F5) lived out of state. F2 explained, *"I'm there for, you know, probably a few hours each day over that week. But there's still all the weeks that I'm not there, right? And I don't know what's happening in the interim and what patterns there might be that are developing that we would need to see or that would be helpful for us to see."* F2 summarized the sentiments of the other family caregivers well, by stating that he desired to know the *"mental, emotional, physical kind*

of wellbeing [of the client] and activities, maybe as a summary." Furthermore, F2 explained that he wanted to be made aware of any concerns that caregivers may have: *"Like where they [the caregivers] have a concern, I'd love to know that. Like if they if there's something that that causes them pause … They see something … At some point they're my eyes and ears."*

Style/Format of Visit Note Writing

The preference of writing in paragraph style versus bullet points remained split among family caregivers. However, what appeared to be of more importance was that regardless of format, visit notes to remain clear and concise. F5 stated that notes *"definitely have to be clear, concise."* F1 also stressed the importance of writing clearly by explaining that *"if it can eliminate, you know a follow-up question. You know, if the notes are clear enough to where nobody questions. Like, 'did she [the caregiver] mean that he's doing this, or did you know?' I think if you can eliminate any guesswork on the note, I think all the better."* Furthermore, F3 provided an example of a clear and straightforward note: *"Not everybody's got great writing skills. You know, like here's what I saw [in a note] is, great attitude, happy all day long. Participated in all the activities, that kind of thing."*

Activities

Furthermore, family members expressed great interest in knowing about the activities that their loved one participated in. Specifically, engagement in activities of daily living such as grooming, dressing, oral care, eating, and bathing surfaced during interviews. Furthermore, the concept of leisure activities, especially ones that occurred outside of the home, were expected to be reflected in the visit notes. F4 stated*, "I would just like to see. You know, like she [the caregiver] would take her [the client] on a particular day to get her hair done or taking her to get a manicure and*

pedicure and that kind of thing." Furthermore, the degree by which the client participated in activities was important as well. F2 stated that it's important to know *"what kind of activities is, you know, is she [the client] involved in, and is she actively engaged?"*

Theme 2: Along with the summarization of the day, a helpful visit note includes physical, mental, and emotional observations from the caregiver regarding the client throughout the day and during activities.

As stated previously by F2, it became clear through interviewing that the caregivers were *"the eyes and ears"* for family caregivers during their shift. F2 expanded on this concept by stating that "*they [caregivers] see things that I can't see, right?"*—pointing to the importance of such observations from caregivers and that understanding the physical, emotional, and mental status of their loved one is of the utmost importance. Therefore, the following two categories relate to those topics.

Physical/Physiological Observations

Topics such as such as vitals, skin integrity, physical fatigue, and incontinence appeared to be valuable physical observations as well. F3 stated, "*Was she [the client] continent or not when they [caregiver] woke her up? … I'd like to know to what degree, because that's bed sore issues and at least if you know future medical complications then I'd like to know."* F1 also suggested that it could be helpful to offer means of quantifying information in the notes: "*Well, you know to what might help is, you know, maybe quantifying some of these notes… What was his [the client] blood pressure? You know, all of those are facts that can't be misinterpreted."*

Emotional/Mental Observations

Emotional and mental observations were equally as important among interviews. Concepts such as mood, enjoyment, behavior, and memory surfaced throughout conversations. F3 said, *"Does she have any outbursts of anger? ... Have you noticed any change in memory now from day-to-day you don't. But over time, perhaps?"* However, there was an emphasis on not just focusing on the negative, but the positive aspects of the shift as well. F2 explained that it would be helpful *"for the caregiver to focus on the, you know, the positive in the midst of all that, like ... what did you see that they [the client] enjoyed? Or lifted them up ... they're going to answer that question to prompt them to even think about what would this person enjoy? ... What do they enjoy and where could I engage that?"*

Deliverable 1: Results of Visiting Angels Staff Interviews

Two primary themes were identified across the five semi-structured interviews with Visiting Angels Office Staff. Each staff member is assigned an alias: S1, S2, S3, S4, S5.

Theme 1: Visit notes are meant to be provide a summary of the day—including a typical routine, deviations from such routine, and any changes in status, but challenges related to content matter, length, and variability between caregivers make it difficult to fulfill the intended purpose of the visit note.

The Intended Purpose of Visit Notes

When discussing with staff members, it became clear that visit notes were meant to capture or summarize the events of the day. S4 described it as *"what happened during the day,"* and S1 stated that the purpose is to know *"what is going on in the house on that day."* Furthermore, S5

explained that *"it's just really a summary or a recap of how the day went with their loved one."* Staff members also expressed that visit notes should provide an idea for what the routine was that day. However, several staff members voiced that it was pertinent to note any deviations from that routine or the norm, with S5 stating that a *"change in the client's status should always be reported."* Another staff member, S3, gave examples of such deviations from the norm, by stating that *"they [staff members] encourage them [caregivers] to write anything that was different … so if she [the client] had a high blood pressure or if she was confused."*

Visit Note Challenges

Various challenges were noted that can serve as barriers to fulfilling the intended purpose of visit notes. For example, though the intended purpose of visit notes is to provide a summary or highlights of the day, S3 noted that there is an issue with that because *"if we talk about highlights, it's very relative to caregivers. So what they highlight might not be related to the client."* Furthermore, the ambiguity regarding the length of visit notes came up frequently throughout all five interviews—specifically that some caregivers were prone to writing notes that were too lengthy. S3 said, *"There's so many times I start to read notes that I never finished because they're just really long."* Furthermore, across all 5 interviews, staff members noted that many caregivers provide extraneous information, and at times, prioritize information that is not helpful. S3 stated that sometime*s "some caregivers sort of will talk about everything but what is important."* For example, information such as descriptions of cleaning and detailed food preparation were noted as unnecessary information that is often included in notes. S3 further explained that this extraneous information stems from the fact that caregivers often *"don't know what to write"* and that *"they don't know what is important."* In addition, it was noted that at

times notes may be too vague or short, with S3 stating that *"if I was a family member, and I saw that I'd be frustrated. I would think, 'What do you mean, it was a good day?'"* Furthermore, it was noted that caregivers at times will report important information verbally to the office, but not record such things in their notes. S3 stated, *"[After a phone call] I went back to read her [the caregiver] notes, and I know she didn't put that in."*

