



Transcript: DNR / Advance Directives in Senior Living Facilities

Barry: Welcome to the Senior Care Corner Show. I'm Barry.

Kathy: And I'm Kathy. Thanks for joining us.

Barry: As always, you'll find us online at SeniorCareCorner.com with solutions, tools and information for families and other caregivers of senior adults.

Well Kathy today we're drawing our feature segment from an item in the news. Something that I think is causing confusion among many family caregivers and seniors themselves that also has a number of lessons to which we can apply to helping our senior loved ones find that living facility. But first you got some; I guess some real news items for us now.

Kathy: I do indeed. I found some interesting and intriguing items today. Our first news story:

Learning to Use Facebook May Help Give Adults Older than 65 a Cognitive Boost

Researchers are finding that one way for older adults to sharpen their mental abilities is to log on to Facebook.

Preliminary research finding suggest that men and women over 65 who learn to use Facebook could see a boost in cognitive functions.

Older adults who were taught to use Facebook performed about 25 % better on tasks designed to measure their ability to "update" or quickly add or delete the contents of their working memory.

A group of seniors ranging in age from 68 to 91 were asked to interact with others in the study group and post at least once a day on Facebook.

Another group was taught to use the online site Penzu.com which is an online diary site with no social sharing. They were to make at least one entry a day with no more than three to five sentences to simulate a Facebook post.

A third group was told they were on the waiting list for Facebook training but were never given any interaction with social media.

Prior to the study, all the seniors were given tests to measure their mental updating abilities and then were measured again at the end of the study.

Those using Facebook performed 25% better at the end than they did at the beginning of the study. Those in the other two groups saw no difference in performance.

The study points to the theory that staying cognitively engaged leads to better cognitive performance, that is use it or lose it. Social engagement can affect loneliness as well, since there is more social support.



Facebook offered a more complex interaction than just adding entries into a diary. There's always new information to be inputted and other data to be deleted in your mind when you're looking at Facebook that requires your attention.

One in three seniors currently are online uses social network sites like Facebook according to a recent Pew Research Report.

Barry: Well Kathy, that's a good addition to our benefits of using social media and a good reminder that we need to revisit that list and I think we will in an upcoming show.

Kathy: I knew you would like that Barry. Our second news item:

Brain May Treat Wheelchair as Part of the Body

A new research study suggests that the brain of disabled people adjusts to a wheelchair and treats it as an extension of their body replacing limbs that currently aren't functioning properly.

How the brain compensates when it uses a device such as a wheelchair was investigated. This also applies to something as simple as a hammer or toothbrush according to researchers.

They feel the results could be used in the future to help enhance the body of people who are physically impaired.

The brain's ability or "plasticity" to learn and adjust is done quite often through our lifetimes.

Playing the piano or driving is an example of plasticity in action. Human brains compensate for bodily changes such as the loss of a limb by adjusting what's known as the internal body map. This study attempted to understand how the brains of disabled people change their body maps to include wheelchairs.

They found that wheelchair bound people with spinal cord injuries treated wheelchairs as part of their bodies' not just extensions of their limbs.

If the upper limbs could interact more with the wheelchair, their brains incorporated them into their body images essentially going into an automatic mode when using their wheelchairs.

Daily activities become an automatic way of thinking not just a mechanical process.

Barry: Now that's interesting. I guess you hear about that also, you mentioned some athletics there but you think about athletes saying how their motions just become automatic; a pitcher throwing a baseball for example, so it's same, it makes sense the same thing would apply when you're talking about a device like a wheelchair.

Kathy: Right! The pitcher's brain has mapped the ball as part of their body.

News item number three:



More Regular Meals May Improve Dementia Care

A new study suggests that helping people with dementia to eat more regular meals may improve their physical health as well as decrease symptoms of depression.

Study participants were given nutrition, BMI or body mass index and depression tests before the start of the study and again after six months. People who participated in memory training had improved nutrition with a healthy increase in their BMI in combination with a reduction in depression scores.

This study used memory training to improve eating habits and thus nutrition. Researchers are hoping that health care professionals and caregivers can use a similar approach in helping people with dementia overcome poor nutrition and depression.

Barry: That's very interesting. I guess it makes sense. We'll have to see how that advances.

Kathy: Alright our next news items:

MetLife Research Outlines the Future of Aging in Place

Research conducted by MetLife Market Institute and the Stanford Center on Longevity entitled Livable Community Indicators for Sustainable Aging in Place. It measured indicators for what makes the best communities for people who are in transition into aging in place.

The study found that accessible housing was key. It needs to be affordable and adaptable to the changing needs of a person over their lifespan in order to be considered a livable community.

