

## Senior Care Continuum Search Tool

### Introduction:

The Senior Care Continuum Search Tool has been designed to provide a guide line to assist families and friends in finding alternative care settings when a loved one starts to need assistance with the activities of daily living (ADL'S), like ambulation, dressing, bathing, toileting, cooking, cleaning and shopping.

There is a lot of to consider when the time comes to find assistance for a parent or loved one. This is an important decision for the resident or senior, as well as, the entire family, not only emotionally, but also financially. It is important to be well informed and prepared when gathering the information needed to make the real, life changing, decision of choosing an alternate care setting for the care needed now and increasing needs in the future.

This tool can be used to evaluate any care setting: Assisted living facilities, Residential Care facilities or Group homes, Nursing homes, Hospitals and Home care companies. It is important to remember the reasons we are forced to make these hard decisions, when a loved one can no longer stay in their own home and manage their own affairs independently and that is because you and your parent need assistance and support to continue to maximize current function while maintaining as much independence and control as possible. If families could manage and/ or assist their parent on their own, we know they would. The reality is we all have our own jobs, families and lives to manage. Most of us are not able or prepared to take on caring for a parent or loved one alone. This is why it is very important to use this tool to find the best care setting that will not only provide assistance for your parent or loved one, but one that will provide you with support and reassurance and provide as much continuity of care as possible, now and in the future, as the residents care needs increase.

### THE SEARCH TOOL:

**PART 1-** Written Description: Is a written guide that explains, in more detail, how to use the two page tool. It discusses what to look for in each section of the page tool.

**PART 2-** The Assessment of the Resident (pg1) and the Assessment of the Facility (pg2).

**Assessment of Resident (pg1)** - The first page helps you to evaluate your own loved one's needs. It is important to take a close look and ask some direct questions to get a real understanding of your parents or loved ones needs. It can be difficult, as often times they are good at hiding or covering up their deficiencies and they often don't want or think they need any care. Frequently, they don't want to pay for it and getting care or assistance will cost money. Once you have a better understanding of your parents or "loved ones" true needs, you will be better equipped to find the appropriate care setting for your loved one. (By using the second part of the search tool.)

**Assessment of the Facility (pg2)** - The second part is the evaluation of the facility. It is important to note that while cleanliness and the way a facility looks, with nice furniture and other amenities are things to consider, the more important factor and what this tool is evaluating, is the actual care and ability of the facility to provide the assistance that is needed now and when additional care is needed in the future.

## INSTRUCTIONS ON HOW TO USE THE TOOL

First we recommend you read Part 1, the written descriptions of each section of the tool to get an overview to help you use the actual, two page tool. Please print or view the attached tool as a reference to use while you are reading the description page.

You will see across the top right of the table are all the people who will likely be involved in some aspect of care. Administrator, Managers, Caregivers, Med techs, Nurses, Doctors, Support staff. Down the left side of the table are the categories to be evaluated, with a simple corresponding scale for each category. Simply, rate the appropriate number, for each of the people listed across the top, and then total the score for each person at the bottom of the page.

### PART 1: THE WRITTEN DESCRIPTION

#### THE GOLDEN RULE:

The first and most important thing to remember is what we call the Golden Rule: Meet as many of the people who will be providing the actual day to day care as possible.

That's right.... it is so important to meet the actual people who will be responsible for the care or assistance given, that includes the Administrator, Owner, Caregivers, Med techs, Doctors, Nurses, Kitchen staff and Cleaning staff etc. It is the people and staff that matter the most since they provide the services you get. The physical setting of the building is also something to consider, but the main focus should be on the people. It may sound overwhelming to ask to meet and speak to all these people, but if the facility makes it easy for you to meet and interact them in the beginning, then there is a very good chance you and your loved one will be able to have access to these people as time goes on. On the other hand, if it is difficult for the facility to coordinate between themselves and make themselves available to you from the first day, then that may be a good indicator that you and your loved one will continue to have a hard time finding people and getting things done when you really need them. Many facilities focus on their marketing and sales and sell by focusing on all the luxury items, private rooms with private baths, hair salons, pools etc., but say very little about what we believe you really need, want or desire... which is **care, caring and continuity of care.**

#### CONTINUITY OF CARE

Continuity of Care consists of many parts coming together and staying connected- being seamless. For our purposes, Continuity of Care essentially means that there is a team of people who are providing care and communicating on a regular basis with one another, the resident and the family to stay updated on the current status of a resident and maintain communication and provide services seamlessly, whenever needed. For example, if a resident gets sick and needs to go to the doctor or hospital, is there someone who is available and able to go with the resident and reliably communicate any changes or updates to the family and the rest of the staff? What is the availability or flexibility of a caregiver to provide assistance if it is not scheduled or planned for in advance?

