

## Sam and Deb's Story

My husband, Sam, is 81 years old and has Alzheimer's, aphasia, and coronary artery disease. I am 82 years old. I find it almost impossible to care for him, especially at night. We have lived in the same apartment for several years. Recently, Sam has not been sleeping well, and he gets out of bed frequently throughout the night, which has impacted my sleep as I worry about him falling and hurting himself.

I asked my daughter to call Sam's care coordinator to report my concerns and request some support. His care coordinator came to our apartment to understand our situation. My daughter and I explained that Sam was restless and confused and that he always wanted to get out of bed at night, often to go to the bathroom.

### What is Important to Sam & Deb:

- Staying in their home
- Having time for themselves, not always focusing on care tasks
- Peace of mind that comes from having the support they need

## Care Coordination

I asked Sam's care coordinator to talk with our doctor, who is very familiar with Sam's health and our situation. Our doctor explained to the care coordinator that we had tried sleeping aids in the past, but they caused Sam to be too drowsy and not himself. The medications were discontinued as we preferred to deal with the sleep issues rather than the side effects from the sleeping aids. The care coordinator recommended Sam have a physical exam to see if pain or urinary conditions were causing his fidgeting at night. The results of the physical exam indicated that this was not the case. We finally agreed to try a mild sleeping pill, which Sam takes at bedtime to help with the disorientation at night. The care coordinator also suggested that we start a mild, daily exercise routine that might help Sam have more restful sleep at night.

Our doctor and care coordinator suggested we move to a place that had more supports, such as round-the-clock personal care attendants and staff, but we wanted to stay in our apartment. To help us meet our wishes, they arranged for an electric bed that could be raised and lowered to help Sam get out of bed and lessen his risk of falling. During the discussion with the care coordinator, the current hours of personal care assistance that we receive were reviewed and changed to provide some overnight staff to assist Sam and me, as well as some times during the week for me to do some errands and see friends.

## The Impact of Care Coordination on Sam and Deb's Life

Sam exercises daily, and I join him several times a week. We have found this improves our overall strength, reduces stress, and helps to provide more restful sleep. The electric bed is working fine and helping to prevent falls. The sleeping pill dose has been reduced and, with the addition of the exercise, Sam appears to be much more restful at night. The change in personal care staff hours has also helped as it gives me needed time away from home a couple of afternoons each week.

We were initially uncertain about most of the doctor and care coordinator's suggestions, such as moving out of our apartment and a new sleeping pill. However, with time and discussion, we all learned to understand each other's perspectives and preferences. Our mutual goal now is to do everything possible so Sam and I can stay in our apartment.

*Disclaimer: Names and identifying details have been changed to protect the privacy of individuals.  
You can find additional resources regarding the Disability-Competent Care Model [here](#).*