

The Thurston-Mason Senior News

A Free Service of The Thurston County Council on Aging

April 2018

“When to say “When””

How do you know when your family member needs out-of-home care?



Out-of-home care or placement, as it is commonly called, is a very important personal and family decision. Out of home care occurs when health needs exceed the supports which can be brought into the home. Out of home care can start after a sudden illness such as a stroke or gradually as is often the case with dementia. The gap in support may not be from the lack of trying and doing. It may be due to the mismatch of greater care needs than there are hours in a day or the energy to meet them.

Most people wish to receive care and remain in their own home until they die. In fact 80% of American would prefer to die at home but 60% die in acute care hospital, 20% in care facilities and only 20% at home.

Out of home care is an important issue. Few of us are exempt from making such decisions at some time in our life for either ourselves or a family member. There are 3 issues which often influence and most often decide when or where out of home care occurs: Safety; Money; Guilt.

Safety. Can both you and your care receiver get your needs met in your current in-home setting without undue risk? Is it realistic for your family member be cared

for in a home where the bedroom, bathroom and family room are on different levels? Can a wheelchair fit in the hallways or bathroom? Or how much of the home can be altered to accommodate their needs with the resources on hand?

You may temporarily live in your parents' home or they in yours. Temporary can become a long time. What supports are necessary to help you safely provide care, even relatively predictable time-limited episode of care? How are your emotional and physical health and reserves? Cooking and cleaning for a parent can quickly turn into providing personal care after sudden health events. Are they, and you, willing to bring in more help to safely meet there needs and stay in their own home?

Money. It is often the root of getting the right type and amount of care at the right time. Care giving placements meet different needs at different costs. It is often like buying a house (the cost of a month of care may be what you paid for your first house 50 years ago.) Houses come in various sizes, meet different needs and provide a variety of amenities.

Affordability, like much of life, what we purchase drives the decisions of when and where. With longer acting illnesses like dementia and Parkinson's, many spend their life savings, and may still need help from long term Medicaid services.

Investigating care options before they are needed is no different than planning where to buy a home before your children reach school age. Also, do not be afraid to find an expert or friend who has been through such a decision to help you learn your options. It is like using a real estate agent to find the right home. When it comes to care we are looking for the right fit (services, location, cost etc.). We encourage you to carefully examine your circumstances and resources and to be flexible in how you think about placement.

Guilt. It's that feeling of remorse for doing something wrong. All our energy can become bound up in guilt, invading worried thoughts and sleepless nights – 'how is Mom going to do in a place which is not her home?

(continued)

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“When to say “When”” CONTINUED:

Guilt can become a larger than life issue, especially when there may have been past promises to “never send me to a nursing home” or “let me die in my own home.” Promises, implied or stated, may necessarily need to change as someone’s illness takes a longer course or they simply outlive their savings. Tragic situations, beyond your control may alter part of any promise. The other side of the promise is that you have the right to live your life. You have the right to create and maintain your health. So ‘when do we need to say when’ to our guilt?

A physician once told us that sadly most of his patients make out of home care decisions only after “the burden of caregiving outweighs the guilt.” It may take a few times hearing that to grasp it. Caring for a family member naturally presses us to examine our own guilt and admit our own caregiving burdens. They are connected and keep us from acting, planning and providing the best and safest care for our family members.

Realistically evaluating your own physical and emotional capacities before a crisis occurs can help make a transition to out-of-home care less stressful for both you and your care receiver.



This article is a service of the Lewis Mason Thurston Area Agency on Aging. For more information about the Family Caregiver Support Program, call (360) 664-2168 and ask to speak with a Resource Manager or visit our website at WWW.LMTAAA.ORG