Patient Advocacy Strategies for Managing the Senior Population
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Top 5 Tips on Choosing the Right Assisted Living Facility

By Richard Scott

In the realm of long-term care, assisted living facilities are a palatable fusion between baseline care and individualized housing options. Highly adaptable to a person’s needs, they can cover a range of services, from help with getting up in the morning to getting around the community. This how-to article will help you identify the main factors that will lead to the right decision for your patients.

To help sort through the dizzying amount of options when it comes to making an important life decision such as this one, we checked in with Myra Fournier, founder of the patient advocacy service At Your Side. Fournier advises us to acknowledge several key aspects that may escape our decision-making process.

First, determine the reason to move. What does your patient or client want out of her change in scenery? What is the reason for the move? Answering these questions will help you zero in on the communities that provide the appropriate options. Does the patient want to live in a place where the atmosphere is collegial? Does she want community events? What about her living needs? It is important to keep in mind any difficulty in preparing meals or taking medication.

According to Fournier, other key factors include: access to facilities; proximity to friends and family; memory problems (this may require a specialized community); physical accommodations; and whether or not the facility offers or accepts long-term care insurance.

Review admissions requirements. Many requirements differ by state. Four key aspects to keep in mind when reviewing the admissions requirements include 1) the financial aspect; 2) the medical aspect; 3) safety; and 4) aging in place options.

What are the costs and how will your patient pay for their new accommodations? Some assisted living facilities accept private long-term care insurance. (At this time, Medicare does not cover assisted living.) Facilities will be able to tell you what type of medical services they provide, and they should appear to take their residents’ safety as a main concern. Finally, what type of aging in place options exist? Will a resident be able to remain in his room or apartment? The type of options within a facility vary from single rooms to apartment-style homes. See if the medical coverage will be enough to satisfy any changes in need.

Check accreditation. Before signing off on a decision, suggests Fournier, investigate the state licensure for the agency and the particular facility. The Joint Commission and CARF are two of the primary accrediting organizations.
Check with leading organizations. Organizations like the American Geriatrics Society will help you answer the following questions:

- Is there an appropriate match between patient need and staff skill and knowledge?
- Is the care aligned with other providers (home health care aides)?
- Is a PCP available to the facility?
- Does the resident undergo a baseline evaluation (medical and psychosocial) upon entrance?

Familiarize yourself with the facility. One of the best ways to gain a feeling of a facility is to see it often. “Visit several times with your friends and family,” advises Fournier. “Talk to staff, residents and residents’ family members.” The first-hand approach is perhaps the most accurate barometer of the compatibility of your current and future patients.

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The aging process often brings on challenges and grievances for seniors and their families that many don’t imagine they would ever face. Health problems, loss of friends and loved ones, even the loss of a person’s home or their ability to drive, can often affect their emotional state to the point of depression. Though depression is very common in seniors, it does not have to be a “normal part of the aging process.”

Often, families do not realize the large impact even a small change can have on their loved one. There are reasons for this lack of understanding. Elderly adults are often isolated and living alone – they do not have many interactions with others for someone to notice their level of distress. This situation makes it difficult to identify declines in their condition, to the point where most do not realize just how serious it has become.

Doctors may overlook the symptoms of depression, as they are more focused on alleviating physical ailments. Additionally, it is common for many seniors to be unwilling to talk about their feelings or ask for help. They don’t want to “complain” when they see their family and friends, or their pride may hinder them from expressing their feelings, especially when they don’t understand the cause of their pain themselves. But the truth of the matter is that depression is very real and very painful; and no one, regardless of age, deserves to go through it alone.

**CAUSES AND SYMPTOMS**

Many causes for depression include one or more of the following events:

- Loss of independence.
- Loss of mobility.
- Retirement.
- Losing a spouse.
- Chronic pain.
- Health problems.

Grieving over loss is a normal, healthy cycle. The process can last days, weeks, even months. The importance of a strong support system cannot be overemphasized during this time. According to the National Institutes of Health, of the 35 million Americans age 65 or older, about 2 million suffer from full-blown depression. Another 5 million suffer from less severe forms of the illness.

While they comprise only 12 percent of the U.S. population, people age 65 and older accounted for 16 percent of suicide deaths in 2004. It is crucial to take steps to prevent any senior from suffering from depression.
Symptoms of depression can be hard to notice. However, there are signs you should pay attention to:

- A persistent sad, anxious or “empty” mood.
- Loss of interest or pleasure in ordinary activities, including sex.
- Decreased energy, fatigue, feeling “slowed down.”
- Sleep problems (insomnia, oversleeping, early morning waking).
- Loss of appetite or weight, weight gain.
- Feelings of hopelessness, pessimism.
- Feelings of guilt or worthlessness.
- Thoughts of death or suicide; a suicide attempt.
- Irritability.
- Excessive crying.
- Recurring pains that don’t respond to treatment.

