Families, Caregivers & Safety.

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Staff Psychiatrist, Geriatrics; Butler Hospital
Conflicts of Interest

- No Conflicts

- Support From:
  - Butler Hospital
  - Alpert Medical School
  - NIH (Mental Health, Nursing)
  - Hartford Foundation
  - Beth Israel Hospital
  - Health and Aging Policy Fellows
Objectives

- Recognize situations in which a family caregiver can aid patient care.
- Recognize situations in which a surrogate decision-maker is necessary.
- Understand how to direct patients, family members and caregivers to resources.
2016 NAM Report: Families Caring for an Aging America

Activity

Study on Family Caregiving for Older Adults

Type: Consensus Study
Topics: Aging, Children, Youth and Families, Health Services, Coverage, and Access
Board: Board on Health Care Services

Activity Description

An ad hoc Institute of Medicine committee will develop a report with recommendations for public and private sector policies to support the capacity of family caregivers to perform critical caregiving tasks, to minimize the barriers that family caregivers encounter in trying to meet the needs of older adults, and to improve the health care and long term services and supports provided to care recipients.
Recommendation 1: Summary

- Secretaries of HHS, Labor, Veterans Affairs
- Other Agencies, Private Sector, Advocates
- National Family Caregiver Strategy
  - Administratively & New Legislation
  - Adapt Nation’s Health Care System and LTSS
  - Address Diversity
- Goal: Engage Family Caregivers & Support Their Health
Recommendation 1-a:

- Develop, test, and implement effective mechanisms within Medicare, Medicaid, and the U.S. Department of Veterans Affairs to ensure that family caregivers are routinely identified and that their needs are assessed and supported in the delivery of health care and long-term services and supports.
Recommendation 1-b:

- Direct the Centers for Medicare & Medicaid Services to develop, test, and implement provider payment reforms that motivate providers to engage family caregivers in delivery processes, across all modes of payment and models of care.
Recom mendation 1-c:

- Strengthen the training and capacity of health care and social service providers to recognize and to engage family caregivers and to provide them evidence-based supports and referrals to services in the community.
**Recommendation 1-d:**

- Increase funding for programs that provide explicit supportive services for family caregivers such as the National Family Caregiver Support Program and other relevant U.S. Department of Health and Human Services programs to facilitate the development, dissemination, and implementation of evidenced-based caregiver intervention programs.
Recommendation 1-e:

- Explore, evaluate, and, as warranted, adopt federal policies that provide economic support for working caregivers.
Recommendations 1-f & 1-g:

1-f: Expand the data collection infrastructures within the U.S. Departments of Health and Human Services, Labor, and Veterans Affairs to facilitate monitoring, tracking, and reporting on the experience of family caregivers.

1-g: Launch a multi-agency research program sufficiently robust to evaluate caregiver interventions in real-world health care and community settings, across diverse conditions and populations, and with respect to a broad array of outcomes.
Recommendation 2:

- State governments that have yet to address the health, economic, and social challenges of caregiving for older adults should learn from the experience of states with caregiver supports, and implement similar programs.
Recommendation 3:

- The Secretaries of the U.S. Departments of Health and Human Services, Labor, and Veterans Affairs should work with leaders in health care and long-term services and supports delivery, technology, and philanthropy to establish a public–private, multi-stakeholder innovation fund for research and innovation to accelerate the pace of change in addressing the needs of caregiving families.
Recommendation 4:

- In all the above actions, explicitly and consistently address families’ diversity in assessing caregiver needs and in developing, testing, and implementing caregiver supports.
Outline

- **Principles**
  - Legal: Patient Autonomy & Consent
  - Ethical: Surrogate Decision-makers

- **Devices**
  - Documents: DPAH, MOLST, LW
  - Interventions: Physician Roles

- **Procedures**
  - Capacity & Environment
  - Driving Safety

- **Policies & Practices**
  - Current Laws
  - Reform Efforts
Outline

- Principles
  - Legal: Patient Autonomy & Consent
  - Ethical: Surrogate Decision-makers

- Devices
  - Documents: DPAH, MOLST, LW
  - Interventions: Physician Roles

- Procedures
  - Capacity & Environment
  - Driving Safety

- Policies & Practices
  - Current Laws
  - Reform Efforts
Caregiving:

- **Definition:** An adult who provides unpaid assistance with ADLs to another adult
  AARP NAC 2004

- Above and beyond the “normative” or “usual” responsibilities of marriage or caring for an elder parent
  Ory M; in Schulz R, 2000

- 43.5 million American caregivers
  AARP NAC 2015

- 32.2 million to adult age >50 in past 12 months

- 22% of caregivers assist a person with dementia
  AARP NAC Survey 2015
2015 Report

Caregiving in the U.S.

