



The Creation and Implementation of a Caregiver Readiness Program

Anna Claire Bullard, OTS; Chris Eidson, PhD, OTR/L; Sarah Tucker, PhD, OTR/L

UAB Department of Occupational Therapy | University of Alabama at Birmingham

Reid Warren, DPT | UAB Spain Rehabilitation Center

Introduction

- Informal caregivers must perform tasks in the home that are typically carried out by healthcare providers at a facility
- There is not a standardized method of ensuring caregivers are prepared for their new role
- Important to assess informal caregivers' ability to perform necessary ADL skills for a patient upon discharge and ensure training was provided
- Many caregivers report high levels of burnout and burden, which negatively impacts the quality of care they provide
- Correlation between high caregiver readiness and improved patient health outcomes after discharge
- Previous research shows the following regarding discharge planning:
 - Patient care is increasingly occurring more in the community or home setting rather than a healthcare setting ⁴
 - Providing care with ADLs is a role more than 96% of informal caregivers acquire ²
 - Caregiver distress is increased by a lack of readiness to attend to a patient's needs post discharge, and increased caregiver distress is associated with a decrease in the well-being of the patient in their care ³
 - Passive involvement in caregiver education may results in subpar patient health outcomes ⁵
 - The utilization of the teach-back method during caregiver training is associated with improved patient health outcomes and quality of life ⁶
 - There is no consensus regarding the best method to prepare informal caregivers for their new role prior to discharge ³
 - Programs that train informal caregivers to provide care for patients after discharge should be adopted as routine by healthcare facilities ¹

Methods

Overview

- The Caregiver Readiness Program utilized a checklist and Qualtrics survey
 - The Caregiver Readiness Program checklist was devised from ADLs listed in the Occupational Therapy Practice Framework-4 (OTPF-4)
 - The checklist was three pages and listed every ADL from the OTPF-4
 - OT practitioners highlighted which ADLs a caregiver would need to perform in the home, then highlighted ADLs the caregiver successfully demonstrated
 - OT practitioners implemented the Caregiver Readiness Program within a 1.5-hour session
 - The program was implemented at UAB Spain Rehabilitation Center

Participants

- Five OTs participated in the project (n=5)
 - All participants were certified OTs at Spain Rehabilitation Center
 - 2 participants from the Stroke Team (n=2)
 - 2 participants from the Spinal Cord Injury Team (n=2)
 - 1 participant from the Traumatic Brain Injury Team (n=1)
 - Each participant implemented the program with one patient on their caseload

Post-Participation Survey

- Following use of the Caregiver Readiness Program checklist, participants completed a post-participation survey
 - The survey was used to capture the OTs' perspectives of the effectiveness of the Caregiver Readiness Program
 - Open-ended questions were included to allow for more in-depth understanding of their perceptions

Results

Participant demographics

- 100% female
 - 60% aged 25-34 years
 - 20% aged 35-44 years
 - 20% aged 45-54 years
- 20% reported a bachelor's degree in occupational therapy
- 40% reported a master's degree in occupational therapy
- 40% reported a clinical doctorate degree in occupational therapy

