

Supporting Family Carers at Hospital Discharge at End-of-Life: A Feasibility Study of the Carer Support Needs Assessment Tool (CSNAT) Intervention

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Background

Introduction

- Majority of patients in hospital at end-of-life wish to be discharged to home.
- Family carers** are essential for achieving successful hospital discharge
- Carers often feel unprepared and unsupported in the discharge process

Aim: To test the feasibility of using the CSNAT intervention to support carers during discharge of patients from hospital at end-of-life.

CSNAT Carer Support Needs Assessment Tool

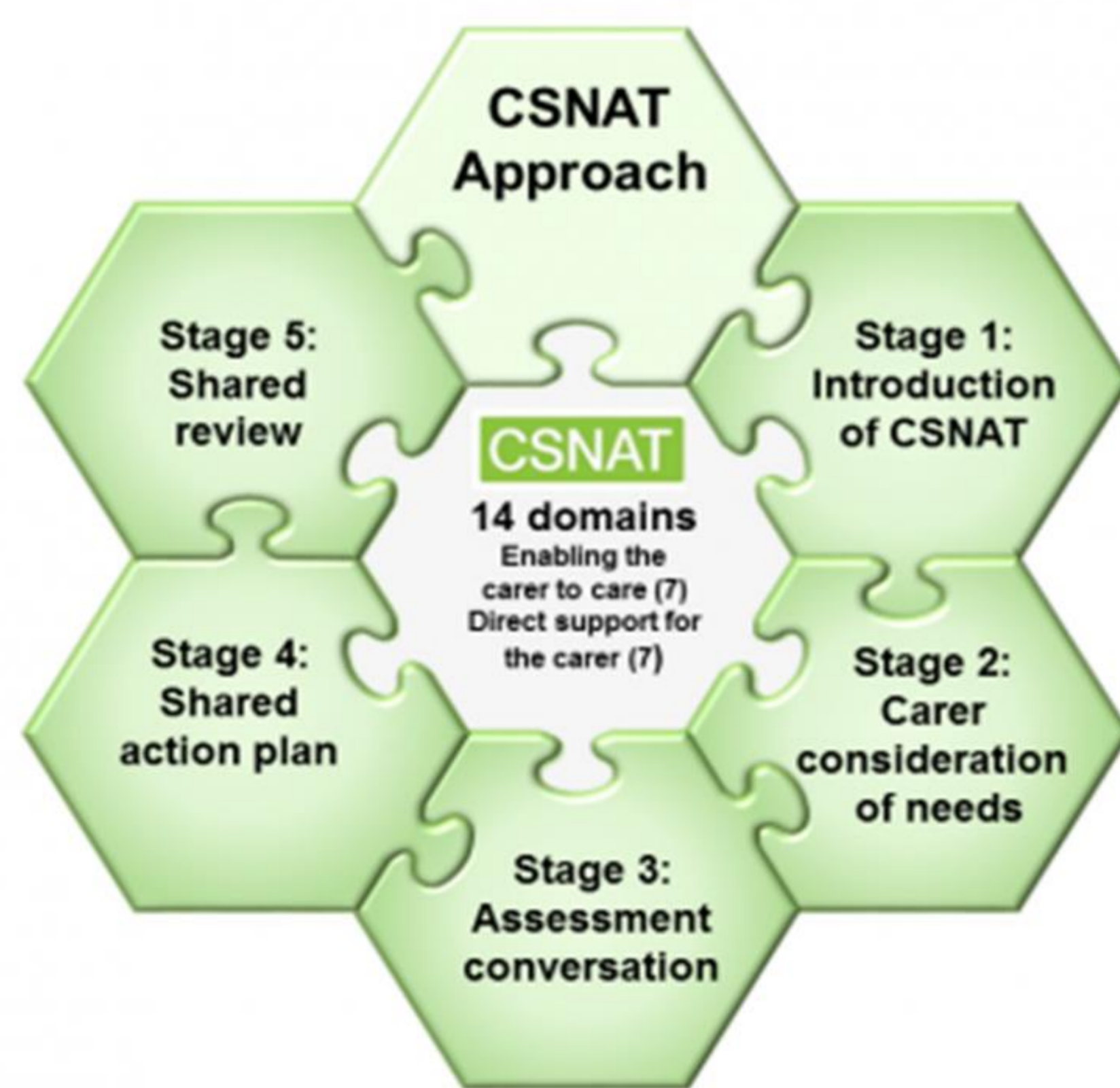