Conducted by

AARP
Public Policy Institute
Institute for Healthcare Improvement (IHI)

"Triple Aim:
• Care Experience for Individuals
• Health for Populations
• Lower Cost
Talley: Triadic Model of Caregiving

Professional Caregiver: Physicians, Nurses, Psychologists, Therapists

Family Caregiver: Immediate Family, Extended Family

Care Recipient: Any Illness, Any Age
Legal: Autonomy & Consent

- Patient Autonomy
  - The individual patient has control of decisions
  - Assumed: Individual patient has the capacity to decide

- Informed Consent
  - The patient or representative is provided information
  - Available information is adequate to make decision
  - The patient or representative has the capacity to understand the information and decide.
Capacity and Competence

• Often capacity and competence are used interchangeably, but they have different meanings
  • Capacity: a medical determination that an individual is not currently capable of making an informed decision.
  • Competence: a determination by a legal body, usually a probate court judge; may result in an individual’s loss of autonomous decision-making power.
Caregiving can have adverse effects

- Mental Health Effects
- Medical Health Effects
- Mortality
Differences in Depression Severity in Family Caregivers of Hospitalized Individuals With Dementia and Family Caregivers of Outpatients With Dementia

Gary Epstein-Lubow, M.D., Brandon Gaudiano, Ph.D., Ellen Darling, B.A., Mathew Hinckley, B.A., Geoffrey Tremont, Ph.D., Robert Kohn, M.D., M.Phil., Louis J. Marino, Jr., M.D., Stephen Salloway, M.D., M.S., Renée Grinnell, B.A., Ivan W. Miller, Ph.D.

- Dementia Caregivers:
  - 41 inpatient
  - 44 outpatient

- Depression:
  - CESD 10-item > 9
  - 63% inpatient
  - 43% outpatient

- Feasible to Assess.
- Interventions?
Caregiving: Physical Health Effects

- Global Health Measures
- Physiological Measures
  - Immune function, HPA-axis dysregulation, cardiovascular, other metabolic...
- Health Habits
  - Sleep, Exercise, Nutrition
  - Self-Care, Medication Compliance
- Mortality
Caregiving as a Risk Factor for Mortality
The Caregiver Health Effects Study

Richard Schulz, PhD
Scott R. Beach, PhD

- 392 caregivers
- 427 noncaregivers
- Age > 66
- 63% higher mortality
  - at 4 years
  - for strained caregivers
Physical and Mental Health Effects of Family Caregiving

- Mental Effects
- Physical Effects
- Positive Outcomes

Schulz, Richard PhD; Sherwood, Paula R. PhD, RN, CNRN
Legal: Patient Autonomy & Consent
Ethical: Surrogate Decision-makers

Documents: DPAH, MOLST, LW
Interventions: Physician Roles

Capacity & Environment
Driving Safety

Current Laws
Reform Efforts
Outline

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- Driving Safety

Policies & Practices
- Current Laws
- Reform Efforts
Living Wills and Power of Attorney

Rhode Islanders have the right to control decisions related to their medical care and to authorize others to make medical decisions for them if they become unable to do so themselves. If you have questions regarding the legal issues relative to any of these laws or forms, you should consult an attorney.

Living Wills

The Rights of the Terminally Ill Act allows individuals to instruct their physicians to withhold or withdraw life-sustaining procedures in the event of a terminal condition. If you wish to establish a Living Will, you may use the form in the statute or you may create your own form if it meets the requirements of the Act.

Durable Power of Attorney for Health Care

Rhode Island law allows an individual to authorize another person to make decisions affecting their healthcare if they become unable to do so. You do not have to have a terminal condition to activate the Durable Power of Attorney for Health Care. If you wish to name an agent for these purposes, you must use the statutory form.

Organ Donation

The Office of State Medical Examiners supports the donation of organs and tissue. Organ donation can help families through the grieving process and give others a second chance at life. MORE

Forms

Durable Power of Attorney for Health Care  🇺🇸 English  🇺🇸 Spanish

Living Will  🇺🇸 English  🇺🇸 Spanish  🇵🇹 Portuguese  🇫🇷 French
Rhode Island Durable Power Of Attorney For Health Care

AN ADVANCE CARE DIRECTIVE

“A GIFT OF PREPAREDNESS”
INSTRUCTIONS
To Living Will

A living will is a written document which directs your physician to withhold or stop life-sustaining medical procedures if you develop a terminal condition and can’t state your wishes at the time a decision about those kinds of procedures must be made.