Potential Consequences of Sharing Visit Notes

When discussing consequences of sharing visit notes with family, staff members primarily voiced positive consequences. Specifically, staffers voiced that sharing such visit notes would help improve communication with family and enhance family involvement in their loved one's care. S4 expanded on that idea by stating that *"it would certainly help in cases where the family is interested to know what's going on, on a day to day basis."* Furthermore, from a business standpoint, S4 stated that sharing visit notes would prove to be a *"good selling point, and a good thing for us to have."* However, with sharing these visit notes, negative consequences can occur as well. Specifically, with sharing these notes, it was noted that they could be subject to more criticism. S5 explained that it would be possible to have *"a family member who wants to kind of micromanage or pick apart what the note says or doesn't say."*

Theme 2: To bridge this gap between the intended purpose of visit notes and the challenges encountered, providing a form of guidance that provides clarity and expectations regarding the format, length, writing style, and types of observations noted during the shift would prove useful.

Format/length

Throughout all of the interviews there were split opinions regarding using bullet points versus paragraph format for writing notes. However, across all five interviews, it was discovered that it would be ideal for caregivers to write 3-5 lines of text or sentences, whether that be in paragraph or bullet point format. To emphasize this topic, S5 noted that often *"less information can be more."*

Writing style guidance

To help enhance clarity and expectations of writing visit notes, staff members provided several practical guidelines suggestions. Firstly, staff members emphasized the importance of the visit notes remaining purely factual and observational. Ultimately, visit notes should not provide interpretation, analysis, or opinions in their writing. For example, S5 stated, *"I really don't want to see opinions, like 'I think she might be depressed' because it needs to be factual. It needs to not have their interpretation of what's going on. It shouldn't be assessing, you know, what the situation is."* Overall, S5 stated that staff members are *"looking for just information, factual information that summarizes."* Furthermore, staff members stressed that the notes should be written in chronological order to prevent confusion. S2 gave an example by stating the visit note should reflect the *"routine with the client, like morning, like the client had breakfast, and then you know, like in order, how they started the day. Just something simple like that."* Furthermore, to enhance professional writing, S4 noted that *"you [caregivers] should write notes, with the idea that the client or the client's family is going to be reading the notes."* It was also discussed that this professional writing includes the absence of using emojis or emoticons as well.

Observation

Through extensive conversation, several types of observations were noted to be important to be recorded in notes. Specifically, activities of daily living [ADL's], vitals, mood, emergencies, visitors, and leisure activities were topics discussed as important to be included in visit notes. Within these observations, respondents made it clear that any changes in the aforementioned topics should be noted. For example, details such as any changes in appetite, assistance level for ADL completion, vitals, mood, and elimination frequency were discussed. For instance, S3 noted that *"you'd want to what did you notice that was different. It could be a number of things. They ate too much. They didn't eat. They weren't talkative today."* In regard to mood, staff members noted that any signs of increased confusion or forgetfulness would be deemed important. S3 suggested that a good example would be to notate if the client *"lost something and usually she doesn't lose things."* Furthermore, the importance of including any leisure activities completed with the client, such as exercise or games, was discussed as well. S5 gave an example, explaining that in response to a client *"feeling down"* that day, that the caregiver could write that he/she *"tried to cheer her [the client] up and encourage her. We went for a walk out in the sunshine. You know, that sort of thing."* Furthermore, it was noted that it would be important for caregivers to note if any visitors were present, or if there was any point that the client and caregiver left the home.

Potential Structure of Visit Note Guidelines

Throughout the interviewing process, staff members suggested a variety of options to help provide structure and clarity to visit note writing. S3 suggested using *"prompts"* or questions to guide caregivers when writing notes. S5 thought that *"maybe just outlining like bullet points of 'you need to touch on these things.' You need to touch on personal care, you need to talk on*

about mobility, you need to talk about grooming, dietary." Furthermore, S1, S2, and S5 noted the importance of including pre-liminary steps to writing a visit note in the guidelines—specifically, reviewing the care plan. By doing this, caregivers would have a more complete picture of what to observe for and to identify any meaningful activities for the client.

Deliverable 1: Final Product

The results of the qualitative analysis of both the family caregivers and staff were reviewed and synthesized to create the Visit Note Protocol. Between family caregivers and staff, there were many notable similarities and overlapping concepts, especially in regard to the overall purpose of the visit note, preferences in regard to length and format of the visit note, and importance and type of observations. However, after reviewing all ten interviews, six primary components of emerged that were imperative to be included in the Visit Note Protocol: the purpose of visit notes, the purpose of the protocol, the expectations of the visit note, the visit note writing process, a topic guide for observations, and two case-scenarios with visit note examples.

The Purpose of The Visit Note

From both family caregivers and staff, it became clear that it was imperative for notes to be both clear and concise. However, staff interviews took the concept a step further, emphasizing the need for notes to remain observation-based and to maintain professionalism. Therefore, a combined purpose statement for visit notes was created, which stated that the overall purpose of visit notes was "to provide a concise, professional, and factual summary that includes the current state and any changes in the client's routine and activities as well as their mental, emotional, and physical status."

