QUALITY FESTIVAL 2025

CarerLink (Starting the Caregiving Journey in the Community Hospital)

Problem

Effective caregiving is key in improving patient outcomes and reducing hospital readmissions. However, caregivers are struggling under significant physical, emotional, and financial strain, while providing an average of 7 hours of daily care. The lack of structured assistance has created a critical cycle: caregiver burnout and rising depression rates, compromising care quality and increasing hospital readmission risks. As such, this is a complex issue to address, as it requires tackling multiple dimensions - from financial and motivational barriers to environmental challenges.

Aim Statement

To enhance caregiver support, the CarerLink Program aims to:

1. Identify and engage at-risk caregivers using an evidence-based screening tool
2. Provide a caregiver-centric learning curriculum that builds confidence in their own caregiving
3. Stratify the caregiver risk level, and link caregivers to community partners, ensuring a smooth transition to home care and anchoring patient care within the community whilst their loved ones are still in the inpatient episodes

Team Members

Nursing	Operations	Preventive Health & Occupational Medicine	Care Corner
Dr. Tan Hongyun Sr. Fauziah Binte Rahman Mr. Lalucis John Joseph Latido Ms. Martha Telin Anak Deris Ms. Ng Chin Shin Ms. Nur Amirah Binte Saharudin Ms. Wan Ying Elyn Thien	Ms. Dolly Cheng Ms. Lim Yi Leo Mr. Wong Yu Fung Ms. Yeo Hui Quan	Dr. Jeremiah Chng Ms. Chew May Qi	Ms. Anita Ho Mr. Joe Tan Ms. Santhiya Devi

WH Collaboration with care corner

Current State

Currently, caregiver training (CGT) is conducted just prior to discharge, and information is front-loaded to caregivers at once. This approach can result in information overload and complicate the care required, as caregivers may struggle to grasp complex or unfamiliar processes in a short time. After discharge, caregivers are left to manage the entirety of care with minimal support to help them navigate the post-discharge environment. Owing to this limited nature, there is opportunity to expand and improve upon the current host of processes by targeting key areas.

Root Cause

Lack of Structured Caregiver Assessment

- No proper evaluation of caregiver readiness and risk level
- High-risk caregivers not identified early
- Challenges in providing targeted support without proper assessment

Training is rushed and not tailored

- Generic & limited training
- Information overload/complicated care
- Insufficient time to build confidence & mastery in caregiving skills

Limited Post-Discharge Support

- Support not tailored to individual patient-caregiver circumstances and needs
- Poor coordination and limited guidance in navigating community resources and support service.

Interventions

Assessment

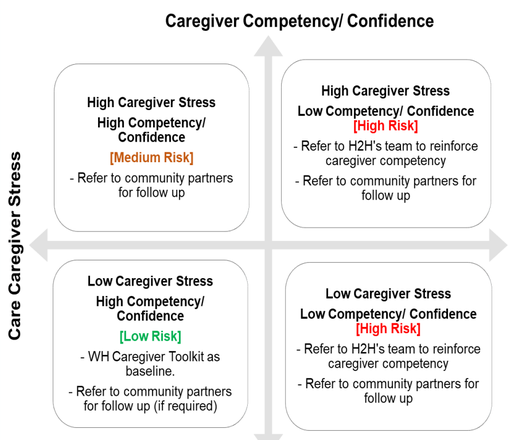
- Caregivers complete Zarit Burden Assessment/ Caregiver Competency Scale on week 1-2 of admission
- Results evaluated based on the Risk-Stratification Matrix; classified into 3 categories (high, medium, low risk)
- Medium-High risk caregivers are referred to Care Corner

Early, Individualised Training

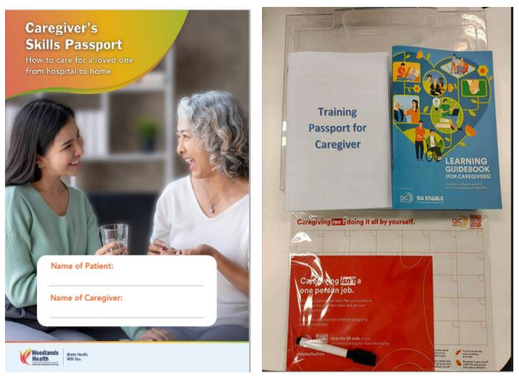
- Caregiver Toolkit with training plan, self-care resources & community contacts
- Skills Passport for Caregivers to track self-competency
- Training is started as early as week 1 of admission
- Targeted, hands-on training according to individual needs
- Post-competency practice is encouraged

Post-Discharge Support

- After training completion, caregivers complete another round of assessments
- Medium-High risk caregivers are referred to Care Corner and/or Hospital-to-Home programme
- Caregivers can refer to the Toolkit for signposting and pathfinding of relevant community partners/resources