Rhode Island law suggests a form of living will but does not require its exclusive use. If you decide to sign a living will, you may use the form supplied with these instructions or make your own living will form. If you use this form, please read and follow these instructions carefully.

1. Print your name in the first line of the form.

2. Place a check mark in the third paragraph to indicate whether you want artificially-administered nutrition and hydration (food and water) to be stopped or withheld like any other life-sustaining treatment. Remember, if you do not want artificial nutrition and hydration, your living will must say so.
Medical Orders for Life-Sustaining Treatment (MOLST)

Medical Orders for Life Sustaining Treatment (MOLST) are instructions to follow a terminally ill patient's wishes regarding resuscitation, feeding tubes and other life-sustaining medical treatments. The MOLST form can be used to refuse or request treatments and are completely voluntary on the part of patients. These orders can supplement Do Not Resuscitate (DNR) instructions or a COMFORT ONE bracelet.

What Patients or Their Recognized Healthcare Decision Makers May Do

- Talk to your healthcare provider to discuss your condition, consider treatment options, and decide on your wishes related to life-sustaining treatments.
- File a copy of the MOLST form with your healthcare provider to make your wishes known. Once this form is filed it must be followed by all of your medical providers and in any Rhode Island healthcare facility where you go for care. The MOLST form may be honored in some other states and is always a good record of your treatment preferences.
- Keeps the MOLST form with you where it is easy to locate (e.g., on the refrigerator, beside the bed, or on the door), and carry it with you or trips outside the home. Make copies and give them to your recognized healthcare decision maker and/or family members.
- Amend or revoke your orders at any time. A new form should be completed and signed whenever there are any changes to any of the orders.

What Healthcare Providers Should Do

A physician, registered nurse practitioner, advanced practice registered nurse or physician assistant who is authorized by the patient is authorized to sign Medical Orders for Life Sustaining Treatment.
**Medical Orders for Life Sustaining Treatment (MOLST)**

Follow these orders, then contact a MOLST-Qualified Health Care Provider. This is a Medical Order Sheet based upon the person’s wishes in his/her current medical condition. Any section not completed implies full treatment. This MOLST remains in effect unless revised.

<table>
<thead>
<tr>
<th>Patient’s Last Name</th>
<th>Patient’s First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**A**

CARDIOPULMONARY RESUSCITATION (CPR): *Person has no pulse and is not breathing.*

- [ ] Attempt Resuscitation/CPR
- [ ] Do Not Attempt Resuscitation/DNR (Allow Natural Death)
  - No defibrillator (including automated external defibrillators) should be used on a person who has chosen “Do Not Attempt Resuscitation.”
  - When not in cardiopulmonary arrest, follow orders in sections B and C.

**B**

MEDICAL INTERVENTION: *Patient has a pulse and/or is breathing.*

- [ ] Comfort Measures Only: Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Use antibiotics only to promote comfort.

- [ ] Limited Additional Interventions: Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

- [ ] Full Treatment: Includes care described above in Comfort Measures Only and Limited Additional Interventions, as well as additional treatment, such as intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated.

**C**

TRANSFER TO HOSPITAL

- [ ] Do not transfer to hospital for medical interventions.
- [ ] Transfer to hospital if comfort measures cannot be met in current location.

**D**

ARTIFICIAL NUTRITION (For example a feeding tube): *Offer food by mouth if feasible and desired.*

- [ ] No artificial nutrition
- [ ] Long-term artificial nutrition, if needed
- [ ] Defined trial period of artificial nutrition
- [ ] Artificial nutrition until not beneficial or burden to patient
DECISION-MAKING ASSESSMENT TOOL
(FOR LIMITED GUARDIANSHIP OR GUARDIANSHIP)

Name of Individual being assessed: ________________________________

Date of birth: _________________________________________________

Current address: ________________________________ Permanent address (if different):

No. __________________________________________ No. ____________

Street __________________________________________ Street ____________

City/Town ____________ State ________ Zip ________ Phone Number ____________

City/Town ____________ State ________ Zip ________ Phone Number ____________

Instructions for Completion

This document will be used by a Probate Court to determine whether to appoint a guardian to assist this individual in some or all areas of decision-making.

This document has two parts. Please first complete the part which is right after these instructions, titled Assessment. Then complete the second section, titled Summary.

To a physician completing this document: The individual’s treating physician must complete this document. If there is any information of which the treating physician does not have direct knowledge, he or she is encouraged to make such inquiries of such other persons as are necessary to complete the entire form. Those persons might include other medical personnel such as nurses, or other persons such as family members or social service professionals who are acquainted with the individual. If the physician has received information from others in completing this form, the names of those individuals must be listed on the Summary.
A. BIOLOGICAL ASSESSMENT

THE FOLLOWING IS BASED UPON A PHYSICAL EXAMINATION CONDUCTED

BY MEON DATE: ____________________________

1. DIAGNOSIS and PROGNOSIS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. MEDICATIONS (PLEASE LIST):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How do the above medications, if any, affect the individual's decision-making ability?
Please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. CURRENT NUTRITIONAL STATUS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B. PSYCHOLOGICAL ASSESSMENT

1. MEMORY (CHECK ONE)

[ ] A. Intact
[ ] B. Mild Impairment
[ ] C. Moderate Impairment
[ ] D. Severe Impairment

2. ATTENTION (CHECK ONE)

[ ] A. Intact
[ ] B. Mild Impairment
[ ] C. Moderate Impairment
[ ] D. Severe Impairment

3. JUDGEMENT (CHECK ONE)

[ ] A. Intact
[ ] B. Able to Make Most Decisions
[ ] C. Impaired
[ ] D. Gross Impairment

4. LANGUAGE (CHECK ONE)

[ ] A. Intact
[ ] B. Sensory Deficits:
   - Hearing/Speech/Sight
   - Impairment in Comprehension
   - Speech Mild/Moderate/Severe
[ ] C. Completely Unresponsive

5. EMOTION (CHECK ALL THAT APPLY)

A. ANXIETY/DEPRESSION

[ ] 1. None
[ ] 2. History of Anxiety/Depression
[ ] 3. Moderate Symptoms of Anxiety/Depression
[ ] 4. Severe Symptoms with sleep/appetite/energy disturbance
[ ] 5. Suicidal/Homicidal

B. OTHER

[ ] 1. Suspiciousness/Paranoid/Enrages/Incites
[ ] 2. Delusions/Hallucinations
[ ] 3. Unresponsive

If you checked any of the above, other than "A" or "1" for any of the above categories, please explain whether the situation is treatable or reversible, and if so, how:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
C. SOCIAL ASSESSMENT

1. MOBILITY (CHECK ALL THAT APPLY)
   [ ] A. Intact/Exercises
   [ ] B. Drives Car or Uses Public Transportation
   [ ] C. Independent Ambulation in Home Only
   [ ] D. Walker/Cane
   [ ] E. Requires Assistance

If you checked “C”, “D”, or “E”, is situation treatable or reversible? If so, how?

2. SELF CARE (CHECK ALL THAT APPLY)
   [ ] A. No Assistance Needed
   [ ] B. Requires Assistance with:
      [ ] 1. Meals
      [ ] 2. Bathing
      [ ] 3. Dressing
      [ ] 4. Toileting/Feeding

If you checked any choices under “B”, is individual aware that assistance is required? ______

Is individual willing to accept assistance? ______

Is individual able to arrange for assistance? ______

3. CARE PLAN MAINTENANCE (CHECK ALL THAT APPLY)
   [ ] A. No Active Problem
   [ ] B. Initiates Problem Identification
   [ ] C. Actively Cooperative
   [ ] D. Passively Cooperative
   [ ] E. Passively Uncooperative
   [ ] F. Actively Uncooperative

4. SOCIAL NETWORK RELATIONSHIPS (CHECK ONE IN “A” AND ONE IN “B”)

A. SUPPORT
   [ ] 1. Very Good Supportive Network
   [ ] 2. Some Support from Family & Friends
   [ ] 3. No or Limited Support from Family & Friends
   [ ] 4. Needs Community Support
   [ ] 5. Isolated/Homeliner

B. SOCIAL SKILLS
   [ ] 1. Very Good Social Skills
   [ ] 2. Good Social Skills
   [ ] 3. Interacts with Prompting
   [ ] 4. Isolated

D. SUMMARY

I hereby certify that I have reviewed sections A, B, & C attached hereto and based on such assessments that the individual’s decision-making ability is as follows:

(1) Please describe as fully as you can the individual’s decision-making ability in each of the following areas:
   (A) FINANCIAL MATTERS: ____________________________
       ____________________________
       ____________________________

