



# Caring for the Caregiver: Lessons Learned in the IMPACT Clinic

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# Objectives

- Describe an innovative interprofessional model of providing care to complex seniors and their caregivers
- Identify 3 common types of caregiver distress and approaches to support/engage caregivers
- Share a 'user-friendly' tool for quickly identifying caregivers experiencing distress



# Introduction

- There are more than 2 million informal caregivers in Canada (Stats Can, 2002)
- In a sample of 131,000 home care seniors (65+), 98% had an informal caregiver (CIHI, 2010)
- There are 20,000 informal caregivers (16%) who report distress in this role (CIHI, 2010)



# Introduction

- An overwhelmed caregiver is more likely to opt for early nursing home placement for the patient
- Caregivers experiencing distress are more likely to increase the frequency of their own health care utilization (Dyer et al., 2000)
- Effective communication with the health care provider and perceptions of good patient care was found to be inversely related to caregiver burden (Soothill et al., 2001)



# What is IMPACT?

- Interprofessional **M**odel of **P**ractice for **A**ging and **C**omplex **T**reatments
- a comprehensive model of:
  - assessment
  - care
  - mentorship and training
  - planning

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# IMPACT Clinic

- February/2008 to June/2010
- 188 patient visits
- 120 individual patients
- 60 (x3) family medicine residents
- trainees from all of the other disciplines



# IMPACT Model

- An interdisciplinary team works with patient, caregiver(s), and referring practitioner
  - Goal: ‘unpack’ the patient’s condition
  - Takes 2-3 hours
  - Complements family practitioners’ care



# IMPACT Patients

- Inclusion criteria:
  - age 65+
  - 5 or more long-term medications
  - 3 or more chronic conditions
  - 1 or more functional ADL limitation
  - not home-bound or institutionalized
  - patient and/or caregiver is willing and able to deliberate with a team
  - patient and/or caregiver are motivated to take action to improve patient's health status and patient is emotionally/cognitively/socially equipped to do so



# The Team

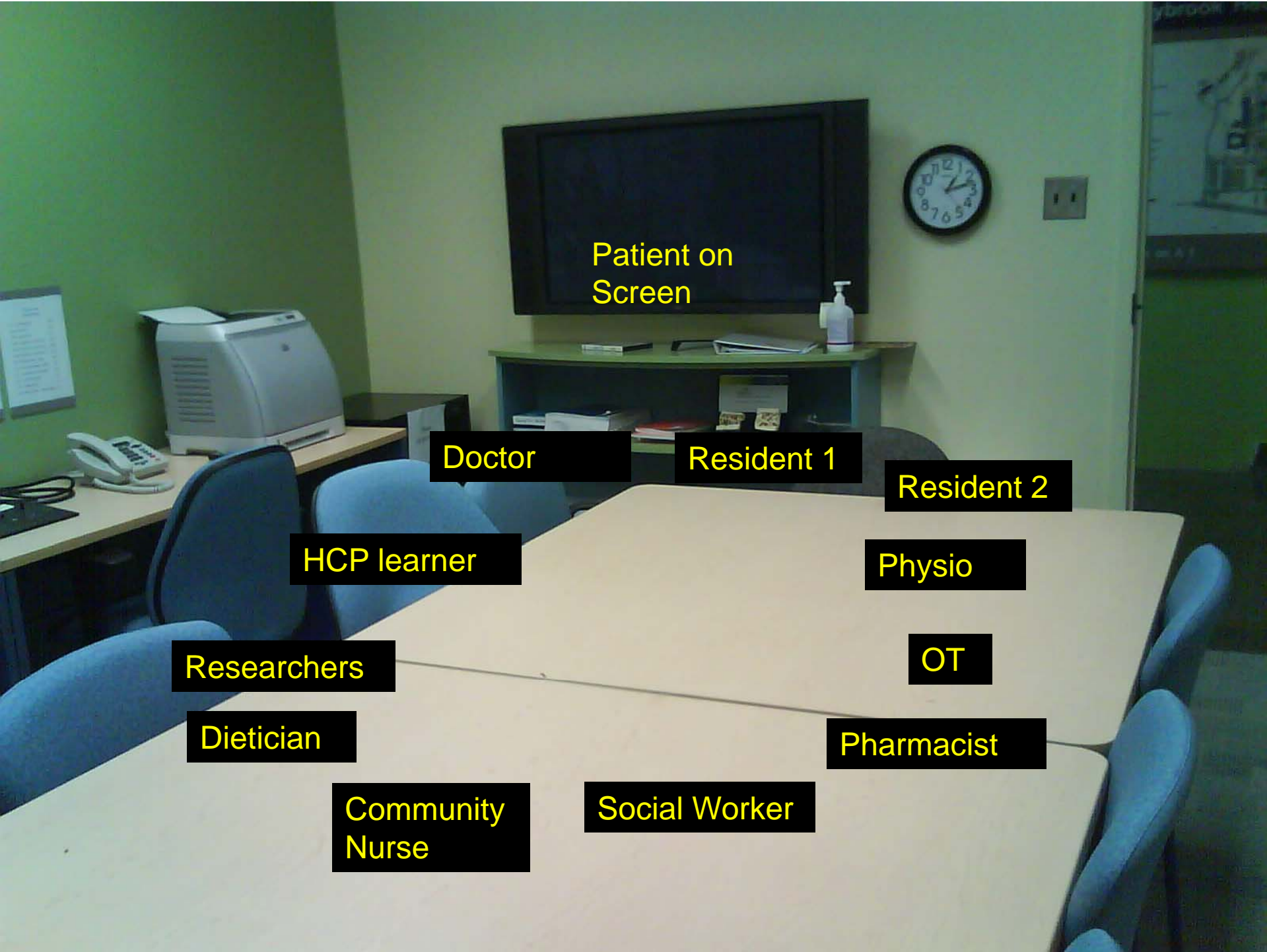
## Interprofessional:

