

HeartbeatTM

OF INDIAN RIVER COUNTY



Cleveland Clinic's Care at Home Program: A New Model of Care

*Read about this hospital-level in-home care
and meet Dr. Richard Rothman
and Danielle Crow, RN on page 8*



Cleveland Clinic
Indian River Hospital

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Friends"
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Awareness Center
offers Community
Reinforcement
and Family
Training*

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Moreen Burkart is a board-certified music therapist and owns Music Matters LLC. She has more than 10 years of experience and is certified as a Neurologic Music Therapist and Hospice & Palliative Music Therapist. She offers group and individual services in various home settings. If you or a loved one needs help with cognition, reducing stress, or improvement with strength and movement she can help.

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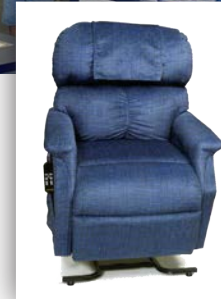
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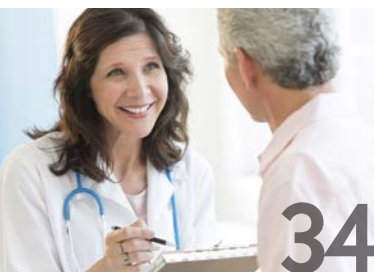
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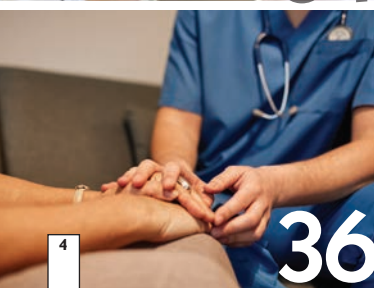
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Heartbeat of the Treasure Coast

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Peggy Cunningham,
 Executive Director

Memory Screening

We've all been there: can't find that word; mindlessly left the keys in the wrong place; taking longer to figure out your new smartphone or computer; finding it more difficult to multitask. Sound familiar? As we age it is entirely natural to wonder "Is this normal aging – or is this the first sign of cognitive loss?" A memory screening can be your first step to answering that question.

A memory screening is a simple and safe evaluation tool that assesses memory and other thinking skills. It can indicate whether an additional checkup by a qualified healthcare professional is needed. If you are over the age of fifty it is wise to have a memory screening to establish a baseline for future comparisons.

Knowing what to expect during a memory screening helps alleviate anxiety. The face-to-face screening takes place in a private setting; only the individual being tested and the screener are present (and, yes, this can be done online). The process, which takes approximately 30 minutes, consists of a series of questions, and/or tasks, designed to evaluate memory, language skills, visual/spatial, and other cognitive functions. Answers are given certain values that add up to an overall score. The results, which are reviewed with the person being tested, are entirely

confidential and the testing sheet becomes their property. It is their choice if they wish to share with their doctor or family – or simply keep it with their own records. It is not a diagnosis, simply a tool to help each individual be aware of cognitive changes.

The Alzheimer & Parkinson Association offers memory screening **free of charge** to residents of Indian River County. Call (772) 563-0505 for an appointment...and then go look for your keys!!



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Cindy Bryant

DESIGN
Mike Renfro

EDITOR
Colleen D. Symanski, RN, CDCES

SPECIAL FEATURE WRITERS
Theresa Tolle, R.PH
Susan Long, RN, MS, LCSW

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Health and wellness have many aspects, especially as our lives and those we love change. Levels of care change just as our needs do. This issue of Heartbeat features articles on new beginnings when your therapist retires, living with a chronic illness, and the benefits of music therapy. Read about one person's progress and journey after rehabilitation. Find out what to do with expired medications and review the hurricane checklist for you and your pets.

We have updates on healthcare and resources available in our community. Plus, lots of photos of recent health and wellness. Fix yourself a cup of coffee or tea and enjoy the sponsor scramble and icon search. You can be a gift certificate winner!

Blessings,

Cindy Bryant



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A Glimpse Into the Future: Next Generation Hospital Care

Change is afoot in Indian River County. And it's just what the doctor ordered.

Danielle Crow, MSN, RN, TCRN is a nurse with 26 years of experience, mostly in the field of emergency medicine. Today she's doing something she has never done before, and she's loving it. As a nurse manager with Cleveland Clinic in Florida, Danielle is providing hospital care to Indian River residents, in their homes.

In April, Cleveland Clinic launched an acute, hospital care-at-home program in Vero Beach designed to care for acutely ill patients who would otherwise require admission to a physical hospital but choose to receive the hospital care in the comfort of their homes. "It's a whole new way of looking at patient care," says Danielle.

A new model of care

The Care At Home program is a first for Cleveland Clinic but part of a larger national movement. The "at-home hospital care" concept was developed in the United States in the mid-1990s. It only recently gained traction when the Centers for Medicare and Medicaid Services (CMS) launched the Acute Hospital Care at Home program in November 2020 in response to the COVID-19 pandemic.

"Just a handful of Florida hospitals and a little more than 250 hospitals across the country are authorized to provide hospital-level care in a patient's home," says Richard Rothman, MD, Chief Medical Operations Officer for Cleveland Clinic in Florida. "The CMS program has grown quickly in a short period of time, but it still represents a small fraction of U.S. hospitalizations."

Patient eligibility for Cleveland Clinic's program is based on a complete medical evaluation and determined in either the Emergency Department at Cleveland Clinic Indian River Hospital or within one of the hospital's inpatient units. "Individuals who meet the criteria are offered the choice to receive hospital-level care at home or in a traditional hospital setting," says Dr. Rothman.

