



# *Returning Home*<sup>SM</sup>

A Guide to Your Senior Loved One's Safe Transition Home

[ReturningHome.com](http://ReturningHome.com)

## ABOUT HOME INSTEAD SENIOR CARE

Founded in 1994 in Omaha, Nebraska, by Lori and Paul Hogan, the Home Instead Senior Care® network is the world's largest provider of non-medical in-home care services for seniors, with more than 950 independently owned and operated franchises providing in excess of 45 million hours of care throughout the United States, Canada, Japan, Portugal, Australia, New Zealand, Ireland, the United Kingdom, Taiwan, Switzerland, Germany, South Korea, Finland, Austria, Italy, Puerto Rico and the Netherlands. Local Home Instead Senior Care offices employ more than 65,000 CAREGivers<sup>SM</sup> worldwide who provide basic support services – assistance with activities of daily living (ADLs), personal care, medication reminders, meal preparation, light housekeeping, errands, incidental transportation and shopping – which enable seniors to live safely and comfortably in their own homes for as long as possible. In addition, CAREGivers are trained in the network's groundbreaking Alzheimer's Disease or Other Dementias CARE: Changing Aging Through Research and Education<sup>SM</sup> Program to work with seniors who suffer from these conditions. This world class curriculum also is available free to family caregivers online or through local Home Instead Senior Care offices. At Home Instead Senior Care, it's relationship before task, while continuing to provide superior quality service that enhances the lives of seniors everywhere.

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# Introduction:

## Start Planning Now

When a doctor admits your loved one to a hospital or facility it's often a traumatic experience, whether you were expecting it or not.

And, as a family caregiver, it's unlikely that you're thinking too far ahead. Just get through one day at a time, right?

However, while a senior is still in the hospital or rehabilitation facility, it's important to begin preparations for the time your loved one will return home. That's because a smooth transition home is vital to a successful recovery. Consider this:

- Nearly 20 (19.6%) of Medicare patients discharged from the hospital are readmitted within 30 days of discharge, accounting for \$17.4 billion in spending, according to the New England Journal of Medicine.\*
- One chronic condition that often sends older adults back to the hospital is heart issues. In fact, approximately 30 to 40% of patients with heart failure are readmitted within six months of hospitalization.\*\*

Many issues factor into why older adults are vulnerable to problems at home after they have been in a hospital or rehabilitation setting.



“One of the reasons we have large numbers of readmissions, many of whom are elderly, is because seniors are sent home unprepared, or they don’t follow or understand directions, or there is not adequate support at home or availability of a family caregiver – which puts them at risk.”

LaNita Knoke

President of the American Association of Managed Care Nurses

“The key issues that send seniors back to the hospital are medication problems, falls in the home and not following up with the doctor,” said LaNita Knoke, President of the American Association of Managed Care Nurses.

Add to that list home safety issues, nutrition and hydration challenges, and overwhelming responsibilities for the primary family caregiver, seniors and their families can face a difficult road ahead.

Planning during a crisis is never as effective as being prepared in advance. Preparation is your best strategy for avoiding the many pitfalls that can sabotage your senior’s health and well-being when he or she goes home.

This Returning Home<sup>SM</sup> Guide is designed to help prepare your loved one for a safe and successful transition home – one that will give your senior the best chance to stay at home.

\*The New England Journal of Medicine; online at <http://www.nejm.org/doi/full/10.1056/NEJMsa0803563>

\*\* Reducing Readmissions for Congestive Heart Failure, American Family Physicians; online at <http://www.aafp.org/afp/2001/0415/p1593.html>



To supplement this guide, Home Instead Senior Care has developed the Returning Home website (ReturningHome.com.) Throughout this guide you will find key icons that indicate topics that have additional related articles available online.

# Ask Questions

Even before you know how long a loved one might need to be in a hospital or facility, start working with medical professionals. Get the lay of the land, as they say. Early on, it's important to ask questions – and lots of them – of key people caring for your older loved one.

