

Selecting Appropriate Environmental Support Systems

AKA

Circuitous Paths

Tales from Community Based RNs

Guiding Principles

(RN Independent Care Manager)

- Have advance directives in place (POLST).
- Remain up-to-date with developments in my areas of practice
- Every patient with dementia deserves to have one comprehensive assessment

Goal

(RN Independent Care Manager)

Work with people to get the health care and other community services they need, when they need it and for the best value

Common Challenges

(RN Independent Care Manager)

- Potential for conflict of interest when family member hires care manager. Who is the client??
- Necessity of having to work “behind the scenes” in certain cases
- Being able to justify cost/benefit of services
- When to withdraw and refer a client to another Care Manager
- How much should I actually do for my client (as opposed to having them do for themselves)
- How much to “impose” my beliefs on a client

Guiding Principles

(RN Independent Care Manager)

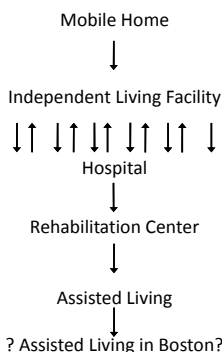
- “Coach” rather than “do” whenever possible
- Provide all the available options in a given situation, and then allow client to choose
- If pressed, recommend the least restrictive intervention that is safe
- Importance of advocacy
- Develop a referral network of individuals/groups that I would use personally
- Be mindful of financial costs

Common Challenges

(RN Independent Care Manager)

- Living with “bad” decisions made by the client.
- Role in unsafe driving (or other behaviors)
- Issues related to competency
- Providing care when the client (or family) cannot pay for services
- Working alongside caregivers who are under-compensated

Teetering Couple – Mr. T's Journey *Breaking the cycle*



Mrs. Teeter's Profile

MEDICAL HISTORY

- Hypertension
- Hypothyroidism
- diet-controlled DM
- Degenerative Disc Disease lumbar spine
- Chronic Constipation with hemorrhoids
- Hypercholesterolemia
- History recurrent UTI's
- Dysphagia
- S/P cryosurgery for multiple actinic keratoses

MEDICATIONS

- Atenolol
- Aspirin
- Benazepril
- Flonase
- Hydrochlorothiazide
- Lactulose
- Levo-thyroxine
- Namenda
- Oxybutynin
- Protonix
- Simvastatin

Mr. Teeter's Medical Profile

PAST PROBLEMS

UTI (recurrent)
Pneumonia (recurrent)
Bronchitis (recurrent)
S/P 3 stents
S/P total L knee arthroplasty
S/P total L hip arthroplasty
S/P bilateral carpal tunnel releases
GI bleed
Diverticulitis
Esophagitis
Gastric Ulcer

CURRENT MEDICAL PROBLEMS

Early dementia
Depression
NIDDM
CAD, Paroxysmal Atrial Fibrillation
Hypertension, TIAs,
Hypothyroidism
DJD, Osteoarthritis, Gout
COPD, Obstructive Sleep Apnea
Gastro-esophageal Reflux Disease
Anemia
Hyperlipidemia
BPH
Obesity, Deconditioning (with DOE)

Major Concerns

- Untreated depression
- Polypharmacy
- Driving Safety
- Fall Risk
- Communication among providers, Assisted Living Facility, and Family

Mr. Teeter's Medications

Advair inhaler	Furosemide
Albuterol inhaler	Glyburide
Allopurinol	Levo-thyroxine
Ambien	Metformin
Asa	Plavix
Avodart	Potassium chloride
Cipro	Prednisone
Cozaar	Simvastatin
Diltiazem ER	Terazosin
Flomax XR	

Goal

(Managed Health Plan RN Case Manager)

To provide various means of support within the framework of the health care insurance in a way that enhances/improves the individual's quality of life.

Guiding Principles

(Managed Health Plan RN Case Manager)

- Be respectful of a person's rights.
- Offer choices whenever possible.
- Be an advocate in aiding individual and family/ friend through decision making process.
- Clearly explain consequences of unsafe decisions while offering alternatives, taking action when necessary.

Mr. Watchful Waiting (W.W.)

- **Age:** 88 years old
- **Medical Issues:** Hypertension. High risk for falls related to his dementia.
- **Behavioral Health Issues:** History of worsening dementia with diagnosis given a few years ago.
- **Social Situation:**
Lives alone.
Wife died about 20 years ago.
Daughter lives nearby & is involved

Guiding Principles

(Managed Health Plan RN Case Manager)

- Act as liaison between health care providers, patient, family/friend, community support (if present), and residence (if not their home).
- Maintain my Case Management certification and remain up to date with knowledge base.
- Stay mindful of limitations of managed care, educating and offering options as needed.

Mr. W.W.

- **Situation at time of referral**
- **Hospital course?**
- **Discharge Plan**
Not what you want to hear....
- **Conclusion**
W.W. continues on watchful waiting

Common Challenges

(Managed Health Plan RN Case Manager)

- Limitations of insurance.
- Difficulty arranging face-to-face visits.
- Dealing with my feelings when I have a resistant client and/or family.
- Knowing when to back out and let the situation fail.
- Keeping things simple so as not to overwhelm.
- Having to take action when a situation is unsafe with no evidence of improvement.

