COMMUNICATION WITH RESIDENTS, FAMILIES AND THE CARE TEAM

The purpose of this section is to assist the learner in understanding how to communicate with the resident, their family members and the care team.

KEY TERMS:
- Adjustment
- Grief/loss
- Care Team
- Family Support
- Families in Conflict/Crisis
- Mourning
- Long-Term Care Ombudsman Office

OBJECTIVES:

After completing this section the learner will be able to:
- Identify methods to assist residents adjust to their new home.
- Understand how grief is a natural and necessary reaction to any significant loss.
- Identify types of special communication needs.
- Describe how to encourage family involvement and the benefits of involving family.
- List who is part of the resident’s care team
- Describe your role as a care team member.
INTRODUCTION

Many people want to live out their lives in their own homes, surrounded by familiar people and places. They may resent or fear losing the ability to manage on their own, or having to move into a care facility, even an adult foster home. Care facilities are commonly viewed as places for the aged and ailing, the hopeless and helpless.

A person who comes to live in your adult foster home may be experiencing intense negative feelings, such as anger, frustration or sadness. Such feelings are common whether the person decided to move, or the family encouraged the move and the person agreed. The move represents major change and loss to the person. To help the person adjust, you must build a trusting relationship. Using the communication skills discussed earlier and expanding your knowledge of each resident’s health and ability to function can help make this transition easier for the resident and you.

As an adult foster home provider, you need to understand the interaction of physical, social and psychological changes in older persons. Such knowledge can help you anticipate and respond to changes in residents’ health and ability to function.

Consider how you might feel if you were a frail older person in need of care and could not remain living in your own home. How would you react to being placed in an adult foster care home? You might experience:

- **Resentment.** Family and friends wanted you to move; you have to be cared for by a stranger in unfamiliar surroundings; your family, friends and others treat you as if you were a child.
• **Loneliness.** You are living with strangers and your family lives far away.

• **Fear.** You worry about your health, how you will afford living here, what has happened to your home and possessions, the future.

• **Depression.** Your health and vitality are declining; the things that once gave your life meaning are gone; depending on others makes you feel trapped.

• **Withdrawal.** Everything is unfamiliar; you don’t know what to expect; you are overwhelmed by all your feelings; you just don’t care.

• **Powerlessness.** You must depend on others to provide your food, shelter and personal care; you feel you do not have control over your own life; you feel frustrated and angry.

• **Worthlessness.** You feel that you don’t belong anywhere; you have so little to call your own.

Those who come to live in your home probably will experience such emotions. They have lost the last outward sign of independence, living in their own homes. They may no longer have a position in society. They have “retired” from the roles that once provided routine, status, social contact, income and purpose to their lives. They may be widowed. They may have outlived their children, or become alienated from them. Their friends may be dead or living in other care facilities. Loss of health, income or mobility may mean they can no longer participate in church or community activities.

You can help residents cope with changes in their life situation by interacting and communicating in respectful and meaningful ways. Communicate with residents using the following guidelines:

• **Help new residents feel at home.** Take extra time to be with them. Actively listen and respond to their feelings. Help them become familiar with your home and daily routine. Encourage them to bring things from home and to arrange their own personal space. Expect them to adjust gradually. Do not expect them to be happy or grateful to be in your home, or to like you right away. In Chapter 3, review the section on what to do when a resident moves in.
• **Treat residents as adults with dignity and respect.** Call residents by their preferred names; never "dear" or "honey." Do not label them as "residents," "disabled" or "frail elderly." They are adults with personal life histories who are entitled to be treated with respect. If they want to help with household or other tasks, encourage them; offer meaningful things to do and show sincere appreciation for their efforts.

• **Respect residents’ right to privacy.** Provide a place where residents can visit privately with family or friends. Allow residents to be alone in their rooms. Remember, residents have a right to make personal telephone calls and send and receive personal mail unopened. If they need help with personal care, project a professional, caring attitude; this approach protects a person’s self-esteem and privacy.