The major components of Continuity of Care include 1) Communication, 2) Direct Interaction and Personal Contact, 3) Knowledge/ Training of Staff and 4) Flexibility of Staff When Need Arises and of course, 5) Cost.

### 1) Communication:

Communication is the corner stone of Continuity of Care and is essential to providing a high quality of care. In this section of the tool, evaluate if you are able, and how easy it is, to get in touch and communicate with each person listed on the tool. Even if you haven't signed up yet for services, it is important to ask who the Administrator is. Can you contact the Administrator? Do they get back to you promptly? Can you contact the Nurse? Doctor? Caregiver? Can you get their direct phone numbers? How would you contact them if needed? What's the availability after hours? Does the staff have quick reliable access to the owners or administrators or the people who have the power to take action or make changes when needed? The response you get to these questions now, will give great insight to how easy it will be to contact and communicate with these people in the future. It is your job as consumers to get as much information and knowledge as possible before purchasing and making such a valuable investment.

### 2) Direct interaction with residents:

In this section you are evaluating the direct interaction and personal contact, which consists of the staff seeing and talking to the resident and noting if the staff is observing behaviors and actions of the resident. Having interactions and making observations while the resident is in their own room, in the common areas, outside and during activities. How often do all of the people listed on the tool have direct, personal interaction with the resident? This gives insight as to how well people will really get to know the resident. Direct interaction, contact and observation is another highly significant part of Continuity of Care. It is difficult to provide quality services and assistance if you do not know a resident on a personal level. Only by spending time and having direct and personal interactions with the residents can we begin to develop trusting relationships. When people feel safe and secure they are more likely to let you assist them and let you know when they need assistance. This is a good time to note the number of staff available. Is there one caregiver per 50 people? 1 med tech per 50 people? Does the staff rotate assignments or residents? Can the residents rely on the same care giver who is familiar with their likes and dislikes, wants and needs? In addition, to direct interaction between staff and residents, it is also important to note the interaction and personal contact between staff members and administrators. How often does the Administrator meet with the staff, caregivers, med techs, kitchen staff etc.? A hands-on administrator/manager, who has frequent and direct interaction with staff, is likely to set a good example and promote continuity of care.

### 3) Knowledge and training of staff

In this section of the tool you are trying to determine the specific knowledge, training and experience of each person listed on the tool. It would seem obvious, that the more knowledge, training and overall related experience one has, would contribute positively and promote Continuity of Care. Ask how much training each person listed on the tool has. Is the staff cross-trained in multiple disciplines? For example, caregiving training, medication management training, and Dementia training? Part of maintaining continuity of care, is having a very knowledgeable staff who are trained and certified in all aspects of care. Some facilities have staff that are certified and trained for one position or role, for example caregiver or med tech. They may not be able to cover or provide assistance or care, if a need arises that isn't planned for in advance. For example, if the med tech notes a resident needs assistance getting to the bathroom, they may not be able to assist the resident at the time of need and may need to search for a caregiver to provide the needed service. It is wise that all staff, including managers and administrators, are trained in all the disciplines so they can provide assistance if the need arises when interacting with a resident, instead of having to search for someone to provide the assistance. Do the administrators or management have any additional training, education or medical experience? While additional medical training is not required, one could see how a staff that has additional medical training would be a good resource when working in a field providing care services to residents. The same is true for doctors and nurses.

Do they have administrative training? How often do the doctors and nurses have contact with the residents, the administration and caregiving staff? Good communication between all people involved in the care, is needed to maximize continuity of care. Broad and overlapping skills provide the highest level of continuity of care.

#### 4) **Flexibility**

In this section you are evaluating the flexibility of each of the persons listed on the tool. When are the caregivers available? Are caregivers flexible? If assistance is not pre-scheduled or assigned in advance, do caregivers provide assistance anyway? How would you get a care giver if extra assistance were needed? Or an unexpected event arose? Is the staff trained in all aspects of care (caregiver, med tech and dementia training)? If a member of the kitchen staff note a problem or note a resident is incontinent or asks to go the bathroom in the dining room, can that person assist the resident to their room or bathroom? Or do they have to wait for an assigned care giver for assistance? How long would the resident need to wait? How much additional would it cost for the additional service. This would be a good scenario to ask each member of the staff as to how a situation like this would be handled. This is also a significant part of providing continuity of care. Having a multi-dimensional staff that is able and willing to provide assistance and care when needed is extremely beneficial to meeting residents' physical and emotional needs now and as they evolve in the future.

