

from
Hospital
to
Home



A companion notebook for caregivers of
people with dementia

National Edition

Table of Contents

How to Use This Notebook	2
Hospital Checklist	3
The Role of the Caregiver.....	4
All About Me	6
Ventura County Area Agency On Aging.....	7
Personal Medical Record	8
Commonly Used Terms	10
Home Safety	12
Common Challenges	14
Taking Care of the Caregiver	16
Leave a Message	17
Preparing for Discharge	22
Returning Home	24
Resources	26
Family Caregiver Resource Centers	28
Notes	30

How To Use This Notebook

When a person with memory loss is hospitalized it can be stressful and disruptive for both the patient and the family caregiver. This notebook is meant to be a resource and guide for you in your role as a caregiver for your loved one with dementia. It is also a tool to allow for better communication between you and the hospital staff. By increasing communication we hope that you will feel more informed, more prepared, and more empowered to be the best advocate and caregiver for your loved one.

Pages 18-21 are the “Leave a Message” pages. Notice the questions prompting at the top of the pages:

- What questions do you have regarding treatment?
- What questions do you have regarding care at home?
- What questions do you have regarding follow-up needed?

Use this section to log questions as soon as they pop into your head. Every time the nurse or doctor comes to talk with you, refer to your list of questions and show your concerns with the hospital staff. This allows you to write their answers down as well.

You are your loved one’s best advocate. You know them best and know what the challenges will be when you return home. This information is vitally important for the hospital staff to know so they can help you plan for care and understand resources that might benefit you and your loved one.

Keep this notebook after the hospital stay to provide reminders and information for care at home and to help prepare you for any future hospital stays. Share this information with other family and friends so they can help support you as well.

Thank you for being an advocate and a friend to your loved one. Your role is vitally important and we thank you for everything you do.

Hospital Checklist

What to bring to the hospital

Consider keeping a hospital bag prepared at all times to make emergencies easier.

- _____ Medication List
- _____ Names and phone numbers for all your doctors
- _____ List of important medical history
- _____ Allergy information
- _____ Insurance cards
- _____ Power of Attorney or POLST (Physicians Order for Life Sustaining Treatment) form
- _____ Glasses and/or hearing aids with a clearly labeled storage bag
- _____ Dentures
- _____ Toothbrush and toothpaste (May be provided but bring your own if you prefer.)
- _____ Notebook and pen
- _____ Items to make the stay more comfortable (pillow, music, blanket, books, etc.). Consider anything that might make the surroundings more familiar and comfortable for your loved one.
- _____ Names and phone numbers of family or friends that can be called to support you and your loved one while at the hospital.

Please keep in mind: your loved one may be moved around during their stay in the hospital. Ensure anything you bring is labeled clearly and that you keep track of all items or take home anything not being used.

The Role of the Caregiver

The role of the caregiver during a hospitalization

With a diagnosis of dementia, the chance of hospitalization increases dramatically. Older individuals are more likely to have multiple conditions and weak immune systems. Whether a planned stay or the result of an emergency, the caregiver needs to be prepared to manage a stay in the hospital.

You might assume that a hospital staffed by healthcare professionals is a safe environment. However, the very nature of a hospital and the needs of a person with dementia mean that the caregiver must be even more vigilant.

Try not to leave your loved one alone

Ask for the rules for overnight visitors and, if needed, have the doctor write an order that allows you to have someone with the patient at all times. Some families hire a caregiver to cover the night shift for them; others rotate the responsibility among siblings or a few close friends. The hospital environment is strange and disruptive for someone with dementia. Having a person they know stay with them can provide reassurance.

Be an advocate for your loved one

Every common hospital routine such as drawing blood, hooking up an IV, going to the bathroom, or being transferred to go for an X-ray is bewildering to the person with dementia and may result in anxiety-driven behavior. A person with dementia is not going to remember that he or she needs help to get out of bed. This can result in falls, torn IVs, and urinary tract infections. You can be your loved one's advocate by notifying hospital staff of your loved one's needs and behaviors (see "All About Me" on page 6. You can also be present during tests and transfers to manage their care.