• **Involve residents in decision-making activities** (e.g., planning a meal or activity, selecting clothes to wear, and choosing a snack to eat). Being able to make even small decisions significantly enhances a sense of independence. Residents who feel “in control” of their lives are less demanding and have fewer behavior problems. Remember, residents are in charge of their own lives and finances (unless they are under guardianship or have made private arrangements for someone else to manage their personal affairs).

• **Encourage personal interests and social interaction.** Participating in meaningful activities will benefit residents in many ways. For example, hobbies provide mental stimulation. Card games, exercise and walks provide physical activity. Activities that include other residents and residents’ families and friends help prevent feelings of alienation and isolation.

**HELPING RESIDENTS ADJUST TO LOSS**

Grief is a natural and necessary reaction to any significant loss. Feelings of sadness, anger, frustration, fear, guilt and loneliness are common. A resident may show no interest in their appearance or surroundings and withdraw. The person may not
feel well, develop aches and pains or become depressed. People who suffer loss are prone to illness.

Losses common among older persons:

- Death of spouse, parents, children, other relatives or friends
- Loss of social roles and contacts
- Loss of the ability to care for home and family
- Decline in ability to carry out activities of daily living
- Loss of mobility
- Loss of home and many personal possessions
- Loss of many favorite activities
- Loss of privacy
- Loss of freedom to come and go at will
- Loss of decision

Sometimes one loss is piled onto another, resulting in “bereavement overload.” Holidays, anniversaries and dates associated with a loved one who has died may bring back grief.

Remember — you cannot take the pain away from a person who is grieving. Empty reassurances such as “Time heals all wounds” do not help. Neither does advice on what the person should do. Each person responds differently.

- **Allow grieving**. Expect sadness, anger, confusion and depression. The person may cry, shout, pace and complain. Allow the person to express emotions. Accept expressions of hostility and anger; do not take them personally. Genuine acceptance and understanding help a grieving person to endure emotional pain. Your interaction with the resident may serve as a model for others to follow.
• **Be a non-judgmental listener.** Encourage the person to talk about the loss and memories. People who are grieving often need to go over and over a loss before they can accept or adjust to it. Repetitive talk helps to put the loss into perspective. As one person said, “The opportunity to talk helps to get the sad out of you.”

• **Avoid pep talks.** Trying to get the person to cheer up or to stop thinking about the loss most likely will make the person feel worse. The person may think that you are not really listening or do not really care. Comments such as “Look at all you have”; “Count your blessings”; “You are so much better off than” or “Don’t worry — it will all work out” are not helpful; they smother the person’s efforts to talk things out.

• **Learn what the loss means to the person.** For example, a new resident may interpret the move to your adult foster home to mean “I’m no longer useful” or “My family doesn’t love me.” The person may feel a total loss of control.

• **Help reduce stress and anxiety.** Relaxation techniques such as massage, back rub and deep breathing can help relieve stress. Encourage physical activity (e.g., give the angry resident a pillow to pound; go for a walk together; help with stretching or motion exercises). Be sure the person gets adequate nutrition and rest.

• **Encourage small steps toward adjustment.** Do not rush the grieving process. The person will renew activities and relationships when ready. Talk about things that may be of interest; be casual and informative. Use small tasks to engage the person; for example, “I need your help, Mrs. Beam. What tastes good with lamb chops?” or “Jack, would you mind filling Buster’s water dish?”

• **Be alert to signs of depression.** Sadness may last weeks, even months after a loss or unwanted change. If the sadness is extreme or does not subside, or the person is unable to function on a daily basis, the person’s grief has turned into depression.
• Seek professional help if necessary. Grief is complicated. Know your personal limits in helping a resident who is grieving or depressed. Also, be aware of the effects the person’s behavior is having on other residents.

SPECIAL COMMUNICATION NEEDS

Many residents in adult foster care homes have impairments that make communication difficult, such as hearing loss or mental confusion (due to dementia, stroke or depression). Some have difficulty receiving messages. Others have difficulty sending messages. You will need to exercise patience, active listening skills and effective verbal and nonverbal communication techniques. Two effective techniques for communicating with older persons are use of touch and reminiscence.

