



# The Caregiver Toolbox Resource Manual



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# Caregiver Bill of Rights

## *I have the right:*

- **To take care of myself.** This is not an act of selfishness. It will give me the capability of taking better care of my loved one(s).
- **To seek help from others** even though my loved one(s) may object. I recognize the limits of my own endurance and strength.
- **To maintain facets of my own life** that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person and I have the right to do some things just for myself.
- **To get angry, be depressed,** and to express other difficult feelings occasionally.
- **To reject any attempts by my loved one(s)** (either conscious or unconscious) to manipulate me through guilt, and/or depression.
- **To receive consideration,** affection, forgiveness, and acceptance for what I do, from my loved one(s), for as long as I offer these qualities in return.
- **To take pride in** what I am accomplishing and to applaud the courage it has sometimes taken to meet the needs of my loved one(s)
- **To protect my individuality** and my right to make a life for myself that will sustain me in the time when my loved one(s) no longer needs my full-time help.
- **To expect and demand that as new strides** are made in finding resources to aid physically and mentally impaired persons in our country, similar strides **will be made towards aiding and supporting caregivers.**

*Modified From Today's Caregiver Magazine(2006)*

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## **Section 1-CLARIFYING YOUR CONCERNS**

**Look over** the questions below and see which of them address the areas that you are currently concerned about regarding your older relative or friend. This exercise can help you know which part of this booklet may be relevant to your needs.

### **Social Concerns**

Does your older relative have:

- Ongoing contact with other people on a regular basis?
- Any social life outside the immediate family?

### **Self Care Concerns**

Is your relative able to:

- Do grocery shopping independently?
- Prepare his/her own reasonably nutritious meals?
- Bathe and dress without help and look presentable?
- Keep his/her home orderly and do housekeeping without assistance?
- Handle emergency situations and know what to do to get help in a medical emergency at home?
- Manage his/her own finances, pay bills and handle medical forms?
- Manage without frequent accidents?

## **Physical Condition Concerns**

Does your loved one:

- Have serious health problems?
- Currently receive treatment for health problems?
- Take medications(if so, how many and what kind?)
- Take medications without being reminded?
- Have a disability, making it difficult to get around in his/her own home?

## **Emotional/Mental Condition Concerns**

Does your relative:

- Become very forgetful or confused about time and dates, where he/she is and what he/she should do?
- Have frequent or unexpected mood changes for no apparent reason?
- Complain about being bored and lonely?
- Cry or seem sad a great deal of the time?



## **Section 2-ADVANCE CARE PLANNING**

### **Section 2.1 What Is It?**

- **An organized approach** to starting a discussion about a person's:
  - Current State of Health
  - Goals and Values
  - Financial Resources Available
  - Preferences For Future Care, Treatment and Living Arrangements
- **Not just a one time event**-should be an ongoing process in families as needs and situations change

### **Section 2.2 Why Is It Important?**

- People very often have **strong preferences** about these issues. However decisions about health care are often made in emergency situations with little time for discussion.
- If the family has **not** had these discussions before the emergency, **misunderstandings** can occur, **mistakes** can happen, and **decisions** contrary to a person's wishes can be made.
- In addition, without planning there can be significant and unnecessary **financial cost** and a **decrease** in the older person's quality of life.

## **Section 2.3 Why do families delay discussing these issues?**

- It is **difficult and sometimes awkward** to get these conversations started.
- It can be **uncomfortable** to talk about health, finances, disability, and death in families
- **Past relationships and conflicts** sometimes interfere with honest communication
- These discussions are **easy to delay** if people are healthy and there is no pressing need.

## **Section 2.4 Suggestions for Getting the Conversation Started**

- **Do your own advance planning.** Then you can mention what you are doing in conversations with your relatives.
- **Let them know why** you are bringing the subject up. For example, “My goal is to support your independence as much as possible. If we talk about this now, we have a better chance of making sure you can receive the care you want, where you want it.”
- **Prepare your questions** in advance. For example: “What kinds of assistance would you accept if you were not able to do some things yourself?” Or “How important is it to you to remain in this home?”

- **Prepare information.** Have appropriate documents on hand to show relatives; have information about suggestions/ideas that may come up in the conversation.
- **Consider holding a family meeting** so everyone can be involved. **Suggestions concerning family meetings:**
  - **Don't forget** to include long-distance family/caregivers if possible.
  - **Set ground rules** for the meeting so that **only** issues that apply to the current concerns are brought into the discussion (i.e. leaving out old arguments, past issues etc.)
  - **Include adult 3<sup>rd</sup> and 4<sup>th</sup> generation family** members if available. They often bring a productive dynamic to the discussion and a current knowledge of technology.
  - **Appoint a mediator** who will move the discussion along. This can be someone from the family, a close friend or it can also be appropriate to hire someone who specializes in these issues. Everyone should have a chance to share and listen to the others.
  - **Get all agreements with family members in writing.** Follow up soon after when there are joint decisions for action.



## **Section 3-LONG TERM CARE OPTIONS**

### **SECTION 3.1 Types of Services Available in Most Communities**

Many communities have numerous services for older adults who wish to receive care while living in their own home, apartment or condominium. **The funding for these programs varies by each community.**

Some services charge a fee, some accept a donation, and some will bill insurance if the person has it and the service is covered. Individuals should inquire about financial assistance that may be available for a particular service. **Some of these services include:**

- **Meal Programs**-Group dining at a community center or meals delivered to the home
- **Transportation Service**-Provides rides to appointments, shopping, other activities
- **Adult Day Health**-Supervision in a community center for all or part of a day. Individuals can receive their medications, personal care, meals, and therapies. Recreational activities and outings are planned according to the person's interests and abilities. Transportation is typically available from home to the center and back.
- **Respite Care**-Provides a break for caregivers usually several hours but can also be for a longer time
- **Home Health Aide**(or Personal Care Aide)Provides personal care like bathing, dressing, feeding, some minor medical care and light housekeeping

- **In Home Therapy**-Provides training in communication, physical movement or doing daily tasks
- **Companions**-Provides conversation, supervision and some help with meals or tasks
- **Homemaker**-Provides light housekeeping, laundry, cooking, errands
- **Chore Service**-Provides minor repairs and handyman chores
- **Senior Center**-Provides social activities, information and a range of services
- **Telephone Reassurance**-Phone calls to check on the person's well being
- **Nursing Service**-Provides medical care and medical monitoring
- **Emergency Response Systems**-Provides a connection to emergency assistance if a person cannot get to a phone. Usually it is a button connected to a bracelet or necklace. This service is usually available for a monthly fee.

### **Case Management/Care Coordination-**

- **Provides coordination of services coming into the home.** Families involved in **long distance** caregiving find it especially helpful to hire someone to coordinate home care services.
- **Some** government funded home care programs (for example in Ohio: **PASSPORT, Franklin Co. Senior Options, Delaware Co. Senior Choices, and Fairfield County Older Adult Alternatives**) include a **case manager** to assist families in coordinating services(1-800-689-7277 or [www.coaaa.org](http://www.coaaa.org))

- **Locate** a private case manager by calling the **National Association of Professional Geriatric Care Managers** at **520-881-8008** ([www.caremanager.org](http://www.caremanager.org)).

### How to Find What Care is Available

- **Eldercare Locator**- 1-800-766-1116 ([www.eldercare.gov](http://www.eldercare.gov)) Free information on services anywhere in the United States.
- **Free Long Term Care Assessment**- 1-800-589-7277 ([www.coaaa.org](http://www.coaaa.org)) **Free in home consultation** to help families make long term care choices. Can be provided anywhere in Ohio.

### **Section 3.2—Independent Living Options for Older Adults**

- **Available in most** communities. These can be apartment communities, condominium communities or communities of homes. **Some communities are subsidized and rent is less** expensive for older adults who qualify based on income. Most offer a full apartment; not just a room. Many have waiting lists. For a full listing in Central Ohio, go to [www.coaaa.org](http://www.coaaa.org) and look under the topic “Resources”.
- **Many have** some transportation, social programs, noon meals, and emergency response systems available. **This option is usually not appropriate for adults with significant confusion.**

## **Section 3.3 INSTITUTIONAL CARE OPTIONS**

### **Section 3.3a- Assisted Living Facilities**

- In Ohio, the Department of Health licenses assisted living facilities as **Residential Care Facilities**.
- Assisted living units **often include** a private bedroom, cooking area and bathroom, locked doors and individual temperature controls.
- **Services may** include meals, housekeeping, personal care, routine nursing services (medicines, special diets, dressings), health monitoring and service coordination. For a full listing in Central Ohio, go to [www.coaaa.org](http://www.coaaa.org).
- In Ohio, Assisted Living Facilities are **private pay and some are now eligible for Medicaid when a resident spends down his/her assets (for a list of facilities that allow the Medicaid Waiver for Assisted Living, go to [www.goldenbuckeye.com](http://www.goldenbuckeye.com))**. Other states often provide financial assistance for assisted living facilities as well.
- **Many assisted living facilities** accept residents for short term respite stays. They usually charge a per day rate for these stays.

### **Section 3.3b-Extended Care or Nursing Facilities**

- Known as **nursing homes** by the general public. Available in most communities. Regulated in Ohio by the Ohio Department of Health.
- **Fees for services** can vary widely depending upon the type of care provided, the type of facility, and the economy of the local community. Many nursing facilities have Medicaid funding available for residents who spend down their available assets to \$1500.
- It is suggested that families **visit and evaluate several facilities** before making a final decision for placement of a family member (see more information p 41). For a complete list in Central Ohio, go to [www.coaaa.org](http://www.coaaa.org) and look under the area titled “Resources”
- Many nursing facilities accept residents for short term respite stays. Check with the facility for day rates and availability.

### **Section 3.3c- Continuing Care Retirement Communities**

**These communities usually contain a number of different living/assistance options. Often they require a large deposit and then monthly payments to live in the community. Residents can move between the various living options depending on their care needs. For a complete list in Central Ohio, go to [www.coaaa.org](http://www.coaaa.org) and look under the area titled “Housing.”**

## **Section 3.3d-What is “Level of Care” in Ohio?**

The words “**Level of Care**” refer to the types of care that the person requires and what type of professional would need to provide that care. The person’s “level of care” is usually what determines whether or not Medicare, Medicaid and Private Health Insurance will pay for the care.

In Ohio, there are **3 Levels of Care**:

- **Skilled Level of Care** refers to medical needs that are **specialized** and result in rehabilitation. Often these needs are short term. *Medicare and Medicaid both pay for skilled level of care needs.*
- **Intermediate Level of Care** refers to medical needs that are **routine in nature** and do not result in rehabilitation. Most residents of extended care facilities nationally are intermediate level of care. *Medicare does not pay for this but Medicaid does.*
- **Protective Level of Care** refers to needs that are not medical in nature like transportation, meals, supervision, housekeeping etc. *Neither Medicare nor Medicaid pay for this kind of care. This type of care used to be called “custodial”.*

## **Section 4: FINANCIAL REALITIES**

### **Section 4.1-Medicare**

Medicare is the federal health insurance program for people **65 or older**. It also covers younger people with End Stage Renal Disease or Amyotrophic Lateral Sclerosis(ALS) or those who have been on Social Security Disability for 24 months or longer. Everyone who pays into the Social Security System(FICA taxes) earns coverage for Medicare. **Medicare pays only for *Skilled Level of Care Needs*(with the exception of Hospice Care).**

**Medicare Part A is Hospital Insurance** and coverage is automatic for those paying into at least 10 years of Social Security. Includes **hospital, post-hospital *skilled* rehabilitative care and hospice benefits.**

**Medicare Part B is Medical Insurance and coverage is voluntary.** However, most beneficiaries buy coverage. In 2010-11, the monthly premium is \$96.40 for existing beneficiaries and \$115.40 for new beneficiaries. Covers Doctors, Lab/Diagnostic Services, Therapies, Limited Ambulance and Home Health Care. Pays 80% after yearly deductible of \$162.00(2010-11). In Ohio, providers **cannot** bill Medicare recipients more than the 20% that Medicare requires that they pay. This is called the **Balanced Billing Ban.**

**Medicare Part D is the Prescription Drug Coverage** which is available to all Medicare Beneficiaries if they do not have coverage which is at least as comprehensive from another source. **The open enrollment period for all of these plans is in the fall of each year.** Some people qualify for the **Limited Income Subsidy which provides extra financial help in purchasing a plan.** Go to [www.medicare.gov](http://www.medicare.gov) for cost comparisons. For questions, contact [www.coaaa.org](http://www.coaaa.org) or call 1-800-589-7277.

**Medicare Advantage Plans** are available to those **with Medicare.** These operate like HMO's(Health Maintenance Organizations). Those who choose this option agree to go only to those providers who participate in the plan. Usually they cover a city or a county. **Most of these plans offer** prescription drug coverage and their open enrollment period starts in the fall of each year.

**Medicare Summary Notice-(MSN)**-Medicare sends a statement to all recipients after it pays each claim. Medicare recipients should **not** pay any bills until they receive this notice and then should **only** pay the amount that the MSN says to pay.



## **Medicare Skilled Home Health Care Benefit**

- Does not pay for private-duty nursing or long term care services.
- Requires a doctor's order for all covered services.
- Requires the individual to be homebound.
- Pays for home care typically **on a very time-limited** basis.

## **Medicare covered Home Health Care services can include:**

- Skilled nursing service or therapy (physical/occupational/speech)
- A home health aide
- Some medical equipment like hospital beds or wheelchairs
- Patient/Caregiver teaching to use medical equipment, perform dressing changes, maintain functioning, manage medications
- Medical Monitoring

## **Medical Skilled Nursing Facility or Rehabilitative Services Benefit**

- Requires **three** consecutive midnights of admitted hospital care prior to admission. Pays for nursing facility care only as long as the patient requires **skilled nursing care or therapy**

## **Medicare Hospice Benefit**

- **Requires** a terminal diagnosis of **six months or less**(can be renewed if death does not occur in a six month period). Some illnesses like Alzheimer's disease have ***several criteria*** that count as a terminal diagnosis.
- Covers all care related to the terminal diagnosis. **Concentrates on pain management** and keeping the person as comfortable as possible.
- **Does not** cover **active treatment** of diseases and conditions.
- **Can be provided in a variety of settings** including a person's home and extended care facilities.
- **Can provide support to families for up to one year** following the death of the individual.