The questions and the answers you receive will help determine what that older adult will need at home and the schedule he or she must follow for a smooth transition. Some of the questions can be difficult to ask such as, “Will my loved one ever be the same?” But it will be vital to know the answers if that senior can expect the best possible outcome.

## The Right Questions




Ask your medical team – whether it's doctors, nurses or rehabilitation professionals – these questions about your senior:

- What time of day does the doctor make rounds so I won't miss him or her with my questions?
- What is the prognosis? What is the likely outcome? Will my loved one recover?
- How long will my senior be in the hospital or facility?
- What condition will my senior likely be in when released?
- Will my loved one go straight home or to another facility?
- How much will my loved one be able to do when he gets home?
- What are the warning signs that my loved one needs help?
- Can my loved one be home alone? If not, how much help will she need and for how long?
- If I am the primary family caregiver, how much help will I need?
- What type of equipment – and care – will my loved one need at home?
- Will I need a prescription for any of this equipment or care?
- How many follow-up appointments will be needed and how soon do you need to see my loved one?

Social workers and case managers can help put a discharge plan into action. A social worker is a professional who provides counseling, guidance and assistance, and can help a senior focus on his or her

environment. Social workers often work hand-in-hand with case managers who assist in the planning, coordination, monitoring and evaluation of medical services for a patient with an emphasis on quality care.

## You can ask these professionals:

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- Where do I go to set up durable power of attorney for health care? (Your loved one should establish this legal instrument that allows patients to select the person they want to make health-care decisions for them if they are unable to do so.)
  - Who is assigned to my loved one's care?
  - What is the best facility for my senior if he can't go directly home?
  - What will my loved one's insurance cover?
  - Do I have options, and what are they?
  - Will my loved one need home health care or palliative or hospice care and, if so, will I need a prescription?
  - Will my senior need support for activities of daily living?
  - What if my loved one is the one returning home and she's been caring for her spouse with dementia? How do I get them both help?
  - What are the best resources that can meet my loved one's needs?
  - Where do I go to find these resources?
  - Where can I find the equipment that I need?
  - If it's not covered by insurance, how much will it cost and are alternative funding sources available?
  - If my loved one needs in-home care, what are my options? (Hospitals won't recommend, but they will provide options and background information.)
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**Keep in mind that,** because of the effects of aging, it can take older adults longer to recuperate. So don't be shocked to learn that the length of your senior's recovery could be longer than you expected.

When you know the score, it's time to begin planning just what your loved one needs to return safely home.

# What You'll Need

Hospital and facility staffs can direct you to the types of equipment you will need and how to get those important supplies, whether you must have a prescription and if the equipment is generally covered by insurance.

Depending on his or her condition, following are possible supplies that your loved one could need at home:

- Wheelchair
- Hospital Bed
- Walker or Cane
- Raised Toilet Seat
- Shower Chair or Bath Bench
- Bedside Commode
- Grab Bars
- Colostomy Care Supplies
- Oxygen
- I-V Equipment
- Lift Chair
- Hoyer Lift
- Disposable Gloves and Incontinence Briefs



You may hear the term “durable medical equipment,” which is medical equipment such as walkers, wheelchairs or hospital beds. Generally, anyone who has Medicare Part B can get durable medical equipment as long as the equipment is medically necessary\*.

Having everything ready in advance will help ensure that the discharge process runs more smoothly and efficiently.

\*Source: Medicare Coverage of Durable Medical Equipment and Other Devices; online at [medicare.gov/publications/pubs/pdf/11045.pdf](https://www.medicare.gov/publications/pubs/pdf/11045.pdf)



## A Support System

What happens when seniors returning home have no one there to help them recuperate? Seniors going home to an empty house can be in danger, both physically and emotionally, and represent a concern for many senior care professionals, such as case managers, who are managing their care.

