

Practical Tips for Long Distance Caregiving

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The July 2004 MetLife Survey on Long Distance Caregiving found that for people involved in Long Distance Caregiving, the average distance between elders and their caregivers is 450 miles and that the caregivers had substantial regular and personal contact with their loved ones. About 1/4th of the LD caregivers reported they were the primary caregiver and about 80% were working either full or part time. Long distance caregivers also spend an average of \$392/month on travel and out-of-pocket expenses. So, obviously the people providing and anticipating providing care from a distance are very involved and usually need all the help they can obtain.

First – Plan Ahead

Have family discussions about the “What If’s” regarding:

- Living situation preferences depending on severity and who is involved - play out some scenario’s for discussion: CVA, fractured hip requiring rehab stay
- How will you know when “it’s time” to make a change? What would this look like?
- Advance Directives for decision making are very important for everyone over age 18 – keep a copy of your elders’ with you

Use a Records and Information Organizer to gather and review pertinent information such as:

- who their MDs are, address & phone #'s,
- what prescriptions are they on,
- what drug store is used & #,
- what the Medicare, Medicaid or other health insurance #'s are,
- what important papers exist and where are they kept,
- what the banking and financial information includes,
- who the legal and financial experts in their area are,
- what are the SSN's, medical record #'s and military ID#'s, and
- who the informal support resources are and how to contact them.

Go over this information together once/year or when something changes.

Consider banking co-signatures, auto bill pay, automatic deposit of all income and online banking.

Set yourself and perhaps your elders up with a long distance telephone service that gives you a monthly rate, 800# or method to make as many LD calls as necessary without constraint.

Include the elders in all of this.

Second - Collect Functional Information Along the Way

- Regularly think about and assess how the elder is really doing? Nutrition and grocery shopping, cognition, socializing and getting out, substance use, pain control, depression, getting to MD appts – does anything here need attention and some external support?

- Identify the RN working with your elder's MD and maintain communication with that person.
- Be sure there is a HIPPA Release of Information Form on file at all your elder's MD offices so you can talk openly with the MD, and keep one for yourself.
- Have regular telephone contact with your elders to check in and help them problem-solve
- Maintain a list of the informal local resources: neighbors, church friends, other relatives who can be part of your elder's support network. Maintain that network and let them know how to reach you and that you welcome their calls.
- Avoid overreacting or minimizing
- Schedule visits regularly and plan ahead before you visit
- Set some goals and appointments to concur with your visits
- Take your elders out while there to see how they function in the community and with others.
- Assess the home safety each time you visit: lighting, locks, telephone access
- Keep a fairly up to date telephone book /yellow pages for their area with you.

Third – Know when to travel

- Is this a real medical or care crisis? Ask the physician, social worker, or nurse for information and their opinion on whether you should travel in – as part of your decision making – not all of it.
- Assess what can you achieve while there and what are the consequences of not going.
- Can someone else locally take care of the issue at hand or eyeball the situation for you?
- How will this trip affect your own personal situation: children/partner, finances, work & leave time.
- It's OK to go there just to put your mind at ease as well. If staying home and worrying is going to be less productive for you, then perhaps you should go on.
- Have some cash available for emergency travel. Have an extra set of your elder's house and car keys with you and with a reliable neighbor of theirs.

Fourth – Consider using a Geriatric Care Manager

Professionals with specialized training to:

- Assess,
- Identify problems, gaps, strengths and resources,
- Monitor,
- Screen and arrange for other services and assistance,
- Coordinate with financial, legal and medical providers,
- Liaison to families, and
- Provide crisis intervention

Area Agencies on Aging – Eldercare Locator 800 677-1116
www.eldercare.gov/Eldercare/Public/Home.asp

National Association of Professional Geriatric Care Managers
 520 881-8008, www.caremanager.org

National Association of Elder Law Attorneys: <http://www.naela.com/>