**For more information on Medicare Benefits, go to [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE(633-4227) or contact the COAAA at [www.coaaa.org](http://www.coaaa.org) or 1-800-589-7277.**

## **Section 4.2 Medicaid in Ohio**

**Medicaid is a joint State/Federal** assistance program for people who cannot afford healthcare.

There are **limits** on the amount of **income and assets** you can have to be eligible for Medicaid.

In Ohio, there **are two types of Medicaid:**

### **Community Medicaid and Institutional Medicaid.**

Institutional Medicaid is used when a person needs to go live in a nursing facility due to a chronic illness.

Often they spend down their assets and apply for Medicaid to cover their stay.

### **Institutional Medicaid Income Rules**

- In determining eligibility, **only** the income of the applicant is counted and may be used towards the cost of care.
- The community spouse and/or dependents **may** be allowed a portion of the institutionalized spouse's income.

### **Institutional Medicaid Asset Rules**

- Medicaid will pay for nursing home care when an individual person's **countable assets** have been reduced to \$1500.
- If there is a **spouse**, up to approx. 109,000(in 2010-11), can be protected for the spouse living in the community. **This amount changes yearly.**

- **Countable assets** include cash, savings, checking accounts, certificates of deposit, IRAs, real estate property, mortgages, land contracts.
- **The house is not counted as an asset for Medicaid eligibility as long as the person, his/her spouse or a dependent live in it.** However, if the person is single and goes to live in a nursing facility, the house becomes countable and usually must be sold when the person has been in the institution for a period of time.
- Personal belongings, life insurance with a face value of no more than \$1500(in 2010-11) and irrevocable pre-paid burial contracts are **not counted as assets** for Medicaid.
- **Assets transferred** for less than fair market value within 60 months of application(5 years in 2010-11) for Medicaid may result in a penalty. The penalty is denial of Medicaid benefits for the period of time the assets would have paid for nursing home care.

### **Medicaid Waivers in Ohio for Home Based Care**

- Pays for **in-home services** to individuals at risk for nursing home admission and at an **intermediate level of care. Uses the *institutional Medicaid income and asset rules.***
- **Services** covered include medical care that would normally be covered in community Medicaid as well as personal care, homemaker/chore services, adult day services, meals, emergency response systems and medical supplies.

**PASSPORT** is the Medicaid Waiver program for people age 60 and older in Ohio. Area Agencies on Aging conduct the free assessment for eligibility for **PASSPORT** ( go to [www.coaaa.org](http://www.coaaa.org))

### **Medicaid Estate Recovery**

- Federal law allows Ohio Medicaid to make a **legal claim** against the estate when the individual **and** spouse have died, there are no surviving children under age 21, and no surviving disabled children. Estate recovery **may be deferred** or waived by the state if it is found to create undue hardship (i.e. a family-owned business or a farm that is the survivor's sole source of income).
- The amount of Medicaid's claim includes the **total amount** of all payments made on the person's behalf for long term care and medical expenses. It does not apply to survivorship deeds.

### **Medicaid Estate Planning**

It is critical to obtain **accurate legal advice** regarding Medicaid estate planning early in planning for long-term care. Annual nursing home costs average \$85,000. Most people deplete their savings and rely on Medicaid for long-term care with either PASSPORT in their home or in a nursing facility. Medicaid services and programs vary from state to state and are **complex**. Rules and financial limits can **change yearly**.

## **Section 4.3 Insurance Options –Medigap and Long Term Care**

- **Medisup or Medigap Policies** are standardized and tend to cover Medicare’s co-payments and deductibles. The Ohio Dept. of Insurance’s Ohio Senior Health Insurance Information Program (**OSHIIP**) publishes an excellent guide to these policies called **Ohio Shopper’s Guide to Medicare Supplemental Insurance**. It is available for **free** by calling **1-800-686-1578** ([www.insurance.ohio.gov](http://www.insurance.ohio.gov)).
- **Long Term Care Insurance** may be available and often covers many types of extended care and in-home care expenses. Consumers should be very careful when purchasing these policies- as they are not regulated or standardized in Ohio. See OSHIIP’s publication **Ohio Shopper’s Guide to Long Term Care Insurance** for a detailed description of these policies and their availability in Ohio. It is also available for **free** by calling the above number or going to the OSHIIP website at [www.insurance.ohio.gov](http://www.insurance.ohio.gov).

## **Section 4.4 Other Sources of Assistance**

In most communities, money from the **Federal Older Americans Act(Title III)** and the **Social Services Block Grant (SSBG Title XX)**, and **United Way** fund some in-home services. Many of these suggest a small donation for services. **Also in Ohio**, many counties have passed **Senior Services Levies** which provide in-home care on a sliding fee basis.

## **Section 5-LEGAL ISSUES**

### **Section 5.1--What is Elder Law?**

**Elder law attorneys** focus on the legal needs of older adults. Most attorneys do not have special expertise in all areas of law. When an attorney indicates he/she practices elder law, it is important to find out the types of legal matters the attorney has expertise in handling.

**Legal issues which might part of an elder law practice include:**

- Medicaid
- Estate planning
- Administration and management of trusts
- Planning for long term care needs and decision making (Advance Directives)
- Medicare claims and appeals
- Social Security and disability claims and appeals
- Conservatorships and guardianships
- Nursing home rights
- Elder abuse and fraud recovery
- Age discrimination



**A Certified Elder Law Attorney** is a designation indicating an attorney has enhanced knowledge, skills and experience in elder law. To use this designation, attorneys must meet special rules and regulations and pass an examination demonstrating enhanced skills in elder law. For more information please visit the following websites: National Academy of Elder Law Attorneys ([www.neala.org](http://www.neala.org)) and National Elder Law Foundation ([www.nelf.org](http://www.nelf.org)).

## **Section 5.2-Legal Documents in Ohio**

### **Section 5.2a- Durable Powers of Attorney in Ohio (Health Care and Financial)**

- They are **two different legal** instruments. The Health Care Power of Attorney grants someone authority over your health care decisions **only**. The Financial Power of Attorney grants someone authority over your financial affairs **only**. **They become effective** only when you are unable to **make your own decisions**. **You can grant them to two different persons or both to the same person.**
- **You grant them when you are healthy** and you can revoke them at any time. They cannot be changed or revoked by anyone else but you. You **do not need** a lawyer to complete these documents. However, they do need to be witnessed and notarized in Ohio. For more information, go **to www.proseniors.org** or **The Ohio Bar Assn at www.ohiobar.org**.

## **Section 5.2b-Living Will in Ohio**

- A **legal document** that specifies your wishes to doctors regarding the use of life-sustaining treatments if you should become terminally ill or permanently unconscious. You do not need a lawyer to complete this document.
- It **becomes effective** only when you are unable to communicate your wishes and are permanently unconscious or terminally ill. **You can** change or revoke it at any time but it cannot be changed or revoked by anyone but you.
- **The Patient Self Determination Act from 1991** requires all health institutions to ask all patients if they have a living will or other form of advance directive. They also need to provide all patients information in writing about advance directives and their right to refuse certain treatments.

## **Section 5.2c--Do not Resuscitate Order in Ohio**

- An order issued by a physician which says that a person does **not** want **Cardiopulmonary Resuscitation(CPR)** administered to him/her. Ohio's DNR order relieves emergency medical services(EMS) personnel and other medical professional and facilities of their duty to resuscitate a person if that person has one.

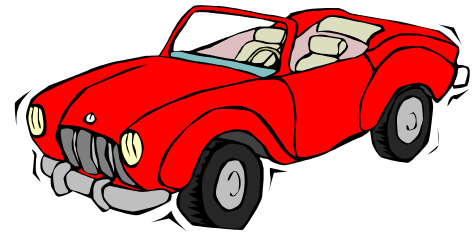
- In Ohio, there **are two types of DNR orders**. One is called the **DNR Comfort Care-Arrest Order**. It is activated **only** when the person experiences cardiac or respiratory arrest. The other is called **DNR Comfort Care Order** and it may be activated by the physician at any time. Both types of DNR orders allow the person to be treated with medical measures that are designed to keep him/her **as comfortable** as possible.

### **Section 5.2d-Guardianship in Ohio**

- Under Ohio law, if you are **mentally impaired** to the point that you cannot take proper care of yourself, your property or those for whom you are legally responsible, you may be determined incompetent and have a guardian appointed.
- A guardian may be appointed over the **person or the estate or both**. A guardian of the person is responsible for the physical care of the person. A guardian of the estate is responsible for the person's finances.
- The **county probate court** appoints and manages all guardianships in Ohio.



## **Section 6: DRIVING CONCERNS**



### **Section 6.1-Questions For An Older Driver:**

- Do other drivers often honk at you?
- Have you had some accidents?
- Are you getting lost, even on well-known roads?
- Are you taking medicine that may cause drowsiness or confusion?
- Do you have difficulty climbing stairs or walking?
- Have you fallen, tripped or stumbled once or more in the last year?
- Do cars or pedestrians seem to appear out of nowhere?
- Have family, friends, or doctors said they were worried about your driving?

**If the answer is yes to one or more of these questions, you may want to have your driving evaluated and consider not driving as much or not at all.**

## **Section 6.2 Questions For Caregivers:** **Does your loved one:**

- Drive at inappropriate speeds?
- Ask passengers to check if it is clear to pass or turn?
- Respond slowly or not notice pedestrians, bicyclists, and other drivers?
- Ignore, disobey or misinterpret street signs and traffic lights?
- Fail to yield to other cars or pedestrians who have the right-of way?
- Fail to judge distances between cars correctly?
- Appear drowsy, confused or frightened?
- Have had one or more accidents or near accidents in the last 2 years?
- Drift across lane markings or bump into curbs?
- Forget to turn on headlights after dusk?
- Experience difficulty with glare?
- Find it hard to turn his/her head, neck, shoulders or body while driving or parking?
- Lack the strength to turn the wheel quickly in an emergency?
- Get lost repeatedly in familiar areas?

**If the answer is yes to one or more of these questions, you may want to explore whether medical issues are affecting your loved one's skills or have his/her driving evaluated.**

## **Section 6.3-Guidelines From the Ohio Bureau of Motor Vehicles (2010)**

**Question: What is the procedure for reporting someone who should not drive because of age or because of a medical, physical or vision problem?**

The Ohio Motor Vehicle laws allow the Registrar of Motor Vehicles to require an Ohio licensed driver to submit a medical statement and/or take a driver license examination upon receiving information giving "good cause to believe" that the driver is incompetent or otherwise incapable of safely operating a motor vehicle. The Ohio Administrative Code states that "good cause" is considered to be a request for recertification received from a law enforcement agency, court, physician, hospital, or rehabilitation facility. To take action on a request received from a law enforcement agency or court we require that the agency or court has had personal observation of the subject's driving or personal contact with the driver. We cannot take action on the recertification request if it is based solely on the person's age or hearsay.

**The Bureau will also take action on a written and signed request submitted by a relative, friend, neighbor, etc.** **However,** we are required to first conduct an investigation to determine if there is sufficient cause to require a medical statement and/or driver license examination. Again, age cannot be the only basis for the request. The letter writer must provide us with enough information so that we can locate record of a valid Ohio driver license or temporary permit issued to the person. If we cannot find a record of an Ohio license or temporary permit, no action can be taken.

**Legally, we must inform the driver who is the subject of our investigation or recertification procedures of our source of information.** Therefore, before an investigation or any other action is taken on request received from a family member, neighbor, friend, nurse or social service agency, **we must receive permission to use the letter writer's name** as our source of information. **However, information received from a physician is considered confidential.** There is currently no law that requires a medical professional to report to the Bureau a patient who should not drive, nor is there any liability protection for the person that chooses to make a report. Any changes in our policies and procedures for reporting and recertifying unsafe drivers would necessitate the enactment of new laws by the Ohio Legislature.

**If someone would like to submit a written request to the Bureau to have a driver recertified for driving privileges, you may send or fax the letter to the Ohio Bureau of Motor Vehicles, Attention: Driver License Special Case Section/Medical Unit. P.O. Box 16784, Columbus, Ohio 43216-6784, fax number (614) 752-7271, Attention Medical Unit. The letter should include a release allowing us to use the letter writer's name as our source of information.** The Ohio laws that govern driver license re-examination and medical recertification of a driver do not involve vehicle registration privileges or license plates. Therefore, registration privileges will not be affected even if driving privileges are denied.

**Ohio's motor vehicle laws currently do not provide for mandatory retesting of elderly drivers, as it is considered discriminatory. All drivers, regardless of age, are only required to pass a vision screening prior to being issued a renewal driver license. (Answer supplied by Ohio DMV 2010)**

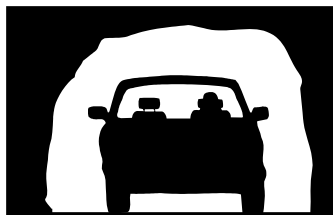
## **Section 6.4-Some Other Suggestions:**

- **Consult with your doctor.** There may be a health problem, or medication that is affecting your ability to drive.
- **Request a referral from your doctor to:**
  - **The Ohio State University Rehabilitation Driving Program**, for a driving evaluation. The program includes a comprehensive evaluation, driver simulation, and driving recommendations. Some insurance plans will cover all or a portion of the fee. You may also call the OSU program at **614-293-3833** to request information or visit the website: [www.medicalcenter.osu.edu](http://www.medicalcenter.osu.edu).
  - **The Grady Memorial Hospital Driver Rehabilitation for Instruction and Vehicle Education Program** at 740-615-2660 or [www.ohiohealth.com/grady](http://www.ohiohealth.com/grady).
- **If you would like to “brush up” your driving skills, contact the AARP 55 Alive, Driver Safety Program 1-888-227-7669 or [www.aarp.org](http://www.aarp.org)** These driver education classes alert older drivers to changes in traffic, their own changing physiology, and current regulations. Some insurance companies offer discounts for completing the courses. AARP also has many written materials about the driving decision.