It's common for discharge planners to tell families that their loved one will require 24-hour care initially and then adjust the schedule according to the patient's needs. If that's the message you receive, it's important to discern with the discharge planner what that really means. Sometimes all that's needed for your senior in those first few hours and days is overnight assistance and a few additional hours during the day. On the other hand, you don't want to leave your senior vulnerable if he or she could be at risk alone.



Ask the doctor to be specific about the kinds of support your senior will need during the day, whether he or she can be left alone during the day and night, and what the risks are during those first few hours and days at home.

Planning for whatever help you'll need is an important step to take very early in this process. In talking with a senior about the amount of care needed at home, encourage your loved one to be realistic.

As a family caregiver, don't assume that caregiving will be easy or even possible if you're living elsewhere or managing a demanding career and other obligations.

“Many older adults don't want to utilize the resources of a facility because they want to remain independent.”

“We have a very mobile population of adult children who often don't live near their parents,” Knoke said. “I've worked with seniors who were adamant that they would be fine when they returned home. That older adult will say, ‘My daughter is coming for two weeks.’ But often that daughter cannot be there for the important discharge process nor can she stay as long as her parent might need help.”

## About Home Care

Many ask: What is home care? There are two main categories of help at home:

- o **Home health care** provided by licensed medical professionals such as physical therapist, occupational therapist, registered nurse, in which you will need a prescription. It is typically of short duration and covered by health insurance.
- o **Home care**, such as personal care, homemaker, transportation or companionship services provided by professional caregivers focusing on the non-medical needs of a senior. It does not require a prescription and can continue as long as needed.

If you need home health care, such as the services of a nurse or therapist, your loved one's medical professionals can help you learn about your options and what will generally be covered.

Home care, on the other hand, should be arranged through an agency that requires its caregivers be screened, trained, bonded and insured, and undergo background checks and drug screens. Services, which can be provided on a flexible basis, generally include meal preparation, light housekeeping, medication reminders, personal care such as bathing, grooming and dressing, Alzheimer's and dementia care, transportation, errands and shopping.

If you can't be there when a senior goes home from the hospital, a non-medical caregiver also can help ensure your loved one transitions home safely.



Many seniors returning home from the hospital receive both medical and non-medical home care. That's because the services of a licensed medical professional will be considerably different from those of a professional non-medical caregiver. The licensed medical professional generally will have limited contact with a senior, providing services that are time- and task-based such as a nursing visit and assisting with occupational or physical therapy. The arrangement with a non-medical caregiver will generally be longer term and focus on building a relationship and supporting the senior to remain safe and independent at home.

Non-medical home care, home health, hospice or palliative care, physician and family can all partner to help ensure that a senior stays safely at home.

## Benefits of Help

Research shows that family caregivers who have assistance fare better than those who don't in personal health, quality of life and staying in the workforce.

According to research conducted for the Home Instead Senior Care® network:

**14%** of caregivers who did not use paid in-home non-medical care reported that their health was worse than it had been a year before, while only 10% of those using paid in-home non-medical care cited worsening health.

**25%** of caregivers who did not use paid in-home non-medical care reported needing some type of outpatient hospital care during the previous year, compared with 19% of those using paid in-home non-medical care.

**The study found that of those family caregivers using paid in-home non-medical care, 71% were employed** – 51% of them full time. The numbers were lower for caregivers not using such care: 65 and 49%, respectively.

Those working family caregivers using paid in-home non-medical care did almost **25% better in terms of maintaining their previous income levels** than did those in the other group.



## Who Pays?

Many seniors and their families incorrectly assume that the majority of services will be covered by Medicare or a supplemental insurance policy. But that is not always the case. Medicare generally will pay for a nurse, occupational and speech therapist for a client at home, but only according to a doctor's prescribed plan of care.



According to Medicare publications\*, the program generally does not cover (does not pay for) any of the following:

- 24-hour-a-day care at home
- Meals delivered to a senior's home
- Homemaker services like shopping, cleaning, and laundry
- Personal care given by home health aides like bathing, dressing and using the bathroom when this is the only care that is needed. (Medicare generally doesn't cover home health aide services unless seniors are also getting skilled care such as nursing care or other therapy. The home health aide services must be part of the home care for an illness or injury.)