The Purpose of the Protocol

Particularly in the staff interviews, it was noted that caregivers were often unclear regarding the expectations of a visit note, specifically what they should write about and prioritize. As a result, a purpose statement for the protocol, itself, was formulated, stating that its purpose was "to provide expectations and guidance regarding how to write a successful visit note."

Core Expectations of Visit Notes

The core expectation of these visit notes directly relates to the purpose of visit notes and expands further upon the intent and meaning behind concise, professional, and factual notes. Figure 3 below illustrates the characteristics of a concise, professional, and factual visit note.

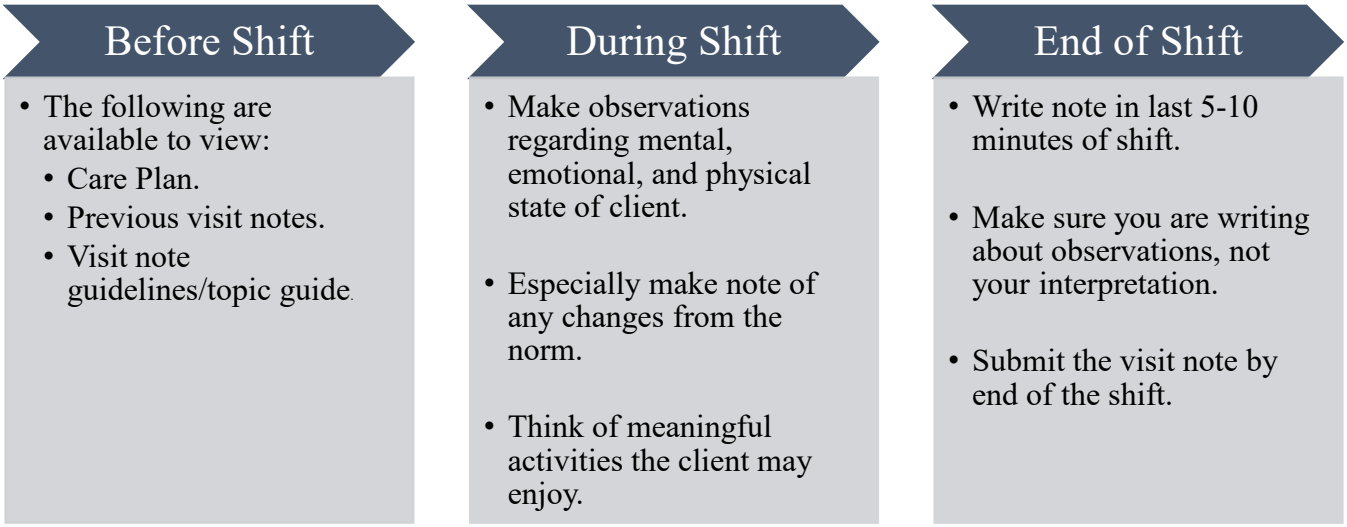
Figure 3. Three Expectations from Each Visit Note

Concise	Professional	Factual
• 3-5 sentences. • Only write about topics that directly pertain to the client in the visit note—tasks such as housekeeping are covered in the checklist and should not be mentioned in the visit note	• Remember that family members, Visiting Angels office staff, and other caregivers will read your notes. • Therefore, do not use: slang, abbreviations, emojis, acronyms	• Everything you write is based on observation alone. • Observe the physical, emotional, and mental state throughout the day and during any activities. • This means reporting their current state as well any noticeable changes from the "norm." • Do not interpret, analyze, or offer a diagnosis.

Visit Note Writing Process

Particularly through interviewing staff, it became clear that the practice of writing a "good" visit note was based on a multi-step process, that consisted of steps that occur prior, during, and at the end of each shift. Figure 4 below provides an illustration of the steps to creating a successful visit note.

Figure 4. Visit Note Writing Process



Observation Guidance

As mentioned previously, staff noted that caregivers were often unclear regarding what to write about or observe. Furthermore, staff and family caregivers voiced the need and desire for many topics that would be pertinent to observe during a daily session. Therefore, a topic guide with associated guided questions was created, which provides caregivers guidance regarding what to observe and record in their notes. Table 1 below provides the various topics and guiding questions that were included within the protocol.

Table 1. Topic Guide

Topics	Guiding Questions
Mobility	- How much assistance, if any, did the client need during walking or transferring today? - Did the client voice pain during mobility today?
Eating	- What was the client's appetite like today? - How much assistance, if any, did the client need during meal time today?
Grooming/oral care	- Did the client engage in grooming tasks today (brushing teeth, hair, washing face)? - How much assistance, if any, did the client need during grooming tasks?
Bathing	- Did the client engage or refuse bathing/bed bath today? - How much assistance, if any, did the client need for bathing today?
Toileting	- Did the client have to use the bathroom several times at night? If so, how many? - Were there any episodes of incontinence during the day/night? - How much assistance, if any, did the client need during toileting?
Medication	- Did the client take or refuse medication after providing a reminder?
Leisure activities	- What did the client enjoy today/lifted his/her spirits (any games, tv shows, activities, topics of conversation)?
Exercise	- Did the client complete his/her daily exercises or therapy homework (if prescribed by PT or OT)? - How much physical activity did the client do today?
Visitors/excursion	- Did the client have any visitors today (PT, OT, SLP, family friends)? - Did the client leave the house today (grocery shopping, doctor's appointments, hair/nail salon)?
Mood	- What was the client's mood like today and was it consistent throughout the day? - Was the client compliant/cooperative today? - Was the client demonstrating restlessness throughout the day or night? - Was the client very conversational/talkative today?
Memory	- Was the client particularly forgetful today? - Was the client having difficulty recalling events of the day? - Was the client confused today? If so, in what way?
Emergencies	- Call the office first for non-emergency situations, but any incidents should also be reported in the visit note.
Overall summary	- How did they feel overall today? Make sure to ask the client. - Are there any concerns you may have? (change in cognitive status, skin changes, bruising, open sores, etc). - Was anything different from the "norm" today, based upon previous visit notes or shifts you've had? - How was the client's overall participation and engagement in activities today? - Do you have suggestions for any additions and/or subtractions that may need to be made to the care plan?

