

Background

5.5 million informal caregivers (CGs) care for Veterans in the US
 • 1/2 CGs report gaps in skills to meet Veteran's needs

Typical Informal Caregiver

- 61 years old
- 54% African American
- 89% Female



Typical Veteran Patient

- 73 years old
- 53% African American
- 96% Male
- >2 ADL Limitations

Caregivers FIRST, a caregiver skills training program, was developed and tested in a single-site randomized control trial (RCT), implemented in 8 sites, then selected for national implementation in all Veterans Affairs Medical Centers. The program extends the portfolio of services available to Veteran CGs as mandated in the MISSION Act (2018) and aims to improve Veteran independence and CG function.

RCT Results:



Significant improvement in caregiver experience of VA care at 6 months ($p < 0.01$) and at 12 months ($p = 0.054$) and Veteran's experience at 12 months ($p = 0.03$)

National Implementation Resources

Utilizing the Replicating Effective Programs (REP) implementation framework, the team developed the following resources for program coordinators and facilitators:

1. Stakeholder engagement
2. **EBP toolkits**
3. SharePoint
4. Data dashboards
5. Diffusion Networks

Throughout the internship period, I developed the following one-page Module Overviews to provide an introductory guide to key points for implementation and Action Plan Checklists to provide accountability for thorough completion of tasks. These materials will be incorporated into the Implementation Toolkit.

MODULE 2 WHAT IS CAREGIVERS FIRST?
Assess -> Plan -> Implement -> Maintain

Caregivers FIRST is...
 • an evidence-based training program for family caregivers of functionally and/or cognitively impaired Veterans
 • intended to complement other VA caregiver training programs
 • offered in a group setting (1-10-12 caregivers) and can be delivered in-person or virtually
 • not a diagnosis-specific curriculum

Goal
 Institutional care use for the Veteran by impacting caregiver wellbeing (e.g. reduce caregiver burden and/or depressive symptoms)

Core Component
 *4 easily adaptable core classes

- Class 1: Introduction & Caregiving Discussion**
 - Introduction, rewards of caregiving
 - Helping Veterans remain independent
 - Relaxation exercise
- Class 2: Hands-On & Shared Decision-Making Strategies**
 - Basics of daily care
 - Safety
 - Veteran Preferences
 - Communication w/ providers
- Class 3: Coping Skills & Strategies**
 - Stress management
 - Values of self-care
 - Recognizing depression, burnout
- Class 4: Support-Seeking Skills & Navigation Strategies**
 - Navigating the system
 - VA services - Caregiver Support Program
 - Non-VA resources
 - Preparing for the future and end-of-life

Class Facilitators
 clinical staff from 1 service line (e.g. Caregiver Support Program) OR team from other service lines (e.g. mental health or nursing) + programs (e.g. Home-based Primary Care, Geriatrics, etc.)
 dependent on resource availability, location of classes, preference, responsibilities (training, documentation, recruitment, etc.)

Optional Components
 1) optional training on individual topics: calls

Topic	Time	Targeted skills
Introduction to the Program	10:00	Self-identification
Introduction to the Program	10:00	Self-identification
Helping Veterans Remain Independent	10:00	Self-identification
Helping Veterans Remain Independent	10:00	Self-identification
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Helping Veterans Remain Independent	10:00	Self-identification

 2) optional training on individual topics: videos
 typically offered to participants in between in-person class sessions or while waiting for in-person class to begin
 3) booster calls (1-2) after group classes to serve as a general check-in and follow-up on action items

Privacy
 Look for a private room where caregivers would feel comfortable interacting. Depending on logistical factors, your team can consider private rooms in public libraries, health clubs, and senior centers or locations.

Audiotutorial Support
 If you wish to prevent Power Point slides, ensure the room is equipped w/ proper technology such as a projector and screen. If not, the training can be delivered solely w/ the participant workbook which includes the slides and transcripts for the video links.

