# Care++ - An Effective Tool of Psychological Interventions Delivered by Nursing Attendants' to Geriatric Patients

***By***

*Ankita Mandwe*

*Dissertation submitted for the partial fulfillment of the*

*MBA Hospital and Health Management*

*Academic year, 2015-2017*

**The IIHMR University, Jaipur**

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

Date- 17th May'2017

## TO WHOMSOEVER MAY CONCERN

This is to certify that **Ms. Ankita Mandwe**, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Healthvista India Pvt Ltd from 06th February 2017 to 10th May 2017.

The Candidate has successfully carried out the study on **"Care ++ - An Effective Tool of Psychological Intervention Delivered by Nursing Attendant's to Geriatric Patients"** designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish her all success in all his future endeavors.

Dr. Ashok Kaushik

Dean- Academics and Student Affairs
The IIHMR University, Jaipur

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17/05/2017
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PORTEA
HOME MEDICAL CARE SERVICES

10th May 2017

**TO WHOM IT MAY CONCERN**

This is to certify that **Ms.Ankita Mandwe, USN No. – IIHMR-U/01/2015-17/0256** student of MBA – Indian Institute of Health Management Research, 1, Prabhudayal Marg, Near Sanganer Airport, Jaipur, Rajasthan 302029, has undertaken a project work on **"Care++ - An Effective Tool of Psychological Intervention Delivered by Nursing Attendants to Geriatric Patients"** at Healthvista India Pvt Ltd from 06-02-2017 to 10th May 2017 in our Organization. And completed the same successfully.

During this tenure, she was found to be hardworking, and sincere and was sensitive to quality delivery as a professional.

Thanking you,

For Healthvista India Private Limited

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**THE IIHMR UNIVERSITY, JAIPUR**

**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled "**Care++ - An Effective Tool of Psychological Interventions Delivered byNursing Attendant's to Geriatric Patients**" and submitted by **Dr. Ankita Mandwe** Enrollment No. **IIHMR-U/01/2015-17/0256** under the supervision of **Dr. Mohan Bairwa** for award of Postgraduate Diploma in Hospital and Health Management of the University carried out during the period from 6th February 2017to 10th May 2017 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

(Dr. Ankita Mandwe)

**THE IIHMR UNIVERSITY, JAIPUR**

**ETHICAL CERTIFICATE**

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled **"Care ++ - An Effective Tool of Psychological Intervention Delivered by Nursing Attendant's to Geriatric Patients".**

Signature of student

(Dr. Nikita Mandme)

# DECLARATION

I hereby declare that the Project Report entitled **"Care++ - An Effective Tool of Psychological Interventions Delivered by Nursing Attendants' to Geriatric Patients"** submitted by me to Department of Counselling Services, Portea Medical, Bangalore, is a bonafide work carried out by me and is original and not submitted to any other University or Institution for the award of any internship Certificate or published any time before.

**Submitted by:**

**Dr. Ankita Mandwe**

**Place: Jaipur**

**Date: 17th May'2017**

## ACKNOWLEDGEMENT

I am using this opportunity to express my gratitude to everyone who supported me throughout the course of this project. I am thankful for their aspiring guidance, invaluably constructive criticism and friendly advice during the project work. I am sincerely grateful to them for sharing their truthful and illuminating views on a number of issues related to the project.

I express my warm thanks to Mrs. Meena Ganesh and Mr.Vaibhav Tiwari for their guidance and for motivating me to complete this project with sheer dedication.

I would also like to thank my mentors and guide, Mr. Ninad Karandikar, Ms. Ritu Vijay and Mrs. Nuzhath for their able guidance. I would also like to show my gratitude to all the people who provided me with the facilities being required and conductive conditions for my project. Without their help and support, the project would not have been a success.

I would also like to pay my sincere thanks to my mentor in college Dr. Mohan Bairwa who guided me well through the project completion.

Dr. Ankita Mandwe

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## LIST OF ABBREVIATIONS

| | | |
|---|---|---|
| 1. | NA | Nursing Attendants |
| 2. | CRO | Customer Relationship Officer |
| 3. | CBT | Cognitive Behavioral Therapy |
| 4. | CJS | Creutzfeldt Jakob Syndrome |
| 5. | LOS | Length of Stay |
| 6. | EQ | Emotional Quotient |
| 7. | TPI | Treatment Progress Indicator |

## ABSTRACT

Alterations that go with maturing represent a test to the emotional wellness of the Elderly. There has been an expanded mindfulness as of late with respect to patient experience and mental prosperity. Expanding open feedback and media consideration in regards to this has put weight on social insurance associations to return to psychosocial parts of patient care. (1)

The assortment of alterations which elderly patients needs to experience not just expand their weakness to psychological well-being issues however regularly result in stressed associations with relatives. This further impacts the mental prosperity of elderly patients.

Studies considering the effectiveness of psychosocial interventions in care homes have drawn mixed conclusions, reflecting the diversity of interventions, objectives and outcomes. A recent systematic review of non-pharmacological management concluded that supervised interventions which promote better communication, interaction and understanding between care home staff and patients can reduce depression and agitation immediately and for up to 6 months afterwards. (2)

Introduction of Care++ Program adds emotional support to NA product and focus on general clinical problems and neurological issues faced by elderly patients. This program encourages companionship supportive conversation, light exercise and active thinking with recreational activities. This program will help in adding a strong value to current services delivered by NA's and will inevitably increase customer satisfaction.
Giving passionate support to geriatric patients has been demonstrated as a proper mediation for patients with depressive scenes. There is however very little research recording how elderly populaces experience and advantage from enthusiastic bolster program. This study addresses this research gap by conducting a pilot study on elderly persons who received Care++ Program at Portea Medical, Bengaluru.

## Care++ - An Effective Tool of Psychological Interventions Delivered by Nursing Attendant's to Geriatric Patients

## INTRODUCTION

Depression is turning into a disturbing issue in our current society. With resulting social issues not out of the ordinary, it might turn into the malady with the best social weight after ischemic coronary illness. Considering that misery is the most widely recognized mental issue in maturity. Its administration in the elderly populace is fundamental.

Elderly individuals with depression have an especially poor guess as contrasted and individuals in other age gatherings, as they have a moderately higher danger of suicide and mortality. Components connecting with depression incorporate diminished capacity in every day exercises, lessened level of sense of pride, decreased fulfillment with life. (3)

Recovering from depression for geriatric population requires action. A comprehensive approach that will help them to get emotional support while making lifestyle changes and reversing negative thinking should be made accessible.

## Care++ Program

Care++ Program is a new initiative started by Portea Medical to benefit elderly patients not just physically but emotionally as well. This program mainly focuses on providing comprehensive healthcare services to speed up the recovery of patient. It mainly targets geriatric population with general clinical conditions such as bed-ridden patients, old people with moderate functional ability, or elderly patients staying alone/ with less support etc. It also includes geriatric patients with neurological problems like dementia, Parkinson's, Alzheimer's and CJS. As this is being launched on Pilot basis, currently it is given as a complimentary service to our privileged and tier 4 patients.

**Emotional Support with NA's**

Passionate support is an imperative segment of a sound relationship and shows that a relationship is more profound and more important than an easygoing acquaintance. Genuine, significant connections are portrayed by common and unqualified enthusiastic support.

The capacity to show sympathy, empathy, and veritable worry for someone else is the manner by which we would characterize our Emotional Support. One of our most fundamental needs as individuals is genuine, legitimate, important associations with other people. Studies have demonstrated that individuals with sound fellowships and connections have more noteworthy enthusiastic prosperity, live more beneficial lives, and even have longer futures.

Having someone to converse with on a regular basis helps to keep an elder's mind and body active and healthy. Simple reminding, moral support, and cooperation can have a huge impact on one's willingness to engage in activities. A caregiver can encourage a loved one to engage in regular, light exercise, and may even participate with them. This activity can be as simple as taking an evening stroll or as involved as making trips to the garden together a few times per week. Regular activity can help to improve strength and balance, which decrease and prevent mobility problems, health issues, and dangerous falls.This type of emotional support delivered through our Nursing Attendant's will help in building a trusted relationship between patient's and attendant's in which our attendant's will act as 'companions'.

**OBJECTIVES:**

- To develop an Emotional Support Program, Care++, driven by Nursing attendants
- To design and develop a Training module for Nursing attendants to execute Care++ program coherently

- To assess the effectiveness of Care++ program delivered by Nursing attendants to elderly patients

## REVIEW OF LITERATURE:

### Challenges of Ageing

Ageing is described both by different misfortunes and the necessities to make various alterations. These misfortunes, however not general, incorporate for some, the imperfect working of numerous organ frameworks in the body, decay in subjective working, and the failure to be as gainful in work as some time recently. With declining capacity to add to family wage and poorer wellbeing, maturing additionally brings about the change of parts in the family. Previous providers need to rely on upon adult youngsters to meet at any rate some of their budgetary needs. Other than this, maturing is likewise described by the loss of one's group of friends, particularly with the improving probability of mortality for people in this life organize. (7)

### Mental Wellness and Ageing

The losses associated with ageing are potential stressors, especially for those who have not been well prepared for this phase of life. Coping with these transitions can be challenging and this inability is notable through examining suicide and depression incidence among the elderly. The elderly in Singapore, especially those who are male and suffering from illness and disability as a result of the ageing process are at increased risk for suicide. In fact, about ten years ago, Singapore's elderly suicide rates were among the highest in the world only behind rural China. Besides suicide rates, local epidemiological studies reveal that for those above 60 years, about 10% of them can be classified as having sub-syndromal depression, a condition associated with lower quality of life, increased suicide risks and excessive utilization of medical services. The incidence of subsyndromal depression increased with older ages, medical comorbidities and functional disabilities.

A hospital based study of Singaporean elderly stroke patients showed that 60% on admission had five or more symptoms on the depression index. About 34% continued to manifest these symptoms 6 months after discharge. Depressive symptoms were also more prevalent among those who lived alone.

The Social Isolation, Health and Lifestyle Survey conducted in 2009 with nearly 5000 older persons revealed that 26% of seniors in this large scale study who lived alone reported depressive symptoms compared to 9% of those who had family connections (Ministry of Community, Youth and Sports, 2010). Those who had weaker social networks were also more likely to have more depressive symptoms compared to those who had strong social networks. (13)

The different forms of adjustments that the elderly have to go through not only increase their vulnerability to mental health problems but often result in strained relationships with family members. This further compounds the effect on the older person's emotional and psychological well-being. (8)

**Counselling as Effective Intervention**

Counselling, through a variety of formal and informal helpers including religious practitioners, physicians and elders in the community has for a long time been seen as a useful intervention to help the individual better cope with life transitions. In the age of the professionalization of services, counselling has become much more formalized. It is as defined by an international counselling association "as a treatment that is entered into voluntarily, is responsive to the client's individual needs, and requires flexibility of response from the therapist. The intended outcome is to bring about change in the domains of psychological and behavioral functioning" (9). The importance of reporting change in the client's psychological functioning has given rise to considerable research, many of which showing that counselling can be particularly beneficial for clients facing emotional and psychological concerns (Levant, 2004).

Current research suggests that counselling is just as useful as antidepressants in the treatment of mild and moderate depression is effective for a range of mental disorders and other issues where behavioral change is required, such as smoking cessation (10).

Counselling has also been shown to help improve family functioning and coping in a variety of situations.Elderly clients present a range of problems in counselling. Using data from her clinical practice, King (1980 as cited by Woolfe, 1998) lists various reasons including fear regarding retirement, disruptions in marital relationships owing to the "empty nest" syndrome, anxiety over physical decline, experience of illness owing to ageing and depression with the increasing awareness of death. (17)

While the literature documenting the effectiveness of counselling often concentrates on younger populations, there is a growing body of work examining gerontological counselling. Such services are increasing in popularity in both Western and Asian societies partly because of the growing appreciation of mental health well-being and the research that relates emotional wellbeing with physical health measures. In Asia anecdotally the grown-up children who are more exposed to psychological interventions are increasingly likely to refer their parents for counselling help when they notice abnormalities in their parent's behavior.