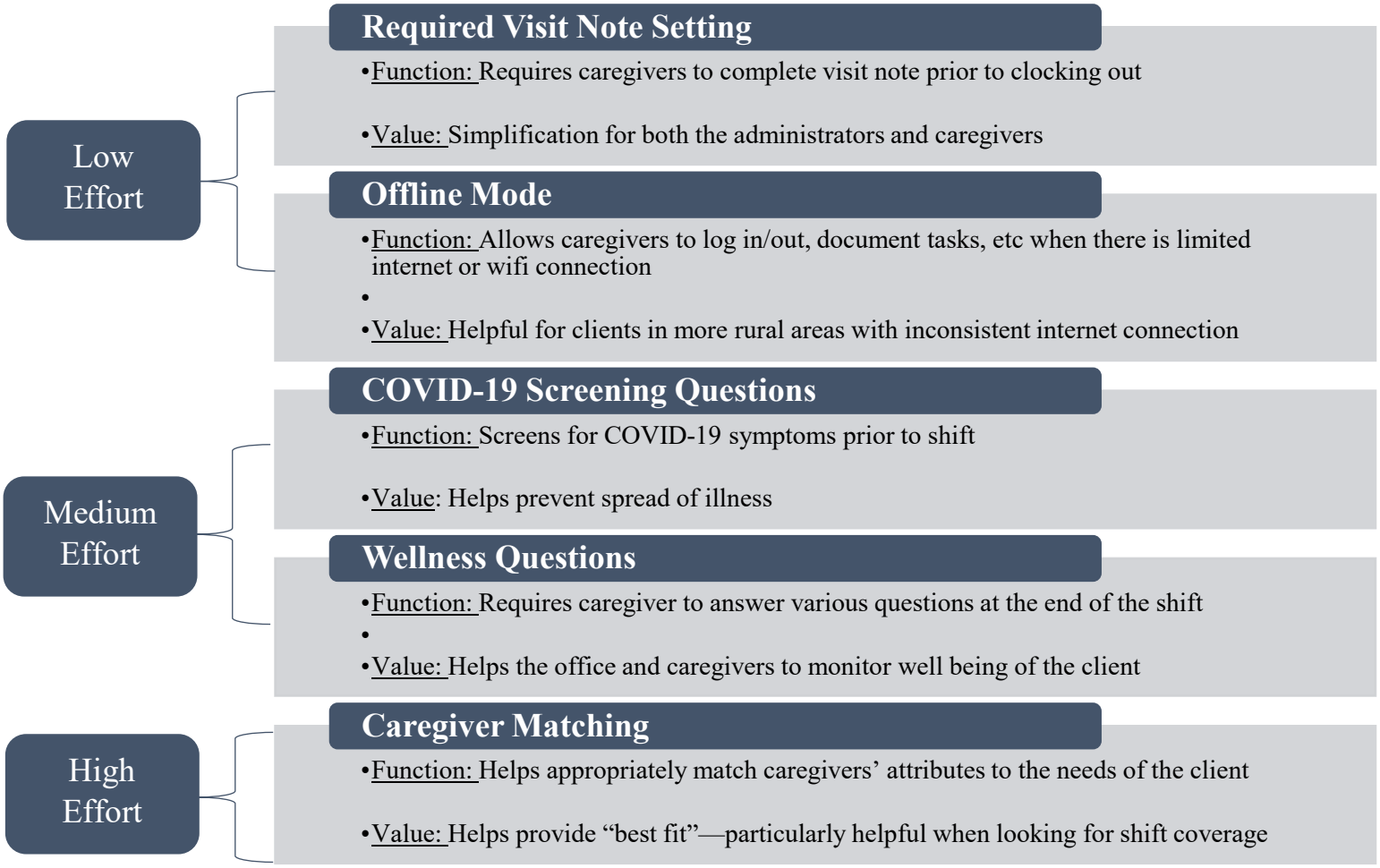
Practice Case-Scenarios

To enhance the caregiver's understanding, two case-scenarios were created, one for a night shift and for a day shift. These case scenarios provided the scenario, with a "good" visit note and a "bad" visit note. The good visit notes followed the core expectations of a visit notes, while the "bad" visit notes were created to emulate the various challenges that staff and family caregivers noted from poorly written visit notes. Additionally, an explanation was provided for the day shift and night shift scenarios regarding why each note was constituted as "good" or "bad."

Deliverable 2 Results & Final Product

After completion of the training process, a total of five functions of the Generations platform system were identified to enhance communication practices at Visiting Angels: the Required Visit Note Setting, Wellness Questions, COVID-19 Screening Questions Function, Caregiver Matching, and Offline Mode. Figure 5 below outlines each function, with its related function and added value. The function itself and value statement were transcribed into a presentation format, which also included step-by-step instructions for how to implement these proposed functions. Furthermore, at the end of the presentation, each of the five functions were ranked by the degree of effort required to implement or use each of these functions.

Figure 5. Results of Deliverable 2



CHAPTER 5
Discussion and Impact

Overall, the aim of this capstone project was to provide two deliverables that ultimately improve the communication practices of Visiting Angels, enhancing communication between Visiting Angels Staff and familial caregivers. In regard to the first deliverable, my findings from the semi-structured interviews from Visiting Angels Staff and family members ultimately indicated that there were significant similarities in preferences between both parties, specifically in regard of preferences pertaining to length of visit notes, format, and types of observations.

