

CONSUMER TIPS TO CARE FOR A LOVED ONE AT HOME



- **Family Caregiving**
- **Fall Prevention**
- **Medication Safety Tips**
- **In-Home Equipment and Technology**
- **Having "the Difficult Conversation"**



CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME SM



CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME™



Sometimes serious illness calls for
Palliative or Hospice care at home:

♥ **PALLIATIVE CARE**

Palliative Care focuses on relieving symptoms that are related to serious, chronic illnesses and can be used at any stage of illness — not just at end of life.

♥ **HOSPICE CARE**

Hospice Care focuses on serving and comforting patients at the end of their lives as well as supporting their loved ones.

Both Palliative Care and Hospice Care use a team approach to focus on quality of life or “comfort care,” including the active management of pain and other symptoms, as well as the psychological, social and spiritual needs often experienced with serious illness and at the end of life.

To find a provider of in-home services in your town, use the search tool on our website:
www.cthealthcareathome.org

**Understanding healthcare
at home can be difficult.**

WE ARE HERE TO HELP.

When it's time for you to make a decision for yourself, a loved one, or anyone in your life regarding care needed at home, this guide is the right place to start.

Whether you need nursing or therapy, help with your medications, bathing, housecleaning, meal preparation or companionship, The Connecticut Association for Healthcare At Home will help you find the services you need.

🏠 **WHAT IS HOME CARE?**

Home care includes a broad range of services that enable you to receive care in your home, rather than in a hospital or nursing home. These services may be a combination of professional home health care such as nursing or physical therapy, personal care such as assistance with bathing or dressing, or support, like homemaker or companion services.

People of all ages can benefit from home care services whether they are leaving the hospital to recover from an illness or surgery, need help with their medications or need assistance with their daily activities.

PRACTICAL HELP AT YOUR FINGERTIPS!

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HEALTHCARE AT HOME™

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The Right Care, At The Right Cost, In The Right Place - Home.

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FIND THE PERFECT FIT

FOUR TYPES OF HOME-BASED CARE

Today's seniors and adults with disabilities may encounter four types of home-based care:

1

Skilled Home Health

Medicare-funded home health is provided when a physician orders skilled care, including nursing, physical, occupational or speech therapy, or assistance by a home health aide, to individuals who are homebound and need medical care. This care usually lasts less than 60 days.

2

Non-Medical Homecare

Non-medical homecare provides assistance with activities of daily living, such as bathing and dressing. This continuous care may be paid for by Medicaid if a person meets certain income and functional eligibility rules. However, most is paid for privately or through a long-term-care insurance policy.

3

Palliative Care

Many people confuse palliative care and hospice, thinking they are one and the same. Although they share a similar philosophy, they are not the same.

By definition, Palliative Care focuses on relieving symptoms that are related to serious, chronic illnesses. Palliative Care can be used at any stage of illness- not just the advanced stages.

Hospice Care is Palliative Care but with a focus on serving and comforting patients and families at the end of their lives or as the illness becomes terminal.

Both Palliative care and Hospice care use a team approach to focus on quality of life or "comfort care," including the active management of pain and other symptoms, as well as the psychological, social and spiritual issues often experienced with serious illness and at the end of life.

4

Hospice


Specific to the Medicare Hospice Benefit, a patient is eligible for hospice care if two physicians determine that the patient has six months or less to live if the terminal illness runs its normal course. Patients must be re-assessed for eligibility at regular intervals in order to meet ongoing coverage criteria, but there is no limit on the amount of time a patient can be on the hospice benefit.

For those on Medicare, there is a Medicare Hospice Benefit available for patients whose life expectancy is six months or less, as determined by their physician.

5

Continuous Skilled Nursing

Provides up to 23 hours-a-day of skilled home health care for medically fragile clients of all ages for newborns to adults. Nurses come to the client's home and work shifts to ensure continuous care, benefiting the family by keeping loved ones together as an alternative to acute or chronic disease hospital inpatient placement.



Never believe that a few
caring people can't change
the world. For, indeed,
that's all who ever have.

- Margaret Mead,
Anthropologist

IT'S ALL RELATIVE



Family members can be our greatest helpers – or our biggest obstacles!

Tension can build quickly if it feels as though the responsibility for care is being unfairly distributed among siblings. If you live closest, you might feel as if the caring role has been imposed upon you. One sibling may have always been meek; another may have always been argumentative. Long-held family roles can make this time difficult to navigate. Add a brother-in-law or sister-in-law to the mix and emotions can run high.

To avoid dissent, communicate early on about expectations and realistic contributions. It is true that other siblings' commitments, geographic locations and financial situations can impact their ability to contribute the way you hoped they would. Everyone needs to put their wants and abilities on the table.

WHERE TO FIND SUPPORT

- The Family Caregiver Alliance offers valuable resources for connecting with support groups at caregiver.org
- AARP connects family caregivers online at aarp.org
- The Alzheimer's Association offers support groups, research and other resources at alz.org or via its Helpline anytime of the day or night at **1-800-272-3900**
- My Place CT www.myplacect.org is an online resource that helps you discover how to live and receive care in the place *you* call home. This Connecticut website provides information on alternatives to nursing home placement including long-term care services and supports. Find out what is available and how to access resources in your local community.



