

RETURNING HOME

A Guide to Your Loved One's
Safe Transition Home



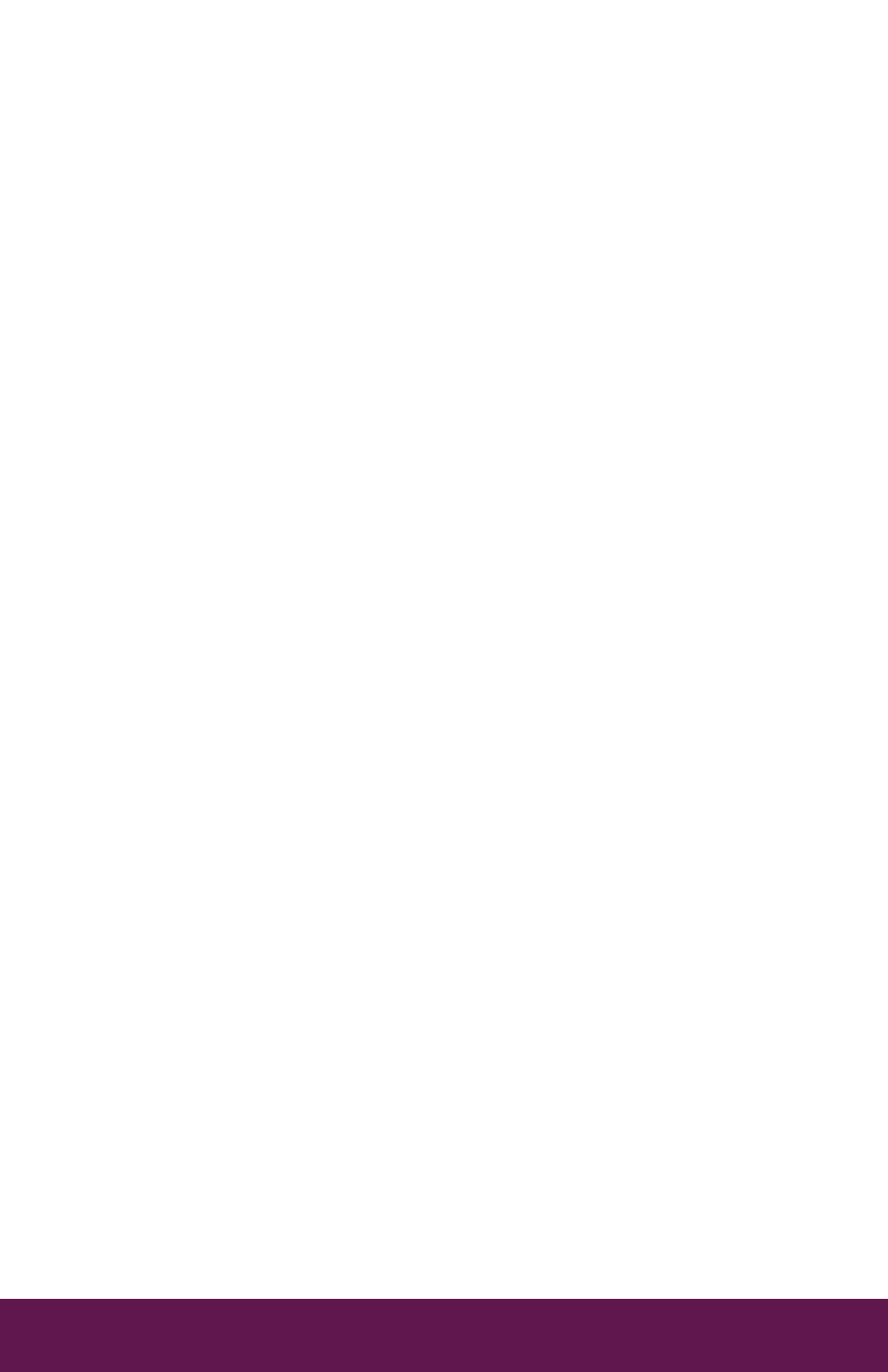


Table of Contents

Introduction	2
Ask Questions and Keep a Notebook	3
What You'll Need	6
Preparing a Safe Home	11
Time to Go Home	13
The First Few Days	15
The Next 30 Days	17
Medication Management	18
Doctor Follow-up	19
Nutrition and Hydration	21
Home Free	23
Resources	24
About Home Instead	25