This ultimately resulted in six topics that were addressed in the first deliverable, the Visit Note Protocol: purpose of visit notes, the purpose of the protocol, the expectations of the visit note, the visit note writing process, a topic guide for observations, and two case-scenarios with visit note examples. In regard to the second deliverable, five primary functions that were under-utilized were identified: the Required Visit Note Setting, Wellness Questions, COVID-19 Screening Questions Function, Caregiver Matching, and Offline Mode. This capstone ultimately met the needs of this site, as it provides structure, expectations, and guidelines for caregivers in regard visit note-writing while offering guidance regarding how to maximize their use of their current digital platform, Generations HomeCare.

In regard to the first deliverable, the visit note protocol, the findings from qualitative interviews from both Visiting Angels Staff and family caregivers echoed the sentiments of informal, blog-based or website-based tips regarding writing visit notes. Specifically, concepts such as prioritizing conciseness, professionalism, and factual note-taking were reflected in the qualitative interviews as well as various home care websites (*Daily Care Notes Examples*, 2022; Flamm, 2022; *How To Write Daily Notes In Care Home?*, 2024; Scott, 2023; Webber, 2023). Furthermore, one source used a table to outline various types of observations that would be pertinent to be recorded in a daily note (*How To Write Daily Notes In Care Home?*, 2024), which is a similar approach to the observation guide table created in the protocol. Additionally, these sources emphasized the need for visit notes to express the current state or changes in the physical and emotional state of the client (*How To Write Daily Notes In Care Home?*, 2024; Scott, 2023), which directly correlates to the visit note purpose statement that was created from the qualitative interviews.

Currently, there is a lack of required training for personal care assistants at the federal level, and at the state level in the United States, there is great variability in the training standards of personal care assistants (Kelly et al., 2013; Marquand & Chapman, 2014; Stone, 2017). Recent literature has repeatedly emphasized the need to supplement and improve training opportunities for formal caregivers, known as personal care assistants, as they play integral role in maintain and supplying long term care for the elderly (Stone, 2017; Stone & Bryant, 2019). As a result, in recent years there have been efforts to create several state-level programs, though not including Georgia, that have provided training opportunities for personal care assistants (Morgan et al., 2018). However, these programs appear to have issues in regard to sustainability, though they produced encouraging results (Morgan et al., 2018).

Upon further research, some states and regions in Canada have outlined core competencies or expectations of their direct care workforce in regard to observation and documentation (Health Workforce Planning and Accountability., 2018; *Home and Community Support Professionals: Core Competencies*, 2023; New York State Department of Health., 2007; *Orientation Training*, 2019; State of British Columbia., 2014), but most did not elaborate further on the expectation. However, Washington State's curriculum elaborated to a smaller extent regarding observation and documentation, emphasizing that all documentation must be based upon observation rather than opinion. In addition, they made note of the importance of observing changes in the physical, emotional, and mental state of the client (*Orientation Training*, 2019), which aligns with the overall defined purpose of visit notes in the protocol. However, in regard to novel, agency-level home care solutions for writing and documentation-related training, there appears to be minimal formal literature on the subject. This may be in part due to the fact that workforce data in relation to the effects of training for personal care assistants is minimal

(Marquand & Chapman, 2014). Furthermore, between states, countries, and locally owned home care agencies, the names for formal caregivers or personal care assistants vary, resulting in varying responsibilities as well (Hewko et al., 2015).

Therefore, this project embodies the "natural next step" noted in the work of Fabius et al., that explains that implementing local agency-level strategies would be the next logical step to improve communication practices (Fabius et al., 2023). Furthermore, this protocol provides support for enhancing the training of caregivers in regard to observation and documentation skills (Medicine et al., 2008; Stone & Bryant, 2019), as there are specific sections of the protocol that are dedicated to addressing observation topics and writing style expectations. Furthermore, when creating this visit note protocol, it was imperative in the capstone project to receive input from both family caregivers and Visiting Angels staff. The literature outlines the importance of involving family in the care of the elderly, specifically in terms of the family-centered approach model (Schulz & Czaja, 2018).

Often, for practical and reasonable strides for change to be made, maximizing what is already in use can be the best solution (Tennant et al., 2023); this concept is utilized in the second deliverable of the project, which ended with the creation of a presentation following training of their current platform in order to optimize the use of their current technological caregiving platform. In terms of short term and long term longevity and sustainability, this project proves helpful, as these guidelines will be used to train each upcoming cohort of caregivers, eventually becoming the set standard for Visiting Angels Alpharetta, and the recommendations to enhance their use of their current platform included step-by-step instructions regarding how to implement each function or setting in the platform.

Limitations

Due to the short timeline, only 10 participants were able to be interviewed to inform the above deliverables. Therefore, the generalizability of the findings might be limited. In addition, due to time constraints, the effect of the first deliverable, the Visit Note Protocol, on formal caregivers writing and observation skills was not able to be tested.

Future Directions

However, there are plenty of areas to address in future work or doctoral capstone projects. For example, future research or capstone projects could potentially focus on not only implementing or enhancing the training and communication practices at local home care agencies, but also brainstorming how to spread those training resources to other local home care agencies. In addition, future projects could assess the effectiveness of the first deliverable, the Visit Note Protocol, at the Alpharetta Visiting Angels location. Furthermore, occupational therapists have the skill sets and the opportunity to facilitate and further this kind of work and research, as they are trained in documentation (Education, 2018; Kearney, 2018) and aging in place principles (Association, 2020; Walker et al., 2019).