Hospital at home care may include medication management, lab services, IV antibiotics, infusions, oxygen support, rehabilitation services such as physical and respiratory therapies, imaging, meals and more. Patients have frequent in-person and virtual visits with clinical specialists including physicians, nurses, paramedics, radiologists, phlebotomists and therapists, among others.



Care At Home Nurse speaking with a patient

The patient experience

According to Dr. Rothman, the program is admitting one to two patients a day and maintaining a daily census of seven patients. "We are using a phased approach to patient onboarding to ensure patient safety and quality of care are maintained. It's a slow, deliberate approach," he explains.

More than 25 patients participated in the Care At Home program in its first month, including patients with chronic heart failure, chronic obstructive pulmonary disease, sepsis, wound infection, and a severe abdominal infection, among other conditions. "We are caring for patients with complex conditions that are often compounded by other chronic diseases," says Danielle, noting initial patient feedback has been very positive.

"The patients really love it," she says. "One patient told me she would never want to stay in the hospital again after her Care At Home experience, given the choice to receive care at home."

Danielle describes another patient who lives in a group home setting who was able to hang out with his housemates once he was feeling better. "He didn't

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Living with a Chronic Illness

Chronic care makes daily living difficult. For many, chronic illnesses also come with a gap in health care and needed opportunities for better quality of life. I reached out to numerous people asking what it is like living with a chronic illness or caring for a loved one with one. The responses are overwhelming.

There were 3 recurring areas that came up in every conversation. They centered on challenges, what works, and suggestions. *The comments below are taken from interviews and are condensed due to the magnitude of responses.*

Challenges:

- It depends on many factors. The type of illness makes a difference. Our experience is primarily with dementia. I am not sure there is a lot of “hope” with dementia except for hoping that the patient can learn to cope better in day-to-day situations, but there is little hope of improvement. Challenges are many. We suffer from fatigue, depression, stress, multi-tasking/coordination for healthcare, financial concerns, etc. Even when decisions are made that are “best” for the person, he or she may not see it that way, even when they are in a “clear” state of mind. Patients may be angry or resentful over the loss of independence, and/or when they have dementia they might simply be confused and that could take weeks to improve, if at all.



- It is harder to take care of yourself as well as regular chores. There is a fear that your loved one may need something, may fall, may have some unknown problem requiring immediate assistance.

- It's hard to get into the doctor's office and a lot of times they don't return the calls, or they get lost in the shuffle.



- Being the scribe and keeper of all the information is daunting when multiple health providers are managing various aspects of your loved one's illness and needs. Many times providers do not communicate timely changes that they made to the team. In short, caregiving is exhausting, and it becomes the priority, all other daily tasks and needs take a back seat in order to do the best job I can for the person I love!

- My experience with caregiving with someone that needs oversight 24/7 is the feeling of isolation and the anxiety of waiting for the next shoe to drop.

- There is no format for chronic health care, period. Doctors really don't listen they have no time. Often times you bounce from one specialist to another, and it can take a long time to get the right diagnosis.

- As a caregiver of a loved one with mental health concerns. Mental health issues reduce a person's self-preventative care, patient becomes isolated. There appears to be no daily appointment or follow up with care communicated unless it's life threatening. There is also guilt associated with mental health disorders and trying to make decisions for people without stepping on their rights. Missed appointments are really an issue and not being told as the health care surrogate/ advocate unless it's life threatening. There's also the expense, limited resources and understanding of caregiver limitations and telling us just bring her in here. Not enough same day appointments. Patient hesitancy to reach out and also sibling differences and distance.

- I feel deeply for the chronically ill people who have to go through a primary care physician in a large practice and can't give you the time to figure it out. Doctors really don't have the time to listen. They send you in for lots of labs and then you just wait which sucks. You feel like you're losing your mind.

- Grief.

- Fatigue and not knowing what's wrong; your family thinks you're a hypochondriac.

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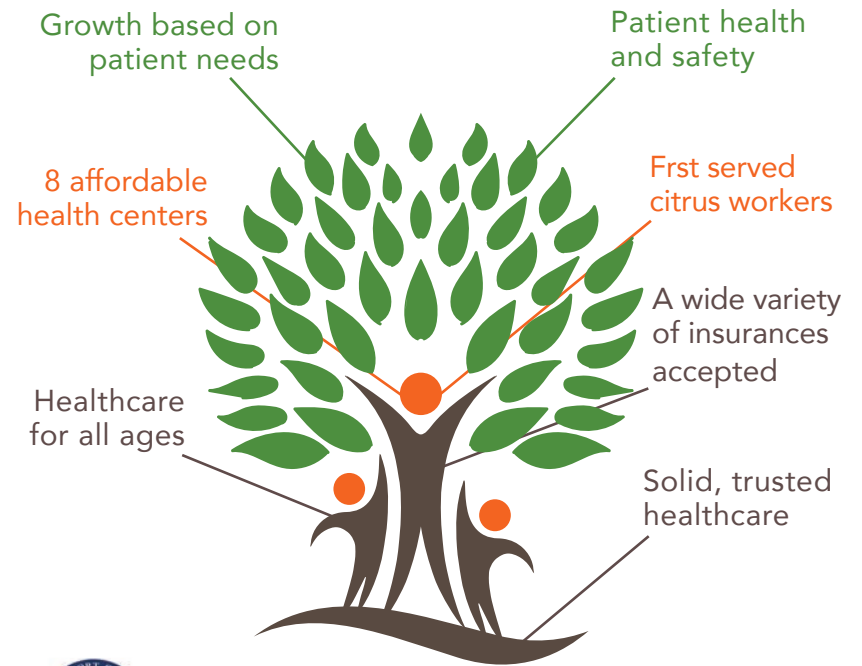


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United Way of
Indian River County

by Theresa Tolle, R.PH, Owner Bay Street Pharmacy



Can I take a medication that is expired?