If they have recently experienced a loss, these feelings may be a normal part of the grieving process, though you should still try to help. However, if these feelings persist beyond three months, with no lifting mood, they may need psychological treatment. Pay attention to their behavior; take action if you notice a significant change. Keep in contact with the physician, and make them known of any symptoms you notice.

**WHAT YOU CAN DO**

Loneliness is a leading cause of depression for the elderly. Getting seniors involved in communities that have senior centers with activities, and a chance for seniors to be with other seniors in social interactions, can decrease the feelings of isolation and loneliness. Many retirement communities address this issue with scheduled outings like concerts, golf trips, shopping trips, etc., to help care for their social needs.

Treatment can consist of therapy, medication or both depending on the symptoms and severity of the depression. A support system is fundamental to tackle the various needs both physical and emotional including health care (getting to and from appt., included), daily living tasks like meals, laundry, shopping, housework, lawn care, pet care etc. that can be challenging and upsetting to someone who is unable to do these things for themselves.

Although many communities have resources to assist seniors with these challenges, it is up to the individual – or their patient advocate – to help make these arrangements. A person with depression most likely will not do that. It is up to their family, friends and physician to recognize the need and assist them in making arrangements and suggest or provide the needed support.

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Essential Resources: Advance Directives and More

By Richard Scott

Advance directives. Power of attorney. Living wills. These documents, meant to secure proper treatment at the end of life, are a patient’s – and a patient advocate’s – best friend.

To help your patient realize her goals and desires, consider them (examples are below) a permanent fixture in your client care plan.

First, it’s important to understand the ins and outs of the various documents – and why they are important. As we reported in a recent issue of Patient Advocate Report, having these end-of-life documents in place reduces stress in the surrounding care team, while ensuring that the patient receives his specified care. Yet only 25 percent of seniors have a completed advance directive in their possession.

EOL DOCUMENTS IN DETAIL

Here’s a look at what your patient or client can achieve through the various legal channels at their disposal:

**Advance directives.** This is the umbrella category for some of the specific documents that a patient can complete when nearing (or, ideally, years before) old age. Simply put, advance directives are medical instructions that a patient puts in writing about his or her preferences for care when faced with an injury or illness that may result in death.

If a patient is incapacitated, his medical team and family can consult the advance directives to figure out how, or how not, to provide treatment. Common areas outlined within advance directives include such life-sustaining interventions like feeding tubes, resuscitation and the use of a ventilator. Any person over the age of 18 may fill out advance directives.

**Living will.** A living will is the portion of the advance directives dedicated to the patient’s wishes for life-sustaining treatment, as mentioned above. In essence, living wills outline exactly what a patient does or does not wish to endure when faced with a life-threatening situation.

**Power of attorney.** Also a portion of the overarching advance directives, the medical power of attorney is equally if not more important than the living will. Through this document, a patient can stipulate whom they would like to make...
medical decisions for them if they cannot make those decisions themselves. In such a case, the individual is known as a healthcare agent or a healthcare proxy.

**EXAMPLES OF EOL DOCUMENTS**

Typically it’s not easy to talk about end-of-life care with anyone, including your patients and clients. But you may find success by stressing the importance of the documents for both their own sake – and the sake of their family members, who will be forced into a position to make difficult decisions if no roadmaps are in place.

Every state has its own laws regarding advance directives. Contacting a lawyer or a patient’s state department on aging are good ways to get the right forms. To provide an example of what the forms look like and what information is required to fill them out, we present documents you can download and review:

- **Advance Directives – Download Now**  
  (Source: State of Oregon)

- **Living Will – Download Now**  
  (Source: State of Wisconsin)

- **Power of Attorney – Download Now**  
  (Source: State of Wisconsin)

- **Living Will and Power of Attorney – Download Now**  
  (Source: Hospice of the Valley)
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Choosing the Right Adult Day Care Services

By Arti Patel

Becoming a caregiver for the elderly is a serious responsibility. Aging adults require a gentle hand when facing the reality that their formerly independent lives have been altered by illness, the death of a spouse or for financial reasons. Adult day centers provide an alternative option for caregivers who seek to give aid to their patients and loved ones based on their individual needs.

