

CHCA Project ECHO Integrated Seniors Care

All Teach, All Learn
Bridging the Knowledge Gap in Home and Primary Health Care



Assessing and Addressing Caregiver Needs in Complex Care Case Study

Meet Margaret Sinclair

Age: 82

Location: Dartmouth, Nova Scotia

Background and Living Situation

- Margaret Sinclair lives alone in the bungalow where she and her late husband raised their family. She is strongly attached to her home, church, and neighbourhood and often says she wants to remain “where things are familiar.”
- Her daughter, Elaine (56), lives nearby in Cole Harbour and is Margaret’s primary caregiver. Elaine works full-time from home and visits before and after work, manages groceries and medications, coordinates appointments, and provides reassurance when Margaret becomes confused. Recently she has begun staying overnight several times per week due to safety concerns.
- Elaine’s brother, David, lives in Ottawa and is worried that Margaret may no longer be safe living alone. He has suggested increasing services or exploring more supervised care options, which has created tension between the siblings.

Medical History and Functional Status

- Margaret has moderate Alzheimer’s disease and also lives with:
 - Osteoarthritis
 - Hypertension
 - Type 2 diabetes
 - Urinary urgency
- Over the past year, Margaret’s memory and judgment have declined. She increasingly forgets meals, misplaces belongings, and becomes distressed when routines change. Recently she has begun attempting to leave the house at unusual times, saying she needs to go to work or find her husband.
- Margaret receives limited home care services, including personal care support three mornings per week and occasional nursing visits for medication and diabetes monitoring.

Current Concerns

- Over the past six to eight weeks, Margaret’s needs have increased. She has begun:
 - calling Elaine repeatedly during the day
 - forgetting whether she has eaten
 - becoming suspicious that belongings are being moved
 - resisting personal care when the worker is unfamiliar
 - waking overnight and attempting to leave the house
- Two weeks ago, Elaine found her mother preparing to leave the house in slippers and a light cardigan, saying she needed to catch the bus.
- Since then, Elaine has become increasingly anxious about leaving Margaret alone. She now checks on her throughout the workday and sleeps poorly due to worry about nighttime wandering.

Caregiving Elements:

At a recent home nursing visit, Elaine appeared:

- tired
- distracted
- close to tears

She shared that:

- she is falling behind at work
- she has missed several of her own appointments
- she feels guilty whenever she is not with her mother
- she sometimes becomes impatient, then feels ashamed afterward
- she has received information about supports before but has not followed up because “everything feels like one more thing to organize”

What Different Providers Are Seeing

A key feature of this case is that different parts of the system are seeing different warning signs.

Home support/personal care staff are noticing:

- increasing resistance to bathing and personal care
- more confusion and repetition
- greater reliance on Elaine to settle Margaret and complete routines
- signs that Margaret may not be eating consistently

Home care nursing is noticing:

- increased caregiver fatigue
- rising concern about safety at home
- possible weight loss and worsening routine management
- Elaine’s difficulty coping and following through on next steps

Primary care is noticing:

- Margaret’s dementia is progressing
- chronic conditions still require monitoring
- medications and physical health issues are being reviewed
- but the full picture of caregiver strain, wandering risk, and day-to-day home challenges is not fully visible during brief office-based follow-up

Elaine is noticing:

- she can no longer keep up with care in the same way
- she is acting as the main communicator between services
- she is carrying information between providers rather than experiencing coordinated support



Project ECHO Integrated Seniors Care (ISC) is a transformative initiative to enhance primary and home care providers’ skills, knowledge, and attitudes to deliver integrated, patient-centered care for seniors with complex chronic conditions. Project ECHO ISC offers collaborative, expert-led presentations and case-based learning to bridge these gaps.