#### 5) **Cost**

In this section it is important to consider the overall value of the services you are getting. This means not only the amount of services, but the quality of services. The quality can only be determined by meeting the caregivers and people that will actually be providing the care. Peoples' skills can vary widely. It is important to understand that if assistance or service is needed, there will be a cost for those services. The questions to ask of course are how much do the services and assistance cost and how much service and what type of service do you get for your money. The payment system that a facility utilizes is also an important indicator when predicting the level of Continuity of Care a facility will provide. For example, Assisted Living Facilities tend to use a more a-la carte payment system charging for things separately, while Residential Care Facilities and Nursing homes offer more of an all-inclusive payment system, lending themselves to a higher level of continuity of care.

Generally, in Assisted Living Facilities there are additional fees for assistance if it is needed. The title of Assisted Living facility implies that assistive services are included, but beyond the basic three daily meals, other assistive services are not included. Assistance with medication management, dressing, bathing, escorting to meals and or appointments, grocery shopping and other needed services of this nature are generally not included and are added expenses. Medication management can cost up to \$1,000 per month, and levels of assistance with personal care like bathing and toileting can add up quickly and may not really promote continuity of care. Also, when residents know they will have to pay for extra service, they may not ask for service or assistance even if they really need it. For example, accompanied visits to the doctor with a known caregiver, who can not only assist physically, but who can communicate information to and from the doctor and then back to the med tech and the family. It is also possible that some assistive services may not even be available for residents requiring heavy care.

Transportation is often advertised and available, but it is not always supervised or accompanied. The resident must be able to utilize the transportation independently. Ask the facility if these services are even available and if additional fees apply. Is there a doctor or nurse on site? What is the role of the doctor or nurse? How often does the administrator meet or speak to the doctor or nurse about each resident? How often do these people communicate with the family about a resident's condition or status? In Residential Care Settings these above mentioned services are generally included and more personalized due to smaller resident to staff ratio. Not all residential care facilities have doctors or nurses on site, some do. It is important to ask. Of course, we recommend that you visit each facility personally and use the search tool to gather all of the needed information to help you make your decision.

While it is important to look at the staff ratio between caregivers/ med techs and residents, it is also important to consider the administrator to resident ratio. Administrator to resident ratio can vary from 1 administrator to 50 residents in larger facilities and 1 administrator to 5 or 10 residents in smaller facilities. The Administrator is there to assist both the residents and the staff. We believe, it is important for the staff and residents to have direct access to their administrator to help maximize continuity of care. A simple way to check is to ask individual residents on a tour if they know the name of the administrator.

**Summary:**

Now that you have read [Part 1: The Written Guidelines](#), we hope that you have more insight and are better prepared to make the important decision of choosing the best alternative care setting for you and your loved one.

If you have not printed [Part 2: The Resident Assessment and Facility Assessment](#). **Please print them now. (Pages 6 & 7)**

***We wish you success with your search.***

**Call or E-mail Anytime For Questions You May Have About Senior Care Facility Options**

TENDER L  VING CARE  
SENIOR RESIDENCE

Call Us Now: 702-228-2994  
Shawn McGivney, RFA, MD. Kerry McGivney, RN.

Click the following link to e-mail Dr. Shawn McGivney: [shawn@tlcsr.com](mailto:shawn@tlcsr.com)

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**Assess the Current Needs of your loved one. Be sure to consider the increasing needs in the future.**