Potential Barriers
 Brainstorm a list of potential barriers that could impede implementation w/ your team, facilitators that could contribute to implementation success, and ideas for how you will address the barriers and leverage the facilitators. (ex. Toolkit Page 11)

MODULE 3 LOCAL CAPACITY FOR IMPLEMENTING CAREGIVERS FIRST
Assess -> Plan -> Implement -> Maintain

Implementation Team
 Leadership to support implementation, provide staff and resources for successful implementation
 Champions: designated providers or staff from various service lines to help promote the program @ your facility. Identify potential facilitators, assist w/ caregiver recruitment, identify options for Veterans of caregiver participation, secure reliable resources, share program options w/ stakeholders
 *consider administrative changes to help w/ logistics
 Coordinators: to streamline communication and be a point of contact for facilitators and caregivers, lead planning meetings, provide train-the-trainer sessions, ensure core components are met, troubleshoot training logistics
 Facilitators: clinical staff from 1 or multiple service lines to assist w/ training logistics, deliver curriculum, provide follow-up w/ participants, document program activities

Training Considerations
 Potential core class locations: medical center, the community-based education center, or virtually through video conferencing technologies (depending on your facility's policies)
 *Due to the unprecedented circumstances posed by COVID-19, we understand that virtual trainings may be the safest option for staff and participants. However, we strongly emphasize the unique benefits of in-person discussions between caregivers.

Key Stakeholders & Leadership

- Program Supervisors
- Chief of Social Work
- Chief of Geriatrics
- Medical Center Director, Associate Director, or Chief of Staff
- Director of Public Affairs (to assist w/ marketing)
- Voluntary Services
 - may have funds to designate for training or volunteers to help provide Veteran activities during classes
- Representatives from Veterans Service Organizations (VSOs) or other patient groups (to customize training resources)

Develop presentations, handouts, or other resources to share w/ leadership (ex. one-page Caregivers FIRST handout for leadership in Toolkit or Program Overview presentation)

MODULE 7 IMPLEMENTING CAREGIVERS FIRST
Assess -> Plan -> Implement -> Maintain

Quality Improvement
 After 1st round of core training, gather implementation team to discuss quality improvement approaches to training logistics, content, communication, documentation, and delivery can be improved.
 Use the Plan-Do-Study-Act (PDSA) cycle to test an improvement (Plan), carry out a test (Do), observe and learn (Study), and determine what modifications should be made (Act).

Feedback

from Caregivers
 Refer to data evaluation plan from Module 5 to determine what data to review, especially
 • total # of caregivers recruited / attended
 • caregiver satisfaction through class evaluations
 • positive quotes or testimonials (w/ permission)
 • general feedback
 Incorporate into existing promotional materials or create new ones (e.g. Tweets or Facebook post).

from Delivery Staff
 Discuss challenges faced so far and strategies to overcome these barriers.
 Consider factors that contributed to the success of Caregivers FIRST and how to continue leveraging these factors.

Continuous Efforts
 Keep promoting the program to leaders, staff, and patients/caregivers (update marketing materials) → importance of program emphasized → may help gain buy-in from initially-hesitant staff.
 After 1st round of core classes, determine if you still have enough resources/staff for the next round. If not, consider
 • Reallocating staff time
 • Partnering w/ a community organization to host a round of training
 • Training more facilitators from other departments or service lines or using interns, students, or fellows to assist
 • Working w/ Voluntary Services to obtain more resources for trainings, utilize trained volunteers to provide activities for Veterans of caregivers who attend training, or assist w/ recruitment mailings or phone calls

MODULE 5 PROGRAM DOCUMENTATION FOR CAREGIVERS FIRST
Assess -> Plan -> Implement -> Maintain