Several studies have attempted to measure the outcomes from counselling for elderly populations. The earliest documented trials of the effectiveness of counselling for elderly populations was conducted by Thompson and Gallagher (1984) who relied on a cognitive behavioral approach in their treatment plans. They attempted to help elderly clients deal with the cognitive distortions which were often central to a depression episode. Nearly 65% of their sample who had a clinical episode of depression seemed to benefit after undergoing short term therapy as their symptoms settled after the intervention. A quarter of the subjects experienced no significant change while the remaining 15% reported some persistent symptoms. Based on post therapy monitoring over two years, few of the elderly subjects who had fully recovered relapsed during the treatment phase into their symptoms. It was however notable that

those who did not relapse within the first two months did not report any future relapses. This seminal study also noted several important findings which were later confirmed in a follow-up study by Thase (1997)

• Elderly benefit as much as younger patients from therapy, but more slowly
• With remission of depression, self-rated health is improved
• Therapy can be effective in preventing relapses and supporting wellbeing and coping
• There is no association between pre-treatment chronic medical burden and short term treatment outcome
• A supporting social network is of great value for recovery
• The level of severity has prognostic value in regard to profit from psychotherapy; recovery is more complete and quicker in cases of lower levels of severity (15)

A decent number of other research examines assessing psychotherapy among the elderly have been directed in the years after the underlying Thompson and Gallagher (1984) ponder. These reviews differed in the sort of tests they utilized (as far as the level of depressive manifestations, nearness of co-morbidities and inabilities and period of customer), the level of controls (many reviews contrasting mediation gatherings and diverse mental treatments and pharmacological intercession), and the general multifaceted nature of the investigation. In light of a few accessible meta-investigative reviews which looked at between fifty to a hundred distinct reviews, the general conclusion has been that mental treatments have demonstrated adequacy in lessening manifestations for both major also, minor types of wretchedness among the elderly (Mackin and Araen, 2005). Administrations fusing prescription by and large expanded the adequacy of the mediation for significant wretchedness.

The current research does not demonstrate any drop in the adequacy of psychotherapy with expanding age albeit a few reviews reported genuinely necessary changes to suit the requirements of elderly customers. (11) It is hard however to reach determinations about elderly customers who are over 80 years old and physically fragile since not very many such

reviews have been attempted (Mackin and Araen, 2005). (12)

While there is generous difference about the degree that mentally based treatments can offer to more established people who encounter depressive side effects and have considerable restorative co-morbidities, a meta-logical review taking a gander at research in light of Chinese populaces, overwhelmingly in China, recommends that it kept on being successful. Patients likewise experienced more prominent control of substantial worries subsequently of mental treatment. The reviews however are to some degree one-sided as the mental treatment was constantly led by therapeutic specialists who are significantly regarded in China. Patients may have been worried that their absence of thoughtfulness regarding the specialist's guidelines would bring about traded off therapeutic treatment. All things considered they most likely were more mindful and persuaded for intercession. (13)

**HYPOTHESIS:**

Care++ program delivered by NAs will increase overall value of NA's offering and in result will effectively reduces depression, anxiety and enhance emotional well being in elderly patients.

**Primary outcome** -

To understand the process of change within a patient, and it's causes and to primarily focus on overall feeling of positivity that manifests into a more fulfilling and productive patient's life.

**Secondary outcome**-

Operating on a solution-focused and patient-centered approach and validating the results and efficacy of Care++ program.

## MATERIAL AND METHODS:

## STUDY DESIGN:

*Desk Review and Descriptive Cross-sectional Study Design:*

So as to dissect viability of this program, a subjective approach has been embraced in this review. A subjective approach has given the immediate criticism from the relatives and patients in their own words. The review was keen on catching the embodiment of what realized change in behavioral example of patients' mental prosperity.

In addition, elderly patients will probably be pleasing to give free streaming discussions contrasted with noting mental inquiries which they would discover immaterial replying.

- Desk review for developing Care++ Emotional Support Program among elderly patients

1. Books review
    - Becoming Resilient: Cognitive Behavioral Therapy for Depression and Anxiety by *Nimmi Hutnik*
    - Feeling Good Handbook: The Groundbreaking Program with powerful New Techniques and Step-by-Step Exercises to Overcome Depression, Conquer Anxiety, and Enjoy Greater Intimacy by *David D. Burns*
2. Scientific Articles on Emotional Support delivered through care-givers

- Desk review for developing Care++ Training Module for Nursing Attendants
    - Review of existing training module of Nursing Attendants
    - Development of Module for Care++ to accommodate Nursing Attendants Care++ Training schedule

## SETTING:

*Portea Medical, Bengaluru*

Portea Medical is a home healthcare company that provides hospital-quality healthcare in the comfort of patient's home.

Business Model:

This model spares a great deal of time for patients, since they don't have to sit tight outside a facility for a long stretch, some of the time spending a large portion of a-day or possibly an entire day at the doctor's facility to benefit exceptionally fundamental medicinal services needs.

Mission/Vision of Portea Medical – The vision is to guarantee that the administrations are furnished with extraordinary sympathy and compassion so that in a snapshot of need, patients and their families can rest guaranteed that care is being given by the absolute best experts, who utilize their abilities and their heart, to help those needing care.

**DURATION OF STUDY:**

A period of *3 months from 06st February to 10th May, 2017*

**SAMPLE SIZE:**

Sample size consists on 50 Geriatric patient from each location as this program is launched PAN India.

These locations include:

1) Bengaluru
2) Delhi
3) Mumbai
4) Hyderabad
5) Chennai

So sample size = 50 geriatric patients and *50 Nursing Attendants from South Bengaluru (Patient: Nursing Attendant Ratio -1:1)*

This study only considers 50 Geriatric patients from South Bengaluru as

1) Accessibility of data
2) On field supervision
3) Post Care++ interview sessions with patient and family members

**SAMPLING TECHNIQUE:**

*Purposive Sampling Technique* including

- Patients living alone with less severe medical condition
- Patients with moderate medical condition
- Bed ridden patients
-

**SAMPLE SELECTION:**

*Inclusion criteria:*

Geriatric patients availing NA services with

- Length of Stay > 30 Days,
- Net Promoter Score > 8
- Customer Satisfaction Survey > 4
- Age greater than 65 Years

*Exclusion criteria:*

- Patients not availing NA services
- Patients with NA services with LOS < 30 Days
- Age less than 65 years
- Dementia Patients

**CARE++ PROGRAM:**

**Product Offering**

Care++ plan is a customised plan according to patient's medical condition i.e. functional ability and his cognitive ability. It's a 5week plan in which NA's will record patient's psychological condition depending upon 2 parameters, 4 times a week.

Consists of:

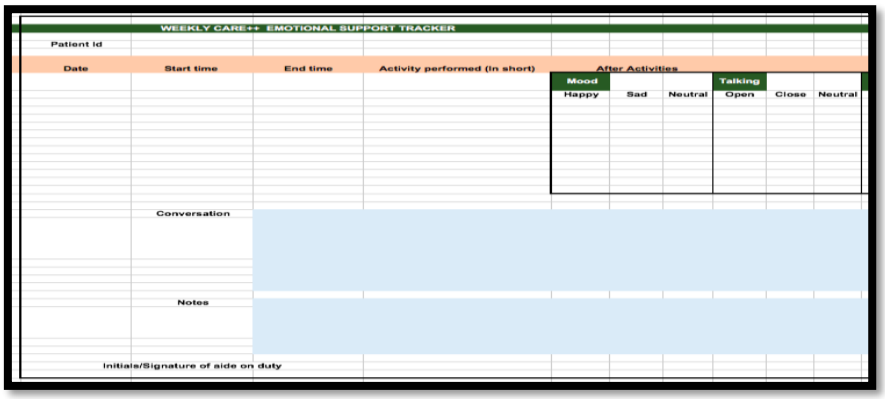
i. **Activities – These activities are helpful in**

- Stimulating the mind and boosting creativity
- Keeping patient feeling young and energetic
- Improving brain function

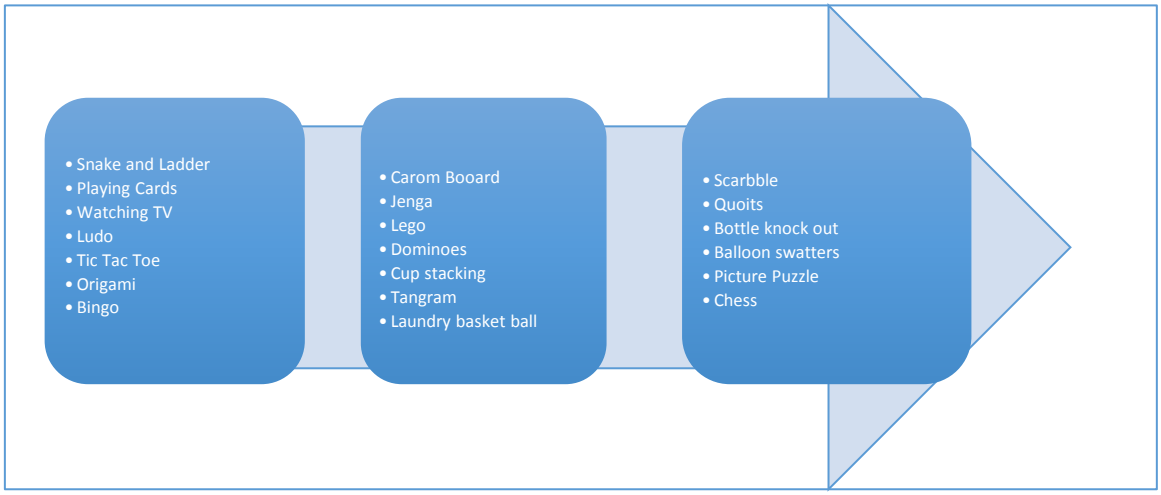
Parameters to be noted are

1. Mood of patient before and after activity
    - Happy
    - Sad
    - Neutral
2. Openness to conversation after activity
    - Open
    - Close
    - Neutral