Do not assume that the staff understands the realities of caring for someone with dementia, much less the specifics of your loved one.

You may have to repeat yourself to every staff member and it may feel frustrating or exhausting. However, your loved one needs you to speak for them and help them get the best and most appropriate care.

The Role of the Caregiver

Keep a written record of all medical information

The hospital thrives on records; be ready to provide all the information they need – repeatedly. Keep a list of medications, dosage levels, doctors’ names and phone numbers, past hospitalizations, and current conditions (you can use the Medical Record provided on page 8. Take notes with each visit, as most likely you will need to coordinate care among different doctors.

This is an important part of your caregiver-advocate role. Use the “Leave a Message” section of this notebook on pages 18-21 to keep track of questions as they arise and have your notes available when the doctor arrives.

Personalize and manage the hospital environment.

Routine and familiar surroundings are essential to a person with dementia struggling to make sense out of a strange place. Help the staff to understand your loved one's preferences by using the “All About Me” form on page 6. Look for ways to personalize the space and provide comfort to your loved one. Bring in a favorite pillow, blanket or music with head phones. Limit visitors or ask them to schedule their visits at a time when you can have a break.

Identify yourself as a caregiver in case of an emergency

Now that you are in the role of caring for a loved one who depends on you it is a good idea to identify yourself as a caregiver. Imagine if you have your own medical emergency – how will anyone know that your loved one who relies on you is left home alone?

Create and carry an emergency ID card that identifies you as a caregiver. Consider listing the following:

- Name and location of the person you care for
- Another emergency contact person with phone number
- A message indicating if the person you care for can be left home alone

You can also purchase a caregiver ID bracelet at: www.medicalert.org/safereturn

All About Me

Complete this page about your loved one so the hospital staff can best understand their needs. You may post this next to the bed for best visibility.

My full name: _____

Please call me: _____

Where I live (not address, just area): _____

The people I am closest to: _____

The following routines are important to me: _____

Things that cause me to worry or upset me: _____

What makes me feel better when I am anxious or upset: _____

How I best communicate: _____

I would like you to know about me: _____

My caregiver: _____

Phone number to reach my caregiver: _____

Date completed: _____ By whom: _____

Relationship to me: _____

*Additional copies of this page can be downloaded from www.seniorconcerns.org

Ventura County Area Agency On Aging



Area Agencies on Aging (AAAs) were formally established in the 1973 Older Americans Act (OAA) as the “on-the-ground” organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities.

There are currently over 600 local AAAs serving older adults. Each local AAA develops an Area Plan outlining needs and proposed recommendations for programs and services targeted to the needs of older adults, then updates it every few years to reflect emerging trends. AAAs are also tasked by the Older Americans Act to serve as advocates for older adults, enabling the agency’s leaders to engage on local and state issues beyond the programs and services they fund or deliver. AAAs will provide some services directly and will contract with local service providers to deliver other services as needed. Services provided by local AAAs may include:

- Congregate and Home Delivered Meals
- Transportation
- In-home Services
- Information and Referral/Assistance
- Case Management
- Benefits/Health Insurance Counseling
- Family Caregiver Support Programs

Visit the National Association of Area Agencies on Aging website for more information or to locate your local branch: <https://www.n4a.org/>

For information by phone call: 202.872.0888



The VCAAA recently launched Dementia Friendly Ventura County (DFVC) to educate the public about having understanding, tolerance, and patience for individuals living with dementia and to advocate for those individuals and their caregivers.

Dementia Friendly Ventura County was created to:

- Establish a county where persons with dementia and Alzheimer’s disease are valued, respected, feel safe.
- Provide a supportive environment for caregivers.
- Educate and inform all entities that serve the public about the unique needs of this population to better serve and support them.
- Promote community awareness of the condition and how individuals and businesses can make a positive difference.

To learn more, visit www.vcaaa.org/dfvc

My Personal Medication Record

➤ My Personal Information

Name: _____

Date of Birth: _____

Phone Number: _____

➤ Emergency Contact

Name: _____

Relationship & Phone Number: _____

➤ Primary Care Physician

Name: _____

Phone Number: _____

➤ Pharmacy/Drugstore

Pharmacist: _____

Phone Number: _____

➤ Other Physicians

Name: _____

Specialty: _____

Phone number: _____

Name: _____

Specialty: _____

Phone number: _____

Name: _____

Specialty: _____

Phone number: _____

➤ My Allergies

How to use this Guide:

- Use this record to keep track of your medications, including prescription drugs, over-the counter (OTC) drugs, herbal supplements, and vitamins.
- Share the information with your doctors and pharmacists at all visits.
- Keep it always with you.
- Use a pencil.

You should review this record when:

- Starting or stopping a new medicine.
- Changing a dose.
- Visiting your doctor or pharmacist.

Last updated: ____ / ____ / ____

➤ My Medical Conditions

What I'm Taking	Reason for Use	Form (pill, patch, liquid, injection, etc.)	Dosage	How Much & When	Use (regularly or occasionally)	Start/Stop Dates (1/05/05 – 3/05/05) (1/01/94 – ongoing)	Notes or Special Directions
①							
②							
③							
④							
⑤							
⑥							
⑦							
⑧							
⑨							
⑩							

***Be sure to include ALL prescription drugs, over-the-counter drugs, vitamins, and herbal supplements.**

Commonly Used Terms

Baseline

Commonly used by medical staff to describe how a person “usually” thinks and acts. For example, your loved one may appear very confused and disoriented while in the hospital. However, at home, they “usually” are oriented to place and time. This would be their baseline. You can help hospital staff understand what your loved one is usually like so they can see if there is a change in functioning.

Caregiver

You may hear this term and think “I’m not a caregiver, I’m just a spouse (daughter, friend, partner, etc.).” A “family caregiver” is a term used to refer to someone who provides any type of physical and/or emotional care for an ill or disabled loved one at home. This could mean driving to doctor’s appointment, preparing meals, giving reminders for medication or even providing physical care.

Care Transition

This refers to when there is a transition in the level of care for your loved one. This may refer to the first month after your loved one is discharged from the hospital to home. It may refer to transition of care into a rehab facility. During transitions it is important to be an active advocate for your loved one to ensure discharge instructions are followed, the correct medications and medical equipment are ordered and that medical and social needs are met.

Case Manager/ Care Coordinators

The staff at the hospital who will assist to coordinate the process for discharge, including identifying appropriate care setting and providers, setting up services such as home health care, dialysis, ordering equipment and transportation or a transition to a rehab facility. You can ask to meet with your case manager (sometimes called a Care Coordinator) if you have questions about your stay or what will happen when your loved one is discharged out of the hospital.

Dementia

A general term that means a person has a decline in memory and cognitive function that is severe enough to impair daily functioning. It is not a diagnosis on its own but rather a group of symptoms. The most common types of dementia are Alzheimer's Disease and Vascular dementia. For this notebook, the material applies generally to all types of dementia. For this reason the term dementia will be used and will refer to all types. Talk to your doctor to understand your loved ones specific diagnosis.

Palliative Care

A specialized medical care for people with serious and chronic illness. It focuses on providing relief from the symptoms and stress of serious illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

Hospice

If your loved one has a terminal illness, expected to have six months or less to live and have exhausted all treatment options, you might consider hospice care. Hospice care is for people who are nearing end of life. Hospice care is provided by a team of healthcare professionals who maximize comfort for a person who is terminally ill by reducing pain and addressing physical, psychological, social and spiritual needs. To help families, hospice care also provides counseling, respite care and practical support.

