
Private Duty CareGiving: New Standards for In-Home Senior Care



FAMILY TREE
IN-HOME SENIOR CARE

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AGING POPULATION IN TEXAS

3.78 

MILLION PEOPLE

3.78 million people over the age of 60 called Texas home in 2010. That number is expected to more than triple (3x) to 12 million by 2050. In that time, the number of adults aged 85 and older is expected to quintuple (5x).

Honoring Their Wishes

Usually, we meet the adult children of an aging parent before we meet the parent, who may become our client. The adult children are scouting the best possible way to take care of Mom or Dad during a time of great stress and urgency.

Often, their search for care options has been a stop-and-start affair as their aging loved ones insisted that everything was fine and they didn't need help.

Then there's a fall or some other frightening experience, and the search for appropriate care begins in earnest. Until such a precipitating crisis, many adult children — most with children, work, and obligations of their own — have found it easier not to confront their parent or to speak against their wishes.

We've been there with our own families, and we've seen it play out time and again in our clients' families.

You're not alone. There is help.

75% 

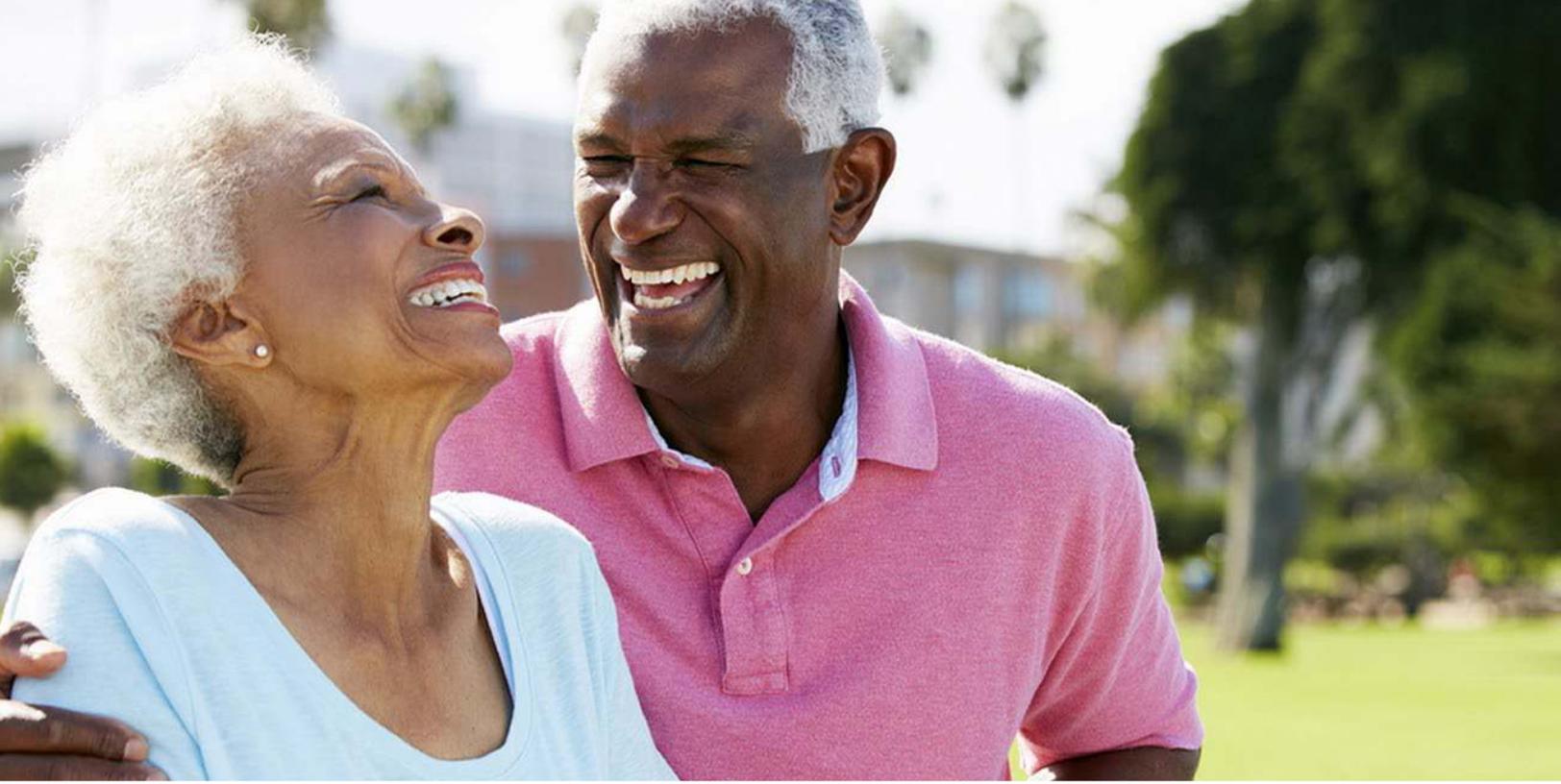
AGE IN PLACE

75% of seniors intend to "age in place" — to continue living at home for the rest of their lives.