As a pharmacist, this is a question I am asked often. With the cost of prescription medications today I certainly understand why. However, the answer is not a simple yes or no, so read below to learn more.

Beginning in 1979, the Food and Drug Administration (FDA) required all manufactured prescription drugs, OTC medications, and insulin products to have an expiration date. These expiration dates are required by law to ensure that all drug products meet specific “standards of identity, strength, quality, and purity at the time of use.” The expiration date is the last date that a manufacturer guarantees the full safety and potency of a medication, but it does not mean that a product is no longer effective after the expiration date, nor that the product is fully potent up to the expiration date.

Storage

A few studies have been performed to determine the actual ongoing potency of medications. One, in particular, was conducted by the US military for a Shelf-Life Extension program for the United States Strategic Stockpile. However, the products were never opened, and the storage conditions were fully known. In the case of medications in your home, there are many things that can affect the potency of medications such as the temperature or moisture conditions. Because these conditions are unknown, this makes the expiration date imprecise. A good place to store medications in your home is a hallway closet or a dresser drawer; areas that are not subject to light, temperature, or moisture excursions. Despite homes having bathroom medicine cabinets, they are the worst place to store medications because of routine moisture and warmth in bathrooms.

What if I choose to take a medication after the expiration date?

Since the expiration date is a “do not use beyond” date, in many cases it is not known how long the medication will be effective. In fact, back to the reference above about studies that were done on medications, although they tested the potency of medications, they did not test how they actually worked when taken. So, taking medications after the expiration date often means that you could be sacrificing potency and the medication would not be as effective as prior to the expiration date.

There are some medications that I would strongly recommend you do not take beyond the expiration. First on the list are liquid antibiotics. They are typically only effective 10 to 14 days after the medication is mixed and they are not effective beyond the expiration date, so if the medication expires before you finish it, consult your doctor for an alternative. Another well-known over-the-counter medication that should not be taken beyond expiration is aspirin, which can chemically convert to another chemical, acetic acid or vinegar. If you open your bottle of aspirin to a horrible smell, discard it immediately (more about how to do that below). Finally, other medications that should be used with caution after expiration are those that are considered

sterile, such as eye drops or injectable medications. The risk would be that they could potentially become contaminated after the expiration date and are not worth taking the chance.

The bottom line is there is no magic formula for how long after an expiration date it is safe to take or use a medication. The best practice is to discard and get a replenishment if possible. However, if it is an expensive medication, in short supply, or there is some other reason why it cannot be replaced, then reach out to your pharmacist or health care provider to seek their expert opinion.



Discarding outdated or unused medications

Once a medication has reached its beyond-use date it is best to get it out of your home. There are ways to do that safely. Many pharmacies and even law enforcement and municipalities now have “drop boxes” where you can bring in medications to be destroyed. These containers are sealed and locked and the

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Emergency Preparedness Checklist: For You & For Your Pet

"If you aren't prepared for emergencies then neither are your pets. Both you and your pets need a plan that includes supplies, important contact and evacuation information. Preparing for your needs and theirs will help you and your pets to stay together, healthy and safe."

Prepare Plan Recover	
For You	For Your Pets
Communication/Contacts <ul style="list-style-type: none"> <input type="checkbox"/> Key contact information for family, friends, colleagues, neighbors <input type="checkbox"/> Out-of-state contact <input type="checkbox"/> Nearest hospital <input type="checkbox"/> Medical group or physician 	Communication/Contacts <ul style="list-style-type: none"> <input type="checkbox"/> Key contact information for family, friends, colleagues, neighbors who can help with pet if you are not home <input type="checkbox"/> Pet-sitter <input type="checkbox"/> Nearest veterinarian <input type="checkbox"/> Veterinarian outside of your area <input type="checkbox"/> 24 Hour animal hospital
Important Documents <ul style="list-style-type: none"> <input type="checkbox"/> Important documents in a waterproof container <input type="checkbox"/> Personal identification <input type="checkbox"/> Social Security Card <input type="checkbox"/> Passport <input type="checkbox"/> Medical card and health information <input type="checkbox"/> Insurance information <input type="checkbox"/> Photo of household members <input type="checkbox"/> Inventory of valuable household items 	Important Documents <ul style="list-style-type: none"> <input type="checkbox"/> Important documents in a waterproof container <input type="checkbox"/> Pet identification <input type="checkbox"/> Pet license/registration <input type="checkbox"/> Microchip information <input type="checkbox"/> Vaccination documents (especially rabies) <input type="checkbox"/> Medical records <input type="checkbox"/> Detailed information about special health needs (medicine, feeding schedule) <input type="checkbox"/> Recent picture with owner <input type="checkbox"/> List of your pets hiding places
Supplies <ul style="list-style-type: none"> <input type="checkbox"/> Water and food (3 day supply) <input type="checkbox"/> Medicines (if needed) <input type="checkbox"/> First aid kit/supplies <input type="checkbox"/> Special items (hearing aids, eye glasses, contacts, diapers, baby formula/food, wheelchair, canes, walkers) <input type="checkbox"/> Flashlight and radio <input type="checkbox"/> Cash and small bills <input type="checkbox"/> Personal hygiene items 	Supplies <ul style="list-style-type: none"> <input type="checkbox"/> Water and food (one week supply) <input type="checkbox"/> Medicines (if needed) <input type="checkbox"/> First aid kit/supplies <input type="checkbox"/> Carrier or cage for each pet <input type="checkbox"/> Leash and muzzle <input type="checkbox"/> Bedding <input type="checkbox"/> Comfort items: toys, blankets, treats <input type="checkbox"/> Sanitation items: paper towels, newspaper, plastic trash bags, household bleach



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Alzheimer & Parkinson Association



Renaissance provided insulated bags to attendees



Some of the 529 attendees and 71 vendors



Vicki Soule's presentation was on the importance of having a primary physician. TCCH also provided COVID vaccinations to attendees.