   (B) HEALTH CARE MATTERS: _________________________
       ____________________________
       ____________________________

   (C) RELATIONSHIPS: _________________________________
       ____________________________
       ____________________________

   (D) RESIDENTIAL MATTERS: _________________________
       ____________________________
       ____________________________

(2) Please indicate your opinion regarding whether the individual needs a substitute decision-maker in any of the following areas: (Check one for each category. If you check “limited” for any category, please explain)

   (A) FINANCIAL MATTERS [ ] YES [ ] NO [ ] LIMITED ______
   (B) HEALTH CARE MATTERS [ ] YES [ ] NO [ ] LIMITED ______
   (C) RELATIONSHIPS [ ] YES [ ] NO [ ] LIMITED ______
   (D) RESIDENTIAL MATTERS [ ] YES [ ] NO [ ] LIMITED ______
   (E) OTHER: If there are any other areas in which you think the individual lacks decision-making ability or has limited decision-making ability, please explain:
       ____________________________
       ____________________________
       ____________________________
Hemineglect & Anosognosia

- [https://www.youtube.com/watch?v=d4FhZs-m7hA](https://www.youtube.com/watch?v=d4FhZs-m7hA)

- Anosognosia: A person with a deficit or disability is unaware of the difficulty.
Anosognosia
- Lack of awareness of a deficit or disability

Asomatognosia
- Reduced awareness of body part(s)

Hemiagnosia = Hemispatial Neglect
- Lack of awareness of one side of space

Hemianopsia
- Sensory visual field cut

Double Simultaneous Stimulation
- Test for visual (tactile or auditory) extinction
Outline

Principles
- Legal: Patient Autonomy & Consent
- Ethical: Surrogate Decision-makers

Devices
- Documents: DPAH, MOLST, LW
- Interventions: Physician Roles

Procedures
- Capacity & Environment
- Driving Safety

Policies & Practices
- Current Laws
- Reform Efforts
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IOM: ‘Dying in America’

- “...at initial diagnosis of a chronic life-limiting illness: A physician should explain the diagnosis, the likely course of the illness, complications to watch for, and ways to slow the disease’s progression.

- A nonphysician can ensure that a health care agent is named and encourage a conversation about what it means to be an agent and what patient-agent discussions should take place.”
Selected Caregiver Assessment Measures:
A Resource Inventory for Practitioners
2nd Edition

December 2012

in collaboration with

FAMILY CAREGIVER ALLIANCE®
National Center on Caregiving

in collaboration with

BENJAMIN ROSE INSTITUTE ON AGING
SERVICE • RESEARCH • ADVOCACY
The Margaret Blenkner Research Institute
Caregiver self-assessment questionnaire

How are YOU?

Caregivers are often so concerned with caring for their relative’s needs that they lose sight of their own well-being. Please take just a moment to answer the following questions. Once you have answered the questions, turn the page to do a self-evaluation.

During the past week or so, I have ...

1. Had trouble keeping my mind on what I was doing ................. □ Yes □ No
2. Felt that I couldn’t leave my relative alone .................. □ Yes □ No
3. Had difficulty making decisions ............................... □ Yes □ No
4. Felt completely overwhelmed ...... □ Yes □ No

13. Had back pain ........................................ □ Yes □ No
14. Felt ill (headaches, stomach problems or common cold) ........ □ Yes □ No
15. Been satisfied with the support my family has given me .......... □ Yes □ No
16. Found my relative’s living situation to be inconvenient or a barrier to care ................................ □ Yes □ No

- CSAQ is an adequate depression screen
Enhancing the Quality of Life of Dementia Caregivers from Different Ethnic or Racial Groups

A Randomized, Controlled Trial

- Belle, SH
- Resources for Enhancing Alzheimer’s Caregiver Health (REACH) II

**Risk Assessment:**
- Interviewer-based
- Target Areas: Depression, Burden, Self-Care and Health Behaviors, Social Support, Pt Behaviors
When To Do Caregiver Assessments?

- Routine Office Visit
- Transitions of Care
  - Hospital Admission
  - Skilled Nursing
  - Discharge Home
- In Anticipation of Planning Home Care
- Advanced Care Planning
# Contents

- Introduction 1
- Hospital Emergencies: What You Can Do Now 2
- At the Emergency Room 7
- Before a Hospital Stay 8
- Working with Hospital Staff 14
“Has anyone shown you how to move your wife from the bed to the chair so you don’t hurt yourself?”

