

Caring during ESD - what is it like for the family?





Sara Demain, Associate Professor, <u>shd@soton.ac.uk</u>



ESD is good for....

Patients – reduced mortality, dependency, institutionalisation, EADL,

Services – cost effective, patient satisfaction

FAMILY CARERS?

1. Fearon P, Langhorne P, Early Supported Discharge Trialists. Services for reducing duration of hospital care for acute stroke patients. Cochrane Database of Systematic Reviews 2012, Issue 9.



Our research



- Not just how stressed but why...
- 1. Measure
 - Work done by carer different tasks (mins)
 - Negative Impact of each task on carer
- 2. Explore relationship with disability
- 3. Explore experience

Developing tool

- With team: MDT, Carers, Researchers
- Interviewer administered questionnaire
- ESD staff identified tasks 14 domains
- Tool drafted and edited by team
- Carers discussed, piloted and modified tool
- Final tool approved by team

ESD care burden

- medication,
- speech,
- mobility and ex,
- memory,
- visual tasks,
- wash and dress,
- toiletting,



- emotional management,
- diet mods,
- researching stroke,
- health and safety,
- completing forms,
- interacting HCPs,
- new household tasks

Time and Impact 'Yesterday'

Tool - example



7. Emotional Management

Yesterday, how long do you think you spent in total supporting your friend or family member emotionally?

Total time spent yesterday was _____minutes

Overall how much of an impact did supporting your relative or friend emotionally have on you yesterday?

None Small Medium Large Very large	None	Small	Medium	Large	Very large
------------------------------------	------	-------	--------	-------	------------

Study Interviewed in week 2

Depth interview 4-8 weeks after ESD

Variable	Description
Family caregiver gender	13 female 5 male
Family caregiver's relationship to stroke survivor	16 spouse / partner 1 son 1 daughter
Ethnicity	18 White British
Caregiver occupation (n=12)	9 retired 1 waitress 1 teacher 1 chocolatier

Southampton

School of Health Sciences

	Workload (mins)	Impact	
	Median (IQR)		
	Max		
Medication	5 (0.75 – 5)	1 (1 -2)	
	60	3	
Speech	15 (0-30)	1.5 (1 - 3)	
	360	4	
Mobility	52.5 (6.25 - 52.5)	1.5 (1 – 3)	
	60	5	
Memory	10 (0 - 56.25)	1.5 (1 – 3)	
	120	4	
Washing and	5 (0-23.75)	1 (1 – 2)	
Dressing	45	4	
Toiletting	1 (0-23.75)	1 (1 – 3)	
	45	4	
Emotional	45 (11.35 – 77.5)	3 (2-4)	
Management	960	5	
Diet	5 (0-30)	1 (1 – 2)	
	150	4	
Researching Stroke	10 (0 - 60)	1.5 (1 – 3.75)	
	120	5	
Health and Safety	150 (30 - 960)	3 (2 – 4)	
	960	5	
Completing Forms	0 (0 - 12.5)	1 (1 - 2)	
	60	5	
Interacting with	17.5 (0.25 – 82.5)	1 (1 – 3)	
health professionals	480	5	
New household	45 (3.75 – 90)	2 (1 -2)	
tasks	240	5	
Visual tasks	0 (0 – 3.75)	1 (1 -1)	
	100	4	



Whatever we do I'm aware of the health and safety side of it, it's all the time / taken over the day / constant worry

	Workload (mins)	Impact	
	Median (IQR)		
	Max		
Medication	5 (0.75 – 5)	1 (1 -2)	
	60	3	
Speech	15 (0-30)	1.5 (1 – 3)	
	360	4	
Mobility	52.5 (6.25 - 52.5)	1.5 (1 – 3)	
	60	5	
Memory	10 (0 - 56.25)	1.5 (1 – 3)	
	120	4	
Washing and	5 (0-23.75)	1 (1 – 2)	
Dressing	45	4	
Toiletting	1 (0-23.75)	1 (1 – 3)	
	45	4	
Emotional	45 (11.35 – 77.5)	3 (2 - 4)	
Management	960	5	
Diet	5 (0-30)	1 (1 – 2)	
	150	4	
Researching Stroke	10 (0 - 60)	1.5 (1 – 3.75)	
	120	5	
Health and Safety	150 (30 - 960)	3 (2-4)	
	960	5	
Completing Forms	0 (0 - 12.5)	1 (1 – 2)	
	60	5	
Interacting with	17.5 (0.25 - 82.5)	1 (1 – 3)	
health professionals	480	5	
New household	45 (3.75 - 90)	2 (1 -2)	
tasks	240	5	
Visual tasks	0 (0 - 3.75)	1 (1 -1)	
	100	4	



that's the biggy/ constant reassuring / takes up the most time /Physical stuff more easy / 'it's lonely' / exhausting

