



How Skilled Nursing Facilities Help Keep Residents Nourished

The importance of nutrition in healthy aging is well established. The Centers for Disease Control and Prevention (CDC) estimates that poor diet and inactivity cause 310,000 to 580,000 deaths per year, and are major contributors to numerous diseases and conditions, such as diabetes, obesity and stroke.

Seniors may be at greater risk for malnutrition due to a range of physical, social and medical issues – from a decreased sense of taste and smell, to living alone, to chronic illness. Skilled nursing facilities work diligently to help ensure their residents receive the nutrition they need to maintain optimum health.

They do this through a number of ways:

Creating more food options to accommodate special diets and tastes

Many nursing home residents have dietary restrictions, including those living with diabetes (who need low sugar diets), high blood pressure (who need low salt diets), and those who are overweight (who need low calorie/low fat diets). Additionally, there are people who are vegetarian, or on Kosher and other religious-based diets that prohibit certain foods.

Getting resident input

More and more nursing homes are getting input from the residents on the kinds of food they like. If you create foods people like to eat, the greater the chance they'll enjoy their meal and eat with greater appetite. This, in turn, helps

ensure residents are getting the nutrients they need and helps them stay healthy.

Consulting registered dietitians/nutritionists

It seems there is always a new study that warns us about the dangers and/or benefits of a certain food. Having someone trained to know the latest information helps ensure residents receive well-balanced, nutritious meals.

Creating a restaurant-style dining experience

Part of helping ensure nursing home residents get the nutrients they need includes creating an experience that helps create an appetite for the food being served. Many



skilled nursing facilities have separate dining rooms, where residents enjoy restaurant-style dining.

Allowing residents to eat when they want to eat

Many skilled nursing facilities now offer “anytime dining,” which allows residents to eat whenever they want. With this innovative approach to dining, if a resident wants to sleep in, they can do so without the fear that they will miss breakfast. If they get hungry at 4:00, they have the option to eat during a time that best suits their schedule.

By creating food and experiences that whet the appetite, today's skilled nursing facilities are helping ensure their residents get the food they want, while helping ensure they get the nutrients they need.

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“Mom’s in the Hospital—How Can I Help?”

Today seniors make up 15 percent of the U.S. population—but nearly 40 percent of hospital patients. Yet, say geriatricians, few hospitals are designed with the need of seniors in mind!

For one thing, a lot of germs can lurk in hospitals. University of Michigan experts say that 25 percent of hospitalized seniors may pick up a so-called superbug—an organism that is resistant to antibiotics. And there’s more: Confusion, weakness and the effects of medications put seniors at risk of falling. Spending even a few days confined to bed can cause a rapid loss of muscle strength. It’s easy for older patients to become dehydrated. Good quality sleep, so important for healing, may be hard to come by with beeping monitors, pagers going off, bright lights and middle-of-the-night interruptions for care and monitoring.

The hospital environment also can lead to the most serious “side effect”: hospital delirium. Delirium is a temporary mental state that can cause confusion, delusions, hallucinations and incontinence. People with delirium might be lethargic and sleepy, or perhaps agitated. They might not know where they are, not even recognizing family and friends. Anyone can develop delirium in the hospital, but seniors are at highest risk. It can be very distressing to see a loved one in that condition!

“In the hospital, you get lots of different medications that can interact and affect the brain, and you’re also off your normal schedule—frequently awakened, for example, for blood pressure readings and other needs, and that lack of sleep can contribute to delirium,” said Dr. Marie A. Bernard, Deputy Director of the National Institute on Aging. “Put all those factors together and it puts one at particular risk for developing delirium.”

Fortunately, delirium is usually short-term and temporary. But there may be lingering effects. It could be weeks or months before a patient is back to their old self, and sometimes the effects are permanent, with the patient never regaining their full mental capacity.

Today, many hospitals are working to decrease the

risk of delirium among senior patients. There are geriatric wards and designated senior-friendly emergency room areas. New care practices and protocols include careful attention to hydration, nutrition and mobility, with less frequent interruptions during the night, and quiet hours. There’s an emphasis on fewer sedative medications—a major culprit in delirium, according to the American Delirium Society.



Family support makes all the difference

One common protocol, the “ABCDE bundle,” has been updated to “ABCDEF.” In brief, A stands for assessment, B for breathing tests, C for choice in pain medication and anesthesia, D for delirium assessment, and E for early mobility—meaning, get older patients out of bed as

soon as possible. The newest element? F for family!