PARTNER-IN-CARE:

3 STEPS TO TAKE BEFORE OPENING YOUR HOME

Bringing a professional into your home, and trusting that person not only with your loved one but with your valuables, can feel a bit intrusive. Take these proactive steps to feel more comfortable with the caregiver in your home.

DO YOUR HOMEWORK

Ask the agency you've hired about its screening and training process. All caregivers must undergo a criminal background check. In addition, results of the agency's surveys by the Department of Health are posted online at www.ct.gov/dph.

SET BOUNDARIES

While you'll want to create a level of comfort and rapport with your professional caregiver, establish limits that will keep your privacy and household safety intact. For example, it's OK to make areas of your home off limits to caregivers.

PREPARE YOUR PETS

Even "friendly" pets can become unfriendly to a guest or visitor if they sense a threat to their owner. Visiting home care staff can be perceived by your pet as a threat when they are assisting or caring for you or a loved one. For everyone's comfort and safety, please put all pets "in a secured area" away from caregivers before and during the visit. Keep your in-home caregivers safe from injury from pet bites, tripping, and allergic reactions. Safety and a focus on *you* is our primary concern.

PROTECT YOUR BELONGINGS

Instead of giving your caregiver a set of keys, purchase a lock box. Place it outside your house with keys inside, allowing the caregiver to type in a code to retrieve them. You can easily change codes when you no longer want a caregiver to have access. Store valuables in a safe, and keep copies of important documents in a safe place. Also make note of all medications and any narcotics your loved one may be taking to ensure the pills are going only to them.

THE ART OF EMPATHY

Always share your loved one's cultural and religious preferences with your professional caregivers. They might come from a different background than you and your loved one, and they may not know about certain aspects of the way you live.




HIRING A PRO TO GET MORE DONE

- Tell your homecare aide and agency what you expect. They can't do what you want if they don't know what you want
- If your loved one doesn't like the caregiver after several visits, tell the agency. It's OK! The important thing is for your loved one to feel comfortable
- If your caregiver is consistently late, talk about it. If the issue can't be resolved, talk to the agency
- Have backup plans for care if your regular caregiver is sick. Your agency should have a plan, so know its protocol
- Regular meetings and open communication with your homecare aide and the agency can solve problems before they arise
- Ask questions! Professionals can give you tips on just about anything, from how to help your loved one get dressed to ways to avoid depression to a new food to try for dinner

While you may grow close to the homecare aides helping your loved one, always remember that it's a business relationship.



CAREGIVER SPOTLIGHT



“There is no underestimating the benefits that come with the personal connections made in Homecare. It's as if you are a member of the family.”

Jacqui Coveney, RN and Jack Mimnaugh

JACQUI COVENEY, RN

After a successful career in the business world, Jacqui came to Home Care and Hospice Nursing later in her life. Learning from watching a home care agency tend to her sister as she battled cancer, Jacqui took on the challenge of becoming a nurse.

Jack had many reasons to start with home care as he battled multiple medical illnesses that led him to being weak and unable to leave his home. Today more than ever before, patients are coming home from hospital stays with much of the recovery process yet to be finished. It is often overwhelming to manage the day to day care while amidst an illness. Pain, fatigue and an altered ability to concentrate are just a few of the many symptoms that a newly discharged patient might experience that make recovery a such a challenge.



Home care nursing has expanded over the years as many more treatments today are done outside of an acute care setting. Patients are living longer and with so many more illnesses to manage, homecare treatment is often a needed part of care. A qualified, licensed homecare agency can be the difference between a positive recovery versus an unwanted rehospitalization.

In the many years since her start, Jacqui has witnessed how powerful the bond between patient and nurse can be. At times it may be the difference needed to help the healing process. When a patient trusts in the care and compassion that is given, the calm that comes can be as therapeutic as any medication or set of exercises.

Too often we underestimate the power of a touch, a smile, a kind word. Even the smallest act of caring has the potential to turn a life around. Today's homecare nurses not only embody this principle, they live it.



PREPARING YOUR HOME FOR CARE

You've designed your home with comfort in mind, but put yourself in your loved one's shoes – or walker or wheelchair. Is your home safe? Recognize hazards before they become detrimental to your loved one's well-being.

Quick tips for making your house safe for your loved one:

- . Avoid stairs. Create one-level living if possible
- . Clear clutter. Keep floors free of obstacles
- . Remove loose carpets
- . Place non-slip mats under throw rugs
- . Install good lighting
- . Create accessible shelving to avoid bending and reaching
- . Set up caregiver monitoring units
- . Modify the house layout for wheelchair accessibility, if necessary
- . Install ramps/lift chairs, if necessary

BANISH BATHROOM HAZARDS

The bathroom – close quarters, lots of porcelain and slick, wet surfaces – presents its own set of hazards for anyone with physical limitations. Minimize challenges in your loved one's bathroom area:



Install sturdy grab bars, weighted for a person, for the toilet and the tub/shower



Install hand-held showerheads



Simplify the shower/tub entry, if possible



Switch from soap bars to pump bottles



Add a shower chair or bench that enables a person who cannot walk to take a shower



Add extra lighting



Install an easy-to-turn shower knob (note: hot water can scald skin)



Install an accessible toilet: molded plastic seat, adjustable seat or new model

HAVING THE DIFFICULT CONVERSATION

Life is filled with things we don't want to talk about but know we should. It starts with the birds and the bees and continues all the way to how we want to spend our last days on Earth.

