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ELDERCARE RESOURCE SERVICES



**INFO@ELDERCARESERVICES.COM
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"HELPING YOU HELP YOUR LOVED ONES"**

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A FREE PUBLICATION ON ELDER ISSUES**

WHAT IS THE DEFINITION OF SKILLED CARE?

The definition of skilled care is important because 'skilled care' is what Medicare will cover either in a rehabilitation setting. Nursing interventions day include: intravenous management, patient caregiver education, medication adherence, and treatment to a stage 2 or 3 wound. In addition Physical and Occupational Therapy for ambulation and or for someone who has a chronic disease such as Parkinson's disease or Alzheimer's to maintain their condition and prevent deterioration. For seniors at home in order to receive services they must be homebound and require the skills of an RN. Medicare will cover

skilled care at home if someone requires intravenous and intramuscular injections, need foley catheter insertions, teaching related to an illness or injury until the senior can demonstrate independence in their care, and seniors with pre-existing peripheral vascular or circulatory disease (needing observation for complications, pain management, preservation of skin integrity and prevention of skin breakdown. Physical and Occupational Therapy is considered skilled under certain situations. The documentation by the nurse and or therapist is most important to receive skilled care.

SPRING IS HERE

Spring is finally here and this is a good time of year to sit down with your relative and ask them how they are doing? Ask them what worries them and if they are concerned about their money lasting. Try some open ended questions. Comment that there is a long time until winter but what can be done to make it easier for you over the winter season. This information is most important because it may allow you to make some small changes in the home; maybe bring in some help, maybe have an assessment by a Geriatric Care Manager, maybe visit the attorney to review all legal documents. Now is the time.

ABOUT US

ElderCare Resource Services is a geriatric care management company co-owned by Linda Sullivan RN, CMC, and Debbie Gitter LCSW, C-SWCM. Our unique Nurse/Social Worker team is able to provide both psychosocial and medical consultation to our clients. Linda and Debbie work together on each case. Families can consult with either of us. We are strong advocates for our clients giving them information to make them better consumers; getting their relative the best care. Together we are able to assist our clients and their families with information on Community Services, Home Care, Assisted Living, and Nursing Homes. Linda and Debbie have over 35 years working with the geriatric population. Now is the time to plan for the future. Call us today if you have a question about our services. We'll be happy to chat. Look for our monthly column in the Metro West News 'Senior Q & A'

COMMUNITY SERVICES

In MA we have agencies called ASAP or Area Service Access Points that cover certain geographic areas. These agencies are a wealth of information to seniors. They offer many programs to keep seniors in their home such as Meals on Wheels, respite care for

family members, bill paying, help with cleaning, personal care etc. Many of the programs have income and or asset guidelines. This is a good place to begin when looking for services. Contact the local Council on Aging and they will give you the telephone num-

ber of the ASAP. Ask for information and referral when you call. Someone will answer your questions. If assets/income are over these services then consider hiring a private home care agency to come into the home for the necessary services.



Certified Members of:
National and New England Associations of Professional Geriatric Care Managers

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FREQUENTLY ASKED QUESTIONS

Q: My husband has been back and forth to the hospital during his rehab stay. Each hospitalization has been for another medical reason. During the past few months my husband's health has declined and his ability to care for himself has also declined. Is this going to be the pattern forever? I want my husband to have a quality of life that he is not having going back and forth with all the testing.

A: It is hard to know what the future holds for your husband. Clearly he has been quite ill and even with the medical attention at the hospital he has not been able to stabilize for too long. Talk with the physician at the facility for those answers. Tell the physician your concerns. Let the doctor know about your opinion on quality of life. Some people do not get sent to the hospital instead they stay at the facility for care. This is a

personal decision that you and the doctor need to make together.

Q: What is Hospice? The VNA brought it up to me regarding my mother but I am worried it means she will not receive care.

A: The Hospice philosophy is to provide comfort not aggressive treatment or take a curative approach. Hospice can be for anyone with an end stage disease who has decided (or family has decided) not to hospitalize any more and to treat if there are symptoms. For example, if someone has an infection and there are symptoms then treat with antibiotics. Hospice can provide comfort in many ways; they can bring in a hospital bed, deliver a special reclining chair to the home or institution, they can bring in spiritual support, Social Worker,

a Nurse whose specialty is pain management (if/when needed) and provide comfort. If this conversation came up with the VNA then consider talking with someone from the local Hospice about their services and how payment is made—often times insurance will cover.

Q: My mother was in the ER and she became agitated, confused, and angry. I could not control the situation. What happened?

A: The change of setting and or an infection can cause these changes with your mother. It is not uncommon to see someone become agitated or even anxious because they are out of their safe familiar environment. Also, an infection can cause someone to present with more forgetfulness, agitation, hallucinations, etc. As the infection clears often times the senior will return to baseline.