About 29% of homeowners over 65 years are currently living in homes build before 1950 according to the study many of which do not have physical features that are able to improve accessibility for anyone with impairments or disabilities.

Affordable housing is a major barrier to aging in pace according to the study. The majority of adults report that they spend more than 30% of their income on housing.

One third of those in the study reported that they are not confident that their home will be affordable as they age. The researchers feel that these people are most at risk for having to leave their home for more low cost housing including a nursing home.

They point out that local governments need to think about their efforts to adapt themselves to help seniors age in place in their community so that the older adults can make valuable contributions as neighbors, caregivers, volunteers and customers to the local business.

Barry: That's interesting in that the aspect about housing being such a big percentage of their cost. This isn't the old times where you would think of our grandparents having already paid off their home and thus it really isn't an expense when they retire. So things are changing all around aren't they?



Kathy: They are. Alright, our final news item today:

Tooth Loss Associated with High Risk for Heart Disease

Tooth loss has been associated with several risk factors for heart disease according to a large international study.

The risk factors include diabetes, obesity, high blood pressure and smoking.

Researchers found after studying 16,000 people that there was an increase in the level of a harmful enzyme that contributes to inflammation, hardening of the arteries with every decrease in the number of teeth--the more missing teeth; the higher the enzyme.

People with fewer teeth also had a higher level of LDL or bad cholesterol, higher blood sugar, blood pressure and a greater waist size.

They found that with every missing tooth, there was an eleven % greater risk of diabetes.

Being a current or former smoker was also linked with tooth loss according to the study.

Researchers point out that the relationship between tooth loss, gum bleeding and heart health is unknown. It is yet to be determined whether periodontal disease actually causes heart disease and it could be possible that the two conditions share common risk factors. Potential links could be systemic inflammation, the presence of bacteria in the blood from infected teeth and that bacteria invading the cardiac system.

Barry: Boy again your mouth and your teeth are tied to so much in your life, aren't they?

Kathy: They are and we don't always think about that.

Barry: Well thank you Kathy, another great set of news items!

Senior Living Facilities – Do Homework First

As we move into our feature segment, this time we're going back to the news, but I think we're going beyond the story to talk about what this story means to family caregivers of seniors amid some of the confusion that's been generated by a lot of reports, and some of which is conflicting. There's a lot of meaning in the story for us and hopefully you'll get a lot of meaning out of it too.

What are we talking about? Well, you may have heard about the 87 year old woman who laid dying in her California independent living facility while a nurse working at the facility resisted pleas from the 911 operator to perform CPR. Now there have been so many stories with different sets of facts and some conjecture about what happened or should have happened and why things went as they did that we don't see any benefit to you in us going into that now. Now if you are interested a Google search will take you to hundreds of news stories and opinion pieces – well, I guess most of the news stories I've read on it have opinion in there too – but



anyway, you can draw your own conclusions about it and use that to shape your opinion about various types of facilities and providers - - or not.

What we want to discuss today is what seniors and family caregivers can learn from the situation, because there are lessons – or at least reminders – in there for when we’re looking for senior living facilities for our own loved ones’ care and even afterward, if they’re a resident of one of those facilities.

As we go through this, keep in mind that we’re not just talking about independent living facilities but ANY senior living facility, though you’ll find different levels of care expectations in different types of facilities. You might tweak your process based on the level of care and thus facility that’s right for your senior loved one, but what we discuss here should cover the range of what you might encounter.

Kathy: Maybe we should go ahead and list the issues first, Barry, and then talk about each one.

Barry: Sounds good, Kathy. We both have notes here we made but I suspect we’ll come up with another point or two we didn’t already consider as we’re going through the discussion. Why don’t you start us off?

Kathy: OK. The first thing that came to my mind is something we discuss often. Urge your senior loved one to decide what they want to happen in an emergency situation like the one in the news and then properly document it.

Barry: Boy you said a lot right there didn’t you? Another thing I got out of the story is to learn up front what the senior living facilities you’re considering do and don’t do in various medical situations.

Kathy: The other side of that is to make sure your seniors’ wishes are known and that the facility agrees to follow those wishes should such a situation arise.

Barry: Well those are the big points. I think we encompassed a lot right there in those. Let’s go ahead and discuss them and see if we come up with other considerations as we go along.

Life Saving Decision

Now as Kathy said, the first lesson and reminder is to get your senior loved one to decide what she or he wants done in a medical emergency. It may be that they’ve already thought through things and know if they want lifesaving procedures done. If they have, talk through it so you understand just what they want. Of course, if they haven’t already decided, talk through that too. Not everyone is ready to make that decision. Is that a bad thing, Kathy?