For all the soul-baring people do on social media and talk shows, you'd think we would be more comfortable discussing end-of-life issues with people who mean the most to us. But we're not.

In fact, 90 percent of people say talking with loved ones about end-of-life care is important but only 27 percent have done so, according to a national survey conducted by the Conversation Project.

The Conversation Project is dedicated to helping people have "that" talk. It was co-founded by Pulitzer Prize-winning journalist and author Ellen Goodman after she was overwhelmed by the number and seriousness of the decisions she had to make when her mother's health declined.

Find out more about the Conversation Project at www.theconversationproject.org.

AVOID A CRISIS

Don't wait until there is a health care crisis to plan how to help your loved one. That's the worst time to make financial and family decisions.

Talk with your loved one about what he or she envisions, and talk with your relatives about what help they can provide. Form a plan together that can be modified when it's needed instead of starting from scratch during a health care crisis. An excellent place to start is Plan Your Lifespan at planyourlifespan.org. This is a website that will help you plan for health events from hospitalizations to memory loss and let you consider options long before you need them. Another resource is Five Wishes at agingwithdignity.org, an easy-to-use living will written in everyday language that can help start and structure important conversations about care.

Maybe the most important advice of all is to research your loved one's financial situation so that you will know what services he or she can afford, if needed. A financially unrealistic plan is as bad as no plan at all.

- Do they have a will, advanced directive or MOLST?
- Do they have long-term-care insurance? What does the policy cover? Is homecare included?
- Are they eligible for veterans benefits?








“

I realized only after her death how much easier it would have all been if I heard her voice in my ear as these decisions had to be made. If only we had talked about it.

– Ellen Goodman
Founder,
The Conversation Project

PALLIATIVE CARE & HOSPICE CARE – WHAT’S THE DIFFERENCE?

Many people confuse palliative care and hospice, thinking they are one and the same. Although they share a similar philosophy, they are not the same.

	PALLIATIVE CARE	HOSPICE
 ELIGIBILITY	<p>Palliative care is for people of any age and at any stage in an illness, whether that illness is curable, chronic, or life-threatening. If you or a loved one are suffering from symptoms of a disease or disorder, be sure to ask your current physician for a referral for a palliative care consult.</p>	<p>Specific to the Medicare Hospice Benefit, a patient is eligible for hospice care if two physicians determine that the patient has six months or less to live if the terminal illness runs its normal course. Patients must be re-assessed for eligibility at regular intervals in order to meet ongoing coverage criteria, but there is no limit on the amount of time a patient can be on the hospice benefit.</p>
 TIMING	<p>There are no time restrictions. Palliative care can be received by patients at any time, at any stage of illness whether it be terminal or not. Should the patient's serious illness become terminal with a prognosis of six months or less, it may be appropriate to consider a referral to hospice care.</p>	<p>Now is the best time to learn more about hospice and ask questions about what to expect from hospice services. Although end-of-life care may be difficult to discuss, it is best for family members to share their wishes long before it becomes a concern.</p>
 PAYMENT	<p>Most insurance companies cover both Hospice and Palliative Care. Medicare coverage for Palliative home care can be challenging as the patient must meet Medicare eligibility which includes being homebound or confined to the home. People with a serious illness may not be homebound as they try to maintain a quality of life including socialization outside the home.</p>	<p>For those on Medicare, there is a Medicare Hospice Benefit available for patients whose life expectancy is six months or less, as determined by their physician. Medicaid hospice coverage is the same as the Medicare benefit. Also, some commercial insurance companies also offer hospice coverage. If you are unsure of coverage, contact your insurance company.</p>
 LOCATION	<p>It is most common to receive Palliative Care through your physician's office, home care services, hospitals or nursing homes.</p>	<p>In most cases, hospice is provided in the patient's home—wherever they may call home which may include their own home/residence, an assisted living facility, a group home or a nursing home. Hospice care is also provided in freestanding hospice facilities, hospitals, or nursing homes.</p>
 TREATMENT	<p>Since there are no time limits on when you can receive palliative care, it acts to fill the gap for patients who want and need comfort at any stage of any disease, whether terminal or chronic. In a palliative care program, there is no expectation that life-prolonging therapies will be avoided. It is important to note, however, that there may be exceptions. Some hospice programs provide life-prolonging treatments, and some palliative care programs concentrate mostly on end-of-life care. Consult your physician or care-administrator for the best service for you.</p>	<p>Most hospice programs concentrate on comfort rather than cure. By electing not to receive extensive life-prolonging treatment, hospice patients and their families can concentrate on getting the most out of the time they have left, without some of the negative side-effects that life prolonging treatments can have. Most hospice patients can achieve a level of comfort that allows them and their families to concentrate on the emotional and practical issues of dying. The focus of hospice care is more on the quality not the quantity of the life remaining.</p>

5

WAYS TO HELP MAKE ENDS MEET

It's no secret that the cost of homecare can mount and mount quickly. Unfortunately, there's not one program that provides payment for all the help your loved one needs. The best options often depend upon a quilt of services from businesses, social service agencies, nonprofits and insurers.