In-home care can offer value not just in services but cost. Services are available for a few hours and up to 24 hours, and can be adapted to a senior's changing condition. Such care can be covered by:

- private pay
- long-term care insurance
- veteran's benefits
- government agencies

## Home Care Myth Buster

Some families seem intimidated by the costs of home care. In reality, home care is one of the most affordable options, partly because of the flexibility of an hourly service. In fact, a 2010 survey conducted for the Home Instead Senior Care network revealed that 22% of the network's clients employ caregiver services for just four hours or less a week. About 20% employ them between four and eight hours a week. Furthermore, this research reveals that 49% of family caregivers overestimate the cost of non-medical care on average by \$6 an hour.

According to Genworth's 2011 Cost of Care survey, home health care costs held steady in the previous year at \$18 an hour for homemaker services and \$19 an hour for home health aide services. In contrast, the Genworth study reported that the cost of a private room in a nursing home jumped 3.4% from the previous year to an annual median total of \$77,745, while the cost of assisted living facilities increased 2.4% to \$39,135 annually.\*\*

\* Who can get Medicare covered home health, from Medicare.gov; online at [questions.medicare.gov/app/answers/detail/a\\_id/1347/~/who-can-get-medicare-covered-home-health-care,-and-what-services-does-medicare](https://www.medicare.gov/questions/medicare-covered-home-health-care,-and-what-services-does-medicare-detail/a_id/1347/~/who-can-get-medicare-covered-home-health-care,-and-what-services-does-medicare)

\*\* Home Care Cost Myth Busters; online at [caregiverstress.com/home-care/unraveling-home-care-myths/](http://caregiverstress.com/home-care/unraveling-home-care-myths/)

# Preparing a Safe Home

Home safety is important for any older adult, but becomes more urgent when a senior who is recuperating returns from a hospital or facility.

Keep in mind that some medications will make a senior weak or dizzy. Think about the layout of your older adult's home and what obstacles could get in your loved one's way at home. This home safety assessment can help:

- Examine dark pathways, corners and other areas where seniors regularly walk or read.** Make sure all areas of the home have adequate lighting. Timed and motion-sensor lights outdoors can illuminate potentially dangerous pathways. Inside, consider OttLites® – which provide a high-intensity beam for doing detail work. Make sure that hallways and stairs are properly lit.
- Look for ways to make entries safe.** Make sure that railings leading into a home are in good repair and that steps and sidewalks are not damaged. Or eliminate steps altogether. Install remote control locks.
- Think contrast.** Large red and blue buttons over hot and cold water faucet controls will help prevent dangerous mistakes for seniors who might be weak and confused after a hospital stay. A dark green or brown toilet seat and vinyl tape around the shower will make those fixtures more easily distinguishable.
- Look for ways to reorganize.** Mom always put the black stew pot under the stove to keep the kids from breaking it. Perhaps now it belongs on a shelf beside the stove. And who says the eggs must go in the egg tray of the refrigerator? Perhaps it's easier for your dad to reach them if they're stored in the meat tray. If that hallway table, which has been a permanent fixture, is becoming a dangerous obstacle, relocate it.
- Is clutter taking over?** Remove area rugs and stacks of newspapers and magazines, or other potential obstacles.

- Install safety devices.** Make sure your loved one has assistive devices in key areas of the home, including grab bars in the bathroom and sturdy railings on the stairs.
- Look for damage.** Look for towel bars or window sills that are separated from walls, or shower curtains that have been torn by seniors using them to grab onto.
- Consider security.** Think about the potential dangers that lurk within your loved one's home. Lock-in switches on thermostats and stoves will keep seniors who may be confused from harming themselves when they return home.
- Look behind closed doors.** Many seniors will close off parts of a house they no longer use. Be sure to check those areas regularly for mold or water damage, especially if your senior has been away from home for awhile. Don't close vents to crawl spaces.

