Caregiving 101: A New Perspective

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Abstract

- Following a stroke, hospitalized patients and their families require extensive education for a successful transition to the home environment. As the length of hospital stays decrease, a significant challenge for effective discharge planning is to get the families involved early in the recovery period, so healthcare providers can prepare families to take their loved ones home and feel confident to care for them.
- The role of the rehabilitation nurse is to evaluate and identify potential learning needs of patients and family members. Caregiving 101 is an evidenced-based caregiver education class developed to address this challenge and is customized to the individualized needs of patients and families in preparation for discharge. The goal of the classes is to improve patient outcomes through education during the rehabilitation stay. Education of patients and caregivers is critical to prevent readmissions and to facilitate a smooth transition to home.
- Family members of current patients are invited to participate in the weekly caregiver education class. Family members are asked to fill out a Caregiver Preparative Survey (*fig. 1*), at the beginning of the class, rating their current level of preparedness for the caregiver role. Post discharge phone calls are made, to check on the status of the patient and caregiver. A post discharge survey is filled out by phone. The surveys are tallied, and the information is used to evaluate the effectiveness of the class.
- Presentation of this project at the ARN Conference will provide other Rehabilitation facilities with tools to educate caregivers in this challenging time in healthcare. The expected outcomes are to aid in a smooth transition home, reducing hospital readmissions and cost.

Introduction

Stroke is the leading cause of serious long-term disability with more than 4 million people living with the effects of stroke. (Perrin et al., 2010). Strokes not only happen to the patient but the entire family. Many families face new obstacles that are unfamiliar, and find it difficult to navigate the healthcare system.

The question is how do we as Rehabilitation Nurses prepare our families to meet the challenges of caring for their loved ones? What is the best method for providing education, and how effective is the training? It is for these reasons this caregiver education program was designed.

According to literature reviews, caregiver education is beneficial during the rehabilitation phase of stroke recovery. Research studies are inconclusive regarding the best methods to provide education. It was found however that caregiver education in any form helped decrease caregiver anxiety and stress as patients transition from the hospital into the home setting.

Benefits of Caregiver Training

- Decreased anxiety for patients and families
- Improved patient and family satisfaction
- Reduced readmission rates
- Potential avenue for rehab referrals from acute care units who sent caregivers to the education class.

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The caregiver education class format is as follows:

- Weekly class on Tuesdays from 3pm to 4pm on the rehabilitation unit
- Facilitated by Certified Rehabilitation Registered Nurses
- The class is open to all families of current rehabilitation patients as well as those families in the hospital who are interested or facing caregiving challenges
- The family members are provided with a packet of information:
  - Copy of PowerPoint presentation
  - Community resources, including equipment
  - Medication management *(fig. 2)*
  - Handicap placard application
  - Caregiver strain index survey *(fig. 3)*
  - Stroke prevention education
  - Information of the different levels of care, ie independent living, assisted living, skilled nursing care
  - The importance of caring for the caregiver
  - Stress management for caregivers
- The class is an open forum for questions and answers, and allows for interaction between other families
- The caregiver strain index survey is reviewed with the families in the class and also with a post discharge phone call, to determine the effectiveness of the classes

Caregiver Feedback Received

- *"Who do I call after I go home if I have questions or problems?"*
- *" How do I deal with changes in my loved ones personality?"*
- *" I am caring for my adult son, what suggestions do you have for assuming the parenting role again?"*

- *" I do not have any experience with medications, where do I start?"*
- *" How do I ask for help?"*
- *" What financial resources are available, and how do I access information for them?"*
- *"What do I do about transportation to doctor's appointments, I do not drive?"*
- *"I feel much more prepared since we attended the class"*
- *"The class helped a lot"*

Tools

The Preparedness for Caregiving Scale

YOUR PREPARATION FOR CAREGIVING

We know that people may feel well prepared for some aspects of giving care to another person, and not so well prepared for other aspects. We would like to know how well prepared you think you are to do each of the following, even if you are not doing that type of care now.