1 GOVERNMENT PROGRAMS

Medicare covers home health services like intermittent skilled nursing care, physical therapy, speech-language pathology services, occupational services and more. This care is brief, 60 days or less, and is ordered by a physician. Medicare also covers end-of-life hospice care if a patient has a life expectancy of less than six months. If your loved one has very low income and few assets other than his or her home, Medicaid may pay for home-based care.

3 LONG-TERM CARE INSURANCE

A long-term-care insurance policy may include coverage for homecare. Check with your carrier for details.

4 VETERANS' ASSISTANCE

A program through the Veterans Administration assists chronically ill or disabled veterans of any age to remain in their homes as they age. For more information, visit va.gov and search for homecare.

2 CONNECTICUT HOME CARE PROGRAM FOR ELDERLY AND MEDICAID WAIVER PROGRAMS

- Individual and Family Support Waiver (IFS)
- The Comprehensive Support Waiver
- Connecticut Home Care Program for Elders Waiver (CHCPE)
- Personal Care Assistance (PCA) Waiver
- Acquired Brain Injury (CT ABI) Waiver
- CT Home and Community Based Services Waiver for People with Serious Mental Illness in Nursing Homes

5 OTHER HELP

You could schedule a few hours each week at an adult day care program, a daytime program for older people in an interactive, supervised environment that costs less than homecare. The level of services varies from those that focus primarily on social interaction to those that provide medical care and those dedicated to Alzheimer's care.

Visit: www.ct.gov/health-and-human-services

LEAN ON ME: EQUIPMENT THAT HELPS

Homecare presents physical as well as emotional challenges when it comes to getting a loved one from one location to another around the house. Before you try helping your relative from bed to chair or chair to table, learn the safest way to avoid hurting them or yourself.

Durable medical equipment (DME) includes things like blood sugar monitors, walkers and wheelchairs. If insurance is to cover the cost, the equipment must be prescribed by a doctor for use in your home as medically necessary. Many of the items are covered by Medicare Part B.



STAIRLIFT



LIFT CHAIR



WALKER



SIT-TO-STAND LIFT



TRANSFER DISK

To qualify for Medicare reimbursement, a DME vendor must be accredited by a professional entity such as The Joint Commission or the Community Health Accreditation Program. To find approved suppliers in your area, go to [medicare.gov](https://www.medicare.gov) and under “Resource Locator” click on “Medical Equipment Suppliers.”



GAIT BELT



WHEELCHAIR



**MANUAL/POWER
HOYER LIFT**



SLIP SHEET



HOSPITAL BED



TECHNOLOGY **AS A HELPING HAND**

There are many devices on the market designed to increase safety and assist family caregivers. While you already might be using simple technology, such as a baby monitor, here is a sample of some other products created with elderly homecare consumers in mind.

I'VE FALLEN, AND I CAN'T GET UP

Personal emergency response systems (PERS), sometimes called medical emergency response systems, give you and your loved one an extra layer of protection. They let you call for help in an emergency with the push of a button and sometimes even without a button.

You can buy, rent or lease a PERS, but they come with an installation fee and a monthly monitoring charge. These costs typically are not covered by insurance plans, although some hospitals and social service agencies subsidize the device for low-income users.

Other monitoring systems include video cameras in the home that can be accessed on a computer or your smartphone so you can monitor movement.

TELEHEALTH

With the advent of telehealth services, it is becoming more common to be able to have virtual doctor visits or other health and safety monitoring services from a distance. Typically the services are provided via a computer link or over the phone, allowing your loved one to stay in place. Check with your doctor or your home health or homecare agency to see what telehealth services are offered and/or covered.

MEDICATION HELP

Worried that pills are not being taken at the right time or the right dose? There are remote medication dispensing and monitoring systems that can be

programmed to dispense the correct dosage at the right time, as well as to notify caregivers if pills are not taken. Check with your homecare agency for more information.

FALL-PREVENTION LIGHTING

If you're worried about your loved one falling at night, invest in lighting systems designed to automatically light up when someone steps on a pressure pad beside the bed. The lights will turn off when the person returns to bed.

FLOOR-MAT ALARM

For loved ones who have a tendency to wander, you can purchase a mat and place it by a doorway or next to the bed. It will sound an alarm if someone steps on it.

HOME MOTION SENSORS

Several systems are designed to inform you about your loved one's activity levels. These updates will give others a sense of what's going on at home if you're running errands and alert you if your loved one is unusually inactive and may need help.

INDEPENDENT LIVING AIDS

There are countless products and appliances that make everyday activities easier – from eating and preparing food to bathing and dressing.

- Kitchen items: easy-to-grip silverware, self-opening scissors, plate guards
- Bedroom items: bed bars, hip pads for fall protection, night lights
- Bathroom items: shower seats, toilet risers, long-handled scrub brushes
- Personal care products: no-rinse shampoo and body wash, buttonhooks, zipper pulls, pumps for soap and toothpaste

TRY IT BEFORE YOU BUY IT

Ask your homecare agency, local pharmacy or medical supply company to demonstrate assistive equipment before taking it home.

MONA FLORIAN

Mona Florian of Harwinton is married and the mother of six. Mona home schools her younger children, is actively involved in her church and has traveled extensively. She spends hours cultivating her gardens and fruit trees that grace the family's property. Mona has been a Certified Nursing Assistant (CNA) since 2009. Her clients and their families will attest to her dedication, sincere level of respect and stellar work ethic.