- family physician
- visiting nurse
- pharmacist
- occupational therapist
- dietitian
- social worker
- physiotherapist
- healthcare trainees

## Multiple roles:

1. clinician
2. educator
3. co-creator

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Patient on  
Screen

Doctor

Resident 1

Resident 2

HCP learner

Physio

Researchers

OT

Dietician

Pharmacist

Community  
Nurse

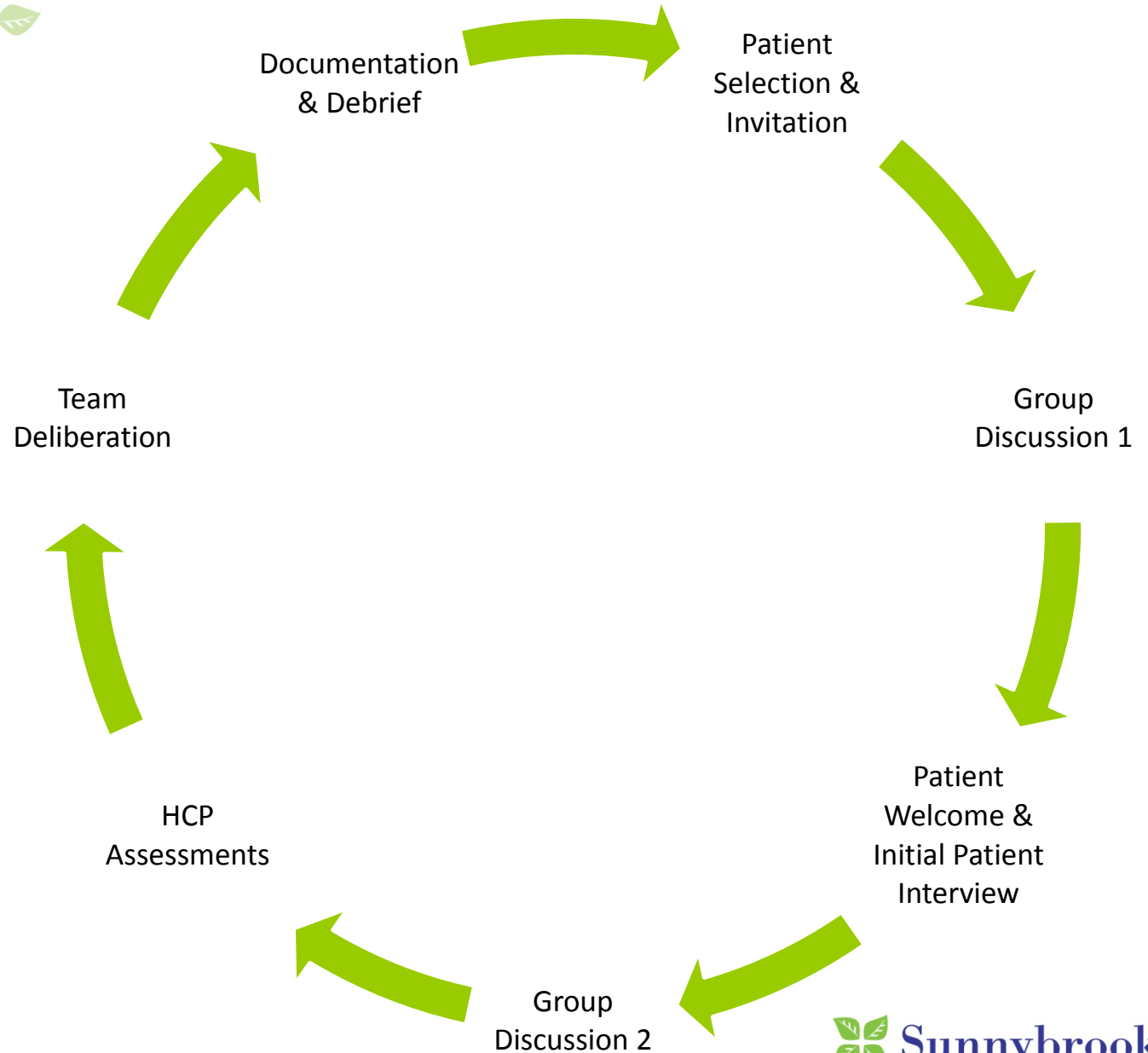
Social Worker



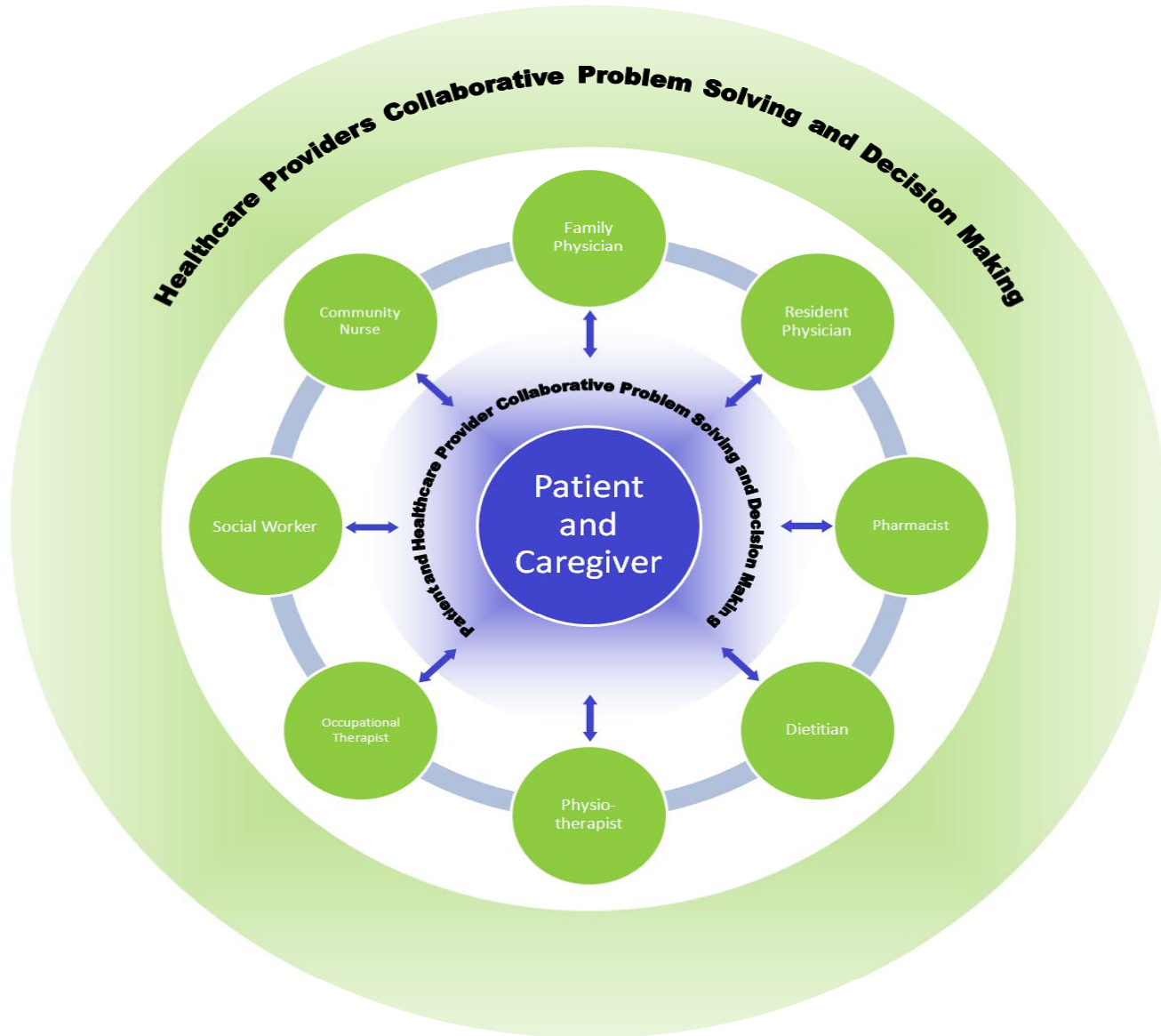


# The IMPACT Protocol

Appt length:  
2 – 3 hours



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# Caregiver Interviews

- 13 interviews: Convenience sample
- approximately 1 hour each
- Semi-structured interview:
  - Caregiver activities/level of burden
  - Perceptions of IMPACT
  - Current status of both patient and caregiver
- administered the caregiver strain index



# Caregiver Strain Index

- quick and easy to use tool
- 13 questions measuring caregiver strain
- can be used on individuals of any age who are caregivers for an older adult
- Scores of seven or higher indicate a high level of caregiver stress
- High scorers may benefit from increased intervention and intense follow-up

<b>Code</b>	<b>Age</b>	<b>Sex</b>	<b>Relationship to patient</b>	<b>Distance from Patient</b>	<b>Work Status</b>	<b>Shared Responsibility</b>	<b>Care Time</b>	<b>Care Activities</b>	<b>CSI Score</b>
CG01	<65	M	Son	3-4 km	Retired	Hired caregiver and sister	15 hrs/wk	Mobility, socialization	5