Use of touch

Caring touch sends a message that almost everyone understands. Touch can help calm upset feelings and ease pain. An adult foster home is a setting that provides many opportunities for the use of touch. For example, you can use touch when you:

• Assist the resident with grooming: washing, combing and styling hair; manicuring fingernails; rubbing lotion or cream into dry skin.

• Greet the resident in the morning: a hug or a touch on the hand, arm or shoulder.

• Assist the resident to walk or transfer: a squeeze of the hand or arm once the older person is stabilized offers reassurance and says “I like you and I like to help you.”

• Talk or listen to the resident: a brief touch on the arm, hand or shoulder can either draw the older person’s attention to you or signal that you are focused and ready to listen.
• Comfort the resident when ill or upset: holding the person’s hand or putting an arm around the person’s shoulders says “I understand and care. I’m here to listen if you want to talk.” Gentle massage is a wonderful gift of touch to offer an older person.

Massaging the neck, back, hands and feet eases tense muscles and the pain of swollen joints. It says “You are a special person to me.” Be sure you are not intruding on an older person’s personal space by touching. Before touching under a new circumstance, ask permission (for example, “May I give you a hug, Lila?”). If you want to send warm, caring and calm messages with your touch, be sure you feel warm, caring and calm. It is best to avoid touching if you are feeling impatient or irritable.

**Tips for helping residents with hearing problems**

Use of touch enhances communication with residents who have hearing loss. Other suggestions are:

• Reduce background noise. Turn off the television or radio. Move to a quieter area of the house. Remember, it is not just loud noise that causes problems; the buzz of fluorescent lights or hum of the refrigerator does too. The less confusion and competition for hearing, the better results you will have communicating.

• Provide adequate light. Residents need to be able to see your face to read your lips and pick up facial expressions. Minimize glare.

• Get the person’s attention. Look the person in the eye. A gentle touch on the arm or hand will draw the person’s eyes to you.

• Face the person. Be sure there is nothing between you and the other person to block sight or hearing. If possible, be on the same physical level (for example, sit down if the person is sitting). If the person’s hearing is better on one side, speak to that side.

• Speak clearly. Don’t exaggerate your speech. It distorts your lip movements
and does not make words clearer. Do not have anything in your mouth (for example, food, gum, cigarette).

- Use a normal tone. Do not yell or raise your voice. Shouting creates a booming effect that makes it difficult for the person to hear you. A raised voice also could be interpreted as a sign of impatience or irritation and might create a negative emotional climate. If your voice is high-pitched, try to lower the tone.
- Use different words if you need to repeat. Using different words with the same meaning may help the listener understand unclear sounds.
- Allow time for response. Hearing impairments slow reaction time.

**Tips for helping residents who are confused**

- Be sure your facial expression, tone of voice and gestures match your words. Even if the resident cannot understand your words, the person may understand the nonverbal message and react to that.
- Use nonverbal communication. Point, touch or hand the person things you are discussing. Demonstrate an action or describe it with your hands. Sometimes if you start a task, the person will be able to complete it without a word being spoken. Use touch or a smile to offer positive encouragement.
- Simplify communication. Ask one question at a time. Give one instruction at a time. Go one step at a time. Be sure the person understands before you proceed to the next step.

Oregon State University Extension Service has developed numerous materials on aging. You can obtain the following publications from your local county extension office:

- Depression in Later Life (PNW 347);
- Growing Older: Sensory Changes (PNW 196);
ENCOURAGING FAMILY SUPPORT

Families remain the primary source of emotional and instrumental support for elderly parents and other relatives in need of care. Families may be important to residents, even if they do not have close relationships with their relatives. Through families, residents have a link to their own past and the outside world; they have a sense of belonging, which helps prevent isolation.

You must also recognize that some residents and families have not had a relationship for a long time and, just because the person enters a foster home, it does not mean that will change. Take the lead from the resident; if he or she does not want family involved or wants only limited involvement, respect those wishes.

