Case study

Mrs. Smith lives alone in her home in <>. She lost her husband about two years ago and has been hesitant to make any changes since she's lived in the same home for over 20years. She has some friends that moved to a local senior community and has been looking at that as an option but states she is still not ready to make the move yet. Her daughter Laura lives in another state, works full time and is raising a family. Fortunately, they've had a good relationship (which is not always the case) so her daughter and Mrs. Smith both say they are close. Mrs. Smith has her usual routine; church on Sundays, grocery shopping, bridge club and master gardeners group. Recently however, she has had a change in condition which requires more medications and she has been having difficulty taking her medications as prescribed. Her friendly pharmacist has started to notice that Mrs. Smith has been having difficulty keeping up with the medication refills and is confused about what she's taking. Mrs. Smith has a chronic condition which requires frequent doctors' visits and medication compliance. She lives comfortably on her deceased husband's pension and on her own pension from TRS & social security. In addition to the change in her chronic condition, she is having difficulty managing her bills and has started to pay bills twice. Her daughter Laura has started to worry that her mom is an easy target for scams. Her memory gets worse due to frequent urinary tract infections which cause fatigue and confusion. Laura is getting worried that mother has dementia because when she speaks with her on the phone, her mother sounds confused and repeats herself. The daughter and pharmacist are friends from high school so they've spoken about this and both agree that they notice a change.

Mrs. Smith's pharmacist recommends that her friend Laura contact her local Aging Life Care Manager to discuss completing a comprehensive needs analysis to see what's really going on with mom and identify options to keep her healthy, happy and safe. The Aging Life Care Manager meets with Mrs. Smith and gathers an extensive health history by looking at recent medical records and diagnoses. She also observes Mrs. Smith in her home environment and assesses her functional status (ADL's IADL's) and looks for potential safety hazards. As part of the analysis, she inquires about Mrs. Smith's financial status and assets i.e. long term care insurance, houses, stocks, 401k's etc… to determine the most financially appropriate plan. She also asks Mrs. Smith to see her legal documents which happen to be hidden away in the back of her closet. Mrs. Smith hasn't updated them since her husband passed and her daughter Laura has no copies. Next, her Aging Life Care Manager conducts a specialized preliminary cognitive assessment to identify areas of strength and deficit and determine whether it's time to refer to a neurologist. Throughout the entire meeting, Mrs. Smith and her Aging Life Care Manager are discussing her goals, social activities and spirituality to best determine the plan of care to follow.

What should be the first referral recommendation for Mrs. Smith and her daughter to complete?

Answer: Update POA's, Wills and Advanced Directives (Dennise give prize to person who guesses correctly?)

Through the initial needs analysis, Mrs. Smith expresses that she needs help with transportation and no longer feels safe behind the wheel. She has more doctor's appointments now and still wants to participate in her social activities but is worried about getting into an accident. She also notices that the groceries are getting too heavy to carry but she still prefers to go to the grocery store instead of having them delivered. Her Aging Life Care Manager suggests hiring a non medical caregiver to help transport her to and from grocery store. The Aging Life Care Manager also suggests putting precautions into place that ensure that Mrs. Smith is taking her medications on time and as prescribed. Her Aging Life Care

Manager attends doctors' appointments with Mrs. Smith and keeps up with disease specific details and ensures that the specialists are communicating with the other doctors. She also communicates with the pharmacist as needed on medication refills and delivery. When the time is right, she recommends bringing in a home healthcare company to help Mrs. Smith with PT OT and Speech. However, since this is only a temporary services due to Medicare guidelines, the ALCM acts as the constant support through the various transitions of care needs and keeps the daughter updated throughout. The daughter now visits and doesn't have to worry about her mom.

The Aging Life Care Manager also suggests bringing in a professional bill payer to help coordinate bills and lessen the possibility of fraud. At some point however, Mrs. Smith states that all of her friends have moved to the local senior communities and she is starting to feel lonely. She's been diagnosed with a form of dementia and her cognition is starting to decline. Mrs. Smith and her daughter agree it is time to start the downsizing process and sell her home.

After review with her Aging Life Care Manager, Mrs. Smith has picked her top three senior communities and want to know which one could accommodate her funds (using LTC insurance) and her specific chronic condition(s). She also wants to have fun social activities and easy medical access all within the community. She and her daughter tour the top 3 choices and Mrs. Smith and her daughter choose an AL with memory care option (since she was diagnosed with dementia). Mrs. Smith lives there for some time until her condition changes and she transitions to memory care. She's started having problems remembering meal times and has been wandering at night. After living in the memory care for a few years she develops chronic kidney failure which her doctor's have stated has moved closer to terminal stage. Daughter does not understand what options are, so ALCM pulls in palliative care professional to discuss options palliative vs hospice. At this point, the daughter uses her POA and chooses hospice so services are started and Mrs. Smith receives services for 6months. She's started to need more overnight care and the agency she used for errands can no longer accommodate the intense overnight requirements, (turning her every two hours, etc…) so her Aging Life Care Manager receommends a second agency with the licensure to accommodate those more intense care needs. Eventually, Mrs. Smith passes away and because she's had everything managed appropriately by the care team created she passes smoothly. Her daughter is able to know she made all the right decisions and is at peace with her mother's passing.