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A Randomised Controlled Trial
of a
Quick Response Team for Older People

A thesis presented in partial fulfillment of the requirements
for the degree
of Master of Arts in Nursing at
Massey University

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2000

Abstract

A Randomised Controlled Trial of a Quick Response Team for Older People Who Have Experienced a Health Crisis

This research investigated the impact of Quick Response Team (QRT) care on levels of independence in older people at three months, as measured by changes in living accommodation and home support packages. It was part of a large collaborative project, a randomised clinical controlled trial that tested efficacy, safety, and cost savings of a crisis intervention programme for older people in Central Auckland. The QRT, an intensive short-term multidisciplinary scheme developed in Canada, was evaluated as being very effective in preventing hospital admissions and enabling early discharges. This study explored the effectiveness of QRT care within the context of health care in New Zealand. The study population included people over 55 years of age who lived at home and, mainly due to increased social needs, would normally be cared for in hospital. QRT nurses and geriatricians at Auckland Hospital identified and screened patients, in the Emergency Department for the Admission Prevention arm of the study, and on in-patient wards for the Early Discharge arm of the study. Data on age, gender, demographics, problems, and reasons for seeking hospital care were obtained from patient records and through personal and telephone interviews with patients, family, hospital staff, GPs, and community health providers. QRT nurses completed comprehensive assessments at study entry including details about: living accommodation and the use of formal supports, such as District Nursing, rehabilitation therapy, meal services, home help, day programmes, and respite care. Consenting patients ($N = 285$) were randomly assigned either to control groups receiving the usual in-patient hospital care or to experimental groups receiving QRT care. Visiting nurses, rehabilitation therapists, and social workers provided care and coordinated home supports for the QRT intervention groups, which included live-in home help if required. Medical supervision was provided by hospital geriatricians in a shared role with GPs. Interviews were completed again three months after study entry. Subjects in all groups after three months showed an

increase in dependency as evidenced by changes in living accommodation and care support packages, however there were no significant differences in the changes between the experimental and control groups ($p < 0.05$). Therefore, regarding levels of independence, care at home by the QRT was judged to be as effective as hospital care for older people experiencing a health crisis. The results obtained in this study need to be considered along with the results of the larger trial.

Preface and Acknowledgements

Preface

In 1995, Health Services for the Elderly at Auckland Hospital entered into a contract with North Health Regional Health Authority (NRHA) to implement a QRT on a trial basis and conduct an evaluation study. I was employed as the Project Manager for the QRT and it was agreed that I could use data from the trial for the completion of a Master of Arts thesis at Massey University. The NRHA Ethics Committee granted approval in 1995 for a large-scale multi-disciplinary project, the Quick Response Team Trial at Auckland Hospital, including my use of data for this thesis. The Massey University Human Ethics Committee granted approval in 1996. The members were aware that this study was part of the QRT trial at Auckland Hospital and advised that my evaluation of the programme might be influenced by the possibility of future employment with the QRT programme, and that this was a conflict of interest. In May 1996, prior to formal collection of data for the QRT trial, my employment at Auckland Hospital ended. In November 1998, after the data were collected, it was agreed that the focus for this thesis would be on the care packages people received prior to study entry and three months later. It was anticipated that the report for the larger project would be available but this has not been the case. A person was hired to complete all statistical analyses of data presented in this thesis, which was done under my direction.

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It has been a most interesting experience and privilege to live, work, and study in a different country. Paradoxically, we are all different from each other in different cultures, but at the same time very alike.

Linda Marianne Bapty BScN

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Dedication

I dedicate this work to my family; to my mother who continues to demonstrate the pleasures and challenges of growing old gracefully; and to my sons, who are spreading their wings in Wellington and Hobart.