Introduction

Start Planning Now

When a doctor admits your loved one to a hospital or facility it's often a traumatic experience, whether you were expecting it or not. And, as a family caregiver, it's unlikely that you're thinking too far ahead. Just get through one day at a time, right? However, while an aging adult is still in the hospital or rehabilitation facility, it's important to begin preparations for the time your loved one will return home. That's because a smooth transition home is vital to a successful recovery. Consider this:

- An estimated 15.7% of Medicare patients discharged from the hospital are readmitted within 30 days of discharge, according to MedPAC.*
- The cost of readmissions to the health care system is substantial, accounting for an estimated \$26 billion in spending annually by Medicare.**
- The average cost of readmission was higher than the average cost of an initial inpatient admission for all types of payers including 5% higher for those covered by Medicare.***

One chronic condition that often sends older adults back to the hospital is heart issues. In fact, approximately 30 to 40% of patients with heart failure are readmitted within six months of hospitalization.

Many issues factor into why older adults are vulnerable to problems at home after they have been in a hospital or rehabilitation setting.

One of the reasons we have so many readmissions over the age of 65 is because individuals are sent home unprepared, are unable to follow or understand discharge instruction or there is not the availability of a family caregiver to give adequate support at home – which puts them at risk." said Lakelyn Hogan, Ph.D., Gerontologist.

“The key issues that are sending older adults back to the hospital are medication problems, falls in the home and not following up with the doctor,” Hogan said. Add to that list home safety issues, nutrition and hydration challenges. These overwhelming responsibilities for the primary family caregiver, the individual and their families can mean a difficult road ahead. Planning during a crisis is never as effective as being prepared in advance. Preparation is your best strategy for avoiding the many pitfalls that can sabotage your loved one’s health and well-being when he or she goes home. This Returning Home Guide is designed to help prepare your loved one for a safe and successful transition home – one that will give your senior the best chance to stay at home.

To supplement this guide, Home Instead, Inc. has developed the Returning Home website (ReturningHome.com.)

**<https://khn.org/news/hospital-readmission-penalties-medicare-2583-hospitals/>*

***<https://www.healthstream.com/resources/blog/blog/2020/06/02/the-economic-emotional-cost-of-hospital-readmissions#:~:text=The%20cost%20of%20hospital%20readmissions,the%20program%20received%20readmissions%20penalties>*

****<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb248-Hospital-Readmissions-2010-2016.jsp>*

Ask Questions and Keep a Notebook

Even before you know how long a loved one might need to be in a hospital or facility, start working with medical professionals. Get the lay of the land, as they say. Early on, it’s important to ask questions – and lots of them – of key people caring for your older loved one.

The questions and the answers you receive will help determine what that older adult will need at home and the schedule he or she must follow for a smooth transition. Some of the questions can be difficult to ask such as, “Will my loved one ever be the same?” But it will be vital to know the answers so the individual can expect the best possible outcome.

Keep everything – question, answers, documents and instructions – together in a notebook to refer back and track the status of the health conditions and needs.

The Right Questions

While still admitted in the hospital or facility, ask the medical team - whether it's doctors, nurses or rehabilitation professionals - these questions about your loved one:

- What time of day does the doctor make rounds so I won't miss him or her with my questions?
- What is the prognosis? What is the likely outcome? Will my loved one recover?
- How long will my loved one be in the hospital or facility?
- What condition will my loved one likely be in when released?
- Will my loved one go straight home or to another facility?
- How much will he or she be able to do when at home?
- What are the warning signs that my senior needs help?
- Can my loved one be home alone? If not, how much help will he or she need and for how long?
- If I am the primary family caregiver, how much help will I need?
- What type of equipment will my loved one need at home?
- What type of care should my loved one have at home?
- Will a prescription be needed for any equipment or care?
- How many follow-up appointments will be needed and how soon do they need to take place?

Social workers and case managers can help put a discharge plan into action. A social worker is a professional that provides counseling, guidance and assistance, and can help a the older adult focus on his or her environment. Social workers often work hand-in-hand with case managers who assist in the planning, coordination, monitoring and evaluation of medical services for a patient with an emphasis on quality care.