Mona is just one member of a team of experienced, dedicated caregivers who have been providing assistance to Arthur in his Litchfield County home since May of 2016.

95-years young, Arthur's extended family includes two devoted nieces who do not live in the area but worked proactively on his behalf to ensure that, per his wishes, Arthur could return directly home instead of transferring to a rehab facility after a hospitalization. Arthur and family members had the opportunity to meet Mona and other prospective members of the care team in advance of the start of care in his home. Mona assumes some overnight shifts each week and fills in for her colleagues when needed.

They enjoy each other's company. Arthur shares wonderful stories. Mona delights in them.

"I listen sincerely and with empathy to put myself in my client's shoes...it helps me understand what it must feel like to be in a client's place. I often step back and observe the body language...it's a great means of communicating needs and better understanding needs."

Arthur is a man of great dignity, quite independent, enjoys taking walks and engaging conversations. He has a supportive circle of friends who visit regularly and family gatherings at his home take place as frequently as possible. Arthur has become very fond of and trusting in each member of his 'extended family'. Arthur's nieces feel the same and appreciate the frequent communication to keep them apprised of daily activity.

Initially, care was arranged for a few hours during the day and for the overnight hours. Since that time, both Arthur and his family have realized the peace of mind that comes with having consistent safeguarding. They decided a few months ago to increase care to 24/7 oversight. Mona and the other members of his care team stepped up to the plate and expanded their respective hours to accommodate this. But shortly thereafter, a member of this close-knit team had to give up her daytime coverage without too much notice to care for an ailing relative. There was real concern on everyone's part about how to successfully bring on a new member without disrupting the "rhythm" of care that had been established.

Mona selflessly played a significant role in assuring a smooth segue once a new caregiver came on board. It was reassuring to Arthur to have Mona there as he got to know this new caregiver and become comfortable and trusting of her. Arthur's family is greatly appreciative of Mona and each member of the care team to allow him to live his life on his terms – at home.



I listen sincerely and with empathy to put myself in my client's shoes...it helps me understand what it must feel like to be in a client's place.

— Mona Florian



7 SAFETY TIPS FOR PRESCRIPTION MEDICINES

1 Be alert for signs of side effects

2 Check medications for expiration dates

3 Don't share prescription medicines

4 Keep medicine in a safe place, away from heat and small children

5 Keep a list of medications, dosages and reasons they were prescribed

6 Keep a list of when and how medicines are taken

7 Dispose of unused medications safely by dropping off at your local law enforcement office or find a "take back" event near you at *TakeBackDay.dea.gov*

DID YOU KNOW?

Side effects can impact thinking and balance.

Often, you or your professional caregiver will be the first – and maybe the only – person to notice if your loved one doesn't seem right. Some commonly used drugs are known to make thinking and balance worse in aging adults. These include:

- Anticholinergics, which include drugs for overactive bladder, itching/allergy, vertigo and nausea, and certain drugs for nerve pain or depression. Diphenhydramine, or Benadryl, is a commonly used anticholinergic.
- Sedatives and tranquilizers, often prescribed for sleep or anxiety. Examples include zolpidem and lorazepam, brand names Ambien and Ativan, respectively.

Contact your loved one's doctor or other health care provider if something doesn't seem right to you. You know your loved one the best.

MEDICATION MANAGEMENT

Do you have a list?

Always keep a current list of medications, including supplements and over-the-counter medications, as well as dosages. As medications change, update the list. Keep several copies in the house, with you and with your relatives.

Are these drugs OK together?

Make sure all of your loved one's medications have been checked for potentially dangerous interactions. Include over-the-counter drugs and supplements. Ask your pharmacist or doctor. Your home health nurse can also review your prescriptions.

Did you tell your doctor?

Make sure doctors are updated with your loved one's medication usage, including over-the-counter medications and supplements. Never assume that doctors have a current list. Bring one with you to each appointment. You can even bring the bottles.

Do you have medications that are expired or unneeded?

The safest bet for disposal: community-based drug "take-back" programs. Otherwise, almost all medicines can be thrown in the trash. Take extra care in disposing narcotics: Mix unused pills with an undesirable substance, like used coffee grounds, dirt or kitty litter. This makes the drug less appealing or unrecognizable to people. Your homecare or hospice agency can help you.

BATHROOM BLUES

In caring for your loved one at home, you're learning to manage challenges posed by mobility, memory, illness or a combination of those. Unfortunately, you've discovered – or soon will – there are some things no one wants to talk about. So we'll say it for you...

Toileting issues are or will be a concern. Your loved one might be embarrassed to ask for help. You might be afraid to offer it. It's awkward. It's uncomfortable. Acknowledge that it's a sensitive topic for both of you, but it's an important part of daily life that you can help loved ones with, just as you might help them eat or get in and out of bed. For a host of reasons – health first and foremost – have the discussion as soon as any part of bathroom tasks becomes an issue. Ask which aspects of toileting your loved one finds difficult. Sitting down? Standing up? Reaching for supplies? Getting clean? Then work together to find acceptable solutions.

JUST CAN'T GO CAN GET SERIOUS

Not eating enough fiber or drinking enough water, being stuck in bed and taking certain medications can cause constipation, which can, unfortunately, result in bowel impaction. That means a mass of stool has blocked the colon and can't move. It can cause pain and vomiting, and result in hospitalization. Call the doctor immediately with signs of impaction.