If the resident wishes to have family involvement, you will be more effective in providing care to residents if you work in partnership with their families. A resident's family can be a helping resource for not only the older relative, but other residents and you as well.

You can find yourself in situations where you encourage family support, respond to families in crisis, manage family conflict, gain family cooperation and help families cope with grief. Routine contact with a resident’s family can do much to ease family members’ fears and establish trust and confidence in your ability to care for their relative. Consider the following:

- **Communicating with families**
  - **Before admission**, determine the resident’s wishes about family involvement. Based on the resident’s input use the following guidelines:
    - Show sincere interest in the family as a whole. Family can be important in care and activity planning. Learn as much as you can about how the family interacts. Ask questions about family composition, pattern of contact and history. Your relationship with a resident’s family will be affected by the resident’s feelings and expectations toward the family. The family members’
feelings and expectations toward the resident and each other also affect your relationship with the resident.

- Address the needs of families. Welcome questions and offer complete answers. Prepare informational materials that clarify your policies as well as qualifications and services. Of special importance are policies about visiting and other involvement with residents (for example, bringing food, personal items, etc.). The more open your policies are, the more comfortable family members will be in dealing with you. For example, if you have limited visiting hours, some family members may have difficulty coming to see their relatives. Whenever possible, be flexible. Ask yourself whether a policy is for your own convenience or the benefit of residents. Give consideration to the wording as well as content of materials. For example, use “family and friends” rather than “visitors.”

» After admission, you can do specific things to encourage family support including:

- Promote and reinforce efforts in a positive manner. When family members do something helpful, acknowledge it. A few sincere words of praise can do much to reassure and bolster their confidence. Identify ways family involvement can make a difference and offer suggestions, but do not tell family members what they should do. Be non-judgmental; do not criticize efforts (or absence of efforts).

- Offer reassurance. The resident may be hostile, resentful, despondent or withdrawn due to situational, physical or mental changes. Provide an understanding of the relative’s responses. Some residents may not seem to appreciate the things family members do. It is important that families understand this is not an unusual reaction when a person must move into a care facility.
• Be empathetic and tolerant. Some people are able to cope with crisis and change; others are not. There will be family members who may blame their frustrations and emotional problems on you. Respond to their feelings and concerns in a professional manner. Use positive attitudes and actions to counter negative comments and criticisms. Reassure family members that your first concern is the resident and that you want to provide the best care possible.

• Keep the family informed. Families can play an important role on a resident’s care team. Family members may be involved in decision making and problem solving. Establish a mutually acceptable procedure for maintaining routine contact (for example, confer informally whenever family members visit; phone or write key relatives when necessary; hold conferences with family members or a legal representative on a scheduled basis). Remember you also need to have an emergency contact procedure.

• Offer family programs. Special meals and events to which residents’ families (and friends) are invited can further the partnership between you and residents’ families. Such activities can offer an opportunity for residents and their families to enjoy life together without putting pressure on the family and resident to interact. They can serve to assure the resident’s role as a family member. They can also create fond memories for the resident, the family and yourself and make an AFH more like “home” to a resident.

A few suggestions to consider include a potluck or picnic to which each family brings a favorite food dish, Sunday afternoon tea party or ice cream social, holiday celebration, special observance (for example, Grandparents’ Day), birthday party, Monte Carlo or bingo night or special religious services. Involve
residents and families in planning. Consider sending key relatives and other interested family members a monthly activity calendar or invitations made by residents.

Families are helped when you do the following:

- Show them respect and understanding.
- Have policies that are sensitive to their needs.
- Respond positively to their questions and concerns.
- Keep them informed about changes in a relative.
- Include them in care planning and problem solving.
- Encourage their involvement with their relative.
- Provide privacy for talking and being with a relative.
- Invite them to family programs.

- **Families in crisis**

  In times of crisis, family members’ ability to communicate, cooperate and support each other may be sorely tested. As a foster home provider, you cannot hope to “fix” families with deep-rooted problems in communicating and problem solving. By using effective communication and problem solving skills, you may be able to help them clarify problems, expectations and actions to be taken.