- **Other online self tests and checklists are at:**
  - AAA's Roadwise Review at [www.seniordrivers.org](http://www.seniordrivers.org)
  - AAA Foundation for Traffic Safety [www.aaafoundation.org](http://www.aaafoundation.org)
- **Remember, the most difficult driving situations are:**
  - Night, Dusk, or Dawn
  - Highway
  - Rush Hour
  - Bad Weather
  - Unfamiliar Areas

**Avoid these situations if you are feeling unsure of your ability to drive in them.**

- **Check with the Association for Driver Rehabilitation, [www.driver-ed.org](http://www.driver-ed.org) and the Easter Seals-Project Action [www.projectaction.org](http://www.projectaction.org) for information on referrals and other transportation alternatives.**
- **Contact the Central Ohio Area Agency on Aging at 1-800-589-7277 for information on transportation alternatives in Central Ohio.**



Some Information in this section taken from, Loving Conversations, published by Easter Seals, 2004.

**The Caregiver Toolbox:**  
**CHAPTER 2--NAVIGATING THE**  
**HEALTH CARE MAZE**

**Section 1 The Hospital Setting (p.35)**

1. How to Watch for Someone's Best Interest in the Hospital
2. Your Hospital Rights under Medicare

**Section 2. The Extended Care Setting(p.40)**

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2. Making the Choice of a Facility
3. Your Nursing Home Rights
4. Getting the Best Care in a Facility
5. Eight Preventable Problems in Care Facilities
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2. Managing In-Home Assistance
  - a. Dealing with resistance by older family members
  - b. Prevention of victimization

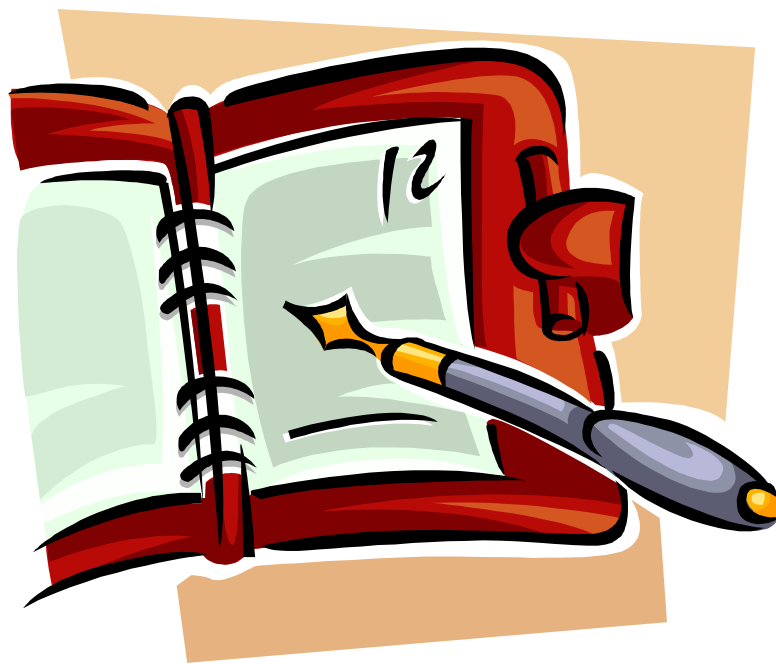
## **SECTION 1-THE HOSPITAL SETTING**

### **Section 1.1--How to Watch for Someone's Best Interest in the Hospital**

- **As a caregiver, you are often in the role of advocate** for the person being served by the hospital. You are in the best position to inform the hospital staff of the person's likes and dislikes. For example, what food he/she prefers, how he/she prefers to be groomed etc. Often you are the one who communicates how he/she really feels and what he/she would want done.
- **Ask questions about the hospital's schedule** including when the doctors usually visit patients on your floor, the hospital's visiting policies, meal policies/choices as well as when the staff change shifts on that floor.
- **Families sometimes are not aware** that hospital nurses are not allowed to change a **prescription** once a physician has written it. If a medication has been ordered to have a strict 4 hour schedule for example, a nurse would not be allowed to give it sooner if a person were in serious pain without calling the physician and getting it changed. Therefore you can **ask the attending physician** to write prescriptions for some medications to be taken on a **PRN** basis instead of on a strict schedule. These medications may include: pain, anti-nausea, anti-anxiety, and insomnia relief medications. PRN is a Latin term which is commonly interpreted to

- mean “as needed.” If some prescriptions are written on a PRN basis, then the hospital staff has more flexibility.
- **You may wish to consider the number and frequency of visitors your loved one receives.** Often visitors do not understand how tiring their visits can be for someone who is ill. **On the other hand**, if your relative is lonesome and wants visitors, you may have to arrange for people to come and see the person in a manner that provides both pleasure and comfort to your relative.
  - Although it may sound odd, you do not need to permit a patient’s body to be used as a teaching tool. **You can express your preferences to limit the number of medical/health care students involved in the care of your loved one.**
  - **Label all belongings and inform the hospital staff that the person has brought the items.** You may even want to make a list of what the person has brought to the hospital. If something has great value (like a wedding ring for example) you may want to leave it at home rather than risk having it misplaced in the busy hospital setting.
  - **Ask for a consultation with the discharge planner on the day of admission to the hospital or as early in the stay as possible.** This is especially important if the person will need home care arrangements after hospitalization or will need a stay in a rehabilitation facility.

- If a person is confused or has an illness causing dementia, hospital stays can be very disruptive and stress producing. The Alzheimer's Association of Central Ohio has produced a fact sheet for those facing this experience. It is called **Hospitalization: Tips to Make it Easier for a Patient with Memory Loss.** For more information you can call the Association at (614)457-6003 or 1-800-441-3322 or visit their website at [www.alzheimerscentralohio.org](http://www.alzheimerscentralohio.org).



## **Section 1.2--Your Hospital Rights under Medicare**

- **Medicare pays hospitals a specified amount depending** on the person's diagnosis not on the number of days a person stays. **Under this system, Medicare has set up a means maintaining patient rights.**
- **Date of Discharge:** When your doctor determines that you can be discharged from the hospital, you will be advised of this date. Ask for this **information in writing** from the hospital. You may appeal if you think you are being asked to leave the hospital too soon.
- **Immediate Appeal:** Ohio KePRO is authorized by Medicare to provide a second opinion about your readiness to leave. You may call them toll-free, 24 hours a day at **1-800-589-7337**. If you call them to file an appeal **by noon on the next day after you receive the Notice of Discharge** from the Hospital, you are **not responsible** for paying for the days you stay in the hospital during Ohio KePRO's review.
- **Other Appeal Rights:** If you miss the deadline for filing an immediate appeal, you may still request a review by Ohio KePRO before you leave the hospital. However, you will have to pay for the costs of your additional days in the hospital if Ohio KePRO denies your appeal.
- **In addition, if you are dissatisfied** with care you are currently receiving or have received in the past, you can also file a complaint with Ohio KePRO.

## **SECTION 2--THE EXTENDED CARE SETTING**

### **Section 2.1-Red Flags For Care Facility Placement**



**Research has shown that experiencing one or more of the factors listed below often lead families to place a loved one outside the home in a care facility.**

- 1. The person receiving care has dementia that produces unpredictable behavior**, violent behavior or frequent wandering. The caregiver is often very upset by this behavior.
- 2. The person receiving care has incontinence of bowel or bladder** and the caregiver is having difficulty preventing skin breakdown.
- 3. The caregiver is unable to safely lift** and transfer the person receiving care.
- 4. The caregiver is experiencing chronic (long term) sleep deprivation.**
- 5. The caregiver has health problems which are often untreated.** The most common are knee, hip, back or shoulder problems.
- 6. The caregiver is experiencing resentment toward other family members, service providers, “the system,” or the person receiving care.** This resentment is felt quite often not just once or twice.
- 7. The caregiver is experiencing other significant life stressors** like: divorce, death in the family, dependent children, financial problems, employment problems.

Adapted from: Taking Care of Aging Family Members by Wendy Lustbader & Nancy Hooyman, 1994.

## **Section 2.2--Making the Choice of a Facility**

- **Chances are that there is more than one facility** in your area that offers the care your loved one needs. If you have the time, it is best to **personally visit** as many as possible. Do not be afraid to ask lots of questions and visit at different times of the day.
- **Look on the website, [www.medicare.gov](http://www.medicare.gov)** under the “nursing home compare” section to obtain a list of facilities in your area and some information about each one. You may even check the various facilities’ websites before you call and make an appointment for a visit.
- **During the visit, use a checklist** like the one provided in Medicare’s free booklet, “**Guide to Choosing a Nursing Home**” which is available from its website or by calling 1-800-800-4227. A variety of other books are available from the library that have checklists as well.
- **Pay particular attention to the location of the facility** and try to choose one that is close enough that family and friends can visit often. One of the best ways to ensure quality care is to have family and friends visit often who will advocate on behalf of the person in the facility.
- **Talk to family, friends and others who have had recent experience with particular facilities.** Though each person’s experience is different and facilities can have staff changes, they can offer valuable insight into a facility’s particular strengths and weaknesses.

## **Section 2.3 Your Nursing Home Rights**



**In 1987, the Nursing Home Residents Bill of Rights was passed into Federal Law.** Residents should receive these rights in writing upon admission to the facility. The facility must maintain identical policies and practices regarding transfer, discharge and the provision of services for all individuals regardless of payment source.

### **The Bill of Rights includes:**

#### **1. The Right to be Fully Informed.**

- The right to be informed of all services available and all charges.
- The right to a copy of the facility's rules and regulations.
- The right to be informed of the address and telephone number of the State Ombudsmen, the State licensure office and other advocacy groups and the facility shall post these numbers.
- The right to daily communication in their language and the right assistance if there is sensory impairment.

#### **2. The Right to Participate in One's Own Care.**

- The right to receive adequate or appropriate health care.
- The right to be informed of their medical condition and to participate in treatment planning. The resident and their representative shall be invited to participate in care planning.
- The right to refuse medication and treatment.
- The right to participate in discharge planning.
- The right to review their medical records.

#### **3. The Right to Make Independent Choices.**

- The right to know that choices are available.
- The right to make independent personal decisions.
- The right to choose their own physician.
- The right to participate in activities of the community inside and outside the facility.
- The right to vote.
- The right to participate in a resident council.

#### **4. The Right to Privacy and Confidentiality.**

- The right to private and unrestricted communication with any person of their choice, including privacy for telephone calls, unopened mail, privacy for meetings with family and friends and other residents.
- The right to privacy in treatment and caring for their personal needs.
- The facility must provide reasonable access to any entity or individual that provides health, social, legal or other services.
- The right to confidentiality regarding their medical, personal or financial affairs.

#### **5. The Right to Dignity, Respect and Freedom.**

- The right to be treated with consideration, respect and with the fullest measure of dignity.
- The right to be free from mental and physical abuse.
- The right to be free from physical and chemical restraints.
- The right to self-determination.

#### **6. The Right to Security for One's Possessions.**

- The right to manage their own financial affairs.
- The right to file a complaint with the State survey and certifications agency for abuse, neglect or misappropriation of their property.

#### **7. The Right to Remain in the Facility.**

- The right to be transferred or discharged only for medical reasons, for their welfare if their needs cannot be met in the facility, if the health and safety of other residents is endangered or for non-payment of stay.
- The right to received notices of transfer. A thirty-day notice for transfer out of the facility must be given. The notice must include the reason for transfer, the effective date, the location to which the resident is being discharged, a statement of right to appeal, the name, address and telephone number of the state long-term care ombudsman.
- The facility must provide sufficient preparation of residents to ensure a safe transfer or discharge.

#### **8. The Right to Raise Concerns or Complaints.**

- The right to present grievances for themselves or others to the staff of the nursing home, or to any other person, without fear of reprisal.

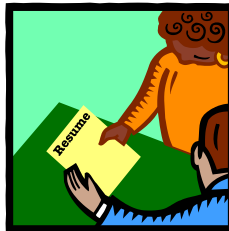
## Section 2.4 Getting the Best Care in a Facility

- **The role of a care facility** is to help each resident maintain everything he/she is able to do at admission and reach a better level if possible. Sometimes residents in facilities do show decline but this could be due to one of three reasons: **progression of a disease, onset of a new disease or condition, or the resident's decision to refuse treatment.** The care a person receives in the **facility should never be the cause of a physical or emotional decline.**
- The United States has **set up a process for facilities to use in planning for each resident's treatment.** The process is very **goal oriented** and if used correctly can result in each resident receiving care which is individualized and designed to help him/her function to his/her full potential.
- **A comprehensive health assessment** must be completed within 14 days of admission. This is called a **Minimum Data Set(MDS).** It includes the persons' functions on the Activities of Daily Living (ADL's) like walking, bathing, eating, toileting and dressing as well as other activities and whether the person needs assistance with these. In addition, it includes the person's patterns, preferences, routines and habits.

- **A Care Planning Conference** is then set up with representative staff from all departments who will be interacting with this individual to determine the goals for this person's care. **Family representatives must be informed of the time of the conference and allowed to attend.** In addition, the resident must be allowed to attend if he/she requests. **Care planning meetings are required at admission and then once a year thereafter. However,** if the person's physical condition changes, there should be a meeting **and a family can request a meeting at any time.** The **care plan itself with its goals and related** activities should be **updated every 90 days.**
- **Care Conferences are an excellent forum** to bring up concerns and questions about the person's care. If you have a complaint, try bringing it to the attention of the aides and nurses first before going to the Director of Nurses or the Director. Most facilities would prefer that residents and families follow **the chain of command** in bringing concerns to staff. Most facilities also have **resident and/or family councils** that meet regularly. These can also be a forum to voice concerns.



