

Aging in Place **"You're Not Alone"**

...Finding the Right Choices for In-Home Solutions

A presentation for Healthcare Professionals to assist their clients

LINDA KUNICKI, CMP

1

As we age...

Most of us hope to stay in our home as we age but without with proper planning, hope may not be enough.

Today we'll hear from a homecare professional with over 10 years of experience who explains how careful planning of community resources and other private services in the home can make aging or recovering at home easier.



2

Linda S. Kunicki, CMP



Linda S Kunicki, Director of Community Relations, Marketing for BrightStar Care of Chicago and La Grange has over 35 years of work and personal experience advocating for the elderly, disabled and children. Every position she's had has allowed her to fulfil her passion to serve others from children to seniors, which gives her joy each day.

Her experiences have led her to being the current President of the Chicago Chapter of the Case Management Society of America (CMSA) after being on the board for multiple terms and serving on many committees. She has also been on boards and or committees for the Greater Chicago Infusion Nurses Society, a Center for Independent Living, Aging Care Connections and other local Health and Wellness groups.

- Linda's path began as a child by sitting with a bed bound neighbor with Muscular Dystrophy when his wife went shopping leading her to become a medical assistant for a doctor and then at a hospital then going into management and Human Resources for healthcare foodservices, sales in senior living communities as well as being the caregiver for her mother and grandmother. Her personal experience has given her perspective into the growing need of educating the public and professionals about aging in place. Understanding aging in place has shown her the growing need for high quality care in our society.
- Linda works to achieve superior patient care services through her current position not only at BrightStar Care but also through her associations with Case Managers and healthcare professionals in various organizations. She uses the partnerships and resources she has developed to assist individuals and families put the best care plan together.
- Linda's favorite quote, "You will get all you want in life if you help enough other people get what they want." Zig Zigler

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A HIGHER STANDARD

3

Learner Outcomes: The learner will be able to:

- Identify the concept of helping clients (or yourself) "Age in Place"
- Identify the systematic planning process for "Aging in Place"
- Identify the continuum of resources available to assist clients plan for "Aging in Place"
- Define the power and value of having a "trusted" case manager or social worker that is a professional client / family advocate who brings to life the "You Are Not Alone" philosophy and model
- Identify the spoken and unspoken fears of clients or ourselves who struggle with "home care" planning

4

The Importance of Aging in Place for Adults



WHAT IS AGING IN PLACE?

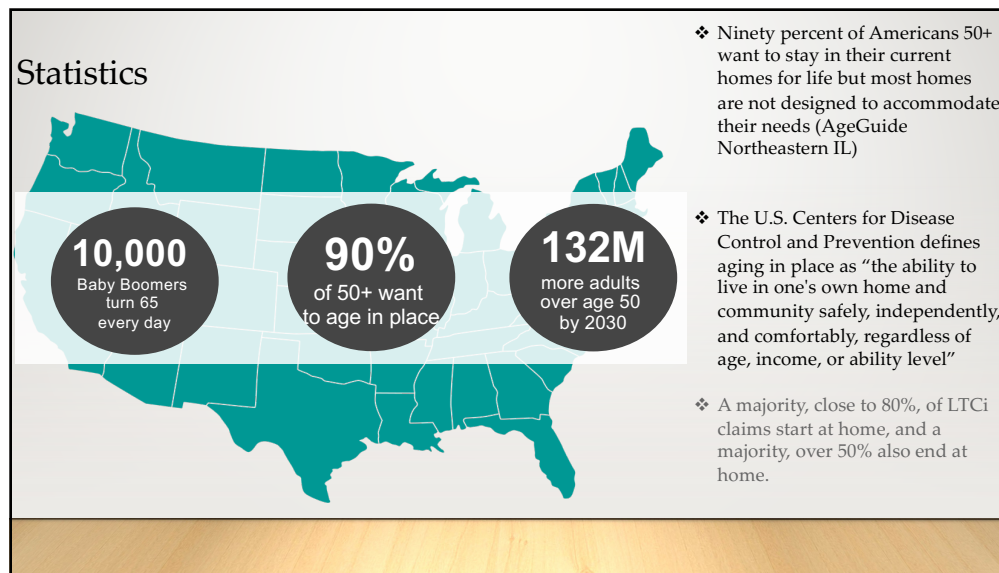
- Adults want to live in their own homes as they age.
- To successfully age in place you need to plan for it.
- It doesn't just happen, though people often think it will.