The CSNAT Intervention

Part 1: The Tool

- Bereaved carers (n=75) identified **14 key domains of support** that cover support that carers need to support the patient (as co-workers) and to look after their own wellbeing (as clients).¹
- Current carers (n=225) found the CSNAT to have good **face and content validity**: all domains were used, with no missing items.²

Part 2: The person-centred approach

Used as an intervention in practice, the tool forms part of a **5-stage process** that is facilitated by the practitioner, but **carer led**, "The CSNAT Approach".



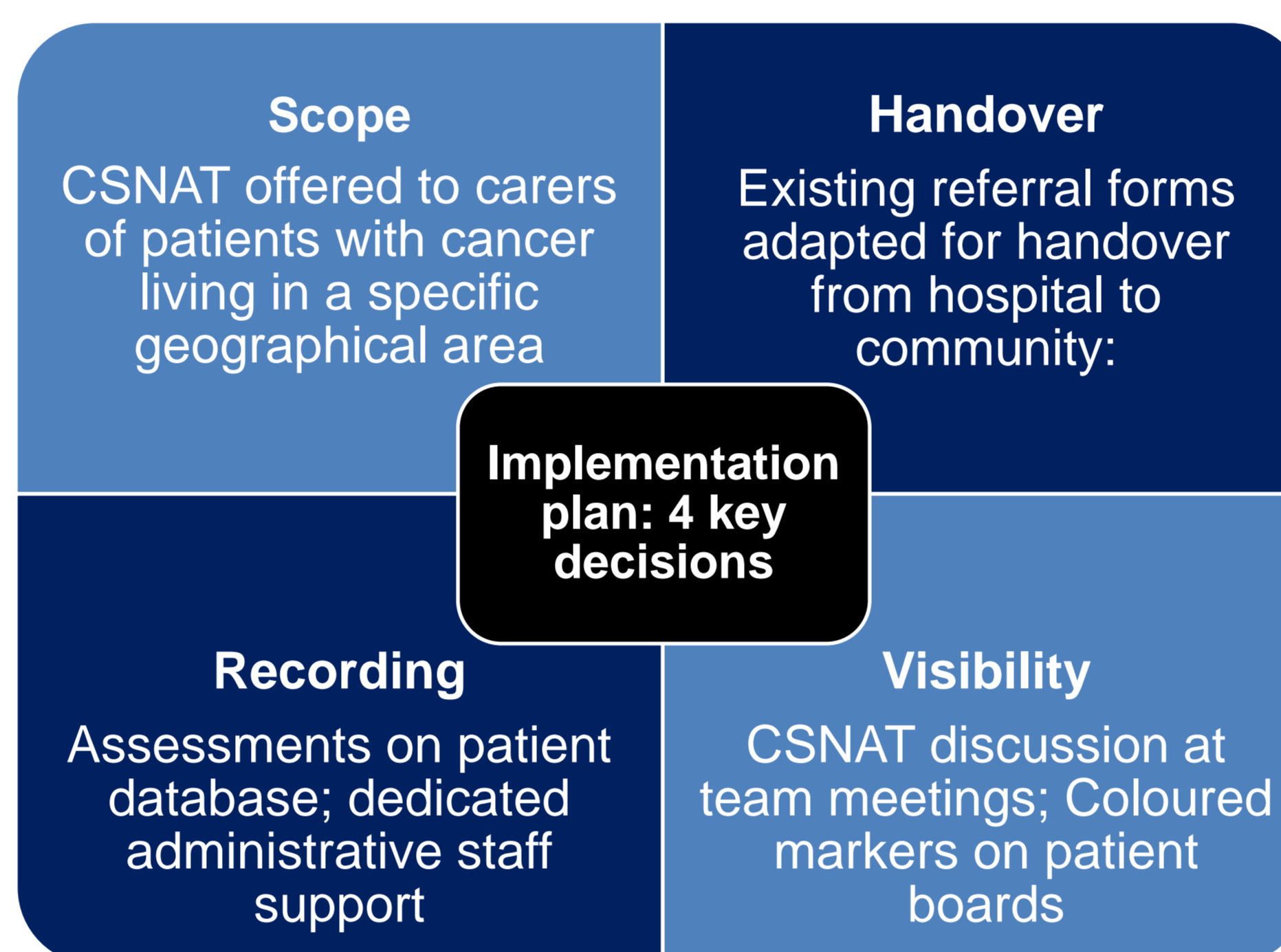
Recommendations from exploratory work on discharge planning³

