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To evaluate the impact of a Carer Support Needs Assessment Tool (CSNAT) intervention in hospice home care

Submission date
22/06/2012

Recruitment status
No longer recruiting

Registration date
22/06/2012

Overall study status
Completed

Last Edited
06/09/2016

Condition category
Other

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol

Background and study aims
Most people prefer to be cared for and to die in the familiar surroundings of their own home. Being able to make this choice very much depends on the efforts of family carers. While taking on a caring role is normally done willingly, it can result in considerable burden and negative effects on carers health. Therefore it is important to ensure that carers are well supported to enable them to look after patients at home while also maintaining their own health and wellbeing. So far health professionals have had no clear guidelines to help them ensure that they assess and address carer support needs regularly and in detail. So we developed a simple assessment form, the Carer Support Needs Assessment Tool (CSNAT), based on what carers told us their main support needs were in end of life home care. The procedures for CSNAT assessment, prioritisation and follow-up together form the CSNAT intervention. The aim of the study is to find out whether the using the CSNAT intervention with carers during care giving makes a difference to carer outcomes in bereavement.

Who can participate?
All adult carers of patients looked after by the hospice home care (HHC) services can take part in the study.

What does the study involve?
We will ask six HHC services to use the CSNAT intervention with carers of patients under their care. We will then compare bereavement outcomes for carers who had usual care with those who had the intervention. The HHC services will start using the CSNAT at three month intervals so we can make a comparison between services who have started the intervention with those who have not, and also make a comparison before and after the start of the intervention within each service. We will measure outcomes using a postal survey of carers 4-5 months after bereavement. To reduce any potential risks, HHC will exclude carers that are believed to suffer particularly complicated grief in bereavement, and contact details to HHC bereavement support will be provided. The study will also ask the views of the HHC nurses and some of the carers who

had the intervention on what made the intervention successful or not so successful. Finally, we will look at HHC CSNAT records to see whether some factors, such as how often assessments were done, seem to make a difference.

What are the possible benefits and risks of participating?
Participants in the CSNAT intervention group may receive better support during care giving and experience better health, well being and lower levels of grief in bereavement.

Where is the study run from?
University of Manchester (UK).

When is the study starting and how long is it expected to run for?
The study started in May 2012 and will run for 2 years.

Who is funding the study?
National Institute for Health Research (NIHR) (UK).

Who is the main contact?
Gunn Grande
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

Protocol serial number
12422

Study information

Scientific Title
A randomised trial to evaluate the impact of a Carer Support Needs Assessment Tool (CSNAT) intervention in hospice home care

Acronym

CSNAT

Study objectives
To test whether a formalised, comprehensive procedure for carer support needs assessment, prioritisation and follow up (CSNAT intervention) improves quality of care and carer outcomes in end of life home care, compared to usual care.

Ethics approval required
Old ethics approval format

Ethics approval(s)
NRES Committee North West - Greater Manchester East, 23/03/2012, ref: 12/NW/0206

Primary study design
Interventional

Study design
Stepped wedge cluster randomised trial

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
Topic: Primary Care Research Network for England, Generic Health Relevance and Cross Cutting Themes; Subtopic: Not Assigned, Generic Health Relevance (all Subtopics); Disease: All Diseases, Health Services Research

Interventions
CSNAT, Formalised, comprehensive procedure for carer support needs assessment, prioritisation and follow up using the Carer Support Needs Assessment Tool (CSNAT)

Control, informal carer assessment as usual

Follow Up Length: 5 month(s)

Intervention Type
Other

Phase
Phase II/III

Primary outcome(s)
SF-12 4-5 months post bereavement

Key secondary outcome(s)
1. Quality of care; Timepoint(s): 4-5 months post bereavement
2. Patient's place of death; Timepoint(s): Date of death
3. Texas Revised Inventory of Grief; Timepoint(s): 4-5 months post bereavement

Completion date
31/12/2013

Eligibility

Key inclusion criteria
1. The main bereaved carer of patients who have been supported by participating hospice home care services (HHCs)
2. Target Gender: Male & Female ; Lower Age Limit 18 years

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

Key exclusion criteria
1. Age <18 years
2. Identified by HHCs as experiencing particularly complicated grief in bereavement

Date of first enrolment
21/09/2012

Date of final enrolment
31/12/2013

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
School of Nursing, Midwifery and Social Work
Manchester
United Kingdom
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Sponsor information

Organisation
University of Manchester (UK)

ROR
https://ror.org/027m9bs27

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research (NIHR) (UK) - Central commissioning facility (CCF); Grant Codes: PB-PG-0610-22291

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration