

# Assessing Caregiver Burden in Hospital at Home

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## INTRODUCTION

### Purpose

To determine caregiver burden during Hospital at Home enrollment

### Background

Vanderbilt started enrolling patient in the Hospital at Home program in November 2021. Hospital at Home is aimed to provide acute care services in the home instead of in a traditional hospital setting. Patients receive two RN visits per day and one provider visit per day. There can be four patient in the program at a time.

Leff et al., 2008, examined caregiver burden in a Hospital at Home program. At that time, there was no significant increase in caregiver burden if a patient received their care in the hospital versus home.

## RESULTS

There was attempted contact of 12 caregivers. Out of the 12 caregivers, four caregivers agreed to being interviewed. The biggest barrier to completing an interview was unanswered phone calls.

The highest Zarit Caregiver Burden Score was 7. Significant burden starts sat 8 (Bedard et al, 2001). While in the program, caregivers assessed their loved one's function from completely independent to needing assistance for most tasks. The average Lawton IADL score among these participants was 5. Important qualitative data from included caregivers sharing they were tasked with not only helping with the medical interventions, but also making sure tasks around the home were being completed. As one participant said:

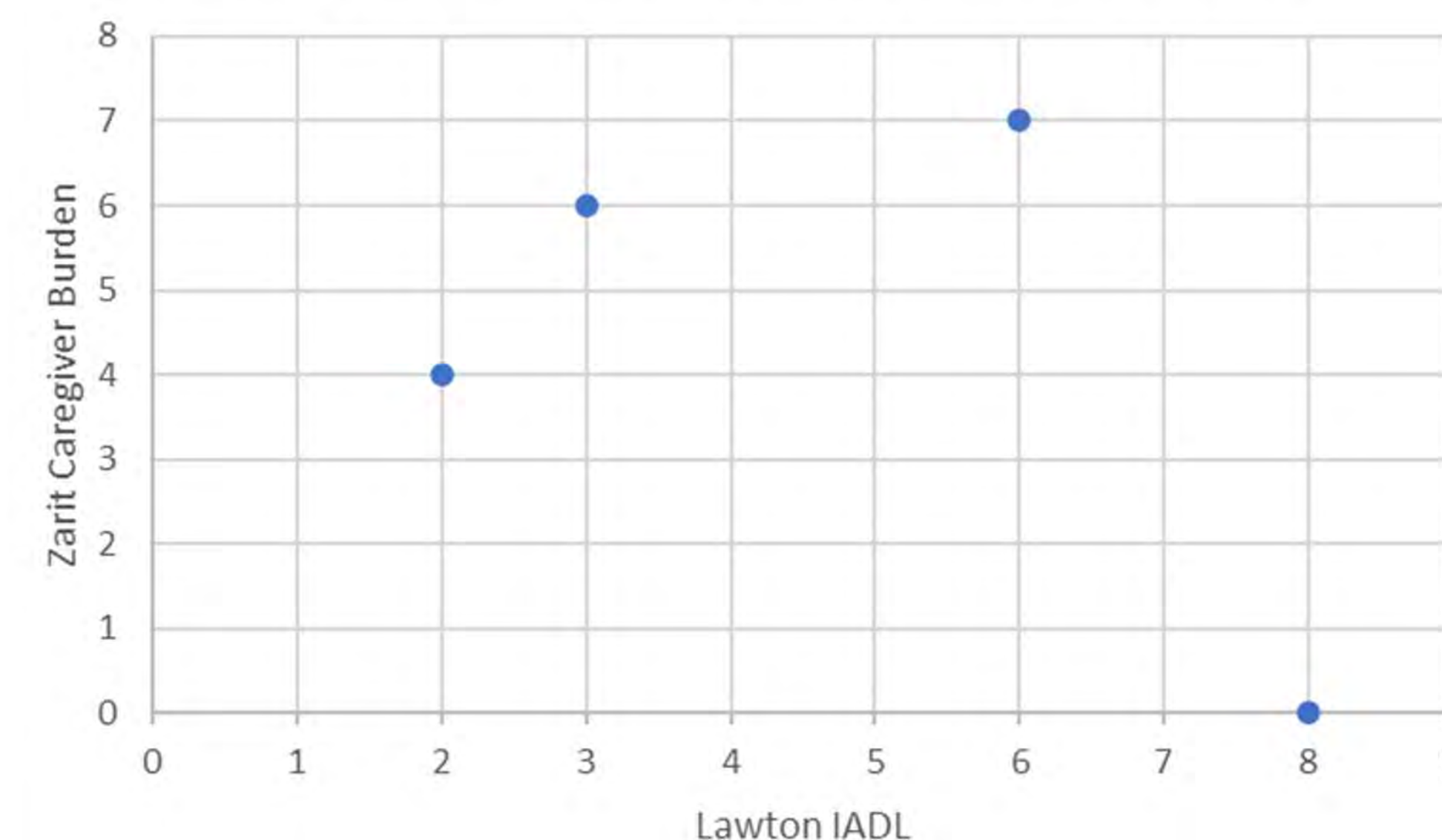
"I just didn't get that I would become the cafeteria and the nurse's aides and the laundry and all the other jobs that are done at the hospital. Now that I am aware of what is needed it makes sense"



Graph to the side demonstrates the beginnings of a correlation between patient having poor functional status and increase caregiver burden.