5

Aging in Place


- What it is:
 - Remaining in your home during the aging process or with a disability
 - Starting in-home services for safety
 - Modifying your home so it is accessible, adaptable and safe
 - Being realistic about our limitations
- What it is not:
 - Living in an environment that is not safe for you or your loved ones or clients
 - Refusing assistance
 - Struggling with day-to-day tasks
 - Depending on only family and friends

6

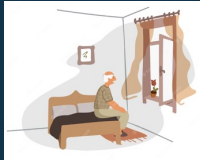



7

Aging in Place Statistics



* In the United States as of 2020, about 28% (14.7 million) of community-dwelling **older adults lived alone**, including 21% of older men and 34% of older women. The percentage of people living alone increases with age (ie, among women ≥ 75 years, about 44% live alone). Sometimes people living alone are “**Senior Orphans**” and need more assistance.





*Coordination and delivery of services during convalescence are difficult for patients living alone. Physicians, Case Managers, Social Workers (anyone involved in discharge) should ensure that home care is available, understood and recommend additional services as appropriate such as a Case Manager.

*University of Michigan National Poll on Healthy Aging 2022

8

Aging in Place Statistics

Things that affect the ability to do **ADL-Activities of Daily Living** ("activities that are oriented toward taking care of your own body".)

and/or **IADL- Instrumental Activities of Daily Living** (activities that support daily life and are oriented toward interacting with your environment. IADLs are typically more complex than ADLs. They are important components of home and community life but can be easily delegated to another person.)

****In 2020, 18% of adults age 65 and older reported they could not function at all or had a lot of difficulty with at least one of six functioning domains.**

Specifically,

- ❖ 21% had trouble seeing (even if wearing glasses),
- ❖ 29% had difficulty hearing (even if wearing hearing aids),
- ❖ 39% had trouble with mobility (walking or climbing stairs),
- ❖ 8% had difficulty with communication (understanding or being understood)
- ❖ 28% had trouble with cognition (remembering or concentrating),
- ❖ 8% had difficulty with self-care (such as washing all over or dressing).



****2021 PROFILE OF OLDER AMERICANS**

9

Aging in Place Statistics



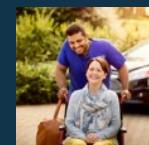
One in four Americans aged 65+ fall each year



Every 11 seconds, an older adult is treated in the emergency room for a fall; every 19 minutes, an older adult dies from a fall



Falls are the leading cause of fatal injury and the most common cause of nonfatal trauma-related hospital admissions among older adults



10

Falls On The Rise

Article published on May 12, 2023

Rate of Fatal Falls Among U.S. Seniors Doubled in 20 Years

By Amy Norton

<https://consumer.healthday.com/fall-2659985470.html>

Key Takeaways

- Falls are the No. 1 cause of death among older Americans, and the problem is growing
- More than 36,500 people age 65 and older died of fall-related injuries in 2020, up from 10,100 in 1999
- While white seniors had the highest death rate from falls, no racial group has been spared

Hence these "Aging in Place" resources are very helpful to know about for ourselves and clients...

11

Aging in Place Statistics



HOME MODIFICATIONS
CAN PREVENT 30-50% OF
FALLS



FEAR OF FALLING LIMITS
ACTIVITIES AND SOCIAL
ENGAGEMENTS



THIS CAN RESULT IN FURTHER
PHYSICAL DECLINE,
DEPRESSION, SOCIAL
ISOLATION, AND FEELINGS OF
HELPLESSNESS



86% Of Medical Alert
System Users Say The
Devices Have Helped Save
Them From An Incident

12

MRS SMITH FELL AND WAS ON THE FLOOR FOR HOURS

PERS- PERSONAL EMERGENCY RESPONSE SYSTEM

PERS

IT'S ONLY AS GOOD AS IT SHOULD BE WHEN IT IS ACTIVELY UTILIZED

PERS- PERSONAL EMERGENCY RESPONSE SYSTEM

13

We covered a lot of statistics and information on falls. As we see falls and being alone are the biggest threat to Aging in Place. So, let's talk about

What else should we know...

