Building a Community Health Information Resource for Senior Caregivers.

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What’s in a name?

Seniors?
Elderly?
Older adults?
Aged?
Over 65 population?
What’s the Problem?

80% percent of adults requiring long-term care currently live at home or in the community.

90% of their care provided by unpaid family caregivers.

34 million Americans provided unpaid care to a relative aged 50 or older
What’s the Problem?

- Caregivers are unaware of services available through community agencies and organizations.

- 29% indicate the Internet would be their preferred option to learn more about available community services.
What’s the Problem?

Washoe County Public Guardian

The Washoe County Public Guardian (WCPG) serves as guardian, by court appointment, for vulnerable adults aged 18 or older who are unable to manage their personal and/or financial affairs. WCPG coordinates provision of services; provides informed consents; and protects, preserves, and manages the assets of our protected persons.

If you are looking for assistance in filing a petition for guardianship of a loved one or friend, please see "Second Judicial District Court Self Help Center" under our Helpful Links section.

WCPG also offers periodic Family Guardianship Training for those who may be interested in learning more about the responsibilities of a guardian. For more information, please look at our Guardianship Training section.

If you are looking for assistance in filing a petition for guardianship of a loved one or friend, please see "Second Judicial District Court Self Help Center" under our Helpful Links section.
What's the Problem?

Programs for Seniors

Select a program below to learn more about the services provided by the Aging and Disability Services Division.

- Advocate for Elders
- Aging and Disability Resource Centers - ADRC
- Communication Access Services (CAS)
- Community Options Program for the Elderly (COPE)

Community Options Program for the Elderly (COPE)
What’s the Problem?

Home Care

**Signs a Senior Needs Help at Home**
Your aging parents think they can still take care of themselves, but if you’re noticing these red flags, it is time to consider in-home care.

- How to Pay for In-Home Care
- Veterans Pension Helps Pay for Long-Term Care and Home Care
- How to Select a Home Care Company
- Find Home Care
A better roadmap to useful information.
The power of partnerships

- Savitt Medical Library
- UNR Sanford Center for Aging
- Community Foundation of Western Nevada

Extramural funding through NNLM / PSRML
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Welcome to Washoe Caregivers

WashoeCaregivers.org is a database of over 300 community resources, including those that are free and low-cost, for family caregivers to seniors in Washoe County. Enter a keyword or search the below categories to find the resources you need.

Search …

- Adult Day Care
- Home Modifications And Medical Equipment
- Medical
- Planning
- Community Services
- Hospice
- Mental Health And Emotional Support
- Residential Care
- Emergency Services
- In-Home Care And Respite Care
- National Resources And Websites
- Veterans Resources
Search Resources and Information Below
Enter in specific keywords, services, or providers you are looking for (Food Services, Health Care, Senior Programs, etc.)

Search Resources:

Renown Hospice
Offers hospice care services... Read More

St. Mary's Hospice
Offers hospice and palliative care services... Read More

Infinity Hospice Care
Offers in-home palliative and hospice care to individuals dealing with a life-limiting illness... Read More

How long can a person be in hospice care?
A person with an illness can go into hospice when a health care provider believes he or she has about six months or less to live. Hospice continues as long as it is needed. If a person’s health improves, he or she can end the hospice care and start it again later... Read More
# Infinity Hospice Care

Offers in-home palliative and hospice care to individuals dealing with a life-limiting illness.