- CSNAT intervention was considered suitable for use at hospital discharge
- Link hospital assessment with post-discharge community follow-up
- Ensure CSNAT works as a carer-held document

Methods

Implementation planning

- We worked with **two palliative care teams (one hospital; one community)** within Manchester University NHS Foundation Trust
- Local champions** identified
- Training** provided on using the CSNAT intervention⁴
- Teams supported to develop their own **implementation plan**⁴

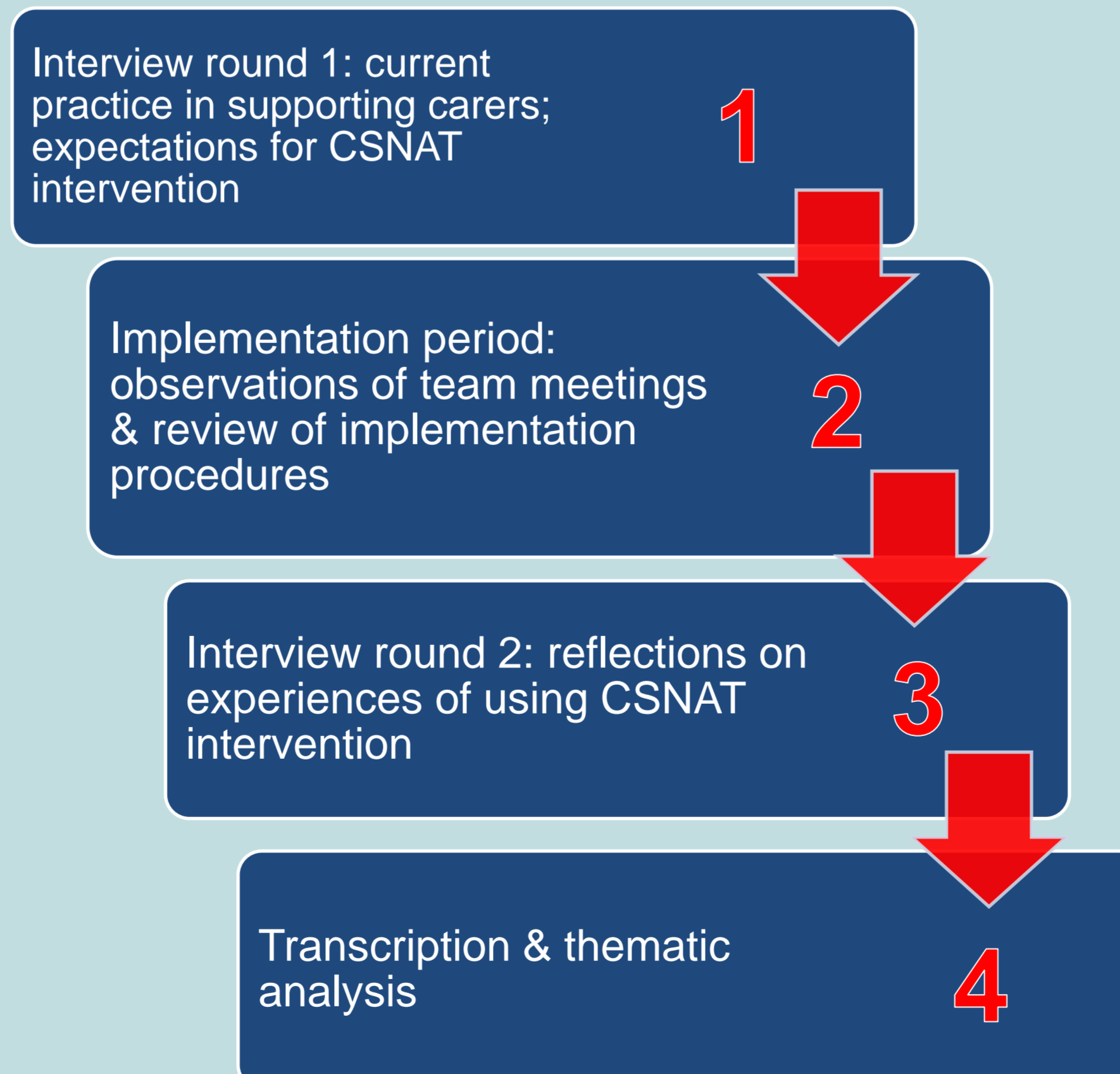


Research design & participants

- Case study** exploring the feasibility of using the CSNAT intervention at hospital discharge
- Participants were the **health care practitioners** in the hospital (n=13) and community palliative care (n=4) teams:
 - 1 Matron
 - 3 Consultants in Palliative Medicine
 - 12 Palliative Care Nurses
 - 1 Project Officer



Six-month longitudinal qualitative data collection & analysis (May/June – November/December 2018)



Results

Recognising carers in their own right

- Helped practitioners think more about carers
- Challenges in recording information in patient records

It's made me think more about it, I will be honest; it's made me think about assessing them more, than [just] focusing on the patients

We wanted some evidence to demonstrate the work that you do with the carers that we don't capture always, so it's not incorporated in the time that you spend there with somebody.

The carer element kind of falls under our holistic assessment of the patient, so whilst we do assess them in their own right, when it comes to documenting, when it comes to, you know, passing that information on, they're almost part of the patient as opposed to their own individual person.

The appeal of structure

- Gave focus to conversations with carers
- Boosted confidence of practitioners

...it gave it more structure, more focus... when you're sat with a relative who is worried about taking their loved one home you can say last week these were your worries, but actually you're not worried about this one now because we've done X, Y, Z.

I come away feeling that I've addressed the carer's needs. Not what I've perceived [them] to be... this does allow me to be confident... because they do it and that's the bit I really like about it... It's their assessment, they own it.

