Healthcare Responsibilities

Presented by:
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Harvard Study of Adult Development and Healthy Aging - significant findings:

How people felt about their illness is more important than their illness

Our tasks:

Reassurance that we will be there for them- available 24 hours a day

Explain their condition as their cognitive abilities permit

Keeping current with new medications and procedures, i.e. handouts from the doctor's office, pharmacist, internet searches, community resources guide, support groups for those client's who can utilize them

Sound relationships are enhanced by having the capacity to forgive, love, and be gracious

Our tasks:
Encourage participation by family members, friends, whoever cares about our client
Forgiveness, improves cardiovascular health, spiritual wellbeing; decreases stress hormones, guilt, anger and tension
-apology
-distraction
-restitution
-accepting situation and moving on

Enjoyable old age is facilitated by the "good people to happen to us" rather than the "bad things that doom us"

Our tasks:
Demonstrate confidence that their medical problems can be addressed
Invite everyone to be on the team, e.g. Doctor, care givers, social workers, clergy, neighbors, family and friends

Continued:

Being playful and creative after retirement as well as having younger friends enhance enjoying life more than retirement income

Our tasks:

Involve clients in re-discovering enjoyable activities

Benefits of humor and laughter; increases cancer survival, reduces stress, increases blood flow, lifts mood, makes us optimistic

Alcohol abuse because of the consequent destruction of future social support led to unsuccessful aging

Our tasks:

Identifying alcohol abuse and involving the physician in detox

Insuring appropriate medications to decrease stress and increase relaxation

Re-establishing familial relationships

Providing socialization opportunities that decrease isolation

COORDINATION OF MD SERVICES

All MD's need health histories and list of medications

MD's should be invited to care conferences

Facility should fax to MD office prior to visit all pertinent recent changes in condition and the reason for the office visit

Client accompanied to the office visit by the care giver to offer information and follow up with lab work, new MD orders and medication changes

MD's should have any power of attorney or conservatorship documents indicating the fiduciary is the decision maker

MD's should have level of intensity desire for treatment

Telephone contact / faxes to MD about changes in condition, concerns, treatment options, etc.

HOSPITAL PROTOCOLS

Primarily admitted through the emergency room

Maintain telephone contact with ER personnel; fax all pertinent documents, ie. intensity of care sheet, conservatorship letters, power of attorney as well as the primary care physician, list of medications

Primary importance of making my client real to the RN and MD

Many times the physicians see a very demented individual and want to do the minimum required. I have had occasions where they have placed my client in a room outside of the ER because the MD has decided no treatment be given. I ask for the range of interventions from the lowest to highest level, the recommended treatment, time line of procedures, benefits and risks of each procedure. I evaluate with the MD what my client can tolerate. Oftentimes I will send one of my care givers to the ER to be with the client for purposes of reassurance, face to face contact with treating personnel to give history. If over the telephone I cannot get an adequate picture I go to the hospital

If admitted, the client is often followed by the hospitalist rather than the primary care physician.mIt is very important for clients with dementia to continue their dementia medication. Often the MD will only do a PRN medication (as needed) so my client has to become very agitated before medication is given and then the medication is usually not one I would authorize, ie. Haldol.

I review with the RN the client's chart to insure what orders, procedures, etc to monitor progress. I make contact with the discharge planner and care manager to plan for home health services, outpatient therapy, temporary placement in a skilled nursing facility to access six day a week physical, occupational, or speech therapy, etc. Often the board and care home or assisted living facility will evaluate the client to insure they can continue to care for her upon discharge.

APPEALS PROCESS FOR DISCHARGE FROM A HOSPITAL TOO SOON

California Medical Review

60 Spear Street, Suite 400

San Francisco, CA 94105

1-800-841-1602

Call the toll-free number and leave a lengthy message regarding your concerns. They will call back and inform you of their time frame for review of the medical records and making a determination about the client's ability to be discharged and to what level of care. You must call within 24 hours of receiving the discharge notice. Your call to the CMR places a halt to the discharge for 3 days at no charge to the patient.

FOR KAISER PATIENTS:

Attention: Expedited Appeals

Kaiser Foundation Health Plan, Inc.

Member Relations Department

P.O. Box 12983

Oakland, CA 94604-2983

1-888-987-7247

1-888-987-2252 or Fax 1-510-625-3671

PREVENTIVE CARE

DENTAL HEALTH

heavily impacts nutrition which helps clients heal wounds, maintain their weight, socialize with others at mealtimes, improves self image

PODIATRY

maintain mobility, decrease risk of falls, toenails often indicator of disease

VISION CARE

screening for glaucoma, macular degeneration, cataracts, etc. Want to keep client as involved as possible by insuring she can see.

