Lesson 2 Resources and Links

Sample Introductory Call Form:

Date: Time: Length:

Caller’s name:

Email:

Phone:

Address:

Summary of concerns:

Prioritized Goals:

Observations made throughout call:

Impressions of the call:

Next Steps:

**Introductory Call Notes: Next steps - signing a client**

**DATE:** May 20, 2024

**TIME:** 10:00 AM

**LENGTH OF CALL:** 30 MINUTES

**SUMMARY OF CONCERNS:** Call with Jim and Jill regarding their Aunt Sandy who is 81 years old, has never been married and has no children. They are newly appointed as activated Healthcare Power of Attorney and Financial Power of Attorney. Their father, Sandy’s brother, was previously listed as Sandy’s POA before it was activated but he is now battling cancer and is unable to fulfill the role. They all live out of state from where Sandy lives. She has been living independently in her own condo until 6 weeks ago. She has memory issues and doesn’t always make it to her appointments or take her prescriptions that are recommended. Before activating her POA, they were able to move her into an independent living apartment in a senior living community. She is very upset with her family for making her move, she is no longer able to drive, they sold her car, and has a history of abusing alcohol. The family was given my contact information for help because she has been given a written warning that she may need to move due to behaviors and conflicts within the long term care community and their staff. While under the influence of alcohol, Sandy pushed the Director of Nursing. Her provider recently started her on some new medications to help manage ETOH and behaviors, now the staff says she “hasn’t been herself”. She has not been eating well and refuses to leave her apartment. The facility also has concern for her safety and appropriateness of her independent living arrangements.

**PRIORITIZED GOALS:** Family identified goals as 1. Needing help with managing her overall healthcare needs. They would like someone who can be there in person and involved in managing and attending provider visits and who can oversee her care. 2. Includes working with long term care community staff to help with communication and assessment of her living arrangements. They were unaware of any conflicts until they were presented with a written warning citing several issues, this surprised them and now they don’t know what to do. They feel like the facility just wants her gone and that they will have to move her again. They also explained that they have been tackling filing claims with her long term care insurance and think they finally have that figured out.

**OBSERVATIONS MADE THROUGHOUT THE CALL:** Since this call was with both Jim and Jill, and they are out of state, we agreed to do our introductory call via zoom and I offered 30 minutes. I typically don’t offer this but in this situation I felt it was necessary to take the extra time and effort. In our correspondence leading up to this I learned they are both professionals who commonly use zoom and we would be fitting this call in during the day between their meetings so I anticipated the zoom call being the most efficient and helpful in picking up on cues since I wouldn’t be able to meet them in person. They were both very pleasant and professional, holding this meeting while at work to meet sooner rather than later. Neither one of them works in healthcare and said that they are trying to figure things out as they go.

**YOUR IMPRESSIONS OF THE CALL/CALLER:** I felt they are both very dedicated to their Aunt and they are experiencing a lot of added stress by helping her and their father at the same time who is battling cancer. Jim lives out of state to Father and Aunt, Jill lives near their Father. I have some concerns about their level of frustration with the facility and with their knowledge of dementia. They expressed that they don’t know if the issues that the facility has with Sandy is repairable. When I brought up how important it is for Sandy to keep her dignity and that including her in as much of the decision making process as possible, even if small, can help enhance her autonomy and comfort in decisions that are being made, it was dismissed by Jim. It caught me off guard. He said “Oh, we are way beyond that with her memory, that doesn’t matter”.

**NEXT STEPS:** In summarizing the details of this call, next steps offered included moving forward with signing a Service Agreement to provide an in-person in-depth assessment with their Aunt Sandy to be able to provide a detailed Action Plan with options for their desired level of advocacy support. Due to complexities of behaviors and memory deficits, I suggested two shorter in-person visits to complete the in-depth assessment. Family agreed to a 5 hour engagement to start this process. Will reconvene after the initial visit with Sandy with updates on initial impressions and determine if she is willing to work with me.

**Introductory Call Notes: Next steps - Not the right fit**

**DATE:** April 25, 2024

**TIME:** 1:30 PM

**LENGTH OF CALL:** 20 MINUTES

**SUMMARY OF CONCERNS:** Call with Sunny Day. Short notice QC due to urgency of health, has stage 4 cancer. Had a surgical procedure and 6 weeks later started chemo. My CA125 marker was over 1,000 and with treatment it was down to 8.1. Issues now are labs showing biomarkers are climbing again and currently up to 20. Having back pain in lower extremities and they are scheduled to have an ultrasound suspecting a blood clot. Concerns are that the oncologist is not striving to do more and the caller doesn’t think the provider is using targeted therapies or reading up on the latest to treat aggressively enough.Caller stated that the provider is “comfortable in their skin” that they are doing enough. The caller sees an oncology PT and Massage Therapist and wants help looking for a psychotherapist who is focused on oncology. Caller also wants to find a better oncologist, ideally at a teaching hospital or comprehensive cancer center to help devise and implement treatment strategies.

**PRIORITIZED GOALS:** Caller identified goals as 1. Transfer care completely to the new provider as long as they can physically reach them for appointments/treatment. 2. Find one of these oncologists who would be able to partner with the current oncologist to allow her to receive local care but have someone more advanced be able to review the records, tests, review treatment plans, make recommendations and could work via telehealth. Caller has a generous insurance benefit plan and is located in Sunnytown and is willing to travel but admits to having transportation issues. Has cataracts which makes navigating new areas difficult. Caller doesn’t have any family, and few resources for transportation. Has been in touch with over 70 non profits and agencies with lists and spreadsheets made to set her up for continuous grant applications throughout the year. has been in contact with churches for financial assistance. Caller has a spreadsheet of 30+ volunteers that were secured at one time but most of them have “flaked”. Has recently appointed a new healthcare agent and knows who can be counted on for help. Can’t afford to wait months and needs help ASAP and wants an advocate who can work with urgency. Specifically looking for a clinical MD or strong oncology nurse or PhD researcher in the area of oncology. The caller is requesting to have 3 advocates recommended to her with free consultations to interview them.

**OBSERVATIONS MADE THROUGHOUT THE CALL: During the call, she stayed on task with specific details, it felt like she was well prepared and was following an agenda she had created. With the information she provided citing resources and volunteers added to a spreadsheet, she appears to be very organized and detail oriented. When I asked additional clarifying questions, at times she sounded annoyed that I had interrupted.**

**YOUR IMPRESSIONS OF THE CALLER/CALL: I feel that she has very high standards, likes to be in charge and could be difficult to work with. The demeanor at which she comes across could mean that providers may not like to work with her either, which could cause problems getting the care she is expecting. I get the feeling that she has burned some bridges since her list of volunteers have “flaked”. I am not a good fit for her since she is requiring her advocate to be an MD or strong Oncology RN or PhD. If we find someone with experience and credentials that she requires, she will still want an interview with them and is asking for 3 options.**

**NEXT STEPS:** (Determine if able to help and if so, how with next steps provided.) This particular case ended in not being the right fit and with no success in connecting this client to an advocate that she was willing to work with after initial call.