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Working Well with Families through Transitions of Care

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Overview:

Most people live to a much older age today and many survive diseases or live with serious health conditions that have a significant impact on their quality of life. Individuals typically experience a longer physical decline with aging and may face multiple chronic conditions, cognitive impairment or progressive dementia, and other complex health situations that require transitions of care and the use of long-term care services. In order to care for loved ones and cope with these challenges, individuals and family caregivers must learn about and access advanced treatments, specialized medical products, homecare and other personal care services, residential housing options, and an array of social services. Professionals providing these services have a unique opportunity to engage with individuals and family members to positively impact their well-being and quality of life through these transitions of care.

Conditions that Impact Quality of Life

Chronic Conditions:

- Ongoing condition that affects quality of life daily and requires ongoing medical attention
- Over 50% of older adults have 2-4; almost 20% have 5 or more!
- Most prevalent: arthritis, cancer, depression, asthma, CVD, diabetes & dementia
- Managed by individuals, clinicians, and family & friends

Aging is a chronic condition.

Continuous Aging:

- Ongoing changes in the body; bones weaken, muscle mass loss & strength decreases, vision & hearing diminish, metabolism slows, less skin elasticity, etc.
- May affect ability to heal, medication dose and effectiveness, and length of recovery
- Changes contribute to the risk of having a crisis event that can force a transition of care

Crisis Events:

- Unexpected traumas that require recovery, rehabilitation and usually transitional care
- Falls, accidents, broken bones, etc. that can have permanent effects
- More common with aged adults and longer, limited recovery is more typical

Cognitive Decline & Dementia:

- Some decline of cognitive abilities is common with aging, but dementia is not normal
- Dementia is a disorder in the brain; a decline in mental ability severe enough to interfere with daily life – Affects abilities like memory, concentration & judgment, emotional responses & personality
- Symptoms of dementia vary and tend to fluctuate – Not always memory loss
- Risk of dementia increases with age – Many types, but Alzheimer's disease is most common

Guidelines for Working with Individuals & Families

- Observe & Document
- Share & Care
- Educate & Communicate
- Discuss & Plan



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Suggestions for Transitions of Care

- Make sure everyone understands options for care and your services:
 - Residential care levels and service packages
 - Homecare, hospice and palliative care
 - Equipment choices and payment options
- Do comprehensive assessment for appropriate placement/service/product
- Be honest and clear about your service limitations
- Complete personal survey on individual to guide patient-centered care
- Help individual & family get to know facility, staff and/or products
- Obtain name and establish primary family contact
- Provide family initial available contact in care setting or service organization
- Offer multiple copies of documents to family – Distribute information appropriately
- Offer ways interested parties can be involved in a positive transition
- Make transitions smooth if within same management organization

Help avoid negative incidents and make transitions of care positive.

Interacting Positively with the Individual in Care

- Treat the individual as an adult, with respect and dignity
- Get to know the individual; their interests and history
- Focus on *abilities*, not *disabilities*
- Make an effort to interact with the person
- Don't talk *about* a person *around* them
- Give the person choices, as appropriate
- Give the individual an opportunity to talk; particularly in hospice situation
- Be attentive to hear concerns and address them – Listen for feelings and give reassurance
- Suggest residential placement and/or services as part of a process, not an end-all
- Provide information, but TMI at once may cause confusion

Focus on the individual, not on their disease or condition.

Interacting Well with Families through Transitions of Care

- Be sensitive to *who* the family is
- Communicate ongoing about their loved one – Keep informed of care conferences, etc.
- Listen with respect and understanding; their concerns may surprise you!
- Family members may act in unusual ways; understand people cope with emotions differently
- Know that everyone may not agree on care decisions - May have different perspectives
- Don't force acceptance on someone, but help them plan and prepare
- Provide information and resources; i.e. support group, hospice information, etc.
- Make sure family knows *who* is in the room with their loved one
- Tell family about your visits with their loved one – Share the positive, not always the problems
- Understand that the person *you* know, may not be the same as the person *they* know
- Involve another person in difficult discussions; i.e. spiritual leader, family coach, etc.

Let the family know that you care about their loved one.

Focus on meeting the needs of the individual: Social – Psychological – Physical – Emotional