Goal

(RN AFH Placement Coordinator)

Using a global approach, assess clients and appropriately facilitate placements in safe, sustainable, medically capable and caring Adult Family Home environments

Guiding Principles

(RN AFH Placement Coordinator)

- The elder with dementia is my client
- Understanding global picture
- Always working towards consistency and stability
- Autonomy respected, encouraged in a safe setting
- Coordination, Communication, Cooperation
- Informed decision making: need for transparency
- Facilitating getting the right team in place
- Follow-up with continued availability
- Having professional peer support

Spirited

Mrs S. is 96 years old, widowed 27 years

Living independently in same home for 50+ years

Medical Issues: HTN, Osteoarthritis, Advancing dementia

Psycho-social: only child died, Grandson is POA & living in Canada, isolated in home, likes to socialize (phone is primary outlet), can be very suspicious of others, INDEPENDENT SPIRIT

Support Systems: ADLs from agency 3x/wk, volunteer grocery shopping x 3 years, new Geriatric Care Manager involved

Seminal Event: Fall resulting in a stable R pelvis fracture (hospitalized less than 72 hours and not eligible for Rehab)

What now?

Common Challenges

(RN AFH Placement Coordinator)

- Autonomy/free will vs. others making decision (Giving people the dignity of their own risk)
- When is the right time to increase support, make a move?
- Lack of education/information about options
- Balancing the needs of the client/family to find the right fit (medical and safety issues come first)
- Cost
- Lack of a coordinated effort

Common Challenges

(RN AFH Placement Coordinator)

- System/care issues. Examples:
 - delay in discharge planning (misunderstanding Medicare benefits)
 - insulin SS coverage ordered for NIDDM clients
 - lack of medication reconciliation

Frequently Used Community/National Resources for Providers and Family Caregivers

Dementia

- Alzheimer's Association of Western and Central WA State.
The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research.
<http://www.alzwa.org>.
(206) 363-5500 or (800) 848—7097
24/7 Helpline: 1-800-272-3900
- Alzheimer's Disease Research Center
<http://alzheimer.wustl.edu/>

Driving

- Recommendation for Driver Reexamination (WA DOL)
<http://www.dol.wa.gov/forms/520005.html>
- Valley Medical Center Occupational Health Department
Conducts driver safety evaluations
(425) 251-5165
- Alzheimer's Disease Research Center – Driving, Aging & Dementia Resources
<http://alzheimer.wustl.edu/Education/Driving.htm>
- The Hartford – Alzheimer's, Dementia and Driving
<http://www.thehartford.com/alzheimers/index.html>

Senior Services of Washington (Local Counties)

- King County:
<http://www.seniorservices.org>
206-448-3110 or 1-888-435-3377 or 1-888-4-ELDERS
- Snohomish County:
<http://www.sssc.org>
425-513-1900 or 1-800-422-2024, TDD 425-347-7997
- Pierce County:
www.PierceADRC.org
253-798-4600 or 1-800-562-0332
- Kitsap County:
(360) 337-5700 or 1-800-562-6418, Fax: 360-337-5746
- Jefferson County: 360-379-5064 or 1-800-801-0050
<http://www.o3a.org>
- Island County:
www.nwrcwa.org
Oak Harbor: (360) 675-0311 Coupeville: (360) 678-4886

South Whidbey: (360) 321-1600
Camano Island: (360) 387-6201

Home Safety for Patients with Dementia

- NIH Senior Health. Bethesda, Md.
<http://nihseniorhealth.gov/alzheimerscare/safetyissues/01.html>
- Alzheimer's Association National Office. Chicago, IL.
http://www.alz.org/alzheimers_disease_publications_safety.asp
- Alzheimer's Disease Education and Referral Center. Silver Springs, Md.
<http://www.nia.nih.gov/Alzheimers/publications/homesafety.html>
- Refer to Page 4 of this handout: Fall/Injury Prevention Websites

Specialty Gero-psychiatric Programs

- Highline Geriatric Psychiatry Center
Tukwila, WA (206) 248-4713
- Northwest Hospital Geropsychiatric Center
Seattle, WA
(206) 368-1823
- Valley General Hospital
Monroe, WA (in-patient unit only)
(360) 794-1443.
- Evergreen Behavioral Health Services
Two programs: In-home Mental Health Services and Geriatric Regional Assessment Team (GRAT)
(206) 923-6300 or 1-800-548-0558
http://www.evergreenhealthcare.org/services/home_care/mental.htm

State/United Way funded programs

- DSHS: Medicaid - Link to "how to apply for"
<http://www.adsa.dshs.wa.gov/pubinfo/benefits/medicaid.htm>
- Washington Information Network: 2-1-1 (Community Resources on-line Database)
<http://www.win211.org/>

