

UNIQUE ASPECTS OF ADVANCE CARE PLANNING WITH ASSISTED LIVING RESIDENTS AND FAMILIES

*Judith S. Parnes, L.C.S.W., CMC
Executive Director*

Elder Life Management & Home Care Services

One Hovchild Blvd.

4000 Route 66, Suite 225

Tinton Falls, NJ 07753

(732) 493-8080

Fax (732) 493-8810

www.elderlifemanagement.org

ARE WE THERE YET?





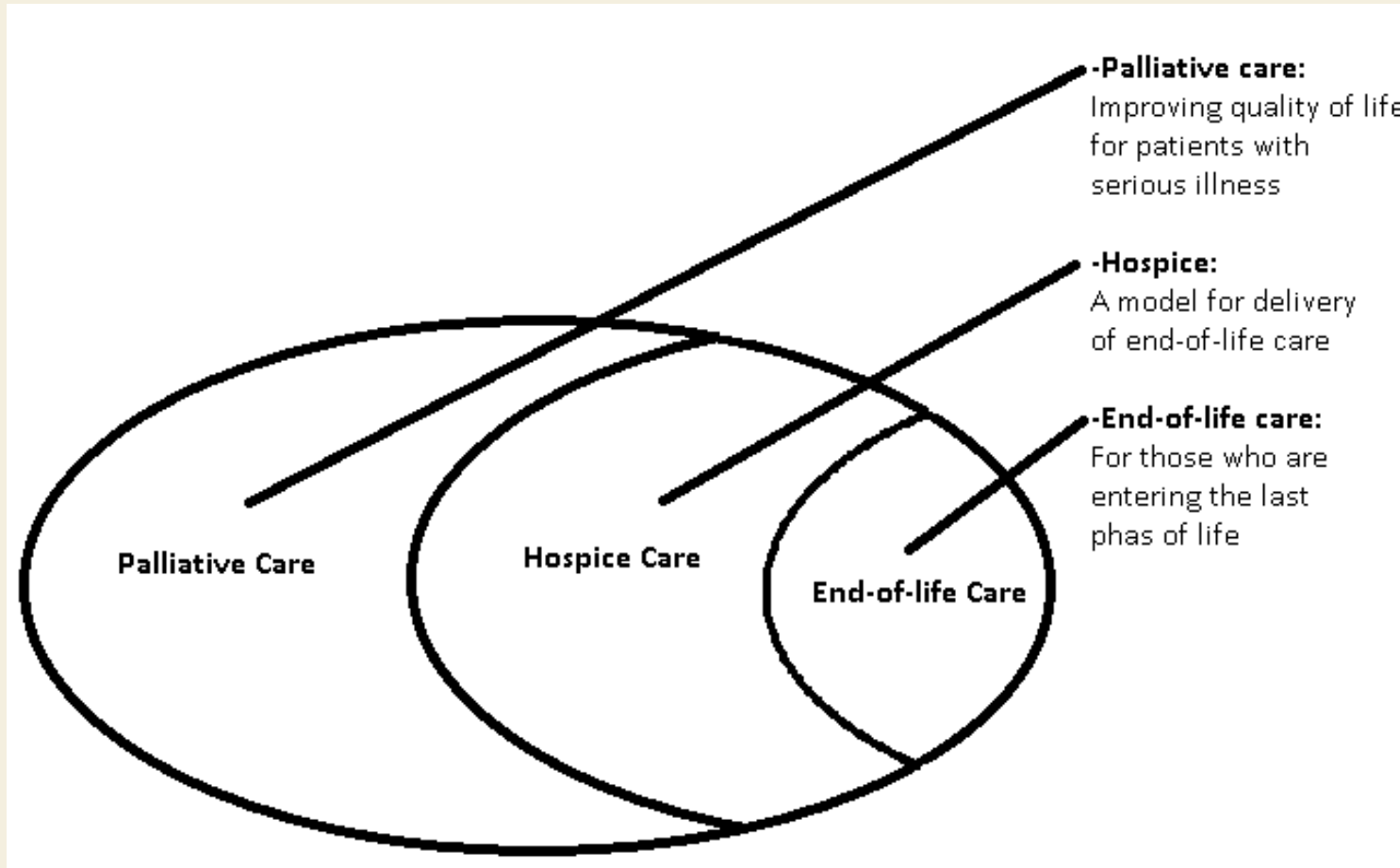
*DYING HAS BECOME A
MEDICAL EXPERIENCE
VS. A LIFE EXPERIENCE.*

*-Dr A. Gawande
(From: Being Mortal 2014)*

ADVANCE CARE PLANNING A PROCESS

*TO ASSURE-ENSURE-INSURE THAT INDIVIDUAL
PREFERENCES DO GUIDE THE FUTURE CARE
RECEIVED*

Interaction of Palliative Care, Hospice Care, and End-of-Life Care



Differences Between POLST and Advanced Directives

Characteristics	POLST	Advanced Directives
Population	For the seriously ill	All adults
Timeframe	Current care	Future care
Who completes the form	Healthcare professionals	Patients
Resulting form	Medical Orders (POLST)	Advance directive
Health care agent or surrogate role	Can engage in discussion if patient lacks capacity	Cannot complete
Portability	Provider responsibility	Patient/family responsibility
Periodic review	Provider responsibility	Patient/family responsibility

My Living Will

Last night my sister and I were sitting in the den
and I said to her,

'I never want to live in a vegetative state,
dependent on some machine and fluids from a
bottle to keep me alive. That would be no quality
of life at all, if that happens, just pull the plug.'

So she got up, unplugged the computer, and threw
out my wine.

She's such a bitch.