40% 

ANTICIPATE FAMILY
ASSISTANCE

More than 40% of seniors aged 70 and over anticipate that a child or grandchild will be required to serve as their caregiver in the future.



What's Missing in Senior Care Today?

Between the aging Baby Boomer demographic, health advances towards increasing longevity, and the influx of millions of new households to the thriving economy of our state, the so-called Silver Tsunami has begun.

As they began to require extra care and living assistance, the first waves of this enormous demographic all too often found a scattered and dilapidated infrastructure of community support further complicated by a trend towards shorter hospital stays and hurried discharge planning that left both patient and the family holding the bag — utterly unprepared for

the challenges ahead and unlikely to enjoy a graceful, or even successful, return to the way things were.

Our society has warehoused its elders in the same way that an online retail distribution center shelves its products — out of sight. Our older adults are not products. They're people. They're our beloved grandparents, aunts and uncles, mothers and fathers. They are our Greatest Generation and we owe them better.



We owe them the world.

Linda's Story

LINDA, A 77 YEAR-OLD WIDOW, BROKE her hip a few days ago. She was hospitalized and is about to be released to home care. She can't walk yet. The broken bone has hardly begun healing. She lives alone without any assistive modifications in home. One of her children lives an hour's drive away in normal traffic. Her other children and grandchildren live out of state.

Reading Linda her discharge instructions and sending her home to the same environment where she recently failed is setting her, and her family, up for failure. Tragically, it's a recipe for readmission to the hospital, even though success at home is often very attainable.

In 2015, patients receiving homecare services through Family Tree were more than 4 times less likely to readmit (4.8%) compared to the national average (20%).

"Home care and a 'home-first' mentality upon discharge not only reduces the risk of infection

that comes along with a skilled nursing facility (SNF) stay, but also improves patient satisfaction [and] reduces spending for care..."

With private duty home care and support, Linda can be expected to recover, heal, and age at home, thus honoring her wishes and saving her finances for better things than a nursing home.



 Our country's non-medical elder care system has been a fragmented, highly variable, and mostly cottage industry of franchisees and other small businesses generally operating without much sophistication or empirical evidence to guide their programming. Traditionally, they've been local Mom-and-Pop lifestyle businesses fielding under-trained, underpaid, and under-motivated staffs.



The Dangers of Going it Alone

Patients and families in crisis sometimes attempt the fully private route: a mix of informal and family caregivers backstopped by a regularly scheduled, paid “helper” sourced from a community bulletin board or church flier. Hiring a stranger from Craigslist or a friend of a friend can be an attractive notion, if only at face value. Such a setup is widely known to introduce a significantly higher risk of abuse, neglect, and exploitation for the older adult.

These informal caregivers, family members, and strangers, no matter how well-intended, rarely have the rigorous training and experience necessary to ensure a safe home for your loved one. Nor do they have the strength of a full bench behind them for support, oversight, training, licensing, bonding, and other best practices.

Another major drawback of taking on a lone operator is the administrative and tax burden of hiring an employee. Barring that, there must be a deliberate decision to break the law and do it “under the table.”

Now, There's a Better Option

Our aging loved ones should be able to expect and get the best care possible.

Professional CareGivers, like those at Family Tree, are highly trained, experienced, licensed, bonded, insured, and supported by a full team of practitioners and skilled medical personnel.



BUT MOM JUST NEEDS A SITTER.

“She just needs someone to be there and keep an eye on her.” Contrary to conventional wisdom, having someone in the home doesn’t keep your loved one safe. What keeps them safe is a trained CareGiving professional working under a robust methodology of care driven by outcomes in the key areas of health and wellbeing. That’s the value of a new model in private duty home care.

Now, the cost is simply an investment against future hospitalizations or inpatient care. For example, having a professional CareGiver with mom during the times when she’s most active, say from 9 AM to 2 PM, you can dramatically reduce her risk of an unsafe occurrence, such as a fall.

That’s a good investment compared to the direct and indirect costs of a treatment and recovery from a fall, which generally include hospitalization, possibly surgery, introduction to infectious disease and other complications resulting from admittance.

When compared to other Houston in-home care companies, Family Tree competes on price and delivers more value. There is no comparison to a private hire. While nominally more per hour than your neighbor, Family Tree offers substantial measurable outcomes backed by years of research and experience.



