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Informal Caregivers of Older Adults at Home: Let's PREPARE!

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WHY: Nearly 6 million people over age 65 receive home health services (NAHC, 2008). Many older home care patients have overlapping medical conditions requiring continuous or complex services. Family members and other lay caregivers (informal caregivers) are often unprepared to manage complex treatment regimens, recognize complications, and coordinate care that frequently involves many different providers and services.

On admission to home care, nurses perform a comprehensive, holistic assessment of the patient. The informal caregiver's preparedness, ability and willingness to successfully manage the complex care needs of the patient, however, are often not assessed. The informal caregiver is expected not only to monitor the patient's condition, but also to recognize and differentiate both the acute and chronic symptoms and manage them appropriately (Schumacher, 2006). Ongoing collaboration between the patient, caregiver and interdisciplinary team forms an invaluable link. However, when patients are most vulnerable and their informal caregivers are often inundated, some critical assessments and interventions are not always implemented correctly or at all.

When informal caregivers are unprepared to manage patients at home, they can further contribute to increased risk for errors, duplication of services, and inappropriate or absent implementation of the care plan components (Coleman, 2008), and thus place the patient at increased risk for hospital readmission. It is, therefore, important that home care nurses assess an informal caregiver's preparedness to render care to an older patient in the home.

Preparedness of informal caregivers to deliver care for older patients at home has been shown to improve patient outcomes and reduce readmissions (Avlund, 2002; Naylor, 2006; Naylor, et al, 1999). Preparedness is defined as a perceived readiness for multiple domains of the caregiving role (Archbold, 1990; Schumacher, et al, 2007 and 2008). This *Try This* applies the preparedness research to help home care nurses assess informal caregivers' preparedness to deliver care to older patients at home.

TARGET POPULATION: Family and lay caregivers (informal caregivers) of older adult home care patients with complex care needs.

BEST PRACTICE: The PREPARE approach provides the home care nurse with a tool to facilitate a successful transition of the patient to home care. The checklist may be utilized to assure that the essential components of informal caregiver preparedness have been assessed. If the informal caregiver is found lacking the necessary health care management skills the nurse, in collaboration with the primary care provider and the multidisciplinary team, can implement interventions to provide the needed support.

VALIDITY AND RELIABILITY: The Preparedness for Caregiving Scale, a component of the Family Caregiving Inventory (Archbold, 1990), is based on research with oncology patients and their caregivers (see "*Try This*: Preparedness for Caregiving Scale"). The mnemonic created for this *Try This, Let's PREPARE!*, was developed by home care nurses for use with informal caregivers in the home setting. It highlights the topics that should be assessed on a visiting nurse's first home care visit and subsequent visits in the home environment. Psychometric testing has not been done.

STRENGTHS AND LIMITATIONS: Though psychometric testing has not been done, this best practice approach addresses issues commonly experienced by informal caregivers for older adults, as identified by a panel of expert nurses in home care. For older patients at high risk for transitional care issues regardless of clinical setting, see "*Try This*: The Transitional Care Model (TCM): Hospital Discharge Screening Criteria for High Risk Older Adults."

FOLLOW-UP: On each subsequent home care visit, in addition to patient assessment, the nurse should assess changes in the informal caregiver's ability to care for the patient, making referrals as appropriate to interdisciplinary team members. For caregivers at risk for or suspected of experiencing caregiver stress see "*Try This*: The Modified Caregiver Strain Index (CSI)", and refer, as appropriate to interdisciplinary team members.

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Informal Caregivers of Older Adults at Home: Let's PREPARE!

Instructions: Let's PREPARE the informal caregivers to care for the patient at home. The visiting home care nurse will use this screening tool to evaluate informal caregiver preparedness during the initial home visit to obtain baseline information, and at each visit to intervene if there are any changes. Check each row to acknowledge you assessed these items:

❑ **P**	**Prescriptions**	• Pharmacy location • Co-payment needed • Delivery by pharmacy or pick-up by caregiver • Knowledge of, purpose and side effects of medications	• How to prefill mediset and/ or insulin syringes • Medication administration • Prescribed and over-the-counter medications
❑ **R**	**Readiness to manage at home**	• Review of hospital discharge plan • Home care needs for the older adult (e.g., ensure timely medical follow-up appointments) • Contact numbers of home care staff, primary care provider (PCP), hospital, and support system	• Insurance • Supplies • Modifications of home to prevent falls and injury • Appropriate community resources (e.g., Meals On Wheels if no cooking facilities available, community mental health, social/medical day care)
❑ **E**	**Early changes in condition**	• Knowledge of changes requiring urgent medical professional notification	
❑ **P**	**Partnership among the home health care team**	• Supplies • Equipment • Durable Medical Equipment (DME)	• Personal Emergency Response System (PERS) • Individualized care plan (e.g., social worker; dietitian; physical, occupational, and speech therapists)
❑ **A**	**Assistance needed to perform procedures**	• Wounds • Intravenous treatments • Suctioning	• Tube feeding • Activities of Daily Living • Instrumental Activities of Daily Living
❑ **R**	**Realistic expectations and goals**	• Does the informal caregiver have any physical or psychological disability, or any behavior such as drug or alcohol or tobacco misuse? • Does the informal caregiver have any other family responsibilities? • Is the informal caregiver employed? • Does the informal caregiver have back-up support? • Does the informal caregiver live with the older adult?	• What does the older adult want to achieve? • Is care palliative (e.g. pain management, healing of a wound, or living to see a grandchild graduate from college or get married)? (This information is obtained by asking the patient and informal caregiver)
❑ **E**	**Education and empowerment**	• Signs and symptoms of disease • Long-term care plan • Nutrition • Advanced directives • Contingency plan if home care aide does not arrive • Safety in the home	• Problems with medications (e.g. PCP calling late evening after home care staff has left to inform patient not to take a medication or to increase or decrease the dosage of medication, such insulin or Coumadin)

Follow-up nursing interventions are needed for any items that are not checked.

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