HEARING

screening annually-client is usually the last one to notice they are not hearing well as changes are gradual. Audiologist or hearing aide center can provide screening. Try out hearing aides and take them in for adjustment. In order to be effective, hearing aide must become part of the client or it will sit in the drawer.

Many health maintenance organizations offer screenings for blood pressure, cholesterol level, etc. Flu and pneumonia shots are essential for client health.

PROMOTING HEALTH

Maintain Support Network

Encourage family and friends to visit and take your client out, maintain or re-establish church/spiritual involvement, if no family have care giver take client out, recognize birthdays and holidays with client, if not enough activities at the care home, look for senior center functions your client would like

Look For Ways To Improve Clients Quality Of Life

Time for privacy and opportunity for being around others, variety in foods, telephone accessibility, appropriate clothing and personal items, light in their room and ability to see outside, alcohol in moderation with knowledge and approval of physician, decorated with their furniture/furnishing, newspaper and magazines with large print, access to hair dresser/manicurist

Maximize Functional Abilities

Periodic assessments by physical, occupational, speech, and recreational therapists / music therapists to determine: equipment to keep your client mobile and safe, make recommendations abut the environment your clients lives in, regular therapy on an outpatient or home health basis. Encourage client and caretakers to exercise and move around as much as possible. Let client do as much as they can. Schedule regular doctor appointments and seek referrals for specialists if you or the doctor believes further care or therapy would be helpful. Encourage good diet based on person's medical condition, preferences, etc. Insure pain management. Keep client in non-institutional setting as long as possible. Prevent hospitalization

MENTAL HEALTH

Most older people receive mental health care through their primary care physicians. Most common diagnoses are depression, bipolar disorder, and schizophrenia. Treatment includes MD or specialist assessment, counseling, activity, medication management, and identifying and treating co-morbid illness (stroke, Alzheimer's disease, Parkinson's, pain). Some psychotic symptoms can actually result from illness (hallucinations experienced by a client with Alzheimer's or with a severe urinary tract infection). Symptoms of mental illness can include: difficulty coping or thinking logically, poor problem solve (denial of something that is happening), excessive anxiety, withdrawal from people and activities, extreme variations in mood or reactions to situations, delusions/hallucinations, and changes in daily routines, ie. eating and sleeping)

Depression is not a natural part of aging. It affects 1 in 12 Americans 65 and older. Some brain diseases have a causative role in depression , strokes and Parkinson's being the most common . Risk factors included: fewer social supports, medical problems, emotional trauma as a child, stress, change in seasons, unmarried men, and being a woman, ie. changes in hormones, define themselves in relationship to others consequently tend to experience losses more deeply.

Diagnostic criteria includes: depressed mood, diminished interest or satisfaction in activities, less ability to concentrate or problem solve, insomnia or sleeping too much, feelings of being worthless, thoughts about death, and change in appetite or gain or loss of weight.

I usually request a referral to a geriatric physician who specializes in mental health treatment. In-depth assessments take place and a newer better medication with fewer side effects for my clients is prescribed for my clients.

END OF LIFE

***POLST: (Physician Orders for Life-Sustaining Treatment)**

Doctor's order so paramedics can follow, DPAHC documents can guide, but POLST rules

-CPR

-Medical interventions (comfort only, limited interventions, full treatment)

-Artificially administered nutrition

-Information and signature

Always discuss with physicians and clients and family members.

***Compassionate Care Contracts**

Specifies situations of when orders are followed

-immediately, when I am close to death, when I have an advanced progressive illness, I am permanently unconscious, I am experiencing extraordinary suffering, I have dementia and passed certain benchmarks which are (cannot recognize anyone and cannot enjoy and any activities.)

Prior to completing this contract, a client should go through these types of questions:

*am I just depressed

*is it possible life can get better

*do I have important unfinished business

*do I still enjoy waking up in the morning

*am I ready to let death happen

*reasons to continue living

END OF LIFE

Fear of Death

At the moment of death, there is no pain. It is like passing out.

Most pain can be managed.

People who have experienced near-death experiences describe the experience as positive.

Involve person of faith of your client to address after-life concerns.

SUGGESTED READING

Gruetzner, Howard. Alzheimer's, A Caregiver's Guide and Sourcebook. John Wiley & Sons, Inc. New York, Third Edition 2001.

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