

Have you ever had an experience where your marketing director and your assisted living director were describing a new resident and you would swear they were describing two different people? Has your marketing person ever been criticized for not getting enough pertinent information? Has your assisted living director ever been accused of completing such conservative assessments that you will never be able to move another resident into your community? Have you ever had an angry family member tell you that she was promised her mom would never fall again?



## SMOOTH Transitions:

# Move-Ins from a Marketing & Clinical Perspective

By Joel S. Goldman  
and Paula Hertel

If you answered “yes” to any of these questions, then you understand some of the complexities of Assisted Living care. What people really want is to be heard and to be part of a team that finds solutions to multifaceted issues. We have found that if you focus on three areas, your move-in and transition process will improve dramatically and your team will gain confidence to tackle even the most challenging move-ins:

- 1) Define expectations for all stakeholders: residents, family members, health care professionals, and staff
- 2) Hope for the best, plan for the worst
- 3) Develop a plan that allows a feedback loop

### Define Expectations for all Stakeholders

**PAULA** One of my favorite questions to ask residents, family and staff is, “What does quality care look like to you?” You would be surprised how often the answer to this question varies depending on who I am asking—is it taking medication on time, participating in enrichment programs, improving hygiene, looking well

dressed, feeling at home, or giving up the car keys?

Because people do measure success differently, it is important to be open to talking about expectations prior to a new resident moving in. An effective pre-move-in meeting will help in understanding the important details needed to develop a supportive move-in plan and implement a service plan that reflects that conversation. The marketing staff can start these conversations; however, it really is most effective when the key team members, the new resident and family members are all involved. The common tension between marketing staff and clinical Assisted Living staff can dissipate when the team gets together and looks for solutions to difficult challenges instead of placing blame. Staff should not be

shy about raising questions about care, behaviors, and overall expectations once the solution-based culture is established. This will help the team to develop a realistic plan.

**JOEL** I agree about the importance of defining expectations for both residents and families. I have often noted that, in any venture, if you create unrealistic expectations, you will have disappointed customers. If you have a family that expects their loved one to stop having falls when they move to your community and a fall happens, you can be pretty certain that they will be dissatisfied. At best, this will create an immediate need for education. More likely, it will create an issue with licensing or even escalate to litigation.

In addition to the issue of falls, there is also a risk of unrealistic expectations regarding memory care. A provider may tout their high staffing ratios and leave the impression that someone is always at arm's reach. Even in cases where one-on-one care is provided, an incident can still occur. By being honest and up front regarding what your community can and cannot do for a resident, you will create realistic expectations and significantly reduce licensing problems and lawsuits.

## Hope for the Best and Plan for the Worst

**PAULA** Moving to Assisted Living can be a big transition for older adults and their families. Staff members should reassure the resident and family members that they understand and are prepared to address the physical, social and emotional needs that arise. Again, be honest about what the transition could look like and how you plan to address any unexpected concerns. "Family members can be filled with anxiety about the move. Telling them not

to worry doesn't make them feel better unless they see a concrete plan" states Patty Weir, a private practice geriatric care manager. "I appreciate community staff members who look for historical data that will help them prepare for care, but the communities that stand out are those that prepare for the unexpected."

Allow residents and families to share their greatest fears and talk to staff on all shifts about what they think is important. Have a specific move-in plan that includes family member expectations for each resident. The move-in plan should cover needs and recommendations for all shifts. For example, if you have a resident moving in who exhibits combative behavior when in stressful situations, plan for this possibility. Make sure the plan has information on how to support and communicate with family members as well. You don't want the first call to a family member to be about something that is not going well.

**JOEL** It is amazing how often we see legal disputes in which

the heart of the allegations is that a resident's health deteriorated while in the care of an RCFE. The fact that a resident's condition is almost certain to worsen over time in any setting, even during their tenure in Assisted Living, may not seem remarkable to any of us. However, if this is not communicated properly to family members at the outset, you will once again have disappointed customers. It is therefore vital to have an honest discussion up front about the likely path a resident's condition will take.

While it is fine to convey that moving to an Assisted Living community can improve the health status of some residents as they eat better, exercise and socialize, the fact is that over time their health is going to deteriorate. If the family understands what the aging process for that individual is likely to look like, you are less likely to be blamed for the natural progression of a resident's illness.

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