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News

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***Planning ahead helps in the search
for a nursing home.

DALLAS--The decision has finally been made. It's going to be hard on everyone, but Grandma is just too much to handle in the home. And she can't make it living alone. The family hates to do it, but it looks as though a nursing home is the only answer.

Although this situation is common in many families today, the people involved rarely know anything about institutional care for older people in general. In fact, "few even know the names of homes in the area where they live," says Dr. Helen West, gerontologist at The University of Texas Health Science Center at Dallas who has been working with nursing homes and acting as a consultant to families who have had to make this kind of decision for 10 years. A faculty member in the School of Allied Health Sciences, she has been concerned with the level of care, training of personnel and professional "burnout" in gerontology. She has worked with biofeedback in relation to treating and preventing chronic illness as well as avoiding overmedication, and is interested in the use of stress intervention techniques as a way of reducing the death rate in nursing homes.

"Of course, contingency planning is always best," says the gerontologist. "There is no substitute for planning ahead before the need arises."

She recommends getting a copy of You and Your Aging Parent: The Modern Family's Guide to Emotional, Physical and Financial Problems by Barbara Silverstone and Helen Hyman.

(This book, published by Pantheon, is available at \$15.95 in hardback and \$8.95 in paperback.)

Another good resource is a booklet, "Nursing Homes: A Guide for the Family Before and After Placement," available from Senior Citizens of Greater Dallas and Dallas Mental Health Association, 712 N. Washington, Suite 202, Dallas, TX 75246; phone: 214/823-5700. Cost of the booklet is \$1.50. A postage and handling charge varies depending on location.

Whether your family is pre-planning for possible future needs or whether you have an immediate problem, West has some suggestions for finding the best possible surrogate home for your parent or grandparent. "Take it on as a challenge," she says. "Try thinking of yourself as a bit of a detective spotting out clues."

Here are her suggestions:

1. Decide what level of care is needed. Families too often think that nursing homes are the only kind of institutionalization for elderly parents. Nursing homes are for people who need nursing care and/or supervision all the time. There are also homes that provide independent living quarters with such individual features as communal dining rooms or inter-com systems in the rooms. They may have separate cottages, or the retirees may be assigned to different floors according to their level of independence. Your family physician will be glad to discuss the level of care needed with you.

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2. Does the institution have Superior Certification from the State of Texas? This certification is given by the State Department of Health. (Other states have their own licensing system.) Don't lean too heavily on certification as a guideline, however, Although it is called "superior," what it actually means is that there were no deficiencies at last inspection. Maintaining this rating means that the home passed with at least minimal standards. Certification is given for all levels of residency care.

3. Does the home participate in Medicaid? Except for a few wealthy people, anyone can run out of money quickly in a nursing home. Even if medical care is not needed at this time, the family will want to consider the impact of change on Grandpa in case he has to be moved at a later time, so they may want to consider institutional housing that includes a nursing home on the same site.

4. Talk with some of the residents. Ask them how they like it there. Ask them about how they spend their time.

5. Talk with the staff. Find out how many of the patients are able to go back into the community. This will give you an indication as to how rehabilitative the care in a particular home is.

6. Check on the staffing. Are there adequate nursing personnel available? Are there physical or occupational therapists on staff or coming in on a part-time basis? This will also be an indicator as to how rehabilitative the care is at that institution.

7. Sense from the staff how welcome your visit and your questions are. If staff members don't spend much time with you, try to decide whether it's because they are busy or whether they are avoiding you.

8. Is there much hustle and bustle? Too much silence indicates what West calls the "Rust in Peace" syndrome. Lots of moving around may indicate lots of recreational and therapeutic activity for the residents. Lots of visitors indicate a place family and friends like to come to.

9. Ask if there's an extra place for lunch. That's a good way to check out the quality of the food. Don't bother asking the residents, says West. "They'll always tell you it's horrible!"

10. Is there a calendar of events? Study it. This is another indication of the quality of life for the residents.

11. Is there a newsletter? Pick up several issues. The newsletter will also give you an insight into the recreational activities at the home. In addition, they usually run obituaries of the residents. This is a good indicator of the death rate in a particular home.

12. Pay attention to the way the place smells. Bad odors are "awfully tough" to avoid in nursing homes, says West. But it can be done. Don't pay any attention if any administrator tells you, "You can't help it." There are ways: bladder training can be given to patients, enough aides to take care of the incontinent patients can be hired and professional cleaning compounds for this specific problem can be obtained. Also, foul odors may be an indication that PTs and OTs should be hired or called in more regularly. The strong odors may be a hint that "maybe those patients don't have to be lying down all the time."

Another thing that lack of strong odors does is encourage families to visit. Since older people lose much of their sense of smell, the unpleasant odors may not bother them. But it certainly will act as a deterrent to guests. The more visitors a resident has, generally the happier he or she will be.

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13. If the institution does not have several levels of care, what kind of referral arrangements does it have? Even though the older person does not need nursing care now, a fall--or even simply a worsening condition like failing eyesight--can change the situation quickly. Does the institution have a relationship with others? Is it part of a chain? Does it give referrals? Can you get these names in advance so you can do some contingency planning?

14. Does the home honor Patients' Rights, including the right to privacy in entertaining friends in the resident's own quarters or in a specially designated area of the home? Remember, following these federally prescribed Patients' Rights is required in all nursing homes receiving Medicaid funds. And respecting individual privacy is an important factor to be considered in evaluating any home, whether it is required or not.

15. Talk with a minister or rabbi who visits the home on a regular basis. Most churches or synagogues have someone on staff who spends a great deal of time visiting with older members of the congregation. They usually have excellent insights into the quality of care in the homes they visit. Ask for their opinions and discuss what you learned about the homes you visited from applying these "tips" to see if they are in agreement with you about the homes they are familiar with.

Even after the decision has been made and the new resident is settled in, guilt about abandoning a parent is often a problem to be dealt with within the family. Sometimes, also, there may be resentment and hostility toward the older person who is now in a dependent role.

"I've had a lot of people tell me, 'My mother practically disowned me when I married. Now she's seriously ill and wants to live with me. I can't take care of her and my family, too.'"

Sometimes when "the children" go home for their annual visit to see Father, they are shocked at how he has aged. Their first impulse may be to rush him into a home to assuage their feelings of guilt when they realize he's "slipping." Actually, Father may be doing fine in the little town where he lives and should not be rushed prematurely into a nursing home.

In other cases, guilt may keep a family from putting an older member into a nursing home when he or she would be better off under full-time medical supervision. The family physician can be of great help by making a medical judgment about the parent's condition.

Guilt feelings, which in their own way can incapacitate family members, are another reason that "what if" planning should be done in advance. And it's even better if the older members of the family can take part in making these contingency plans, too.

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