

Caring for the Caregiver

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Problem

- Informal caregiver burden and burnout can cause worsened outcomes of care for both the recipient of care and the caregiver's overall health (Zwingmann, et al., 2018).
- Symptoms of burnout in the caregiver can include anger, denial, social withdrawal, increasing exhaustion, new onset Anxiety or Depression, irritability, poor sleep quality, difficulty concentrating, and development of their own health issues (Alzheimer's Association, 2021).
- Experiencing increased levels of distress by the caregiver may be the deciding factor for the elder remaining in the home or being placed in a long-term facility for care (Abreu, et al., 2017).
- Thus, healthcare professionals must be diligent in assessment for presence of a caregiver on admission, as well as identifying needs and providing education of resources within the community upon discharge.

Purpose and Aims

- The purpose of this project is to implement admission screening for caregiver presence during the inpatient stay, with the goal of early communication to the interdisciplinary team.
- The project aims are as follows:
 - a. To integrate the "Preparing for Caring" screening tool into the electronic health record
 - b. For nursing to provide education to the caregiver and assist with identification of needs during the inpatient stay
 - c. For nursing and the interdisciplinary team to collaborate with the caregiver during the inpatient stay to prepare for discharge
 - d. To provide education of resources available within the community upon discharge
 - e. To include discussion of caregiver presence during the daily interdisciplinary team meeting.



Intervention/ Method

- "Caring for the Caregiver" is a comprehensive family caregiving program that spans assessment, education, and evaluation of caregiver needs during the psychiatric inpatient hospitalization.
- Patients presenting to the two identified inpatient geropsychiatry units will be screened upon admission for residence (at home versus in facility), and presence of an informal caregiver.
- If presence of a caregiver is identified, nursing will briefly screen for how prepared the caregiver feels to resume in-home care for the family member upon discharge, utilizing the "Preparing for Caring" EHR embedded screening tool.
- Results of this screening were be made available to the interdisciplinary team through the EHR (where notifications will be present that prompts the team to discuss and document interactions with the caregiver) to ensure follow-through for community resource referrals, to assist the caregiver in identifying needs for continued provision of care, and appropriateness of disposition for discharge.
- The "Preparing for Caring" screening tool was be integrated into the electronic health record and included areas for documentation of resources and education provided to the caregiver upon discharge.

Data Collection

- Data collection and program outcome measures will include use of aggregate data reports to determine the percentage of compliance for screening conduction, case review of identified caregivers, discharge education, and provision of a resource list upon discharge. These reports will be pulled from the EHR and provided by facility staff.
- The reports will include a) number of admissions to each facility, b) the number of admissions from home versus a facility, c) number of caregivers identified for each facility, d) if contact was made by staff for discussion of needs, e) disposition upon discharge, and f) education/ resource list provided to the caregiver. Data collected from reports will be merged into Excel for analysis and comparison of the data from the two facilities, once obtained.
- As a result of the above, it will be determined if identification and subsequent intervention for informal family caregivers reduces readmission rate to an inpatient facility and the caregiver's overall sense of burden in providing care upon discharge.
- Specified outcomes are being measured weekly during the implementation phase.



Outcomes/Conclusion

- This project is still in the implementation phase, with facility leadership reviewing data weekly.
- Staff reception and feedback has been positive thus far regarding use of the various components of the screening program.
- The anticipated outcomes are a reduction in 30-day readmission to the inpatient geropsychiatry unit due to caregiver distress, improved caregiver confidence in ability to continue provision of care at home, and improved connection to resources within the community for the patient/caregiver dyad.

References

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