Sustainability Plan

In order for the recommendations that were disseminated to be sustainable, a sustainability plan was devised and created during the sixth week of the project. Through discussion with the site mentor, owners of Visiting Angels, and other relevant office staff, we decided that the first deliverable, the visit note protocol, would be translated into a PowerPoint presentation. This presentation would be specifically used for caregiver orientation and would provide an activity at the end of the presentation to test the caregiver's knowledge in order to facilitate learning and retention of knowledge. For the second deliverable's sustainability,

Visiting Angels management were provided with step-by-step instructions regarding how to implement each of the five suggested functions, so that Visiting Angels office staff would have the information and resources to use the suggested functions without the presences of the doctoral student. Therefore, Visiting Angels will have the full capability to continue using these recommendations following the 14-week doctoral capstone experience.

Conclusion

The purpose of this project was to optimize the communication practices at Visiting Angels in order to enhance the experiences of both familial and formal caregivers. This was accomplished through the development of two deliverables: a Visit Note Protocol, which provided guidance, structure, and clear expectations for caregivers in order to improve visit note writing, and a presentation following training of their current platform, Generations HomeCare, that identified under-utilized functions that could enhance their communication practices. This project also helped provide support to bridge the informational gap that can occur between familial and formal caregivers. This doctoral capstone project has the ability to be easily sustained by Visiting Angels, as the first deliverable was reformatted to fit a presentation format that will become an integral part of the caregiver orientation process, and Visiting Angels management was provided with the means and knowledge to implement the recommendations from the second deliverable.

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Appendix 1: Learning Objectives

- **Learning objective #1:** The student will identify the current informational and communication practices of Visiting Angels' caregivers by the sixth week of the capstone experience.
    - STG: The student will understand the key components of Visiting Angels caregiver training (including familiarization with the personal care training and exam) by the second week of the capstone experience
        - Learning activities: The student will participate in caregiver training at Visiting Angels.
            - Outcome measure: Completion of the caregiver training process.
        - Learning activity: The student will take the Personal Care Assistant Certification test.
            - Outcome measure: Passing grade for the PCA exam.
    - STG: The student will understand the role of the Generations HomeCare application in the informational and communication practices of Visiting Angels' caregivers by the sixth week of the capstone experience
        - Learning activity: The student will interview the Registered Nurse regarding the documentation policies/expectations/standards and ultimately how Visiting Angels caregivers use the Generations HomeCare app.
            - Outcome measure: Completion of a written summary from the meeting.
        - Learning activity: The student will observe a Visiting Angels caregiver to understand how to use and navigate the application.
            - Outcome measure: Completed, written notes regarding my observation of the session and how the application was used.
    - STG: The student will understand the current communication and informational practices and pitfalls of Visiting Angels caregivers by the sixth week of the capstone experience.
        - Learning activity: The student will conduct an interview with the Registered Nurse regarding current communication and informational practices and challenges encountered by Visiting Angels caregivers when tracking and communicating important, daily information about care recipients to families.
            - Outcomes measure: The completion of a written summary of the meeting.
- **Learning objective #2:** The student will explore potential mechanisms by which the current use of the Generations platform can be enhanced by the eighth week of the capstone experience.
    - STG: The student will understand full scope of the functionality of the Generations HomeCare Application in order to maximize the use of their current system and enhance its ability to be personalized to each client by the seventh week of the capstone experience.

        - Learning Activity: The student will complete free training through the Generations HomeCare application system.
            - Outcome measure: My site mentor will sign and certify that I reviewed all of the training materials.
    - STG: The student will identify at least one application function that is not being utilized to the fullest extent or are not being utilized at all that could help enhance personalization for clients and their families by the eighth week of the capstone experience.
        - Learning Activity: The student will write a summary that identifies potential application functions that are not being utilized to their fullest or are not being utilized at all that could help enhance personalization.
            - Outcome measure: The completion of the written summary.
        - Learning Activity: The student will write a summary that explains the value of utilizing the aforementioned application functions and its potential to enhance personalization and person-centered care.
            - Outcomes measure: The completion of the written summary.

- **Learning objective #3:** The student will create a generalized visit note protocol that guides caregivers as to what types of pertinent information should be conveyed in a visit note by the 12th week of the capstone experience.
    - STG: The student will identify the characteristics of a sufficiently informative visit note by the ninth week of the capstone experience.
        - Learning Activity: The student will conduct a semi-structured interview with the Registered Nurse to determine the types of information that Visiting Angels staff desire to be reflected in a visit note.
            - Outcome measure: Completion of a written summary from the meeting.
    - STG: The student will identify the preferences of familial caregivers regarding the type of information that they would to be reflected in the visit note by the tenth week of the capstone experience.
        - Learning Activity: The student will conduct a semi-structured interview with five family caregivers to determine the types of information that they desire to be reflected in the visit note.
            - Outcome measure: The completion of a written qualitative analysis that reflects the findings of the five interviews.
    - STG: The student will submit the initial draft of the visit note protocol that will be reviewed by the Registered Nurse and the Faculty Mentor by the eleventh week of the capstone experience.
        - Learning activity: The student will write the initial draft by compiling findings from caregiver interviews and Visiting Angels Staff.
            - Outcome measure: Completion of a first draft

        - Learning activity: The student will submit the initial draft to both the Registered Nurse and the Faculty Mentor for review.
            - Outcome measure: Email confirmation of the draft being sent to both parties.
        - Learning activity: The student will schedule separate meetings with the Faculty Mentor and the Registered Nurse to discuss feedback and revisions.
            - Outcome measure: Written confirmation of meeting times.