CG02	<65	F	Daughter	45 mins	Full-time	Hired caregiver	12 hrs/wk	Meals, socialization	7
CG03	65+	M	Husband	Together	Retired	No	21 hrs/wk	Meals	6
CG04	<65	F	Daughter	Together	Part-time	Shares some with husband and sons	20 hrs/wk	Meals, laundry, shopping	9
CG05	<65	M	Son	1 km	Retired	No	20 hrs/wk	Shopping, mail, finance, outings, transport	4
CG06	65+	M	Husband	Together	Retired	No	-	Dressing, driving, meals	7
CG07	<65	M	Son	5 miles	Full-time, flexible	Shares some with sister	60-80 hrs/wk	Walking, mail, cleaning, calls, socialization	7
CG08	<65	F	Daughter	Together	Full-time, self-employed	Shares some with sister and 3 brothers	18 hrs/wk	Meals, insulin, cleaning	8
CG09	<65	F	Daughter	50 mins	Retired	Shares some with daughter and neighbors (not much)	2 days/wk	Finances, shopping	0
CG10	<65	F	Daughter	Together	Retired	No	84 hrs/week	Laundry, cooking, housekeeping, supervising, bathing, medical monitoring, driving, outings	5
CG11	65+	F	Wife	Together	Retired	No	Daily	Meals, errands, driving, medication pick-up, supervising medications	8
CG12	<65	M	Son	5 blocks	Full-time	Neighbors	N/A	N/A	0
CG13	<65	F	Daughter	N/A	Not working	Hired caregiver	3 times/week	Finance, groceries, other shopping	9



# Common Types of Caregiver Distress



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# Three Common Types of Caregiver Distress

1. caregiver burnout
2. caregiver isolation
3. caregiver lack of confidence/awareness



