



Partners in Quality Care

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In-Home Aides Partners in Quality Care is a monthly newsletter published for member agencies.

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The In-Home Aide's role in working with older adults



Aging is a normal, gradual process; as a person grows older, changes occur. Each person ages in his or her own way.

Aging is physical and mental rather than a matter of years, and is influenced by - inherited factors, life experiences, stress, and disease.

Working with Older Adults

Aging is the process of growing old that begins at birth and continues until death. Aging is inevitable. The rate at which aging takes place differs with each person, but it increases and becomes more noticeable during the later years. The term *old* has a very personal meaning for each of us. If you are 22 years old, then age 35 may seem very “old” to you. At age 75, a person may consider “old” to be anyone 5 years older than himself. And a 95 year old may consider him/herself to be “old.” This is the first time there have been so many older adults, so, you may see an increase in the number of older clients you work with.

Researchers and practitioners now refer to the “young-old” and the “old-old.” The “young old” are individuals from approximately age 65-74 and the “old-old” are individuals age 85 and over. The middle group, 75-84, is so diverse they are not placed in either category.

AGING FACTS AND STATISTICS:

(2017 Profile of Older Americans ACL AOA)

- About one in every seven, or 15.2%, of the population is an older American.
- Over the past 10 years, the population age 65 and over increased from 37.2 million in 2006 to 49.2 million in 2016 (a 33% increase) and is projected to almost double to 98 million in 2060.
- The 85 and over population is projected to more than double from 6.4 million in 2016 to 14.6 million in 2040 (a 129% increase).
- Almost half of older women (45%) age 75 and over lived alone.

There is no typical older adult. Each is a unique individual who will age at his or her own rate and in his or her own way.

There are 7 ways to measure age:

- chronological (your age in years)
- physical (how well you take care of yourself, or not)
- psychological (maturity)
- biological (genetics)
- social (expectations, culture specific, varies by generations- example is having a driver's license at a certain age)
- life event- (positive or negative life events)
- functional age (task specific).

*More than half of adults older than age 65 have two or more chronic health conditions and 40 percent have four or more conditions occurring at the same time. The elderly are at a higher risk of infection and often have weakened immune systems as a result of aging and/or chronic illnesses. Infection control and standard precautions are important such as handwashing, wearing gloves and not exposing your clients to illnesses.

*Visual disorders become more common as people age; assist your clients as needed with cleaning eye glasses, keeping pathways clear, assisting with mobility, and other tasks as assigned that are related to assisting a client with decreased vision. Problems such as no appetite or difficulty chewing can keep older adults from eating healthy. Older people who don't get enough of the right nutrients can be too thin or too heavy. Assisting a client with nutritional needs, such as assisting with eating or meal preparation may be part of the plan of care. Encourage your client to eat healthy foods.

Myths and Realities of Aging

MYTH	REALITY
Older adults cannot learn new things or adjust to changes	It may take longer, but older adults can learn new routines and new skills. They can adjust to changes with help and support from others
Incontinence is a sign of aging	Incontinence is a sign of an abnormal condition that requires medical attention/treatment
Mental confusion is a normal part of growing old	Mental confusion is an abnormal condition that must be reported to your supervisor
Older adults are no longer concerned about looking attractive	The need to look attractive does not change as the aging process continues
Forgetfulness is a sure sign of illness	Forgetfulness is not necessarily a sign of illness or disease

Ageism - Ageism is a form of discrimination practiced against older adults. Younger generations may “look down” on older adults and treat them as mindless, stupid, and worthless. Ageism puts older adults into categories such as senile, rigid in thought and behavior, and old fashioned in morality and skills. It allows younger persons to see older people as different from themselves.

Falls and the Elderly:

According to the Centers for Disease Control (CDC), each year, more than one in four older adults aged 65 and older will fall. Among older Americans, falls are the number one cause of injuries and death from injury. Tips for falls prevention include:

- Keep pathways clear, make sure there is good lighting, notify your supervisor if you think your client would benefit from grab bars or rails in the shower, on stairs, or in the bathroom.
- Poor vision can increase a person’s risk of falling; encourage your clients to have regular eye exams.
- Encourage your clients to *get up slowly* after they sit or lie down.
- Encourage your clients to wear shoes both inside and outside the house and avoid going barefoot or wearing slippers.
- Report to your supervisor if your client has a pet that poses a trip/fall hazard to your client (i.e. small dog).
- Know how to assist a client after a fall. Discuss this with your supervisor and know your agency policies and procedures.
- Report any concerns with defective mobility equipment- (walker, cane, wheelchair, etc.) to your supervisor.
- Report any home safety hazards that could lead to client falls to your supervisor, such as throw rugs or clutter than can be tripped over, broken or uneven steps, no handrails along stairs or in the bathroom, or others.
- Your client may be at risk of falls if they need to rush to the bathroom due to incontinence, notify your supervisor if this is happening with your client.