Kathy: I don’t think so necessarily. If someone isn’t ready to say “I don’t want lifesaving steps taken” then they go on without those wishes on the record. I wouldn’t push them but we should at least get them to think about everything because a lack of expressed wishes puts the ultimate decision in someone else’s hands. Don’t avoid talking about it because nobody wants to think



about what might happen. Yes, it's a big step to take, saying you want to be allowed to die naturally instead of being given emergency care. In many senior living facilities we're talking about whether or not an attempt is made to get one's heart beating again once it's stopped. For those living in a nursing home or if the situation results in transportation to a hospital, we're talking about many more potential lifesaving measures.

Barry: Good points. At the same time, I suspect that in many cases family members are trying to talk their senior loved ones OUT of that decision, wanting to hold off as long as possible. It's not our place to sit here and tell someone how to feel and of course all family dynamics are unique, but I only hope when the time comes I don't try to talk someone out of it who has made up their own mind and their own decision.

Once that decision is made, it's important to make sure it's documented and made legally enforceable.

Kathy: That's where the Five Wishes and similar documentation comes in.

Barry: That's a good point Kathy. I will make sure there are links to our posts discussing the Five Wishes document in our show notes. The point is to make sure there is no question what your senior loved one wishes to be done should they get into a situation in which life saving measures are required. It goes beyond the legal documentation because that might not be present at the key time such as after a car accident. That makes it important for family members to be aware of the election and agree to support it when the time comes, though that's certainly going to be difficult for some as we well know.

Kathy: Of course, if the senior is living in a senior living facility of any kind then the staff and administrators of the facility should be made aware and provided copies of all the documents.

Barry: Well you've led us right into our third point, Kathy, so let's jump ahead and talk about that first.

Make Wishes Known to Senior Living Facility Staff

Whether your senior loved one is living in an independent living, assisted living, nursing home or other type of facility, it is crucial to let the staff know of their wishes regarding emergency care. That will mean providing them a copy of the documentation if it isn't desired and possibly even noting on the record if it IS the desire - - just to be clear so there are no conflicting statements from family members or friends in the heat of an emergency, not that that ever happens right?

Yes, they'll probably have a place in their records to note the wishes, especially if the desire is for no emergency measures being performed, but they will most certainly want a copy of legal documentation in their files yeah for liability purposes. Well maybe we don't like thinking about it as "liability" for them but when it comes down to it, that's a part of the reality in the world in which we live. They may also have their own form or specific language they want to see in



order to protect themselves. Regardless of how or why, we want to make sure they get it right. Keep in mind that some states also have specific DNR documents for emergency medical personnel too.

Kathy: Along those lines, I wouldn't stop at providing a written copy, though. Discuss it with the administration to assure that the wishes are clear and to learn what they will do should certain situations should they arise. None of this is a 100% guarantee that should the time come the wishes will be followed, depending on the situation, but it does cover all the bases.

When Looking for the Right Senior Living Facility

Barry: Well Kathy, let's back up a bit and talk about our second point now, when senior living facilities are being considered. It's important to know what policies they have in place regarding medical care, both emergency and not so critical care. As the woman in California knew, her independent living facility made clear up front they provided no medical care of any kind - - and it turns out it that's exactly what she apparently wanted.

Kathy: That's a big part of what differentiates independent living facilities from other senior living facilities. It's important, though, to make sure you understand just what that means and even review their policies and procedures BEFORE financial commitments are made and your senior loved one moves into the facility. At some facilities they may call 911 for everybody needing medical care, which is when the EMS forms come into play.

Barry: Good point, Kathy. While not at issue for the family in the California case, just what is meant by not providing medical care is the topic of much of the discussion in the media, on the web and even in political circles. Does not providing medical care mean there is no portable defibrillator or even CPR performed? That appears to be the case with the California independent living facility at the center of the story, which is part of a large national chain and apparently has common procedures throughout the chain.

Kathy: Well, it's not exactly clear at this point just WHAT their policy says, at least according to some of the statements that were made.

Barry: And that does make it harder for potential residents and their families to know just what they'll do. That's where observation and some questions will help fill in the blanks. For example, while touring a facility...

Kathy: Which we hope is a key part of your selection process.

Barry: Definitely. While on that tour, look for signs regarding the location of first aid kits and a portable defibrillator. If you don't see them, ask so you know whether the facility has them and, if they do, what training is done for the staff on their use.

Ask about the qualifications of the staff of the facility. Independent living facilities may have nobody on staff with a medical background. Now the California facility muddied the picture



because one of the staff members was a nurse but working in a non-medical job. Part of the frustration of those viewing the story after the fact is that someone with medical training was present but simply chose not to use that training due to the facility's policy - - or at least her perception of the facility's policy.

