



Advocacy in Assisted Living Setting: Who's on Your Side?

An interview with Christopher Zambakari

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ad·vo·ca·cy *n*: the act or process of supporting a cause or proposal: the act or process of advocating on behalf of someone or something, e.g., They are known for their *advocacy* on behalf of seniors.

Advocacy. Despite its obvious importance to the enhancement of a person's respect and dignity, and despite its critical value to those on the receiving end of such support, *advocacy* is often the forgotten voice, the forgotten ingredient in many assisted living settings. It can fall from the radar quickly, shadowed by such "amenities" as a clean and secure environment, nutritious meals, group activities, regular housekeeping, laundry service and more. In fact, as an example, Google your local social service organization; is advocacy on its list of services and care commitments?

It should be.

KevinMD.com, an online platform where physicians, advanced practitioners, nurses, medical students and patients share insights and experiences, says

advocacy has become more important than ever before in light of the COVID-19 pandemic:

To protect patients and staff, quell further contagion and streamline efficiency, many centers are not allowing visitors. *Just when patients need it most, personal advocacy is least available* [author's italics] ... In the best of times (and these are certainly not), all patients need advocates all the time; now more than ever, vulnerable patients need them more, but don't have access to them.

Advocacy. Christopher Zambakari, owner and operator of Desert Haven Home Care in Phoenix, Apollo Assisted Living in Glendale, and Villa Fiore Assisted Living-Prescott Valley, is many things. He is a college graduate with multiple degrees. He is the founder and CEO of The Zambakari Advisory, a cutting-edge agency providing advisory services to businesses, individuals and organizations. He is a Hartley B. and Ruth B. Barker Endowed Rotary Peace Fellow. He is a father and husband. Zambakari is a dedicated, passionate and exhaustive advocate on behalf of his assisted living residents in Phoenix, Glendale and Prescott Valley in Arizona. He is focused not only on his residents and the treatment they receive, but on senior care everywhere, working tirelessly with industry professionals to keep a spotlight sharply directed on elder care advocacy and its importance in quality-of-life issues.

“To be a successful and impactful advocate,” he offers, “one must be a good investigator, a thorough researcher, an experienced and compelling storyteller and a builder of teams made up of people who reflect all these qualities as they work on behalf of others and represent our residents’ best interests at all times.”

Zambakari’s expertise in research and his passion for the exploration of solutions have guided his thinking, his purpose and – importantly – outcomes. He says, “I am a researcher by training, and I bring the same level of rigorous analysis to the provision of elderly care. We seek to understand that which is invisible to the eye but symptomatic of each patient’s challenges.” He is convinced he is on the right track, that advocacy is a critical part of senior healthcare solutions and, in fact, are drivers of the same.

In a recent study published in the journal *Nursing Ethics*, the authors sought to

provide a clear and comprehensive definition of patient advocacy, one deeper and more meaningful than the Webster-like interpretation at the top of this read. Researchers Mohammad Abbasinia, Fazlollah Ahmadi and Anoshirvin Kazemnejad posited in their findings, “The analysis of the literature demonstrated that *patient advocacy is a dynamic concept, beyond mere support, compassionate care, and empathy* [author’s italics].” Further, they noted, “The attributes of patient advocacy included safeguarding, apprising, valuing, mediating, and championing social justice in the provision of healthcare.” (Abbasinia, et al., *Nursing Ethics*, 2020, 27(1): 141-151)

In this Q&A regarding the importance of advocacy in an assisted living setting, Dr. Zambakari shares his thoughts on the subject, his experience with patient advocacy and how it is the focus of his team’s care at his three care homes.

Q. How do you and your team define 'advocacy' in your work?

A. Advocacy for us is first and foremost the act of supporting and promoting the interests of our patients, beyond protecting patients against unethical and illegal practices. It reaches into, importantly, fully supporting the patient; equipping them and their families with all the information necessary to make well-informed decisions regarding their general health and wellness, and guiding them through the complex healthcare systems, agencies and processes. This is one of the foundational pillars of our service and care promise: Care. Service. Advocacy.

We know that the better the communication is between key stakeholders – our team of caregivers, patients’ personal advocates, their families and care providers – the better the care, and the better the outcome for the patient. The priority we place on patient advocacy is a critical factor in the maintenance of that human being’s health and well-being. I call it ‘360-degree quality care,’ because

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Q. Why is advocacy even more critical in managed-care, assisted living environments?

A. This is important. In the healthcare sector, providers typically depend on the patient's ability to provide complete and accurate information regarding his or her overall health. If the patient is not able to communicate that, then it falls on the family member or perhaps one with power of attorney to communicate the information. But, what if the family or other representatives are not available? Or, in some cases, the elderly person may suffer from cognitive decline that makes the ability to communicate accurately difficult.

