

## To Our Clients and Friends...

In this issue we feature two articles on unrelated topics, both inspired by our interactions with seniors and their families in various settings. The first deals with hospital discharge planning. In this era of “sicker and quicker” discharges, families are often caught unawares on “D-day.” The article below provides a few helpful tips for getting prepared.

The second article is a collection of

common misconceptions about elder health that are still hanging around. Take a look to see how many you may still believe!

As always, we would like to express our heartfelt thanks to clients, families and senior serving professionals for our continuing growth and success. We pledge to do all we can to give our clients the best care possible.

*Sue Benson, R.N.*

*Granger Benson, M.D.*

## Planning for Hospital Discharge

Seniors are being discharged from hospitals quicker than ever. In 1970 the average admission for a person over 65 lasted 12.6 days. By 2001 it had dropped to 5.8 days.

This has put more pressure on families who want to be sure that safe arrangements are made for their loved one at discharge. Here are some tips to avoid being caught unprepared on discharge day:

### Start Planning from Day One

Be thinking from the start about what your loved one will need post-discharge. Will he or she be able to return home? Would it be safer to stay with a family member for a while? Will home care or medical equipment be needed?

Each patient is assigned a social worker or case manager who coordinates discharge planning under a physician’s direction. Find out who this person is and contact her. Don’t wait until the last minute.

### Talk Regularly with the Doctors

Talk to your loved one’s doctor(s) daily about his or her progress. A good doctor, even if busy, should want to keep family members informed.

Find out what works best with each doctor. Often a phone call to you after morning rounds is an efficient way to stay in touch. Or, you might arrange a daily meeting at the bedside. Some doctors’ schedules make a late afternoon or evening telephone conversation most workable. The important thing is to establish lines of communication early on.

### Observe Things First Hand

Nothing beats frequent visits to the bedside and seeing for yourself how your loved

one is doing. How is he or she feeling day to day? Walking? Eating? Responding to treatments and therapies?

Ask staff members like nurses, physical, occupational and speech therapists what they’re seeing as they work with your loved one. Get on a friendly basis with these people, because they can be invaluable sources of information and support.

### Get the Covered Services you’ll Need

Medicare will pay for home care and medical supplies up to certain limits, but only if: 1) the services are physician-prescribed; 2) the patient requires intermittent skilled nursing care, physical, speech or occupational therapy; 3) the patient is “homebound” (this is loosely interpreted in practice); and, 4) a Medicare-certified agency provides the care.

Medicare will pay for limited home health aide services *if* skilled care is also needed, but not aide services alone. Medicare will not pay for 24-hour care or homemaker services. If you will need such non-covered services, you may obtain them from a company like Ready Hands Home Care. As always, advance planning helps to assure that the services you need will be in place on discharge day.



## Outdated Health Beliefs Die Hard

Outdated perceptions about health die hard, even after being disproved by scientific research. Take a look at these examples—you may be surprised!

### **Eating too much sugar causes diabetes.**

There is no direct link between sugar consumption and the development of diabetes. Diabetes results from a resistance of the body's tissues to the effects of insulin, or from an absolute decrease in insulin production. Since the body requires insulin in order to use sugar, the blood sugar level rises.

A related fallacy is that diabetics cannot eat sugar. Judicious amounts of sugar are perfectly acceptable as part of a balanced diabetic diet.

### **Older adults need less sleep.**

As people age the need for sleep does not decline. The ability to get a good night's sleep often does. This sleep impairment is more often the result of health disturbances than aging itself. Various medications, physical illnesses and psychiatric conditions can disrupt sleep. So can sleep-related disorders such as periodic limb movements in sleep (PLMS), which affects over a third of people over 65.

### **Elevated blood pressure is normal in older people.**

Many people still hold this false belief. But we now know that whatever one's age, persistent readings above 140/90 warrant treatment.

Another lingering misconception about blood pressure is that only the diastolic blood pressure (the lower number) matters. In fact, among older people it is systolic hypertension that causes most damage to the arteries and heart.

### **Bed rest helps you get better faster.**

It sounds sensible that resting in bed should help you recover from illness more quickly. However, a published review of scientific studies comparing bed rest to early mobilization found that bed rest may in fact be harmful.

Lying in bed can contribute to pneumonia, blood clots and muscle weakness. Bed rest can also lead to dizziness and unsteadiness when you do get up, thereby increasing the risk of falls. Better advice is to remain as active as you feel able—just take it easy.

### **Cancer risk is mainly determined by family history.**

A nationwide poll by the Discovery Channel and the American Cancer Society found that 71% of Americans believe a person's cancer risk has more to do with family history than age. Actually, the opposite is true.

The incidence of most common cancers, including prostate, colorectal, breast and lung cancer, increases with advancing age. Your genetic make-up certainly has some influence, but don't be complacent just because there has been no cancer in the family.

### **Heart disease is a man's problem.**

Many people think of heart disease as something that mainly affects men. But, in fact, more women than men die of heart disease each year. Heart disease causes more deaths in women than the next seven causes combined.

It is true that heart disease tends to develop later in life in women than in men, but it is just as deadly. In women as in men, it is important to maintain a normal body weight, control blood pressure and cholesterol levels, get regular exercise and avoid smoking.

### **Antibiotics help cure viral respiratory infections.**

The common cold, influenza, acute bronchitis and sore throat are almost always caused by viruses. Commonly prescribed antibiotics inhibit the growth of bacteria but don't suppress viruses. Despite this fact, innumerable studies have shown gross over-treatment of viral respiratory infections with antibiotics.

Overuse of antibiotics gives rise to treatment-resistant bacteria; this is one of our most pressing public health problems. Once-treatable illnesses are increasingly becoming serious threats. The Centers for Disease Control and Prevention estimates that 50 million unnecessary antibiotic prescriptions are written each year, mostly for viral respiratory illnesses.

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## Did You Know....?

Ready Hands offers **free care management and referral services** to its home care clients. Seniors and their families often grapple with difficult questions like: When is driving no longer safe? Where can one find a good elder law attorney? How about a doctor who makes house calls? How can families verify medication compliance? When is staying at home no longer safe?

Dr. Benson is available free to existing clients and their families to help work through such problems. Give us a call if he can help!

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## Paperwork Getting Out of Hand?

If so, you should be aware of the services of **Gisela A. Bennie, LLC**. Ms. Bennie provides personal business assistance and paperwork management to busy retirees and others.

Her services include assistance with banking and paying bills; sorting through Medicare insurance claims; organizing personal financial records; compiling information for tax purposes; resolving problems with third parties; and a variety of other offerings.

Ms. Bennie also offers an innovative Daily Money Management kit called PS Files™ that helps organize important records.

Gisella Bennie can be reached at 703-620-2939.

*(Note: Ready Hands has no business relationship with Ms. Bennie or any other professionals who we recommend to our clients.)*