

UK Elder Care

IN THE KNOW

E-Newsletter
February 2009



A MESSAGE FROM THE COORDINATOR

I know I'm repeating some information from the January newsletter, but with the winter weather we have been experiencing in Fayette County and in other parts of Kentucky, it's important to emphasize some helpful safety tips to help you and your older family members. Here are AARP's tips to consider when preparing for the winter months:

- **Keep warm and safe indoors and outdoors:** Make sure older residents wear warm clothing in several layers. When indoors, stay in a heated room; avoid fire hazards by having proper ventilation when using fireplaces, wood stoves, or space heaters. Functioning smoke and carbon monoxide detectors should be installed.
- **Good health:** Make sure older adults continue their exercise regimens, but avoid overly strenuous physical activity; and maintain a healthy diet with plenty of liquids. Caregivers should make sure older adults get vaccinated against the flu and pneumonia.
- **Ensure the older person is able to go out safely when needed:** Walkways and driveways should be free from snow and ice.
- **Prepared for emergencies:** Keep a phone with emergency numbers already pre-entered; and make sure older persons have a personal emergency response system available.



NEWS HIGHLIGHTS

CMS ISSUES HISTORIC STAR QUALITY RATING SYSTEM FOR NURSING HOMES

For the first time in history, the Centers for Medicare & Medicaid Services (CMS) released quality ratings for each of the nation's 15,800 nursing homes that participate in Medicare or Medicaid.

Facilities are assigned star ratings from a low of one star to a high of five stars based on health inspection surveys, staffing information, and quality of care measures. The ratings are publicly available on the agency's *Nursing Home Compare* Web site at www.medicare.gov.

Consulting with a panel of experts from academia, patient advocacy and nursing home provider groups, CMS developed the rating system based on each nursing home's performance in three critical areas:

- **Health inspection surveys.** Each year state and federal surveyors conduct about 15,800 on-site, comprehensive assessments of each nursing home's health care services and compliance with federal/state rules. These surveys are designed to help protect the health and safety of residents, including resident's rights and general quality of life. Surveyors also conduct about 50,000 complaint investigations each year. Information from the most recent three years of survey findings were used to develop the ratings.
- **Quality measures.** The quality rating system uses 10 key quality measures out of the 19 that can be found on the *Nursing Home Compare* Web site. Areas examined include the percent of at-risk residents who have pressure ulcers (bed sores) after their first 90 days in the nursing home, the number of residents whose mobility worsened after admission, and whether residents received the proper medical care.
- **Staffing information.** There is strong evidence that low staffing levels can comprise the level of patient care in a nursing home and is considered an important indicator of quality. This measure reports the number of hours of nursing and other staff care per patient per day. This measure is adjusted to account for the level of illness and services required by each facility's residents.

The Web site provides the public with a quality rating for each of the three areas listed, as well as a composite or total score. A five star designation means the facility ranks "much above average," four star indicates "above average," three means "about average," two is a "below average" ranking with a one indicating that a facility ranks "much below average." Rankings are dynamic and will be updated monthly.

Source: www.cms.hhs.gov

What Does the Recession Mean for Long-Term Care?

Certainly, the current economic downturn is not going to affect the needs of some seniors for help with activities of daily living. But it could affect where that help is provided -- at home, in assisted living or in a nursing home. And it could affect who provides the care -- a family member or someone who is hired.

Here are a few likely trends:

- Most nursing home care and, increasingly, care at home as well, is covered by Medicaid. This is a joint state-federal health care program for people who are "poor" under its complicated rules. Even before the current recession, Medicaid was growing and straining the ability of states to pay the cost. This has caused states to restrict eligibility for benefits. Such restrictions are likely to tighten further.
- With fewer people working, more will be available to care for family members at home, perhaps delaying or avoiding the move to assisted living or a nursing home.
- With money becoming scarcer for just about everyone, families will be more reluctant to pay for nursing home, assisted living or home care. This may result in

more beds and services being available and a decrease in costs. In fact, according to the 2008 [MetLife Market Survey of Nursing Home & Assisted Living Costs](#), over the past year the cost of semi-private rooms in nursing homes increased just 1.1 percent and the cost of private rooms did not change, in contrast to increases that substantially exceeded the inflation rate in most recent years.

- We are likely to see bankruptcies of nursing homes and assisted living facilities if they cannot fill their beds as anticipated and if Medicaid and Medicare reimbursement rates are insufficient to cover their expenses. Facility shut downs will be very disruptive to residents as well as to their families.
- With alternative jobs less plentiful, the supply of qualified care providers should grow.
- Planning ahead is even more important, whether purchasing long-term care insurance, protecting assets to qualify for Medicaid, or simply making one's wishes known ahead of time.
- Even prior to the onset of the recession, many more alternatives to nursing home care were being developed, including assisted living, new home care models, community partnership programs, and increased Medicaid coverage of care provided in the community. Anyone providing care for a senior needs to do much more research about the alternatives available.