You can ask these professionals:

- Where do I go to set up durable power of attorney for health care? (Your loved one should establish this legal instrument that allows patients to select the person they want to make health-care decisions for them if they are unable to do so.)
- Who is assigned to my loved one's care?
- What is the best facility for my loved one if he can't go directly home? Ask them who they would recommend.
- What will my loved one's insurance cover? What does Medicare cover?
- Do I have care options, and what are they?
- Will my loved one need home health care or palliative or hospice care and, if so, what do I need to do to ensure it is covered?
- Will my loved one need support for activities of daily living?
- What if my loved one has been caring for their spouse who is ill or has a chronic condition or dementia? How do I get assistance for both of them?
- What are the best resources that can meet my loved one's needs?
- Where do I go to find these resources?
- Where can I find the equipment that is needed?
- If it's not covered by Medicare or insurance, how do I estimate the cost and/or find alternative funding sources available?
- If my loved one needs in-home care, what are the options? (Hospital staff generally will not recommend a company or agency, but they will provide options and background information.)

When you know the situation, it's time to begin planning just what your loved one needs to return safely home.

What You'll Need

Hospital and facility staff can direct you to the types of equipment you will need and how to get those important supplies, whether you must have a prescription and if the equipment is generally covered by insurance or Medicare.

Depending on his or her condition, following are possible supplies that your loved one could need at home:

- Wheelchair
- Hospital Bed
- Walker or Cane
- Raised Toilet Seat
- Shower Chair or Bath Bench
- Bedside Commode
- Grab Bars
- Colostomy Care Supplies
- Oxygen
- I-V Equipment
- Lift Chair
- Hoyer Lift
- Disposable Gloves and Incontinence Briefs
- Dressings
- Railings
- Ramp
- Feeding Supplies (*if on tube feeder*)

You may hear the term “durable medical equipment,” which is medical equipment such as walkers, wheelchairs or hospital beds. Medicare Part B (Medical Insurance) covers medically necessary durable medical equipment (DME) that your doctor prescribes for use in your home. Only your doctor can prescribe medical equipment for you.*.

Having everything ready in advance will help ensure that the discharge process runs more smoothly and efficiently. The best way to ensure that is done is to get the lists ahead of the discharge.

*Medicare.gov; <https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage>

A Support System

What happens when an older adult is returning home but has no one there to help them recuperate? Going home to an empty house can be a danger, both physically and emotionally, and represents a concern for many healthcare professionals, such as case managers, who are managing their care.

It's common for discharge planners to tell families that their loved one will require 24-hour care initially and then adjust the schedule according to the patient's needs. If that's the message you receive, it's important to discern with the discharge planner what that really means. Sometimes all that's needed for your loved one in those first few hours and days is overnight assistance and a few additional hours during the day. On the other hand, you don't want to leave your loved one vulnerable if he or she could be at risk alone.

Ask the doctor to be specific about the kinds of support your loved one will need during the day, whether he or she can be left alone during the day and night, and what the risks are during those first few hours and days at home.



"Many older adults don't want to utilize the resources of a facility because they want to remain independent."

Planning for whatever help you'll need is an important step to take very early in this process. In talking with the older adult about the amount of care needed at home, encourage your loved one to be realistic.

As a family caregiver, don't assume that caregiving will be easy or even possible if you're living elsewhere, managing your own household, working a demanding career and have other obligations.

"We have a very mobile population of adult children who often don't live near their parents," Hogan said. "I've worked with older adults who were adamant that they would be fine when they returned home. That older adult indicates, 'My daughter is coming for two weeks.' But often that daughter cannot be there for the important discharge process nor can she stay as long as her parent might need help."

About Home Care

Many ask: What is home care? There are two main categories of help at home:

- **Home health care** is provided by licensed medical professionals such as physical therapist, occupational therapist, registered nurse and will require a doctor's prescription. Many times this is referred to as "skilled care". It is typically of short duration and covered by Medicare and/or health insurance.
- **Home care**, such as personal care, homemaker, transportation or companionship services provided by professional caregivers focuses on their in-home needs. Home care does not require a prescription and can continue as long as needed.

If you need home health care, such as the services of a nurse or therapist, your loved one's medical professionals can help you learn about your options and what will generally be covered.

