CHCA Project ECHO Integrated Seniors Care

All Teach, All Learn

Bridging the Knowledge Gap in Home and Primary Health Care

Case Study: Mrs. Amina Khan

Age: 82

Background: Mrs. Amina Khan is a retired seamstress who immigrated to Canada from Pakistan over 40 years ago. While in Pakistan, Mrs. Khan played an active caregiving role within her extended family, shaped by strong cultural values around aging and family responsibility. Her husband of 52 years passed away 10 years ago. She lives in an apartment with her adult son who travels for work frequently and is often alone. Her urban community (population of 200,000) is a 90-minute car ride from a major centre where some of her specialist care providers are located. Locally, she receives care from a primary health team, an endocrinologist and a cardiologist. She has publicly funded home care support of a personal care provider to assist with her care, 3 visits weekly. Recently, home care nursing visits have been implemented to support her with medication management, in addition to bi-weekly visits for wound care related to a diabetic foot ulcer. Her primary language is Urdu, and although she understands English, she prefers to speak in Urdu when discussing personal or complex matters.

Medical History (Multimorbidity):

- Type 1 Diabetes (insulin-dependent).
- Congestive Heart Failure (CHF).
- Hypertension.
- Osteoarthritis.
- Early-stage Chronic Kidney Disease (CKD).
- Cognitive decline suggestive of progression beyond Mild Cognitive Impairment (MCI); possible early-stage vascular dementia under consideration by primary care.

Physical Health & Functional Status:

- Mrs. Khan has multiple chronic conditions that impact her functional status, Despite her CHF being managed with diuretics she experiences shortness of breath with exertion.
- Her osteoarthritis affects mobility and grip strength, making tasks like preparing meals and personal care increasingly difficult.
- While her medications have remained stable over the past 3 months, her daughter has noted challenges with adherence and organizing her medication schedule.

Cognitive & Behavioral Presentation:

Although Mrs. Khan was initially diagnosed with MCI, her current symptoms and functional decline suggest a likely progression toward a diagnosis of dementia, possibly vascular, given her comorbidities. Research indicates that a substantial proportion of individuals with MCI will go on to develop dementia over time, and her primary care provider is considering reassessment.

In recent months, she has shown increasing cognitive and behavioral symptoms: forgetting insulin doses, leaving the stove on, and missing or confusing appointments. She has also demonstrated signs of distress in the evenings, including pacing, making repeated phone calls with the same concerns, and expressing fear that someone is trying to enter her home. When items are misplaced, she occasionally accuses others of theft; even when the item is located, her suspicion can persist.

These symptoms have begun to strain the home care relationship. One of the Personal Care Providers (PCP–PSW/HCA/CCA) recently raised concerns following multiple refusals of care, which led to a formal review of her support plan. Care providers have also noted fluctuations in trust and engagement, influenced in part by language and cultural dynamics.

Current Supports:

Publicly Funded Home Care: Receives 3 visits/week from PCPs to assist with bathing, dressing, and medication prompts. A rotation of two to three different PCPs provide care, none of whom share Mrs. Khan's cultural or linguistic background. Mrs. Khan has expressed a preference for female caregivers. Visits are not always consistent; there have been recent gaps in coverage due to staffing shortages. A home care nurse visits biweekly to support wound care related to a diabetic foot ulcer and assist with medication reconciliation.

Primary Care Team: Followed by her family physician (in a Family Health Team), a nurse practitioner (NP), and an in-clinic social worker. Referred to a geriatrician, but waitlist is 9-12 months.

Family Support: One adult daughter is her primary caregiver. Balances her mother's care with full-time work and her own family responsibilities. Mrs. Khan lives with her son who travels for work and she is often alone.

Community Supports: Mrs. Khan occasionally attends a local mosque and used to enjoy a South Asian women's social group, though attendance has decreased.

Equity & Cultural Considerations:

- Mrs. Khan's cultural beliefs about aging and memory loss frame dementia as a spiritual issue or part of natural aging–not something requiring formal intervention.
- Her daughter is hesitant to discuss dementia openly, fearing stigma within their cultural community.
- Language remains a barrier in healthcare visits when professional interpreters are not used.
- The PCPs assigned to her care do not share her cultural or linguistic background, which has contributed to growing discomfort. At times, Mrs. Khan has declined assistance, insisted she does not need help, or asked PCPs to leave before care tasks were completed.

Current Challenges:

- Responsive behaviours, such as pacing in the evenings, calling family members repeatedly with the same concerns, and expressing fears that someone is attempting to enter her home, are straining the home care relationship. These behaviours may reflect perceptual changes, misinterpretations, or underlying distress, and have led to increased concern from the care team.
- Mrs. Khan has occasionally declined personal care, including refusing assistance with bathing or hygiene tasks. On some visits, she has become verbally distressed, raising her voice or asking care providers to leave mid-task, particularly when the care involves close personal contact or is initiated by unfamiliar staff.
- Poor glycemic control due to missed insulin doses and irregular meals.
- Daughter is experiencing caregiver stress and considering long-term care, but Mrs. Khan strongly wishes to remain at home.
- Although Mrs. Khan lives with her adult son, he is often away for work and not consistently involved in her day-to-day care. It is unclear whether he is also experiencing caregiver stress, and no concerns about mistreatment have been reported, though her cognitive changes raise the importance of monitoring for risk.
- Care coordination between the primary care team and home care is ad hoc, with no shared care plan or regular communication. Her daughter has requested more home support but is unsure how to coordinate services or who to speak to, highlighting gaps in system navigation and caregiver support.

Canadian Home Care Association

Project ECHO

Project ECHO Integrated Seniors Care (ISC) is a transformative initiative to enhance primary and home care providers' skills, knowledge, and attitudes to deliver integrated, patient-centered care for seniors with complex chronic conditions. Project ECHO ISC offers collaborative, expert-led presentations and case-based learning to bridge these gaps.