Chronic Disorders and Disabilities

- Community Services for the Blind (King County)
Provides services and expertise to help people develop strategies and skills that promote safety and well being despite vision loss.
<http://www.csbps.com/>
E-mail csbps@csbps.com
(206) 525-5556 or (800) 458-4888, ☐ fax (206) 525-0422 ☐ 9709
9709 Third Avenue NE, #100 ☐ Seattle, WA 98115-2027
- Hearing, Speech, and Deafness Center
The Hearing, Speech & Deafness Center strengthens community by promoting effective communication
<http://hsdc.org>

(206) 323-5770 or (888) 222-5036
1625 19th Ave, Seattle, WA 98122

- MS Society
<http://www.nationalmssociety.org/chapters/WAS/index.aspx>
Email: GREATERWAINFO@NMSSWAS.ORG
206-284-4236 ☐ Fax: 206-284-4972 ☐ ☐
192 Nickerson Street, Suite 100 ☐ Seattle, WA 98109 ☐
- American Parkinson Disease Association, Washington Chapter
Supports and empowers people with Parkinson's Disease, their families, and care-givers, through education, fundraising for research, sponsoring support groups, and networking with resource and referral agencies involved in the care of people with Parkinson's Disease.
<http://www.waparkinsons.org/node>
206-277-5516

Violence, Abuse, and Neglect

- DSHS Complaint Resolution Unit
Toll-free hotline: 1-800-562-6078 if the person that you suspect is being abused or neglected is living in a nursing home, boarding home, or adult family home
- Adult Protective Services
APS protects vulnerable adults by investigating allegations of abuse, neglect, abandonment, and financial exploitation when the person lives in their own home. APS conducts an investigation at no charge and without regard to the income of the alleged victim. Some protective services may be provided without cost.
1-866-221-4909 ☐ TTY #: 1-800-977-5456 ☐ Fax #: 206-626-5705
- Seattle Police Department Elder Abuse page -general information resource
<http://www.seattle.gov/police/prevention/Elder/default.htm>

Essential Community Connections

- Elder care attorneys
- Guardianship agencies
- Geriatric care managers
- Placement specialists
- Fiduciary advocates
- Companionship services
- Geriatric physicians/ARNPs/PAs
- Nurse Practitioners specializing in geriatric mental health
- Senior moving companies
- Real estate agents specializing in senior transitions
- Foot care specialists

Other Web Based Resources on Aging Matters

- <http://www.answersforelders.com>
- <http://www.healthinaging.org>
- <http://www.americangeriatrics.org>
- <http://www.agingwellmag.com>

Fall/Injury Prevention Products and Web Sites

General Resource

- **Technology for Long Term Care** (<http://www.techfortlc.org>) is a Web site for professionals engaged in planning, designing, managing, researching, and care-giving in long-term care settings. This site focuses on technologies related to important care issues including: fall prevention/detection, wander management, assistance-call systems, and incontinence management. This site is the result of a research project initiative by the Department of Health and Human Services. **ABLEDATA** provides objective information about assistive technology products and rehabilitation equipment available from domestic and international sources.

Provide Surveillance

- Use weight change sensor, movement sensor, or position-sensitive alarms
 - <http://www.rnplus.com/>
 - <http://www.seniortech.com/>
 - <http://www.alertcareinc.com/ambularm.htm>
 - http://www.alimed.com/catalog_home.html

Promote Mobility

- Provide modifications to wheelchairs
 - <http://www.sunrisemedical.com/index.jsp>
 - <http://www.skil-care.com/>

Environmental Modifications

- Place uni/bilateral transfer enabler such as: bed handle, bed grab bar, transfer pole, quarter or half siderail
 - <http://www.healthcraftproducts.com/>
 - <http://www.sunrisemedical.com/index.jsp>
 - <http://208.179.83.100/Bobrick/ContactUs.aspx>
- Modify bed height specific to resident's lower leg length with adjustable low-height beds
 - http://www.voelker.de/seiten_e/index.html (USA: www.hertzsupply.com)
 - <http://www.sunrisemedical.com/index.jsp>
 - <http://www.hill-rom.com/index2.html>
 - <http://www.carrollhealthcare.com/>
 - <http://www.noamedical.com/>
- Use nonskid slipper socks, nonskid rubber-backed rugs, bath mats, wet floor safety matting, or apply skid-proof strips near bed or toilet
 - <http://www.alertcareinc.com/>
 - <http://www.pillowpaws.com/index.htm>
 - http://www.alimed.com/catalog_home.html

Reduce Likelihood of Injury

- Use very-low-bed adjustable-height beds (see above for list of bed companies)
- Use impact mat at bedside
 - http://www.alimed.com/catalog_home.html
 - <http://www.posey.com/Posey/detail.aspx?ID=1088>
 - <http://www.skil-care.com/>
 - <http://www.noamedical.com/>
- Apply hip pads
 - <http://hipsavers.com/>
 - <http://www.plument.com/>
 - <http://hipguard.com/>
 - <http://www.curamedica.com/>