The Right Choices

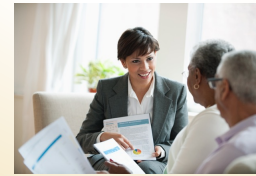


14

The Right Choices

What resources could a client, you or a loved one require for safely Aging in Place

- In-Home Services such as:
 - ✓ In-Home Care for Personal needs and Companionship
 - ✓ In-Home Doctors
 - ✓ In home urgent care services
 - ✓ Case Manager or Aging in Place Experts
 - ✓ Technology- fall detection and more
 - ✓ Home Modifications
 - ✓ Handyman
 - ✓ Food or Meal delivery



You can get more information on many of the services listed here by reaching out to experts, like Community Liaisons, Case Managers, Social Workers, local and state offices on aging or social services, tribal and church organizations, or nearby senior centers.

15

HOME IS WHEREVER YOU LIVE!

Staying in a single-family home, townhouse, condo or apartment isn't for everyone, especially if health conditions change or a house, townhome or condo is too much work to keep up.

There are other types of places we can call home-

- Independent Living
- Assisted Living
- Memory Care
- Skilled Nursing Facility

Since "HOME" is wherever you live many of the services explained in this presentation could be helpful in almost any of the communities or facilities.

16

The Missing Link of Successful Aging in Place



17

In-Home Care Options

Often, unfortunately, our 1st introduction to any form of Home Care is upon injury or illness not as a preventative solution. Although most people know about these 3 options but not the 4th option.

Home Health Services

Short term care due to a serious illness that may include some if not all of the following: nurse visits, bath visit, physical or occupational therapy visits.

Costs usually covered by Medicare or other health insurance.

Palliative Care Services

Palliative care is a resource for anyone living with a serious illness, such as heart failure, chronic obstructive pulmonary disease, cancer, dementia, Parkinson's disease, and many others. **Palliative care** can be helpful at any stage of illness and is best provided soon after a person is diagnosed.

Medicare and Medicaid may cover some palliative services. Private insurance, might have some coverage for palliative services. A long-term care policy is another option to cover palliative services.

Hospice Care Services

Hospice care is appropriate when there is a life expectancy of six months or less.

A hospice patient is assigned a case manager nurse, who typically visits one to three days a week. Most have a hospice medical director, social worker, counseling services & more.

Costs usually covered by Medicare or other health insurance.

18

In-Home Care Options

The 4th option may not be well known by most families and some healthcare professionals. However, it's one that can be helpful before injury or illness as well as afterwards for any age.

Private Duty Home Care Services

The reason and importance for private duty home care is that it fulfills a unique and essential purpose in modern life. Private duty care provides critical, quality, home-based care, and living support services for individuals young and old, helping them live full, and connected lives while maximizing their independence in the comfort of wherever they call home. Private duty home care can be for short or long periods of time. Some of the types of services may include;

19

Who benefits from Home Care?

- Home care includes any professional support services that allow a person to live safely in their home.

In-home care services can help someone who is:

- ☐ Looking to prevent falls, injuries or knows the importance of companionship as a tool to remain in their home.
- ☐ Aging and needs assistance to live independently
- ☐ a special needs child or adult
- ☐ anyone of any age managing chronic health issues
- ☐ recovering from a medical setback or surgery
- ☐ someone with a disability

- Professional caregivers such as nurses, aides, and therapists provide short-term or long-term care in the home, depending on a person's needs.

20

In-Home Care Options

Often to stay safer and keep more independence as we age, if disabled or recovering from illness we should get a little help earlier than most do and not wait until they are seriously injured or ill.

Private Duty Home Care is great to keep people safely at home. Of course, it is also the way to fill in the gaps of services not provided by Home Health, Palliative or Hospice Care.

Home Care is great for basic needs but especially for safety reasons. If we know our body's weaknesses, we can put things in place to avoid injuries.



21

Types of Licensed Private Duty In-Home Agencies

- *Private pay home care is home care that you or your loved ones pay for out of existing assets or savings. This type of care is sometimes referred to as "private duty" or "out-of-pocket care."*

Licensed Private Duty Home Care- Non-Medical

- There are many of these agencies especially around larger metropolitan areas.
- Franchises, which are still owned and operated individually but may be a National brand
- Independent agencies, sometimes referred to as "mom and pop" small businesses

22

Types of Licensed Private Duty In-Home Agencies

Private Duty Non-Medical Home Care agencies may have inexperienced or experienced staff in the following roles:

- **Homemaker** - may not have training or experience other than taking care of family or friend
- **Caregiver**- may not have training or experience other than taking care of family or friend
- ***HHA**- Home Health Aide