More Care Opportunities & Services for Your Aging Loved One

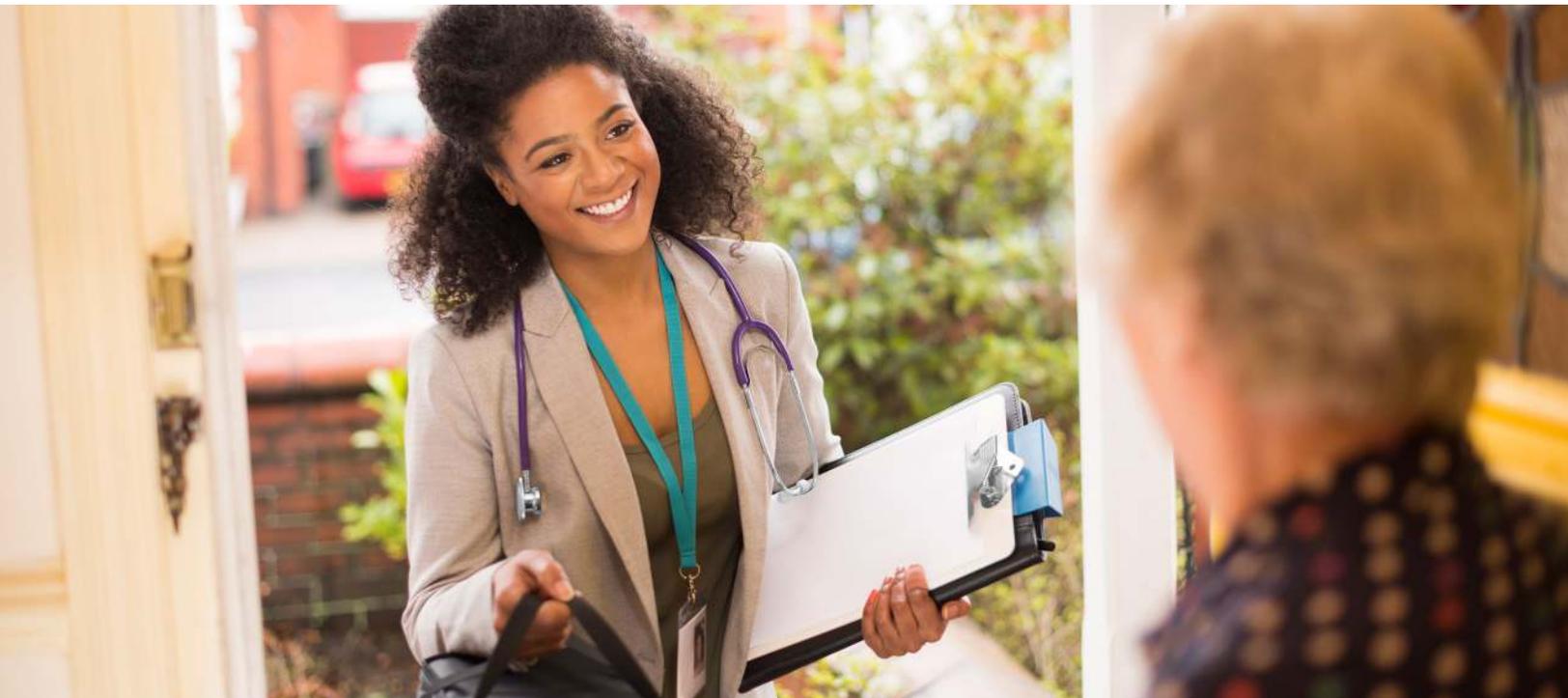
When the Patient Protection and Affordable Care Act (PPACA) was enacted in 2010, it introduced the Triple Aim of Health Care — improved care, patient satisfaction, and lower delivery costs. Payer models and institutional policies have been changing ever since to accommodate this landmark legislation and to make healthcare better for all.

The Centers for Medicare and Medicaid Services (CMS) have emphasized consumer-centered health care and patient participation

in the planning process upon discharge from hospital or post-acute care facilities. CMS calls for a “home first” approach that “ ... puts the patient and their caregivers at the center of care delivery. ... [leading to] better care, smarter spending and healthier people.”



Private duty home care is now recognized as a meaningful option, even for the cost-conscious.





Introducing a New Paradigm in Senior Care: Outcome-Based Private Duty CareGiving

Providers across care settings from hospitals to home health agencies to rehab centers have begun implementing an outcome-based model of care that allows for a more effective assessment of older patients' needs and how well those needs are being met. This care model has built-in provisions for continuous improvement so that delivery of care is always as effective as possible and new best practices regularly are discovered and instituted.

Family Tree is pioneering this approach within the field of Private Duty CareGiving. We use field-tested, research-proven methodologies and tools to drive care delivery and better results for our clients.

WHAT IS AN OUTCOME-BASED MODEL?

Outcome thinking has been called "21st century problem-solving." It is the language of change, progress, and improvement. It emphasizes prevention over reaction.