	Workload (mins) Median (IQR)	Impact	
	Max		
Medication	5 (0.75 – 5)	1 (1 -2)	
	60	3	
Speech	15 (0-30)	1.5 (1 – 3)	
	360	4	
Mobility	52.5 (6.25 - 52.5)	1.5 (1 - 3)	
	60	5	
Memory	10 (0 56.25)	1.5 (1 - 3)	
	120	4	
Washing and	5 (0-23.75)	1 (1 – 2)	
Dressing	45	4	
Toiletting	1 (0-23.75)	1 (1 – 3)	
	45	4	
Emotional	45 (11.35 – 77.5)	3 (2 – 4)	
Management	960	5	
Diet	5 (0-30)	1 (1 – 2)	
	150	4	
Researching Stroke	10 (0 - 60)	1.5 (1 – 3.75)	
	120	5	
Health and Safety	150 (30 - 960)	3 (2 – 4)	
	960	5	
Completing Forms	0 (0 - 12.5)	1 (1 – 2)	
	60	5	
Interacting with	17.5 (0.25 - 82.5)	1 (1 – 3)	
health professionals	480	5	
New household	45 (3.75 – 90)	2 (1 -2)	
tasks	240	5	
Visual tasks	0 (0 – 3.75)	1 (1 -1)	
	100	4	

time consuming but rewarding/Loss of independence needs supervising



	Workload (mins)	Impact	
	Median (IQR)		
	Max		
Medication	5 (0.75 - 5)	1 (1 -2)	
	60	3	
Speech	15 (0-30)	1.5 (1 - 3)	
	360	4	
Mobility	52.5 (6.25 - 52.5)	1.5 (1 – 3)	
	60	5	
Memory	10 (0 - 56.25)	1.5 (1 – 3)	
	120	4	
Washing and	5 (0-23.75)	1 (1 – 2)	
Dressing	45	4	
Toiletting	1 (0-23.75)	1 (1 – 3)	
	45	4	
Emotional	45 (11.35 – 77.5)	3 (2 – 4)	
Management	960	5	
Diet	5 (0-30)	1 (1 – 2)	
	150	4	
Researching Stroke	10 (0 - 60)	1.5 (1 – 3.75)	
	120	5	
Health and Safety	150 (30 - 960)	3 (2 – 4)	
	960	5	
Completing Forms	0 (0 - 12.5)	1 (1 – 2)	
	60	5	
Interacting with	17.5 (0.25 - 82.5)	1 (1 – 3)	
health professionals	480	3	
New household	45 (3.75 – 90)	2 (1 -2)	
tasks	240	5	
Visual tasks	0 (0 – 3.75)	1 (1 -1)	
	100	4	

Everything wife used to do was probably taken for granted; only now do I realise how much she did in a day





Carer impact and disability





 No relationship between severity of care impact and patient disability

 NB relatively high Barthel scores

Unprepared for hospital discharge

Surprised by early discharge
Worried it was too soon
Little or no consultation about if and when
Little warning of imminent D/C
Inadequate time to prepare
Inadequate consideration of other circumstances
(carers health, work, other care responsibilities)
Lack/delayed NHS equipment provision
Inflexible care packages

Rehabilitation support

School of Health Sciences

ESD support is valued						
ESD provides respite						
ESD develops knowledge/skills						
Excellent support for physical rehab						
Inadequate support for communication,						
cognitive or emotional issues						
Carers not always involved enough						
· · · · · · · · · · · · · · · · · · ·						

When ESD ends

	_					
ESD too	short					
Lack of continuity with other services						
Lack of therapy hinders recovery						
Not in system – lack of follow-up						
Still adj	usting					

Feeling responsible and anxious

School of Health Sciences

Concerns about safety and falls Unwilling to leave them alone Anxiety about further strokes Coping with memory loss and disorientation Managing communication Unable navigate care and health systems Lack of sleep - physical care and worry



Changed relationship

Doing intimate care is distressing Seeing loved one frail Coping with changed personality "Nagging" about rehab causes arguments Difficult to balance risk and patient independence

Carers needs not addressed

School of Health Sciences

Lack of emotional support for carer New household tasks – extra work but unskilled Being unwell and trying to care Cant add this to other care responsibilities Working (a needed break but not considered) Loss of leisure and social life Protecting the rest of the family Added costs

Discussion





Set expectations of ESD

- Understand home and carer situation
- Practical support equipment, advice

 Discuss realistic risk management with patient and family

Discussion

- Find out how much involvement carers want in ESD sessions and rehab
- Reaching carers who aren't available
- Emotional management and support for patients and carers

School of Health Sciences