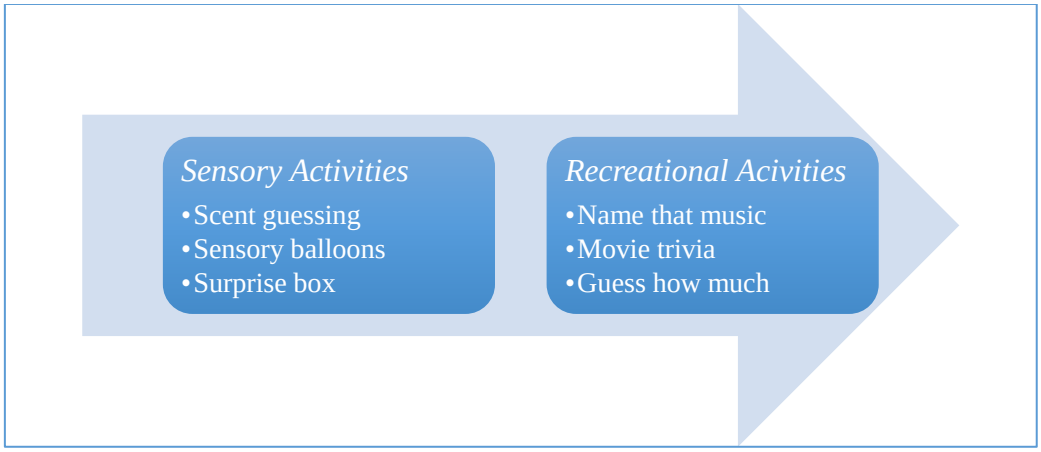
**WEEKLY CARE++ EMOTIONAL SUPPORT TRACKER**



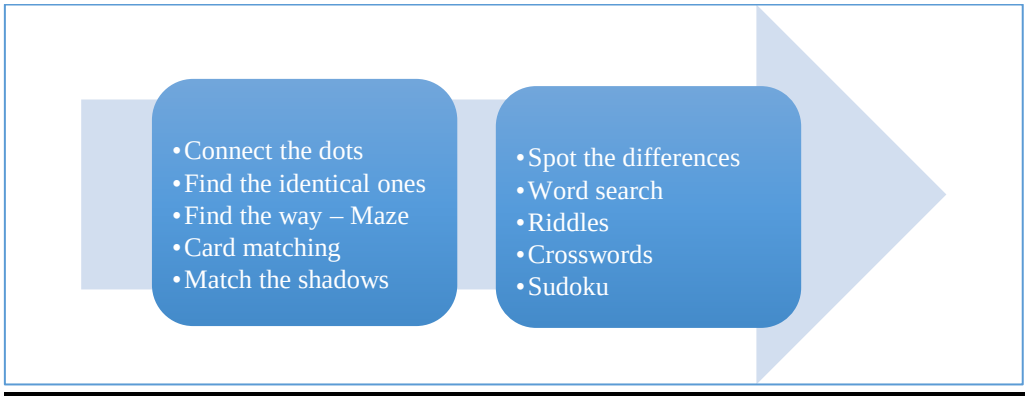
## Common Activities




## Sensory and Recreational Activities

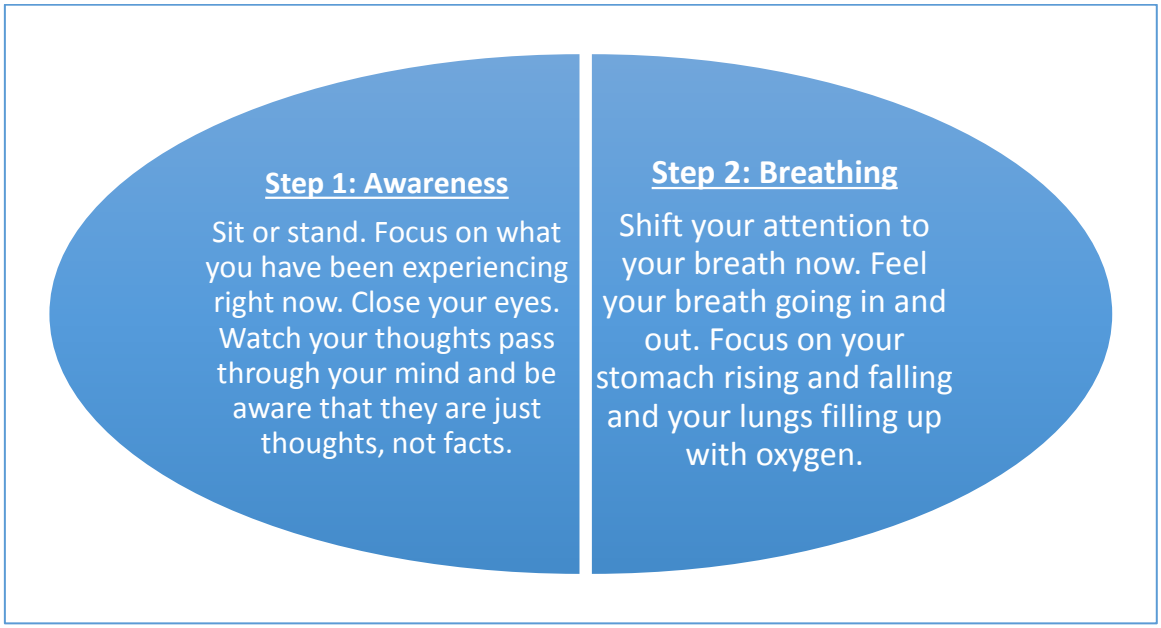



## Mental Stimulation Activities



- **Exercises** – Meditation and Mindfulness

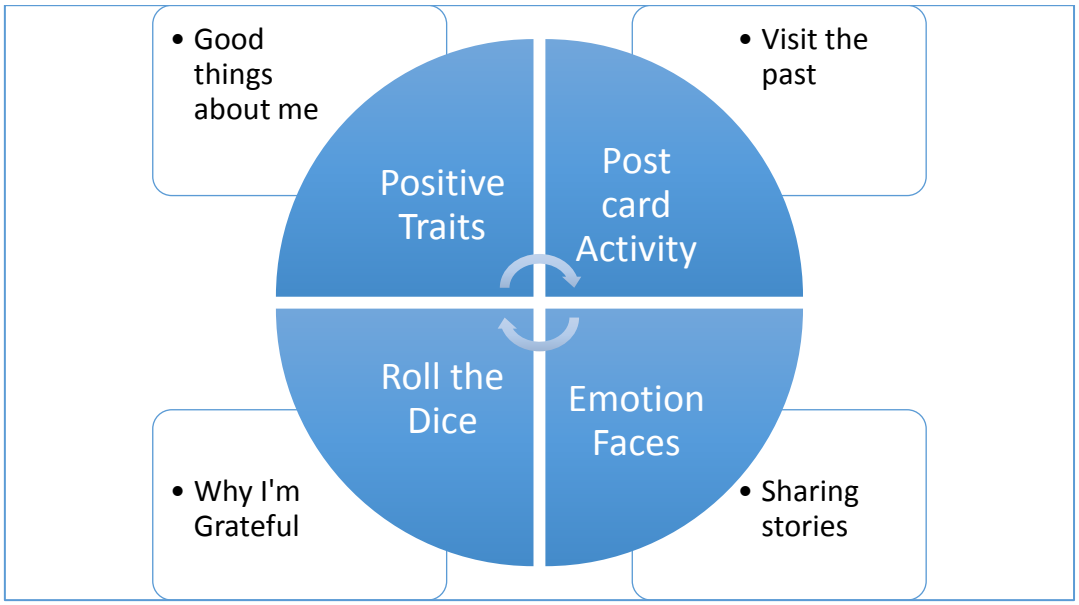
Mindfulness is about bringing the mind fully into the moment. One of the simplest ways to increase mindfulness is to practice bringing attention to your breathe and breathing pattern. This exercise will induce a feeling of calmness and relaxation for better recovery in elderly patients.



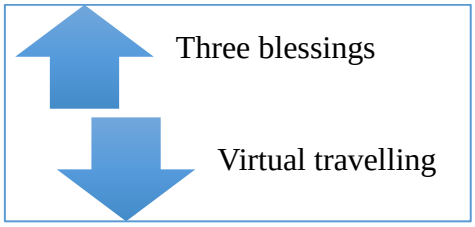

1. **Conversations –** Relieves strain brought about by the development of ordinary stressors, and in addition the injury of real life troubles.

2. **Therapeutic activities and records -** its will likely change examples of intuition or conduct that are behind individuals' challenges, thus change the way they feel.

These conversational activities along with CBT logs and records will help elderly patient to open up themselves and share their thoughts and emotions through varieties of Cognitive Behavioral Therapy.



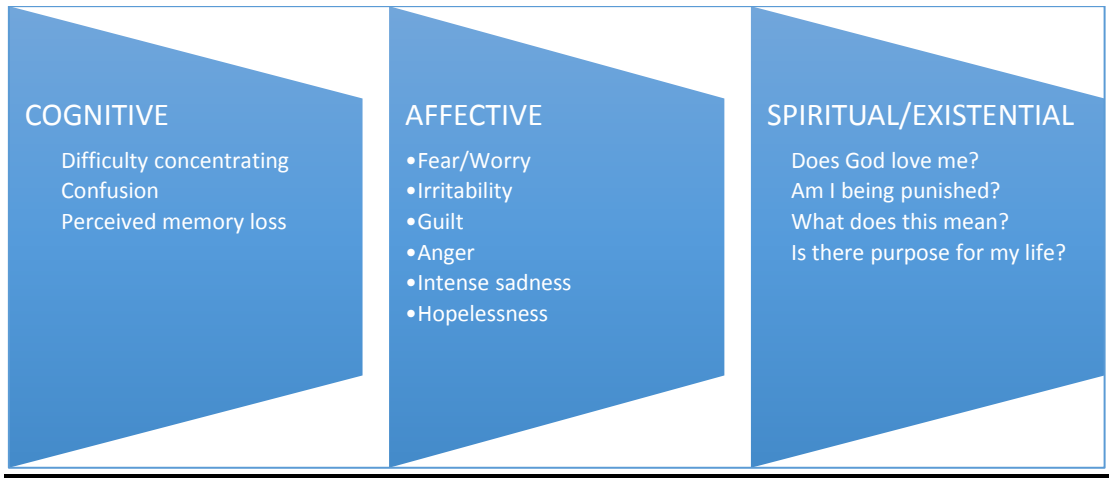

Other activities are:



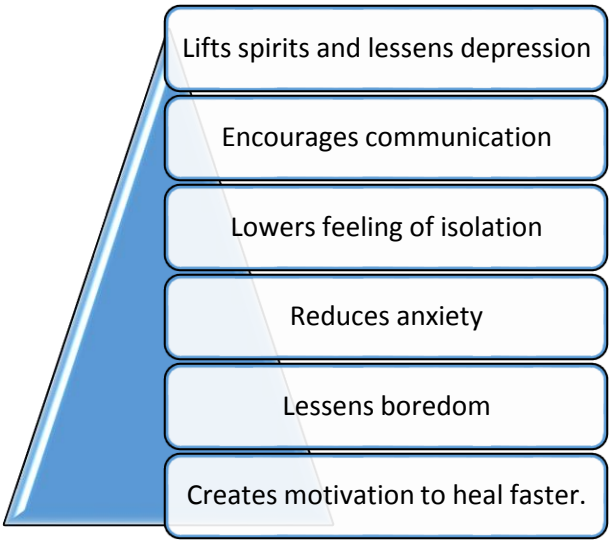

**Importance of Care++**

Depression is a serious condition for elderly patients. This depression drains a person's energy, optimism, and motivation.

It affects in many ways as



To overcome this type of feeling Care++ plan will help in following ways:




**RESULT ON CARE++ PROGRAM**

***Customised Plan of a patient (1week)***

Customised according to Patients :

*Medical Condition (Functional Ability)

*Cognitive Ability

One person caring about another represents life's **GREATEST** value.