Unlike other medical care, the focus of hospice care isn't to cure the underlying disease. The goal of hospice care is to support the highest quality of life possible for whatever time remains. Most hospice care is provided at home – with a family member typically serving as the primary caregiver. However, hospice care is also available at hospitals, nursing homes, assisted living facilities and dedicated hospice facilities.

Home Safety

Creating a safe home space is very important when caring for someone with dementia. A person with memory and cognitive impairment may have impairment in several areas of functioning including:

- Judgement: Knowing how to use household appliances
- Orientation to time and place: Getting lost in familiar places
- Behavior: May be easily confused, suspicious or fearful
- Senses: May have change in vision, hearing, sensitivity to temperature and depth perception, which can cause balance problems

In response to these changes in functioning, the home must be re-evaluated to ensure for a safe and comfortable environment. Specific areas to focus on are: wandering, fall risks and safety hazards.

WANDERING

Did you know 3 out of 5 people with dementia will wander?

People with dementia may become disoriented and lost, even in their own neighborhood or places that are familiar to them – this is known as wandering. Due to confusion, individuals with dementia who wander are often unable to ask for help, leaving them vulnerable and at risk.

What you can do to protect your loved one from wandering:

- Ensure all basic needs are met (toileting, nutrition, thirst). This will reduce the need for someone to wander looking for something they need.
- Provide a daily structure and schedule to the day. A familiar routine can reduce anxiety.
- Avoid busy places that are confusing and can cause disorientation.
- Place deadbolts on exterior doors and/or use child safety knobs.
- Ensure there is no access to car keys (a person with dementia may not just wander by foot). A person with dementia may not remember their license was taken away or that they are not supposed to drive.
- Do not leave someone with dementia unsupervised.
- Visit: www.alz.org/safetycenter to learn about Medic Alert Bracelets and other safety device options.

Put precautions into place before your loved one starts to wander. One incident of wandering could result in injury, stress for the family, or even death.

FALL RISKS

Did you know that in just 24 months (2014-15), there were over 12,000 recorded falls in Ventura County residents ages 65+? Of those falls 99% of fall victims sustained injuries requiring treatment, and 65% of the falls occurred at home.

What can you do to prevent falls?

- Keep rooms neat and minimize clutter. Consider removing all small items on the floor including cords, books, toys, etc.
- Secure throw rugs in place with duct tape around the edges or remove them completely so there is no trip hazard.
- Use handrails and grab bars where appropriate.
- Use non-slip mats in the bathtub.
- Improve lighting in your home and use nightlights.
- Maintain an exercise program.

SAFETY HAZARDS

Consider everything in your home and how someone could potentially hurt themselves on it if that person did not understand what it was. Do a walk-through of your home through the eyes of someone who may be confused or curious and see what you notice. Consider the following:

- Take off the stove knobs or use child safety knobs over them.
- Use a video baby monitor at night if you find yourself not sleeping well and listening for your loved one to get up.
- Ensure smoke and carbon monoxide detectors are installed and tested regularly in your home.
- Adjust the water heater temperature so that the water cannot become too hot and scald.
- Store grills, lawn mowers, power tools, knives and cleaning products in a secure place.
- Discard toxic plants and decorative fruits that may be mistaken for real food.
- Remove vitamins and prescription drugs from the kitchen table and counters. Medications should be kept in a locked area at all times.
- Supervise the use of tobacco and alcohol. Both may have harmful side effects and may interact dangerously with some medications.
- Remove guns from the home or ensure they are locked securely at all times.