- If concerns continue, residents and their families can contact the **Long Term Care Ombudsman Program** whose purpose is to assist in settling problems, questions, and complaints about care not only in nursing facilities but also in other living situations and community based care settings. **The number is (614) 221-5891 or toll free 1-800-536-5891.**
- **To make a formal complaint, contact the Ohio Dept. of Health at 1-800-342-0553.**



## **Section 2.5.Eight Common Preventable Problems in Care Facilities**

**Residents who are most at risk of developing these problems are:**

- **Immobile or unable to move** without help due to injury, disease, drugs, or restraints.
- **Non-communicative** or unable to be understood due to injury or disease.
- **Confused or** unable to remember due to injury, disease or drugs.

**1.Problem: The person experiences bowel or bladder incontinence** not caused by a disease or medical problem. The most common preventable incontinence is caused by the person's immobility or poor memory.

**Preventative Measures:** Nursing home staff must take the resident to the toilet **regularly according** to his/her care plan and upon his/her request. They should use adult incontinence briefs **only to** protect skin against accidents between toileting. Residents should not be told to relieve themselves in their clothing because the incontinence brief is on. Catheters should be only to: obtain a sterile specimen, remove urine from the bladder in the event of nerve damage and help heal a skin wound.

**2.Problem: The person is dehydrated or malnourished.**

**Preventative Measures:** The nursing facility should provide nourishing food and beverages that the resident enjoys. **The person should have assistance with eating and reminders to drink fluids frequently** if he/she requires it. The person should be reminded and assisted to consume fluids in between meals. Family and friends can help especially if the person takes a long time to eat. Tube feeding because the staff is too busy to help residents feed themselves is never appropriate. It is an uncomfortable, invasive procedure that seriously diminishes quality of life.

**3.Problem: The person is poorly dressed and groomed. Mouth and foot care are not adequate.**

**Preventative Measures:** The nursing staff should help the resident to groom and dress as

needed. Clothes should be clean, though spills can occur during meals and activities. The person's mouth should be kept clean and free from food. Dentures should be clean and well fitting. His/her feet should be kept clean and dry. Lotion should be used to soften his/her skin and toenails should be filed.

**4.Problem: The person develops pressure ulcers(sores).**

**Preventative Measures:** The nursing staff should be changing the **person's position at least every two hours if the person cannot move on his/her own.** Two people should move heavy, immobile residents to avoid friction against sheets and clothing. The facility should use preventative equipment: sheepskin booties on heels and elbows, special mattresses, special cushions in wheelchairs. Residents should be assisted out of bed each day and pillows should be placed between knees, ankles, arms and body.

**5.Problem: The person's arms and legs develop contractures.**

**Preventative Measures:** The nursing staff should perform range-of-motion exercises for each joint from head to toes at least daily in residents who are not mobile. Each resident should be assisted out of bed at least once daily. Pillows/foam rolls should be used to cushion knees, ankles, arms and body. Residents should not be tilted to one side in a chair.

**6.Problem:** The person experiences a decrease of independence in dressing, grooming, eating toileting, & walking.

**Preventative Measures:** The nursing staff should provide assistance to promote independence in all areas. For example, if a resident can eat alone but takes a long time, staff should not try to feed the resident to save time.

**7.Problem:** The person experiences problems with medications: drug interactions, wrong types of drugs and/or incorrect dosages.

**Preventative Measures:** The nursing staff should reassess drugs to see why they are administered and how they affect residents. They should be looking for: a drop in blood pressure that causes falling, dry mouth or skin, poor appetite, upset stomach, vision change, excess urination, restlessness, or personality change.

**8.Problem:** The person experiences a problem seeing and hearing due to lack of hearing aides or eye glasses.

**Preventative Measures:** The nursing staff should ensure that hearing aids and eyeglasses are operating and kept in a safe place. Hearing aids need replacement batteries and eyeglasses should be cleaned often.



## **Section 2.6 Restraints-Physical and Chemical**

- **In the past**, it was common for residents of care facilities to be **routinely restrained** using physical or chemical restraints. **Physical restraints** prevent a person from moving freely. These include: restraining vests, belts, wrist restraints, chairs with tray tables, and full side rails on beds. **Chemical restraints** are medications used to control a person's behavior.
- **Today, facilities are moving away** from using restraints on a **routine basis**. The facility **must show** that a restraint does more good than harm in order to use it. There must also be a **physician's order** to use a particular restraint. The resident or his or her legally designated representative **must agree** to the restraint.
- **Facilities sometimes must get very creative** to avoid the overuse of restraints but almost always the quality of care provided to residents goes up when less restraints are used.



## Section 2.7 Tips for Visits and Outings



### What to Bring

- **Food** – that special something that will not usually be on the facility menu – coney islands, deviled eggs, pizza, KFC, limburger cheese, onions!
- **Music** – whatever the person enjoys.
- **Photo** albums, home videos
- **Movies**, sports videos
- **Books**, magazines
- **Animals** (check facility policy on animal visitation)
- **Be Creative!**

### What to Expect

- **On any given day** when you walk in the door your loved one may be eating, sleeping, participating in an activity, or getting a bath. He/she may be cheerful, sad, angry, or in pain. He/she may be welcoming, preoccupied, reflective, confused, or even hostile.
- If finances and the person's functioning permit, **have a phone installed**, to help he/she stay connected, and to help you plan your visit.
- **Best advice-Go with the flow!!**
  - It may be today that the **person just needs** your presence and not your conversation.

- It may be a day when the person needs **some reassurance** because he/she is a little more confused.
- He/she may **need to walk to work off** some anxiety, or get outside in the sunlight to raise spirits.
- It may be a day when he/she **needs to vent** some frustration not AT you, but TO you.

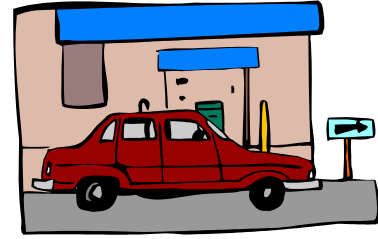
It may be a day when **you drop off the goodies** you brought, give a hug and kiss and stay only a short while.



### When You Can't Visit:

- **If you are unable to make** a regularly scheduled visit, call the unit and ask the staff to get word to your loved one so they don't worry.
- **Have balloons**, flowers, or other goodies delivered.
- If you are traveling, **send postcards** throughout your trip.
- **Send cards and letters** anytime so he/she gets a pleasant surprise in the mail.
- **Enlist family and friends** to visit when you can't.

## Tips for Outings from the Facility



If you **plan to take your loved one** on outings consider the following:

- **It is important** to gauge your loved one's **endurance**, especially if they have not had any recent outings.
- **Get input** from facility staff.
- **Help your loved one** mentally prepare for a trip. Begin discussing it well in advance. He/she may need to build up stamina with short trips.
- **Be sure clothing** is practical and appropriate for the weather.
- **Plan for** handling incontinence.
- **Obtain any medications** needed while the person is out of the facility. Take extra doses if possible.
- **Be sure you are capable** of safely transferring your loved one.
- **Be sure you understand** how to use any required medical equipment.

## **Section 2.8-Leaving a Facility**

- **If a person chooses to leave a facility** he/she may at any time no matter what the payment source. However, the facility can charge a fee if that person doesn't give it proper notice.
  
- **A person cannot be forced to leave a facility unless:**
  - It is necessary for the welfare, health, or safety of that person or others.
  - The person's health has declined to the point that the facility cannot meet his/her care needs.
  - The person's health has improved to the point that the facility is no longer necessary.
  - The facility has not been paid for the services the person received.
  - The facility closes.

**Except in emergencies, the facility must give a 30 day written notice of their plan to discharge or transfer someone. The person has a right to appeal the transfer or discharge. Facilities cannot make someone leave if they are waiting to get Medicaid unless the facility is not Medicaid certified.**

## **SECTION 3-VISITS WITH PHYSICIANS AND OTHER HEALTH CARE PROVIDERS**

### **Section 3.1-Tips to Maximize a Visit**

- **Get Ready** for your appointment  
**Write down** all your concerns, health issues, medications, allergies and **any questions** you have for the provider. Putting issues in writing helps to remind you to bring them up during the visit. Sometimes it helps to take along someone else to the visit.
- **Call the office and see** if they are running behind. Get an idea if your appointment will be delayed and if so, see if you can come at a time closer to when you will be seen.
- **Share all relevant information** with the health care provider. Be frank about problems you are experiencing, describe your symptoms, describe your habits, and share your concerns. Health care providers can only make informed decisions when they have as complete picture as possible of your situation.
- **Get the right information.** Ask for clear explanations of diagnosis or conditions, treatment options and medications. Write down what you hear and repeat it back to the provider. Make sure your questions are answered.

## **Section 3.2- Your Right to Privacy**

- **In 1996, the Health Insurance Portability & Accountability Act (HIPAA) was passed.** Its purpose was to standardize the billing and privacy practices across the health care industry. All health care providers who transmit any health information in electronic form are covered entities and must follow the privacy practices outlined by HIPAA.
- **Protected Health Information (PHI)** includes diagnosis, medications, drug allergies, drug/alcohol history, the names of other health professionals involved in care, cognitive status, caregiver information, and past history of hospitalizations.
- **Every health care provider has to notify patients of their right to privacy** with a Notice of Privacy Practice Document(NPP). This document states that the protected health information will be used only for the purposes of treatment, payment or business operations. Permission to disclose information for any other purpose must be obtained in writing from the patient.

- **The health care provider may discuss** protected health information with the individual's personal representative (legal guardian or power of attorney for health care) without any additional authorizations being obtained.
  
- **If the patient does not have a legal guardian or power of attorney for health care or has not given written permission to talk to family members, the health care provider must:**
  - Obtain the patient's oral agreement to share information.
  - Provide the patient with an opportunity to object to the disclosure.
  - Reasonably infer from the circumstances that the patient does not object to sharing information.
  - In very **rare** cases when the patient is not present or competent to make a decision, the health provider may decide to share information with family members and/or other individuals if it determines that the protected health information is directly relevant to their involvement in the person's care.

## **Section 3.3--Understanding Medical Instructions and Jargon**

- Sometimes a family is **confused** about the name of a procedure or medical instructions. Medical terminology is **not** always easy to understand or interpret. People who work in the medical field sometimes forget that they do not use everyday language. Not knowing a term or word is **perfectly normal**.
- **You have the right to have procedures and medical instructions explained to you in plain English. Do not hesitate to ask for clarification!**

## **Section 3.4-Common Abbreviations in Health Care**



**AAA**-Area Agency on Aging

**Acute MI**-heart attack

**AD**-Alzheimer's Disease

**ADL**-activities of daily living(eating, dressing, bathing)

**AFO**-ankle-foot orthosis(swelling)

**ASHD**-arteriosclerotic heart disease

**BC**-blood culture

**BID**-2 times per day(about every eight hours for medication times)

**BP**-blood pressure

**BRP**-bathroom privileges

**BS**-blood sugar

**C&S**-culture and sensitivity

**CA**-cancer/carcinoma  
**CABG**-coronary artery bypass graft  
**CBC**-complete blood count  
**CCU**-coronary care unit  
**CHF**-congestive heart failure  
**CNA**- certified nurses aide  
**COPD**-chronic obstructive pulmonary disease  
**CPR**-cardiopulmonary resuscitation  
**CVA**-cerebral vascular accident  
**CVD**-cerebral vascular disease  
**DRG**-diagnostic related group(used for Medicare billing purposes)  
**DM**-diabetes mellitus  
**DME**-durable medical equipment  
**DPOA**-durable power of attorney  
**DPOAH**-durable power of attorney for health  
**ED**-emergency department  
**EEG**-electroencephalogram recording of the brain's electrical activity  
**EKG/ECG**-electrocardiogram recording of the heart's electrical activity  
**ERS**-Emergency Response System  
**FBS**-fasting blood sugar or the amount of glucose in the blood when a person has not eaten for 12 hours  
**FX**-fracture  
**GTT**-glucose tolerance test to determine a person's ability to metabolize glucose  
**HHA**-home health agency or a home health aide  
**HS**-hour of sleep  
**IADL**-instrumental activities of daily living(i.e. secondary activities, bill paying, grocery shopping)  
**I & O**-record of food and liquid taken in and waste eliminated

**ICU**-intensive care unit for special monitoring of the acutely ill  
**IV**-intravenous line to drip fluids and blood products into the bloodstream  
**LOC**-loss of consciousness  
**LC**-level of care (sometimes abbreviated as LOC)  
**NPO**-nothing by mouth  
**NSAID**-non-steroid anti-inflammatory drug  
**OBS**-organic brain syndrome, an injury or disorder that interferes with normal brain function  
**ODA**-Ohio Dept. of Aging  
**ODJFS**-Ohio Dept. of Job and Family Services  
**OR**-operating room  
**OT**-Occupational Therapist  
**PO**-by mouth  
**PRO**-Peer Review Organization(to monitor quality in Medicare and Medicaid)  
**PT**-Physical Therapist  
**QID**-4 times per day (medication times 9-1-5-9)  
**RBC**-red blood count  
**ROM**-range of motion  
**RR**-respiratory rate  
**RT**-recreational therapy  
**SOB**-shortness of breath  
**TIA**-Transient ischemic attack  
**TID**-3 times per day(medication times 9-1-6)  
**TPN**-total parenteral nutrition  
**TPR**-temperature, pulse, respiration  
**TX**-treatment  
**U/A**-urine analysis  
**WBC**-white blood count

## **SECTION 4-PROVIDING CARE IN THE HOME**

### **Section 4.1--Hiring In-Home Assistance**

#### **Section 4.1a-Agency vs. Individual Considerations**

Families often wonder whether they should look towards an agency to provide services or hire individuals to provide them. **There is no right or wrong answer** and every family should find a solution which best meets its individual situation.

#### **Possible Advantages of Hiring an Agency**

- **Some** types of care may be covered by Medicare, Medicaid or Insurance
- The agency will conduct an assessment by a **professional** and **develop** a plan of care to monitor your relative's progress.
- The agency will probably be able to provide **more** than one type of assistance or refer you to other providers if your relative requires more kinds of care.
- The agency will **communicate** with your doctor and alert him/her to any problems which may develop.
- The agency will **pay** employee salaries, taxes, insurance and other benefits.
- The agency will **provide** supervision and training to employees.