We often hear the critical importance of actions taken during the - - hopefully few - - minutes between an incident and arrival of emergency personnel. That's why CPR training is urged - - and mandatory in many cases - - for personnel in healthcare facilities. If that care is desired for your senior loved one then you should ensure as part of your selection process that it will be provided. Clearly we can't assume that's the case.

Kathy: Of course, the other side is true also. You shouldn't assume that because you're looking at an independent facility that your loved one would NOT get CPR or other emergency measures. It pays to ask in all cases. If you learn they do provide those measures and your senior doesn't want them, those wishes should be discussed with all those who may come in contact with your loved one.

Barry: I guess they wouldn't stop to check the files before performing CPR on someone who has stopped breathing, would they?

Kathy: I hope not. You can't count on a manager or administrator to carry the message either, as they may not be present at night, when the emergency occurs or even on the weekends.

Barry: That's a good reminder, too, Kathy. We are talking about loved ones being in the facilities 24 hours a day but staff changing over regularly.

Kathy: It's not just the 24 hour care facilities where that's important. If your senior loved one goes to a senior daytime care facility, be sure their wishes are known by the staff there should something happen then. The same is true if they have professional caregivers visit their home. It's a matter of making what they want known up front to everyone.

Don't Assume Documented Wishes Will Be Followed

Barry: I'm also thinking, Kathy, that just because our senior loved one has made their wishes known and documented them we can't assume without asking that a facility will even follow them. That's one question we should ask up front when we're considering a facility, as some may disregard those policies for moral or religious reasons. While they should tell you up front, you should find out before the decision to move to a facility is made even if your senior loved one has not yet made such a decision about their wishes. You don't want your senior to be in the position of deciding whether to move or accept an unwanted policy in order to avoid moving.

Kathy: That's true whether your senior's wish is not to receive lifesaving care or if it is to receive ALL measures that may extend life, because some doctors, facilities and even family members may have a different view of the level of care that is called for in various healthcare



situations. It's just better to understand the policies, procedures and even the outlook of a facility BEFORE making what may be a long term decision.

Barry: Well don't forget, too, that policies and procedures facilities and companies set up may change over time...

Kathy: Just as we might see a result of outcry over the California story.

Barry: Yes, that's true. Not only do policies change, though, but staff turnover may mean that the people with whom everything was discussed are no longer there. All of this points to revisiting things periodically to make sure that the care wishes of your senior loved one are known and will be followed should a situation arise.

Kathy: Let's not forget that your senior may change their mind along the way too and that can happen.

Barry: That's a good point.

Before we wrap this up, Kathy, I made a note here about something you said earlier about the potential for being transported to the hospital. Even if your senior loved one has no directives applicable to their senior living facility, if they have directives applicable to hospital care, they should have those on file with the facility - - and their wishes well known - - should the need arise.

Those are our thoughts and suggestions on the situation. Now we'd like to know what YOU think or have encountered. Do you have suggestions based on what you've faced or steps you needed to take to assure wishes were followed? Please leave us a comment or send an email, either through the webpage or to me directly - - that's Barry at seniorcarecorner.com. Let others learn from your experience.

Kathy, why don't you close out our show today with your quick tip?

Kathy: I would be delighted. Our quick tip today:

Preparing your senior for the Next Checkup

As caregivers, we know the medical checkups our senior loved ones have are important to their health and wellness. We need to make the most out of the time we spend with the health care professional.

Here are a few tips to make that experience better by being fully prepared:

1. Update your family health history to include any new health problems for your senior or any close relatives.



2. Create a list of any recent or new symptoms, issues or questions for your doctor including any changes other doctors may have made since your last visit with this professional. This could also include changes in eating or sleeping and symptoms of depression or anxiety.
3. Give some thought to the future, ask what to expect such as changes in health due to a chronic condition so you can be prepared.
4. Be ready to face discussions such as quitting smoking, losing weight or health care decisions.

Playing through a scenario in your mind, with the help of your senior, of questions that will ensure that you get all the answers you seek and your fears communicated for the benefit of both you and your senior's well-being.

Barry: Thank you Kathy that was another great tip. We appreciate you doing that.

Well folks, that's the end of this episode of the Senior Care Corner Show. We hope you've enjoyed it and really found it informative. Now again, before we go I'd like to remind you that we really do want to hear what you have to say. What your experience tells you and what you might want to pass along to others about the situation we discussed in our feature segment. What tips do you for somebody who wants to make wishes clear in a senior living facility, so please leave us a comment or send an email. Also want everybody to stop by and visit us at SeniorCareCorner.com or on Facebook at Senior Care Corner. Don't forget to sign up for our updates there so you don't miss anything. Until we see you again, we hope everybody has a great day!