Home care, on the other hand, should be arranged through an agency that requires its caregivers to be screened, trained, bonded and insured, and undergo background checks and drug screens. Services, which can be provided on a flexible basis, generally include meal preparation, light housekeeping, medication reminders, personal care such as bathing, grooming and dressing, Alzheimer's disease and dementia care, transportation, errands and shopping.

If you can't be there when the individual goes home from the hospital, an in-home personal caregiver also can help ensure your loved one transitions home safely.

Many older adults returning home from the hospital receive both medical and in-home care. That's because the services of a licensed medical professional will be considerably different from those of a professional in-home caregiver. The licensed medical professional generally will have limited contact with the individual, providing services that are time- and task-based such as a nursing visit and assisting with occupational or physical therapy. The arrangement with a caregiver will generally be longer term and focus on building a relationship and supporting the older adult to remain safe and independent at home.

Home care, home health, hospice or palliative care, physician and family all could partner to help ensure that the older adult stays safely at home.

Benefits of Help

Research shows that family caregivers who have assistance fare better than those who don't in personal health, quality of life and continuing to be able to manage a job and other obligations.

According to research conducted for the Home Instead® network:

14% of caregivers who did not use paid in-home personal care reported that their health was worse than it had been a year before, while only 10% of those using paid in-home personal care cited worsening health.

25% of caregivers who did not use paid in-home personal care reported needing some type of outpatient hospital care during the previous year, compared with 19% of those using paid in-home care.

The study found that of those family caregivers using paid in-home personal care, 71% were employed – 51% of them full time. The numbers were lower for caregivers not using such care: 65 and 49%, respectively.

Those working family caregivers using paid in-home personal care did almost **25% better in terms of maintaining their previous income levels** than did those in the other group.

Who Pays?

Many older adults and their families incorrectly assume that the majority of services will be covered by Medicare or a supplemental insurance policy. But that is not always the case. Medicare generally will pay for a nurse, occupational and speech therapist for a client at home, but only according to a doctor's prescribed plan of care.

According to the Medicare and You publications*, the program generally does not cover (does not pay for) any of the following:

- 24-hour-a-day care at home
- Meals delivered to an older adult's home
- Homemaker services like shopping, cleaning, and laundry
- Personal care given by home health aides like bathing, dressing and using the bathroom when this is the only care that is needed

Medicare generally does not cover home health aide services unless the Medicare beneficiary is also receiving a prescribed skilled care such as nursing care or other therapy. The home health aide services must be included as part of the plan of care for an illness or injury. An exception to this may be a Medicare Advantage plan. Always review the Medicare Advantage policy or ask for assistance from the plan.

In-home care can offer value not just in services but cost. Services are available for a few hours and up to 24 hours, and can be adapted to an older adult's changing condition. Such care can be covered by:

- private pay
- long-term care insurance
- veteran's benefits
- government agencies

*<https://www.medicare.gov/medicare-and-you>

Home Care Myth Buster

Some families seem intimidated by the costs of home care. In reality, home care is one of the most affordable options, partly because of the flexibility of an hourly service. In fact, a survey conducted for the Home Instead network revealed that 22% of the network's clients employ caregiver services for just four hours or less a week. About 20% employ

them between four and eight hours a week. Furthermore, this research reveals that 49% of family caregivers overestimate the cost of in-home care on average by \$6 an hour.

According to [Genworth's 2020 Cost of Care survey](#), home health care costs were \$23.50 an hour for homemaker services and \$24 an hour for home health aide services. That compares to a national median daily rate of \$290 for a private room in a nursing home.

Preparing a Safe Home

Home safety is important for any older adult but becomes more urgent when an older adult who is recuperating returns from a hospital or facility.

Keep in mind that some medications will make an individual weak or dizzy. Think about the layout of your older adult's home and what obstacles could get in your loved one's way at home. This home safety assessment can help:

- **Examine dark pathways, corners and other areas where older adults regularly walk or read.** Make sure all areas of the home have adequate lighting. Timed and motion-sensor lights outdoors can illuminate potentially dangerous pathways. Inside, consider table-top lamps OttLites® for doing detail work such as cutting vegetables. Make sure that hallways and stairs are properly lit.
- **Look for ways to make entries safe.** Make sure that railings leading into a home are in good repair and that steps and sidewalks are not damaged. Or eliminate steps altogether with a ramp. Install remote control locks.
- **Think contrast.** Large red and blue buttons over hot and cold water faucet controls will help prevent dangerous mistakes for seniors who might be weak and confused after a hospital stay. A dark green or brown toilet seat and vinyl tape around the shower will make those fixtures more easily distinguishable.
- **Look for ways to reorganize.** Mom always put the black stew pot under the stove to keep the kids from breaking it. Perhaps

now it belongs on a shelf beside the stove. And who says the eggs must go in the egg tray of the refrigerator? Perhaps it's easier for your dad to reach them if they're stored in the meat tray. If that hallway table, which has been a permanent fixture, is becoming a dangerous obstacle, relocate it.