## Possible Advantages of Hiring an Individual

- The **kinds of assistance** provided may be more flexible.
- The **hours** may be more flexible.
- It may be **less expensive** if paying privately (i.e. no Medicare, Medicaid, or Insurance)
- The family member receiving assistance may be **more accepting** of an individual rather than an agency.

The family may prefer **direct supervision** of the individual(s) in the home.

## Section 4.1b--Tax, Insurance, and Personal Considerations

### US Tax Rules

- If you pay more than **\$1,700 in a calendar year(2010-11)** to someone who comes into your home, you are required to pay Medicare and Social Security tax for that individual.
- You may use **form 1040** to file and pay the tax. More information is found in the IRS booklet titled: **Household Employer's Tax Guide** or at the Social Security Administration's Web Site ([www.ssa.gov](http://www.ssa.gov)).

## Insurance Considerations

- **Check** your **own** (or your older relative's) home owner's **insurance** and confirm that there will be coverage if there is an accident or injury in the home.
- **Check** that the person has some **insurance** for malpractice or liability.
- If the person will be **driving** an older family member, **check** if the person has liability insurance

## Personal Issues

- **Decide** whether the individual has the **personality type** to meet the emotional needs of your older relative(s)
- **Consider** the individuals **personal habits** for compatibility with your older relative(s)
- Find **out if the individual is a smoker or not.**

## **Section 4.1c--Checking Backgrounds & References**

Families should **always** consider hiring a private investigator to do a criminal background check and driving record check on individuals they will be bringing into the home. If you are hiring an agency, ask if they do criminal background checks. Be **very** cautious about hiring the agency if they do not check out their personnel thoroughly.

Families should also **ask** for **references** and **call** to check them.

## **Possible Questions to References Include:**

- How long have you known the individual?
- Did the individual work for you?
- Is the individual punctual, reliable, trustworthy, patient and courteous?
- How does the individual handle stress, conflicts and emergencies?
- How well does the person follow instructions requests and suggestions?

## **Background Checks on Home Care Workers – Resources to Help:**

- Ohio Bureau of Criminal Investigation and Information (BCI&I) has a **WebCheck** – electronic fingerprinting system; can do both State of Ohio and National (FBI) background checks
- Available through county sheriff's offices, some police departments.
- For other agencies offering the service go to: [www.ohioattorneygeneral.gov/webcheck](http://www.ohioattorneygeneral.gov/webcheck)
- Fees vary slightly; approximate cost \$60 for both Ohio and National WebChecks.

**In Franklin County---Community Care Registry (CCR) (phone 614-462-4161 or [www.officeonaging.org](http://www.officeonaging.org))**

- A registry and referral service provided by the Franklin County Office on Aging
- A free service that assists individuals and families with finding and hiring self-employed home care workers. Provides information on pre-screened, experienced home care workers whose qualifications, availability, and service fees match the needs of those seeking help with care.
- Program participants interview and select the home care worker of their choice



## **Section 4.2-Managing In-Home Assistance**

### **Section 4.2a--Dealing with Resistance by Older Family Members**

Sometimes older family members do **not** want outside assistance in the home. Families often need to **juggle** this resistance to outside care with the reality they cannot provide all the care to safely keep a person at home. This **resistance** can have a **variety** of sources. It is important to identify the source and then come up with ways of overcoming it.

#### **Some common sources of resistance are:**

- Lack of supervisory skills.
- Fear and apprehension about strangers.
- Fear of loss of control.
- Fear of reduced contact with family members.
- Apprehension about spending the money for this care.

### **Section 4.2b--Prevention of victimization**

Older adults can be **victimized** by home care workers in a number of ways. Some **examples** include:

- wasting time instead of doing tasks,
- making personal phone calls
- watching television rather than doing a task
- stealing money or articles from the home, borrowing money or articles from the person.

The older adult may **respond** in a number of ways. Common **responses include**:

- not realizing or acknowledging what is happening,
- feeling sorry for the worker and continuing to allow the behavior
- fearing reprisal if he/she reports the worker.

Families need to be **very vigilant** to prevent victimization. Often the methods used are **not obvious** to the casual observer.

**Two** very effective **techniques** to prevent victimization include

- **The use of a written task check sheet** which is signed or initialed by the older individual or a family member.
- **Frequent unannounced visits to the older relative's home.** Older adults are much less likely to be taken advantage of if the worker knows there are people watching the situation closely.



# **The Caregiver Toolbox:**

## **CHAPTER 3—CARING FOR SOMEONE AT HOME**

### **Section 1--Adapting a Home for Caregiving (p.69)**

1. Getting Professional Input
2. Making the Home Safer/Modifying the Home
3. Safety In the Home: Questions to Consider
4. Caregiver US Income Tax Considerations

### **Section 2--Products Available to Assist in Home Care(p.76)**

### **Section 3 Medication Management(p.81)**

- 1.Safe Medication Use
- 2.Questions About a New Medication
- 3.Keeping a Record

### **Section 4 Pressure Ulcers(p.85)**

- 1.Preventing Pressure Ulcers
2. What To Look For
- 3.If You Think a Pressure Ulcer is Developing

### **Section 5--Working with Wheelchairs (p.87)**

1. Parts of a Wheelchair
2. Wheelchair Do's and Don'ts
3. Folding and Unfolding a Wheelchair
4. Taking a Wheelchair Up and Down a Stair or Step

### **Section 6--Assisting Someone to Stand (p.90)**

1. When You Assist, Always...
2. Two handed Assist
3. One handed Assist

### **Section 7 Assisting Someone to Transfer from Seat to Seat(p.92)**

1. When to Use This Technique
2. Standing Pivot Transfer

## **SECTION 1—ADAPTING A HOME FOR CAREGIVING**

### **Section 1.1--Getting Professional Input**

- Look for professional input on ideas to modify your home. Some professionals who can provide you information include:
  - occupational therapists
  - physical therapists
  - recreational therapists
  - rehabilitative design consultants.
- Medicare and insurance will sometimes **pay** for professional advice. However, **first** you will need to ask your physician for a written referral.

### **Section 1.2--Making The Home Safer/Modifying the Home**

A family should **pay particular attention to safety and appropriateness** of the living area (especially if it is a house or apartment, which was built many years ago).

Modifications can vary **from simple and very inexpensive to very extensive and expensive**. Sometimes all that will be required is a change in traffic patterns. **Reducing clutter** is perhaps one of the most helpful modifications in most homes. Families can be very creative in adapting the living space to meet their relative's needs.

Sometimes families are **reluctant** to make changes to the living environment because they feel it will change the **resale value** of the home. **However**, most changes today can be made in a way that they can either be easily removed or can actually increase the value of the home. **Many changes might be tax deductible.**

**Universal Design** is a term which refers to the process of designing homes and products that will be usable by everyone and not have to be modified to accommodate a disability. The principles of universal design are becoming more popular in the building and design fields. If you are building or renovating a space, you may want to consult some information about universal design features. **Websites include [www.disabilityresources.org](http://www.disabilityresources.org), [www.homemods.org](http://www.homemods.org) and [www.aarp.org](http://www.aarp.org).**

## **Section 1.3--Safety In the Home: Questions to Consider**

### **Lighting**

- Is the lighting adequate but not glare-producing?
- Are the light switches easy to reach and to turn on?
- Can lights be turned on before entering rooms?
- Are night-lights used in appropriate places?

## Hazards

- Are there throw rugs, highly polished floors or other hazardous floor coverings? If so, where?
- Can they be removed or made less hazardous?
- Do area rugs have non slip backing and are the edges tacked to the floor?
- Are cords, clutter or other obstacles in the pathways? If yes, can they be cleared?
- Are doorways wide enough to accommodate assistive devices?
- Do door threshold create hazardous conditions?
- How does the person obtain objects from hard to reach places?(chairs can be hazards)

## Furniture

- Are chairs the right height and depth for the individual?
- Do chairs have arm rests?
- Are tables sturdy and won't tip if leaned on?
- Is small furniture placed away from pathways?

## Stairways

- Are there light switches at the top and bottom of the stairs?
- Are there securely fastened handrails on **both** sides of stairs?
- Are all the steps even?
- Should colored tape be used to mark the edges of the steps, particularly the top and bottom?

## **Bathroom**

- Are grab bars placed appropriately for the tub and toilet?
- Does the tub have skid proof straps or a rubber mat in the bottom?
- Is there a tub or shower seat available?
- Can the shower head be replaced by a hand held shower head?
- Is the height of the toilet appropriate?

## **Bedroom**

- Is the mattress firm enough at the edges to provide enough support for sitting?
- If the bed has wheels, are they locked securely?
- Would side rails be a help or a hazard?
- When side rails are down, are they completely out of the way?
- Is the pathway between bedroom and bathroom clear of objects and well lighted at night?
- Would a bedside commode be useful, especially at night?

## **Kitchen**

- Are storage areas used to the best advantage- e.g. frequently used objects in the most accessible places?
- Are appliance cords in good condition and out of the way?
- Are non slip mats used in front of the sink?
- Are the markings on stoves and other appliances clearly visible?

## Emergency

- Is an emergency response system available (911)?
- Does the person know how and when to use it?
- Would a private emergency call service be helpful?
- Is the person's vital information listed in a place where it would be accessible in an emergency?

## Temperature

- Is the temperature comfortable for the person?
- Can the person read the marking on the thermostat and adjust it?
- Is water temperature less than 110 Fahrenheit?
- During hot weather, is there adequate ventilation?
- During cold weather, is the furnace working properly?



## **Section 1.4--Caregiver US Income Tax Considerations**

Under certain circumstances, the caregiver can qualify for income tax benefits that offset their expenses as a caregiver. These tax “breaks” include claiming the person in care as a dependent and receiving a “dependent care credit.” For the older person, certain tax credits also apply and some expenses are deductible.

### **When a Person Qualifies as a Dependent for Income Tax Purposes---**

#### **Five tests must be met:**

1. The person does not earn more than a specified amount of gross income, adjusted each year to match the personal exemption.
2. The taxpayer provides more than one-half of the person’s support.
3. The person has one of the following relationships with the taxpayer: child, sibling, parent, grandparent, aunt, uncle, niece or nephew, in law, grandchild, great-grandchild, step-parent or child OR the person lived in the taxpayer’s home during the entire tax year and is a member of the taxpayer’s household.
4. The person did not file a joint return with a spouse.
5. The person is a citizen, national or resident of the United States, Canada or Mexico.

## **Tax Credit for An Elderly or Disabled Person**

A tax credit may be available to persons who are 65 or over or who are permanently or totally disabled. Special rules and procedures apply for calculating the amount of the credit. See IRS guide **#554 Tax Guide for Seniors.**

## **What Can be Deducted for Income Tax Purposes?**

If a person can be claimed as a dependent and the caregiver itemized, the caregiver may deduct medical expenses that exceed 7.5% of his/her adjusted gross income.

### **Other Deductible Medical Expenses :**

- improvements or additions to the home for medical purposes(to the extent that they do not increase the value of the property)
- expenses of a guide dog
- lodging while away from home for a medical reason(meals not deductible)
- medical insurance(long term care and supplemental policies-with limitations)
- nursing home expenses(with type of care limitations)
- transportation costs to take a person to medical care

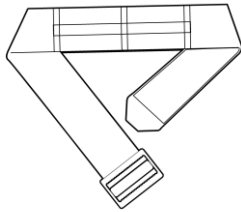
## SECTION 2-PRODUCTS AVAILABLE TO ASSIST IN HOME CARE

Listed below are 10 products which can help caregivers provide assistance more safely and effectively at home. This is by no means a complete list and hundreds of products are available either from durable equipment suppliers or through home health catalogs. For information on what may be useful for your situation consult a **physical therapist or occupational therapist.**

### **Gait or Transfer Belt (also called lifting strap)**

**Description:** A gait or transfer belt is worn around the older person's waist. It provides a **secure point** for the caregiver to hold while assisting the person in standing, walking or transferring. It is available in a variety of styles. **We strongly recommend that you use one.**

**Cost:** \$10-\$25 Medicare usually does not cover this product.



### **Lifting Belt for Helpers**

**Description:** A lifting belt can be worn by a **person** when he/she **assists someone to transfer**. These belts were originally marketed as back protection and support. We know now through research that the belts do not offer protection **in and of themselves**, but that people who wear them have less back injuries. Researchers suspect this occurs because the belt causes the helper to be more aware of his/her back when he/she wears it.



**Cost:** \$30-\$45 Medicare does not cover this product.

## Sliding Board

**Description:** A sliding board is approximately 2 feet long and 8-10 inches wide, usually with a handle on one side and one edge slightly sloped. It can be used between surfaces of similar heights as a “**bridge**” to assist someone to slide from one surface to the other. The person should have some strength in their arms and be able to move him/herself over. Examples are a wheelchair to a raised toilet, a wheelchair to a chair, a bed to a wheelchair, or a wheelchair to a car seat.

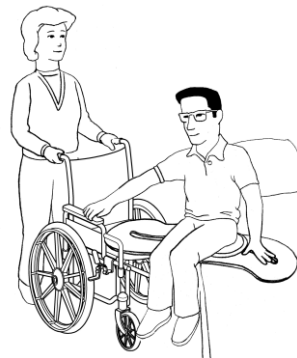
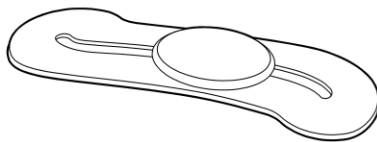
**Cost:** \$10-\$25 Medicare will not cover this product.



## Gliding board:

**Description:** A gliding board is a curved version of a sliding board with a round disk in the middle, which moves the person across its surface. It can make transferring much safer for the person and for the person assisting in the transfer.

