



The JOURNEY OF ELDERCARE

ELDERSPEAK



Glossary

Terms commonly used by
Professionals in Aging

Acute v. Chronic

Acute - care delivered in a hospital that is usually short-term and recuperative.

Chronic - condition that lasts longer than 3 months, such as hypertension, diabetes, cancer, chronic lung disease, heart condition, and arthritis.

Intermediate Activities of Daily Living

- Meal Preparation
- Shopping
- Money management
- Telephone use
- Housekeeping
- Laundry
- Transportation
- Medications

Activities of Daily Living

- Bathing
- Dressing
- Toileting
- Mobility – from bed to chair, chair to toilet
- Eating

(these are listed in order that they are usually lost)

Community Based Services

Services designed to help older people remain independent and in their own homes.

- senior centers
- home delivered meals
- congregate meal sites
- visiting nurses
- home health aides
- adult day care

Home Care Agencies

- Home Care Agency: usually a for-profit company that provides homemaker services and/or companions
- Home **Health** Care Agency: an agency that brings health care into the home. Can include nursing, personal care by home health aides, and physical, speech, respiratory, or occupational therapy. **There must be a skilled care need** and a doctor's order for Medicare to cover the cost; limited time only.
- Home Health Agency – private pay

Medicare

The federal health insurance program for persons aged 65 and over.

There are two parts: hospital insurance (Part A) covering inpatient hospital and skilled nursing care, and supplementary medical insurance (Part B), covering physician and other services.

Part B is voluntary and requires payments of a monthly premium.

Medicare HMO

Medicare Advantage Plans

Medicare Plus

Optional transfer of Medicare payments to an HMO instead of tradition Medicare.

Typically HMO's provide more than standard Medicare on preventative services such as dental and eye care; they are less generous on after crisis benefits.



Medicare D

Medicare Modernization Act,
Prescription Drug Coverage.
Creates Medicare-approved drug
discount plans available to
everyone enrolled in Medicare.



MediGap Policy

Privately paid supplemental health insurance policy designed to supplement Medicare by paying the 20% co-pay required by Medicare.

It does not pay for services not covered by Medicare.

Medicaid

A federal/state cooperatively funded, state-operated program of health benefits to low-income persons.

Each state determines program benefits, eligibility requirements, and rates of payments for agencies and institutions that provide services, and methods of administering the program under broad federal guidelines.

Respite Care

Temporary care for care receivers of several days to several weeks in a long term care facility.

This provides a break for family members caring for a homebound person.



