Making Nursing Home Placement a Success

1. When the family and patient first arrive at the facility, they should arrive early in the day, allowing plenty of time to spend all day with their relative, thereby easing the strangeness of the new situation.

2. Family members should discuss what is happening with the patient and should also share with staff personal information about the patient. It would be most helpful if this personal information were written out in advance, especially to the night staff that you may never see in person. This information would include personal likes and dislikes, interests, idiosyncratic behaviors, etc.

3. Family should get to know the social service staff and should meet the nurses on as many shifts as possible, particularly the Director of Nursing and the Charge Nurse for each shift. Effort should also be made to meet with the Activities Director as well. Social Service personnel will be eager to enlist the family’s help in assisting the patient to cope with multiple losses and to continue to feel important to the family.

4. Family members should visit frequently and at regular intervals whenever possible. This allows the staff to relieve the patient with knowledge of the next scheduled visit. Regularity also provides the staff with opportunities for reliably communicating with relatives, when the need arises.

5. When appropriate, relatives should take their loved one out of the facility to important celebratory events that were habitually part of the patient’s life. If the patient becomes upset during such an outing, this should be discussed with the staff upon returning. Then, further plans can be made, according to the situation.

6. If at all possible, get other members of the family to visit – one or two at a time, so that the patient’s visitors are not just limited to a very few.

7. As the family gets to know the staff, they should share more personal information and anecdotes about the patient before the continued onset of the illness. This helps the staff to see the patient as a special person, as an individual. Pictures, newspaper information about hobbies, etc., all help to create for the staff a real person and help to counteract the impression of just another sick patient. Staff needs to be able to perceive the patient as a special, individual personality so that they can see beyond the impairment.

8. Family attitudes about staff can affect the quality of care. It helps to see the staff as friendly, creative, caring people who are performing tasks, which are sometimes difficult.

9. It is important to stay informed about nursing home policies and activities in the industry, since so many affect the manner in which your relative will be treated.

10. If you have questions, ask the appropriate person in a non-threatening way.

11. Be prepared for it to take at least six weeks for both of your relative and your family to adjust to the nursing facility placement. Remember, both you and your relative are having all sorts of feelings throughout this adjustment process. Communication is the key to dealing with strangeness and the feelings that result from the change. It is important to acknowledge the emotions and to work through them. Be sure to try to understand the reasons why you originally chose placement in the facility.

12. Personalize the patient’s environment as much as possible. Some of his/her own furniture, pictures or favorite possessions all help to create a more home-like atmosphere. Large calendars and big-face clocks provide a focal point of reality for the disoriented patient.
13. Make sure your relative’s clothing is washable and comfortable. If you take on the responsibility of doing your relative’s personal laundry, be sure you provide enough clothing to cover your absences and that you keep to your schedule.

14. Encourage your relative to join in and become involved with available and appropriate activities. Help to motivate participation, join in some of these activities yourself.

15. For the disoriented patient, developing daily routines is very important. The goal is to substitute habit for failing memory. Set up routines in the day and become part of those routines when you visit.

16. If the patient cannot control bowels and bladder, the staff will try several tacks: (a) start an individualized bowel and bladder program (involving getting the patient to the bathroom on time, based on records kept of patterns); and (b) if this program fails, special clothing is used. Laundry for the incontinent patient requires special care and must be done on a daily basis.

There are two policies that nursing facilities may have that family members should be aware of. One, a policy which prohibits the giving of gifts and gratuities to employees. If there is such a policy, family should abide by it. If you wish to thank an employee, talk to someone in administration about how to best express your appreciation. Even notes of appreciation mean a great deal to staff. The other, a policy regarding the use of restraints. It is best to know, before admission of a loved one, what the facility’s position is on this.