**Care++ Monthly Plan**

**ACTIVITIES** (Tick Activities depending upon Patient's Cognitive and Functional Ability)

**COMMON ACTIVITIES**

1. Snake and Ladder
2. Playing Cards
3. Watching TV
4. Ludo
5. Tic Tac Toe
6. Origami
7. Carom Board
8. Bingo
9. Jenga
10. Lego
11. Dominoes
12. Tangram
13. Scrabble
14. Cup Stacking Game
15. Laundry Basket Ball
16. Quoits
17. Bottle Knock Out
18. Balloon Swatters
19. Simple Puzzle
20. Chess
21. Reading Magazines/ Newspapers

**SENSORY ACTIVITIES**

1. Scent Guessing
2. Sensory Balloons
3. Surprise Box

**RECREATIONAL ACTIVITIES**

1. Name That Music
2. Movie Trivia
3. Guess How Much

**MENTAL STIMULATION ACTIVITIES**

1. Connect the dots
2. Find the identical ones
3. Find the way – Maze
4. Card Matching
5. Match the shadows
6. Spot the differences
7. Word search
8. Riddles
9. Crosswords
10. Sudoku

**CONVERSATIONAL + THERAPEUTIC ACTIVITIES**

1. Positive traits + Good Things About Me
2. Visiting the past + Post card activity
3. Roll the Dice – Why I'm Grateful
4. Three Blessings
5. Emotion Faces – Sharing Stories
6. Virtual travelling exercise

**THERAPEUTIC RECORDS**

1. Sleep Journal + Mood Chart
2. Basic emotion assessment

## ***FOR NA's - CARE++ WEEKLY PLAN TRACKER***

*NA's has to record the activities performed during the day and Patient's behavior change after activities for tracking the progress.*

**WEEKLY CARE++ EMOTIONAL SUPPORT TRACKER**

Patient Id

| Date | Start time | End time | Activity performed (In short) | After Activities | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Mood | | | Talking | | |
| | | | | Happy | Sad | Neutral | Open | Close | Neutral |
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Initials/Signature of aide on duty

***FOR NA's - CARE++ WEEKLY PLAN TRACKER***

*In this section, NA's will write everyday talks and any notes/comments which would be helpful for better service delivery.*

| | Conversation | |
|---|---|---|
| | | |

| | Notes | |
|---|---|---|
| | | |

***FOR FAMILY MEMBERS'***

*Your valuable comments will aid us in improving our service delivery by all means.*

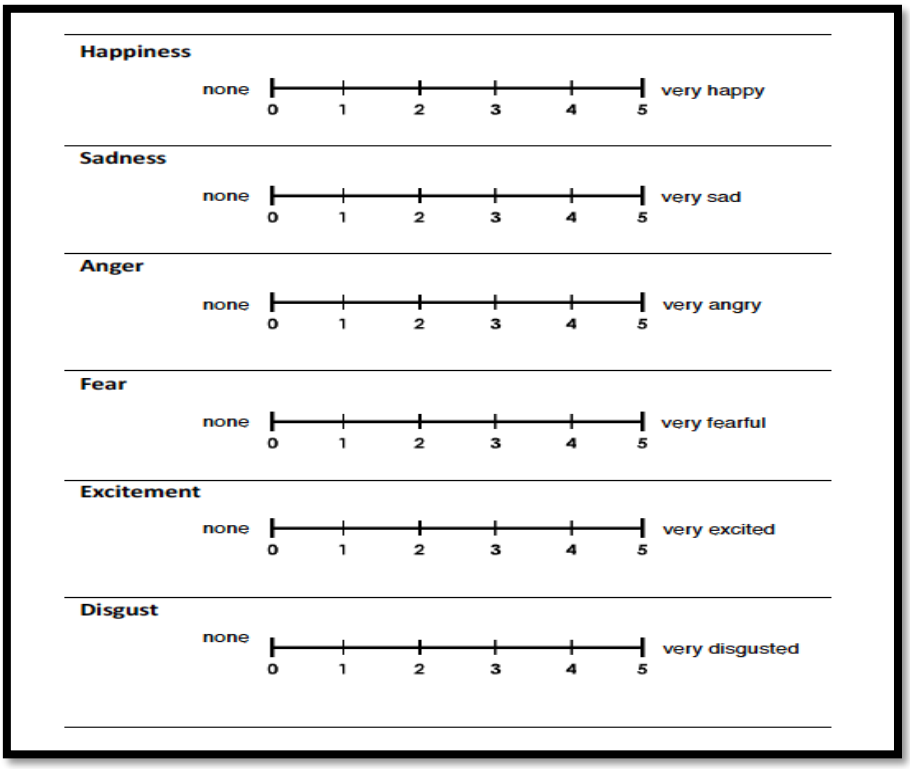
| | | |
|---|---|---|
| Which is the most favorite activity? | | |
| Which activity is the least favorite? | | |
| Do you want to add any other activity instead? | | |
| Any negative results are evident after the activity?(Please Explain) | | |

| | | |
|---|---|---|
| Do you think this activity is helpful? | | |
| Do you want to change/improve any activity? | | |
| Do you want to improve frequency/duration of the activity? | | |
| Any positive results are evident after the activity?(Please Explain) | | |

***FOR FAMILY MEMBERS'***

## BASIC EMOTION ASSESSMENT

*Completing this questionnaire will help us in knowing and evaluating patient's progress.*




*Comments -*

_____

_____

_____.

*Notes -*

_____

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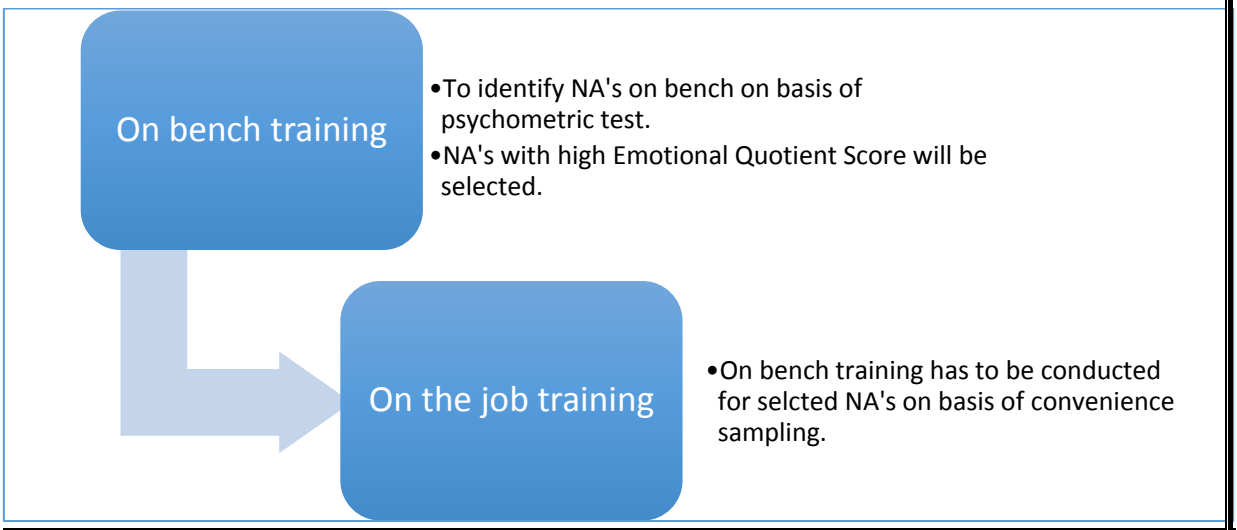
## TRAININDG MODULE

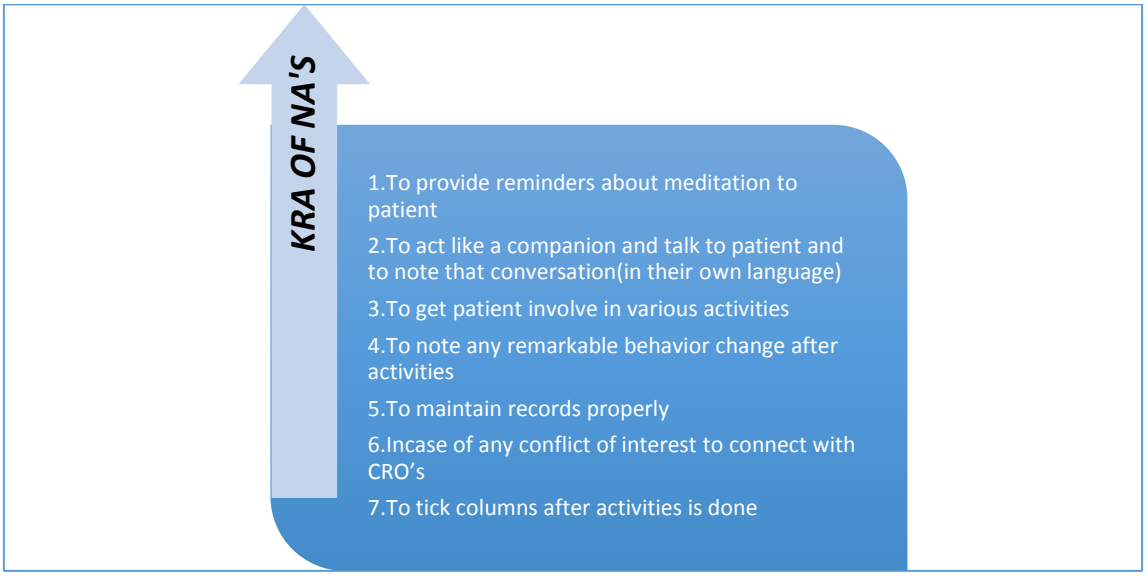
### Aim

Training module will help in training our NA's for our new product Care++ by giving additional training on emotional support and relationship building activities for patients.

### Identification of NA's




### Role of NA's



**Training Program**

**OJT Process: (1 Hour)**

Step 1:

Trainer to greet the patient party and understand the ongoing service updates for 5-10 Minutes before they meet the Patient/NA.

Step 2:

Trainer to meet Patient post confirming with family members and based on interest level of patient and his functional ability customised Care++ plan should be made in next 10 minutes.

Step 3:

Trainer to provide a platform for NA to discuss or share the ongoing duty on positive notes and support required to meet customer expectations 5 Minutes

Step 4:

Trainer to collate the feedback from Family and Patient, and appreciate the carer for efforts lay to help customers and simultaneously guide the carer 2-5 Minutes.

Step 5:

Trainer to train NA on the required guidelines and complete the visit – 35 Minutes.

1) Introduction of new Care++ program and its importance - 5 Minutes.
2) Tips on striking conversation - 5 Minutes.
3) Hands-on on different activities (minimum 5 activities) - 20 Minutes.

4) Explaining one-week plan for the patient - 5 Minutes.

Step 6:

Trainer to explain NA's about their KRA - 5 Minutes

1) To provide reminders about meditation to patient

2) To get patient involve in various activities

3) To act like a companion and talk to patient and to note that conversation (in their own language)

4) To note any remarkable behavior change after activities

5) To tick columns after activities is done

6) To maintain records properly

7) Incase of any conflict of interest to connect with CRO's

Step 6: Good Bye with Best Wishes to the Patient and Family Members.

**On-bench Training: (3 Hours)**

Step 1:

Trainer to train NA on the required guidelines – 100 Minutes.

- Discussion with NA's about emotional support, to know NA's basic knowledge and understanding of Emotional Support. – 5 minutes
- Introduction of new Care++ program and its importance -5 Minutes.
- Introduction to Activities - 5 Minutes.
- Hands-on on different activities – 75 Minutes.

- Introduction to meditation - 5 Minutes.
- Two-minute meditation exercise - 2 Minutes.
- Introduction to therapeutic activities - 15 Minutes.
- Tips on striking conversation - 5 Minutes.
- Explaining weekly plan for the patient - 10 Minutes.

