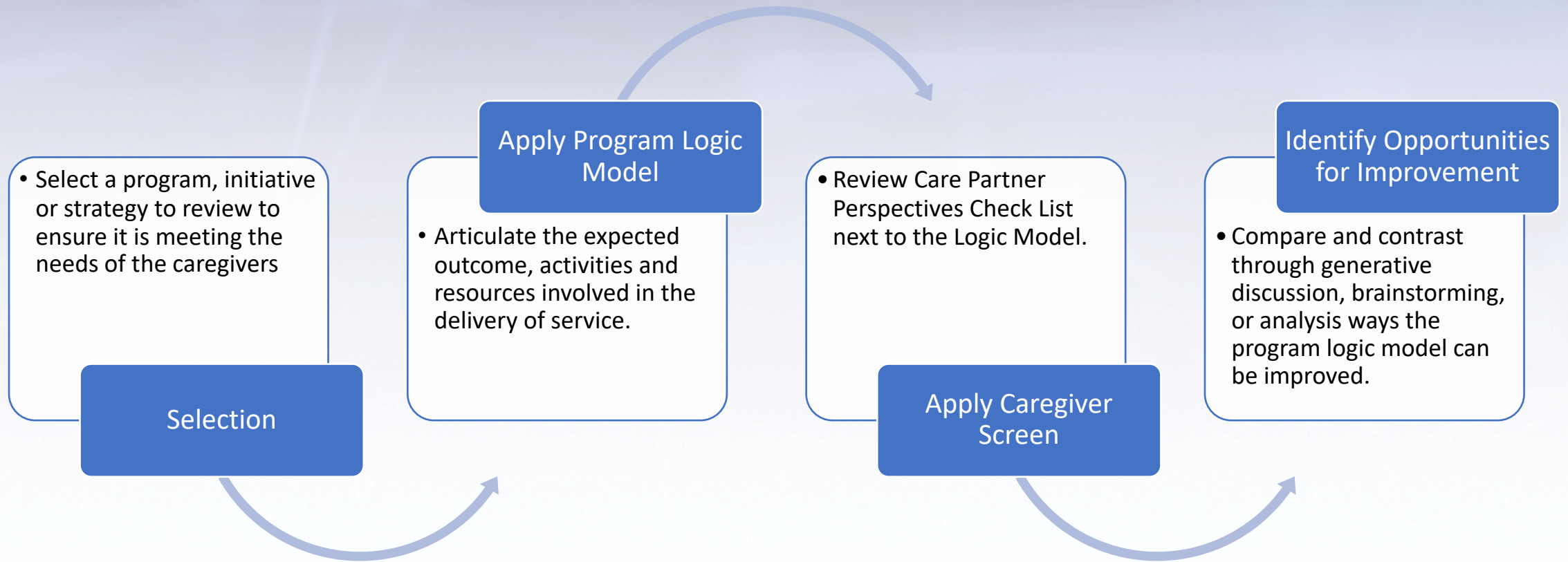


Caregiver Strategy Framework

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Framework in Action



Example: Transitions in care

- Select a program, initiative or strategy to review to ensure it is meeting the needs of the caregivers

Selection



- Community Service Provider
- Work in partnership with hospital to support persons moving from an alternative level of care bed back home
- Program works reasonably well but looking for ways to improve

Example: Transitions in care

Apply Program Logic Model

- Articulate the expected outcome, activities and resources involved in the delivery of service.

Example: Alternate Level of Care

Objective	To engage with patients, caregivers, and care providers to co-design components of an intervention that aims to improve delayed hospital discharge experiences. <ul style="list-style-type: none"> • Is the process taking a caregiver lens? • Is your initiative considering pain points? • What are the key issues and challenges faced by caregivers during this process? 		
Inputs	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> • Physicians/Primary Care Team • Hospital Staff • Interprofessional Care Team • Community Services • Caregiver • Patient • Family Members 	<ul style="list-style-type: none"> • Identify goals, key issues, concerns and priorities from caregivers' perspectives that need to be addressed. • Identify and manage psycho-social needs of patient during delayed hospital discharge. • Facilitate communication channels to meaningfully engage patients and caregivers with physicians and interprofessional care team. • Consultation with patients, caregivers, and care providers to co-design intervention. • Identify community needs and supports that may need to be integrated into intervention. 	<ul style="list-style-type: none"> • Outline service recommendations for patient (e.g., basic care services, ADLs and hygiene, social and mental health activation, etc.) • Mapped care journey and identified key issues that need to be addressed to improve ALC experience • Creation of a communication guide that supports ongoing conversations between care team, caregiver, and patient • Co-designed intervention plan aimed to improve delayed discharge experience and address commonly identified challenges during a delayed hospital discharge • Connect with community organizations (e.g., service delivery, respite, etc.) 	<p>Short-Term:</p> <ul style="list-style-type: none"> • Continuation of basic services and care for patient. • Ensure caregivers and patients' voices are heard throughout process. • Provide caregivers with coping strategies. • Two-way communication channels established. • Build trust with health care providers. • Increased knowledge of ALC process. <p>Mid to Long- term:</p> <ul style="list-style-type: none"> • Improved quality of care for patient. • Decrease in functional decline in patients. • Improved health for caregivers. • Improved access to community supports. • Creation of Patient and Caregiver Council Advisory Council.