To prevent constipation, especially if a person is taking a narcotic, Miralax or another stool softener will help keep things moving. Talk to your doctor or homecare agency for recommendations.

UNDER PRESSURE

Stay proactive in toileting techniques. Find a routine that works best for you and your loved one, and clean any bed leaks quickly because damp skin can lead to pressure sores.

Prolonged contact with water, urine, feces or sweat causes the skin to soften and break down. Change soiled clothing and bedding quickly, and ensure your loved one is clean and dry. If necessary, use a skin sealant or moisture barrier. Typically sold as creams or ointments with zinc oxide, lanolin or petroleum jelly, they form a protective barrier. Your doctor or homecare agency can recommend one.

Danger signs are areas of skin that are not broken but are red, discolored or show changes in hardness or temperature compared to surrounding areas. When you press on the area, it stays red and does not lighten or turn white and the redness is still there 30 minutes after the pressure is removed. Experts say a pressure sore at this stage can be reversed in about three days if all pressure is taken off of it. Call your doctor for assistance.

If the skin is broken, get pressure off of the site and call your doctor immediately.

TIPS

- Try a no-rinse shampoo cap. You can shampoo and condition hair with no water, no mess, no rinsing and no more potentially dangerous showers
- Install a high-rise toilet seat and grab bars around the toilet
- Keep plenty of wet wipes, disposable gloves and clean towels within reach
- Use waterproof mattress protectors and bed pads
- Buy a bedside commode
- Use briefs or overnight liners
- Use a bedpan or urinal if getting out of bed is difficult. Rubber is best
- Talk to your professional caregiver about care techniques that can help in your situation



PUBLIC ENEMY NO. 1

UTIs

A UTI, or urinary tract infection, happens when bacteria in the urethra, bladder or kidneys multiply in urine. Left untreated, a UTI can lead to acute or chronic kidney infections, which could cause permanent damage and lead to kidney failure. UTIs are a leading cause of sepsis, a potentially life-threatening blood infection.

Older people are more susceptible to UTIs for many reasons, from weakened immune systems and physical changes to weakened muscles and other medical conditions. While you can't do much about physical bladder changes, you can keep your loved one clean and be alert for signs of a UTI.

A doctor can perform a simple urine test to detect a UTI, which can be treated with antibiotics. Your home health agency can perform this test at home with a physician's order.

PREVENTING UTIs

- Good bathroom hygiene is essential to preventing infections
- Elderly people confined to bed need to be changed often
- Stay hydrated
- Hate water? Add flavored drink crystals, use bottled flavored water or try popsicles or Italian ice
- Use smaller drinking cups to make drinking seem less formidable
- Drink cranberry juice or take cranberry tablets to provide a less inviting climate for bacteria

THINK UTI BEFORE YOU THINK ALZHEIMER'S

Typical signs of a UTI are a low-grade fever combined with pain during urination, frequent need to urinate and dark, bloody or foul-smelling urine.

According to the National Institutes of Health, a UTI in the elderly is often mistaken for early stages of dementia or Alzheimer's disease because symptoms include:

**Confusion
or delirium**

Agitation

**Behavioral
changes**

**Poor motor
skills or
dizziness**

Falling

FALLS? NOT YOU!

FALL PREVENTION TIPS

Falls can cause more than broken bones and bruises. They can cause loss of independence, hospital stays and or even death. But you don't need to live in fear of falling; be empowered by learning what you can do to protect yourself and stay on your feet.

KEEP YOUR BALANCE

- Use canes, walkers properly
- Minimize stooping, bending or reaching overhead
- Use stair rails
- Practice balance improving exercises, like Tai Chi

MOBILITY TIPS

- Use chairs with arms & avoid sofas or low soft chairs
- Take your time standing from a sitting position and pause before walking
- Stand up straight and take full steps; NEVER shuffle

MEDICATIONS MATTER

- 4 or more medications = Increased fall risk
- Keep a list and inform your MD of all meds and supplements and ask if you can stop taking any
- Use one pharmacy
- Use caution with sedatives and allergy medications

LOW DOWN ON BLOOD PRESSURE

- Standing too quickly can cause a drop in blood pressure = dizziness
- Many drugs cause low blood pressure
- Drink water: 8, 8oz glasses a day

KEEP YOUR SENSES SHARP

- Have yearly eye and hearing exams
- Keep your glasses clean
- Nerves in your feet help you keep your balance.
- Don't torture your feet with bad shoes

AVOID HOME HAZARDS

- Maintain a safe, uncluttered home
- Remove throw rugs, loose flooring, piles & cords
- Clean up spills
- Use a nightlight or motion sensor lighting
- Never place items on the stairs
- Don't climb on chairs to reach high objects



WHAT TO DO IF YOU FALL

Get up as quickly as you can, but do not attempt if you are dizzy, unsteady, or in a lot of pain.

- Move to a sitting position on the floor
- Take a few moments to regain composure
- Locate the nearest sturdy chair or piece of furniture
- Roll over onto hands and knees and crawl to a sturdy chair
- Put the strongest leg under the body so that the foot of that leg is on the floor
- Push up using the arms of the chair for support
- Do not attempt to walk until it is safe to do so

SKIN CARE

As we age, skin becomes thinner and drier, and it injures more easily and heals more slowly. All of that makes aging skin prone to problems from itching and flaking to serious infections and ulcerations. Be sure to check for sores or redness, potential signs of pressure sores – also called pressure ulcers or bedsores – which are injuries to skin and underlying tissue from prolonged pressure on the skin.