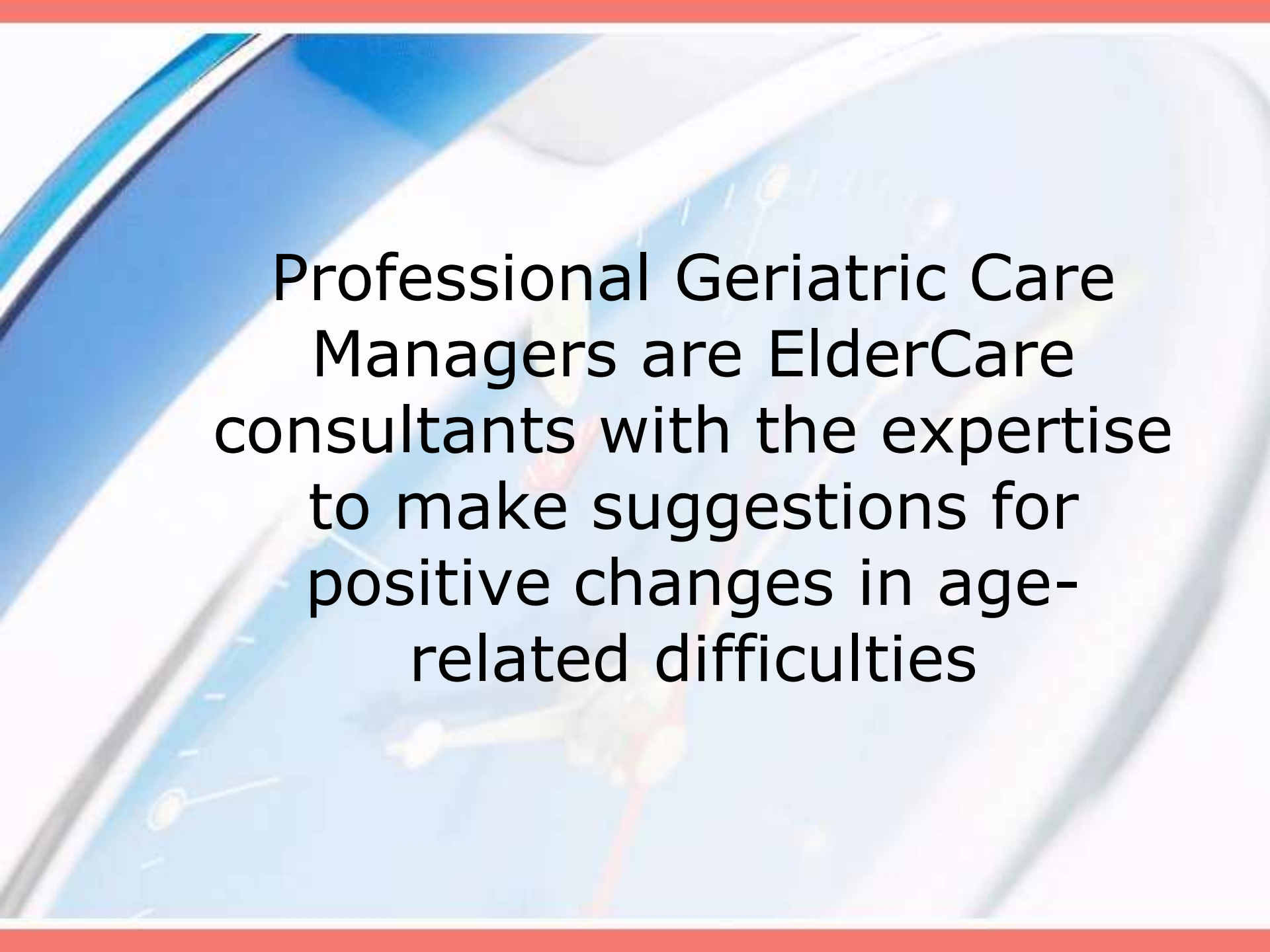
The Role of the Geriatric Care Manager

National Association of Professional
Geriatric Care Managers

www.caremanager.org

(520) 881-8008



A close-up, artistic view of a person's hand holding a pen over a document. The background is a mix of blue and white, with a blurred document and a pen. The text is centered in the middle of the image.

Professional Geriatric Care
Managers are ElderCare
consultants with the expertise
to make suggestions for
positive changes in age-
related difficulties

Geriatric Care Managers

Work privately with older adults and their families to create a plan of care that meets the needs of the older adult

They have extensive knowledge about the costs, quality and availability of aging services.



Assessment

- Current situation
- Background information
- Family History & Expectations
- Social contacts
- Medical information
- Sleep
- Nutrition
- Fall Risk
- Legal documents
- Financial information
- Functional Level
- Cognitive Status
- Emotional Status
- Home Safety

Functional Assessment

Instrumental Activities of Daily Living

Activities of Daily Living

How well is the elder managing?
How much assistance is needed?



Legal Information

- Will for dispersal of property after death
- Power of Attorney
- Medical POA
- Directive to Physicians
- HIPAA

Medical Information

- Primary Care Physician
- Specialists
- Diagnoses
- Medications
- Problem areas
- Assistive devices



Environmental Assessment

- adequate lighting in use
- steps clearly marked
- handrails
- smoke detector
- space heaters
- throw rugs
- emergency information on phones
- skid strips in bath and shower
- grab bars
- bath chair
- shampoo and soap dispensers

Assessment Complications

Clinical picture of an older person is usually complicated by organic factors, changes in body function due to

- age-related impairments
- chemical changes in the brain
- the presence of chronic diseases
- or the impact of acute medical events such as stroke or heart attack.

The Care Plan & Integration



- Summary of Problems
- Recommendations
 - Housing
 - Physicians
 - Home health
 - ElderLaw Attorneys
 - Financial advisors
- Implementation
- Monitoring

HOUSING OPTIONS

- Stay at home
- Independent Living
- Assisted Living
- Personal Care Home
- Dementia Care
- Nursing Home

The Older We Get ...



*the less concerned we are
with appearances!*

TRANSPORTATION

- This needs to be priority in Retirement planning!
- Drive your car
- If you do not drive in Dallas.....
- DART
- Taxi's
- Facility vans
- Friends and family

The Role of the Geriatric Care Manager

Putting it All Together

- Most appropriate housing
- Transportation options
- Keep track of medications and changes
- Liaison with physicians
- Monitor home health
- Advocate for client
- Keep family informed

COMMUNICATION

Successful communication results from the combined efforts of the speaker and the listener.

Communication is successful when the speaker's message has been acknowledged by the listener sufficiently for the speaker to experience having successfully delivered the intended message.

Guidelines for Effective Listening

- Be quiet!
- Maintain eye contact
- Do not argue mentally: you cannot be effectively listening if you are formulating an answer
- Avoid assumptions
- Use restatement to confirm that you have heard the message correctly

GUILT

- Everyone needs to vent
- Older adults vent to adult children, spouses, caregivers because they have no other appropriate listener
- Older adults need to vent their normal age-related frustrations, disappointments, losses
- **Caregivers do not want to hear this!!**
- The usual caregiver response to venting is guilt
- The usual non-caregiver response to venting is _____
- Hearing about their care receivers' problems makes caregivers feel guilty.

Normal Guilt

- Everyone providing care for someone ill or frail or old feels guilty
- Caregivers have a life and a future and a healthy body, and their care receivers do not
- Caregivers want to fix the problems but cannot, and so feel guilty
- The belief is that if we are responsible for this person's wellbeing, and they are experiencing these difficulties, then it **MUST BE OUR FAULT!**

Guilt interferes with Communication

- Venting is perceived as an attack
- Energy is spent defending attack rather than on listening
- Response to attack is to withdraw from situation or fight back
- Guilt response is **irrational**
- **Guilt implies responsibility.**
- Change guilt to sadness and regret
- Improves ability to effectively listen

Reflective Listening

Allows caregivers to hear complaints without feeling they must act or find a solution.

Just listen and give gift of feeling heard

Successful Communication

Don't:

- Judge
- Solve their problems
- Argue
- Correct
- Give advice
- Cheer them up
- Say "I know how you feel"

Guidelines for Successful Communication with Older Adults

- Non-verbal communication, touching, nodding, smiling
- Neutral topics, shared memories
- The elder's memories

Politically Correct Bedtime Stories

