CARE PLANNING & AVAILABLE RESOURCES

ADRC Participant Appreciation Day
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OBJECTIVES

- Assess for care needs
- Develop a care plan
- Identify and access available resources

What’s Next: After the Diagnosis

- Assess needs of the current situation
- Form the Care Team
- Develop a plan
- Take Action

ASSESS NEEDS OF THE CURRENT SITUATION

- Biggest concern at this time?
- Other medical conditions?
- Current living situation?
- Advance Health Care Directives?
ASSESS NEEDS OF THE CURRENT SITUATION

What can your loved one still do for themselves?

- **Activities of Daily Living (ADLs):** Bathing, Dressing, Grooming, Toileting, Transferring, Feeding, Ambulating

- **Instrumental Activities of Daily Living (IADLs):** Shopping, Meal Preparation, Housecleaning and Home Maintenance, Manage Finances, Manage Medications, Manage Communication (telephone, mail), Transportation

ASSESS NEEDS OF THE CURRENT SITUATION

Exercise and Physical Activity

Well-Being:
- **Identity** – having personhood; individuality
- **Growth** – enrichment; opportunities to evolve
- **Autonomy** – freedom; independence
- **Security** – free of anxiety and fear; dignity
- **Connectedness** – belonging; engaged support system, socialization
- **Meaning** – purpose; significance; value
- **Joy** – happiness; contentment; enjoyment

ASSESS NEEDS OF THE CURRENT SITUATION

What is your families’ understanding of the disease and disease process?

Has your loved one and family discussed potential future plans?

What support structure is in place for you or the primary caregiver?

FORM YOUR TEAM: Who Should Be Included?

- The person you are caring for!

Who can you rely on?
- Family Members
- Friends
- Neighbors

Important Team Members:
- Medical Providers- Doctors, Nurses, Therapists, Social Workers
- Dementia Specialists
- Geriatric Care Managers
- Elder Law Attorneys
- Financial Planners
- Caregiving Agencies
- Adult Day Programs
DEVELOP A PLAN

1. Structured daily schedule
   - Meaningful engagement
   - Cognitive stimulation
   - Healthy Diet
   - Exercise
   - Proper sleep hygiene

2. Home, personal, and driving safety
   - Medication management
   - DME/home modifications
   - ERS
   - Transportation

3. Advance Care Planning:
   - Advance Health Care Directives (Living Will, Trust, Durable Power of Attorney for Health Care and Finances)

4. Palliative Care or Hospice Care

5. Support for the Care Partner
   - Education
   - Support Groups
   - Respite care
   - Quality sleep
   - Health Needs

6. Connect with Resources:
   - Geriatricians (primary care or consult)
   - Social Services- MSSP, IHSS
   - Geriatric Care Managers
   - Dementia Specialists
   - Social Workers/Therapists
   - Home Health and Home Care Agencies
   - Adult Day Programs
   - Legal/Financial- Attorneys, Financial Planners, Bill Paying Services
   - PT/OT/ST
   - Meal Delivery
   - DME and Home Modifications
   - Medication Management
   - Transportation
   - Senior Living- Independent Living, Assisted Living, Memory Care, Board and Care, SNF
   - Respite Care
   - Hospice Care
   - Palliative Care

TAKE ACTION

- Implement your Care Plan
- Be flexible
- Ask for help – Free Services at Stanford

Aging Adult Services
www.stanfordhealthcare.org/agingadultservices

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