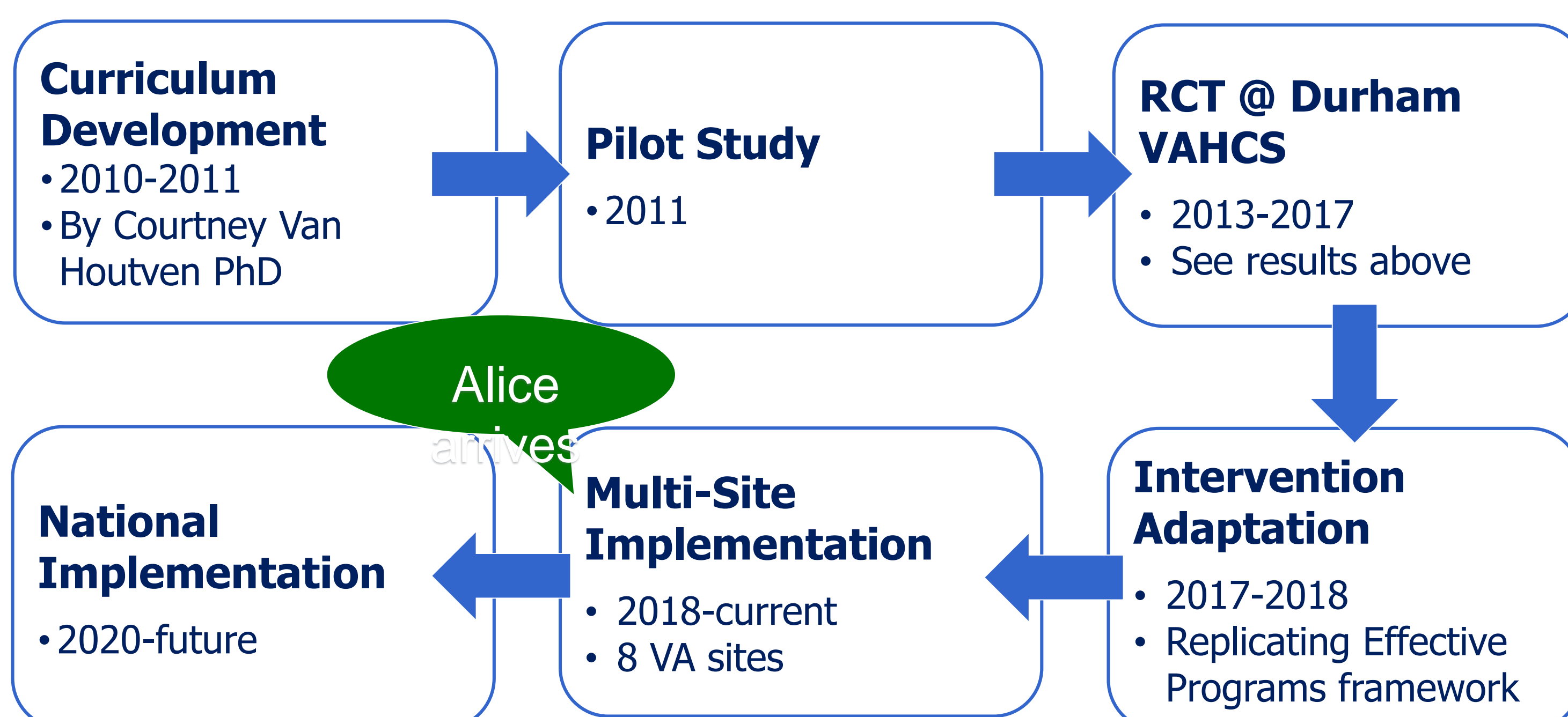
Action Plan Checklist ✓

- Finalize your education and recruitment marketing plan and adapt templates to meet your needs
 - Include target audience, key messages, activities/materials, roles/deadlines
- Outline the logistics of recruitment (target audience, source, documentation, follow-up)
- Determine mode of documentation
 - Review how your site creates records for caregivers in the health record and within the Caregiver Support Program
- Develop a data and evaluation plan based on what metrics are important for your site

Additional Resources

- Caregivers FIRST documentation note (CPRS)
- Data Evaluation Plan Template (SharePoint)

Timeline



Next Steps and Policy Impact

- Documenting how implementation resources will be used in diverse hospital settings will be key for adapting future materials
- National dissemination of the program to 100+ sites may enhance perceived quality of care and will provide an adequate sample size to retest RCT results

Predictive Impact

- Healthcare policies that emphasize caregivers as a key part of the care team and integrate their care along with Veterans'
- Caregivers FIRST currently endorsed as a "strong practice" by the National Program Office of Caregiver Support → mandated → enhanced performance measure for VA

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