Need help? Our Navigation Program offers a no-cost service to connect seniors, family members or their caregivers with local non-profit and for-profit resources located in Indian River County, through our searchable website and by telephone assessment and referral.

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I got a second chance in life!

I am Opal Nelson. Prior to my accident I was involved in my church, community, and also starting my own business. Filled with faith, a passion for helping others and strong family and friend relationships has been a blessing for me.

I really do not remember what happened and I am sure I don't want to. I have been told I was in a horrific automobile accident and required jaws of life to rescue me from my car. Somehow, I was able to give EMS my sister's



and pastor's information so they could contact them. I was taken to Lawnwood Medical Center and underwent surgery and critical care. My abdomen was full of sutures, and I couldn't quite comprehend what was going on. My body also had tubes in it and many people around me. It was overwhelming.

I was transferred to Health South which is now Encompass Rehabilitation hospital. An accident took me from self sufficient and helping others to a dependence on strangers. I needed help with walking, talking, and basic self-care activities. Confusion and frustration were common emotions. There were

days that I did not want to get out of bed. I would cry and I remember everyone's encouragement. They were supportive even when I was angry and not receptive to therapy and care. It wasn't easy. They understood what needed to be done and how to foster self-motivation. Doctor Lockhart was sensitive and proactive in limiting visitors when he saw I was overwhelmed, and my HealthSouth care team was a critical lifeline for recovery. They made sure my family and friends were involved in my rehab and recovery.

Upon discharge from HealthSouth I was petrified. I did not know if I could manage on my own. My accident was in August of 2018. I have had some additional surgeries and scheduled for more. I take nothing or no one for granted. I am lucky to be alive. The rehab and skills that encompass provided me with have been instrumental so I can rebuild my life. I hope to go back to Lawnwood and Encompass and show my appreciation. Everyone at Encompass from food services, housekeeping, therapy and nurses were fabulous. I'd like to be a volunteer and help patients in their recovery. I got a second chance in life!



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Scott Hamilton shared a positive message full of humor, humility and honesty.

Scott Hamilton inspires audience at Successful Aging Luncheon to benefit Alzheimer & Parkinson Association

Olympic gold medal-winning skater and television personality Scott Hamilton was the guest speaker at this year's Successful Aging Luncheon, to benefit the Alzheimer & Parkinson Association of Indian River County. Held at the Vero Beach Museum of Art, this annual event features celebrities and cultural icons who celebrate wellness and quality of life. Scott's motto is "The only disability in life is a bad attitude," and he certainly personified that motto as he shared the stories of his childhood as an adopted child with a myriad of illnesses over the years. He encouraged the audience to "live joyfully, productively, and in service of others, because that's as good as it gets," and the crowd responded with enthusiastic applause. Proceeds from the luncheon benefit the Alzheimer & Parkinson Association, to support their numerous programs which are offered free of charge to those with memory or movement limitations and their caregivers. For more information about their services call 772-563-0505 or visit www.alzpark.org.

Heartbeat of the Treasure Coast



The Alzheimer & Parkinson Association team with Scott Hamilton. Seated: Scott Hamilton and Peggy Cunningham; Standing: Mindy Servis, Susan Micheel, Sue Schadt, Courtney Sanchez, Susan Large, Maria Springer, Mary Orticelli, Bubs Baird, and Charles Brashears



Scott Hamilton and Peggy Cunningham



Janet Bailey, Bob Puff and Nancy Puff



Shirley Walker, Beth Livers, John Moore, and Nora Ugalde



Bob Burr, Scott Hamilton, and Emilie Burr



Eileen O'Donnell and Ken Borchers



The luncheon was again held at the Vero Beach Museum of Art

CRAFT - Community Reinforcement and Family Training

The mission of the Substance Awareness Center of IRC is to reduce the impact of substance misuse and behavioral health disorders in Indian River County through prevention, education, treatment, and recovery support.

We offer many programs and services to the community under our Prevention Works and Recovery Works initiatives. One important program is CRAFT for Family and Friends.

Dealing with a loved one battling substance use disorder is challenging and heart wrenching. It's not an easy journey. A loved one may refuse treatment, deny that there is in fact a problem, or not be able to sustain recovery. Substance misuse affects not only the individual but also their loved ones physically and emotionally. It can strain relationships and destroy families. Overdoses are on the rise both nationally and here locally. Indian River County has seen a 70% increase in the number of overdoses and overdose deaths. These overdoses and deaths are being fueled by illicit fentanyl which is laced in not only illicit opioids but can be found in any illicit drug. Substance use has never been more lethal than it is today. It is terrifying and frustrating to watch someone you love use substances despite these warnings. But substance use disorders are not about logic and reason. The reward pathway in the brain becomes "hijacked" by the substances and is re-wired to seek the substances as if they are survival.

Resources and conversations regarding substance use disorders tend to be limited. Access to treatment can have a negative financial impact and there is often a stigma associated with help seeking. Nationally, only 10% of persons with a substance use disorder ever access the specialty treatment they need. Sometimes relationships become strained and the person we love in need of help isolates themselves from us or vice versa. This is challenging for everyone. We want to help and at the same time not be confrontational. But how do we best help?

Fortunately, we have resources in our community. One of them is the CRAFT For Family and Friends, based on the evidence based and effective CRAFT Approach. CRAFT stands for Community Reinforcement and Family



Molly Scanlon and Nancy Lynch



Training. It is for family members and friends who want to improve their relationship with their loved one and get them into the specialty treatment they need. The research shows that CRAFT is 70% effective at helping encourage loved ones into treatment and recovery. For the 30% whose loved ones did not enter treatment and recovery, the participants report a significant reduction in their own feelings of depression, anxiety, and anger.