**Cost:** \$50-\$200 depending on the size. Medicare does not cover in most cases.



## Draw Sheet

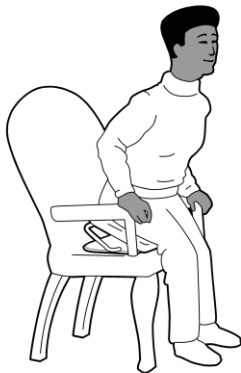
**Description:** A draw sheet is simply a **folded sheet placed under a person** who has difficulty turning over in bed. It is folded so that there is approximately 20 inches on each side of the person in bed. One or two caregivers can grasp this extra cloth to **carefully reposition** the person in the bed. A draw sheet can help avoid putting excessive pressure on the bed-bound person's skin or bones. It can also ease the strain on the caregiver's back.



## Lift Seat or Lift Chair

**Description:** Many manufacturers make assistance devices for chairs. The **portable models** are commonly called lift seats. A person places this device on whatever chair he/she chooses. It commonly has a spring mechanism that assists the person to stand when he/she is ready. Chairs with the lift mechanism **permanently** built into them have the appearance of a regular chair but can mechanically lift to assist the person to stand and sit.

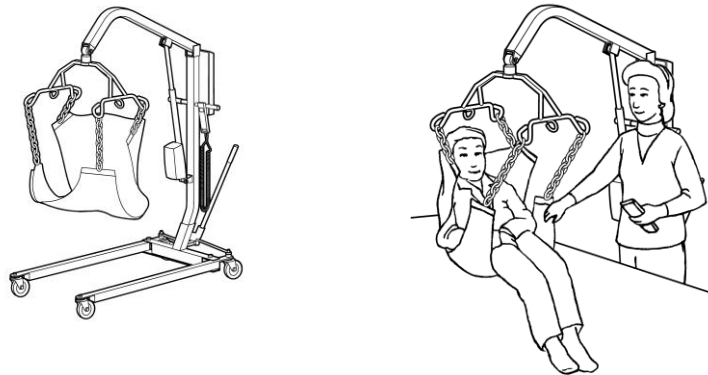
**Cost:** The lift seats (portable models) are \$40-\$200 and the lift chairs (permanent models) are \$600-\$1,500. Medicare will cover the motors of the lift chairs but not the lift seats.



## Mechanical/Hoyer Lift or Hoist

**Description:** A mechanical lift should be used when the person cannot assist at all in a transfer, when he/she outweighs the caregiver, or when the caregiver cannot assist in a transfer for a health reason. Mechanical lifts are used quite often in health care settings. They are large and rather costly. However, having one to assist in transfers may be the only way a person can remain at home. A caregiver should receive professional instruction when renting or purchasing a lift.

**Cost:** \$800-\$2,000 Medicare covers these costs with a doctor's order.



## **Standing lift:**

**Description:** A standing lift is **smaller** and **easier to use** than a full size mechanical lift. It assists the person to stand and transfer from a wheelchair to a bed or to a raised toilet seat. It should not be used with someone who cannot assist at all. Standing lifts are relatively new and not available in all places. Caregivers should receive **professional instruction** if they purchase or rent one.

**Cost:** \$1,000-\$4,000 Medicare can cover this product with a doctor's order.



## Walker:

**Description** A device to assist with stability in walking and maneuvering. Can be used in the home or outside it. Walkers come in a variety of sizes and colors Most are square framed though some are shaped like a triangle. Some have wheels and handbrakes, and seats. Others have baskets for carrying items from one location to another. Families should look at a wide variety of walkers before deciding upon one that best fits the person's needs.

**Cost: \$100-600.** Medicare will pay for some models with a doctor's order.



## Shower Chair/Transfer Bench

**Description:** These products are designed to either assist a person to transfer into a bathtub or remain seated while taking a shower. They are available in a variety of models, heights and lengths. They fit in most standard tubs or showers and are constructed of sturdy material which is easy to clean and sanitize.

**Cost: \$50-200.** Medicare will not pay for this product.



## **SECTION 3 MEDICATION MANAGEMENT**

### **Section 3.1 Safe Medication Use**

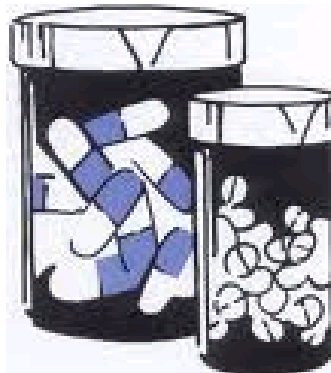
Many older adults are on multiple medications to treat health conditions. It can be a challenge to take them all effectively and keep them organized. Below are some tips to help use medications safely:

- **Get all prescribed medications at the same pharmacy** so the pharmacist can maintain an up-to-date list and check for potential problems.
- **Read the medication label and inserts** carefully for special instructions like avoiding certain foods, other medications and possible side effects.
- **Never increase or decrease** a medication's dosage without checking with a person's doctor first.
- **Give medications with a full glass** of water unless the written instructions say to do otherwise.
- **Don't crush or chew pills** or capsules unless you check with the pharmacist first. Many medications have a coating to protect the throat or stomach lining. A crushed pill could release all the medicine at one time instead of the way it's intended.

- **Don't cut pills in half unless they have a line** across the middle to show they can be broken and you have checked with the pharmacist. Ask the pharmacist if the pills come in smaller dosages.
- **Throw away** all medications that are past the expiration date.
- **Store all medications in a cool, dry area.** Some bathrooms may be too warm and damp for medications.
- **Pay attention to Over the Counter(OTC) medications, vitamins, and herbal products.** These include some pain relievers, anti-inflammatory medications, cough syrups, cold medications, antacids, and allergy medications. Though these medications are generally considered safe, they can cause reactions with other medications. **It is also possible that an excess amount can be toxic.** When in doubt, ask your doctor or pharmacist.
- **Use a pill box or container to keep track of which medications need to be taken at different times of the day.** Most of these can be pre-loaded a week at a time. Sometimes these have color coded slots for several times during a day. There are also multi alarm boxes, talking medication bottles and other assistive devices that can help.

## **Section 3.2 Questions About a New Medication Ask Your Doctor or Pharmacist----**

- How and when do I take this?
- What is this medicine for?
- Are there any risks or side effects to taking this medicine?
- What should I do if I experience a side effect?
- Will this medicine work safely with the medications I am already taking?
- What food, drink, other medicines or activities should I avoid while using this medicine?
- Will this medicine affect my sleep or activity levels?
- Are there other special instructions?
- What should I do if I miss a dose?
- Is there a generic(not a brand name) of this medicine available?



## **Section 3.3 Keeping a Record**

**It is a good idea to keep a record of all medications a person is taking. Always bring it with you to doctor appointments. You can keep it in a chart form or a list form.**

**For Example:**

Medication	Dosage	When to Take It?	Physician	Date Prescribed	Color & Shape	Special Instructions
1						
2						
3						
4						
5						
6						
7						

### **Other Information to put in a written medication record:**

- The person's date of birth.
- Pharmacy name(s) and phone number(s).
- Medications previously used and stopped.
- All current doctor names and phone numbers.
- Over the counter medications, vitamins, and any herbal medications taken recently or currently.
- Known allergies.
- Last immunization dates.
- Date the form was last updated.

## **SECTION 4-PRESSURE ULCERS**

**People who stay in bed or in wheelchairs for long periods of time** are at great risk of developing pressure ulcers also called **pressure sores or bed sores**. These are painful and difficult to heal once they are formed. It is better to prevent them from forming. **Pressure ulcers can be caused when skin is:**

- rubbed or dragged against a surface
- irritated by urine or feces
- left in a position for an extended period of time(two hours or more) with limited movement

### **Section 4.1 Preventing Pressure Ulcers**

- A bed bound person needs to change position at **least every two hours and a wheelchair bound person needs to shift about every 15 minutes.**
- **When washing an area of the person's body, PAT---never rub** with a warm soapy wash cloth and PAT an area dry as well.
- **GENTLY massage areas which have been under pressure with lotion to increase circulation and replace moisture.**
- Gently clean urine or feces immediately with warm soap and water.
- If incontinence is an issue, avoid using disposable pads that hold the moisture on the skin. A waterproof cloth pad that can be laundered and reused is a good alternative.

## **Section 4.2 What To Look For**

The first signs of a pressure ulcer include:

- Redness on unbroken skin lasting 15-30 minutes or more. On people with darker skin, the ulcer may appear to look blue or purple. Compare the spot the same area on the other side of the person's body.
- A small open area.
- An abrasion, scrape, blister, or shallow indentation.
- Texture changes—the skin feels mushy instead of firm to the touch.
- A gray or black scab. Beneath the scab may be a pressure ulcer. Do not remove the scab—this could cause infection.

## **Section 4.3 If You Think a Pressure Ulcer is Developing:**

- Remove pressure from the area immediately.
- Recheck the skin in 15 minutes and if the color is gone, no other action is needed.
- If the redness is not gone or an open area develops, call your doctor immediately.
- Do not massage the area or the skin around it if you suspect a pressure sore is developing.
- Do not use a heat lamp, hair dryer, or other “potions” that could dry the skin around the area.

# **SECTION 5-WORKING WITH WHEELCHAIRS**

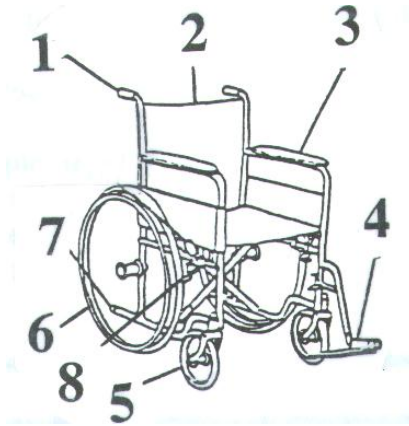
## **Section 5.1 Parts of a Wheelchair**

**Standard wheelchairs usually:**

- Are propelled manually
- Have two large rear wheels
- Have two small front wheels
- Have footrests which might fold and detach
- Have armrests which might detach
- Can be folded

**Basic parts of standard wheelchairs:**

- 1. Handgrips**
- 2. Soft seat and back (usually vinyl)**
- 3. Armrests**
- 4. Footrests**



- 5. Front wheels**
- 6. Rear wheels**
- 7. Tilt bar**
- 8. Brakes or locks**

**Note:**

Standard wheelchairs may have **modifications** that make them more comfortable or safer for the person. However, these modifications may make working with the wheelchairs more difficult or complicated. When in doubt, get professional advice.

**Power wheelchairs** are basically the same design as manual chairs, except electric ones are much **heavier** and generally do **not fold**.

## **Section 5.2--Wheelchair Do's and Don'ts**

### **Do:**

- **Think** of the wheelchair as an extension of the person. Wheelchairs replace body movements.
- **Ask** permission before you assist. If declined, stand by ready to assist.
- **Treat** the wheelchair **carefully**.
- **Prepare** the person for movement with a verbal cue.
- Always **assume** wheelchair **brakes** can fail. Place the wheelchair on level ground if possible.
- **Check handgrips** before attempting to move; they should not slip.
- **Wear** supportive, non-skid shoes.

### **Don't:**

- **Lift** a wheelchair by the **wheels**. The chair can spin around, spilling the person.
- **Lift** a wheelchair by the **armrests** or **footrests**. Both of these can detach.
- **Take** a wheelchair up or down **multiple** steps without assistance. This is a dangerous procedure even with assistance.
- **Cross** a wet, spongy or uneven surface with a wheelchair. These surfaces can cause a person to tip forward from the chair. Even a sidewalk crack can be unsafe.

## **Section 5.3--Folding and Unfolding a Wheelchair**

### **To fold:**

- **Face** the side of the chair.
- **Push** the center of the back outward.
- **Grasp** the front and back of the seat.
- **Pull** the seat up and **Squeeze** the handgrips together.

### **To unfold:**

**Push** down with both hands at the same time on the **front** of each **seat rail** until the chair unfolds. (**Do not** pull on armrests, footrests, or wheels.)

## **Section 5.4 Taking a Wheelchair Up and Down**

### **Taking a wheelchair *UP* a curb or step**

- **Face** the wheelchair **toward** the step or curb.
- **Grasp** the push handles firmly.
- **Tip** the wheelchair **back**, using one foot on the tilt bar for leverage.
- **When** the front wheels **clear** the step or curb, **move** the chair forward until the back wheels are **against** the curb or step.
- **Push** your body **forward** against the back of the wheelchair, as you **lift straight up** on the push handles, to **roll the back wheels up** and over the step or curb.



### **Taking a wheelchair *DOWN* a curb or step**

- **Face** the wheelchair **away** from the step or curb.
- **Stand** on the ground **below** the curb or step.
- **Grasp** the push handles firmly.
- **Pull** the chair slowly **toward** you.
- **Be prepared** for an increase in the weight and for the force of the chair against you as it rolls down the curb or step.
- **Lower** the chair slowly and gently until the back wheels are on the ground.
- **Tilt** the wheelchair **back**, using one foot on the tilt bar for leverage.
- **Pull backward** until the front wheels and footrests clear the step or curb.



- **Lower** the front of the chair slowly.

## **SECTION 6-ASSISTING SOMEONE TO SIT OR STAND**

### **Section 6.1--When You Assist, Always....**

- Remember you want to avoid injuring the **person** and **yourself**.
- If you will be assisting someone **often**, you should receive professional instructions. Ask a **physical therapist** or other **professional** to provide guidance for you in assisting your relative.
- The guidelines are very **simple** and may already be familiar to you. These are:
  - **Ask** permission first and listen for a response.
  - **Prepare** the area ahead of time.
  - **Use** the person's existing skills.
  - Use your voice to help guide him/her(Count 1,2,3 with the person)
  - **Wear** low, non-skid shoes.

### **Remember the Principles of Body Mechanics:**

- **Turn** your entire body; do not twist at the waist.
- **Bend** down at your knees/**lift** with your legs, not your back.
- **Bring** objects as close to your body during the lift as possible.
- **Keep** one foot in front of the other, shoulder length apart.
- **Lift** with your mind, then with your body.
- **When** in doubt, get assistance.