“Because your husband has had a stroke, it’ll be important to help him swallow food very carefully.”
Carol Levine
Director, The Families and Healthcare Project
Next Step in Care provides easy-to-use guides to help family caregivers and health care providers work closely
The best way for you to fill out this form is to do it together with the discharge planner or case manager. If this is hard to arrange, then please fill this form out on your own, and ask for time to talk about it with the discharge planner. Either way, make sure the discharge planner answers all your questions.

Remember that the facility has an obligation to arrange for a safe discharge plan.

What Do I Need as a Family Caregiver? (pdf, 585KB)
# What Do I Need as a Family Caregiver?

## About You as the Family Caregiver

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you and your family member live in the same house or apartment?</td>
<td></td>
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<tr>
<td>If no, do you live in the same:</td>
<td></td>
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<tr>
<td>Town or neighborhood</td>
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<td>City</td>
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<td>State</td>
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<td>Country</td>
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<tr>
<td>Do you work at one or more jobs?</td>
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<tr>
<td>If yes, do you work:</td>
<td></td>
<td></td>
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<tr>
<td>Full-time</td>
<td></td>
<td></td>
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<tr>
<td>Part-time</td>
<td></td>
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<tr>
<td>If part-time, how many hours per week?</td>
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<tr>
<td>Do you have children under the age of 18?</td>
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<tr>
<td>Are you also a caregiver for someone else with medical problems or disabilities?</td>
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<tr>
<td>If yes, are you a caregiver for:</td>
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<tr>
<td>Children</td>
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<tr>
<td>Other adults</td>
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<tr>
<td>Do you have any health problems that affect you as a caregiver?</td>
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<tr>
<td>If yes, are these problems due to:</td>
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<tr>
<td>Arthritis</td>
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<td>Asthma</td>
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<td>Back problems</td>
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<td>Diabetes</td>
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<tr>
<td>Other.</td>
<td></td>
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<tr>
<td>Will other people (such as family members or friends) help care for your family member?</td>
<td></td>
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<tr>
<td>If yes, do they live in the same:</td>
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<td>Building, house or apartment</td>
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</table>
About Helping Your Family Member

As a family caregiver, you might be responsible for the help your family member needs at home. Here is a list of many of the things that may need to be done. For each item, check one of the following: I am able to help without training, I would be able to help with training, or I am unable to help. If your family member will not need help with one or more of the items, just skip them and go on to the rest of the list.

<table>
<thead>
<tr>
<th>What Needs to Be Done</th>
<th>I am able to help without training</th>
<th>I am able to help with training</th>
<th>I am unable to help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing (washing in the shower, bath, or sink)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Dressing (getting dressed and undressed)</td>
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<tr>
<td>Eating</td>
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<tr>
<td>Personal hygiene (such as brushing teeth)</td>
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<tr>
<td>Grooming (such as washing hair and cutting nails)</td>
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<tr>
<td>Toileting (going to the bathroom or changing diapers)</td>
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<tr>
<td>Transfer (such as moving from the bed to a chair)</td>
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<tr>
<td>Mobility (includes walking)</td>
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AMA and NHTSA Physician’s Guide to Assessing and Counseling Older Drivers

from: AARP Livable Communities, July 12, 2013

Overview
This 234-page Physician’s Guide to Assessing and Counseling Older Drivers is the product of a cooperative agreement between the American Medical Association (AMA) and the National Highway Traffic Safety Administration.

Full Report
Physician’s Guide to Assessing and Counseling Older Drivers (PDF – 1.4 MB)

One in Three Americans is Now 50 or Older
By 2030 one out of every five people in the United States will be 65-plus.
Am I a Safe Driver?

Check the box if the statement applies to you.

☐ I get lost while driving.
☐ My friends and family members say they are worried about my driving.
☐ Other cars seem to appear out of nowhere.
☐ I have trouble seeing signs in time to respond to them.
☐ Other drivers drive too fast.
☐ Other drivers often honk at me.
☐ Driving stresses me out.
☐ After driving, I feel tired.
☐ I have had more “near misses” lately.
☐ Busy intersections bother me.
☐ Left-hand turns make me nervous.
☐ The glare from oncoming headlights bothers me.
☐ My medication makes me dizzy or drowsy.
☐ I have trouble turning the steering wheel.
☐ I have trouble pushing down on the gas pedal or brakes.
☐ I have trouble looking over my shoulder when I back up.
☐ I have been stopped by the police for my driving recently.
☐ People will no longer accept rides from me.
☐ I don’t like to drive at night.
☐ I have more trouble parking lately.