Complexities of time and space

- Challenges in carrying out assessments in hospital environment

The patient needs to be a bit more stable at that point because [the carer] won't want to focus on themselves... it's hard to try to get them to focus on them.

There are many initial visits I do and they're literally...the patient's going out the door

There's not always places to take somebody quiet, people might also be reluctant to admit they've got concerns in front of the person that they're going to be caring for as well.

I'd envisage that it won't be as easy to implement this across other disciplines who are not as comfortable and as confident of dealing with these and doing these kind of assessments

Who is best-placed to support carers in this context?

- Specialist or non-specialist practitioners?

I don't think it would actually take a Clinical Nurse Specialist to address some of those needs that will be highlighted by a carer

Summary & next steps

- The CSNAT intervention **can be embedded into routine administrative practice** in hospital and community palliative care
- Structural and procedural constraints** within acute care and transition to community **require further investigation.**
- The teams are continuing to work with the CSNAT intervention to support carers around hospital discharge, and separately within acute and community settings

References

- Ewing G, and Grande G E. Development of a Carer Support Needs Assessment Tool (CSNAT) for end of life care practice at home: a qualitative study. *Palliative Medicine* 2013;27(3):244-256.
- Ewing G, Brundle C, Payne S, Grande G. The Carer Support Needs Assessment Tool (CSNAT) for Use in Palliative and End-of-life Care at Home: A Validation Study. *Journal of Pain and Symptom Management* 2013;46:395-405.
- Ewing G, Austin L, Gibson D, Grande G. Who cares for the carers at hospital discharge at the end-of-life? A qualitative study of current practice in discharge planning and the potential value of using the Carer Support Needs Assessment Tool (CSNAT). *Palliative Medicine* 2018;32(5):939-949.
- <http://csnat.org/training/>