We know this: The healthcare system is a myriad of extraordinarily complex institutions at various levels: federal, state, county and municipal. Each layer, each different rule or requirement, relies on the knowledge – and the ability – to navigate through to a successful outcome. As such, the *most vulnerable members of society in this regard are generally the senior population* [author's italics]. Our value proposition is to become a caring and an effective bridge to improving communication between patient and provider or even patient and family to affect the best possible outcome. This is what, sadly, is missing often times in the industry's service.

Effective advocacy also improves the delivery of healthcare, because communication between patient and provider is greatly enhanced. This leads to greater efficiency in diagnosis and treatment. In any elderly care setting, the professional staff must be as deeply involved as possible; we see patient advocacy as a win-win for all parties.

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Q. What does advocacy for your residents look like; what does it entail?

A. It's intentional, it's extremely hands-on and it's woven into the DNA of each of our team members, as it should be. You can't simply feed and care; you must advocate for the wellness and the quality of life for your residents – they are owed at least as much. Anything else is simply castles in the sky, barking at the moon.

A huge part of my day is usually devoted to talking to providers, Medicare administrators, the Veteran's Administration, hospitals in cases where we have residents at the hospital, state agencies, transport companies, healthcare laboratories, medical equipment companies and more. I'm following up on our residents' behalf and making sure their needs are being met.

I must be ready and available to take calls on behalf of our residents. This is what I call '*hidden advocacy*' – *what our residents don't see or know about, but are critical to their care* [author's italics]. It's a 24/7 commitment that we make. The team and I work constantly to minimize error and eliminate guesswork from the care we provide; we take pride in our excellence.

It should be a standard practice – but there are cases where this is lacking – that to ensure the extension of your self-imposed high levels of service, care and

advocacy are maintained and enhanced throughout the life of your residents. This shouldn't 'trickle down' from the top, but should be woven into the fabric of your providers, suppliers, home health agencies and hospice services to make sure they understand those lofty, but necessary, standards of care and can meet and exceed them.

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When you represent your patients, when you fight to make certain they are being treated with dignity and respect, you can accomplish much. It makes a difference to work as a team – the whole village is structured and organized to deliver optimal care to the patient. For that, you need excellent teamwork and a meaningful partnership with providers, religious

organizations, families and state agencies; those that care for the elderly. Every piece of the puzzle must serve a function – deliver positive results.

Q. How did you develop such a respect for the power and importance of advocacy?

A. I've seen the power of advocacy encourage confidence in the beneficiary, families and residents; just their realization they are valuable enough to fight for. Many times I accompany patients to their doctor visits, and in the case of U.S. veterans, I want to be present to meet the care team, establish the rapport and trust that then allows us to work collaboratively and in teams to care for residents. These meetings are important for me to convey our values and expectations to the providers.

We have residents whose families are deeply vested in their care, residents who don't have family members and residents whose families are out of state. In all cases, quality care rules. And, when family members are not available or don't exist, we work hard to ensure that the absence of the family does not affect the quality of care the person receives from providers.

I am a researcher. I am a business owner. I also come from a place where human values and virtue are held dearly. Here, we treat all our residents like family because they are integrated into our family. I am a legal scholar, so I am able to often read legal documents, policies and procedures and complex healthcare documents and translate it to residents and families. If I cannot help a resident, I have access to a wider network of experts and care providers I can bring to the table to help our residents and their families. We will anticipate, we will perform above expectations and we will care for our residents, whatever it takes, whatever it looks like.

Q: Last question. What should patients and their families insist upon as they consider an assisted living elder care facility?

I'm going to answer based on my experience in the industry. Our promise is to provide a compassionate care environment that is mindful of the individual resident's medical, personal and social needs; this should be the standard

expectation of anyone researching assisted living home care. This includes service on a higher level and advocacy on behalf of the residents; we enrich the lives of those who live with us by responding to their unique needs and universal desires. Care, service and advocacy are the pillars; without each, effective treatments – positive outcomes – are problematic and harder to come by.

But, it is about advocacy. Safeguarding, apprising, valuing residents' input and their humanity. Acting on behalf of the patient's values, culture, beliefs and preferences. Mediating. Championing the highest standards across the board. Research and hands-on experiences tell us advocacy – patient support, compassionate care and empathy – is a critical piece of the puzzle. Whatever it looks like, whatever it takes, with an eye on advocacy, there is so much that falls into place in the service and care of an elderly patient.

About the Author

The above interview was conducted by Stephen Des Georges, who serves the Zambakari Advisory as an editor-at-large and content marketing consultant. He is actively involved in the creation, review and production of The Advisory's print and digital materials, and brings more than 40 years of professional experience in marketing communications, public and media relations, and business development to The Advisory's team of consultants. Des Georges holds a bachelor's degree in journalism from the University of California-Berkeley, and a master's degree in interdisciplinary studies from Arizona State University.