- **Is clutter taking over?** Remove area rugs and stacks of newspapers and magazines, or other potential obstacles and safety hazards.
- **Install safety devices.** Make sure your loved one has assistive devices in key areas of the home, including grab bars in the bathroom, sturdy railings on the stairs and railings in long hallways if they are unsteady.
- **Look for damage.** Look for towel bars or window sills that are loose or separated from walls, or shower curtains that have been torn by loved ones using them to grab onto or steady themselves with.
- **Consider safety.** Think about the potential dangers that lurk within your loved one's home. Lock-in switches on thermostats and stoves will keep older adults with cognitive issues from harming themselves when they return home.
- **Look behind closed doors.** Many seniors will close off parts of a house they no longer use. Be sure to check those areas regularly for mold or water damage, especially if your loved one has been away from home for awhile. Don't close vents to crawl spaces.

Your older adult will be glad to be home and making sure that everything is in order will help a loved one feel more secure.

Stocking the Refrigerator and Cupboards, Changing the Linens

While you're getting everything together, don't neglect the refrigerator and cupboards. If your loved one has been gone long, there may be spoiled and outdated food to replace and important staples to replenish.

Gear the type of food you restock the refrigerator and cupboards to the condition that your loved one will be in when returning home. If cooking will be a challenge and he or she doesn't have adequate help, buy or arrange for nutritious and easy-to-prepare preferably fresh or frozen, if necessary, alternatives. Or consider asking the social worker or case manager to help arrange signing up for a home delivery meal program such as "Meals on Wheels."

Remember to change the linens and restock important personal and hygiene products that a loved one could need.

** For more on the importance of nutrition and dehydration, see [page 21](#).*

Time to Go Home

It's the day you and your loved one have undoubtedly waited for: time to go home! All hospitals and facilities have their own patient discharge procedures but, regardless of their policies, you can be better prepared by ensuring that you and your loved one need to be ready when you step out the door.

If you haven't had time to ask the questions in the beginning of this guide, do it now. Likewise, this could be your last chance before your older loved one departs from the hospital or facility to address his or her equipment needs.

Following is a checklist adapted from the Centers for Medicare & Medicaid Services that can help ensure that you and a loved one haven't forgotten anything:

- Confirm where your loved one will be going – back home or to a rehabilitation facility or care community.
- Ask staff what your loved one can do to get better and request a copy of the care plan.
- Ask about potential problems to watch for and what to do if they occur.
- Ask who the medical contact person should be if these problems are noted. Should it be the specialist or the physician or the case manager?

- Review with medical staff the list of medications, vitamins and herbal supplements your loved one will be taking. Write down a name and number to call if you have problems. Remember to match the medications in the discharge plan with what they have been taking at home to ensure clarity in what should not be taken.
- Confirm the medical equipment your loved one will need. Determine who the equipment provider is and when it will be delivered. Write down a name and phone number to call if you have questions about the equipment.
- Ask if they feel your loved one will need help with any of the following:
 - Bathing, dressing, using the bathroom or climbing stairs.
 - Cooking, food shopping, house cleaning, laundry, and paying bills.
 - Getting to doctors' appointments, picking up prescription drugs.
- Ask staff to show you and your loved one any task that requires special skills such as changing a bandage or taking medication.
- Ask the social worker any final questions about what Medicare or insurance will cover. If you need help with costs, ask about your options.
- Ask for written discharge instructions and a summary of current health status. Bring this information and list of medications for follow-up appointments.
- Write down any appointments in the coming weeks.
- Get prescriptions and any special diet instructions.

Being prepared will help make you a more confident caregiver and put your loved one at ease.

If you can't be there when an older loved one goes home from the hospital, a CAREGiver from the Home Instead network can assist.

