

To Our Clients and Friends...

Service providers in dozens of fields are positioning themselves as “senior specialists” to capitalize on the booming senior market. There is now a veritable alphabet soup of letters one can add to one’s name in order to convey expertise in the needs of the elderly.

Many professionals, of course, have earned their credentials through rigorous training or demonstrable competency. But in some cases, the new titles just signify completion of

two or three days of coursework focused mainly on marketing to seniors.

We think authentic credentials are important. In this issue we reprise an article on the critical field of geriatric care management. On page two, we relate how, even in the field of non-medical home care, our own professional credentials have added value for our clients.

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**Eldercare Help and Advice:
The Role of Geriatric Care Managers**

Reprinted from the July 2005 issue)

Geriatric care managers are professionals from the fields of social work, gerontology, nursing or psychology who help families make safe arrangements for frail seniors to remain in their homes and communities. The services available to help this population are often fragmented and confusing. Many people find it bewildering and time consuming to locate reliable resources and information. Geriatric care management emerged in response to this need.

Geriatric care managers (GCM’s, for short) most often work in the places their clients call home and do many of the things that family members would do if they could. They help families through complex situations and assist them in making good decisions about eldercare based on the needs and wishes of the family system. They are often involved in very intimate aspects of their clients’ lives. Professional rules of confidentiality apply to GCM’s just as they do to other health professionals.

You can benefit from working with a GCM if:

- ◆ You are concerned about an older family member but don’t know exactly what to do.
- ◆ You are a caregiver and don’t know what your next steps should be.
- ◆ You are trying to get information to help



your family member but don’t know where to look.

- ◆ You live at a distance and need a liaison to do the things you would do if you were there.
- ◆ You feel an organized plan of care should be in place, but don’t know what to include.
- ◆ A crisis, hospitalization or other change affects your loved one that is beyond your understanding.
- ◆ You are frazzled and overwhelmed, and just need help.
- ◆ You want objective advice and reliable information about how to address your family member’s needs.
- ◆ The entire family is at odds over how to proceed with the care of an older relative.

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Our Clients Tell Us...

Professional Management Matters

Before launching Ready Hands, focus groups told us they felt ownership and management by a physician and registered nurse would be a distinguishing advantage in the minds of home care consumers. Our experience in the subsequent years has suggested they were right. Clients tell us all the time that they feel more confident knowing that Ready Hands' principals are a doctor and nurse—not for diagnosis or treatment, but to help make difficult decisions in uncertain circumstances. Here are some real stories by way of illustration (related here with client permission and names concealed):

He Needed More Than an Optometrist

Our client, Mr. D., thought new eyeglasses would help the poor vision he was experiencing. He called our office inquiring where he could find a good optometrist. Dr. Benson asked a few questions and learned that Mr. D. had noticed hazy vision in one eye just an hour earlier. A quick trip to the home confirmed gradually improving impairment in the upper visual field in that eye.

Recognizing this as a potentially serious symptom, Dr. Benson called the responsible family member, who lived out of state. After discussing the possible causes and actions to take, the family member made the necessary arrangements for prompt medical evaluation and treatment. Mr. D. had in fact experienced amaurosis fugax—a kind of transient ischemic attack that could be a sign of impending stroke.

Home Care Wasn't the Answer

Mr. B. called to arrange for part-time home care services for his elderly mother. She had been fully independent until a month earlier, but had gradually taken a turn for the worse with progressive weakness, poor intake and new onset of incontinence. Sue Benson's nursing assessment raised concerns about the client's safety, so she asked Dr. Benson to take a look.

He found the client in bed awake and conversant, but simple mental status testing revealed disorientation to time and place. Her abdomen was distended with fluid (ascites), her breathing was mildly labored and she exhibited subtle asterixis, a sign of hepatic encephalopathy. These findings indicated complications of advanced liver disease.

The client had no regular doctor. Dr. Benson urged the family to call 911, which they did immediately, thereby averting an imminently life-threatening situation.

Another Gout Attack?

Mrs. T. and her family thought the acute pain in her foot was another flare-up of gout, which generally responded to ibuprofen. However, this time the pain continued un-

abated. She started feeling sick, and the Ready Hands aide had reported increasing difficulty with mobility and transfers.

With the family all at work or out of town, Dr. Benson drove over to discover the client's foot to be cool and pulseless—signs of an arterial occlusion. He called the son and explained that this was not gout. Although initially skeptical, the son agreed with immediate ambulance transport to Fairfax Hospital, where the client was urgently admitted.

When a client's condition changes, sometimes family members are not available to see for themselves. Or, they may simply not be sure how best to respond. In countless situations of this kind it has helped to have a medical professional available.

(Geriatric Care Managers, continued from page 1)

- ◆ You think your family member needs additional help to stay at home, or may need to move to a more supportive environment.

Ready Hands does not offer formal care management services. To be true advocates for clients and avoid conflicts of interest, we believe GCM's must have an arms-length relationship with other providers of eldercare services. However, we are privileged to collaborate with a several excellent independent GCM's in our area and are always happy to pass on their names to families who need help.

Lydia Acheampong Receives Quarterly Recognition Award

Our award this quarter goes to nurse aide Lydia Acheampong. Lydia joined Ready Hands in August of 2005. In that time she has worked with several different clients, including one individual for whom she provided live-in care for over a year.

Clients and families have consistently had the highest praise for Lydia's conscientious performance, good judgment, compassion and cheerful personality. She is observant



and communicates promptly whenever she notices anything untoward. She knows her job and performs her duties without prompting or reminders. She has been a great asset to Ready Hands and to her clients. Thank you, Lydia!