

Patients benefit from caregiver involvement in hospital discharge intervention

November 5 2014

Results of a new study published in *The American Journal of Managed Care* show that the presence of a family caregiver during patient recruitment is associated with a greater rate of completion of a post hospital transitional care coaching intervention, particularly among men. Discharge is a crucial component of the hospitalization process. Patients' understanding and engagement in discharge plans greatly influence their experiences, health outcomes, such as hospital readmission, and overall costs.

The study looked at discharges using the Care Transitions Intervention (CTI), a low-cost model that provides transitional care coaching to patients at hospital discharge and for 30 days following. The CTI includes an initial in-home visit after discharge and follow-up coaching by phone and has been shown to substantially cut hospital readmissions. "Previous research has established the effectiveness of the CTI in aiding post hospital transitions, but including a family caregiver had not been carefully looked at before," said lead author Gary Epstein-Lubow, MD, assistant unit chief of the inpatient geriatric unit at Butler Hospital, and assistant professor of Psychiatry and Human Behavior at The Alpert Medical School of Brown University.

For this study, the researchers looked at a total of 2,747 inpatients from six Rhode Island hospitals between 2009 and 2011 who were targeted as eligible to participate in the CTI. When a family caregiver (defined as a non-patient adult at the patient's bedside) was present, he or she was included in the in-hospital consent conversation about coaching, and the

patient and family caregiver were coached together.

Among the 2,747 individuals approached, 56 percent consented to participate in the CTI. When compared to patients without a family caregiver present for the in-hospital discussion, patients with a family caregiver had significantly higher consent rates to the intervention, with nearly 69 percent consenting, while only 53 percent of patients who were alone consented. Of the patients who agreed to the CTI, patients with [family caregivers](#) present during enrollment were more than five times as likely as patients without family caregivers present to complete the intervention and men with family caregivers present during enrollment were nearly eight times as likely to complete the intervention as men without family caregivers.

"These results bolster others' recommendations to include caregivers in quality improvement interventions to improve post-hospital transitions," said a second lead study author Rosa Baier, MPH, Senior Scientist at Healthcentric Advisors, the study's lead organization.

The researchers note that family caregiver involvement in the CTI enrollment was by convenience. Since the CTI was designed for delivery to patients, there were no attempts made to target family caregivers or to recruit participants during a time when a family caregiver was present; in other words, family caregivers were not sought out, but were included if present during intervention consent. It is likely that many participants in the "[patients](#) without family caregivers" group were, in fact, aided by a family caregiver. "Future studies should actively seek to include caregivers who may not be readily available in the [hospital](#) but do shoulder responsibilities regarding transitional care and at home," said Dr. Lubow. "As well as collect more in depth data about caregiver demographics."

Provided by Women & Infants Hospital

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