



Graham Weihmiller Is Named President of *GRISWOLD SPECIAL CARE*

Graham Weihmiller became President of *GRISWOLD SPECIAL CARE* in June of 2009. Kent Griswold will continue as CEO. Mr. Weihmiller was most recently the managing partner of an investment and management firm focused on the homecare industry. Before that, he held senior leadership and performance improvement positions in four business units within Bank of America in Charlotte, North Carolina and New York City. Mr. Weihmiller is trained in Lean Enterprise, Process Excellence, Design for Six Sigma, and is a Six Sigma Black Belt. He was formerly the CEO of RFQ4 Inc., a thirty-person technology and consulting business based in New York City that focused on automating the business processes of colleges and universities. Mr. Weihmiller also worked with Booz Allen Hamilton, Merrill Lynch, J.P. Morgan's Internal Audit Group, and the Office of President Personnel at the White House in Washington, D.C. Mr. Weihmiller received his MBA from Harvard Business School and his undergraduate degree in Finance from the College of William & Mary in Virginia. He has completed an Ironman triathlon, five marathons, and summited Mount Kilimanjaro in Tanzania in 2005. Originally from Virginia, he has traveled to thirty-six countries and is an active member of the United Methodist Church. He and his fiancée Sarah, an emergency medicine doctor from Boston, will marry in October of this year.

"Home care has made a very positive difference to several generations within my own family. Both my grandparents and parents have used home care to assist them and the right Caregiver can make all the difference. In part, that's why I was attracted to *GRISWOLD SPECIAL CARE*. I believe they are the leader in this industry and I'm honored and humbled to join the company-it is an organization that has done so much for so many Clients and families for nearly thirty years. I have tremendous admiration and respect for Jean Griswold and her mission. Her commitment to service permeates our entire organization. I look forward to working closely with her as we continue our service to clients and their families."

Administration Supports Inclusion of C.L.A.S.S. In Health Reform

The Obama administration has signaled its support for the inclusion of a long-term care social insurance program in proposed health care reform legislation. The Community Living Assistance Services and Supports (CLASS) Act, introduced by Sen. Edward Kennedy, could help transform the way people pay for long-term care if they become disabled or need assistance with activities of daily living.

In a letter to Sen. Kennedy, Kathleen Sebelius, Secretary of Health and Human Services, described the innovative program as a necessary resource to enable adults to remain in their homes. CLASS proposes to allow workers to make payroll deductions for benefits that could be saved and used to pay for community-based services including home care, adult day care, and either assisted living or nursing home care. Advocacy groups for individuals with a disability supported the inclusion, but expressed anger that those who cannot work or afford to make the deductions will continue to go without services. These advocates want the Community Choice Act included in the legislation that allows Medicaid monies to be used for home services.

www.npr.org/templates/story/story.php?storyId=106358269

Grandparents Day—September 13, 2009

In 1978, President Jimmy Carter signed the first presidential proclamation creating September 13th as Grandparents Day. The day is considered to be the idea of Marian McQuade who hoped



the observance would persuade grandchildren to learn more about the wisdom and heritage of their grandparents. Children often honor their grandparents by inviting them to school for a day of special events such as story-telling activities. The day offers everyone the opportunity to express their appreciation for all the love and support they have received over the years. The commemorative flower of Grandparents Day is Forget-me-not.



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Interdisciplinary Team Assists Families To Assess A Loved One's Ability To Live Independently In The Community *by Diane Walker, RN, MS*

One of the more challenging issues family caregivers face involves coming face to face with the reality that a loved one may not be safe living independently in his/her home. A new model to determine if an individual has the *capacity* to make and execute decisions to live independently has been developed by an interdisciplinary team of clinicians at the Quentin Mease Community Hospital (QMCH) which is part of the Harris County Hospital District in Houston, Texas.¹ According to Aanand Naik, the model was developed in part because of the high number of adults who were seen who could make decisions but still evidenced self-neglect.

The QMCH team focuses on *capacity*, a medical term for decision making that is functionally based. It refers to the ability to make *and* execute decisions. Adult decisional capacity is evaluated in five areas: personal needs and hygiene, condition of the home environment, activities of daily living, medical care and self-management, and financial affairs.²

Family caregivers know that older adults may appear to be able to manage their affairs based on conversations with them, but they then encounter serious situations that indicate their loved one is not making or executing decisions that are in his/her best interest. Many older adults simply do not *appreciate* the consequence of the decisions they are making because of cognitive changes brought on by aging, chronic

medical conditions, and depression. For example, mail is left un-opened, bills are not paid, services are discontinued, traffic tickets are issued, medications are not managed properly, trips to the ER and hospitalization occur because chronic conditions are not properly managed, sleep is disrupted, and weight loss, accidents and falls occur.

According to Naik, "in addition to the thorough evaluation our interdisciplinary team completes, one of the most important differences in our model is the home visit we conduct. Conversations with patients will not uncover their real ability or inability to care for themselves. They may tell us, "I have no trouble with that," but when we visit their home, we see firsthand how the decisions they make that are, or are not, executed impact the way they live and how they care for themselves. Their behavior in their own environment is much more revealing and accurate than we would see in the clinic." For more information about the model contact, Tziona Regev, MSW, Director, Quentin Meese Geriatrics Clinic at 713-873-3894 or by email at Tziona_Regev@hchd.tmc.edu.

¹ Skelton, F., Kunik, M., Regev, T., & Naik, A. Determining If An Older Adult Can Make and Execute Decisions To Live Safely At Home: A Capacity Assessment and Intervention Model. *Arch. Of Gerontology and Geriatrics*. In Press.