If you have checked any of the boxes, your safety may be at risk when you drive. Talk to your doctor about ways to improve your safety when you drive.
Driver Training Programs

AAA Senior Driving
http://seniordriving.aaa.com/ or call your local AAA office

AARP Smart Driver Course
888-687-2277

Central Massachusetts Safety Council
West Boylston, MA
508-835-2333 x23

Safety Council of Western N, E,
1000 Wilbraham Road
Springfield, MA 01109
413-783-1632

In Control Advanced Driver Training
188 Main Street, Suite 202
Wilmington, MA 01887
AMA Driving Counseling Videos

- Video 1
  https://www.youtube.com/watch?v=FSOMzLuoFys

- Video 2
  https://www.youtube.com/watch?v=fd1g0mDZuHA

- Video 3
  https://www.youtube.com/watch?v=oPatm47c8DE
Outline

Principles
- Legal: Patient Autonomy & Consent
- Ethical: Surrogate Decision-makers

Devices
- Documents: DPAH, MOLST, LW
- Interventions: Physician Roles

Procedures
- Capacity & Environment
- Driving Safety

Policies & Practices
- Current Laws
- Reform Efforts
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- **Policies & Practices**
  - Current Laws
  - Reform Efforts
Rhode Island

Driver licensing agency: Rhode Island Division of Motor Vehicles
286 Main Street
Pawtucket, RI 02860
www.dmv.state.ri.us

401 588-3020

Licensing Requirements

Visual acuity
- Each eye with/without correction: 20/40
- Both eyes with/without correction: 20/40
- If one eye blind—other with/without correction: 20/40
- Absolute visual acuity minimum: 20/40 in better eye
- Are bioptic telescopes allowed?: Unknown. (However, bioptic telescopes are mentioned in regulations.)

Visual fields
- Minimum field requirement: Unknown

Color vision requirement
- None

Restricted licenses
- Not available

License Renewal Procedures

Standard
- Length of license validation: 5 years
- Renewal options and conditions: Unknown
- Vision testing required at time of renewal?: Yes
- Written test required?: No
- Road test required?: No

Age-based renewal procedures
- At age 70, the renewal cycle is reduced to 2 years

Reporting Procedures

Physician/medical reporting
- Any physician who diagnoses a physical or mental condition which, in the physician’s judgment, will significantly impair the person’s ability to safely operate a motor vehicle may voluntarily report the person’s name and other information relevant to the condition to the medical advisory board within the Registry of Motor Vehicles.

Immunity
- Any physician reporting in good faith and exercising due care shall have immunity from any liability, civil or criminal. No cause of action may be brought against any physician for not making a report.

Legal protection
- N/A

DMV follow-up
- Driver is notified in writing of referral.

Other reporting
- Will accept information from courts, other DMVs, police, and family members.

Anonymity
- N/A

Medical Advisory Board

Role of the MAB
- The MAB advises the Division of Motor Vehicles on medical issues regarding individual drivers. Actions are based on the recommendation of the majority.
This new law introduces 3 important requirements of hospitals:

1. The name of the family caregiver is recorded in the medical record when a loved one is admitted to a hospital, or in observation status overnight;
2. The family caregiver is notified when the loved one is to be discharged back home; and,
3. The hospital must provide an explanation of the medical tasks—such as medication management, injections, wound care, and transfers—that the family caregiver will perform at home.

The CARE Act was sponsored by Representative Drew Gattine, and passed with unanimous votes in the House and Senate.
RI Caregiver Assessment Law

- Family Caregiver Support Act of 2013

- Required Family Caregiver Assessment, if:
  - Patient receives Medicaid
  - Plan of Care involves a Family Caregiver

- Plan of Care is expected to address needs of:
  - Patient
  - Family Caregiver
Video Podcasts

Patient Navigator Program
Patients, Family Caregivers, and Patient Navigators

A Partnership Approach*

Guadalupe R. Palos, DrPH, LMSW, RN¹ and Martha Hare, PhD, RN²

• The Partnership Approach
  • Navigation Services combined with
    • Existing social support

• Five Domains for Outcomes:
  • Quality of Life
  • Satisfaction with Care
  • Social Support
  • Distress
  • Caregiver Burden
Table 1. Types of Patient Navigator Activities Currently Offered in Program Services