These changes are not all bad. Fewer Americans working quite as hard as most adults have in recent years should allow more time for us to care for our loved ones and to find the right solutions among the increasing number of care choices available.

Source: www.elderlawanswers.com



UPCOMING EVENTS ON CAMPUS & IN THE COMMUNITY

- ***Growing Old, Growing Better!*** Janice Austin, Elder Care Specialist is presenting from 12:10-12:50 in 220 Scovell Hall, Ste 2. This session is one of several Work-life offerings as part of Work-Life's Spring Lunch N Learn programs. For more information and to register, visit www.uky.edu/HR/worklife.
- ***Health & Wellness Events: FREE Mini-Health Screening*** February 4th, from 8 a.m. to noon, at Commons, Room 307. Spring Lunch N Learn session: *The Exercise Prescription* February 4th at WT Young Library, Gallery Room & February 11th at 405 CTW from 12:10 -12:50 p.m. For more information and to RSVP for appointments and programs, please visit www.uky.edu/HR/wellness.
- ***Successful Aging Seminar Series*** sponsored by Lexington Family Magazine. A series of free seminars offered quarterly all at Southern Hills United Methodist Church. The second session is ***Search for Cures for Alzheimer's Disease: How Close Are We Really?*** Guest speaker is Dr. Gregory Jicha with the UK Sanders-Brown Center on Aging. February 7 10 a.m. – Noon. For a complete schedule <http://www.lexingtonfamily.com> or call 223-1765.
- ***CARE Group combined meeting in February!*** February 12th in 214 B, CTW Bldg from Noon – 1 p.m. Discussion topic will be ***Home Safety Tips***. Special

Guest Speaker David Fahringer, Certified Physician Assistant with the College of Health Science.



CAREGIVER SURVIVAL GUIDE

Respite: Enjoy a Guilt-free Time-out

Why is it that the words “respite” and “guilt” seems to go hand in hand? Why do we as caregivers feel we are somehow failing our loved one by admitting that we need help, need time to recharge our batteries, or just need time to play a bit? Perhaps because so many of us still hold on to the myth that says the caregiver has to be all things to all people.

The truth is, that no matter how we try, we are not super-duper caregiver extraordinaire. We are human with all the same needs and feelings as every other person in our lives. And, just like everyone else we need to take time to smell the roses.

The thought of going away for even a brief time for many caregivers is fraught with fears of disaster and chaos because we are not there to over see everything. After all, we all know that no one can replace what we do as caregivers to our family member or loved one.

And this belief was not so far from the truth. In fact, I still firmly believe that no one can replace the caregiver. The love and support we provide to our charge cannot be duplicated by anyone. Still, sometimes, it is OK to let someone else do the best they can for our family member, so that we can take time to regroup and in doing so, be able to continue to be the wonderful caregiver that we have been to date. It is a simple concept when you think about it. In using the principals of respite we will ultimately be providing the very best care to our loved one that is humanly possible.

As a caregiver it is important that we recognize that it is ok to take a break from our caregiving duties. It is ok to feel tired, and want to have a break from caregiving! Not only is it OK, it is your right! You are allowed to stay healthy both physically and emotionally. Actually, by not doing this you are helping to create a potential problem down the road. No one can keep going day after day without a break, sooner or later it is going to catch up with you, and not only will you suffer, but also your loved will as well.

It is equally important to know that not taking that break can and often results in medical complications to the caregiver. If a medical emergency developed for the caregiver, who then will help provide the care to their loved one?

Ask any caregiver who has been at it for any length of time, and you will learn that their own health has suffered when they failed to take proper care of themselves. Respite care is on way in which the caregiver can get this needed break, and hopefully do it without that old *GUILT* feeling creeping in. By taking care of you, and recharging your own batteries, you are ultimately taking care of your loved one.

There is no need to allow guilt into the picture. All this will do is prevent you from reaping the full rewards of a true respite.

Respite care can be anything from a few hours a week, to longer periods of up to two weeks or longer in some cases in order to provide care to a loved one while the caregiver takes a break. Respite Care provides caregivers the opportunity to:

- Take a vacation.
- Have a weekend getaway.
- Attend to home or work responsibilities that have been building up.
- Recharge their energy to be better prepared to provide the attention and patience required on a daily basis.

Think about these principals to ensure your guilt-free respite:

- I am entitled to take care of myself.
- I am worthy of a break.
- I am showing my commitment to my caregiver role when I take steps like respite care to ensure that continued quality care is delivered to my loved one.
- It is OK to relax and enjoy other aspects of my life.
- It is OK to take a break and recharge my energies.
- It is OK to maintain as much normalcy in my life as possible
- It is OK to continue to dream.
- If roles were reversed, there is no question I would want my loved one to have respite.
- It is right and responsible of me to also have respite.

For Respite Solutions, Call UK Elder Care and speak with an Elder Care Specialist about care options in your loved one's community! Call 323-4600 or (800) 873-8532 Monday – Friday 8am – 5 p.m!

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