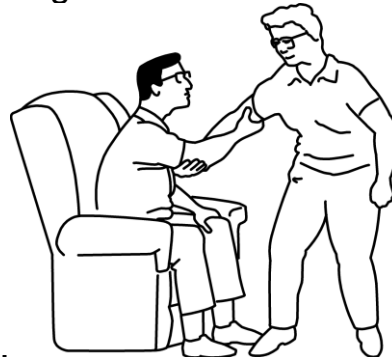
## **Section 6.2--Two-Handed Assist**

1. **Stand sideways** in front of the person with your feet together. Slightly bend your knees.
2. **Place** your feet in front of the person's feet to prevent his/her feet from sliding.
3. **Hold** one arm out in front of you.
4. **Bend** your elbow 90 degrees, keeping your arm horizontal.
5. **Grasp** the wrist of that arm with your other hand.
6. **Allow** the person to **grasp** your forearm with **both** of his/her hands.
7. On the count of three, **allow the person to pull him/herself** up while you move your outside leg backward and shift the weight of your body toward that leg.



## **Section 6.3--One-Handed Assist**

1. **Stand sideways** in front of the person with your feet together. Slightly bend your knees.
2. **Place** your feet in front of the person's feet to prevent his/her feet from sliding.
3. **Grasp** the person's arm **above** the elbow as he/she grasps your arm above the elbow
4. On the count of three, **allow the person to pull him/herself** up while you move your outside leg backward and shift the weight



of your body toward that leg.

## **SECTION 7—ASSISTING SOMEONE TO TRANSFER FROM SEAT TO SEAT**

### **Section 7.1--When To Use this Technique :**

- When the person can bear weight on his/her legs and pivot.
- When the person can hold on to handles, or other surfaces.

### **Do NOT Use this technique:**

- When the person cannot bear weight on his/her legs.
- When the person is heavier or taller than you are.
- If you have a disability which makes lifting or turning a health hazard.

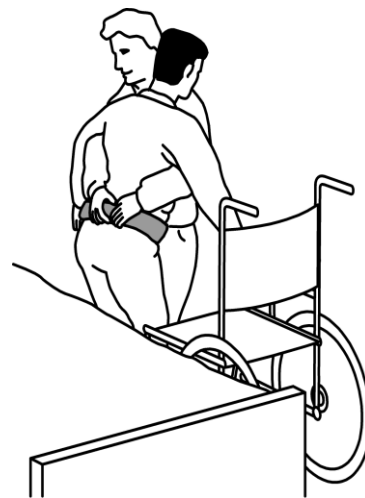
### **Alternatives to Standing Pivot Transfer**

- Two person transfer(one person on each side of the person needing assistance)-using a gait belt
- Mechanical or standing lift

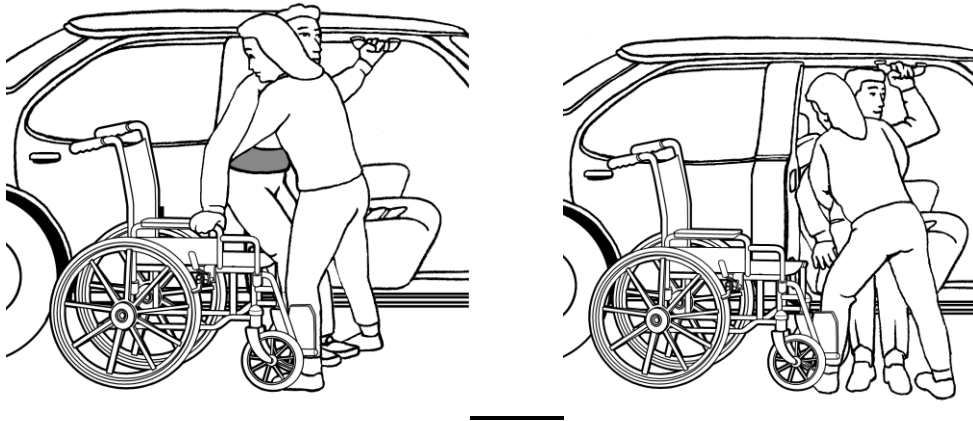
### **Section 7.2--Standing Pivot Transfer- From a wheelchair to a bed (for example)**

- 1.) **Place** the wheelchair as close to the bed as possible, at a 90 degree angle.
- 2.) **Lock wheelchair brakes** and remove the footrests.
- 3.) **Face** the person.
- 4.) **Place** one foot between the legs of the person and one foot in front of the chair.
- 5.) **Secure the gait belt** around the person's waist. It should fit snugly without being too tight.

- 6.) **Clasp** your wrists firmly to the gait belt behind the person's back. The person's arms should **not be** around your shoulders. They should be holding on to one of the seat arms or pushing up from the seat.
- 7.) **Count** to three with the person.
- 8.) **On the count of 3**, using your legs, assist the person to come to a full standing position.
- 9.) **Slowly pivot** the person and turn toward the wheelchair, until the person's legs are against the front of the other seat.
- 10.) **Bending your knees**, lower person gently to the seat and remove the gait belt.



**Other example of Standing Pivot Transfer—  
In and Out of an Automobile:**



**Note: In some cases, the person will not have to stand all the way up in order to transfer. He/she can rise slightly and pivot to the bed, vehicle, toilet or chair.**

**The Caregiver Toolbox:**  
**CHAPTER 4—PREVENTING**  
**BURNOUT**

**Section 1 Common Emotions of Caregivers & Warning Signs of Stress & Burnout (p.96)**

**Section 2- Clinical Depression (p. 97)**

**Section 3 Suggestions for Alleviating Stress & Preventing Burnout (p.99)**

1. Set Healthy Boundaries
2. Examine Your Expectations
3. Consider Respite Care & Adult Day Health Services
4. Consider Attending a Support Group

**Section 4- Suggestions for Taking Care of You(p.104)**

1. General Tips
2. Relaxation Techniques
3. Tips for Better Sleep
4. Pathways to Change
5. My Action Plan

## **SECTION 1-COMMON EMOTIONS & WARNING SIGNS OF STRESS**

### **The Roller Coaster of Emotions**

- |                |                      |
|----------------|----------------------|
| *Anger         | *Depression          |
| *Embarrassment | *Isolation           |
| *Helplessness  | *Worry               |
| *Frustration   | *Laughter            |
| *Guilt         | *Increased Closeness |
| *Grief         | *Joy                 |

### **Warning Signs of Stress & Burnout in Caregiving**

- Become irritated over every little thing
- Lose the ability to laugh often
- Experience sleep disturbances (too much or not enough)
- Have difficulty thinking about how to get through a day
- Blame others for the situation
- Feel overwhelmed
- Are unable to concentrate
- Have stomach distress
- Either gain or lose weight
- Use alcohol and drugs to cope
- Neglect your own health
- Do not participate in activities, which you used to enjoy
- Feel like you have to do it ALL

If you experience **one** or more of these symptoms, you should take steps to alleviate the stress. **Caregivers who do not do so, risk deterioration in family relations, job performance, mental and physical health.**

## **SECTION 2—CLINICAL DEPRESSION: SYMPTOMS AND TREATMENT**

Clinical Depression is a **treatable illness**. It is **not**:

- Just the blues
- A person feeling sorry for him/herself
- Emotional weakness
- A bad mood
- Feeling stressed
- Laziness

### **Symptoms of Clinical Depression**

**(Usually the person has two or more of them and they last more than two weeks)**

- Sleep disturbance (too much or too little)
- A significant weight gain or loss
- Tiredness, lack of energy or sudden, uncharacteristic burst of activity
- Loss of interest in ordinary pleasurable activities and grooming
- Sadness, frequent crying
- Uncharacteristic withdrawal from other people
- Increased alcohol or drug consumption
- Thoughts of suicide or a suicide attempt.

## **Clinical Depression can be caused by:**

- Losses, recent deaths of family or close friends
- Chronic illnesses (Stroke, heart disease etc.)
- Medications
- Bio-chemical changes in the body

## **Types of Treatment of Clinical Depression**

*(used in combination usually)*

- Psychotherapy –“Talk Therapy”-Individual or group setting
- Medications (Primarily Anti-Depressants)
- Electro Convulsive Therapy (ECT)-administered by a physician usually in situations where other treatments are not successful

## **Where To Go for Help/or More Information**

- Your family physician
- Employee Assistance Program(EAP)-Ask your employer
- National Institute of Mental Health(1-800-421-4211 or [www.nimh.nih.gov](http://www.nimh.nih.gov))
- National Mental Health Association(1-800-433-5959 or [www.nmha.org](http://www.nmha.org))
- National Foundation for Depressive Illness (1-800-239-1265 or [www.depression.org](http://www.depression.org))

## **SECTION 3—SUGGESTIONS FOR ALLIEVIATING STRESS & PREVENTING BURNOUT**

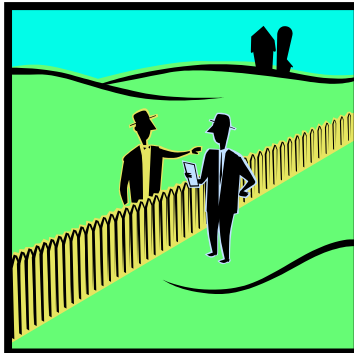
### **Section 3.1--Set Healthy Boundaries**

In the area of caregiving, establishing healthy boundaries refers to a caregiver setting realistic expectations on **his/her own involvement** or **response** to a situation. Caregivers do **not** have the ability to set limits on an older relative's behavior. However, they can control their **own** response in a way that prevents becoming stressed and burned out.

#### **Some additional notes on setting healthy boundaries:**

- Research has shown that **women** (especially daughters) have a harder time setting healthy boundaries in a caregiving situation than men do. Reasons for this include guilt, a need for outside approval, and long term patterns of care in the family.
- **In establishing healthy boundaries**, it seems helpful to identify the stressful situation, decide upon a realistic limit, write it down, try it and be willing to modify it later.
- **Once** a limit has been set, the situation will usually get more stressful initially. Caregivers should expect this to happen.

- Caregivers should think about setting **one** practical boundary at a time.
- Boundaries are **not punishments** or **retribution** but rather a means of remaining physically and emotionally healthy in the caregiver role.



## **Section 3.2--Examine Your Expectations**

**Expectations of Your Self-**Do you find yourself feeling guilty about not doing enough? Caregivers very often expect that they should handle every situation they encounter with little or no assistance or support from others. In caring for a sick family member, this attitude often leads to stress and burnout. Almost everyone needs some kind of assistance to get through this very difficult time of life.

**Expectations of the Care Receiver-**What can your loved one do for him/herself in spite of the disabling condition? What has he/she lost in the course of the illness? Independence, skills, ability to do hobbies or work, contact with friends? Being put in the position of receiving every day assistance is very difficult for most people. Most of us have been independent adults for many years. People who are suddenly dependent on others can be very difficult to be around. They can display anger, sadness, resentment, and other emotions. It is important to try to understand what this experience must be like for them and to allow them to retain as much control and decision making over their lives as possible.

**Family/Friends-**Do you find yourself feeling angry with family or friends for not assisting more? How often do you ask clearly for specific assistance? Do you find yourself thinking “they should offer to help, I shouldn’t have to ask.” The primary caregivers in families very often find themselves doing more than other family and friends. They often need to learn to state their expectations clearly to others in order to allow or get more assistance in daily care.

**Possible Results of Unrealistic Expectations-** Anger, Resentment, Frustration, Guilt, and Hard Feelings are all very common consequences of unrealistic expectations in caregiving. If you find yourself experiencing them often, you may need to examine your expectations and modify them in some way to experience less stress.

## **Section 3.3--Consider Respite Care and Adult Day Health Services**

- **Respite care** is short term assistance by an outside provider (usually in the home) which allows the primary caregiver time free from his/her responsibilities. In Central Ohio, there are a variety of respite programs available with a variety of fee structures.
- **Adult Day Health Services** provide assistance in a structured environment. Often they provide supervision with medications, social contact, leisure and therapeutic activities, nutritional meals, and transportation to and from the center. There are a variety of adult day centers available in Central Ohio with a variety of fee structures.

**The value** of respite care and adult day services **cannot be overstated.** Accessing and using outside support is not a sign of weakness but a sign of strength. Providing opportunities for your loved one to be with others and for you to have a healthy break in routine is an opportunity that benefits everyone. We all need the opportunity and time to step away from the intense caregiving experience so that we can be refreshed and replenish our energies to continue being there for our loved ones. For more information see the web site of the **National Adult Day Services Association ([www.nadsa.org](http://www.nadsa.org))**

## **Section 3.4--Consider Attending a Support Group**

Both **disease specific** and **more general caregiver** support groups exist in Central Ohio. Some support groups offer primarily emotional support and practical suggestions while others are more educational. Support groups can be very helpful to caregivers feeling isolated or needing practical information.

### **Some Groups to Contact for Support Group Information**

- Alzheimer's Association Chapters  
([www.alzheimerscentralohio.org](http://www.alzheimerscentralohio.org))  
Columbus-614-457-6003 or 1-800-441-3322  
Delaware Co. 740-363-1365  
Licking Co. 740-345-5102
- Central Ohio Parkinson Society Inc. 614-486-1901([www.centralohioparkinson.org](http://www.centralohioparkinson.org))
- Northwest Counseling Services 614-457-7876([www.northwestcounselingservices.org](http://www.northwestcounselingservices.org))  
Caregiver Consultation Program  
Strike Back at Stroke Support Group

**A complete listing of central Ohio caregiver support groups can be found at the Central Ohio Area Agency on Aging website ([www.coaaa.org](http://www.coaaa.org)).**

# **SECTION 4—SUGGESTIONS FOR TAKING CARE OF YOU**

## **Section 4.1--General Tips:**

- **Give yourself a treat** -- Get a massage, buy a new outfit, try a new hairstyle, buy yourself some flowers, get an ice cream cone.
- **Think of** something that would be a total waste of time. Then do it!
- **Take a break** every day - even if it's only 10 or 20 minutes for quiet time.
- **A brisk walk** helps release muscle tension and clear the mind.
- **Consider getting a pet.** Stroking a pet lowers blood pressure.
- **Take up a hobby** or revive an old one.
- **Try a bowl of cheerios and milk** before bed to promote sleep.
- **Reduce your daily caffeine** intake--especially in late afternoon.
- **Take care of yourself by** exercising, eating a well balanced diet and regular medical check-ups.
- **Maintain old friendships** and develop new ones.
- **Plan** your days to achieve a sense of balance. Self care for caregivers is not a luxury, it is a necessity.

