# The Experience of Family Caregivers When Their Loved One Is Home Hospitalized: A Mixed Methods Analysis of a Randomized Controlled Trial

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# No disclosures to report

# Family Caregivers in Home Hospital

Caregiver

# What are the current gaps in home hospital?

What is the amount caregiver burden? [1,2]

How do family caregivers perceive rural home hospital care?

1. Levine DM, Paz M, Burke K, Schnipper JL. Predictors and Reasons Why Patients Decline to Participate in Home Hospital: a Mixed Methods Analysis of a Randomized Controlled Trial. *J Gen Intern Med*. 2022;37(2):327-331. doi:10.1007/s11606-021-06833-2
2. Moss CT, Schnipper JL, Levine DM. Caregiver burden in a home hospital versus traditional hospital: A secondary analysis of a randomized controlled trial. *J Am Geriatr Soc*. 2024;72(1):286-289. doi:10.1111/jgs.18603

# Rural Home Hospital RCT

97 weeks of enrollment

3 sites with completed enrollment (two sites in the US and one in Canada)

161 Patients enrolled

79 Intervention patients

82 Control patients

## Care Model

- 2 daily nurse visits
- 1 daily remote doctor visit
- 24/7 availability
- Remote monitoring, vital signs
- Diagnostic testing
- IV medications

**33 Caregivers enrolled**

**23 Intervention**

**10 Control**

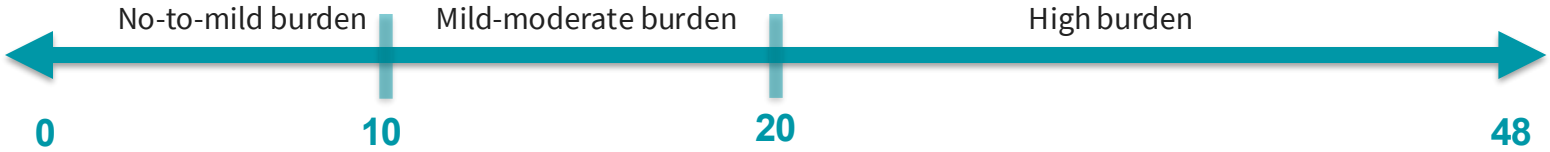
# Methods Quantitative

**Both** arms

**Admission** and **post-discharge**

## Caregiver Burden [3]

Measured using the Short Form Zarit Burden Interview (ZBI-12)




3. Bédard M, Molloy DW, Squire L, Dubois S, Lever JA, O'Donnell M. The Zarit Burden Interview: a new short version and screening version. *Gerontologist*. 2001;41(5):652-657. doi:10.1093/geront/41.5.652

# Methods Qualitative

**Only** intervention caregivers

**Post-discharge**

Qualitative interviews to assess caregiver experience

# Results

## Similar Family Caregiver Demographics (n=30)

**67** median age intervention caregivers

**70** median age control caregivers

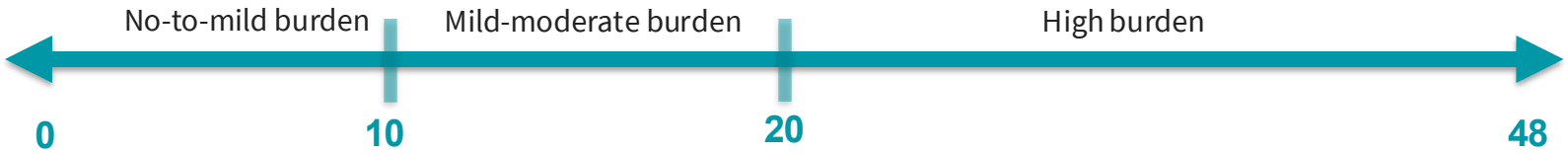
**Majority female** (73%) **and White** (93%)

**Spouse/life partner** (63%) **and other family member** (23%) were the most common relationships to the patient

# Results Quantitative

# No Difference in Family Caregiver Burden [3]

| Measure | Intervention (n=20) | Control (n=10) |
|---|---|---|
| Median at admission, IQR | **4.0** (2.0-9.3) | **5.0** (0.3-9.3) |
| Median at discharge, IQR | **6.0** (3.3-8.0) | **7.5** (2.5-11.8) |
| Median change from admission to discharge, IQR | **0.0** (-2.5-3.0) | **1.5** (0.0-3.5) |

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# Results Qualitative Domains

## n=19

### 1. Caregiving Experience

- Caregivers felt valued and appreciated the collaboration with the care team

### 2. Perceived quality of patient care

- High caregiver satisfaction with the rural home hospital care

### 3. Perceived benefits of receiving patient care at home

- Comfortable and quiet home environment supports healing

# Discussion
## Home hospital did not cause a significant difference in caregiver burden compared to BAM

| Quantitative | Qualitative |
|---|---|
| No change in caregiver burden from admission to discharge | Caregivers perceived there to be a high quality of care with rural home hospital |
| No significant change in caregiver burden across both arms | Caregivers perceived that there was collaboration and open communication with the rural home hospital care team |
| Low level of caregiver burden | |

# Implications

Increase family caregiver education and decision making

Build support for caregivers in home hospital programs

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# References

1. Levine DM, Paz M, Burke K, Schnipper JL. Predictors and Reasons Why Patients Decline to Participate in Home Hospital: a Mixed Methods Analysis of a Randomized Controlled Trial. *J Gen Intern Med*. 2022;37(2):327-331. doi:10.1007/s11606-021-06833-2
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# Thank You

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