## Address
5538 Longley Ln, Suite B Reno Nevada 89511

## Phone
775-852-6002

## Website
www.infinityhospicecare.com

### Description
Offers in-home palliative and hospice care to individuals dealing with a life-limiting illness.

### Hours
24/7 on call nurses are available

### Requirements
Many insurances require a prognosis of six months or less to cover hospice.

### Cost

### Insurance
Covered by Medicare and many private insurance companies. They encourage individuals to give them a call to verify if their insurance covers them.
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Scottsdale, AZ
<table>
<thead>
<tr>
<th>3 Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elder Protective Services - Aging and Disability Services Division</strong></td>
</tr>
<tr>
<td>Emergency Services  Elder Abuse</td>
</tr>
<tr>
<td>Provides services for persons who may experience abandonment, abuse, neglect, exploitation, or isolation.</td>
</tr>
<tr>
<td>3416 Goni Road Suite D-132 Carson City, Nevada 89706</td>
</tr>
<tr>
<td>775-687-4210</td>
</tr>
<tr>
<td>adsd.nv.gov</td>
</tr>
</tbody>
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| **Long-Term Care Ombudsmen** |
| Emergency Services  Elder Abuse |
| Ombudsmen receive, investigate, and attempt to resolve complaints made by or on behalf of residents who reside in long-term care facilities. |
| 9670 Gateway Dr Suite 200 Reno, Nevada 89521 |
| 775-687-0800 |
| adsd.nv.gov |
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Common Questions: Find Answers to Questions About Caregiving Here

Use this page to find helpful information along your caregiving journey. These are basic questions and quick answers that many caregivers have. Scroll through the different sections to find information that is valuable for you.

Browse our common questions. Click a question to open the answer.

Financial

- What is a Durable Power of Attorney for Finances?
- What is a fiduciary and why is it important?

Healthcare

- What are some tips to make medical appointments go more smoothly?
- What is a geriatric physician?

Hospice

- What is the difference between palliative care and hospice care?
- What are some services that hospice provides?
Durable Powers of Attorney

Durable Power of Attorney for Financial Matters
The Durable Power of Attorney for Finances appoints an individual to manage the finances and property of the person being cared for when they are no longer able to do so themselves. You are able to download this form by clicking the link below. The form can be completed by the caregiver and then needs... Read More

Durable Power of Attorney for Health Care
The Durable Power of Attorney for Health Care appoints someone to ensure that health care wishes are followed. Family members, even a spouse, have no legal right to order health care decisions unless appointed by the individual who is being cared for or by being appointed their Guardian by a court. You are able to... Read More

Medication List

Medication List
This downloadable chart will allow you to record a list of all the medications that the person you are caring for is taking. Print out copies of the medication list and bring it with you to any medical appointments. Make sure you update the form if there are any changes to these medications. ... Read More

Other Documents

POLST Forms, Living Wills, Trusts and Wills
Some forms cannot be downloaded on this site and need to be written and reviewed by medical or legal professionals. The information below discusses some of the different forms that you will want to consider having. Click the download button to learn more about POLST forms, Living Wills, Trusts, and Wills. ... Read More
For Clinicians
The Portal of Geriatrics Online Education

A free collection of expert-contributed geriatrics educational materials for educators and practitioners on a very wide range of topics. Includes evidence-based resources and critically appraised literature.

https://www.pogoe.org/

ConsultGeri.org: The Hartford Institute For Geriatric Nursing: HIGN

ConsultGeri.org is the evidence-based geriatric clinical nursing website of The Hartford Institute for Geriatric Nursing, at the NYU College of Nursing. It features evidence-based geriatric protocol, for managing over 30 common geriatric syndromes and conditions, and 50 nationally recommended instruments for use with older adults. Also includes information on hospital competency practices for older adults.

https://consultgeri.org/

The Commission for Certification in Geriatric Pharmacy: Clinical Practice Guidelines for Older Adults

Features many clinical practice guidelines that explore challenges and offer insights into best practices of care for older adults. Includes many general as well as disease-specific guidelines that have particular relevance for senior care.

http://www.ccgp.org/content/clinical-practice-guidelines-older-adults

American Geriatrics Society (AGS)
Nursing Standard of Practice Protocol: Detection of Elder Mistreatment

Terry Fulmer, PhD, RN, FAAN, Billy A. Caceres, RN, BSN, BA

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Evidence-Based Content - Updated August 2012

The information in this "Want to know more" section is organized according to the following major components of the NURSING PROCESS:

Goal
Overview
Background/Statement of Problem
Parameters of Assessment
Nursing Care Strategies
Evaluation and Expected Outcomes
Follow-Up Monitoring of Condition
Relevant Practice Guidelines
References
Clinical Practice Guidelines for Older Adults

Application of clinical practice guidelines to older adults presents unique challenges. The first few references shown below highlight these challenges and offer insights into the application of guidelines to older adults. These references are followed by a list of disease-specific guidelines that have particular relevance to older adults.