Times when a family may experience crisis include:

- Decision to place relative in home;
- Adjustment to placement;
- Relative in emotional pain (grief);
» Relative in acute health decline;
» Relative in mental decline (dementia);
» Death of relative.

It is important to remember that changes within families, apart from the resident’s placement or care needs, can alter the interaction between the family and the resident. Such changes include marriage, childbirth, divorce, remarriage, financial problems, retirement, job change, relocation, illness and death.

In most cases, effective communication will help you maintain good relationships with residents’ families. Disagreement and conflict, however, may arise. Feelings of guilt, fear, anger and grief may prompt family members to complain that you do not provide the relative with adequate care, or insist you do something that the resident does not want done. You may find yourself caught in the middle between the resident and the resident’s family, or between disagreeing family members.

The relationship between a resident and family may become strained because either the resident or the family tries to dominate the other. The resident may have unrealistic expectations of family members. For example, a resident who is a parent may still expect their children to do as they are told. The resident may try to influence or manipulate the actions of the children.

Often families, in their desire to do what is best for the resident, try to impose their will on the resident. As a provider, you have an obligation to respect and protect the rights of the residents in your care. You are their advocate. As discussed in the Legal Representative section of Chapter 1, unless a legal arrangement such as guardianship or conservatorship has been made, the older person is responsible for his or her personal decisions, including finances. Informal agreements may exist between residents and their families; however, such arrangements often fall apart when there is family conflict.
There is no single best strategy for intervening in conflict situations. Approach the situation in a professional manner.

If the resident is being harmed, or if rights are being violated because of the actions of the family or friend, contact DHS. immediately.

The following are strategies you may find effective in given situations:

» Avoid involvement in the conflict. With some families, bickering is normal. If the issue is trivial, it may work itself out without help.

» Get those involved in the conflict to resolve it. Actively listen to each party and then ask them to work together to resolve the problem. In other words, encourage parties to work out their differences, but do not direct their efforts.

» Suggest alternatives and/or establish guidelines. Conflict between a resident and the resident’s relatives may create situations that, for example, disturb other residents or interfere with your ability to provide resident care or manage your home. In such cases, you need to push for a solution, but without managing the problem-solving process itself. Use “I” messages to tell the parties what you cannot deal with or accept. Set limits to help guide their behavior. Stress the importance of resolving the conflict. Talk with those involved to help them gain a better perspective of the problem; offer solutions for consideration.

» Direct problem solving. You facilitate discussion of the problem and keep parties working toward (a) compromise or (b) collaboration.

**Compromise** is a quick-fix approach to conflict. It involves each party agreeing to a truce if certain minimum conditions are met. The immediate situation is improved, but the conflict most likely will continue because underlying issues are not explored or resolved.
Collaboration involves the parties working toward a mutually agreeable outcome to the conflict. Your role is to help them get at the root of the problem and clarify their positions. The solution they achieve may not be one that has been previously proposed by either party. Collaboration is a time-consuming process, but it usually results in a solution that addresses the main issues. It enhances interpersonal relationships and builds participants’ skills in problem solving. Those involved are more likely to be committed to the solution. Help others resolve their differences by encouraging them to:

- Calm down. If possible, get parties to postpone confrontation until emotions are under control.
- Be descriptive rather than judgmental. Avoid criticisms or complaints.
- Be specific about what’s at issue. Ask what each party needs or wants to happen. Try not to let parties get sidetracked by issues unrelated to the present conflict.
- Concentrate on what can be changed. Focusing on things that cannot be changed increases frustration and does not accomplish anything positive.
- Voice their feelings or comments. Individuals should speak only for themselves. To get a quiet person involved, say, “This situation concerns you, Mr. Jones, but I’m not sure how you feel about it.”

Refer to appropriate care team members. They may be able to provide expertise and fresh perspective in resolving the conflict.

