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Informal Caregiver Involvement Helps Detect Resident Illness

The majority of nursing home residents receive at least weekly visits from family and friends, but how this involvement might impact resident care is poorly understood. The study, *Information Caregiver Involvement and Illness Detection among Cognitively Impaired Nursing Home Residents*, examined how the involvement level of the most involved family members, friend or guardian was related to rates of illness detection and treatment among cognitively impaired nursing home residents.

One hundred caregiver/resident pairs from three Baltimore facilities were enrolled. Both family and staff reports of caregiver involvement were measured. Rate of illness detection and treatment were obtained by comparing a medical examination of the resident with a medical chart review for the following eight conditions: hypertension; respiratory problems; oral health problems; skin integrity; weight loss; fever; vision problems; and, pain. An 'undetected condition' occurred when a condition identified during the medical examination was not documented in the chart (via written diagnoses and/or treatment) during the preceding 3 months. To account for underlying resident health differences, a measure of undetected illness was calculated as the ratio of undetected conditions to the total number of conditions a resident had (via chart and/or examination).

The study found that the more family involvement a resident had, the fewer conditions went undetected. This finding held whether staff or caregiver reports of involvement were used, and when resident and facility characteristics were taken into account.

These results support the need for more research examining how family involvement affects care quality, both in terms of psychosocial benefits and in terms of medical care. Families may positively influence diagnostic care via their knowledge of the resident's medical history, advocating for specific treatments and evaluations, detecting problems while taking part in hands-on-care, and generally being a 'squeaky wheel' for the resident. In many cases a paradigmatic shift in the thinking of administrators, staff and families will be needed to increase recognition for the important role families can play in institutionalized care: namely considering families and residents as a single unit of care. Creative thinking may also be needed to be more inclusive of family input, such as arranging for telephone or video conferencing so that busy family members can take part in care planning meetings.

To purchase a copy of the full study, visit PubMed's website or for more information contact Cynthia Lindman Port, PhD., Department of Epidemiology and Preventive Medicine, University of Maryland School of Medicine cpost@epi.umaryland.edu