Tips for Good Skincare:

- Avoid hot baths and frequent showers
- Use mild soap
- Gently apply moisturizer to the skin after every shower or bath
- Always wear sunblock outdoors
- Stay hydrated
- Use a room humidifier in the winter and in dry climates
- MOVE! If your loved one is mobile, encourage walking. If not, reposition or transfer every 30 to 60 minutes

STAY HYDRATED

Dehydration can lead to serious health problems. With age, the body's ability to conserve water is reduced and the sense of thirst grows weaker. Sometimes chronic illness and certain medications dull the desire to drink water, but the need remains.

- Drink small amounts of fluids throughout the day instead of large amounts all at once
- Foods high in water such as fresh fruits and vegetables help meet daily needs
- Have water, juice or milk with every meal, and keep favorite drinks nearby

Warning signs of dehydration:

- Fatigue
- Dizziness
- Dark urine
- Headaches
- Dry mouth/nose
- Dry skin
- Cramping



BARE YOUR SOLE

FEET CAN GIVE CLUES TO HEALTH

Experts say the best way to check someone's health is to look at their feet. Your feet allow you to stay active and keep your balance, and they can be a sentinel of health concerns such as diabetes, arthritis, poor circulation and nerve damage. Remind or help your loved one to check his or her feet every day, and be on the lookout for ingrown toenails, corns and calluses. Feet should be kept clean and dry. Use comfortable socks, and change them regularly. Ensure shoes fit well and are supportive. If anything looks out of the ordinary, talk to your doctor.

It's not a bad idea to have your loved one see a podiatrist, a physician who specializes in foot and ankle care. Podiatrists can do everything from clipping toenails to performing foot surgery, and many do home visits. Ask your doctor or other health care provider for more information.



COMING OF AGE:

COMMON CONDITIONS OF AGING

OBESITY

As the numbers on the scale increase, so does the risk of chronic problems such as heart disease, diabetes and cancer. Often, people just aren't as active or mobile as they once were. Caregiving can be more challenging if the person is overweight, especially for transferring. You and your loved one should talk with your doctor about the safest ways to stay active, eat right and avoid extra weight, but always discuss it with love and respect.

GUM DISEASE

Healthy teeth and gums are important for smiling, eating and overall health. With age, a person's mouth tends to become drier and cavities are more difficult to prevent. Some medications dry the mouth and foster bacteria overgrowth. Studies suggest that oral bacteria and gum disease play a role in diseases such as diabetes. Regular dental checkups and good oral health should be a priority. If your loved one has dentures, make sure they are cleaned daily and soaked overnight.

FLU AND PNEUMONIA

The smart choice is to get vaccinated against both. Anyone over 65 is at risk of complications from the flu. Pneumococcal pneumonia is a potentially fatal flu-related complication. You can get the pneumococcal vaccine your doctor recommends when you get the flu vaccine. Medicare typically pays for these vaccines.

DIABETES

Diabetes can be identified and addressed early with simple tests for blood sugar levels. The sooner you know if your loved one has it or is at risk, the sooner diet and lifestyle changes can be implemented to improve long-term health.

SHINGLES

If your loved one had chickenpox as a kid, the virus can re-emerge as shingles in adulthood. One of three people over 60 will get shingles, and 50 percent of all Americans will experience it before they're 80. It starts with severe pain or tingling and develops into an itchy rash and possibly blisters. There's a vaccine available, so talk to the doctor. See if you can get the vaccine, too.

OSTEOPOROSIS

Osteoporosis, or low bone mass, can put your loved one at risk of a fracture.

- Ensure an adequate intake of calcium and vitamin D with a healthy diet of dairy products, green vegetables, fatty fish like salmon and tuna, and drinks fortified with calcium and vitamin D. Ask your doctor about supplements
- Get as much weight-bearing exercise such as walking and weightlifting as possible
- Limit alcohol use
- Consult your doctor about medication to build bone strength

MEMORY LOSS/DEPRESSION

There are many misconceptions about memory loss and depression today. While both may be symptoms of a larger illness, neither is a diagnosis in and of itself. Neither are an inevitable part of aging that should be expected. There are times when aging may lead to memory loss and the change can be progressive. Memory loss however can also be a symptom of a treatable depression, or even a treatable infection.

Depression can be present in many levels. It also should not be an assumed normal part of aging. It can be a temporary set of feelings that surface in the face of an acute loss. It may exhibit itself with a loss of energy, an inability to sleep or even some level of memory loss. It may start due to the side-effects of some medications or symptoms of other medical illnesses. It may dissipate on its own, or it could lead to a worsening level of functioning and be an illness worth treating by itself. Untreated

properly, Major Depression can interfere with recovery of other illnesses, can negatively impact the ability to enjoy life and in a severe case, lead to suicide.

In a world with technology at our fingertips, the push of a button on a computer keyboard can lead to too much information. While it is a good thing to educate ourselves about symptoms and illnesses, it is critical to get the right care and assessment from providers that are experts in their fields. Both Depression and Memory loss have multiple causes and many different treatments. Delaying the right treatment can lead to negative outcomes that could be avoided.