Your older adult will be glad to be home, and making sure that everything is in order will help a loved one feel more secure.



## Stocking the Refrigerator and Cupboards, Changing the Linens

While you're getting everything together, don't neglect the refrigerator and cupboards. If your senior has been gone long, there may be spoiled and outdated food to replace and important staples to replenish.

Gear the type of food you restock the refrigerator and cupboards to the condition that your loved one will be in when returning home. If cooking will be a challenge and he or she doesn't have adequate help, buy or arrange for nutritious and easy-to-prepare preferably fresh or frozen, if necessary, alternatives. Or consider asking the social worker or case manager to help arrange signing up for a home delivery meal program such as "Meals on Wheels."

Remember to change the linens and restock important personal and hygiene products that a loved one could need.

\* For more on the importance of nutrition and dehydration, see page 25.

# Time to Go Home


It's the day you and your senior have undoubtedly waited for: time to go home! All hospitals and facilities have their own patient discharge procedures but, regardless of their policies, you can be better prepared by ensuring that you have all you and your senior need to be ready when you step out the door.

If you haven't had time to ask the questions in the beginning of this guide, do it now. Likewise, this could be your last chance before your older loved one departs from the hospital or facility to address his or her equipment needs.

Following is a checklist adapted from the Centers for Medicare and Medicaid Services\* that can help ensure that you and a loved one haven't forgotten anything:

- Confirm where your loved one will be going – back home or to a rehabilitation facility or care community.
- Ask staff what your loved one can do to get better.
- Ask about problems to watch for and what to do about them. Write down a name and phone number to call if you have problems.
- Review with medical staff the list of drugs, vitamins and herbal supplements your senior loved one will be taking. Write down a name and number to call if you have problems.
- Confirm the medical equipment your senior will need. Write down a name and phone number to call if you have questions about the equipment.
- Ask if your senior will need help with the following:
  - Bathing, dressing, using the bathroom or climbing stairs.
  - Cooking, food shopping, house cleaning, laundry, and paying bills.
  - Getting to doctors' appointments, picking up prescription drugs.
- Ask staff to show you and your senior any task that requires special skills such as changing a bandage or taking medication.



- Ask the social worker any final questions about what insurance will cover. If you need help with costs, ask about your options.
- Ask for written discharge instructions and a summary of current health status. Bring this information and list of medications for follow-up appointments. 
- Write down any appointments in the coming weeks.
- Get prescriptions and any special diet instructions.

Being prepared will help make you a more confident caregiver and put your loved one at ease.

If you can't be there when an older loved one goes home from the hospital, a CAREGiver<sup>SM</sup> from the Home Instead Senior Care<sup>®</sup> network's Returning Home program can assist.

\* Your Discharge Planning Checklist (Medicare); online at [medicare.gov/Publications/Pubs/pdf/11376.pdf](https://www.medicare.gov/Publications/Pubs/pdf/11376.pdf)

# The First Few Days

## The Warning Signs

Regardless of your older adult's situation and conditions, you will want to know the warning signs that could signal trouble when your senior is discharged from a hospital or facility.

Each senior's situation will be unique, but some general warning signs will help determine whether your older adult is in trouble.

According to the Visiting Nurse Service of New York\*, general problems to watch for include:

- o No bowel movement in three days
- o New skin problems
- o Change in balance, coordination or strength
- o Change in mental status or behavior
- o Ineffective pain management
- o Nausea or vomiting
- o Running out of medication
- o Dizziness
- o Diarrhea
- o Fever



Be sure to call the doctor if any of the problems above appear to be an issue for your senior. The Visiting Nurse Service of New York advises to call 911 if your senior is experiencing any of the following:

- Fall and is bleeding
- Fall and has a broken bone
- Severe or prolonged bleeding
- Severe or prolonged pain
- You are unable to wake the senior
- New onset of slurred speech
- Sudden weakness in arms or legs
- Chest pain that medication does not help
- Increased difficulty breathing not relieved by rest or medications

For more information about the symptoms and problems of chronic conditions, such as congestive heart failure and heart attack, visit [ReturningHome.com/conditions](http://ReturningHome.com/conditions).