Step 2:

Psychometric evaluation of NA's on Emotional Quotient – 20 Minutes

Step 3:

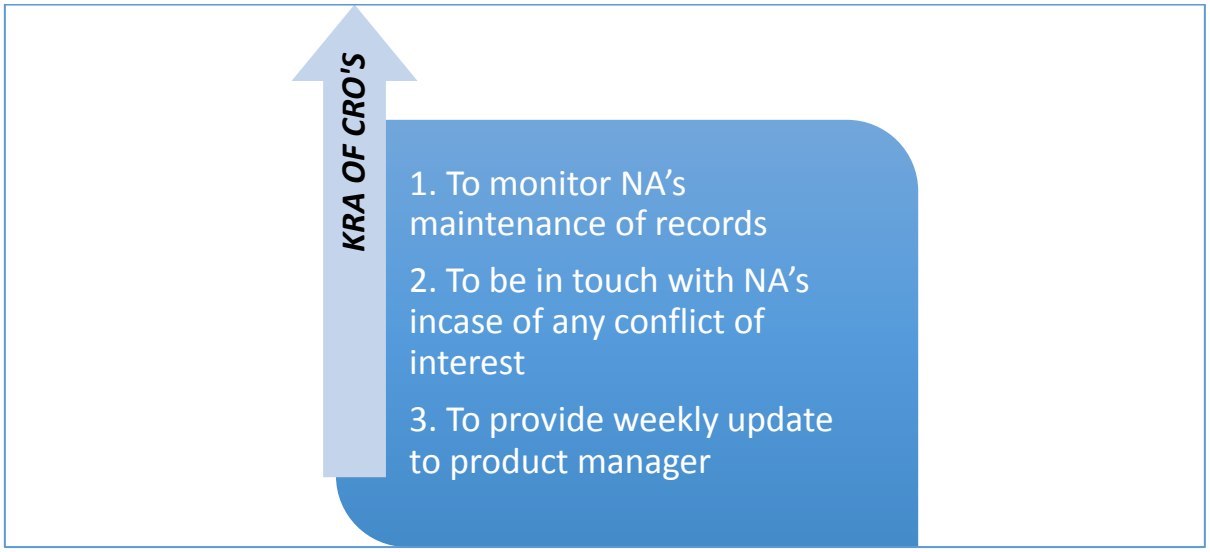
For selected NA's - Trainer to explain NA's about their KRA - 20 Minutes

1. To provide reminders about meditation to patient
2. To get patient involve in various activities
3. To act like a companion and talk to patient and to note that conversation (in their own language)
4. To note any remarkable behavior change after activities
5. To tick columns after activities is done
6. To maintain records properly
7. Incase of any conflict of interest to connect with Customer Relationship Officer's

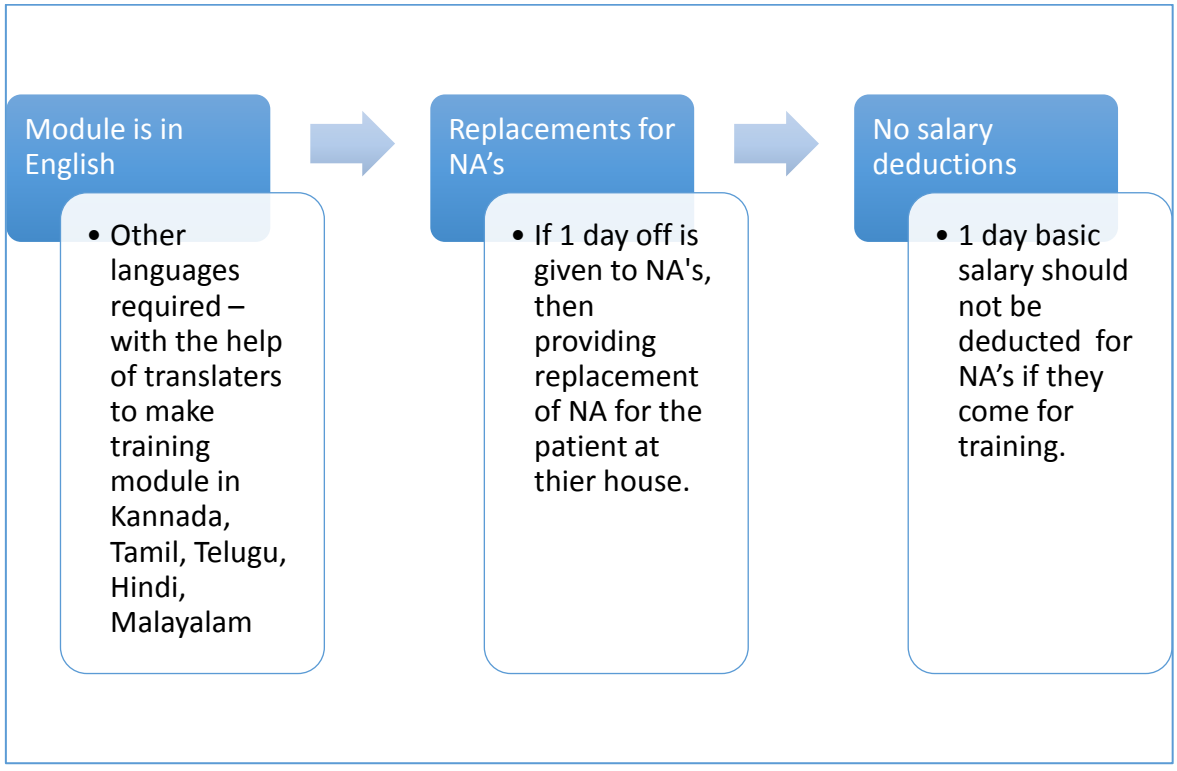
Step 4:

Trainers to resolve any doubts about customised Care++ Program – 15 Minute

**Role of CRO's-**




**Training Issues and Solutions**



**Emotional Quotient Test**

Psychometric assessment tools for NA's. This test will reveal their important skills such as compassion (C), forgiveness (F), empathy (E), mindfulness (M) and amicability (A) in the service delivery of Care++ Program.

1. Have you ever prevented any problem because you were able to anticipate one person's reaction to another person? (M)

2. Give me an example of a time when you dealt calmly and effectively in a volatile situation. (A)

1. I appreciate improving other individuals feel. (E)

A. Disagree

B. Neutral

C. Agree

D. Strongly concur

2. When another person is feeling energized, I have a tendency to get energized as well. (E)

A. Disagree

B. Neutral

C. Agree

D. Strongly concur

3. When I see somebody being exploited, I feel defensive towards him/her. (E)

A. Disagree

B. Neutral

C. Agree

D. Strongly concur

4. I need to invest energy with my patient so I can discover approaches to help enhance his/her life. (C)

A. Disagree

B. Neutral

C. Agree

D. Strongly concur

5. When I see that my companion is dismal about something, I effectively crave talking and making him quiet. (A)

A. Disagree

B. Neutral

C. Agree

D. Strongly concur

6. I wind up noticeably disturbed when somebody cries. (C)

A. Strongly oppose this idea

B. Disagree

C. Neutral

D. Agree

7. If somebody enlightens me concerning an occasion that fulfilled him/her, I can without much of a stretch comprehend why that occasion fulfilled him/her. (C)

A. Strongly oppose this idea

B. Disagree

C. Neutral

D. Agree

8. If I'm certain I'm appropriate about something, I don't squander much time tuning in to other individuals' contentions. (F)

A. Strongly oppose this idea

B. Disagree

C. Neutral

D. Agree

9. I think that its hard to act warmly toward somebody in the event that they interfere with me in my things. (F)

A. Strongly oppose this idea

B. Disagree

C. Neutral

D. Agree

10. When chatting with other individuals, I am mindful of their facial and body expressions. (M)

A. Never

B. Rarely

C. Sometimes

D. Often

Answer Keys

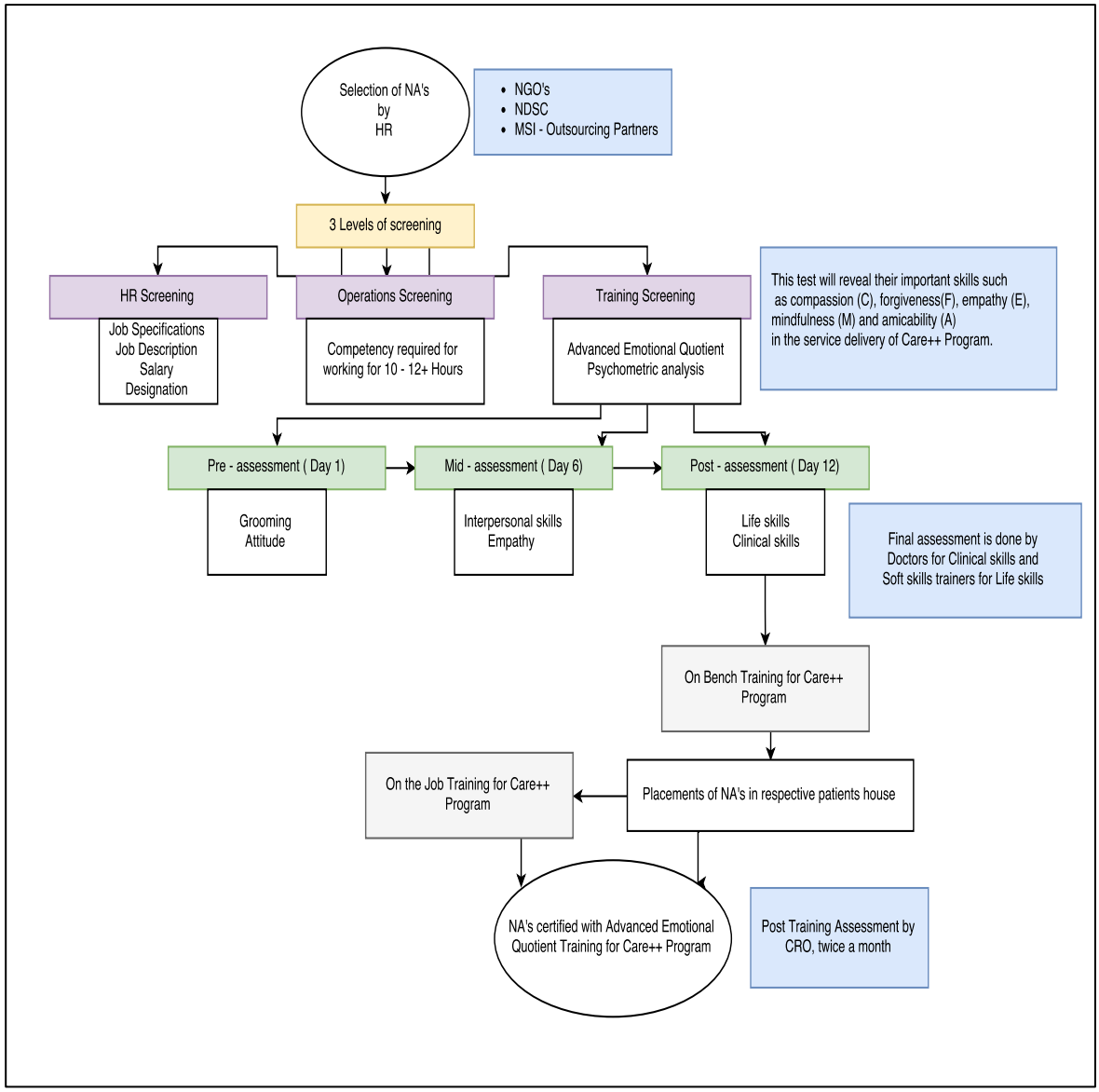
| Question | 1st Best Answer | Score | 2nd Best Answer | Score |
|---|---|---|---|---|
| 3 | D | 2 | C | 1 |
| 4 | D | 2 | C | 1 |
| 5 | D | 2 | C | 1 |
| 6 | D | 2 | C | 1 |
| 7 | D | 2 | C | 1 |
| 8 | A | 2 | B | 1 |
| 9 | A | 2 | B | 1 |
| 10 | A | 2 | B | 1 |
| 11 | A | 2 | B | 1 |
| 12 | D | 2 | C | 1 |

| Scaling | Category |
|---|---|
| 16-19 | Preferred Candidate |
| 13-15 | Satisfactory Candidate |
| 10-12 | Could be Considered |
| <9 | Rejected |

