

Types of Care for the Elderly



According to agingstatistics.org, there are more than 90 million people over the age of 60 living in the United States. This means that at least a third of the population of the country is minimally considered to be elderly. Approximately 58 percent of this population is living in a community center, with the rest living in some form of assisted living. This means that the need for those having at least a minimal need for elder care has reached over 52 million individuals. Informally, there are 22 million (roughly one in five) households providing informal care to one or more elderly persons. It can be as simple as providing meals for the elderly or as complex as helping with bathing and dressing an elderly person. In the workplace, one in ten workers were employed in caring for the elderly.

The need for eldercare is universal and will not likely change for many years. As families splinter and separate more, it will become the problem of the population as a whole to care for these people in the various facilities that are available for the elderly to receive care.

TYPES OF ELDER CARE

The following are the most common places for chronic eldercare, ranked from least expensive to most expensive.

- Home care in the resident's home
- Home care in a family member's home
- Assisted living/High rise apartments
- Nursing home living

Each of these types of living situations has its pros and cons and each have its different safety levels.

HOME CARE IN THE RESIDENT'S HOME

The elderly patient doesn't usually arrive at the need for care overnight unless there

is a sudden illness or stroke which affects the level of care the person needs. It is often a gradual process, whereby the elderly person needs an increase in medication management, help with meals and help with dressing or other hygiene issues. If an elderly person is relatively sound of mind and body but is somewhat frail and unable to make meals themselves, they can participate in a "Meals on Wheels" program, in which the elderly person receives a solid meal at least once per day and they handle the making of the other meals. The individual may need a home health aide to bath them or to do their laundry a couple of times per week. A family member can participate or take over these responsibilities, including cleaning and financial issues for the elderly person. If a family member does these things, the cost can be quite minimal.

The advantages of doing this kind of eldercare is that the individual is able to remain in a comfortable, familiar surroundings and often family members participate in their care. It is inexpensive and provides the needed services the elderly person needs. A nurse can come into the home and can meter out the medications and assess the patient for health care service needs.

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The disadvantages of home care are that the patient is often quite frail and may have mental deficiencies that can cause a risk to health. The person could leave the home and freeze to death on a cold winter's day or could burn themselves on the stove. They could fall and break a hip with no one to find them for up to a day. The elderly person also lacks social outlets when left alone at home and they can become depressed or just lonely.

The following criteria must be in place for home-care to be a viable option in the patient's own home:

- The patient must have minimal mental status issues and have no dementia.
- The patient must be able to toilet oneself and accept help in bathing.
- The patient must be ambulatory, even if it is with a cane or walker.
- The person must have their home made safe, such as removing rugs and turning off the stove.
- The person must be able to use the phone to ask for help.
- The elderly person might wish to use a Life-Line®.
- The person can take medications safely.
- The elderly person must be free of significant mental illness as the loneliness can worsen it.

Home Care in a Family Member's Home

Sometimes for social, safety or convenience reasons, it becomes necessary for the elderly individual to truly become a member of the family and moves into the home of a family member or other relative. The house is often sold and the person moves into his or her own bedroom in the home of the relatives. The elderly person becomes a real member of the family, with other family members creating a homey feel, feeding the person, helping them with activities of daily living, giving them their medications and doing whatever is necessary to properly care for the elderly person. There can be the hiring of a home health aide to do things like bathing and dressing and a home health nurse can come out to visit and make sure that the elderly person is doing well and is being well cared for. Medications are discussed and the home health nurse works closely with the doctor to change or alter medications whenever needed.

This tends to be stressful on the family as there is a lot of work to do but it also provides a homey atmosphere in which the elderly person is a valued part of

the integral family. Pros of having an elderly person living in a family member's home include the positive social experience that both parties can enjoy. It is an inexpensive way of caring for an elderly person—far less expensive than a nursing home or nursing facility. The cons to having an elderly person in the home are that someone may have to be there on a near constant basis, depending upon the degree of dementia the person may have. It may also be uncomfortable to change Depends™ or to toilet a relative without embarrassment on both sides. The house must be made elder-proof with changes to the toilet, the shower, electrical lines or outlets, or rugs on the floor. If the house is two-story, it may be difficult for the elderly person to get up and around so that he or she may need to take up a ground floor room and bathroom. It is also very stressful to handle the care of a loved one, especially when family members are also working full-time jobs or if the elderly person is a safety risk due to dementia. This is where home health aides and home health nurses really come in handy. The stress of the situation can lead to elder abuse in some situations,

Criteria for being able to have an elderly person live in a family member's home:

- There must be minimal dementia unless the person is watched at all times.
- Family members must agree to the collective responsibility.
- The house must be elder-proof for safety.
- There must be room to move about with a wheelchair or the individual must be ambulatory.
- There must be ability to toilet and sleep the elderly person on the ground floor.
- A ramp must be put in if the patient is wheelchair bound.
- There must be adequate care for the patient, whether it be round the clock or intermittent as necessary.