Risk-Stratification Matrix



Toolkit + Skills Passport

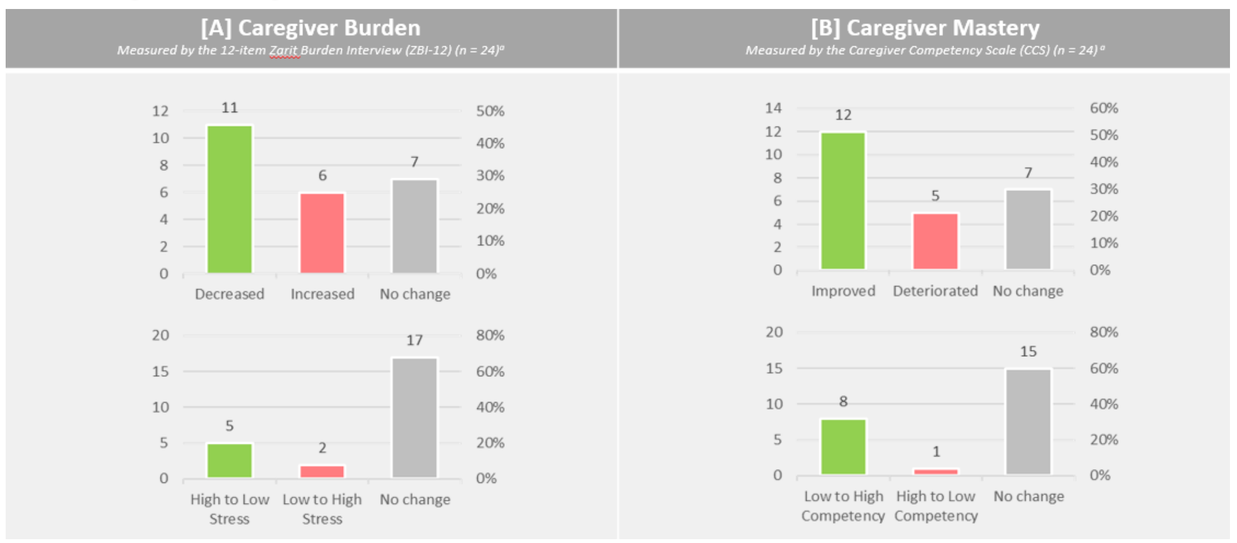
Results

474 patients were screened, with 165 (35%) deemed eligible for CarerLink. Of which 78 patient-caregiver dyads were enrolled (16%). The acceptance rate among those eligible was 47%.

Baseline characteristics of the 78 enrolled patient-caregiver dyads:

- Caregivers: Median age of 38, right-skewed with 29% being seniors. 85% female, and 29% identified as other South-East Asian ethnicities outside of Chinese/Malay/Indian. 88% who completed both pre- and post-assessments had high overall risk.
- Patients: Mean and median age of 76, primarily married (65%) or widowed (18%), admitted to CH for rehabilitation and had a mean length of stay of 26.8 days.

Majority of enrolled caregivers required 1 to 5 CGT sessions, with the top training areas being: transferring, showering, bowel care, skin care, and continence care.



(A) Change in Caregiver Burden
Measured by 12-item Zarit Burden Interview (n=24)

(B) Change in Caregiver Mastery
Measured by 4-item Caregiver Competency Scale (n=24)

Caregiver Reported Outcomes and Experiences (Pre-Post CGT comparison)

• 46% reported a reduction in caregiving burden • 50% felt more competent in their caregiving role	These findings reflect the effectiveness of CarerLink in mitigating the challenges faced by caregivers
• 25% experienced increased burden • 21% reported lower competency	This may stem from heightened awareness of care needs and a more realistic assessment of caregiving, presenting an opportunity to offer more targeted support
• 94% rated their overall experience positively • >88% were satisfied with the program's execution, the knowledge and skills gained, applicability to their role and confidence building	

Staff survey (n=41): The normalisation of CarerLink in the real-world setting is challenged by weak coherence among ground nurses, leading to uncertainty and ambivalence. Despite moderate levels of cognitive participation and collective action, barriers related to caregivers, staff, and processes hinder full integration, and staff do not clearly perceive the positive effects of CarerLink.

Benefits

1. Overall, CarerLink positively impacted caregivers' self-perceived burden and mastery, leading to enhanced confidence and reduced stress. This improvement in caregivers' well-being is likely to result in higher-quality care, and better long-term health outcomes.
2. 51% of caregivers identified as high or medium risk were referred to Care Corner and/or the Hospital-to-Home programme. CarerLink played a crucial role in the early identification of high-risk caregivers and facilitated timely interventions throughout the caregiving journey. For example, one elderly spousal caregiver faced multiple stressors that were recognised inflight by Care Corner, which collaborated with WH MSW to provide follow-up support extending to post-discharge.
3. Furthermore, CarerLink serves as a vital link between the hospital and community, connecting caregivers with community resources to ensure ongoing support for unmet needs, such as helping caregivers regain employment by addressing care issues. Care Corner reported that the program has extended the reach of its Caregiver Support Program, noting that many caregivers do not actively seek help within the community.

Sustain & Spread

In its current form, CarerLink already serves as an intrinsic proof of concept that organised and structured CGT processes and support for caregivers are beneficial on caregiver wellbeing and satisfaction, with potential to enhance transitional care. The programme's processes and tools can be adapted for use in other wards, supporting a seamless transition for caregivers throughout the care journey.

However, current feedback still highlights clear opportunities to improve staff adoption, a crucial factor for programme scalability. Improvements would thus focus on streamlining assessments and creating efficient resource allocation, enabling staff to maintain high-quality care delivery while supporting programme effectiveness.

One promising extension is to expand CarerLink into social prescribing initiatives, thereby connecting caregivers to a broader network of link workers and community resources and support services. This approach could drive higher programme uptake, improve continuity of care, and subsequently enhance both caregiver and patient experience.