Graph below highlights the themes that arose during the conversations. All participants touched on the themes below.

Caregiver Stress in Relation to Patient Function

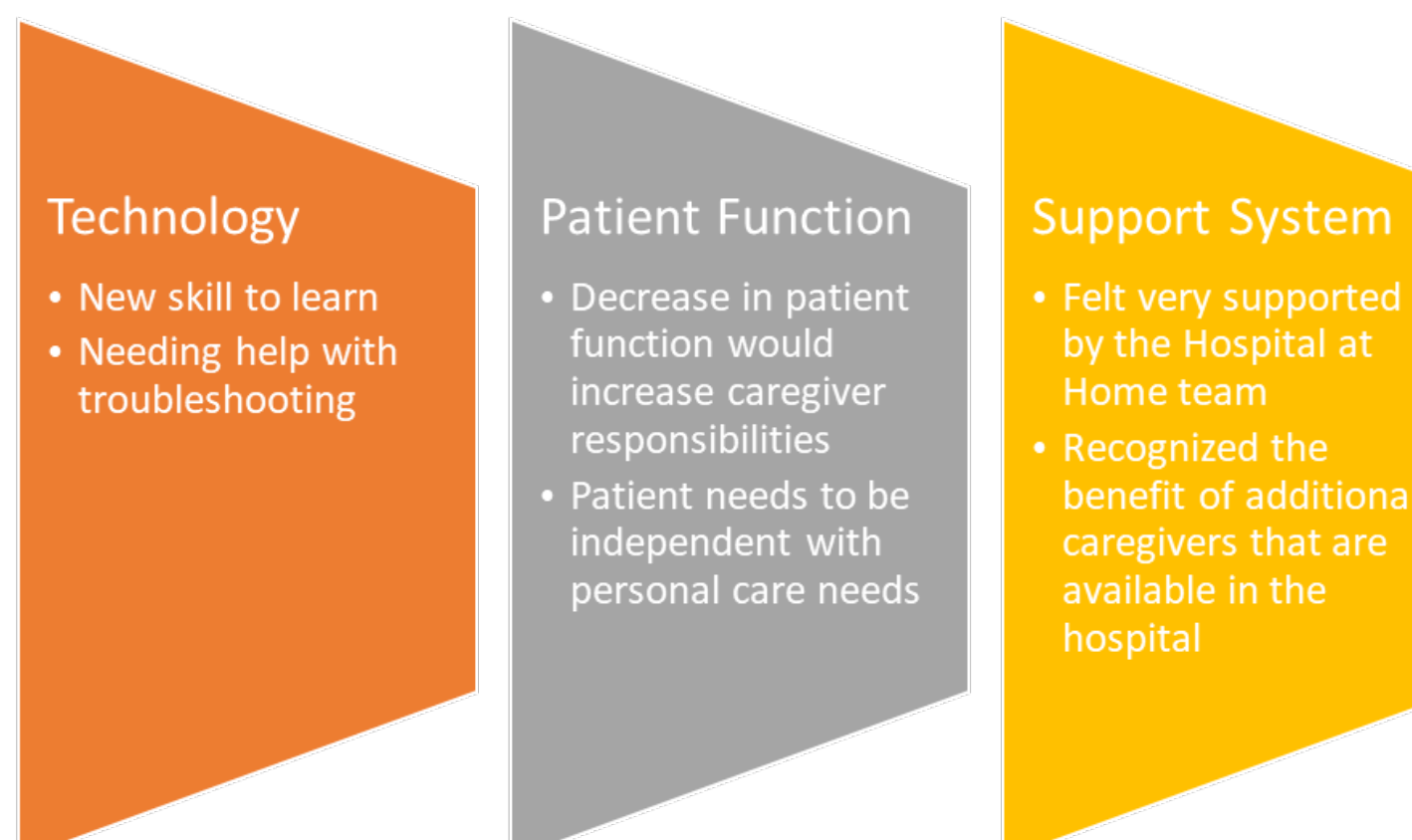


## METHODS

Patients enrolled in the Hospital at Home program during May and June of 2022 were identified. Their charts were reviewed to determine if a caregiver was involved in their care. Phone calls were made to the caregivers. The Zarit Caregiver Burden Scale and Lawton Instrumental Activities of Daily Living were performed during the phone call. Notes were taken during the interview and read back to participant to assure accuracy. Objective data was tabulated. Subjective data was analyzed for themes.

Sociodemographic Characteristics of Caregivers		
	Frequency n=4	Percentage
Gender		
Male	0	0
Female	4	100
Age		
40-50	0	0
51-60	1	25
61-70	2	50
71-80	0	0
81+	1	25
Prior Caregiver		
Yes	2	50
No	2	50
Healthcare Experience		
Yes	1	25
No	3	75

## THEMES



## IMPLICATIONS FOR PRACTICE

Increasing patient acuity in the home relies on unpaid caregiver assistance. All caregivers expressed a sense of duty in caring for their loved one. This can be protective against increase caregiver burden. 75% of the participants did not have prior healthcare training. This indicates that discharge education should include caregivers as this will be a new role.

## REFERENCES

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