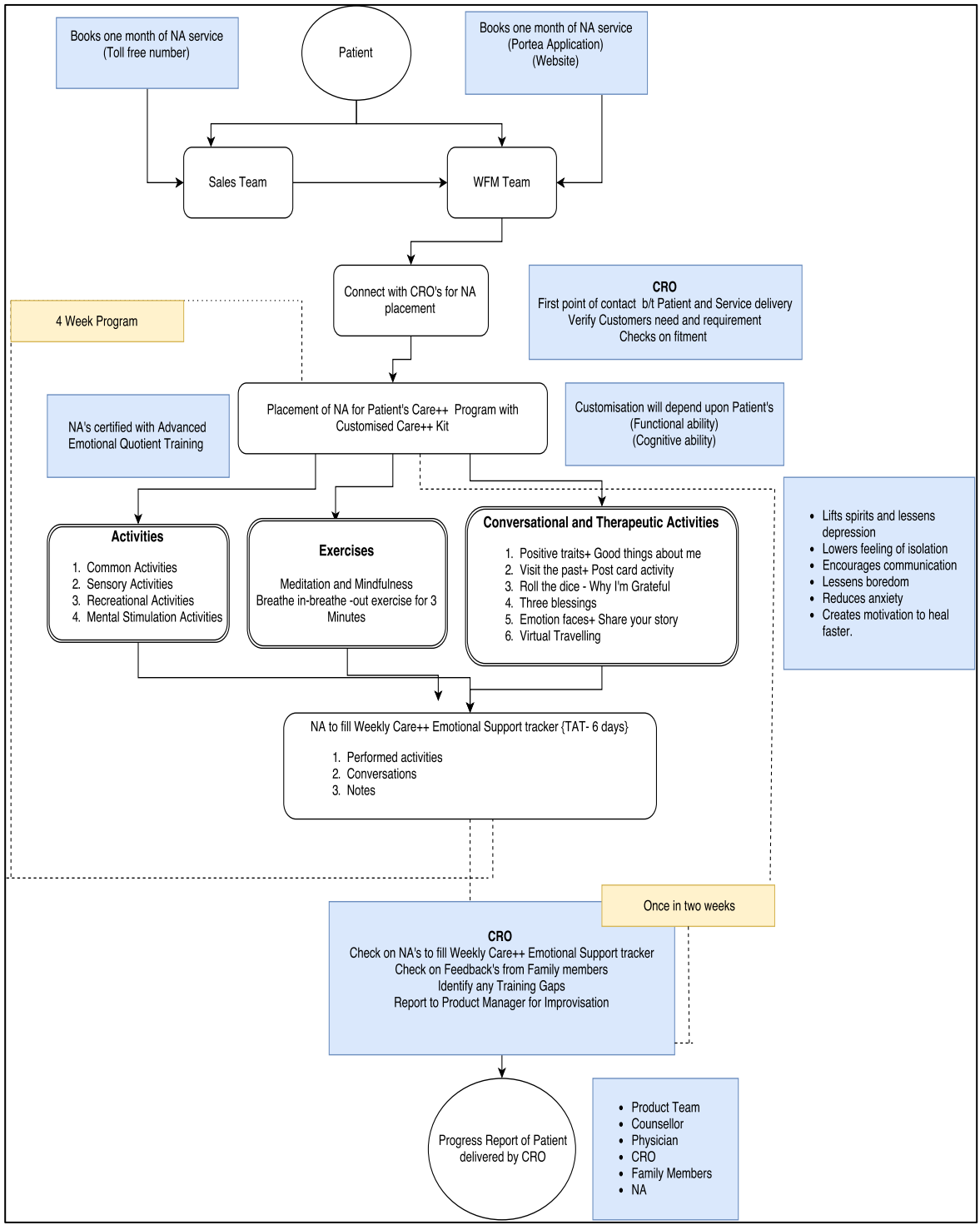
**DATA COLLECTION PROCEDURE**:

NA's will be provided with Customized kit depending upon patients physical and emotional well being consisting of subjective as well as objective logs, records and checklist which they have to fill on everyday basis for patients, for eligibility against the inclusion criteria. Monthly tracking of the collected data will be performed by CROs and Product team.

**Recruitment Process for NA's for Care++ Program**



## Process flow depicting Care++ Monthly Plan



The effectiveness of Care++ Program was focused on post-intervention interviews with the respective patient and family members. A Treatment Progress Indicator tool was especially designed to understand patients change in behavior after Care++ program and at the same time to map efficacy of training module of NA's.

## Treatment Progress Indicator

The Treatment Progress Indicator (TPI) is made to enhance access to care and help CRO's to show signs of improvement evaluation of a patient's general behavioral wellbeing and screen their reaction to treatment. It screens for the most widely recognized conduct changes and measures the subjective prosperity of the patient's mind-set, dejection, and positive thinking.

Ask these questions to patient:

1. How well have you been getting along emotionally with NA?
    a) Good
    b) Fair
    c) Poor
2. During the last two weeks, how often have you been bothered by doing activities?
    a) Never
    b) Sometimes
    c) Often
3. After performing activities do you feel good and happy?
    a) Always
    b) Sometimes
    c) Never
4. Involvement in different recreational activities, keeps you busy and engaged and cause of that you don't feel low?
    a) Always
    b) Sometimes
    c) Never
5. Are you confident that these activities are helping you?
    a) Yes
    b) No
    c) Neutral

Subjective findings:

1. Mood
    a) Happy
    b) Sad

2. Communication
    a) Appropriate
    b) Incoherent

3. Behavior
    a) Cooperative
    b) Withdrawn

Monitoring Involvement of NA's:

| Yes | No |
|---|---|
| | |
| | |
| | |

Activities performed everyday
Time spend - more than 20 minutes for each activity
Maintaining Conversation activities and Notes (in their local language)

Notes_____

_____

_____

**Progress Report**

In the end of month, a progress summary report was provided to patients to acknowledge their progress and to understand their improvement in behavior change through Care++ Program adherence.

1. Reports was generated based on
1. Data recorded through parameters of each customized tool kit
2. Counsellor's standpoint with respect to patient's progress
3. Report generation was done on monthly basis (after 4week plan)

# PROGRESS REPORT

Care++ Emotional Support Program

Date- 05/05/2017

**Current Problem/Symptom**

Example - Current symptoms include period of sadness, irritability and minimum talking with others.

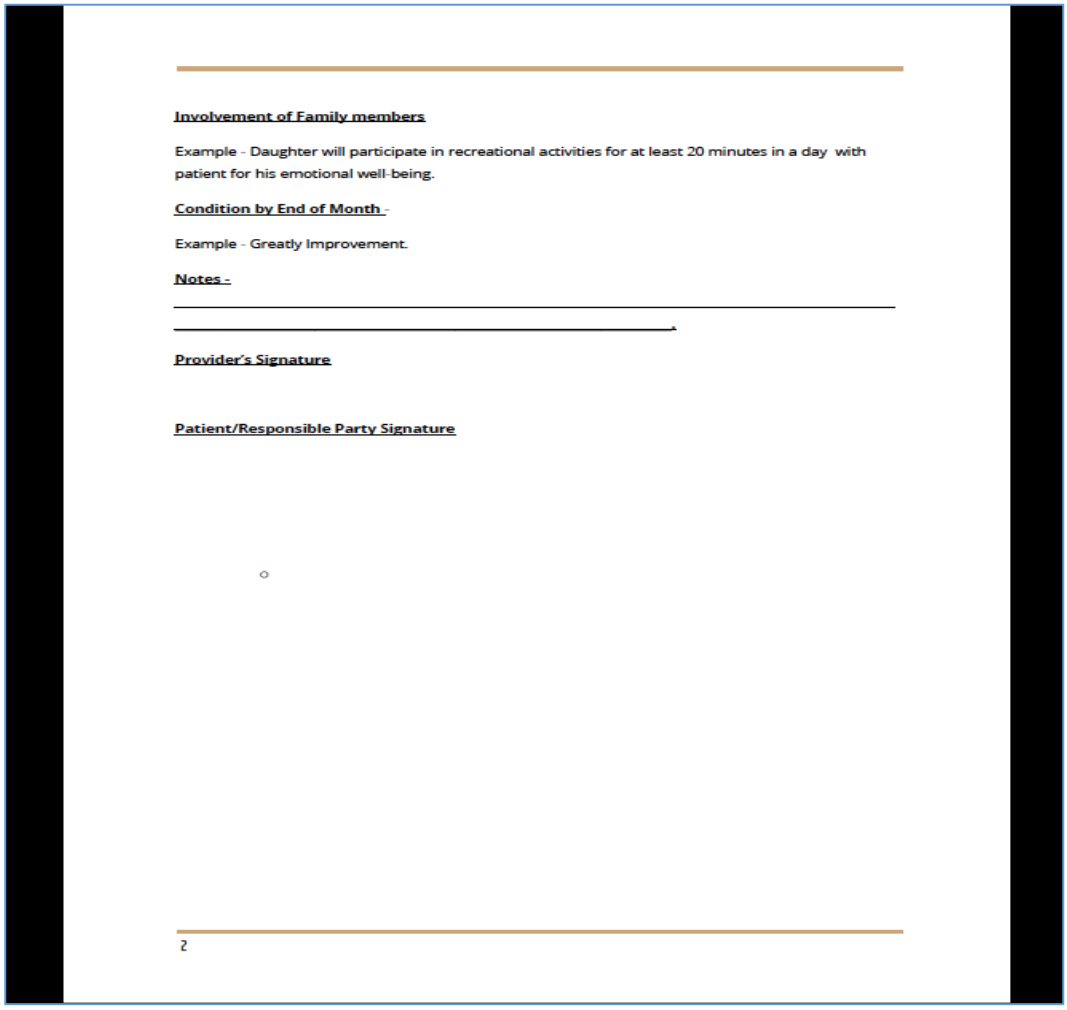
**Care++ Program Details**

1. Total no of activities performed
2. Total no of hours spent in activities
3. Most favourite activity
4. Total Meditation minutes
5. Identified problems through conversational activities

**Progress** - Report will be submitted on these behavioral factors :

1. Mood
2. Speech
3. Anxiety
4. Depression
5. Orientation
6. Memory
7. Cognitive abilities
8. Hallucinations
9. Signs of disorder
10. Sleep deprivation

Example - Mood is euthymic with no signs of depression or elevation. His speech reveals no abnormalities of rate and articulation and his language skills are intact. He convincingly denies suicidal ideas.. There are no signs of depression. His behavior is not bizarre and there are no indications that hallucinations or delusions are present. There are no signs of a thought disorder. Associations are intact, thinking is generally logical and thought content appropriate. Cognitive functioning, based on vocabulary and fund of knowledge, is commensurate with his age and abilities. Orientation, memory and general cognitive abilities present as normal and intact.. No signs of anxiety are present. Insight and judgement are intact.



**Involvement of Family members**

Example - Daughter will participate in recreational activities for at least 20 minutes in a day with patient for his emotional well-being.

**Condition by End of Month** -

Example - Greatly Improvement.

**Notes -**

**Provider's Signature**

**Patient/Responsible Party Signature**

2

Data from this Treatment Progress Indicator and Feedbacks were collected through weekly Care++ Program and was collaborated for understanding effectiveness of the program.

This compilation of data was done in 3 manners for 2 weeks.

1. Feedbacks from Patient/Family
2. Feedbacks from NA's
3. Results from TPI filled by Patient/ Family

## DATA ANALYSIS PROCEDURE:

Analysis procedure was performed in two step manner. First, discrete components of previous therapy was recorded. Each extracted outcome variable was inductively classified into four mutually exclusive clusters

- Physical functioning (e.g., activities of daily living);
- Mental health and functioning (e.g., depression, anxiety);
- Social functioning and well-being (e.g., loneliness);
- Behavioral outcomes, representing behaviors or necessarily contingent outcomes (e.g., medication adherence, nutritional status)

Second, the effectiveness of interventions, and links between components and effectiveness was estimated with the help of a Physician, Counsellor and Product team.