## The Importance of Record Keeping

Tracking and record keeping could be an important part of your older adult's progress. Check with your loved one's doctor about what he or she thinks could be important to track on a daily basis. Here are some things that could be required:

- How much your senior eats and drinks
- Medications and dosages
- Activities
- Level of assistance provided
- Changes in condition



Look to medical professionals to help determine not only what must be recorded, but what doctors will need to know and how often.




## A Rested Caregiver

During the early days of your senior's recovery, you will want to make sure you're taking care of yourself.



Family caregivers often suffer from debilitating stress that can endanger their own health and place the person they care for at risk as well. Anger, anxiety, sadness, exhaustion and guilt are just a few of the signs that you may need assistance and support as a caregiver.

Make sure you're doing the following:

- o **Work out:** Exercise and enjoy something you like to do (walking, dancing, biking, running, swimming, etc.) for a minimum of 20 minutes at least three times per week. 
- o **Meditate:** Sit still and breathe deeply with your mind as “quiet” as possible whenever things feel as if they are moving too quickly or you are feeling overwhelmed by your responsibilities as a caregiver.
- o **Ask for help:** According to a national survey by the Home Instead Senior Care network of adults who are currently providing care for an aging loved one, 72% do so without any outside help. To avoid burnout and stress, you can enlist the help of other family members and friends, and/or consider the services of the Home Instead Senior Care network's Returning Home Care Program. 
- o **Take a break:** Make arrangements for any necessary fill-in help (family, friends, volunteers or professional caregivers.) Take single days or even a week's vacation. Talk about different things, read that book you haven't been able to get to, take naps, whatever relaxes you and makes you happy.
- o **Eat well:** Eat plenty of fresh fruits, vegetables, proteins, including nuts and beans, and whole grains. Indulging in caffeine, fast food and sugar as quick “pick-me-ups” also produce a quick “letdown.” 

**Caring for you, the caregiver, ultimately provides your senior loved one with the support needed to make a successful transition home.**

\* The early warning signs of trouble from the Visiting Nurse Service of N.Y. (Page 22); online at [ehcca.com/presentations/readsummit2/marren\\_2.pdf](http://ehcca.com/presentations/readsummit2/marren_2.pdf)

# The Next 30 Days

As your senior loved one starts feeling better, returning to a more normal routine will likely be a welcome outcome. Experts generally agree that first 30 days are a critical time for hospital readmissions. Even with good progress, though, a senior who has been in a hospital or facility for some time could be having difficulty returning to “functional status.”

This status refers to the ability of a senior to perform tasks that are typical of a daily routine. These tasks are usually referred to as “activities of daily living” or ADLs. The self-care tasks (eating, bathing, dressing, toileting, transferring (walking) and continence) are especially important, because these are the basic ADLs considered essential for independent living.

Health-care providers usually ask whether the person requires help from someone else to complete these basic tasks. They will also ask about the person’s ability to manage household affairs, such as using the telephone, stove or washer. These are called instrumental activities of daily living (IADLS.)

Even seniors who are healthy sometimes need help with these activities. And, often, those who have been in a hospital or facility need extra help to be able to take care of the typical tasks that healthy individuals can take for granted.

# Medication Management

Medication mismanagement is one of the leading problems that sidelines a senior's successful recovery.

Adverse drug events cause **more than 700,000 emergency department visits** each year,

according to the Centers for Disease Control and Prevention\*.

Nearly 120,000 patients each year need to be hospitalized for treatment after emergency visits for adverse drug events, reports the Centers for Disease Control. As more people take additional medications, the risk of adverse events may increase.