The Substance Awareness Center offers a CRAFT for Family and Friends program. It helps teach:

- An understanding of a loved ones' triggers to use substances
- Positive communication strategies
- Positive reinforcement strategies
- Problem solving
- Self Care
- Getting a loved one to accept help

The CRAFT group meets Thursdays at 5pm at the Substance Awareness Center office. It can also be delivered via individual appointments or virtually. For more information you can call the office at telephone number: 772.770.4811 or email mscanlon@sacirc.org The Substance Awareness Center is located at: 1507 20th Street, Vero Beach, FL 32960.

contents are incinerated so nothing ends up in our groundwater or landfills. Additionally, the Drug Enforcement Agency (DEA) sponsors local “take back days” twice a year in April and October. Typically, there are locations set up around your community where you can stop in and drop off medications which will also be incinerated. The FDA has a resource page (listed below) to help you know a safe way to dispose at home if the above options are not available. One final option is drug deactivation kits that can be purchased (or are sometimes given away) at pharmacies such as Deterra and DisposeRx.

As a wrap up, remember to store medications properly, use caution when taking beyond the expiration and destroy medications that are expired or no longer being used. And, if in doubt ask your pharmacist or other health care provider.

References:

<https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>
<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension>
<https://www.dea.gov/takebackday>

An Apple a Day

An apple a day can do more than just keep the doctor away, it can also help with claustrophobia and the stress associated with confined spaces. This is because the smell of smells can act like a drug in the brain. Certain odors stimulate the nerves in the nose that send stimuli to the brain. This stimulation will usually enter the limbic system of the brain that controls heart rate, blood pressure, breathing, memory, stress levels, and hormonal balance. Some homeowners even use the scent to make their houses seem bigger to potential buyers. In addition, smelling the aroma of green apples can help lower blood pressure, pain due to migraines, and help reduce appetite.

After your apple aromatherapy go ahead and enjoy some of the nutritional benefits. The dietary fiber in green apples:

- helps regulate bowel movements, • helps the digestive system,
- supports the liver, and, • can reduce cholesterol.

Research suggests eating the apple in the early morning or on an empty stomach.

Heartbeat of the Treasure Coast

Encompass Health Rehabilitation Hospital March Stroke and Orthopaedic Symposium

Guest Speakers: Ryan Dahlgren, MD, Neuro Endovascular Surgeon CCIRH
 Brianna Parker, DNP, ANVP-BC, APRN Neuro Endovascular CCIRH
 Jason Stack, MD, Orthopaedic Surgeon, Vero Orthopaedics
 Seth Coren, MD, Osteoporosis & Bone Health, Vero Orthopaedics
 Dustin Constant, MD, Podiatric Surgery, Foot and Ankle, Vero Orthopaedics



David Boehm, VNA



Debbie North, Care Patrol



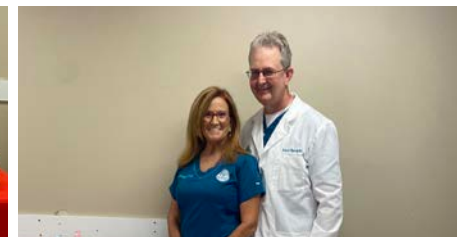
Mary Fahey, Encompass Health Hospital



Kim Martin, Perkins Medical Supply



Monte Atwell, BS, MT, ASCP, CPM,
 CCCP Concierge Phlebotomy



Karen Bolle Wyderski, B.S.N., R.N. and
 Richard J. Wyderski, M.D.
 Wyderski Health Concierge Medicine

 **Encompass Health**
 Rehabilitation Hospital of the Treasure Coast

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www.encompasshealth.com

What works?

- A Memory Disorder Clinic. This is one area where healthcare IS better! Each visit was targeted to our mom AND our family members. She was expertly escorted out and met with one set of the team while the family was able to go into another room and meet with another member of the team. The feedback given from both was compared and “reconciled” so that feedback could be provided to the caregiver/family about types of treatments/next steps that were available. It was VERY helpful! It helped us coordinate home care and address treatments when our loved one was no longer improving.



- It is necessary for the caregiver/ advocate to always have the availability of labs, imaging, notes, medication changes all available to share.

- Learning how to live with chronic pain and do what helps. Know when to stop and address your pain and accomplish what you can on a good day.

- Understand it is not in your head.

- Have a support system that understands your condition and tells you it is all right not to be ON every day.

- Try not to feel like you are taking advantage of your friends.

- Not to fall into the pity party and if so, keep it to yourself, admit it but move on.

- Search until you find something that works.

- A hot steamy shower beating on my back, shoulders, legs and feet.

- A cold compress for the pain.

- Listening to my body. Don't eat trigger foods. Eating well. I avoid medication that has side effects that affect me adversely and cause mood swings.

- Slow down, step back and do self-reflection. Everyone expects a response immediately, not a natural thing we do for ourselves. Make time for it. I have to slow my schedule. The politics that come with working and I don't have the capacity to deal with it, which affects my career path until later on in life when I regroup. I don't really feel successful and that sometimes can cause disappointment in myself. I have to learn to let it go so that it doesn't affect my illness and I have time for self-care which is difficult.

- Researching the options a concierge physician may offer. There are level of care options that may fit into your budget.

- Having a health coach, therapist and/ or an advocate to assist.
- Using the physician portal to access lab work and physician notes to rely on.
- Not over scheduling myself with activities. Know limitations and that you don't have excuses.