    - STG: The student will produce her final draft of the visit note protocol by the twelfth week of the capstone experience.
        - Learning activity: The student will implement revisions from the Registered Nurse and Faculty Mentor.
            - Outcome measure: Confirmed through visible changes in the written protocol.
        - Learning activity: The student will re-submit the visit note protocol to both the Faculty Mentor and the Registered Nurse for final review.
            - Outcome measure: Email confirmation that the final draft was sent to both parties.
- **Learning objective #4:** The student will effectively disseminate recommendations to Visiting Angels Management to enhance their ability to provide person-centered care through their current platform of the Generations HomeCare Application by the fourteenth week of the capstone experience.
    - STG: The student will present findings regarding enhancing the utilization of the Generations HomeCare application to the Visiting Angels Management by the thirteenth week of the capstone experience.
        - Learning Activity: Schedule a meeting with the owner, Registered Nurse, Office Manager, and any other pertinent personnel.
            - Outcome measure: Written confirmation of an agreed upon date/time for a meeting.
        - Learning Activity: Create a presentation that outlines which application functions are under-utilized or not utilized at all, and how to access those functions.
            - Outcomes measure: The creation of the presentation and the execution of a successful meeting.
    - STG: The student will present a care-note protocol presentation Visiting Angels Management by the thirteenth week of the capstone experience.
        - Learning Activity: Schedule a meeting with the owner, Registered Nurse, Office Manager, and any other pertinent personnel.
            - Outcome measure: Written confirmation of an agreed upon date/time for a meeting.
        - Learning Activity: Create a presentation that outlines the proposed visit note protocol.

- Outcomes measure: The creation of the presentation and the execution of a successful meeting.

Appendix 2: Supervision Plan

Doctoral Capstone Experience Responsibilities & Supervision Plan			
Student Responsibilities		**Mentor(s) Responsibilities**	
Topic	**Description**	**Topic**	**Description**
Roles/Responsibilities	**Student will demonstrate at a minimum (not limited to the follow)** • The student will embody professionalism both on and off-site. • The student will adhere to and track on-site hours, as per DCE regulations (total of 560 hours, 20% off-site). • The student will maintain consistent communication with the site mentor and faculty mentor, as per the meeting requirements outlined later in this table. • The student will collaborate with the site mentor and faculty mentor throughout the DCE experience to adjust and amend the following to ensure that the following are completed and fulfilled: goals, objectives, evaluation and supervision plan. **Additional responsibilities:**	**Roles/Responsibilities**	**Site Mentor will demonstrate at a minimum: (not limited to the following)** • The site mentor will follow mentoring guidelines throughout the DCE. • The site mentor will provide feedback regarding the project progression through written or verbal feedback throughout the capstone experience. • The site mentor will evaluate the student's performance at the midterm (week 7) and final (week 14). • The site mentor will attend scheduled meetings with the student every two weeks. **Faculty mentor:** • The faculty member will track the progress of the student to ensure successful completion of objectives. • The faculty mentor will attend meeting with the student every 2 weeks. **Capstone Coordinator** • The coordinator will read and review email updates from the student every three weeks. • Should any changes or issues to the MOU arise, the capstone coordinator will help resolve or amend such changes/issues.

			• If conflicts or disputes arise, the capstone coordinator will serve as the point contact to help provide a solution.
Scheduled Meetings	• The student will schedule a 1-1.5 hour virtual meeting with her faculty mentor every 2 weeks to ensure that objectives or met or to aid in any necessary adjustments to goals. • The student will schedule an in-person or virtual 1-1.5 hour meeting with her site mentor every 2 weeks to track progress toward goals and objectives. • The student will send an email every three weeks to the capstone coordinator to keep her up-to-date regarding the student's progress. • If any issues or changes to the MOU arise, the student will email and schedule a meeting with the capstone coordinator to address the problem.	**Scheduled Meetings**	**Site Mentor** • The site mentor will attend an in-person or virtual meeting with the student every two weeks to discuss progression toward the completion of capstone objectives. **Faculty Mentor** • The faculty mentor will attend a virtual meeting with the student every two weeks to discuss progression toward goals/capstone objectives. **Capstone Coordinator** • The capstone coordinator will review the email updates from the student every three weeks throughout the 14 weeks.
Communication Methods	As mentioned in the meetings section, the student will follow the following expectations for meetings: • The student will schedule both meetings for the site mentor and the faculty mentor, and the specifics of those meetings are in the adjacent column. The following is the etiquette and expectations to follow when emailing regarding a simple inquiry or when trying to set up a meeting:	**Communication Methods**	**Site Mentor** • The site mentor will communicate with the student via email, text, or in-person meetings throughout the DCE. • The site mentor will address disputes via email to the capstone coordinator and the faculty mentor. **Faculty Mentor** • The faculty mentor will communicate via email or video call with the student.

	• For emails, 48 hours is an acceptable waiting time/response time before sending a follow-up email. When disputes arise, follow the instructions below: • The point of contact for disputes or conflicts during the DCE process is Dr. Podolski, the capstone coordinator. • When a dispute arises, contact the capstone coordinator and explain the conflict via email utilizing the SBAR format.		• If a dispute arises, the faculty mentor will reach out to the capstone coordinator via email**.**
Project Specific Requirements	Capstone outline • The student will create and provide the literature review, scope, and objectives. Observation and information gathering • The student will gather information to understand the informational and communication practices and needs of Visiting Angels in relation to their current use of the Generations Platform. Compiling information in a meaningful manner • The student will create a care-note protocol. • The student will create a document that entails the underutilized or not utilized aspects of the Generations platform. Presenting recommendations to site employees • The student will present 2 types of recommendations. • The first recommendation will relate to how the platform itself can be better utilized	**Project Specific Requirements**	**Site Mentor** • The site mentor will orient the student to the site. • The site mentor will attend all meetings and interviews necessary for gathering pertinent information • The site mentor will provide timely and periodic feedback regarding the student's care-note protocol. **Faculty Mentor** • The faculty mentor will attend meeting with the student every 2 weeks. • The faculty mentor will provide timely and periodic feedback regarding the student's care-note protocol.