"Which specific results and outcomes do we want to see?" From big industry to international governments, the move to outcome-based models has proven itself time and again. Organizations of all stripes follow an outcome-based approach to yield higher returns and improved solutions for all stakeholders.

It's time that service providers for our older adults make that switch, too.



What Do Seniors Truly Need to Succeed at Home?

INDUSTRY-WIDE STANDARDS FOR IN-HOME ELDER CARE DO NOT YET EXIST.

Moreover, we have no clear, agreed-upon guidelines and parameters for what a patient needs to succeed at home — that is, to not go back to the hospital. Ask any healthcare professional at any level what needs to be done to ensure a successful scenario of aging in place, and you'll get as many answers as people asked.

This astonishing lack of professional norms and the resultant gaps in care are enough to make any Sandwich Generation adult child weep from sheer frustration and the feeling of helplessness.

Older adults are being released from hospitals and post-acute centers and failing at alarming rates. In 2012, the national readmission average for homebound individuals was as many as one in five older patients.

ENTER A NEW MODEL IN PRIVATE DUTY CAREGIVING FOCUSED ON OUTCOMES.

As we moved to outcome thinking, we first focused on what our older adults want. Then we built our program around those outcomes.

If the outcomes listed on the next page seem simple and obvious, it's because, well, they are.

What's profound is the paradigm shift — turning away from exasperation at what's not working and giving our attention and energy to where we can make a change, both for ourselves and our loved ones. In doing so, we regain positive momentum.

An Empowering Model of Care for All Involved

6 SPHERES OF PRIVATE DUTY CAREGIVING



HIGHER QUALITY OF LIFE



SAFETY



REDUCED BURDEN OF CARE



MEDICAL CONDITION(S)
MANAGEMENT



AGING IN PLACE



GREATER AUTONOMY

Clients and their families connect meaningfully and immediately with these categories because any outcome any of us could hope for ourselves and our loved ones falls within this framework.



The New Standards for In-Home Senior Care

Each of these six categories has multiple subcategories in which clients are assessed at the beginning of services so that our team can determine a baseline score. Client progress is tracked regularly against this baseline. If the pace of progress is not as expected, then appropriate interventions are brought to bear — sets of alternate, and/or additional, modifications proven to positively impact care.

BASED ON EXTENSIVE RESEARCH

Family Tree is proud to partner with Performance Based Healthcare Solutions (PBHS), an applied research and development firm dedicated to identifying and formalizing clinical best practices in post-acute care and transition.

“Post-acute care and transition” is exactly the compassionate attention your elderly family member requires upon their return home from the hospital or other medical facility — care without which older patients have been shown to be more likely to return to the hospital within just one month’s time.

PBHS researchers have amassed over a decade’s worth of knowledge and informed analysis across thousands of patients and hundreds of providers, including clinicians, physicians, skilled nursing facilities, home health agencies, hospitals, rehab centers, patients, and their families.

RESULTING IN CLINICAL TOOLS, ASSESSMENTS, AND PROVEN INTERVENTIONS

PBHS’ groundbreaking campaign first set out to uncover the true needs of the geriatric population to successfully age in place. Their research has identified key performance indicators based on direct interviews with all stakeholders, especially patients themselves, as well as careful and up-to-date surveys of relevant academic literature. These efforts have resulted in their trademarked, first-in-class outcomes-reporting tools to measure, track, and positively impact your loved one’s care.

As a partner organization, the Family Tree team is fully trained in the use of these and other professional clinical diagnostics, like the Safety Assessment for Ensuring Safe Tasks™ (SAFEST) and the Quality of Life Individualized Treatment Initiative™ (QOLITI), to name two. In addition to providing each CareGiver training on the specific needs of their client, we regularly conduct training on-site in our advanced learning lab.

Serving our Greatest Generation with the Care They Deserve

You may have picked up this white paper in the surgery center lobby or perhaps the discharge nurse may have given you a copy with a sheaf of other papers. Maybe you're scouring the Internet into the wee small hours of the morning, trying to find a way forward.

If you find yourself in the midst of a crisis with your older loved one, take a deep breath. And another.

AND TAKE HEART.

Standards of geriatric care are steadily improving. Elder patients' wishes to stay home in their own neighborhood are being honored more and more. Care providers across the board, under the scrutiny of the federal government, the Affordable Care Act, and the American public at large, are adopting the business practices of continuous improvement, like outcomes-based technologies, that have long held sway in other industries.

Family Tree's alignment with PBHS' research-based methodologies and tools for clinical care, assessment, and interventions have borne out in our clients' readmission rates. In 2015, our clients had the lowest percentage of readmissions in the industry, less than 5%.



We invite you and your family to call and speak with one of our experts at 713-333-9991. Please ask about a FREE consultation to help determine the right level of care for your loved one.