APPLICATION OF CLINICAL PRACTICE GUIDELINES TO OLDER ADULTS


Boyd and colleagues reviewed clinical practice guidelines (CPGs) for diseases common in older adults, and evaluated implications of applying recommendations from these CPGs to older adults with multiple morbidities. Their review suggests that adhering to current CPGs in caring for an older person with several comorbidities may have undesirable effects. Basing standards for quality of care and pay for performance on existing CPGs could lead to inappropriate judgment of the care provided to older individuals with complex co-morbidities and could create perverse incentives that emphasize the wrong aspects of care for this population and diminish the quality of their care.

In 2012, Cynthia Boyd was co-chair of a panel sponsored by the American Geriatrics Society that developed Guiding Principles for the Care of Older Adults with Multimorbidity. These guidelines and related resource materials are very helpful and are available as open access documents on the AGS Web site.

DISEASE-SPECIFIC GUIDELINES

Adult Immunization—Adult immunization schedule, from the Advisory Committee on Immunization Practices

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Challenges in Elder Care

DOI: 10.5772/61984
Edited Volume

OPEN ACCESS

This work is intended as a brief but focused compilation to assist with diagnosis and management of the most common serious medical problems in the rapidly growing geriatric population. The geriatric population recently expanded by the fact that the baby boomers have reached the milestone of 65 years of age in the past 5 years. Tips for diagnosis, medication administration, and logistics of cost-effective management in the health-care continuum are presented in this book. The latter often consists of a journey from home to medical office to emergency room to hospital bed to intensive care unit to long-term acute care hospital to skilled nursing facility to long-term residential facility and/or back home, which is also reviewed in the book Geriatrics.
Identifying Risk Factors for Elder Falls in Geriatric Rehabilita

Purpose: To identify risk factors for elder falls in a geriatric rehabilitation center in Israel.

Design: Retrospective chart review study.

Methods: Four hundred and twelve medical records of inpatients in geriatric rehabilitation were retrospectively analyzed to compare between elders who sustained falls and those who did not.

Findings: Of elders hospitalized during this year, 14% sustained falls. Fallers included a high proportion of males, with little comorbidity, not obese, and cardiovascular patients. Falls occurred frequently during patients’ first week at the facility, mostly during the daytime. The falls occurred frequently in patients’ rooms, and a common scenario was a fall during transition.

Conclusions: The research findings single out patients who are allegedly at a lower risk of falls than more complex patients.

Clinical Relevance: Caregivers in geriatric rehabilitation settings should pay attention to patients who are allegedly at a lower risk of falls than more complex patients, and to cardiovascular patients in particular.

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Keywords: Elders; falls; geriatric rehabilitation; risk factors.
Methods
“User-centered design demands that stakeholders participate in each stage of an application’s development.”
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Town Hall Convenings

Two community-wide roundtable events
152 total participants
89 were current or former family caregivers to seniors.

representatives of:
• healthcare industry
• government agencies
• non-profit organizations
Town Hall Convenings

Tables Discussion:
• Elder abuse
• Finances
• Online health information
• Mobility
• support networks
• Legal issues
Structured Interviews

• What types of information and services are most sought for?
• To what extent are services available?
• How do caregivers look for services?
• How satisfied are caregivers with results of efforts to find information?
Focus Groups

• Unpaid caregivers
• Nurses
• Attorneys
• Social workers
• Financial planners
• State Government Representatives
Project Implementation

• Turning inputs into action
• Translating gap analysis into topical areas
• Identifying local and national resources
• Organizing and annotating
• Contracting with web design agency
Process Evaluation

- Steering Committee
- Website Review Open Forums

- How well are we implementing project goals?
- Consensus on content, design, and criteria for inclusion
Too many chefs
Marketing

• Gala opening launch
• Bookmarks
• Companion caregiver guide
• Webinars
• Embedding in local venues
Continuity

• Website metrics
• Project Vista and Service Learning volunteers
• Foundation staff contributions
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