# Case 1: Burnout

- Ms. G is the daughter of an 82 year old woman in a wheel chair with: RA, polyarthritis, hypothyroidism, osteoporosis, depression, hypertension, and hearing loss
- Ms. G lives 1 hour drive from her mother and drives to her home daily
- Mum has no help and Ms G. is involved in: meal preparation, errands, transportation, banking and grocery shopping
- Ms G. has taken an indefinite leave from work to take care of her mother and has personal financial concerns



# Caregiver Burnout: Key Elements



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# Caregiver Burnout: Key Elements

- identify caregiver burnout
- develop caregiver trust in team
- ‘Share the Strain’ and relieve the caregiver



# Caregiver Quotations

- “... from the team standpoint, the way everybody works together, the way they hear not just the patient, but whoever happens to be family ... because they work with mom and with me, so it’s like they have two patients, especially in 08 when it first began, because I was a basket case then.”
- “...I don’t know where I would have been in the last year if it had not been for the IMPACT team.”
- “... it’s brilliant and it’s functional and it’s beneficial and it provides security, emotional security and support for not only the patient, but the family.”
- “What they’re picking up and it helps me to see some things that I was not seeing because I’m too close, or, or just didn’t expand my mind to that area. For a month, I’ve seen a huge improvement in mom, and I chalk it up to the IMPACT team.”