Hearing Loss and the Elderly:

Age-related hearing loss is common. About one quarter of people between the ages of 65 and 75, and half of those over the age of 75 have disabling hearing loss. Here are a few tips to make it easier to communicate with a person who has lost some hearing:

- Make sure your client can hear you. Ask if the client has a working hearing aid.
- Talk slowly and clearly in a normal tone. Shouting or speaking in a raised voice actually distorts language sounds and can give the impression of anger.
- Avoid using a high-pitched voice; it is hard to hear.
- Face the person directly, at eye level, so that he or she can lip-read or pick up visual clues.
- Keep your hands away from your face while talking, as this can hinder lip-reading ability.
- Be aware that background noises, such as whirring computers and office equipment, can mask what is being said.

THE IN-HOME AIDE'S ROLE IN WORKING WITH OLDER ADULTS

Body System changes with aging	Suggestions for Helping the Client
<p><i>Skeletomuscular changes:</i></p> <ul style="list-style-type: none"> Stiffness in joints and muscles Difficulty removing and recapping jars, toothpaste tubes, medication containers, or opening cereal boxes Difficulty handling heavy cups, mugs, glassware Takes more time to perform activities Tires easily Risk of osteoporosis for some people (bones lose calcium causing them to become weak and brittle) and more prone to fractures 	<ul style="list-style-type: none"> Assist clients to put joints through range of motion during activities of daily living (as assigned on the plan of care); Help the client to change position at least every 2 hours Remove caps or lids on containers, or open boxes, as needed; Encourage client to use assistive devices such as rubber bands around edges of lids When possible use lightweight plastic ware with handles. Fill cups ½ full to reduce weight and prevent spills Assist client when needed and follow the plan of care Allow for rest periods between activities to avoid exhaustion; Schedule hygiene activities at a time when energy levels are highest, if possible Follow fall prevention guidelines- fractures of the hip, spine and wrist are complications of osteoporosis.
<p><i>Integumentary changes:</i></p> <ul style="list-style-type: none"> Dry and flaky skin 	<ul style="list-style-type: none"> Use soap sparingly, hot water dries out skin so use warm water for bathing, apply moisturizing creams or lotions to skin after bathing (all as assigned on the plan of care)
<p><i>Circulatory and Respiratory systems:</i></p> <ul style="list-style-type: none"> Complains of being cold, especially in hands and feet Rapid heart beat when stressed; takes longer to return to “normal” heart rate Shortness of breath with increased activity 	<ul style="list-style-type: none"> Assist client to put on sweater, socks, gloves; use an extra blanket in bed. Dress by layering. Place thermostat on higher setting. Caution client not to use hot water bottles or heating pads to keep warm. Encourage client to avoid crossing legs when sitting. Avoid use of constricting clothing, tight socks and wristbands, knee high stockings, round garters Pace activities to avoid rushing; allow plenty of time to perform care procedures; try to reduce stressful situations; provide frequent rest periods when assisting clients with activities of daily living
<p><i>Nervous system and senses:</i></p> <ul style="list-style-type: none"> Forgetfulness, short term memory loss, unsteady balance when changing position suddenly 	<ul style="list-style-type: none"> Encourage client to jot down reminders on pad; provide clues to client to refresh memory Encourage client to change positions slowly, such as turning around or standing. Do not rush client.

*As aging progresses, most people do not have the strength they formerly had. It takes longer to do the tasks they used to do, and these jobs are very tiring. Many of the oldest old are unable to perform household duties (IADL's) or activities of daily living (ADL's) because chronic illness interferes with mobility. Older adults who live alone lack another household member to help them bathe, dress, cook, eat, or provide care if they are injured or become ill. These older adults require assistance with home maintenance and personal care, such as bathing and grooming. It is hard for the independent minded older adult to accept help with such personal activities. They may become frustrated and angry with their slowness and dependency. **Be patient; give them time and assistance as needed.**

*Older adults cherish their independence and will do almost anything to remain living “at home.” They have a basic need to make their own decisions and choices about their care and future. *Part of person centered thinking is to allow the client as much control and decision making as possible, even if they are receiving assistance with most or all of their personal care and other daily living needs; the client can still make choices related to their care (examples- what to wear that day; the order of their personal care; what type of products to use; how they want their hair, and other decisions involved in their care). Ask your client how they prefer to be addressed; older clients may be used to more formal terms of address such as Mr., Mrs., and Ms. or other with their last name.

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