

# Tips to Identify and Document Caregivers of an Older Adult

A **caregiver** or **care partner** supports an older adult with physical, psychological, financial, spiritual, or other issues related to health (may differ from an emergency contact or proxy). When we engage caregivers, we:

- **Focus on What Matters to the older adult:** Fosters more informed decision-making and reinforces trust.
- **Improve care coordination:** Ensures effective collaboration across settings and care transitions.
- **Enhance patient safety:** Supports informed care, which is safer and lowers risk of readmission.
- **Enable high-quality care:** Boosts support for caregiver well-being and patient outcomes, as well as quality metrics (e.g., [CMS Age-Friendly Hospital Measure caregiver stress requirement](#), [CARE Act](#)).

**“Caregivers understand the context of the story.** They are part of the care team and are with the older adult across the continuum. Caregivers support the health care system.” —Marie, provider and caregiver

## Getting Started

- **Gather a team** to design and test a process. Include older adults, caregivers, clinical and executive staff, and IT or informatics to support integration with the electronic health record (EHR).
- **Engage with leadership** to normalize staff asking about caregivers, which may be a culture change.
- **Start small** with one area, unit, program, or clinic that welcomes improvement work. Try a new process with a few older adults. Learn, adapt, and refine before you integrate into standard practice.
- **Map out how processes work** now and who does what, then the ideal version. Try a simple flow chart.
- **Collect and share the impact** on patient outcomes, clinician/staff experience, and organizational goals.

## Use Different Opportunities to Ask about Caregivers

Opportunity	Questions to Try
Scheduling	“Is there anyone you would like to include in conversations about your medical care?”
Before a visit	By mail/patient portal, after emergency contact, ask, “Does anyone else support you with your care?”
At arrival or registration	Registration staff can ask: “Did anyone come with you today?” Or “Who should be able to access your health information?” Register caregivers in the patient portal. Confirm any existing information.
During care	Staff (e.g., nurse, social worker, community health worker) can confirm roles and relationships. As part of existing assessments, such as activities of daily living or social determinants of health, ask: “How do you grocery shop, use transportation, [other activity]? Does someone help you? Who?”
Serious event	Emergency contact or medical power of attorney may be all the information that is needed.

Continue to ask these questions during routine patient interactions and update documentation over time. Identify if a caregiver is needed or the current caregiver is still able to provide care.

**“Being recognized helps acknowledge my stress and builds trust.** And I can give you information to **make your job easier.** I can let you know what has worked in the past.” —Libby, care partner

## Ways to Start the Conversation

With the older adult:

- “I’m going to ask you some questions to get a better idea of who assists/supports you...”
- “Does a family member/friend help with health care needs, household needs, shopping, or other help?”
- “Is there anyone at home with you, or do you live on your own?”
- “Do you help anyone else with daily or occasional care?” Older adults may be caregivers for others.\*

With a potential caregiver (with permission from the older adult):

- “I’m going to ask you some questions to help me get a better idea of who assists with [the older adult].”

People may not think of others or themselves as caregivers. Use words preferred by the individual. Avoid assumptions about relationships. Make conversations accessible across languages and for people with disabilities. Remember some older adults may want to limit information shared with a caregiver(s).

Use respectful language. Some people do not have caregivers. Others may disagree about roles due to family dynamics or cognition (e.g., dementia). Focus on understanding the situation without making assumptions. Connect individuals who do not have support to community resources, such as a social worker.

## Document the Caregiver(s) in the Electronic Health Record (EHR)

Ensures the care team knows who supports the older adult and involves them appropriately. Try this:

- Use the EHR face sheet for various role types (could be drop down or box tick). Define roles clearly.
- Use separate fields for caregiver, emergency contact, and medical power of attorney in case they differ.
- Add caregiver information automatically to standard notes (e.g. nursing and discharge summaries).  
Will documentation in a flowsheet make it available across encounters and reports?
- Make information available quickly. Can you reduce clicks, make fields hoverable, or use dot phrases?

Many sites will need to make changes to the EHR. Start by understanding what you need and what you want to accomplish. Explore what is feasible and who needs to be involved. Try new fields before sharing widely.

## Keep Going

- **Standardize** caregiver identification and documentation in workflows, policy, and EHR/patient portal.
- **Train** all team members to identify caregivers and understand various roles. Address potential biases, including ageism (stereotypes, prejudice, or discrimination based on age).
- **Share** caregiver information during transitions of care (e.g., in discharge paperwork).
- **Support and engage** caregivers. After identification, use evidence-based screening tools\* (e.g., [Burden Scale for Family Caregivers](#)). Connect to [Caring for Caregivers \(C4C\)](#) (health system technical assistance), [Caregivers As Partners in Care Teams \(CAP-CT\)](#), [VA Caregiver Support](#), or others.

*\*Part of the CMS Age-Friendly Hospital Measure, Domain 4 (Social Vulnerability).*

“Care partners help us navigate and **have a consistent historian** with experience the facility doesn’t have. For those with complex health needs (and multiple patient portals), it’s even more important.” –Rosie, older adult