	• The second recommendation will be the presentation of a care-note protocol, which will help further maximize the use of the platform and how caregivers utilize it.		
Project Timeline	***More Specific details regarding short term goals, learning activities, and outcomes measures are outlines in the purpose and objectives documents.** **Weeks 1-6: Accomplish learning objective 1** • LO1: *The student will understand the current state of informational and communication practices of Visiting Angels' caregivers by the sixth week of the capstone experience.* • This will be accomplished through participating in caregiving training, and interviews with the Registered Nurse regarding current information and communication practices and their use of their current digital platform. **Weeks 6-8: Accomplish learning objective 2** • LO2: *The student will explore potential mechanisms by which the current use of the Generations platform can be enhanced by the eighth week of the capstone experience.* • This will be accomplished through training programs of their current digital platform and a consequent write-up. • At the beginning of week 6, the student will begin to plan the sustainability plan for the recommendations. **Weeks 9-12: Accomplish learning objective 3**	**Project Timeline**	**Site Mentor** • The site mentor will provide feedback throughout the DCE and will attend all meetings. **Faculty Mentor** • Faculty mentor will review capstone documents throughout the 14 weeks. **Capstone Coordinator** • The capstone coordinator will review the email updates from the student every three weeks throughout the 14 weeks.

	• LO3: *The student will create a generalized care-note protocol that guides caregivers as to what types of pertinent information should be conveyed in a visit note by the 12th week of the capstone experience.* • This will be accomplished through scheduling meetings, care-note reviews, and interviews to ultimately write and create the care-note protocol. **Weeks 12-14: Accomplish learning objective 4** • LO4: *The student will effectively disseminate recommendations to Visiting Angels Management to enhance their ability to provide person-centered care through their current platform of the Generations HomeCareApplication by the fourteenth week of the capstone experience.* • This will be accomplished through setting up meetings, creating documents, and translating the information into respective PowerPoints. • By week 12, the student will produce a finalized sustainability plan, which will be included during her dissemination of recommendations.		

Appendix 3: IRB approval form

INSTITUTIONAL REVIEW BOARD

Mail: P.O. Box 3999
Atlanta, Georgia 30302-3999
Phone: 404/413-3500

In Person: 3rd Floor
58 Edgewood
FWA: 00000129

January 10, 2024

Principal Investigator: Pey-Shan Wen, PhD

Key Personnel: Curtis, Sarah E; Wen, Pey-Shan, PhD

Study Department: Georgia State University, Department of Occupational Therapy

Study Title: Enhancing the experiences of family caregivers and formal caregivers of a non-medical model caregiving company with their current company software

Review Type: Exempt Amendment

IRB Number: H24250

Reference Number: 377969

Approval Date: 11/20/2023

Status Check Due By: 11/19/2026

Amendment Effective Date: 01/10/2024

The Georgia State University Institutional Review Board reviewed and **approved** the amendment to your above referenced Study.

This amendment is approved for the following modification(s):

- I will be adding Pey-Shan Wen as the new PI for this study. She is the faculty mentor for this capstone project and a professor in the occupational therapy department. Additionally, I am removing Su Jin Lee from the study, as she is no longer at GSU.

The amendment does not alter the approval period which is listed above and a status update must be submitted at least 30 days before the due date if research is to continue beyond that time frame. Any unanticipated problems resulting from participation in this study must be reported to the IRB through the Unanticipated Problem form.
For more information, visit our website at www.gsu.edu/irb.

Sincerely,

Appendix 4: Semi-Structured Interview Questions

4.1 Visiting Angels Staff Semi-Structured Interview Questions (1-3)

Interview 1: Current policies/standards/ informational/communication practices and challenges

1. What functions of the Generations platform does a Visting Angel staff member use in a session?
2. Do all of the Visting Angels staff use the platform? If not, why?
3. What information are Visiting Angels staff encouraged or required to document?
4. How are Visiting Angels staff taught to use the Generations platform?
5. How does Visiting Angels staff communicate information from a caregiving session to family caregivers?
6. What type of information from a caregiving session is important to share with family caregivers?
7. How often does Visiting Angels staff communicate with family caregivers?
8. What is the most challenging aspect of writing a visit note?
9. What is the most challenging aspect of communicating important information to familial caregivers?
10. What would make communicating important information to familial caregivers easier for Visiting Angels staff?

Interview 2: Observation of use of platform

1. How do you "log in?"
2. How do you "log out?"
3. How do you create a visit note?
4. What other platform functions do you use during a session?

Interview 3: Components of an informative visit note

1. How would sharing visit notes with family caregivers affect your ability to communicate important information to familial caregivers?
2. What type of information do you currently include in your visit notes?
3. How would you describe a helpful/informative visit note?
4. If you were about to enter a caregiving session with a client that you had never worked with before, what information would you find want to read in a visit note prior to beginning the session?
5. What information would you not want to see in a visit note?
6. What would be your desired format for a visit note? (bulleted, paragraph, etc.)
7. You mentioned that _____ is a challenge or a pain point. Would _____ help improve the situation? Why or why not?

4.2 Family Member Interview Questions (1)

Interview 1: Components of an informative visit note

1. How would having access to Visiting Angel's visit notes affect your ability to care for your loved one?
2. How would you describe a helpful/informative visit note?
3. What information would be most helpful/important to be included in a visit note?
4. What information would you not want to see in a visit note?
5. What would be your desired format for a visit note? (bulleted, paragraph, etc.)