Again, if you think a resident is being harmed (mentally or physically) by a family member, contact the local office of the Area Agency on Aging or the Department of Human Services whether or not the resident is receiving Medicaid benefits.
• **Families in mourning**

When a resident dies, the person’s family will experience grief. Family members who watch a loved one deteriorate and anticipate the person’s death also experience grief. Individuals who cannot reconcile themselves to their loss, whether it is actual or anticipated, may exhibit denial, anger or depression.

» **Denial.** For some people, the death of a loved one is unacceptable. They may refuse, for example, to accept a diagnosis of terminal illness or acknowledge a resident’s progressive deterioration.

» **Anger.** Anger is a typical response to feeling powerless to change events. A person may feel the loss is unfair, or take it as a personal failure. Not knowing how to deal with the pain, the person may internalize the anger or direct it toward the provider, staff or physician.

» **Depression.** When overwhelmed emotionally by a loss, a person may become depressed. Depression can affect the person’s appetite, sleeping pattern, ability to think and make decisions, relationships with people, activity level and physical health.

Each person responds differently to feelings of grief. Encouraging family members to talk about their feelings can help them come to terms with their loss. (For each resident, you should have an individualized plan to follow in case of death. Such a plan can be a comfort to family members and make things easier for you.)

In the case of anticipatory grief, distressed family members may find it hard to continue their contact with the resident because they cannot deal with the situation. Consider the following:

Mrs. J has been visiting her father almost daily since his placement in your home a month ago. Prior to placement, he had lived with her for several years. Lately, after visiting him, she leaves crying. You sense Mrs. J is finding it more and more difficult to continue visits. She is in emotional pain because
her father no longer recognizes her. Without her role as daughter, she is at a loss for what to say or do. What can you do to help her?

» Offer to listen.

» Permit her to express her emotions.

» Acknowledge her efforts.

» Provide information about the disease process. Direct her to support groups, the relative of another resident who has had a similar experience and worked through it, or grief counseling services.

» Identify activities she could enjoy with her father that do not require conversation (for example, playing cards and games, listening to music, going for walk, giving a massage).

» Identify solitary activities her father would enjoy. Suggest she supply materials that would support these activities. Explain how she can give her father support without visiting daily.

» Invite her (and her husband and children, if any) to family programs.

The decision to move resident

Any decision to move a resident should involve family members, as well as other appropriate care team members. The decision to move usually occurs for one of three reasons:

• The resident needs a higher level of care.

• Provider experiences unresolved conflict or problems.

• Family members (or resident) experience unresolved conflicts or problems.

You can reduce negative aspects of relocation by maintaining a caring attitude and showing respect for the resident and the resident’s family. Be supportive and make things as easy as possible. Provide the resident and the resident’s family with a list of current medications and a copy of the most recent care plan and progress notes.
Emphasize the good times shared while the older person was in your home and wish the resident well.

Your role on the care team

As an adult foster home provider, you are the primary caregiver for the residents in your home. However, you are not alone. You are part of a care team concerned with providing the best possible care for your residents.

The membership of a care team includes professionals and non-professionals. For example:

- Area Agency on Aging staff
- Case managers
- Clergy
- DHS staff
- Doctors
- Family
- Friends
- Guardians/conservators
- Mental health specialist
- Nurses

- Occupational therapists
- Ombudsmen
- Pharmacists
- Physical therapists
- Psychologists/counselors
- Registered dietitians
- Relief staff
- Social workers
- Speech therapists

You play a key role on the care team because you plan and provide the day-to-day care for your residents and act as an advocate for them. You are responsible for contacting other care team members to get the help residents need.

Through your daily observations, documentation, assessment and care planning process, you are able to notice changes. Maintain your awareness of a resident’s
care needs by following these steps:

- Watch for changes. Your daily contact with residents places you in the best position to notice changes that may signal the need for special attention or additional care.

- Document all changes. Writing narrative entries is the best way to document changes and enables you to provide complete and accurate information to others. Make entries to a resident’s narrative at least weekly. Report date, time and changes in physical or emotional well-being, behavior or mental condition.

- Regularly review the care plan, narratives, medication records and nursing consultations. Is the care to be provided being given? Has the ability of the resident changed? Have the resident’s care needs changed? Does the care plan need to be revised in view of these changes? Has your staff been properly trained?