Common Challenges

Common Challenge	Possible Solutions to Try
Agitation	<ul style="list-style-type: none"> • Create a calming environment. • Use a quiet tone of voice. • Do not argue with the person. • Give a comforting object if appropriate like a doll or soft blanket. • Use distraction. Change the topic of conversation or direct the person to an enjoyable activity. • Use short simple sentences. • When asking the person to do something, start with one small step at a time.
Bathing	<ul style="list-style-type: none"> • Find a time of day for bathing that is preferred by the person, rather than when it is convenient for the caregiver. • Prepare the bathroom ahead of time. Ensure it is warm and inviting. • If necessary, use a shower seat and a hand-held shower hose. • If you are bathing the person, start at the feet and slowly move up the body. Asking the person as you work if each step is comfortable. • Be aware of the person's modesty and dignity. If they appear uncomfortable keep a towel covering them in the shower. • If the person is bathing themselves ensure all products are easy to reach and not cluttered. Provide verbal prompts if needed. • If the person becomes agitated distract them and try bathing another time. • Do not worry about the frequency of bathing. Use a wash cloth or "sponge bath" in between to ensure the person is clean.
Dressing	<ul style="list-style-type: none"> • If the person wants to choose their outfit limit to two choices. • Lay out the clothing ahead of time. • Use short and simple directions, one task at a time. • Consider buying clothes with elastic waists and shoes with Velcro to make dressing easier. • Allow for extra time if dressing is a stressful task.

Common Challenges

Common Challenge	Possible Solutions to Try
Eating	<ul style="list-style-type: none"> • Use contrasting colors on the plate so the food stands out. • Sit with the person and eat so they can mimic what you are doing. • Limit distractions at meal times. • Provide finger foods if the person does not sit at the table. • Check for dentures and make sure they fit properly. • Look for any mouth sores or issues that may be causing pain in chewing. • Talk to the doctor if you are worried about the person not getting enough nutrition.
Hallucinations & Paranoia	<ul style="list-style-type: none"> • Hallucinations are when someone sees, hears, tastes or feels something that is not there. • Use a calm voice and do not argue or tell the person what they are experiencing is not real. • Find a relaxing activity to distract the person if they become agitated by the hallucination. • Reduce items that may cause stress such as TV or other noises. • Do not take it personally if the person accuses you of something bad. • Give the person space if they are upset with you. • Call the doctor to talk about these symptoms.
Sundowning & Sleep	<ul style="list-style-type: none"> • Create a daily schedule to keep the person active and limit naps. • Include an exercise routine in your daily schedule. • In the evening, create a calm and quiet activity. • Assure the person they are safe and loved. • Close blinds in the evening and dim lights. • Create a bedtime routine.
Toileting	<ul style="list-style-type: none"> • Put a sign on the bathroom door with a picture of a toilet to remind the person to use the bathroom and where it is. • If needed, create a schedule where you encourage the person to use the bathroom every 2 hours. Use an upbeat tone and state “let’s go use the restroom” and walk with the person. • Be aware of the signs that the person needs to use the bathroom. This includes fidgeting, pulling at clothing, or pacing. • Use elastic waist pants for easy removal. • Ensure there is a lighting in and near the bathroom at nighttime.

Taking Care of the Caregiver

Caring for a loved one can be a very rewarding and loving experience. But it can also be stressful and challenging. It is important to take care of yourself so that you can continue to provide care to your loved one and not burn out or become ill yourself.

What can you do to care for yourself?

- Be realistic about what you can and cannot do for your loved one.
- Schedule time for yourself and do something fun that brings you joy.
- Remind yourself that you are doing the best you can!
- Plan your days, create a schedule that is realistic and stick to it.
- Take time to manage your diet, exercise and your own medical care.
- Join a support group to learn and share with other caregivers.

Signs of Caregiver Stress

If you notice any of the following symptoms then it's time to reach out for help and support:

- Irritability with your loved one.
- Trouble sleeping at night.
- No longer visiting with friends or doing the hobbies you enjoyed.
- Unable to concentrate.
- Feeling exhausted all day.

Where can you get support?

See page 7 for information on how to located an Area Agency on Aging for local resources.



[Leave a Message](#)

- What questions do you have regarding treatment?
- What questions do you have regarding care at home?
- What questions do you have regarding follow-up needed?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[Leave a Message](#)

- [illegible]

[Leave a Message](#)

- [illegible]

[Leave a Message](#)

- [illegible]

[Leave a Message](#)

- [illegible]

Preparing for Discharge

The staff at the hospital will not understand your loved ones needs as well as you. It is important that you be a part of all discharge discussions and take an active role in asking questions and understanding what the plan of care is after discharge.