## **Section 4.2--Relaxation Techniques**



There **are many** different types of relaxation techniques. **Try different methods** to see what works best for you.

### **Awareness Breathing (Deep Breathing)**

1. Erase any stressful thoughts from your mind.
2. Relax your arms and shoulders. (You can be lying down, sitting or standing.)
3. Now take a deep breath. Let your abdomen - and then your chest fill with air.
4. Exhale slowly. Repeat the process until your breathing is regular and steady. Let your mind concentrate on each breath.
5. Feel relaxed and in control.

### **The Relaxing Sigh**

1. Start by standing up or sitting up straight.
2. Sigh deeply, letting out a sound of deep relief as air rushes out of your lungs.
3. Inhale naturally - Just let the air flow in,
4. Repeat 8-10 times, if possible.
5. After each exhale, shake your hands to 'do away' with the tensions you are feeling.

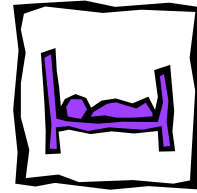
## **Imagery or Visualization**

1. Close your eyes and take 3 long breaths. Breathe in through your nose, hold for 2 seconds and slowly exhale through your mouth.
2. Imagine yourself in an ideal place -- a sunny tropical beach, a clear mountaintop, on a lake or in a candle lit cabin. The place can be anywhere that is pleasant to you.
3. Use all your sense - smell, touch, hearing, taste - to create your favorite scene.
4. Feel and visualize your entire body relaxing in the scenario.

## **Stretching**

1. Do slowly and easily without bouncing. Bouncing could cause injury.
2. Stand with feet about shoulder length apart. With your arms straight up above your head, gently bend to the side at your waist and stretch, keeping your feet flat on the floor. Now do the other side - using slow gentle movement.
3. Gently and slowly roll your head in a counter clockwise position about 3 times, now reverse the direction.
4. Gently roll your shoulders forward and then backwards. This will help stretch and relax tight muscles.
5. If you feel discomfort at any time, STOP!

## **Section 4.3--Tips for Better Sleep**



- **Sleep is as important as food and air.** Quantity and quality are very important. Most people need between 7.5 to 8.5 hours of uninterrupted sleep. The amount of sleep you need to rest and restore your mind and body might be different than others.
- **To determine how much sleep you need,** observe how much it takes for you to feel rested and alert during the day.
- **Keep regular hours.** Try to go to bed about the same time and get up at the same time every day. The arising time is the most important pace setter for your internal clock. Even if you stay up late or have trouble sleeping at night, waking up at the same time can help your body get back into a healthy sleep pattern.
- **Establish relaxing rituals before bedtime.** Do the same thing each night to tell your body it's time to wind down. For some people, that may be a warm bath, light bedtime snack, reading a book or listening to relaxing music. Find what works for you and then do it on a regular basis.

- **Avoid bright light around the house before bedtime.** Dim light signals the internal body clock that it is time for sleep.
- **Reserve your bed for sleeping.** Extensive reading, working and worrying in bed can cause your bed to be a place of stress rather than a place of relaxation.
- **Avoid all stimulants in the evening.** Avoid things that contain caffeine within six hours of bedtime. This includes coffee, tea, sodas and chocolate. Stimulants can delay restful sleep.
- **Nicotine is a stimulant.** Studies have shown that people who smoke cigarettes have more difficulty falling asleep and staying asleep. Nicotine raises the blood pressure, increases the heart rate and stimulates brain-wave activity. Also, remember the fire hazards of smoking in bed.
- **Be aware that the "night cap" has a price.** Avoid alcohol within three to four hours of bedtime. Alcohol may act as a sedative but it disrupts sleep patterns and causes awakenings later during the night. Also, be aware that alcohol interacts negatively with medications.

- **Organize your day.** Regular times for eating meals, taking medications, performing chores and other activities will help keep our inner clocks running smoothly.
- **Exercise regularly.** Regular exercise can help you go to sleep more easily and increase the quality of sleep. Moderate physical exercise in the afternoon or early evening is more effective for improving sleep.
- **If you nap, try to nap about the same time each day.** Mid-afternoon is considered the best time for a nap because it usually doesn't interfere with going to sleep at your regular bedtime.
- **Check your medications.** Many medications cause insomnia. Ask your doctor or pharmacist about the type, dosage and timing of medications least likely to interfere with your sleep.
- **Create a safe and comfortable sleeping environment.** Keep your bedroom at a comfortable temperature. Make sure there are locks on all doors and smoke alarms on each floor. A lamp that is easy to turn on and a telephone by your bedside may be helpful. In addition, the room should be dark, well ventilated and have all nonessential sounds blocked out. However, there should be a nightlight in the hallway or bathroom.

- **If you can't get to sleep for over 30 minutes,** get out of bed and do something boring or relaxing in dim light until you are sleepy.
- **If you are not able to get into a routine of restful sleep.** You are so tired during the day that you cannot function normally -- You should consult with your doctor

**For More Information visit the National Center on Sleep Disorders** which is within the National Institutes of Health. Website:  
[www.nhibi.nih.gov/about/ncsdr/](http://www.nhibi.nih.gov/about/ncsdr/)



## **Section 4.4--The Pathway to Change**



If you are a caregiver with many competing demands on your time, suggestions for taking care of yourself may likely prompt the response, **“How?”**

How do I increase exercise?

How do I improve my nutrition?

How do I make time for leisure activities, relationships, or rest?

It is important to understand that these suggestions all involve significant changes in behavior. Change is hard. We usually have many years of doing (or not doing) something a certain way. Whether you need to drink more water, manage your time, or stop smoking, it will take time to learn how to incorporate this change into your life.

- **Do not** expect immediate success without some effort and possibly discomfort.
- **Do** revise your strategy until it works.
- **Remember**, willpower and determination alone rarely guarantee success.
- **Lasting change** is truly a step-by-step process that requires preparation, planning, learning, and a great deal of **practice**.

## **Making a Change: Steps to Consider**

### **Step 1 Examine your current behavior and the benefits of change.**

Research shows we must be **truly convinced of the benefits** to be successful in changing our behavior.

**Start with an accurate picture** of your current behavior by keeping a diary for at least one week. Record when, where, and with whom the desired behavior increased or decreased. Include your thoughts and feelings at the time.

**Watch for patterns.** People, places, times, our feelings and thoughts all influence our behavior. This information will help you identify barriers to change and plan to overcome them.

#### **Ask yourself the following questions:**

- Is my current behavior providing the degree of health and functioning I want for myself at this time?
- **What is the long-term impact of my behavior on my health and functioning, ten, twenty, or thirty years from now?**

**Write out the benefits of** your current behavior and the benefits of the proposed change. Which do you want more?

**For more information** to decide on making a change, talk with your doctor, request some screening tests, obtain information from health organizations, or self-help groups.

## **Step 2. Commit to a goal and create a plan to reach it.**

**Write a statement of your goal**, for example, “I want to be a person who exercises regularly.” Keep it positive, and present-focused.

**Make sure your goal is realistic.** Rarely is anything in life all or nothing, including success. State your goal in terms of “consistently” or “regularly” rather than “always” or “never”.

### **Create a self-contract that includes:**

1. What you want to accomplish
2. The benefits of achieving your goal
3. The obstacles you have identified
4. A specific plan of action that includes how you will handle obstacles
5. A reward you will give yourself when you are successful (and some smaller ones for progress along the way!).

### **Give yourself some praise often with statements such as:**

“I take time to exercise.”

“I enjoy my evening walk.”

“I am proud of my efforts to manage stress.”

### **Step 3. Adapt your plan to make it work for you.**

**Get accurate information** on how to safely and effectively work toward your goal. If your goal is health-related be sure to discuss it with your doctor before getting started.

**Identify smaller short-term goals**, which you can achieve along the way to your main goal. Small successes will reaffirm, **“I can do this.”**

**Identify and consult a role model.** Find someone who has been successful in making the same change and find out what worked for her or him.

**Seek support** through the buddy system or a group. Working along with others who have common goals will provide you with encouragement, motivation, understanding, and valuable information.

**Approach change as a learning process.** Real progress toward change includes learning how to get around the barriers.

**Plateaus, setbacks, and slip-ups are not disasters!** They are to be expected. Examine the “who, what, when, and where”, as well as your thoughts and feelings, to help you avoid them in the future.

**Keep your goal in sight and keep going!**



## **Section 4.5—My Action Plan**

**When writing an action plan, be sure it includes:**

1. **What** you are going to do.
2. **How much** you are going to do.
3. **When** you are going to do it (i.e., what time of day).
4. **How often** you are going to do it.

**Example:** This week I will read a favorite book (**what**) for a half hour (**how much**) in the mid-afternoon when my spouse sleeps (**when**), three times- Monday, Wednesday, and Friday (**how often**).

### **This week I will**

\_\_\_\_\_ (what)

\_\_\_\_\_ (how much)

\_\_\_\_\_ (when)

\_\_\_\_\_ (how often)

How confident are you that you will complete your entire action plan during the week?

(Circle) 0 1 2 3 4 5 6 7 8 9 10  
*not at all confident* *totally confident*

**Check off each day you accomplish your plan**  
**Then Make Comments:**

\_\_\_ **Monday** \_\_\_\_\_

\_\_\_ **Tuesday** \_\_\_\_\_

\_\_\_ **Wednesday** \_\_\_\_\_

\_\_\_ **Thursday** \_\_\_\_\_

\_\_\_ **Friday** \_\_\_\_\_

\_\_\_ **Saturday** \_\_\_\_\_

\_\_\_ **Sunday** \_\_\_\_\_

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# The Caregiver Toolbox

## CHAPTER 5-CAREGIVER RESOURCES

### Section 1.1--The National Family Caregiver Support Program

A nationally funded program operated in Central Ohio by the Central Ohio Area Agency on Aging(COAAA). It provides the caregiver workshops, supplies caregiver resource centers with books and videos throughout the area, and funds services designed to assist caregivers on a **short term basis**. The services include: information and assistance, counseling, respite, and other supplemental services. **For More information call Patty Callahan at 1-866-750-CARE(2273) or visit the COAAA website([www.coaaa.org](http://www.coaaa.org)) Or in your county, call one of these agencies:**

**Delaware**-Council for Older Adults 740-363-6677

**Fairfield**-Meals on Wheels of Fairfield Co. 740-681-5050

**Fayette**-Community Action of Fayette Co. 740-335-7282

**Franklin**-Franklin Co. Office on Aging 614-462-5230

**Licking**-Licking Co. Aging Program 740-345-0821 or 1-800-452-0097

**Madison**-Madison Co. Senior Center 740-852-3001

**Pickaway**-Pickaway County Senior Center 740-474-8831

**Union**-Memorial Hospital of Union Co. 937-644-3211or 1-800-686-4677 ext.2422

## **Section 1.2--Websites of Interest to Caregivers**

### **Federal Government-[www.seniors.gov](http://www.seniors.gov)-**

Allows you to get into all the federal government websites that have to do with aging issues (Medicare, Social Security, Veterans Admin. etc) Also has a link to aging services websites in each state.

### **State of Ohio-[www.Goldenbuckeye.com](http://www.Goldenbuckeye.com)-**

Web site of the Ohio Dept. of Aging. It has information on all of its programs including PASSPORT, long term care ombudsman, and the Long Term Care Directory. Also has links to Area Agencies on Aging in the State of Ohio for local services.

### **National Family Caregiver's Association.**

#### **[www.nfcacares.org](http://www.nfcacares.org)**

Website which has information and resources for family caregivers including links to other websites.

### **Video Information--[www.videocaregiving.org](http://www.videocaregiving.org) -**

A website which has a variety of videos for caregivers. It has interviews, demonstrates techniques and can be very helpful for a variety of different needs.

## **More Caregiver Information-**

- **[www.caregiverlibrary.org](http://www.caregiverlibrary.org)**- A website which has information and links for caregivers on a wide variety of topics.
- **[www.nextstepincare.org](http://www.nextstepincare.org)** A website which has many checklists and other materials to explain complex caregiving issues
- **[www.caregiver.org](http://www.caregiver.org)**- **The** website of the Family Caregiver Alliance which has many fact sheets and on line discussion groups on caregiving issues.

## **Health and Medication information--**

### **[www.medlineplus.gov](http://www.medlineplus.gov)**

A comprehensive website of the US government which contains easy to read information on diseases, medications and treatments. Updated regularly.

## **Disability Product Information- [www.abledata.com](http://www.abledata.com)**

A comprehensive website listing and describing about 10,000 products which are available to help people with disabilities.

## **Legal Issues in the State of Ohio-**

### **[www.ProSeniors.org](http://www.ProSeniors.org)**

This web site has very comprehensive and easy to understand fact sheets on legal and benefit issues for residents of Ohio. It also offers limited legal advise and referrals to elder law attorneys to older adults and their families through its phone number-1-800-488-6070.

**Home Modification Information-**  
**www.homemods.org**

A website out of University of Southern California's Andrus school. It is rich with information about home modifications and universal design information for people with disabilities.

**End of life decision making--**  
**www.agingwithdignity.org**

A website which describes and provides a copy of the nationally known document called the "Five Wishes" to assist in decision making about end of life and health issues.

**Hospice and End of Life Information-**

**www.ohpco.org**-Ohio Hospice and Palliative Care Organization-Has a list of hospice providers in the State of Ohio and links to other related organizations.

