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CARE PLANNING & AVAILABLE RESOURCES

ADRC Participant Appreciation Day
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OBJECTIVES

- Assess for care needs
- Develop a care plan
- Identify and access available resources

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What's Next: After the Diagnosis

- **Assess needs** of the current situation
- Form the **Care Team**
- **Develop a plan**
- **Take Action**

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ASSESS NEEDS OF THE CURRENT SITUATION

- Biggest concern at this time?
- Other medical conditions?
- Current living situation?
- Advance Health Care Directives?

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ASSESS NEEDS OF THE CURRENT SITUATION

- What can your loved one still do for themselves?
  - **Activities of Daily Living** (ADLs): Bathing, Dressing, Grooming, Toileting, Transferring, Feeding, Ambulating
  - **Instrumental Activities of Daily Living** (IADLs): Shopping, Meal Preparation, Housecleaning and Home Maintenance, Manage Finances, Manage Medications, Manage Communication (telephone, mail), Transportation

ASSESS NEEDS OF THE CURRENT SITUATION

- Exercise and Physical Activity
- Well-Being:
  - **Identity** – having personhood; individuality
  - **Growth**- enrichment; opportunities to evolve
  - **Autonomy**- freedom; independence
  - **Security**- free of anxiety and fear; dignity
  - **Connectedness**- belonging; engaged support system, socialization
  - **Meaning** – purpose; significance; value
  - **Joy**- happiness; contentment; enjoyment

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ASSESS NEEDS OF THE CURRENT SITUATION

- What is your family's' understanding of the disease and disease process?
- Has your loved one and family discussed potential future plans?
- What support structure is in place for you or the primary caregiver?

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FORM YOUR TEAM: Who Should Be Included?

- **The person you are caring for!**
- **Who can you rely on?**
  - Family Members
  - Friends
  - Neighbors
- **Important Team Members:**
  - Medical Providers- Doctors, Nurses, Therapists, Social Workers
  - Dementia Specialists
  - Geriatric Care Managers
  - Elder Law Attorneys
  - Financial Planners
  - Caregiving Agencies
  - Adult Day Programs

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DEVELOP A PLAN

1. **Structured daily schedule**
   - Meaningful engagement
   - Cognitive stimulation
   - Healthy Diet
   - Exercise
   - Proper sleep hygiene
2. **Home, personal, and driving safety**
   - Medication management
   - DME/home modifications
   - ERS
   - Transportation

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DEVELOP A PLAN

3. **Advance Care Planning:**
   - Advance Health Care Directives (Living Will, Trust, Durable Power of Attorney for Health Care and Finances)
4. **Palliative Care or Hospice Care**
5. **Support for the Care Partner**
   - Education
   - Support Groups
   - Respite care
   - Quality sleep
   - Health Needs

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DEVELOP A PLAN

6. **Connect with Resources:**
   - Geriatricians (primary care or consult)
   - Social Services- MSSP, IHSS
   - Geriatric Care Managers
   - Dementia Specialists
   - Social Workers/Therapists
   - Home Health and Home Care Agencies
   - Adult Day Programs
   - Legal/Financial- Attorneys, Financial Planners, Bill Paying Services
   - PT/OT/ST
   - Meal Delivery
   - DME and Home Modifications
   - Medication Management
   - Transportation
   - Senior Living- Independent Living, Assisted Living, Memory Care, Board and Care, SNF
   - Respite Care
   - Hospice Care
   - Palliative Care

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TAKE ACTION

- **Implement your Care Plan**
- **Be flexible**
- **Ask for help**

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