## Why Seniors Are Vulnerable

Although many seniors take regular medications, a recent hospital stay could result in new and unfamiliar prescriptions. Taking the right medication at the proper time and in the correct dosage is important to keeping an older adult on the road to recovery.

Following are key tasks that older adults returning home often need assistance with to ensure they remain safe and on track:

- Picking up prescriptions from the pharmacy.
- Ensuring medication is taken.
- Refilling prescriptions. (It's best to go to a senior's regular pharmacy to avoid adverse reactions from a combination of drugs prescribed by different sources such as hospital and primary care physician.)
- Organizing pills to ensure that confusion doesn't lead to a medication mishap. A pill box can help track whether a senior has taken his or her medications. Some pharmacies will fill a pill box and others offer a service that seals each day's medications in a blister pack.
- Tracking medications to help older adults more easily manage their health.



Make sure your senior has the support he or she needs to manage the tasks above.

## Senior Emergency Kit

Whether accompanying your loved one to a doctor's appointment or in response to a medical crisis, it's critical to have your loved one's medical information easily and quickly accessible.

The Home Instead Senior Care network worked with Humana Points of Caregiving® to create the Caring for Your Parents: Senior Emergency Kit<sup>SM</sup>, an information management tool and website. This website (SeniorEmergencyKit.com) includes many resources to help you be better prepared for a senior emergency or a possible trip back to the hospital.



**SeniorEmergencyKit.com**

\*The risks from the Centers for Disease Control; online at [http://www.cdc.gov/MedicationSafety/Adult\\_AdverseDrugEvents.html](http://www.cdc.gov/MedicationSafety/Adult_AdverseDrugEvents.html)

# Doctor Follow-Up



Considering all the activity that goes with a senior's return home, follow-up doctors' appointments can be easily overlooked – especially if a senior feels well. But, according to experts, missed appointments are among the biggest pitfalls of a successful transition home.

As life returns to normal, you or a senior may be tempted to forgo these appointments altogether. Or they can be easily forgotten. That would be a mistake. Medical appointments are important benchmarks in the recovery process.



Prescriptions may have been updated while your senior was sick or recovering. Perhaps they need to be changed again. Your senior's doctor may want to run some blood work (which can reveal issues not obvious to the eye) or order follow-up X-rays and CT scans (which can help ensure your senior is on the right track). And incisions and wound care must be carefully monitored.

Another common concern for seniors and their family caregivers is transportation. With so many working family caregivers, getting that older adult to and from doctors' appointments can be a challenge. You may need:

- Someone to make an appointment if your senior is unable to do so.
- Transportation for your senior to attend follow-up appointments and someone to listen to the physician's recommendations, clarify for the senior, if necessary, and communicate to the family caregiver.
- Attention to detail while at the doctor's office also is important. When he or she is with the doctor, the National Transitions of Care Coalition\* advises that your senior loved one should know these things:
  - Why am I meeting with a health-care provider today?
  - What medical conditions do I have?
  - Do I have a list of all the medicines I take?
  - Besides taking my medicines, what else do I need to do (such as get blood tests or other medical tests, change bandages, etc.)?



- Is there more than one doctor or health-care provider that I must see?
- Has the doctor who discharged me sent my discharge plan or other information about my health to the doctor I am seeing?
- Who should I call before my next appointment if I have questions or problems managing my care or dealing with my condition?

If you are unable to be there to provide transportation and support at the doctor's office, look to other resources to help.

\* A checklist for a medical appointment from the National Transitions of Care Coalition; online at [ntocc.org/Portals/0/Taking\\_Care\\_Of\\_My\\_Health\\_Care.pdf](http://ntocc.org/Portals/0/Taking_Care_Of_My_Health_Care.pdf)

# Nutrition and Hydration

Good nutrition is important for everyone, but proper diet is a necessity for seniors home from the hospital or a facility. Sometimes older adults don't feel like eating when they arrive home. Some medications can impact appetite and even the way food tastes. Other older adults – particularly those with dementia – are no longer able to cook for themselves while some cannot, or should not, drive to get the groceries they need.