The First Few Days

The Warning Signs

Regardless of your older adult's situation and conditions, you will want to know the signs that could signal trouble when your loved one is discharged from a hospital or facility.

Each individual's situation will be unique, but some general warning signs will help determine whether your older adult is in trouble.

According to Lakelyn Hogan, Ph.D., Gerontologist, general problems to watch for include:

- No bowel movement in three days or in the timeframe instructed
- New skin breakdown, redness, rashes or other problems
- Change in balance, coordination or strength
- Change in mental status or behavior
- Ineffective pain management
- Nausea or vomiting
- Running out of medication
- Dizziness
- Diarrhea
- Fever

According to Hogan, be sure to call the doctor if any of the problems above appear to be an issue for the older adult. Call 911 if your loved one is experiencing any of the following:

- Fall when there is bleeding
- Fall involving a broken bone
- Severe or prolonged bleeding
- Severe, prolonged or uncontrolled pain
- If unconscious or you are unable to wake them
- New onset of slurred speech
- Sudden weakness in arms or legs
- Sudden onset of chest pain
- Difficulty breathing not relieved by rest or medications

For more information about the symptoms and problems of chronic conditions, such as congestive heart failure and heart attack, visit ReturningHome.com.

The Importance of Record Keeping

Tracking and record keeping could be an important part of your older adult's progress. Hogan advises to check with your loved one's doctor about what he or she thinks could be important to track on a daily basis. Here are some things that could be required:

- How much your loved one eats and drinks
- Medications and dosages
- Activities
- Level of assistance provided
- Changes in condition

Look to medical professionals to help determine not only what must be recorded, but what doctors will need to know and how often.

A Rested Caregiver

During the early days of your loved one's recovery, you will want to make sure you're taking care of yourself.

Family caregivers often suffer from debilitating stress that can endanger their own health and place the person they care for at risk as well. Anger, anxiety, sadness, exhaustion and guilt are just a few of the signs that you may need assistance and support as a caregiver.

Make sure you're doing the following:

- **Work out:** Exercise and enjoy something you like to do (walking, dancing, biking, running, swimming, etc.) for a minimum of 20 minutes at least three times per week.
- **Meditate:** Sit still and breathe deeply with your mind as "quiet" as possible whenever things feel as if they are moving too quickly or you are feeling overwhelmed by your responsibilities as a caregiver.
- **Ask for help:** According to a national survey by the Home Instead network of adults who are currently providing care for an aging loved one, 72% do so without any outside help. To avoid burnout and stress, you can enlist the help of other family members and friends, and/or consider the services of the Home Instead network.

- **Take a break:** Make arrangements for any necessary fill-in help (family, friends, volunteers or professional caregivers.) Take a 20 minute break, a single day or even a week's vacation off to recharge. During your break talk about non-caregiving topics, read that book you haven't been able to get to, take naps, whatever relaxes you and makes you happy.
- **Eat well:** Eat plenty of fresh fruits, vegetables, proteins, including nuts and beans, and whole grains. Indulging in caffeine, fast food and sugar as quick "pick-me-ups" also produce a quick "letdown."

Caring for you, the caregiver, ultimately provides your loved one with the support needed to make a successful transition home.

The Next 30 Days

As your loved one starts feeling better, returning to a more normal routine will likely be a welcome outcome. Experts generally agree that the first 30 days are a critical time for hospital readmissions. Even with good progress, an older adult who has been in a hospital or facility for some time could be having difficulty returning to "functional status."

This status refers to the ability of the individual to perform tasks that are typical of a daily routine. These tasks are usually referred to as "activities of daily living" or ADLs. The self-care tasks (eating, bathing, dressing, toileting, transferring (walking) and continence) are especially important, because these are the basic ADLs considered essential for independent living.

Health-care providers usually ask whether the person requires help from someone else to complete these basic ADL tasks. They will also ask about the person's ability to manage household affairs, such as using the telephone, stove or washer. These are called instrumental activities of daily living (IADLS).

Even older adults who are healthy sometimes need help with these activities. And, often, those who have been in a hospital or facility need extra help to be able to take care of the typical tasks that healthy individuals can take for granted.

Medication Management

Medication mismanagement is one of the leading problems that sidelines a successful recovery. About 350,000 patients each year need to be hospitalized for treatment after emergency visits for adverse drug events, reports the Centers for Disease Control.