**Role of case managers**

Case managers working with Area Agencies on Aging and DHS units provide information about clients and services, assist residents and family members in problem solving, and arrange for and authorize needed services for Medicaid clients. Case managers authorize Medicaid payment for resident care.

It is important to know who the case managers are for residents receiving Medicaid payments. When residents on Medicaid are admitted to your home and as their care needs change or problems arise, the case managers should review their needs and care plans with you.

Be sure to inform case managers of changes or problems as they occur. As advocates for the residents, case managers will assist you in obtaining needed services for residents and review appropriate Medicaid service payment levels as residents’ needs change.
In some areas of the state private case managers work with the public and arrange for care. The services offered vary from case manager to case manager and situation to situation.

**Role of Long-Term Care Ombudsman**

Ombudsmen are trained volunteer advocates who visit adult foster long-term care homes to ensure residents are receiving appropriate care and services. They can help you resolve problems with residents and their families. As advocates for residents, they encourage quality care and resident rights that you want to promote.

Ombudsmen can help protect your good image and reputation as a provider. Welcome them to your home as helpful members of the care team. More information about the Long-Term Care Ombudsman Program can be found in the Appendix.

**Who to contact**

Who you need to contact for various situations can sometimes be confusing. You may end up contacting more than one care team member. In some cases, it may be appropriate to involve several members of the care team. Be sure you know the members of each resident’s care team. Gather the following information, mainly during the screening process:

- Information about who to contact at the time you admit a resident. You have noted names, addresses and telephone numbers of family members, physician(s), case manager, therapist(s), clergy, funeral director and any other regular players on a resident’s care team. This information is documented on the General Information and Screening form discussed in Chapter 3. Be sure to note any changes if they occur after admission.

- Identify key care team members. These are persons who must always be contacted when a problem or concern arises. This is usually a family member, physician or nurse, or case manager. If the resident has no family, a guardian/conservator may be responsible for making decisions.
In general, contact members of a resident’s care team whenever you have questions or concerns and you believe their help would result in better care. Your observation, skills and professional judgment are the keys to knowing when to involve others. Contact other care team members when:

- A need arises for which another care team member is responsible. For example, if your review of a resident’s chart shows the person will need a prescription refilled within the coming week, contact the pharmacist or the resident’s family to request a refill.

- Changes occur suddenly (over a few hours or few days).
  - If an emergency (for example, cardiac arrest) occurs, call 9-1-1; then contact the resident’s physician and family.
  - If not an emergency, contact the appropriate health care professional. (If you suspect a medication reaction, contact the resident’s physician, nurse or pharmacist.) Be prepared to give the resident’s vital signs including temperature, pulse, respiration and blood pressure. Never hesitate to contact a health care professional (or emergency assistance) whenever you have questions or concerns about a resident’s medical condition. Contact the resident’s family. Report the problem and the steps you have taken.

- Gradual changes or decline is noticed. Changes may appear over several days, weeks or months. In reviewing a resident’s progress notes, you may notice a pattern or a steady decline in functioning. Discuss the changes with the resident and the family, if appropriate. Gradual changes or decline in functioning needs to be reported to the resident’s primary care practitioner. If the resident has Medicaid and the changes have a significant effect on the person’s activities of daily living or support needs, report the changes to the resident’s case manager.

- You do not know what to do. For example, if a resident refuses to take a bath or shower, contact family members to get their suggestions; if a resident
wants to take a medication that is not prescribed, call the physician for instructions.

HOW TO GET HELP

If the situation is an emergency, call 9-1-1; follow your home’s established emergency procedures and document the incident in the resident’s chart. If it is not an emergency, follow these steps for each call you make to members of a resident’s care team.

Before you call

- Write down the problem. Review the resident’s record. You may want to complete a Care Team Contact Sheet (sample included at the end of this chapter). Summarize changes, including dates, solutions tried and the results. Briefly describe the current problem.
- Write down the questions you want to ask or the information you need. Complete page two of the Care Team Contact Sheet. Leave blank spaces between items so you can write answers and other information received.
- Be prepared to supply information. Have the resident’s record and medication administration record at hand if you are calling a health care professional. If calling a government office or other agency, have identification numbers available (such as Social Security number, contract number, file or case number, insurance identification number, or prescription number).