## RESULT ON TRAINING MODULE FOR CARE++

### RESULTS ON SELECTION OF NA'S

Existing training module of Nursing Attendants consists of 14 days 14 days
Adoption of Current Care++ training module will extend it by 1 day – 14+1 days

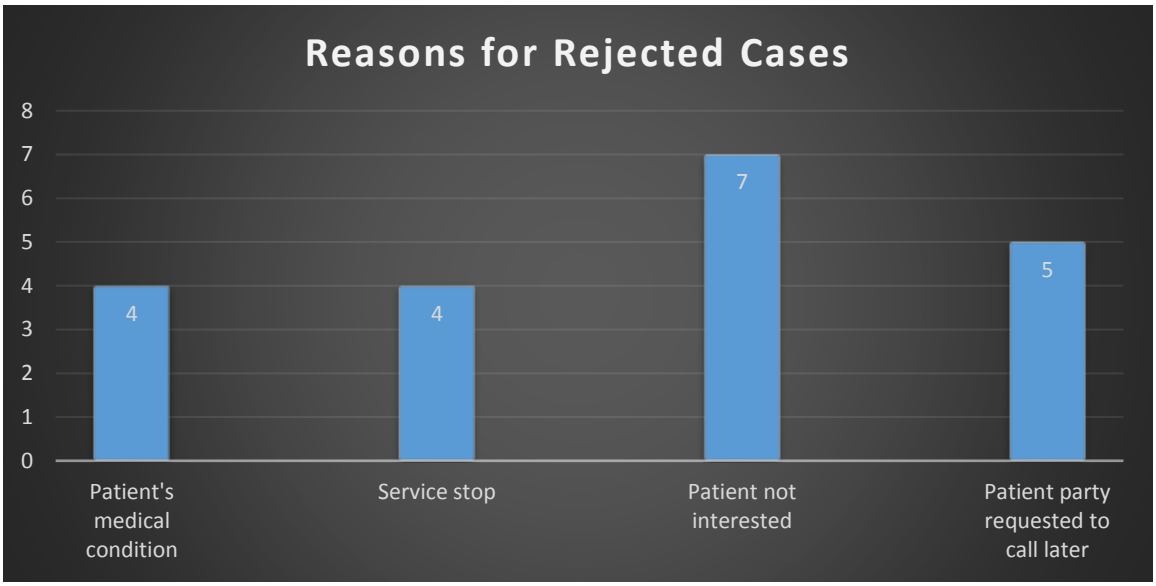
Selection of NA's for OJT was done with the help of Operations Department. The department provided with top 70 NA's of Bengaluru. These NA's were selected on the basis of their experience in the company, positive feedbacks received from the customers, and their competency in their field of caregiving.

| | |
|---|---|
| Total no of NA's | 70 |
| Total no of selected NA's | 50 |
| OTJ Training | 50 |
| On-bench training | 0 |

For the Bengaluru branch, only OTJ training was possible as new hires was supposed to be joined and trained by 26th of May, which is beyond dissertation dates.
So valid data from on-bench training is unavailable.

Along with elderly patients were selected from category of privileged and loyal customers of tier 4 category. A on-call script was provided to Operations department to take prior appointment for Advanced EQ training for NA's at patient's houses.

But in few cases, Patient party denied their collaboration with Care++ program.
Following are the reasons for the same.




Maximum cancellation of appointments for OTJ training happened because patient was not interested as in few cases adopting a new program can be challenging for both patient and their families.

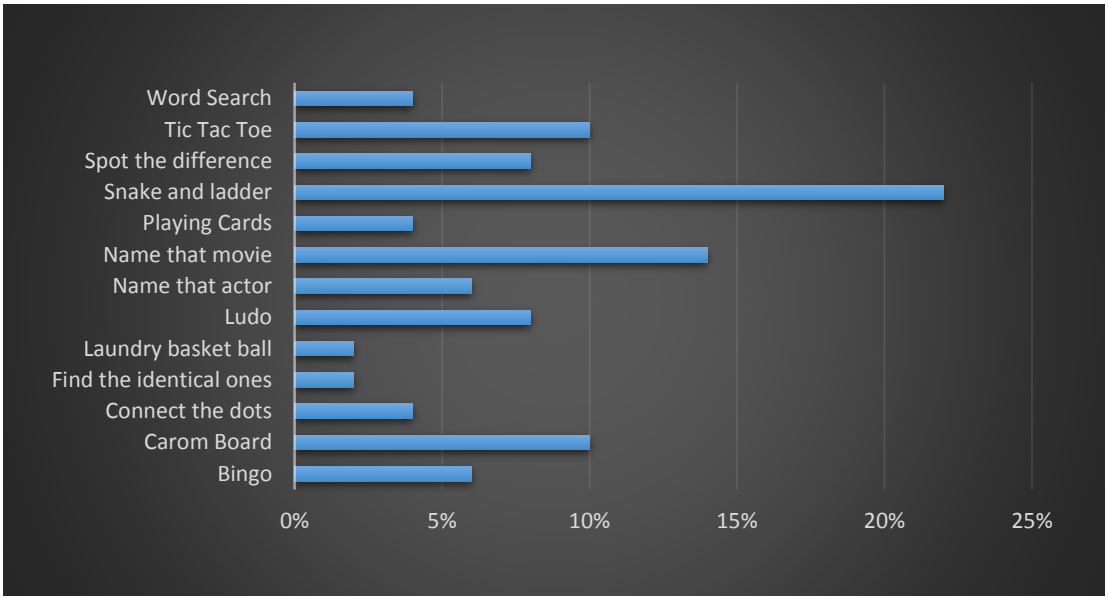
Followed by uninterested shown by family members regarding product and requested to call later with RNR (Ring No Response).

And 4 cases out of 20 were rejected as patient did not fit into inclusion criteria.

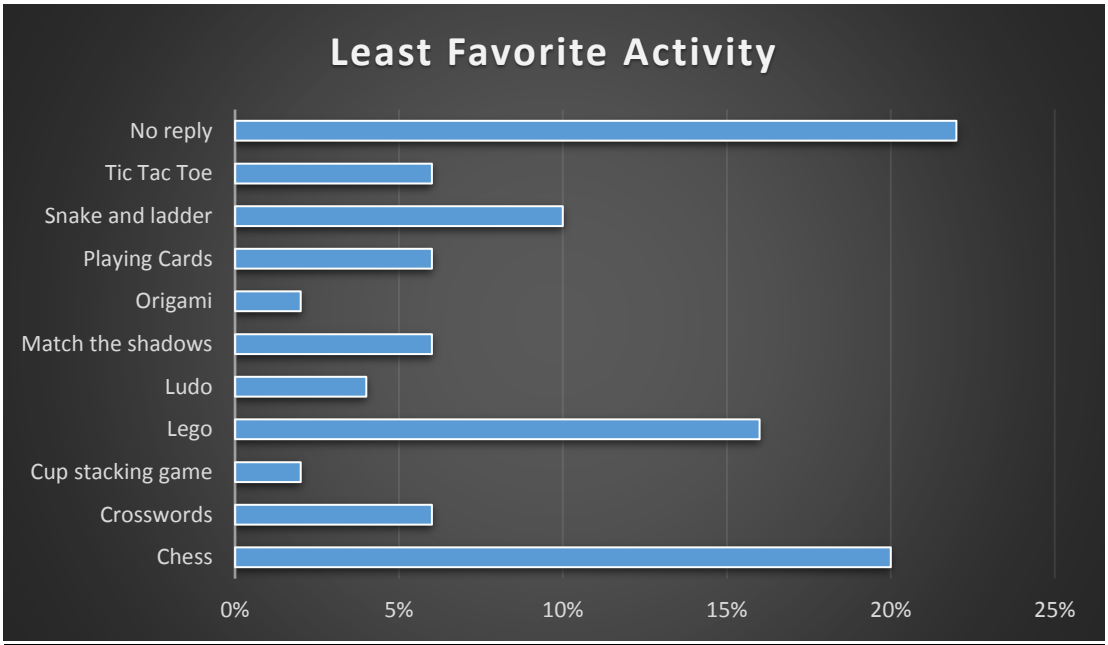
## RESULT ON EFFECTIVENESS OF CARE++

### RESULTS ON FEEDBACKS FROM PATIENT'S

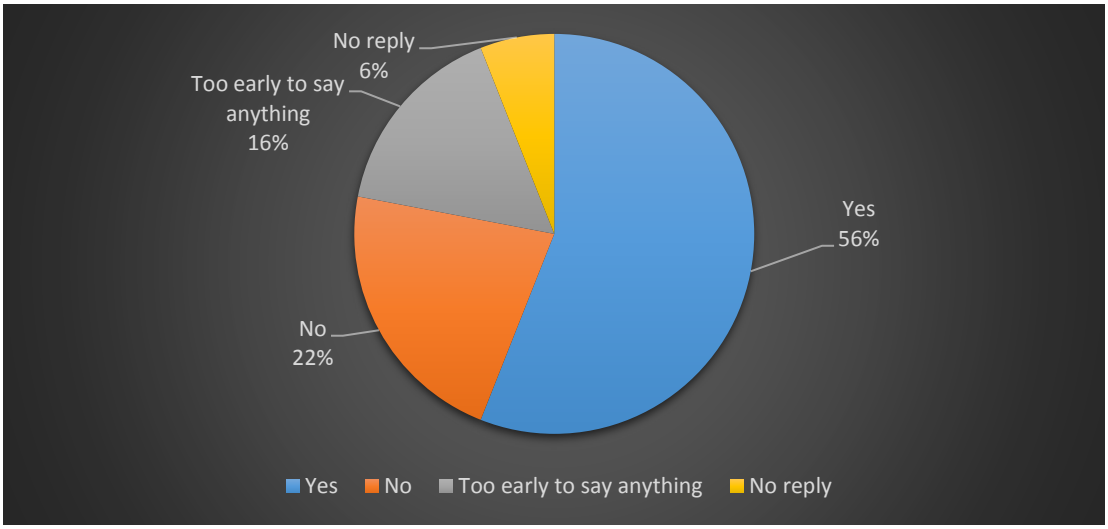
### Most Favorite Activity




### Least Favorite Activity



**Patient Suggesting Activity is Helpful**

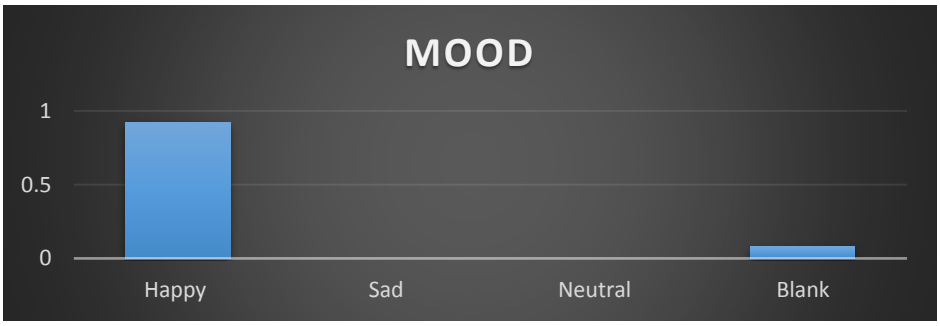



Data suggests that the most loved activity for patients is Snake and Ladder followed by Name that movie, Tic Tac Toe and Carom Board respectively.

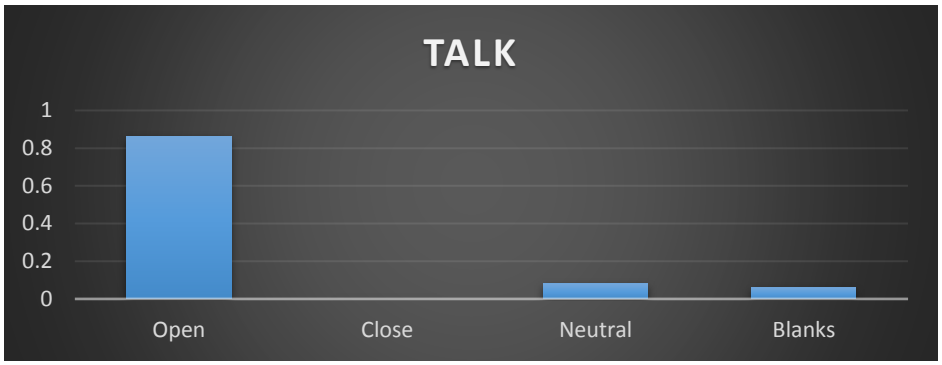
Highest percentage of patient didn't reply on this.Least favorite activity noted was Chess followed by Lego. Susceptible reason for not liking is complexity of the game.

## RESULTS ON FEEDBACKS FROM NA'S

**Behavioral Change**




Data suggests that highest percentage (92%) of patients has shown significant change in their mood resulting in happiness.




Talkativeness of patients have increased through this program and patients have shown signs of openness to few conversational activities.