Older adults are nearly seven times more likely than younger individuals to be hospitalized after an emergency visit involving medications, but most of these hospitalizations are due to not monitoring them carefully enough to prevent problems. Blood thinners (such as warfarin), diabetes medications (such as insulin), seizure medications (such as phenytoin), and opioid analgesics are some examples of these medications.

Why Older Adults Are Vulnerable

Although many older adults take regular medications, a recent hospital stay could result in new and unfamiliar prescriptions. Taking the right medication at the proper time and in the correct dosage is important to keeping an older adult on the road to recovery.

Following are key tasks that older adults returning home often need assistance with to ensure they remain safe and on track:

- Picking up over-the-counter medications and prescriptions from the pharmacy.
- Discarding any medications that have been removed from the care plan.
- Ensuring medication is taken when prescribed.
- Discussing all over the counter and supplements with your healthcare provider to ensure all medications are compatible. (Sometimes it is best to work with your loved one's regular pharmacist to avoid adverse reactions from a combination of drugs prescribed by different sources such as hospital and primary care physician.)
- Organizing pills to ensure that confusion doesn't lead to a medication mishap. Empower the older adult to manage their own medications when possible by making management of meds

convenient and easy. Medication management systems can take the work and worry out of organizing a medication schedule. Check out medication organizers at [Amazon.com](https://www.amazon.com).

- Documenting and tracking medications an individual is taking and when will help them more easily manage their health.

Make sure your loved one has the support he or she needs to manage the tasks above.

Whether accompanying your loved one to a doctor's appointment or in response to a medical crisis, it's critical to have your loved one's medical information easily and quickly accessible.

**For more information: https://www.cdc.gov/medicationsafety/adult_adversedrugs.html*

Doctor Follow-Up

Considering all the activity that goes with a return home, follow-up doctors' appointments can be easily overlooked – especially if the individual feels well. But, according to experts, missed appointments are among the biggest pitfalls of a successful transition home.

As life returns to normal, many people may be tempted to forgo these appointments or many times they are easily forgotten. It is important not to make this mistake. Medical appointments are important benchmarks in the recovery process.

Prescriptions may have been updated while your loved one was ill or recovering. Or perhaps they need to be changed again. Your loved one's doctor may want blood work (which can reveal issues not obvious to the eye) or follow-up X-rays and CT scans (which can help ensure your loved one is on the right track). And incisions and wound care must be carefully monitored.

According to Home Instead, another common concern for older adults and their family caregivers is transportation. With so many working family caregivers, getting that older adult to and from doctors' appointments can be a challenge.

You may need:

- Someone to make an appointment if your loved one is unable to do so.
- Transportation for your loved one to attend follow-up appointments and someone to listen to the physician's recommendations, clarify for the individual, if necessary, and communicate to the family caregiver. This is especially important if your loved one has cognitive impairment or memory issues.
- Attention to detail while at the doctor's office also is important. This is another point where keeping a notebook is critical. When he or she is with the doctor, the National Transitions of Care Coalition* advises that your loved one should know these things:
 - Why am I meeting with a health-care provider today?
 - What medical conditions do I have?
 - Do I have a list of all the medicines I take?
 - Besides taking my medicines, what else do I need to do (such as get blood tests or other medical tests, change bandages, etc.)?
 - Is there more than one doctor or health-care provider that I must see?
 - Has the doctor who discharged me sent my discharge plan or other information about my health to the doctor I am seeing? Who should I call before my next appointment if I have questions or problems managing my care or dealing with my condition?
 - Has the doctor who discharged me sent my hospital summary and discharge plan?
 - Do I have a copy of the plan of care or discharge plan?
 - Who should I call before my next appointment if I have questions or problems managing my care or dealing with my condition?

If you are unable to be there to provide transportation and support at the doctor's office, look to other resources to help such as home care or a ride share service.

**For more information, download "Taking Care of my Health Care" at <https://www.ntocc.org/health-care-professionals>*

Nutrition and Hydration

Good nutrition is important for everyone, but proper diet is a necessity for older adults home from the hospital or a facility. Sometimes individuals don't feel like eating when they arrive home. Some medications can impact appetite and even the way food tastes. Other older adults – particularly those with dementia – are no longer able to cook for themselves while some cannot, or should not, drive to get the groceries they need.

