## THE EVIDENCE ON CLIENT-DRIVEN CARE McWilliam et al., 1990-2009

## SELECT PAPERS IN REFEREED JOURNALS

- McWilliam, C.L., Brown, J.B., Carmichael, J.L., Lehman, J.M. (1994). A New Perspective on Threatened Autonomy in Elderly Persons: The Disempowering Process. <u>Social Science & Medicine</u>, 38(2):327-338.
  - **Key message from the evidence**: Taking charge of the client's care management as the professional expert providing their care undermines their health and independence.
- McWilliam, C.L., Coderre, P. and Desai, K. (1995). Using Action Research to Enhance Geriatric Case Management. <u>Geriatric Care Management Journal</u>, 5(1):13-19.
  - **Key message:** Working together in collaborative research can be used to enhance care approaches.
- McWilliam, C.L., Desai, K., and Sweetland, D.B. (1995). Evolving an Empowering Approach to Continuous Quality Improvement in Home Care. <u>Quality Management in Health Care</u>, 3(3):31-39. **Key Message**: Continuous quality improvement can be achieved by developing and using team effort.
- McWilliam, C.L., Stewart, M., Brown, J.B., Desai, K. and Coderre, P. (1996). Creating Health with Chronic Illness. <u>Advances in Nursing Science</u>, 18(3):1-15.
  - **Key message from the evidence**: Older home care clients with chronic illness have and use many different resources to optimize their health that are an important addition to the supportive care, treatments and therapies we provide.
- \*McWilliam, C.L., Stewart, M., Brown, J.B., McNair, S., Desai, K., Patterson, M.L., Del Maestro, N. and Pittman, B.J. (1997). Creating Empowering Meaning: An Interactive Process of Promoting Health with Chronically Ill Older Canadians. <a href="Health Promotion International">Health Promotion International</a>, 12(2):111-123. <a href="Key message from the evidence">Key message from the evidence</a>: The health promoting process consists of a dynamically evolving process of simultaneously building a relationship and consciously attending to building on health resources for everyday living. As a whole, this process is an experience of empowering partnering throughout the care process.
- \*\*McWilliam, C.L., Stewart, M., Brown, J.B. et al. (1999) A randomized controlled trial of a critical reflection approach to home-based health promotion for chronically ill older persons. <u>Health Promotion International</u>, 14(1):27-41.
  - **Key message**: Using the health promoting process (ie. relationship-building and conscious attention to building on resources for everyday living achieves significant gains in independence, quality of life, perceived ability to manage one's own health, and fulfilled information needs, and **also decreases days in hospital and overall consumption of in-home services.**
- McWilliam,, C.L., Diehl-Jones, W., Jutai, J., & Tadrissi, S. (2000). Care Delivery Approaches and Seniors' Independence: A Systematic Review and Synthesis of the Literature. <u>Canadian Journal on Aging</u>, 19 (suppl. 1), 101-124.
  - **Key message from the broader evidence**: Several larger international studies provide evidence that working with clients as partners in care enhances their independence, and ultimately, their health.
- McWilliam, C.L., Stewart, M., Desai, K., Wade, T., & Galajda, J. (2000). Case Management. Approaches for In-Home Care. <u>Health Care Management Forum</u>, 13(3), 37-44.
  - **Key message from the evidence:** Case managers alone do not have adequate data to decide which clients should and could be more engaged as partners in their care.

McWilliam, C.L., Ward-Griffin, C., Sweetland, D., Sutherland, C., & O'Halloran, L. (2001). The Experience of Empowerment in In-Home Service Delivery. Home Health Care Services Quarterly 20(4):49-71.

**Key message from the evidence:** In our current context of health care, pressures are such that we still tend to focus first and foremost on the care outcomes expected by the system and on doing the tasks and procedures that have to be done because of the client's medical condition. This detracts from our focus on the on-going everyday processes of relationship-building and paying conscious attention to building on the client's resources for health and everyday living.

McWilliam, C.L. et al. (2003). Building Empowering Partnerships for Interprofessional Care. Journal of Interprofessional Care, 17(4), 363-375.

**Key message:** In order to build health-oriented empowering partnering relationships amongst providers and clients, we also have to build strengths-based empowering partnering relationships between and among all involved in in-home care, and between and among all agencies who share responsibility for in-home services delivery.

McWilliam, C.L., Stewart, M., Vingilis, E., Hoch, J., Ward-Griffin, C., Donner, A., Browne, G., Coyte, P. & Anderson, K. (2004). Flexible Client-Driven Case Management: an Option to Consider. <u>Care Management Journals</u>. 5(2), 73 – 86.

Key Message from the evidence: Alternative approaches to case management that engage the client or the client and his/her providers as partners in care attract different client groups, and giving clients a choice of approach to their case management does not alter care costs or outcomes.

McWilliam, CL, Hoch, J,S, Coyte, P, Stewart, M, Vingilis, E, Ward-Griffin, C, Donner, A, Browne, G & Anderson, K. (2007). Can We Afford Consumers Choice in Home Care? Care Management Journals, 8(4), 10-18.

Key Message: Clients who chose direct involvement in their care management actually had significantly lower cost increases than clients with little control over their care management. Covering clients choice of involvement in their in-home care management may both lower costs and optimize clients' independence and health.

McWilliam, C.L., Kothari, A., Leipert, B., Ward-Griffin, C., Forbes, D., King, M.L., Kloseck, M., Ferguson, K. & Oudshoorn A. (2008). Accelerating CDC:A Pilot Study for Social Interaction Approach to KT. *CJNR*, 40(2), 58-74.

Key message: Changing "how to" approaches to service delivery and care requires addressing barriers and creating facilitators at organizational, team and individual levels.

McWilliam, C.L., Kothari, A., Kloseck, M., Ward-Griffin, C. & Forbes, D. (2008). Organizational Learning for Evidence-based Practice: A "PAKT" for Success. Journal of Change Management, 8(3-4), 233-247.

Key message: Using a participatory action approach to knowledge translation constitutes a process of organizational culture change through creating a learning organization. The PAKT approach is one way to achieve this aim.

## PEER-REVIEWED WEBSITE PUBLICATIONS

- McWilliam, C.L. et al. (2006). The 20:20 vision of flexible client-driven service delivery. <u>Health Care Improvement Practices Registry</u>, Ontario Ministry of Health and Long-Term Care, <a href="http://www.health.gov.on.ca">http://www.health.gov.on.ca</a>
- McWilliam, C. L. et al. (2006). Flexible client-driven in-home case management: An option to consider. <u>CSA Social ServicesAbstracts</u>, <a href="http://www.csa.com/factsheets/ssa-set-c.php">http://www.csa.com/factsheets/ssa-set-c.php</a>