Your homecare nurse can help with a beginning assessment, but do not be afraid to start asking for help. So much has changed in the advances of treatment for Memory loss and Depression. You have the right to enjoy the life that you have, even as you age.





WE CARE FOR VETERANS

The Hospice philosophy holds that end of life care should emphasize quality of life. The goal is to treat the whole person, and not just the disease. The philosophy focuses on the patient/family centered care that addresses the physical, spiritual, emotional and practical needs of the patient. An interdisciplinary team of healthcare professionals work with the patient and the family to design and implement a plan of care unique to the patient's diagnosis. Services may be delivered in the home, hospital, nursing home, assisted living facility or wherever the patient calls home.



TO LEARN MORE

www.va.gov/healthbenefits

(Left) *We Honor Veterans* recognizes our country's Veterans and works to provide the care and respect that our Veterans deserve. There are four levels that a Hospice can achieve through the *We Honor Veterans* designation. The Veteran Liaison will work with the family, the VA Administration so that each Veteran is afforded the benefits, medals and recognition due them.

(Below) The Korean Ambassador of Peace Medal is obtained through the Korean Consulate and is awarded to Veterans who served boots on the ground in the Korean Conflict from 1950-53 to assist South Korea in maintaining its democracy. The Connecticut family of Veteran Laraia, a regular member of the monthly Veterans Coffee Hour, accepts the award.





YOGA



ACUPUNCTURE



ART THERAPY



AROMATHERAPY



BIOFEEDBACK



CHIROPRACTIC CARE



MASSAGE THERAPY



MEDITATION



MUSIC THERAPY



PET THERAPY

FIND YOUR ZEN

While modern medicine has progressed by leaps and bounds in letting us control chronic conditions, live healthier lives and overcome pain, it can't solve all problems. Don't be afraid to explore non-prescription options for everything from pain control to improved mental health. Always talk with your loved one's doctor about alternative measures you are considering. Your homecare or hospice agency can point you in the right direction.



Here Marion is relaxing and enjoying the garden room. Marion tells us to "Place your feet on the floor, walk and do what life promises."





BEYOND NORMAL

ALZHEIMER'S DISEASE

Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. Memory loss is an example. Alzheimer's is the most common type of dementia and causes problems with memory, thinking and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks.

Alzheimer's is not a normal part of aging and worsens over time. The disease typically progresses slowly in three general stages – mild (early stage), moderate (middle stage) and severe (late stage). Because Alzheimer's affects people in different ways, each person will experience symptoms differently.

A diagnosis of early-stage Alzheimer's disease doesn't just affect those with the disease; it affects everyone who loves and cares about them. As a care partner (a term many choose to use rather than "caregiver," because a person in the early stage of dementia may not need much assistance), you may find yourself in a new and unfamiliar role. You may be unsure of where to go for information, anxious about what to expect as the disease progresses and concerned about your ability to support the person living with dementia.

Take advantage of available treatments, participation in clinical trials and involvement with support groups and other resources. Taking advantage of all these benefits can reduce anxiety about the unknown and lead to better outcomes for everyone involved.

While there is no cure, treatments for symptoms are available and research continues.

Visit [alz.org](https://www.alz.org) for more information.

HELP YOURSELF:

9 WAYS TO AVOID CAREGIVER BURNOUT

Experts say building time into your routine to take care of yourself can keep depression at bay. To effectively care for others, you first have to care for yourself. Set aside all the “shoulds” and put yourself at the top of the list.

1 TAKE A BREAK.

Read a book, attend a religious service, watch a movie or call a friend. Taking a breather gives you a fresh perspective.

3 REACH OUT.

Spending time with friends and other family members helps you recharge and decreases feelings of isolation.

2 ASK FOR HELP.

And accept help when it's offered.

4 EXERCISE.

Go for a walk, do yoga or ride a bike. Research shows regular physical activity can help prevent depression and alleviate anxiety.



5 BE HEALTHY.

Take care of your health. Eat well, get plenty of sleep and see your doctor when needed.

6 HAVE A LAUGH.

Laughter is great for stress relief, so watch a funny movie, catch a comedy clip on YouTube or share a joke with a friend.

7 CATCH A TUNE.

Match your mood: calming music to subdue frustration, energizing tunes to get your adrenaline pumping or a classic favorite to make you smile.

8 GROUP SUPPORT.

Find a local support group through your homecare or hospice agency, or join an online support group. Vent to a friend. Let it out and leave it there.

9 FORGIVE YOURSELF.

It's normal to feel tired, frustrated or even angry at your circumstances or with family members who are not doing as much as they could.

DID YOU KNOW?

Back injuries are the No. 1 caregiver injury. Be safe! Caregivers should follow basic safety techniques:

- Align your head and neck with your spine
- Avoid bending at the waist
- Don't twist your body when carrying
- Keep your body close to theirs
- Spread your feet shoulder-width apart to maintain balance
- Keep knees slightly bent and hold in stomach muscles
- Use your leg muscles for lifting and pulling





MANY FACES OF AGING

We all notice an extra wrinkle or a gray hair here or there, but as we take care of aging loved ones, it's sometimes surprising to see the many challenges they – and by extension you – might face. Some challenges we can lessen, and others we can at least be prepared for.



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