- A binder with all my past and current health information.

- Practicing self-care and kindness.

- Keeping my body, body, and spirit active.

Flaws in the health-care system...What I hope for (suggestions)

- Less wait time for follow-up appointments. Quit taking so many new patients so you can fully care for the ones you have. I don't know what the answer is, but I do feel people are falling through the cracks and I don't think more rules and regulations are the answer.

- Professionals equipped / armed with the ability to get around HIPAA without declaring someone incompetent.

- Allow patient physicians to see their patients during hospitalizations.

- There is a lot to do to improve our healthcare system, however, there is so much to do, and it starts with changing the mindset of everyone involved. We can only hope it will happen.

- Faster start of home care services.

- Better communication for other therapies besides the basic medical based therapies.

- Help with preventing disease progression and additional diagnoses without more medications or medical treatments.

- Better eye and dental care coverage.



The quality of life should be about how we live every day; not how we manage to just go through a day.

I want to thank each person that took the time to share their thoughts for this story. Your openness helps others. Afterall, we are all recipients of healthcare and want the best and to provide the best. Finding time for

answers and self-care is important even in the smallest increments.

We are fortunate that we have amazing medical and holistic services available to us in our county. Quality of life is how we live every day; not how we manage to just go through a day.

Meals on Wheels

Looking for a place to volunteer where you can truly make a difference? Consider hitting the road with Meals on Wheels, a program of Senior Resource Association. If you can spare two hours one morning a week, every two weeks, or every few weeks, Meals on Wheels needs you!

Meals on Wheels shines a light into the often-bleak lives of nearly 500 seniors who rely on our volunteers every weekday. And on any given day, there are 300 more seniors on the Meals on Wheels wait list, hoping to enroll in this essential nutrition service.

Can you imagine being homebound and unable to get to the grocery store for food? Or not able to afford rising food prices?

What if you couldn't be on your feet long enough to cook your own meals?



Marge Turpin & Charlie Lloyd



Lisa Hastings



Vera Amigo



Kathy Avril



Kevin Brew


**Senior Resource
 ASSOCIATION**
Promoting Independence in Our Community

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 815 Davis Street

Or depended upon a walker, struggling just to carry your plate to the table?

And how would you feel if you lived alone, without the opportunity to connect with another person day after lonely day?

With a volunteer corps of more than 200, Meals on Wheels provides a hot nutritious meal as well as a friendly visit and wellness check, Monday through Friday, to seniors throughout Indian River County.

Thanks to generous community support, Meals on Wheels is poised to serve 120,000 meals -- or more -- in the coming year.

To reach that goal and feed more seniors, Meals on Wheels needs you!

Each volunteer Meals on Wheels driver delivers to approximately 8-12 households, in proximity to one another, following the same route on each volunteer shift. A smart phone app, known as Mobile Meals, provides a daily list of seniors to visit, including special instructions on food allergies or such challenges as hearing or mobility limitations that may cause a slow response to

the doorbell. The app also provides a map and turn-by-turn directions from one home to the next.

Senior Resource Association provides drivers with hot bags and coolers to transport meals, milk and various accompaniments at federally-specified safe temperatures. Hot meals are delivered on weekdays and, on Fridays, volunteers also bring frozen meals for the weekend.

All meals – hot and frozen – meet or exceed one-third of the USDA's recommended guidelines for senior nutrition, as verified by Senior Resource Association's Registered Dietician. Many of the seniors served require special dietary considerations so all of their meals address nutritional needs such as accommodating food allergies, chewing and/or swallowing challenges, vegetarian needs, and select other dietary concerns.

Additionally, local grocers contribute baked goods, such as breads, pastries and cookies, for delivery along with meals. Meals on Wheels also maintains a pantry of easy-open, shelf-stable, single-serving food items for emergency situations.

Some meal recipients are on temporary plans as they recover from a stay in a medical facility. Others have beloved pet companions that are enrolled in Pet Meals on Wheels and receive pet food bi-weekly, along with their meal deliveries.

New volunteers undergo background screening and participate in a ride-along. This aspect of training allows new drivers to see, firsthand, how volunteers interact with their senior meal recipients and to see the smart phone app in action. Other training instructs volunteers to look for concerning changes in a senior's health or home environment so that, if needed, additional help can be provided by Senior Resource Association.

Meals on Wheels is so much more than a meal. It is a lifeline to seniors in need.

If you are looking for a meaningful way to invest two hours each week or month, you are looking for Meals on Wheels.

And Meals on Wheels is looking for you!

Concierge Medicine

Concierge Medicine is gaining popularity. Many physicians and nurse practitioners in Indian River County are now offering this care. So, what is concierge medicine? Concierge medicine, also known as concierge care, boutique medicine, and retainer-based medicine. Direct primary care is also a membership-based healthcare that combines exclusive, personalized care with accessibility and convenience. Most practices guarantee some form of 24/7/365 access to care. It might be access to a direct cell phone. Many concierge or direct primary care memberships are annual, but some can be less; depending on your needs and what the practice offers.

Common benefits to Concierge Medicine/ direct primary care are:

- Unlimited office and telehealth visits that last as long as you need, as well as direct care from a doctor without worrying about copays and other charges.
- Access to your doctor's direct phone line for medical questions and simple diagnostic and blood tests in their office.
- Co-ordination with specialists and hospital; care. no insurance or corporate health system interference—just doctors and patients.
- Same day appointments. Some offer home visits.
- Standard care, including wound treatment, blood work, physicals and preventative screenings.

- Doctors who accept assignment can't charge you extra for Medicare-covered services. This means your membership fee can't include additional charges for items or services that Medicare usually covers unless Medicare doesn't pay for the item or service.