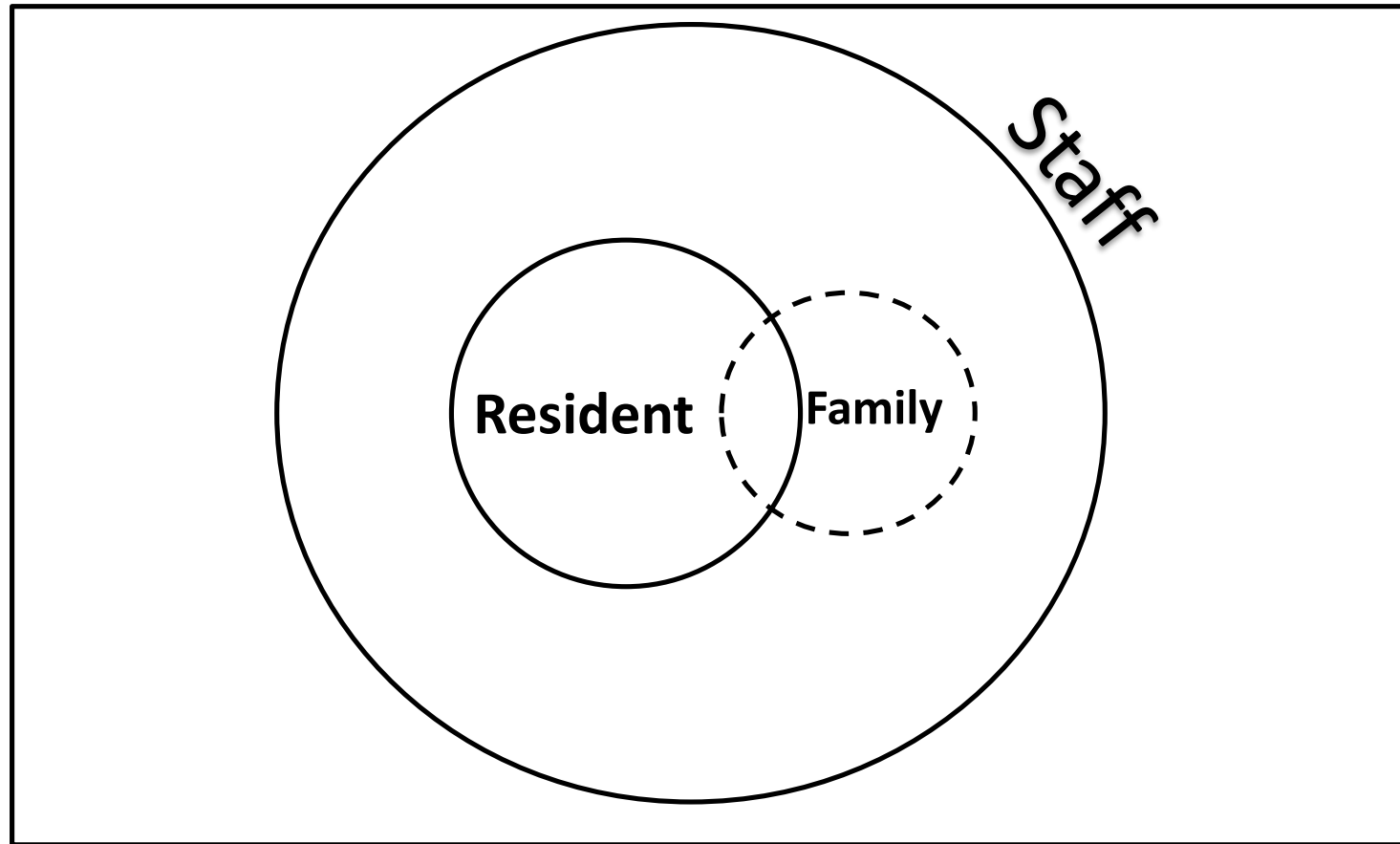


*AS AMERICANS WE ALL
PLACE A HIGH VALUE ON
INDIVIDUAL CHOICE,
FREEDOM, AND AUTONOMY*

HOW DOES THAT APPLY TO THE
CARE EXPERIENCE, ESPECIALLY
AS WE AGE?

Resident Centered Model

Assisted Living Community



Assessing Family Functioning

Level I: Highest Level of Family Functioning: Resources and Capability to Handle Most Stressors

Staff Role: Collaborative

Level II: Response to Stress: Increased Anxiety, Uncertainty, Fear.

Staff Role: Directional, Nurturing

Level III: Difficulty with Communication Prior to Crisis. Angry Behavior.

Staff Role: Structural, Limiting Setting

Level IV: Chronic Dysfunctional Problems, Possible Alcohol or Substance Abuse, Mental Health.

Staff Role: Identifying Appropriate Behaviors

Causative Factors Contributing to Conflict

- 1. Communication Difficulties**
- 2. Differing Expectation Levels**
- 3. Family Dynamics**
- 4. Ethnic Diversity**
- 5. Changing Members in Health Care Team**

Conflict Resolution: Tips for Dealing with the Challenging Resident or Family

1. Provide guidance to each resident/family upon admission.
2. Clarify expectations.
3. Determine the contributing factors to an identified problem.
4. Respond to the problem as soon as practical.
5. Outline the specific plan of action.
6. Record all discussions, actions, and resolutions.
7. Identify a liaison for the family until the issue is resolved.

Building Harmony: A Guide for Working with Families

1. Easier to establish positive relationship with the family from admissions vs. await problem being identified that will need resolution.
2. Need to invest the time initially in order to form that family bond so that level of trust and confidence be established.
3. For a difficult family or family at a distance, a referral to a Geriatric Care Manager is helpful to assist with transitional issues.
4. Increase use of psychotherapy services for residents and families, proactively and not reactively.
5. Professionally run psychoeducational support groups for families need to be established.
6. Increase staff training, including sensitivity training and enhanced communication skills with emphasis on evening and weekend staff when family visits.