If a senior is home alone recuperating with no one to prepare nutritious meals, consider either a supplemental meal program or caregiving support. Most communities have programs, such as “Meals on Wheels,” that can provide an older adult nutritious meals. However, those programs are not usually available for each meal, every day of the week. So you and your senior will want to develop a plan that takes into account the daily nutritional needs of a senior.



Proper hydration is as important as good nutrition. Older adults can be vulnerable on two counts, according to experts. As we age, the brain may be unable to sense dehydration and send the signals for thirst. In addition, those who are sick or have certain medical conditions may be unable to get the fluids they need during the day, or must be encouraged to drink.

## The Warning Signs Associated with Nutrition

As your older adult is recovering, keep in mind these warning signs that a senior could be at nutritional risk. As you can see, a recent illness and multiple medications are, in and of themselves, risk factors:

1. Loss of appetite
2. Little to no interest in eating out
3. Depression
4. Sudden weight fluctuation
5. Expired or spoiled food
6. Skin tone
7. Lethargy
8. Cognitive problems
9. More than three medications
10. A recent illness

Those helping a senior recover will want to:

- Incorporate socialization during meals to encourage a senior to eat.
- Coordinate food intake with medications. Many medications require they be taken with food at certain times of the day; others indicate they should be taken on an empty stomach or by avoiding food altogether.
- Prepare meals and shop for healthy ingredients to fill the client's cupboards with easily accessible and simply prepared foods.
- Monitor compliance with dietary restrictions.

Companionship is an important part of healthy nutrition since loneliness and depression can impact a senior's appetite and interest in eating.

# Home Free!

Congratulations! Hopefully your senior loved one has made a successful transition home. Home is the place where most seniors want to be – and stay. As a matter of fact, upwards of 90% say they want to age in place at home, according to industry surveys.

Support for a family's older adults is a labor of love that will generate benefits not only for seniors, but extended family members as well.



After all, you've set an example for the kind of love and care that honors the life of your older adult and serves as a legacy for future generations. And that's something of which to be very proud.

## Resources of the Returning Home Program

The Home Instead Senior Care network stands ready to provide the types of services that can help seniors make a successful transition from a hospital or facility back to their familiar home environment and routines during the critical 30 days after hospital discharge.

Services of the Home Instead Senior Care network's Returning Home Care Program include:

- Readying an older adult's home including changing bed linens, straightening the house to create a welcoming environment, buying groceries and preparing healthy meals;
- Discharge coordination and execution;
- Medication and nutrition management;
- Record keeping;
- Monitoring for warning signs;
- Transportation to follow-up physician visits.

For more information, contact your local Home Instead Senior Care office or go to [ReturningHome.com](http://ReturningHome.com)

The Home Instead Senior Care network offers additional information on many topics in this guide at [CaregiverStress.com](http://CaregiverStress.com) and [HomeInstead.com](http://HomeInstead.com) including:

**The 40-70 Rule® and 70-40 Rule®** - Bridging the communication gap between adult children and their senior loved ones.

**The 50-50 Rule®** - Helping siblings overcome family conflict while caring for aging parents.

**Cooking Under Pressure®** - Arming seniors and family caregivers with nutrition resources for healthy aging.

**Craving Companionship<sup>SM</sup>** - Helping seniors stay connected socially and eat more nutritiously.

**Answering the Call®** Features a Senior Emergency Kit<sup>SM</sup> developed with the assistance of Humana Points of Caregiving®, can help older adults and their families track medications to avoid problems.

**Get Mom Moving®** While staying physically active may be a challenge for seniors, getting Mom (and Dad) moving can help prevent and even reverse signs of frailty, and help increase their independence.







*To us, it's personal.®*

**HomeInstead.com**  
**ReturningHome.com**

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