Common disadvantages to Concierge Medicine/ direct primary care are:

- You still need regular health insurance to cover things like hospitalization and specialty referrals.
- Membership and monthly fees vary by practice.
- Fees can increase with age.
- Monthly fees paired with regular insurance premiums can be expensive.
- Doctors who don't accept assignment can charge you more than the Medicare-Approved Amount or more a percentage above the limit.
- Not accessing the membership benefits you are paying for.

No solution is right for everyone. Concierge / direct primary care is personalized; it's not a one size fits all. In this type of care physicians can focus more on care versus burdensome. oversight or approvals. It is important to mention that if you are happy with your physician and care, the chances are you don't need to change to concierge/ direct primary care. There are primary care physicians as well as specialists who now offer concierge medicine. Talk to them about your concerns and needs to make the best decision for yourself. Know what they offer, what the fees cover and don't cover. Make the most of your membership.



Home Hospice - 100% Nursing Ability and Attention

Daniel Huber, RN, started working as a home hospice nurse for the VNA just over two years ago, switching gears from an intense job as an emergency room nurse - and he's never looked back. "It's the first time in my nursing career that I can give my patients 100% of my nursing ability and attention because in the emergency room they give you 5, 6, 7, 8 patients (at once) and the only time I get to see my patients is when I'm sticking them with a needle or giving them paperwork to discharge," says Daniel. "In hospice, if the patient needs two hours of my time, they have two hours."

Daniel wasn't always so optimistic about being a hospice nurse. Initially, he had concerns about the unique emotional challenges that treating patients with terminal illnesses might entail, but once he began, those concerns were quelled, at least as far as the patients were concerned. "The dying process doesn't bother me as much as the patient's family; sometimes it's hard to watch the family struggle," he says.



Daniel Huber, RN

And the patients greatly appreciate Daniel's commitment and compassion. "I had a patient tell me a couple of weeks ago that this is the first time a nurse has ever given him 100% of their time and attention, and that's because we're hospice...we get to say, 'You need more of our time, I can do it,'" says Daniel. "For instance, this morning I saw one of my patients, it's a 15-minute visit. She's a very lovely lady. She's 79 years old and she's got shortness of breath, COPD, and she's on oxygen and lives alone, so I try to spend extra time with her because really, we're the only interaction she gets. She doesn't drive, or if she does it's very minimal, and her family all lives

up north, so the only time she talks to them is on video chat; I'm really the only outside person she gets to talk to."

Daniel recalls how recently this same patient had a mouse running around in her house and his 15-minute appointment with her turned into a much longer one as he arranged for a pest control company to come out to the house and get rid of the rodent.

He is also grateful for VNA's Hospice Medical Director, Dr. Venazio. "It's having the autonomy and the faith that doctor Venazio has in the nurses, and you just can't beat this job," he says.

VNA Hospice is provided wherever a patient calls home, whether that's a skilled nursing facility, assisted living facility, memory care or patient's own home. And when a patient's care can no longer be managed at home, they can stay at VNA Hospice House, an elegant yet cozy state-of-the-art facility with 12 well-appointed private rooms, a private chef, relaxing space for family and friends, and 24/7 nursing care.

VNA is the only non-profit home health and hospice organization in Indian River County proudly caring for our community for over 45 years. If you'd like to find out more about VNA Hospice or any of VNA's home care services, visit www.vnatc.com or call us at 772-202-3972.

About the VNA

The VNA of the Treasure Coast provides home healthcare services—including Medicare-reimbursed and private-duty nursing; home health aides; physical, speech, and occupational therapy; in-home companions; and personal transportation—throughout Indian River County. The agency is also the only licensed hospice provider in Indian River County, offering end-of-life care in patients' homes, local hospitals, nursing homes and assisted living facilities, and the VNA Hospice House. The non-profit organization also provides community health services such as flu vaccinations, no-cost blood pressure/blood glucose screenings, and education on health-related topics in various settings.



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experience the isolation that some patients do when they are in the hospital,” she says.

“It has also been very rewarding for our caregivers to create more personal connections with patients and to have new insights into their lives,” adds Danielle.

In one case the care team developed a new way to label a patient’s medications when they learned the patient was not able to read the bottles. “This previously unidentified issue had resulted in multiple hospital readmissions because the patient was not taking her medications appropriately,” she explains.

Innovative technology

Cleveland Clinic’s Care At Home program is staffed by a team of 10 highly experienced nurses, some with backgrounds in ICU, ER and cardiac care, and two dedicated hospital medicine physicians, also called “virtual hospitalists.” A number of ancillary service providers and logistical support personnel round out the team.

The specially trained caregivers are supported by a technology platform that integrates medical protocols, patient-clinician communication, home technology, and bedside services. It organizes the patient’s data and care plan into actionable real-time information shared by the patient’s entire medical team.

The platform is housed in a state-of-the-art Clinically Integrated Virtual Care (CIViC) Center located near Indian River Hospital in Vero Beach. Patients and their family members are connected to the CIViC center around the clock and can speak with a caregiver immediately with the push of a button.

“Each caregiver workstation has multiple monitors tracking vital patient data and other factors that can impact the timing of care delivery, such as weather and traffic,” describes Britney Heaton, Executive Director of Medical Operations for the Florida Region.



Britney Heaton

The care team conducted weeks of intensive training with the technology to ensure they were prepared to care for their first patient. They also simulated virtual contact with patients using patient actors in the community.

“It was an eye opening experience for the team,” says Britney. “Our nurses were quick to adapt and were able to make workflow adjustments, as needed, to streamline the process.”

An opportunity to transform care delivery

The immediate goals of the Care At Home program are to improve quality, clinical outcomes, and the patient experience while reducing the cost of care. “Care At Home also will allow us to expand access to Cleveland Clinic care



Care At Home monitoring equipment

without expanding expensive infrastructure,” notes Britney.