According to Home Instead, Inc. research, older adults may face a number of unique challenges getting the proper nutrition they need, such as:

1. Lack of companionship during mealtime
2. Cooking for one, including cost
3. Grocery shopping for one
4. Eating three meals a day (certain meds must be taken with food)
5. Consuming too much or too little

If an older adult is home alone recuperating with no one to prepare nutritious meals, consider either a supplemental meal program or caregiving support. Most communities have programs, such as “Meals on Wheels” that can provide an older adult with nutritious meals. However, those programs are not usually available for each meal, every day of the week. So you and your loved one will want to develop a plan that takes into account their daily nutritional needs.

Proper hydration is as important as good nutrition. Older adults can be vulnerable on two counts, according to experts. As we age, the brain may be unable to sense dehydration and send the signals for thirst. In addition, those who are sick or have certain medical conditions may be unable to get the fluids they need during the day, or must be encouraged to drink.

The Warning Signs Associated with Nutrition

As your older adult is recovering, keep in mind these warning signs that indicate someone could be at nutritional risk, Lakelyn Hogan, Ph.D., Gerontologist notes. As you can see, a recent illness and multiple medications are, in and of themselves, risk factors:

1. Loss of appetite
2. Little to no interest in eating, especially eating out
3. Depression
4. Sudden weight fluctuation
5. Expired or spoiled food
6. Dull skin tone, dry hair and dental issues
7. Lethargy
8. Cognitive problems or confusion
9. More than three medications
10. A recent illness or overall weakness

Those helping an older adult recover will want to:

- Incorporate socialization during meals to encourage an older adult to eat. Companionship is an important part of healthy nutrition since loneliness and depression can impact a senior's appetite and interest in eating.
- Coordinate food intake with medications. Many medications require they be taken with food at certain times of the day; others indicate they should be taken on an empty stomach or by avoiding food altogether.
- Prepare meals and shop for healthy ingredients to fill the individual's cupboards with easily accessible and simply prepared foods.
- Monitor compliance with dietary restrictions.

Home Free!

Congratulations! Hopefully your loved one has made a successful transition home. Home is the place where most older adults want to be – and want to stay. As a matter of fact, upwards of 90% say they want to age in place at home, according to industry surveys such as the United States of Aging*.

Support for a family's older adult is a labor of love that will generate benefits not only for your loved one, but extended family members as well.

After all, you've set an example for the kind of love and care that honors the life of your loved one and serves as a legacy for future generations. And that's something of which to be very proud.

*[*https://www.aarp.org/livable-communities/learn/research-trends/info-12-2012/the-United-states-of-aging-2012.html#:~:text=Key%20survey%20findings%3A,full%2D%20or%20part%2Dtime](https://www.aarp.org/livable-communities/learn/research-trends/info-12-2012/the-United-states-of-aging-2012.html#:~:text=Key%20survey%20findings%3A,full%2D%20or%20part%2Dtime)*

Resources

The Home Instead network stands ready to provide the types of services that can help older adults make a successful transition from a hospital or facility back to their familiar home environment and routines during the critical 30 days after hospital discharge.

The Home Instead network's services include:

- Readyng an older adult's home including changing bed linens, straightening the house to create a welcoming environment, buying groceries and preparing healthy meals;
- Discharge coordination and execution;
- Medication and nutrition management;
- Personal Care;
- Alzheimer's disease care and hospice support;
- Record keeping;
- Monitoring for warning signs;
- Transportation to follow-up physician visits. For more information, contact your local Home Instead office or go to ReturningHome.com

About Home Instead

Home Instead® franchise network provides personalized care, support and education to enhance the lives of aging adults and their families. Today, the network is the world's leading provider of in-home care services for older adults. Home Instead offices provide relationship-based care services that enable older adults to live safely and comfortably in their own homes for as long as possible. Home Instead franchise owners partner with clients and their family members to help meet varied individual needs. Services span the care continuum – from providing personal care to specialized Alzheimer's care and hospice support. Also available are family caregiver education and support resources. Each Home Instead® franchise office is independently owned and operated. Home Instead, Inc. is a subsidiary of Honor Technology, Inc.

For a free no-obligation consultation, contact a franchise office near you by visiting [HomeInstead.com](https://www.HomeInstead.com).



HomeInstead.com

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