When you call

- Identify yourself. State your name and that you are an adult foster home provider. Give the resident’s name and provide any necessary numbers and other information.
- Report the problem. Relate the information summarized on the Care Team Contact Sheet. Ask the questions you have prepared. Describe the help you
need or want. Tell the person if you need the information or help by a certain time. For example, “I really need an answer this afternoon,” or “I need this information by Friday.”

- Respond specifically to questions you are asked. This will help the person you called better understand the problem and the information or help you need.

- Leave a message. If the person with whom you need to speak is not available, ask that your call be returned. Indicate whether the problem is serious and if you need assistance quickly. If another person is available who may be able to help, ask to speak with that person.

- Be patient but persistent. You are probably not the only person calling for help. If your call is not returned within a reasonable time, call again. The amount of time will depend on how serious the problem is with which you need help.

- Be assertive. If the response you receive is not satisfactory, ask to speak with a supervisor. Explain how important this assistance is for your resident. Ask for referrals to other service providers or agencies if the person you called cannot help you.

- Search out services. Sometimes it takes several phone calls and contacts to get the help you need. Ask each person you call to recommend other resources, and follow up on referrals.

- Show your appreciation. Thank those who give you information and assistance.

**After you call**

- Document all calls. Place the Care Team Contact Sheet or your notes in the narrative section of the resident’s record. It provides a record of the contact made and the responses and information received.

- Follow through. Take action based on answers to your questions or suggestions made by the person you called. Be sure all your staff is aware of the changes.
• Make other calls, as needed. Call other members of the care team for assistance, if appropriate. Also contact any referral sources provided.

**How to respond to calls**

Other care team members may contact you for information they need about a resident. Refer to the resident’s chart for current, accurate information. Be courteous and professional. Respond specifically to questions you are asked. If you don’t understand the question, ask for clarification.

Follow these steps for each call received from a care team member:

• Provide information promptly. Furnish the information over the phone, if possible. If not, agree on a time and method by which you will provide the information; follow through.

• Make a referral, if appropriate. You may not be the person who can provide the requested information, in which case you may suggest others who can. Provide names and telephone numbers, if possible.

• Document all calls. Write in the resident’s progress notes the date, time, who called, and what information was requested and provided. If you will provide the information later, note the agreed-upon date and time. Note in chart when the information is provided. For example:

  Wednesday, 7/14, 10:45 a.m. Dr. Jensen’s nurse called; Dr. wants record of food intake for one week starting Sunday, 7/18; will keep record and send copy on Monday, 7/26.

  Monday, 7/26, 1:30 p.m. Copy of food intake mailed to Dr. Jensen per request on 7/14.
CARE TEAM CONTACT SHEET

Resident’s name ___________________ Date ______ Time ______ a.m. p.m.
Agency/person contacted ____________ Telephone ______________

☐ Call completed
☐ Left message
☐ Call returned (note date/time) _______________________________________
☐ Called again (note date/time) _______________________________________  

Summary of changes
Date ___________ Change noted _______________________________________
Solution tried ________________________________________________________
Result __________________________________________________________________

Date ___________ Change noted _______________________________________
Solution tried ________________________________________________________
Result __________________________________________________________________

Date ___________ Change noted _______________________________________
Solution tried ________________________________________________________
Result __________________________________________________________________
What is the current problem? __________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Summary of changes
1. Response ____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

2. Response ____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

3. Response ____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

4. Response ____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

5. Response ____________________________________________________________
_______________________________________________________________________
For more information, contact

Agency/person _______________________________________________________________

Telephone number _____________________________________________________________

Agency/person _______________________________________________________________

Telephone number _____________________________________________________________
ADDITIONAL RESOURCES

Reminiscing and discussion tools for older adults

www.eldersong.com