ASSISTED LIVING ARRANGEMENTS

Assisted living is a nice option for families who can't do much to participate in the care of their elderly person or for couples who can no longer care for a big house and all of the things involved in living alone. The assisted living involves large rooms or apartments which may or may not have the ability to cook in them but that have bedroom and toilet facili-

ties and a small area to take in guests. Such assisted living apartments are set up in a building that often has a large dining room in which sometimes all meals are served and, in other situations, the evening meal only is served in a communal dining situation. There are services given a la carte, including home health nursing services, services in which the patient is checked on every day by staff members, in home meal services and home health aides to help with things like bathing and sometimes toileting. The elderly patient is afforded some degree of dignity and privacy but with the cares they need by professionals who are around to some degree.

The pros of assisted living are that the individual or couple maintains a degree of privacy and a homey feeling to their environment. They also have helpful people around them at most times who can help them with their issues and with food. There is a community of elderly people around them and some assisted living centers have “movie night” or “bingo” to keep the minds of the residents happy. It is less stressful on the families of residents who can feel assured their relative is safe and in a social environment. Nutritional meals are served generally once per day or more.

The cons of the assisted living facilities include that people can slip into a depression because they’re not in their “own” home. The level of dementia can increase when the resident is placed outside of their home environment. There is also limited help with toileting or financial issues so the resident must handle that themselves. There is not twenty-four hour care so it may be too much freedom for some dementia or fragile elderly residents to handle. It can become difficult to define when the need for assisted living is too little and when there is the need for more advanced care.

The following are the necessary items for assisted living to work well:

- The resident must have minimal dementia.
- The resident must be able to get around their apartment without assistance.
- The resident must generally be able to toilet themselves.
- The resident must be able to handle his or her finances or get help from family members.
- The resident must be able to ring for assistance by themselves.

- The resident can be wheelchair-bound or use a cane or walker.
- The resident should be able to get to communal dining for meals if mandatory.

NURSING FACILITY

The highest level of care an elderly person can receive is the skilled nursing facility. A variety of patients come to a skilled nursing facility or “nursing home” and for a variety of reasons. Some are physically relatively healthy but have moderate to severe dementia, necessitating around-the-clock care and attention. Others are



recovering from surgery and are undergoing physical therapy so they can move back home. Still others are a combination of mental and physical deficits such that they cannot comfortably care for themselves. Many need help with toileting and need to be fed by hand. These are things that a family cannot always handle by themselves unless they have a hospital bed or more than one person help with toileting and bathing the elderly person.

Often the resident in a skilled nursing facility truly needs the assistance of someone on a 24-hour basis and the skills of a full-time registered nurse to deliver medications and assess health problems like leg ulcers and diabetes. Skilled nursing facilities are communities of residents, some of whom, share a room with one or more other residents, which live in an environment where there is skilled nursing, nursing aides, occupational therapy and physical therapy. It is a unique environment in which the appearance of things is much like a hospital and the level of care is nearly that as is delivered at a hospital but it has homey qualities such as decorations, round, dining-style tables and recreation rooms.

The pros of living in an assisted living facility include a high level and standard of care in most nurs-

ing homes, which are regulated by the government. Elderly people have a high degree of socialization and are rarely lonely. They receive medications at a regimented time and have the services of a registered nurse to monitor any medical conditions. They receive visits by a doctor every 30 to 60 days or as necessary, based on their health condition. The meals they receive are nutritious and their eating is monitored carefully.

The cons of having an elderly person live in a skilled nursing facility are that it can seem too much like living in a hospital with a lack of privacy and a lot of activity going on which can be disconcerting to those with dementia. The lack of family contact can contribute to depression and disorientation and the care itself can be done with a lack of caring or compassion. Residents often have to share rooms with others so they, again, lack privacy. Many have none of their own belongings with them and must sleep in a hospital bed. Skilled nursing facilities cost thousands of dollars per month, putting most people on welfare

after a few months of living in such a facility.

These are the requirements of an individual to be in a skilled nursing facility:

- The client must not have a condition for which they should be hospitalized.
- The client needs to eat by mouth or gastrostomy tube unless it is a specialized facility.
- The client may need to meet some behavioral requirements or they need to be in a specialized facility.
- The patient must generally need around-the-clock nursing cares.

There are some nursing facilities that just cater to Alzheimer's disease and other dementia or behavioral patients. Other facilities just don't take dementia patients and only take those with medical conditions and frailty. Such facilities are few and far between but they can be very successful in behavioral orientation and specific medical techniques. Most skilled nursing facilities do not do IV therapy unless they are specialized.