You may feel rushed or stressed during the discharge process. Remember that you have the right to have your questions answered and the staff will appreciate your involvement and your care for your loved one. Below is a list of some questions that may help guide you in this process.

Questions about medications

- What is the medication list?
- How are the medications taken?
- What are the medications for?
- Can this medicine be chewed, crushed, dissolved, or mixed with other medicines?
- What do I do if my loved one refuses to take the medication?
- Who do I call if I have questions about the medications?

Questions about recovery

- Will my loved one need medical equipment? Who will order the equipment?
- Who do I call with questions about medical equipment?
- What signs do I look for to indicate I need to call the doctor?
- Will my loved one need help with: bathing, cooking, laundry, using the bathroom, climbing stairs? If so, who can provide this care if I am unable to?

Questions about a plan for care

- What follow-up care or appointments are needed?
- What level of care is needed for my loved one following the hospital?
- What can I expect from this care?
- How are the care agencies or facilities selected?

The following are some types of care options:

Acute Rehab/Inpatient Rehab

A physician-directed team of rehabilitation specialists working together to help each patient reach their optimal results with three hours of therapy, five days or more per week. Patients stay in the facility for approximately 2 weeks.

Skilled Nursing Facility

At a skilled nursing facility, a doctor will supervise the care. Skilled nursing facilities usually focus on rehabilitation. Fewer hours of therapy are provided than at acute rehab. Stay can range from a few days to a few weeks.

Home Health Care

If the patient is well enough to go home, home health care can be prescribed by the doctor. This care consists of a nursing, physical therapy, occupational therapy, speech therapy, and at times, a bath aide. A physician must write the prescription and services are typically provided in the home 2 – 3 times a week.

Private Home Care

If it is difficult to manage self-care needs at home it may be beneficial to pay for a caregiver. Caregiver agencies will help you understand how many hours a day and how many days a week are recommended. They will evaluate your loved one to match the best caregiver and take care of scheduling and training the caregiver. There are many private agencies available. Ask your hospital discharge planner for a list of agencies. Home Care Agencies should have a license through the Home Care Services Bureau in the state of California. You can look up a license on this website: <https://secure.dss.ca.gov/CareFacilitySearch/home/index>

Adult Day Care

Adult Day Care is a licensed professional care setting in which older adults, adults living with dementia, or adults living with disabilities receive individualized therapeutic, social, and health services for some part of the day. Adult day services include nutritional meals, socialization and therapeutic activities in a fun and supportive atmosphere. In addition, Adult Day Centers can provide support and information for the family caregiver.

Adult Day Health Care

Adult Day Health Care services are similar to Adult Day Care but have a medical model and include services in physical therapy, occupational therapy and speech therapy. Adult Day Health Care agencies are licensed and may be a benefit of Medi-Cal.

Returning Home

Returning home after a hospital stay can sometimes present new challenges. A hospital stay is a disruption in your loved ones daily routine and surroundings. For a person with dementia this can create an added stress and sometimes increased confusion. To reduce this stress try and do the following:

- Return to a regular daily schedule. If your loved one became used to the hospital schedule try and replicate it. You can even post the date and any daily reminders like they do in the hospital room.
- Coordinate any visitors in the home including a visiting nurse and physical therapist at a time of day when your loved one is most alert. Introduce the new person in a friendly and welcoming way.
- Re-evaluate your home for safety issues and fall risks. See page 12 in this notebook for more information.

Discharge Instructions

When leaving the hospital you will have been provided with discharge instructions. Call the doctor if you are unclear on these instructions or if you are unable to follow them for any reason.

1. Medications

- a. The first thing to do is fill the prescriptions. Call the doctor if you are unable to follow the medication plan that was provided at discharge or if you are unclear on what is expected.
- b. Call the doctor if you suspect a reaction or symptom from medications and you are unsure of what to do.