	Not at all prepared	Not too well prepared	Somewhat well prepared	Pretty well prepared	Very well prepared
1. How well prepared do you think you are to take care of your family member's physical needs?	0	1	2	3	4
2. How well prepared do you think you are to take care of his or her emotional needs?	0	1	2	3	4
3. How well prepared do you think you are to find out about and set up services for him or her?	0	1	2	3	4
4. How well prepared do you think you are for the stress of caregiving?	0	1	2	3	4
5. How well prepared do you think you are to make caregiving activities pleasant for both you and your family member?	0	1	2	3	4
6. How well prepared do you think you are to respond to and handle emergencies that involve him or her?	0	1	2	3	4
7. How well prepared do you think you are to get the help and information you need from the health-care system?	0	1	2	3	4
8. Overall, how well prepared do you think you are to care for your family member?	0	1	2	3	4

9. Is there anything specific you would like to be better prepared for? _____

MEAN SCORE of the number of items answered _____

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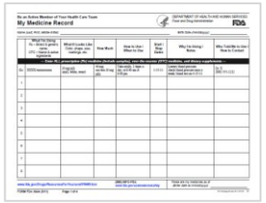
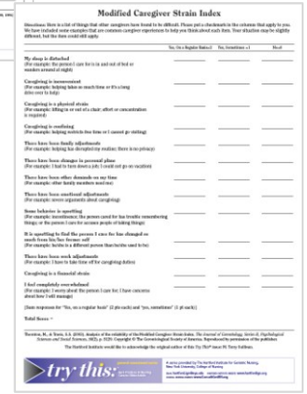
(fig.1) The Preparedness for Caregiving Scale


My Medicine Record

(fig. 2) Medication Management Record


Modified Caregiver Strain Index

Directions: Here is a list of things that other caregivers have found to be difficult. Please put a checkmark in the column that apply to you. We have included some examples that are common caregiver experiences to help you think about each item. Your situation may be slightly different, but this item could still apply.

	Yes, I'm a regular feature!	Yes, sometimes or	Much
My sleep is disturbed (For example: the person I care for is in and out of bed or wanders around at night)			
Caregiving is inconvenient (For example: helping takes so much time or it's a long drive over to help)			
Caregiving is a physical strain (For example: lifting in or out of a chair; effort or concentration is required)			
Caregiving is confining (For example: helping restricts free time or I cannot go visiting)			
There have been family adjustments (For example: helping has disrupted my routine; there is no privacy)			
There have been changes in personal plans (For example: I had to turn down a job; I could not go on vacation)			
There have been other demands on my time (For example: other family members need me)			
There have been emotional adjustments (For example: severe arguments about caregiving)			
Some behavior is upsetting (For example: incontinence; the person cared for has trouble remembering things; or the person I care for accuses people of taking things)			
It is upsetting to find the person I care for has changed so much from his/her former self (For example: he/she is a different person than he/she used to be)			
There have been work adjustments (For example: I have to take time off for caregiving duties)			
Caregiving is a financial strain			
I feel completely overwhelmed (For example: I worry about the person I care for; I have concerns about how I will manage)			

[Sum responses for "Yes, on a regular basis" (2 pts each) and "yes, sometimes" (1 pt each)]

Total Score = _____

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(fig. 3) Modified Caregiver Strain Index

There are only four kinds of people in the world:
those who have been caregivers,
those who are currently caregivers,
those who will be caregivers,
and those who need caregivers.

– Rosalyn Carter

Outcome Measurement

- Post education caregiver tool reassessment
- Patient satisfaction surveys
- Hospital 30 day readmission rates
- Increase in rehab admissions from units who refer families to the Caregiver 101 class

Future Plans

- Incorporate conference calls for families that cannot attend the class
- Skype
- Creation of a web-based blog for caregiver questions and support
- Open class to all of the units in the hospital
- Increased participation to other members of the healthcare team for specialized content

References

Perrin, P., Johnston, A., Vogel, B., Heesacker, M., Vega-Trujillo, M., Anderson, J., & Rittman, M. (2010, May 4). A culturally sensitive transition assistance program for stroke caregivers: Examining mental health and stroke rehabilitation. *Journal of Rehabilitation Research and Development, 47, 605-616.*

Forster, A., Young, J., Nixon, J. Kalra, L., Smithard, D., Patel, A.,... Ferrin, A. (2012, January). A cluster of randomized controlled trials of a structured training programme for caregivers of inpatients after stroke (TRACS). *International Journal of Stroke, 7, 94-99.*