**Informational**
- Seek referral and follow-up services accessible to patient
- Assist with housing (e.g., identify assistance when rent is overdue)
- Arrange child care or elder care
- Find resources to deal with financial problems

**Instrumental**
- Assist with transportation
- Provide direct language translation or other interpretive services
- Assist with patient-provider communication
- Communicate with providers regarding patient’s concerns
- Schedule clinical services during hours patient is available
- Accompany patients to clinic visits

**Emotional**
- Assess availability of social support networks to help the patient
- Provide emotional support and/or refer for greater level of psychosocial intervention

**Appraisal**
- Provide direct patient education on cancer-related issues
CLINICAL RISK ASSESSMENT FORM

Patient: ___________________________  Date: ________________
Medications: ___________________________

Risks:  □ Fall    □ Drug-specific
□ Driving    □ Other: ___________________________

<table>
<thead>
<tr>
<th>Factors</th>
<th>Concern</th>
<th>Reviewed with Patient/Family</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
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<tr>
<td>Sex</td>
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<td>Obesity</td>
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<td>Diabetes</td>
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<td>Dyslipidemia</td>
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<td>Hypertension</td>
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<td>Cardiovascular disease</td>
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<td>Immune system</td>
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<td>Comorbid conditions</td>
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<td>Other medical history</td>
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<tr>
<td>Family history</td>
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<td>Diet / Lifestyle</td>
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<td>Monitoring system</td>
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<td>Risk of Violence</td>
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<td>Agitation</td>
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<td>Wandering</td>
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<tr>
<td>Confusion</td>
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<td>Aggression</td>
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<td>Risk of falls</td>
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Expected Outcome(s): ____________________________________________
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**Expected Outcome(s):**

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**Plan to minimize and monitor risks:**

- □ Letter to PCP
- □ Patient info brochure
- □ Home BP monitoring
- □ Referral for driving/gait/other assessment
- □ Lab testing
- □ Caregiver education
- □ Home safety assessment
- □ Referral to nutritionist
- □ Exercise program referral
- □ Vision assessment referral
- □ Other: ____________________

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  - Driving Safety

- **Policies & Practices**
  - Current Laws
  - Reform Efforts
Recognize situations in which a family caregiver can aid patient care.

Recognize situations in which a surrogate decision-maker is necessary.

Understand how to direct patients and family caregivers to resources.
Twitter: Patient-Clinician-Family

- @NotesOnNursing
- @DianeEMeier
- @BrownGeriPali
- @Health_Affairs
- @Paula_Span
- @PCORI

Gary Epstein-Lubow

Geriatric Psychiatrist. Delivering family-based mental health services. Focus on Dementia. butler.org/gebsteinlubow

See our new pub: Caregiver Presence and Patient Completion of a Transitional Care Intervention shar.es/10eQYz via @AJMC_Journal
Caregiver Presence and Patient Completion of a Transitional Care Intervention

Gary Epstein-Lubow, MD; Rosa R. Baier, MPH; Kristen Butterfield, MPH; Rebekah Gardner, MD; Elizabeth Babalola, BA; Eric A. Coleman, MD, MPH; Stefan Gravenstein, MD, MPH

Conclusions

The inclusion of a family caregiver is associated with a greater rate of completing the CTI for post discharge coaching, particularly among men; the inclusion of a family caregiver is a feasible modification to the CTI program.

National Plan to Address Alzheimer’s Disease

**Goal 1:** Prevent and Effectively Treat AD by 2025

**Goal 2:** Enhance Care Quality and Efficiency
- **Strategy 2D:** Identify High-Quality Dementia Care Guidelines and Measures Across Care Settings
- **Strategy 2E:** Explore the effectiveness of new models of care for people with AD

**Goal 3:** Expand Supports for People with AD and Their Family Caregivers

**Goal 4:** Enhance Public Awareness and Engagement

**Goal 5:** Improve Data to Track Progress
- **Strategy 5A:** Enhance the Federal Government’s Ability to Track Progress
- **Strategy 5B:** Monitor progress on the National Plan
Dementia Friendly America™

- Specialized residential options offering memory loss supports and services
- Dementia-aware and responsive legal and financial planning
- Health and long term care that promotes early diagnosis and specialized care and support throughout the care continuum
- Welcoming and engaging communities of faith
- Businesses that foster customer service and environments that support customers with dementia and employee caregivers
- Transportation, housing, and public spaces
- Options that maximize independent living and sustain meaningful community engagement
- Understanding and supportive neighbors and community members
- Dementia-informed local government emergency planning and first response