	Yes	No
<b>MENTAL STATUS:</b> Ability to make needs known:		
- Do they <u>know</u> they need assistance?		
- Do they <u>know</u> if they are incontinent or when they have an accident?		
- Can they remember to go to dining room for meals?		
- Can they remember to use the walker or cane if needed?		
- Can they remember what the doctor tells them about their medical status or any change in meds?		
- Can they remember the month, year, time of day, last visitor, what they ate for breakfast?		
<b>MEDICATION MANAGEMENT:</b>		
-Can they remember to take their pills?		
- Can they buy, store, open, and manage their pills independently?		
- Can they remember to call for a refill?		
- Can they manage eye drops, creams, inhaled or other meds?		
- Can they manage complex treatments like nebulizers, oxygen or C Pap?		
<b>PHYSICAL STATUS:</b>		
<b>-Ambulation/ Mobility/ Balance</b>		
- Ability to rise from a chair or stand up independently (without assistance)?		
- Ability to walk independently?		
- Ability to walk with a walker or cane?		
- Difficulty maintaining balance when walking or standing? Is supervision or stand by assistance needed?		
<b>-Toileting / Incontinence</b>		
- Can they use the bathroom independently- pull pants up and down, clean themselves properly?		
- Do they have accidents?		
- Are they aware of their own incontinence?		
- Are they able to contact someone to ask to be changed on their own?		
<b>-Bathing</b>		
-Need assistance getting in and out of shower?		
-Need assistance washing and bathing parts of body?		
-Needs assistance with all aspects of bathing.		
<b>- Dressing</b>		
- Able to get clothes out of closet or drawers and get dressed independently?		
- Needs assistance getting clothes, but can get dressed including socks and shoes		
- Needs assistance getting and putting on clothes, but can participate if given the time and patience		
- Needs assistance with all aspects of dressing		
<b>- Hearing /Vision/ Dental Care</b>		
- Decreased hearing? Can they hear the TV, Radio, Conversations? –Do they have Hearing aids, Glasses or Dentures?		
- Can they manage these items and put them on and take them off on their own?		

\*If the Resident needs a **little** or a **lot** of assistance with any of these items currently, it is very likely their care needs will continue to increase, needing **more** and **more** care\*  
It is important to ask how the facility will be able to accommodate future, changing care needs and what the cost would be for those additional services.

The Senior Care Continuum Tool: Name of Facility: \_\_\_\_\_ Date: \_\_\_\_\_

<u>The Golden Rule: Meet all the people providing the care!!!</u>	Administrator	Manager(s)	Caregivers	Med Techs	Nurses	Doctor	Support Staff kitchen help, cleaning staff
<b>General Impression of staff -</b> <u>Use scale to rate each item 1-4</u>							
Personal likeability 1= poor, 2= Average, 3=good, 4= very good,							
<b>Continuity of Care</b>							
<b>1. Communication/Availability</b> <u>Use scale to rate items 1-4</u>							
1= Poor - unavailable or – no response after several days 2= Average - responded after 3 days 3= Good - responded next day 4= Very good- responded immediately same day or during your visit or tour							
<b>2. Direct Staff Interaction with residents</b> <u>Use scale to rate items 1-4</u>							
<b>** Ask existing residents about staff interaction**</b> 1= No interaction/contact or contact- 1 time a month or less 2= Limited interaction/contact- 2 times a month or less 3= Good interaction/ contact 1 -2 times a <u>week</u> 4= Very Good interaction/contact- 5- 7 times a <u>week</u>							
<b>3. Training and Knowledge of staff</b> <u>Use scale to rate items 1-4</u>							
1= No training – limited knowledge on limited number of subjects 2= Trained and Certified in only one discipline - ex. caregiver only 3= Trained and Certified in several disciplines - ex caregiver, med tech, dementia 4= Trained and Certified in all disciplines <b>and</b> has Advanced Professional and or Medical training.							
<b>4. Flexibility of staff</b> <u>Use scale too rate items 1-4</u>							
1= Able to provide assistance in only one discipline - ex. caregiver only 2= Able to provide assistance in more than one discipline – ex. caregiver, med tech, but not allowed or encouraged by management to work outside scheduled tasks or job description. 3= Able to provide assistance in all disciplines – ex. caregiver, med tech, Dementia care, cooking, cleaning, assist with participation in activities 4= Able to provide assistance in all disciplines – ex. caregiving, med administration, dementia care, cooking, cleaning, assist with participation in activities, communication with family, doctors, nurses and others involved in care. Is it expected and encouraged by management, owners & administrators to do what is needed when it is needed?							
<b>Scoring:</b> 1-5 =poor, 5-10= Average, 10-15=good, 15-20= very good							

**Check which payment system this facility utilizes**

<b>5. Cost-</b> does the facility utilize a More INCLUSIVE PAYMENT system where personal care assistance, medication management, accompanied transportation to doctor’s appointments, housekeeping/ laundry services are included in the basic monthly service fee. <b>Or...</b> an A-LA CARTE system in which there are additional fees for assisted services like personal care assistance, med management, and assistance getting to meals.	<b><u>Inclusive</u></b>	<b><u>A-la Carte</u></b>
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