

TRANSITION PLANNING
Service Coordinator Conference
August 27-28, 2008

- a lot of transition planning depends on relationships
- successful transitions need to involve the resident's family
- we are truly ONE – Jacque has her finger on the pulse of the Service Coordinator network and can refer you to just about everyone who can help you!
- resident's family is your best resource – even two or three years before the resident needs to transition
 - ✓ introduce yourself to residents' families when you see them
- some communities prepare a twice yearly newsletter for families
 - ✓ includes column from Service Coordinator and Activities Coordinator
- some communities send a letter to resident when they move in

One community has 3 Service Coordinators for 224 disabled and elderly residents – age range is from 18 to 96

- many residents have no family . . . or neither they nor the family want to have contact with each other
- some elderly residents transition to nursing homes
 - ✓ mental health facility helps them transition
- Service Coordinators have strong relationships with skilled nursing facility
 - ✓ probate judge can appoint a “guardian”, who is a private practice attorney, to sign a resident into a skilled care facility

Current tendency is to let people age outside an institution – some “independent living” communities become the “dumping ground” for people who other communities want to get rid of

- HUD says you can't “assess” prospective residents
 - ✓ could require a third party agency (Home Health) to do an assessment on the front end
 - ✓ when you have this information ahead of time, you can knit together necessary services to manage a particular resident
- in a situation where a resident doesn't meet income requirements or credit requirements, a sponsor/guarantor may be appointed

If folks qualify for help, services can be put in place

- large number of residents fall through the cracks
- sometimes there are ways around the law so that services can be put in place to create a supportive environment
- need the right information at the right time

How can we help Dad to expire with dignity?

- after numerous hospital admissions, talked with the hospital staff about managing his health as it declines

- need to make connections with “sponsor” when resident moves in; keep in touch with that person throughout good times and bad

Once you have someone in your community who requires services, you may need to put some pressure on management to make some type of arrangement.

- develop services within your community
- identify a neighbor who can support a resident
- keep in mind that urinary tract infections and dehydration can mimic dementia

How do we transition residents when we don’t have relationships?

- use the Georgia mental health crisis line
 - good source of assistance
 - if person refuses help three times, the crisis team will take over
- when behavior becomes a “lease violation”, it may be time to connect with family or “sponsor”; a third party assessment may be necessary
- if hospitalization occurs, that may be a signal to either put services in place or transition elsewhere
- document things that occur with residents so that there is documentation
- hospital social workers are your best friends

RELATIONSHIPS are a critical piece for our success with person-centered care for our residents!!!

- develop contacts within your county that can provide services to help people “age in place”
- nurture relationships with hospital admissions department and discharge people; elders are sometimes pushed home too soon
- some home health agencies check on hospital patients from communities, particularly those with whom they have relationships

The notes above are from the Transition Planning Breakout Session at the Service Coordinator Conference in August 2008. This breakout session included shared learning information from colleagues about what has worked in their communities. These notes are somewhat "stream of consciousness" and include what the recorder was able to capture.

One of the major benefits of the Conference is to provide a forum where we, as Service Coordinators, may share experiences working with senior adults. I hope our discussion has been, and will continue to be helpful as you help our seniors to transition to a different level of care when necessary.

See you at future events!! LINDA :-))

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