Logistics of the Caregiver Readiness Program- Email about this

Caregiver Readiness Program Checklist	
1. Please select the following Activities of Daily Living (ADLs), per the OTPF-4, that will be addressed with caregivers through the teach-back method prior patient discharge.	2. Based on your response to the previous list, please select the following Activities of Daily Living (ADLs), per the OTPF-4, that caregivers were successfully able to perform prior to patient discharge.
<ul style="list-style-type: none">Bathing, showering<ul style="list-style-type: none">Obtaining and using suppliesSoaping, rinsing, and drying body partsMaintaining bathing positionTransferring to and from bathing positionsToileting and toilet hygiene<ul style="list-style-type: none">Obtaining and using toileting suppliesManaging clothingMaintaining toileting positionTransferring to and from toileting positionCleaning bodyCaring for menstrua and continence needs (including catheter, colostomy, and suppository management)Maintaining intentional control of bowel movements and urination and, if necessary, using equipment or agents for bladder controlDressing<ul style="list-style-type: none">Selecting clothing and accessories with consideration of time of day, weather, and desired presentationObtaining clothing from storage areaDressing and undressing in a sequential fashionFastening and adjusting clothing and shoesApplying and removing personal devices, prosthetic devices, or splintsEating and swallowing<ul style="list-style-type: none">Keeping and manipulating food or fluid in the mouth, swallowing itFeeding<ul style="list-style-type: none">Setting up, arranging, and bringing food or fluid from the vessel to the mouthFunctional mobility<ul style="list-style-type: none">Moving from one position or place to another, such as in-bed mobility, wheelchair mobility, and transfersFunctional ambulation and transportation of objectsPersonal hygiene and grooming<ul style="list-style-type: none">Obtaining and using suppliesRemoving body hairApplying and removing cosmeticsWashing, drying, combing, styling, brushing, and trimming hairCaring for nails (hands and feet)Caring for skin, ears, eyes, and noseApplying deodorantCleaning mouth	<ul style="list-style-type: none">Bathing, showering<ul style="list-style-type: none">Obtaining and using suppliesSoaping, rinsing, and drying body partsMaintaining bathing positionTransferring to and from bathing positionsToileting and toilet hygiene<ul style="list-style-type: none">Obtaining and using toileting suppliesManaging clothingMaintaining toileting positionTransferring to and from toileting positionCleaning bodyCaring for menstrua and continence needs (including catheter, colostomy, and suppository management)Maintaining intentional control of bowel movements and urination and, if necessary, using equipment or agents for bladder controlDressing<ul style="list-style-type: none">Selecting clothing and accessories with consideration of time of day, weather, and desired presentationObtaining clothing from storage areaDressing and undressing in a sequential fashionFastening and adjusting clothing and shoesApplying and removing personal devices, prosthetic devices, or splintsEating and swallowing<ul style="list-style-type: none">Keeping and manipulating food or fluid in the mouth, swallowing itFeeding<ul style="list-style-type: none">Setting up, arranging, and bringing food or fluid from the vessel to the mouthFunctional mobility<ul style="list-style-type: none">Moving from one position or place to another, such as in-bed mobility, wheelchair mobility, and transfersFunctional ambulation and transportation of objectsPersonal hygiene and grooming<ul style="list-style-type: none">Obtaining and using suppliesRemoving body hairApplying and removing cosmeticsWashing, drying, combing, styling, brushing, and trimming hairCaring for nails (hands and feet)Caring for skin, ears, eyes, and noseApplying deodorantCleaning mouthBrushing and flossing teethRemoving, cleaning, and reinserting dental orthotics and prostheticsSexual activity<ul style="list-style-type: none">Engaging in the broad possibilities for sexual expression and experiences with self or others.

Discussion

Survey Responses- Try to shorten to make list larger

- All OTP respondents agreed the CRP checklist provided a more comprehensive process for preparing caregivers upon discharge
- All participants reported caregivers were able to complete the necessary ADL tasks for a patient upon discharge, per the CRP checklist and teach-back method
- Every participant noted that caregivers expressed that they felt more comfortable to enact caregiving tasks for a patient upon discharge
- All participants reported they felt, as an OTP, the patient was being discharged to an individual who could provide proper care at the home for the patient, and the CRP was able to be efficiently administered during the discharge process.
- Two participants responded to the open-ended question
- One participant noted the CRP should include more information pertaining to adaptive equipment (e.g., leg straps and a reacher)
- Another participant noted the CRP checklist should be added to electronic documentation notes

Limitations

- Small sample size limited to one department
- Plan of action for what to do if an informal caregiver is unable to demonstrate necessary caregiving tasks was not a focus of the project
- The program addresses ADLs, but not Instrumental Activities of Daily Living (IADLs), which are important to assess amongst informal caregivers
- Long-term follow-up with informal caregivers and patients, regarding the long-term effectiveness of the Caregiver Readiness Program was not possible within the scope of this project
- This pilot study was implemented amongst one setting of occupational therapists (inpatient rehabilitation) and cannot be generalized to other departments within the hospital nor to the general population of informal caregivers who are responsible for the care of patients discharging from a hospital setting

Conclusion

Implications

- Data supports that the Caregiver Readiness Program is an effective method to for healthcare facilities to adopt to improve the discharge process
- Pilot data assures occupational therapists feel more confident regarding caregiver education during the discharge process
- Data supports caregivers felt more prepared to acquire their role after implementation of the Caregiver Readiness program

Future Research

- Revise the current Caregiver Readiness Program
- Create an action plan if a caregiver is unable to perform essential tasks
- Embed the Caregiver Readiness Program checklist into online documentation systems
- Install a long-term study that includes follow-up with caregivers after the implementation of the Caregiver Readiness Program

References

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Contact information: Anna Claire Bullard, OTS: bullarda@uab.edu