Caregivers should be aware that three types of this community-based service exist: social, medical and specialized adult day cares that range in both price point and services offered. Social centers offer meals, health-related services and recreational activities. Medical centers provide intensive health and therapeutic services alongside various social activities. And specialized centers focus on care for seniors suffering from dementia and developmental disabilities.

Choosing the right type of day care service for your patient can be difficult, but it is well worth the effort. Knowing your client is receiving quality care is a top priority for any care provider. The National Adult Day Services Association (NADSA) and other long-term care organizations, including the Eldercare Locator and the Seniors List, offer directories for adult day care services across the county. The National Directory of Adult and Senior Services, published by Dorland Health, also contains referral information.

Also, be aware that select state Medicaid programs may pay for the healthcare services provided in all state-licensed facilities. These services may include, but are not limited to, mental health services, therapy services, psychological evaluations, the administration of medications, the dressing of wounds and assistance with feedings during meal times. Some privately purchased long-term care insurance plans may also pay for a few of these services, but be aware that Medicare likely will not pay.

FINDING WHAT’S RIGHT FOR YOUR PATIENT

When selecting the best adult day center for your loved one, consider the following checklist of questions to ask facility operators and workers.

Financing:
- What is the exact cost of care?
- Is there a minimum amount of financial commitment?
- Are all of the available activities available in the overall cost or are there separate fees?
- Are funds available for financial assistance?
- Does the facility accept Medicaid, Medicare or a sliding scale funding?

**Safety/Regulation:**
- How does the facility ensure safety?
- What is the protocol for handling behavioral problems?
- Is there any behavior that can force a person's withdrawal from the center's programs?
- Does the state health department license the day care facility?
- Did the day care center obtain a license from the department of social services?

**Transportation:**
- Is there door-to-door transportation available?
- What is the transportation schedule?
- Is transportation an extra cost or included in the overall package?
- What are the policies concerning late-arrivals and early pick-ups?

**Meals and Snacks:**
- How many meals and snacks do they offer daily?
- Are the meals well balanced?
- Are the meals appealing?
- Are meals included in the overall cost or an added charge?
- Are dietary accommodations available?

**Social/Therapeutic Activities:**
- Are the activities stimulating either for the body or mind?
- Ask for a comprehensive list of activities including exercise schedules and have them explain everything in detail.
- Are most of the activities done individually or in-group settings?
- Observe seniors at the facility. Do they interact with one another well?
- Ask seniors you meet if they are enjoying their time and what are some of their favorite activities.
Top 5 Ways To Plan for End-of-Life Decisions

By Richard Scott

The need for end-of-life care often springs up suddenly, whether resulting from an accident or an unexpected turn in one's health. But healthcare advocates can help lessen the element of surprise – and the difficult consequences faced by the patient and the patient's family. All it takes is a little planning.

To understand the best strategies to prevent unintended outcomes at the end of life, and simultaneously ensure that a patient's and family's wishes are met, we checked in with Myra Fournier, founder of the patient advocacy service At Your Side. Below, Fournier shares her valuable healthcare experience in the challenging end-of-life arena.

Spread the conversations around. According to Fournier, individuals should meet with several key parties to make sure all of their intentions come to fruition. Healthcare advocates can help guide individuals into the right meetings and keep tabs on the conversations therein. "Converse with the physician, attorney and financial planner about your medical, financial and legal wishes," she says. "Document these wishes and inform your friends and family."

Appoint a spokesperson for your care. Should a patient reach a point where she is no longer able to make or communicate a decision, it is vital that someone is in place – legally – to voice the appropriate actions. Fournier recommends drafting a healthcare proxy to designate someone to make medical decisions in the event that an individual is incapacitated. As an involved care member, patient advocates are natural representatives of an individual's medical wishes.

Appoint a spokesperson for other affairs. While medical care is important, so too are other lifestyle concerns like legal and financial matters. Draft a durable power of attorney to designate someone to oversee your financial and legal matters in the event that you are incapacitated. A durable power of attorney can make sure the person of an individual's choosing is making the decisions of best interest for the patient and the patient's family.

Draft an advance directive. Also known as a living will, an advance directive allows an individual to state specifically which type of medical care he wishes to undergo. Such care can include prolonged living devices like ventilators and feeding tubes.

Consider your options. End-of-life care may mean a transition to a new experience. "Explore long-term health insurance and residential options," says Fournier, "before you need them." Such options include independent living, assisted living, nursing home, at-home care and others. Options vary based on a patient's medical state and wishes. As a patient advocate you hold the knowledge to help usher in the right choices – and the most appropriate end-of-life care to meet your client's needs.■