Example: Transitions in care

EXAMPLE: ALZHEIMER LEVEL OF CARE

Objective	To engage with patients, caregivers, and care providers to co-design components of an intervention that aims to improve delayed hospital discharge experiences. <ul style="list-style-type: none"> Is the process taking a caregiver lens? Is your initiative considering pain points? What are the key issues and challenges faced by caregivers during this process? 		
Inputs <ul style="list-style-type: none"> Physicians/Primary Care Team Hospital Staff Interprofessional Care Team Community Services Caregiver Patient Family Members 	Activities <ul style="list-style-type: none"> Identify goals, key issues, concerns and priorities from caregivers' perspectives that need to be addressed. Identify and manage psychosocial needs of patient during delayed hospital discharge. Facilitate communication channels to meaningfully engage patients and caregivers with physicians and interprofessional care team. Consultation with patients, caregivers, and care 	Outputs <ul style="list-style-type: none"> Outline service recommendations for patient (e.g., basic care services, ADLs and hygiene, social and mental health activation, etc.) Mapped care journey and identified key issues that need to be addressed to improve ALC experience Creation of a communication guide that supports ongoing conversations between care team, caregiver, and patient Co-designed intervention 	Outcomes <p>Short-Term:</p> <ul style="list-style-type: none"> Continuation of basic services and care for patient. Ensure caregivers and patients' voice are heard throughout process. Provide caregivers with coping strategies. Two-way communication channels established. Build trust with health care providers Increased knowledge of ALC process <p>Mid to Long-term:</p> <ul style="list-style-type: none"> Improved quality of care for patient. Decrease in functional decline

- Review Care Partner Perspectives Check List next to the Logic Model.

Apply Caregiver Screen



Example: Transitions in care

Identify Opportunities for Improvement

- Compare and contrast through generative discussion, brainstorming, or analysis ways the program logic model can be improved.

A brainstorm yielded:

- Change in the flow of information – using technology
- Identify points where additional supports and navigation can be eased for the caregiver
- Introduce opportunity to provide caregiver with respite and self-care in the home setting



Thank You

Find more on:
caregiverstrategy.ca

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Appendix

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Gain Creators

- Using technology
- Applying an equity lens
- Knowledge building
- Political and systemic issues
- Social networks

Applying an Equity Lens

- Language, race, ethnicity, citizenship, sexual orientation, gender all play an important role in understanding the barriers caregivers may experience within many social systems.

Questions to Ask

Are there community providers that can best serve or inform service delivery based on the unique needs of that individual and caregivers?

Knowledge Building

- Understanding the caregiver's role is critical to supporting them in their role.

Questions to Ask

- Are frontline staff prompted to consider and inquiry about the circle of care?
- Are informal caregivers acknowledged?
- Are there tools, processes or systems in place to share information – that the entire circle of care has access to?

Political and Systemic Issues

- Big questions loom for many caregivers – creating opportunities to engage in change, provide more useful and accurate education and better represent caregivers

Questions to Ask

- LTC accountability and reform?
- In what ways are we learning best practices from around the world?
- How does diversity, equity and inclusion show up in the leadership within various systems?
- How are caregivers supported to advocate for their loved ones?

Social Networks

- Family, friends and neighbors play an important role in supporting the work and well-being of caregivers.

Questions to Ask

- Is the language we use person-centred?
- How can we foster peer support connections?
- How can we support mobilization around issues to support advocacy?
- How can we integrate peer leadership?

Technology

- Technology offers caregivers ability to get jobs done, connect with others and access needs information and resources in a efficient manner.

Questions to Ask

- Is there a time commitment to learn new technologies?
- How can we support seniors/caregivers that may need additional support with new technology?
- What are the barriers to access, like hardware, software, internet/wi-fi and cellular networks?

Pain Relievers

- Less is more
- Personal Support Workers
- System navigation
- Financial supports

Less is More

- Caregiving can be overwhelming.

Questions to Ask

- How can our communication be more concise and timely?
(The right information, delivered at the right time is more helpful than volumes .)
- How can we most effectively curate resources with prompts when appropriate?
- How can we support warm referrals that reduce the duplicative nature of repeating an intake process from organization to organization?

Personal Support Workers

- Understanding the personal support worker's role is critical to supporting them in their role.

Questions to Ask

- How are PSWs valued and supported?
- How do improve access/affordability of support?
- Are there ways to Improve the economic situation of PSWs (wages, working condition)?

System Navigation

- Government services (often mentioned were health services like hospitals, primary care, LTC, community support agencies) all support and serve caregivers in various ways, although their as caregivers can often go unnoticed.

Questions to Ask

- What can be done to help people know where to start or where to go next?
- How do you best assess the circle of care around a patient, including the recognition there are many informal and formal caregivers involved?
- What specific supports can provide respite to avoid burnout and improve overall health outcome for all involved?

Financial Supports

- Caregiving had direct hard costs associated with it. Caregivers may be paying out of pocket to support two households as well as the costs associated with caregiver itself.

Questions to Ask

- Are there sources of funding available to caregivers?
- What are the implications in terms of taxes?
- What hidden costs (time, other resources) create barrier for caregivers?