Studies have shown that the hospital care at home model can result in shorter care episodes, reduced costs, lower readmission rates, and fewer complications than traditional inpatient care. Surveys also demonstrate higher levels of patient and family member satisfaction than with traditional care.

“We want to deliver a seamless, home-based acute hospital care experience that helps patients heal faster in the comfort of their home,” says Dr. Rothman. “What I can say with certainty is that the way we deliver care today is not how we will deliver care tomorrow.”

Dr. Rothman also points to another important aspect of Hospital Care At Home. “It is helping us redefine the workspace for clinicians at risk for burnout,” he says, noting a refreshing demand among caregivers to work in virtual positions.

Danielle says she can relate. After years in the emergency room and suffering from burnout, she was ready for something different.

“Joining the Care At Home program was like turning on a switch,” she describes. “I haven’t felt this way since before the COVID-19 pandemic began. I’m excited to be a nurse again.”



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Ending Well & New Beginnings



When I announced I was closing my practice I was met with a variety of comments and anxieties. From “I always thought you would be here”, to “how could you leave me”, to “you have a gift”, and “This hurts!”

Martha Manning writes in “Surviving Your Therapist’s Retirement” that she compares the situation to “sky diving without a parachute”. The therapeutic relationship between a therapist and a person seeking help for a life crisis is special and challenging. Where else can there be someone who always thinks the best of you, is nonjudgmental, uncritical, caring and validating. These traits are the basis for a real trust relationship where one can speak their thoughts in a climate of acceptance.

After the shock has worn off, the work of preparing to end therapy begins. That is coming to grip with the fact that your therapist will not be there anymore to meet with you. And, possibly, having fears about changing to a new therapist who might not be as caring. It takes time to build a new therapeutic relationship!

Actually, the end of therapy really starts at the beginning when goals are being set and establishing how long you will work together. Knowing you are losing your therapist can cause sleepless nights, anxiety, and a depressed mood. Some people just quit therapy rather than go through the termination process with their therapist and ending well. The way you end any significant relationship can inform how you will proceed during this time. Some people have had an earlier therapist that they had to end with in a hurtful manner. The termination phase of therapy doesn’t have a firm timeline. In my experience, some of the best work has happened during termination.

Finding a new therapist can be difficult and challenging. I think the hardest part (and most important) of changing therapists is finding a good fit. One may have to try out a therapist or two (or more) to find someone. Therapists

realize that a good fit is necessary to facilitate good work. Often people say they don’t want to repeat telling their story again, but each time the story is told some of the sting is taken out.

I even have issues about ending my practice. Change is scary. I feel badly that I am not fulfilling my patient’s expectations that I would stay in practice forever or at least until they decide they don’t need me anymore.

In the next few months, we will review our deep connection, review past successes, missed opportunities, and future possibilities. Of course, there will be ambivalence for all. We will take time to discuss those thoughts that come up in the last 5 minutes of the session and must be dealt with. Therapists call that the “hand on the doorknob” thought. I will be helping my patients find a new therapist for those who are continuing in therapy and help those ending therapy to do so in a healthy way. A graduation of sorts!

The legacy that I want to leave with my patient’s is my hope that they will hear my voice in their head when tough situations arise or when they need a “pick me up” to get through the day. Please know that I will miss all the people in this chapter of my life!

Breathe Deeply

Those short and shallow breaths can make you feel anxious and zap your energy. Deep breathes help relax the body and lower stress levels. It only takes a few minutes to do.

- Get comfortable. You can lie on your back in bed or on the floor with a pillow under your head and knees. Or you can sit in a chair with your shoulders, head, and neck supported against the back of the chair.
- Close your eyes and let them relax as well.
- Breathe in through your nose. Let your belly fill with air. As you breathe in, say in your mind, “I breathe in peace and calm.”
- Breathe out through your nose. Say in your mind, “I breathe out stress and tension.”
- Place one hand on your belly. Place the other hand on your chest.
- As you breathe in, feel your belly rise. As you breathe out, feel your belly lower. The hand on your belly should move more than the one that’s on your chest.
- Take three more full, deep breaths.

You can do this several times a day or establish a daily routine to embrace better breathing. Relax – it’s good for you!





LOCAL PEOPLE

Making a Difference!

SRA 2023 Volunteer Celebration



Senior Resource
ASSOCIATION



2023 Sophie Restivo Volunteers of the Year, Annetta and Jim Gregg (center) with Liz Bruner (L) and Brittany Jackson of Senior Resource Association



Volunteer Melanie Gonzalez and Brittany Jackson of SRA



Volunteers Terry Fletcher and Bob Armstrong



(L-R) Guest speaker Chief David Currey of the Vero Beach Police Department with Liz Bruner of SRA and volunteers Randy Riley, Brian Langworthy, and Chris Deigl



*Volunteer
Beverly Jones*



(L-R) Volunteers Lynn Hudyma, Diane Anderson, Jenny and Charles Hancock, and Dennis Cairns



LOCAL PEOPLE

Making a Difference!

Senior Resource Association 2023 Volunteer Celebration



(L-R) Volunteers Carol Paris, Gayle Twombly,
Diane Bachman and Mary Weisband



(L-R) Volunteers Marte Small,
Mary Chappelle, Denise Armente,
and Betsy Simpson



Karen Deigl, President and
CEO of Senior Resource
Association welcomes the
SRA volunteer corps to its
2023 annual appreciation
breakfast

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7746 Bay Street • Sebastian • (772) 589-2043 • baystreetpharmacy.com
North of SRMC in Bay Street Center on US 1 in Roseland

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