

Why a Home Assessment?

Castle or cottage "there's no place like home" we say, and in our minds we relish the memories, the comfort, the familiar, the security, and we feel that it gives substance to our advancing years and the independence that is so meaningful to us. Behind the castle and cottage doors there is a wealth of information. Advancing years not only see the emergence of chronic disease but the challenges they present. The challenges are in that home, whether family home or facility and the success of maintaining some semblance of independence requires dependence on people, places, and things. We are all dependent to a degree. Surely, the home is "where it is" for the majority of the elder population and it is only there that we see the whole person.

Self reporting of functional loss to family, physicians, and health professionals is not often well communicated because facility placement is feared, ability is subjective, and appointment time is limited. This is the case for home assessment where strengths, weaknesses, and environment can be assessed objectively. The experienced eye of the professional can observe the scope of responsibility, care giver burden, symptoms of depression, family dynamics, support systems and hazards. In the home environment with an experienced interviewer and time to listen, much can be learned by all concerned. The assessment of functional independence is gaining increasing acceptance as the main focus of home care planning for the elderly.

Long term care for the elderly and those in need is a pressing and personal issue of daily life. The independence that elders often want comes with a price. The challenges of aging necessitates knowing how to access resources and agencies, find support, recognize service gaps, evaluate finances, and assess physical capabilities, and be honest about functional loss.

The comprehensive assessment of the strengths and weaknesses of an older person is now an accepted part of medical, health, and social arenas. The assessment leads not only to the recognition of problems and diagnoses, but to the referral to resources in the community that may alleviate and resolve problems of function. In order to have a valid picture of the patient's status there must be a continuation of professional input. The problems of function that must be addressed include safety, mobility, continence, communication, cognition, depression, anxiety, medical needs, attitude, motivation, economics, social interaction and relationships. What is determined through comprehensive assessment needs to be communicated and negotiated with the elders and those involved.

There is a lot to do and a lot to know. Just as "the beat goes on" so should assessment and reassessment in the office, in the facility, and especially at home.