Family can help keep their loved one oriented and mentally alert by talking to them, watching TV together, or just hanging out. They encourage their loved one to eat, and to drink the recommended amount of fluids. They can ensure their loved one has their eyeglasses and hearing aids. A 2018 study from St. Michael’s Hospital found that seniors who have the support of family caregivers while they’re in the hospital are 30 percent less likely to experience delirium!

The American Geriatrics Society (AGS) says quick response to early signs can keep things from getting worse. And yet, they report, hospital personnel spot delirium only 40 percent of the time. Family members and friends do much better. They’re familiar with their loved one’s “normal.” The AGS noted, “Caregivers are generally able to identify delirium symptoms more easily than healthcare professionals, who may be less familiar with the person being evaluated. As a result, caregivers may be able to notify healthcare professionals of changes in mental status sooner,

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Aging & Caregiving in the News



Seniors With Health Challenges Benefit from Yoga, Pilates

Vigorous exercise is great for our health. But many seniors are living with health conditions that make high-impact exercise impossible. A recent study from Penn State University showed that yoga and Pilates, two popular low-impact exercise practices, can be a good fit for these seniors, even if they've never taken part before.

Sports medicine physician Dr. Jayson Loeffert reports that yoga and Pilates can help people manage diabetes, high blood pressure and nerve pain, and improve their

back pain, posture, range of motion, stress level and sleep quality. Loeffert recommends that seniors talk to the doctor before beginning yoga or Pilates, and select a class for beginners with an instructor who will be sure they're doing the poses correctly.

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potentially leading to earlier and more frequent diagnoses for older people under their care.”

Here are other things you can do when a senior loved one is hospitalized:

Help your loved one prepare. Sometimes hospital trips are unexpected—a sudden illness, an injury, perhaps. But for a planned medical procedure, help your loved one get enough exercise, eat well and be as healthy as possible up until the day of admission, which raises the odds of a good outcome.

Be there every step of the way. Advocate for your loved one. Talk to the staff. Discuss care choices—for example, one study showed that senior patients tend to overstate their abilities to take care of themselves once discharged, and might be sent home before they are ready. If Mom says she is steady on her feet, but you see that she isn’t, speak up.

Be your loved one’s backup as discharge instructions are given. Even after an uneventful hospital stay, following aftercare instructions can be challenging! Add the effects of anesthesia, pain, pain medications, disorientation and delirium, and a patient is likely to understand and remember very little. One study showed that only 40 percent of senior patients could even describe their diagnosis accurately. Take notes and ask for more information if you don’t understand something.

Help with paperwork and deciphering medical bills. It can be confusing and time-consuming to deal with bills from the hospital, anesthesiologist, doctors ... and then with Medicare or other insurance. You can lower your loved one’s stress considerably by lending a hand.

If you’re providing care, get educated. Patients are discharged pretty quickly these days. You might be called upon to help your loved one take medications correctly, change dressings, use medical equipment, assist with toileting, and more. Also, ask what you can do to make the home environment suitable for continued recovery.

Help make decisions for care support after discharge. Your loved one might go to a nursing home, rehabilitation facility or other transitional healing environment, or receive home health care or nonmedical care at home. Choosing the right place or home support can be challenging! Talk to the doctor or hospital discharge planner, or bring in the services of an aging life care professional (geriatric care manager) as you’re making the choice.

New recognition for these important members of the care team

Better care isn’t the only reason more hospitals are involving family. As with so many things, there’s a dollar amount involved, as well! Since 2012, Medicare has reduced payments to hospitals that have a high rate of readmissions—patients with certain health conditions who are discharged, but then come back within 30 days.

Public health experts say most of these readmissions happen when patients do not follow discharge instructions—and they say family caregiver support is a top factor keeping older patients out of the “hospital revolving door.”

Many states now require hospitals to identify a family caregiver and to keep that person in the loop during the hospitalization and after discharge. Caregivers are to receive detailed information and instructions about their loved one’s care needs, medications, and medical tasks that the caregiver will need to perform. Many hospitals now encourage caregivers to stay with their loved one, even providing a place for the caregiver to sleep. They are recognizing the vital role that family and friends play in helping senior patients have the best possible outcome.



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