2. Schedule Appointments

- a. Schedule follow-up visit from home health care if this was prescribed at discharge.
- b. Schedule follow-up doctors' appointments as appropriate.

3. Signs of Trouble

- a. The person with dementia may not be able to tell you if they are experiencing new symptoms or that something is wrong.
- b. Look for signs that there is a change in the way they feel or act.

Signs of pain can include:

- Fever
- Sores or skin changes
- Swelling
- Sudden increase in agitation
- Sudden change in behavior or increase in confusion
- Sudden change in sleeping patterns
- Grunting or groans
- Holding a body part as if it may hurt

Be Patient

Be patient with your loved one and with yourself. There have been a lot of changes and you all need time to adjust.

Resources

Agency	Services Provided	Contact Information
AARP Home & Family Caregiver	Online information for family caregivers including information on planning, legal issues, end of life care and supporting the caregiver.	1-877-333-5885 http://www.aarp.org/home-family/caregiving/
National Adult Protective Services Association	Adult Protective Services are state-mandated programs that help ensure the safety and well-being of elders and other adults with limited abilities. The staff investigates allegations of abuse and neglect. Use this resource to locate the Adult Protective Service organization in your state.	202-370-6292 http://www.napsa-now.org/
Alzheimer's Association	Provides resources, consultations, classes and information on Alzheimer's Disease and related dementias.	24/7 Help Line: 800-272-3900 http://www.alz.org/cacental/
U.S. Department of Health and Human Services	It is the mission of the U.S. Department of Health & Human Services (HHS) to enhance and protect the health and well-being of all Americans. This website includes information and resources & long-term care and elder justice	1-877-696-6775 https://www.hhs.gov/aging/index.html
National Hospice and Palliative Care Organization	The National Hospice and Palliative Care Organization (NHPCO) is the largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States. The organization is committed to improving end-of-life care and expanding access to hospice care with the goal of profoundly enhancing quality of life for people living in America and their loved ones.	703-837-1500 https://www.nhpco.org/

Resources

Agency	Services Provided	Contact Information
Medicare Nursing Home Compare	Get updated information on Nursing Home quality measures and reports. Resources include a guide to choosing a nursing home and a nursing home checklist.	https://www.medicare.gov/nursinghomecompare
National Association of Area Agencies on Aging	The National Association of Area Agencies on Aging is a membership association representing America's national network of 622 Area Agencies on Aging (AAAs). Use this website to locate a AAA in your county. Local programs may include congregate meal sites, caregiver resources, case management and information and referral.	202-872-0888 https://www.n4a.org/
National Long-Term Care Ombudsman Resource Center	Long-term care ombudsmen are advocates for residents of nursing homes, board and care homes and assisted living facilities. Ombudsmen provide information about how to find a facility and what to do to get quality care. Use this resource to search for your local Ombudsman program.	202-332-2275 https://ltcombudsman.org/about/about-ombudsman
Rosalynn Carter Institute for Caregiving	Establishes local, state, national, and international partnership committed to building quality, long-term, home and community-based services. It advocates for evidence-based supports to promote caregiver health, skills and resilience. Its goal is to support caregivers – both family and professional – through efforts of advocacy, education, research, and services.	(229) 928-1234 www.rosalynncarter.org
State Health Insurance Assistance Programs (SHIP)	The SHIP Mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training to make informed health insurance decisions that optimize access to care and benefits. Use this website to search for your local program	877-839-2675 https://www.shiptacenter.org/

Notes

[illegible]



401 Hodencamp Road, Thousand Oaks, CA 91360

(805) 497-0189 www.seniorconcerns.org

Martha Shapiro, LCSW, Director of Programs

Senior Concerns is a 501(c)(3) charitable organization. Tax ID # 95-2992927
This notebook was produced through grant funding from the Arthur N. Rupe Foundation.

National Edition - 2019