Private Duty that offers both Non-Medical and Medical/Skilled/Nursing services would have these additional staff positions:

- ***C.N.A.** – Certified Nursing Assistant – a CNA is required to work under a registered nurse or licensed practical nurse, to whom they report their patients' conditions and progress. CNAs cannot perform certain medical tasks due to liability and legality.
- **Nurses** – various levels from LPN, RN or advanced other nursing levels
- ***Home Health Aides (HHA) and Certified Nursing Assistants (CNA)** can both assist in the everyday lives of their clients but vary in the types of training, certifications, and care they can provide. The difference between an HHA vs CNA is in the duties they perform deemed by State laws.

23

Types of Licensed Private Duty In-Home Agencies

Private Duty Non-Medical and Skilled Nursing Agencies

- A licensed Private Duty Home Care may also offer skilled care services. These skilled care services are for nursing needs to complement Home Health insurance/Medicare services. Private Duty Skilled services are an out-of-pocket expense.
- **In home *skilled services are typically needed due to a person having:**
 - Wound care needs
 - Feeding tube aka G-tube
 - Ventilator
 - Ostomy/gastrostomy care
 - Bowel programs
 - Infusions
 - Other nursing needs
 - Medication set up
 - Medication administration
- ***Always allow a week or more advanced notice to the private nursing agency when skilled services are required.**

**The trend...
Hospital at
Home**

24

Paying for In-Home Care Services

Private Home Care agencies are “out of pocket” expenses.

What funds do people use?

- Personal funds from income, assets, trusts, reverse mortgage
- LTCi-Long Term Care Insurance
- Life Insurance with LTC rider
- Veteran's Aid and Attendance funding

HOWEVER...

Agencies, especially franchises or those with nursing services may have special contracts with organizations such as:

- Veterans Administration- Community Care Program
- Workmen's Compensation Claims Management entities
- Employee Benefits Programs with Child or Senior Home Care funding
- Guardians- Public and Private

25

Choosing or Referring a Private Duty Home Care

Important Considerations when Choosing or Referring a Private Duty Home Care

- Has the agency received an accreditation, such as The Joint Commission (formerly known as JACHO now TJC)?
 - Private duty agencies are not required to get an accreditation. So, if they have one it was done voluntarily to show they are holding themselves to a higher standard of providing care.
- Do they provide non-medical and skilled care?
 - This may be important should a person need to have a more advanced care in the home. It's great to be with one agency that can do many levels of care.
- Does the agency provide a RN or a non-skilled staff member to conduct an initial assessment before the start of services?
- Do they follow up with reassessments at least every 90 days for non-medical personal services (ADL help)?

26

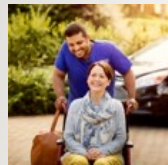
Choosing or Referring a Private Duty Home Care

Other considerations when assessing the value, range, and quality of an agency's services, here are a few important questions to ask:

- Do you provide insurance for accidents, if they occur, in the home?
- Are you licensed for medical care and non-medical care?
- Do you have an RN to conduct an initial assessment before starting each engagement and to follow up with supervisory visits to ensure the plan of care is being carried out to my satisfaction?
- Are your caregivers trained and competency tested?
- Are all employees drug tested, background checked, licensed, bonded and insured?
- Do they have referrals to other resources that are helpful? Such as meal delivery, home health or hospice, elder law attorneys, case/care managers.

27

Better at Home



28

Exciting Announcement!

- **BrightStar Care and Dispatch Health partner to bring the power of the hospital to the comfort of home**

- Now offering our clients same-day *in-home medical care for urgent but not-life-threatening injuries or illnesses. This service extends the capabilities of our team by preventing unnecessary visits to the ER or urgent care and helping you save on the total cost of care.

- DispatchHealth medical teams can treat nearly everything an emergency room can (as long as it's not life or limb-threatening).

- **Common conditions include:**

- ✓ UTI's
- ✓ respiratory infections
- ✓ COPD exacerbation
- ✓ Pneumonia
- ✓ skin infections
- ✓ Dehydration
- ✓ Diarrhea
- ✓ CHF exacerbation
- ✓ symptoms associated with COVID-19
- ✓ and many other common to complex illnesses and injuries.
- *active in many zip codes



29

Questions??



Thank you for listening.

If you want to have an in-depth conversation about home care options set up time with

Linda Kunicki

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30