Suggestions from Patients/Family Members

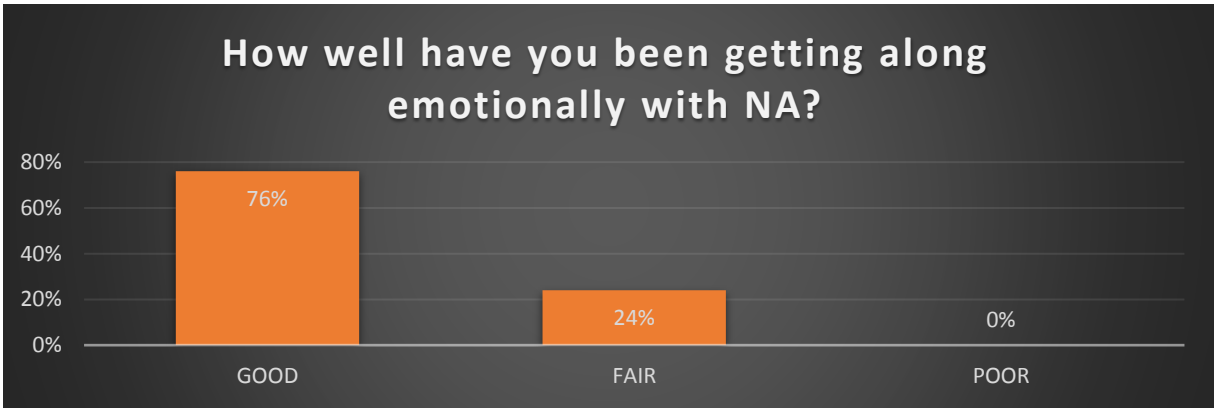
Positive Suggestions

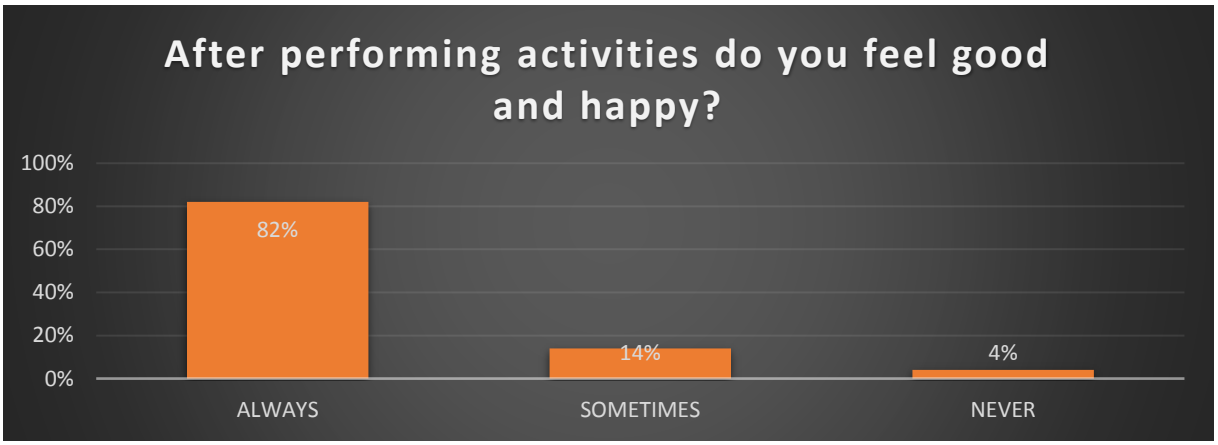
1. Sweater weaving
2. Blow bubble activity
3. Balloons blowing
4. Reading Shlokas
5. Mindful coloring

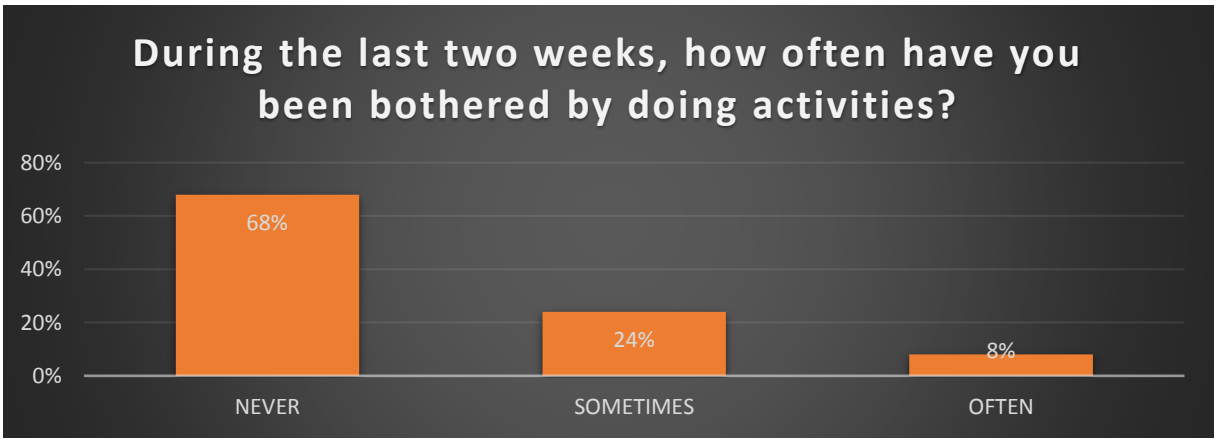
Negative Feedbacks

1. No improvement
2. Can't see any positive results
3. It's difficult to persuade patients for games
4. Doesn't like playing so not interested

## RESULTS ON FEEDBACKS FROM CRO'S THROUGH TPI





Overall analysis of above TPI shows that 76% of caregivers are getting well along with patients cause of Care++ Program. And 90% elderly patients are confident that this program will help them in having a quality life.

## DISCUSSION

This review depended on post-directing inside and out meetings with an elderly populace and their relatives, endeavored to look at both their fulfillment with the passionate bolster that they have gotten. The philosophy is however not without impediments. In any case these confinements are basically some portion of the subjective strategy approach that has been attempted for this review.

**Development of Tangible Offering through Care++ Program**

In view of the review, elderly patients explained that they had profited from Care++ Program through a blend of strong care and mediations which enabled them to manage profound situated passionate torment, acknowledge unchangeable circumstances, find new course furthermore, increase new implications and points of view to their battle.

This program was defined as tangible offering as after every activities/ exercises /conversational and therapeutic activities, NA's has noted down patient's psychological parameters like mood and their enthusiasm for next activity in their worksheet. This worksheet acted as a foundation for us to understand patients progress. Along with this, feedback from family members and close relatives were also taken into consideration before forming tangible Progress Report of patient by the end of 4 weeks.

**Designing a Training Module**

Creating and designing a training module for NA's was a challenge keeping in consideration their literacy. Training module was formed in easy language in such a manner that it was comprehended well by NA's. Support from Training team for translating module in their local language like Tamil, Kannada, Telgu and Malayalam was benefitting. The module contained recruitment procedures for Care++ selected NA's, their KRA, their on-bench and OTJ training plan, their Psychological assessment tool and their post training assessment for efficacy mapping of training.

**Effectiveness of Care++ Program**

This review uncovered general fulfillment level of patient in respects with enthusiastic bolster mediation. Steady care has been all around recognized as a vital segment of our Care++ Program. Such sort of mental care and passionate support is vital for elderly patients

when their family is inaccessible or have next to no persistence left to bolster them through

the troubles postured by maturing.

Care++ profited the patients notwithstanding when large portions of them were at first uncertain of such mediation or did not see the estimation of this type of care. Restorative experts and strong family assumed a critical part in making referrals and urging the elderly to utilize Care++ administrations.

It is hard to finish up on the viability of Care++for the exceptionally old. While results in view of patient and family's criticism might not have been met, it is hard to state that the increases that happen accordingly of Care++ was vain. The reports from guardians furthermore, others working with the patient turned into a critical wellspring of asset. Guardians might be more mindful of the advance made by elderly patients which the elderly themselves might not have known about or were hesitant to verbalize. A more strong examination of the viability of Care++ intercession may need to supplement instructor's evaluations with parental figures impression of the elderly individual's progressions.

A further purpose behind the adequacy may likewise be founded on NA's aptitudes at working with elderly. Gerontological enthusiastic support and guiding is another field. NA's who were working with this specimen from a long time (more than 6 months) were efficiently building up their competency in taking care of the elderly through considering the cases they were dealing with. These reflections are probably going to prompt growing prescribed procedures in working with this populace.

In view of patients reports, relative’s inputs directing administrations could be additionally supplemented with the arrangement of pragmatic administrations. While it is normal for experts and NA's to work inside the limits forced by their parts, there is a basic requirement for experts to discover approaches to incorporate different administrations.
Such coordinated administration better reverberates with patient's desires and may maybe prompt better care results.

Strength

- Care++ provides Emotional Healing along with medical care at comfort of patient's home
- An approach of "talk therapy" through Conversational Activities has been adopted for effective results
- Double check method of feedback - A comparison of feedbacks given by patient/family members and by NA's and CRO's can be used as tally method.

Limitations

- Lack of quantitative approach using validated psychometric instruments to measure aspects of patients' outcome is missing
- Lacking of counselling services along with emotional support Care++ Program

## CONCLUSION

The review recognizes enthusiastic support as a critical prognostic element for elderly patients. NA's are attempting to help patients in exercises of every day life and alongside that they are diminishing the patient's from their passionate turmoil amid troublesome circumstances. This demonstrates NA's attention on the patients' restricted wellbeing as well as attempt to empower the patients' own assets. This program was done as parental figures trusts that while giving therapeutic care patients give them access to their enthusiastic wellbeing. At times, it ends up plainly troublesome for guardians to give enthusiastic support since they feel that they don't have the required instruments or are worried that they would conceivably get included in something that is past their own particular control. To create understanding focused elderly care, more information is required of the elderly patients' perspectives on the requirement for passionate support and how it influences their personal satisfaction. Additionally, research is required to light up the component of this affiliation and investigate the estimation of mediations intended to enlarge wellsprings of enthusiastic support.

- Helps in Based on exhaustive review of the existing literature on emotional support Care++ was developed to relieve patients from their emotional turmoil during difficult times
- After reviewing existing training schedule of NA training program was developed and implemented where care-givers believe that while providing medical care patients provide them with access to their emotional health
- Care++ was effective according to Patients and NA's feedbacks. Negative feedbacks will be used to improve Care++ Program
- Further research is required to illuminate the mechanism of this association and explore the value of interventions

## RECOMMENDATIONS

1) Care++ Program help profited an expansive scope of elderly customers and ought to keep on being a suggested intercession for elderly patients remembering that now it might have not given exceptionally viable and obvious outcomes for couple of patients however its utilization may give solid changes to their physical prosperity later. However notwithstanding for this program, it was noticed that mental engagement into maladaptive conduct, for example, suicide was decreased to an extraordinary augment.

2) This review found that patients has profited in different courses as it helped them in discovering heading, increasing enthusiastic discharge, and controlling dissatisfactions and nerves. Care++ offering has demonstrated patients new implications and points of view and

offered help for elderly to grapple with misfortunes. Preparing programs for NA's working with elderly populace ought to underline on these ranges and ought to discover approaches to guarantee that these issues are legitimately tended to and skills ought to be created among NA's.

3) Counselling groups ought to give mediation systems to work in a between disciplinary form to for all intents and purposes help understanding amid intense circumstances. More prominent correspondence and joint effort ought to be kept up between advising administrations and parental figure as their administrations are enormously reciprocal for this elderly gathering.

4) Further research is expected to build up a vigorous estimation framework to legitimately catch the advance made accordingly of Care++ for the individuals who are in the more seasoned old class. Such estimation may need to incorporate parental figure and Advisors input alongside the patients reports. This will take into consideration a comprehensive energy about how Care++ as a mediation is profiting the elderly.

## ETHICAL CONSIDERATIONS:

This protocol need approval by an ethics committee because it directly involves NA(caregivers), patients and their family member's participation in the study. Any patient details along with their feedback has been excluded from this study to maintain patient's confidentiality. Informed consent would be presented and confidentiality of patients would be assured.

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