# Case One Summary

- Ms. G was experiencing caregiver burnout
- she had no energy or personal time
- a team was needed to both identify the severity of her stress and provide support to her mother
- Once trust was established, the team enabled Ms G. to set limits on her caregiver involvement
- she felt supported and reassured, which allowed her to sustain her caregiver role



## Case 2: Isolation

- Mr. P is the retired son of an 88 year old woman with: impaired vision, CAD, HTN, GERD, leg edema, diabetes, cirrhosis, osteoporosis and asthma.
- Mr P spends about 20 hours per week caring for his mother: shopping, errands, mail, financial responsibilities, and transportation
- Mother is adamant that she doesn't need help and wants to remain in her own apartment
- He feels somewhat helpless, futile, doesn't know how to help her

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# Caregiver Isolation: Key Elements



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# Isolation: Key Elements

- Actively engage the Caregiver
- Acknowledge the caregiver as a key member of the team
- Assist the caregiver to develop 'team skills' that are transferrable to any team



# Caregiver Quotations

- “... I think the focus was a big factor. I wasn’t, I wasn’t really sure how to approach you know, getting her better, but certainly the team helped give focus to that. You know, the intensity of it was quite remarkable and I guess I realized there was a lot that could be done and I became aware of a lot of the options and the possibilities...”
- “I think I’m more confident in knowing what I’m doing and I have an understanding of, if I do add some things or if I’m thinking of doing some things, I have a better understanding of what impact they might have and just more confidence in going ahead with those kinds of things, so I know everything I can do is going to be positive. I’m not reluctant about wasting my time, I’ve seen responses, I’ve seen impacts of activities and things that I’ve done for her, I just feel more comfortable, more comfortable and confident”



# Case Two Summary

- Pro-actively established initial contact with Mr P and invited him to attend the next visit with his mum to the IMPACT team
- Through the team assessment, Mr P became more aware of his mother's needs and limitations and the role that he could play with his mother
- Mr P now works with community services to continue to provide sufficient support to his mother

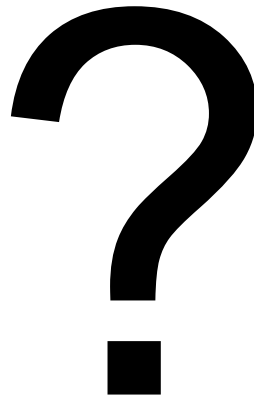


## Case 3: Lack of Confidence

- Mrs M is the wife of a 73 year old man with early Alzheimer's, asthma, fibromyalgia, diabetes, chronic renal failure, GERD and CAD.
- she receives no outside help and cares for him daily: administering medication, preparing meals, transportation, and all household functions
- Mr M is refusing community supports
- Mr M is verbally aggressive towards Mrs M and is increasingly controlling and critical of Mrs M's activities
- Mrs. M feels incapable and inadequate



# Lack of Confidence: Key Elements



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# Lack of Confidence: Key Elements

- Educate the caregiver about the patient's condition and what to expect
- Validate the distress experienced by the caregiver
- Identify the needs of the caregiver and provide appropriate team supports



# Caregiver Quotations

- “I generally feel much calmer. Up until the IMPACT situation, I had no help at all in trying to deal with what was happening and I didn’t really have a good understanding of how to respond to it and after the two IMPACT visits, particularly the part where I was interviewed individually away from my husband, I found very, very helpful and calming and I think it created a much healthier situation in our home environment”
- I feel that I have a little more confidence in what I’m doing or not doing, as the case may be and I’ve paid more attention to what is going on with Alzheimer’s and that I’ve been on the internet looking at things and then I watched that TV programme the other day which was very insightful
- “ when everything was made clear to me, and I listened to the different disciplines, I now understand that his condition is an illness”



# Case Three Summary

- The team provided education to Mrs M regarding Mr M's condition and that his outbursts were part of the disease, not reflective of her capability
- Mrs. M felt reinforced and reassured by the team; she is asserting more control
- Mrs M now is better able to avoid the triggers to Mr M's outbursts, resulting in a calmer, more respectful atmosphere



# Virtual Team Brainstorming

- how could you create a virtual team?



# Summary

- 3 common sources of caregiver distress: burnout, isolation, and lack of confidence & understanding of the patient's condition
- Interprofessional teams can provide education and support to caregivers
- In the absence of a team, consider a 'virtual team'
- Acknowledge the caregiver as part of the team and help them develop 'team skills'



# Acknowledgements

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# Thank you!

- Questions?
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