

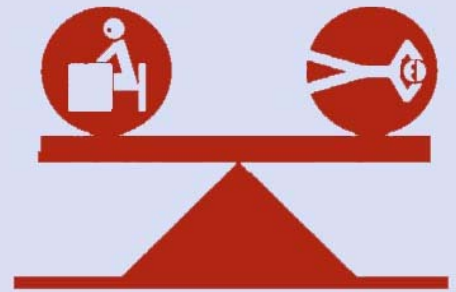
POST POLIO PACER

Conserving Strength and Energy through Pacing

October 2011 — Madison, Wisconsin

Madison Area Post Polio Support Group Newsletter

MAPPSG formed in 1985 — This Is Our 26th Year!



Post-Polio Thoughts

**Nancy Baldwin Carter, BA, M Ed Psych,
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WHAT'S A PATIENT TO DO?

Let's say we're doctor-shopping. Maybe we've moved to a new city or our long-time doc is retiring—for whatever reason, we need a different doctor. Question is—where to start? How to choose?

We all want the best. Someone who knows what he's doing, who can get the diagnosis right. Someone reliable, respectful, trustworthy. We want more than a good listener—we want a doc who understands, who acknowledges that our concern is real. We realize not all physicians have special post-polio expertise—still, the best are curious, interested. They don't miss a beat. They ask all the right questions, answer every one of ours as fully as possible—and they keep searching. How do we find this special person?

Top of the list? Check qualifications. Here's some great advice: Start with Board Certification.

This one's important. While being licensed to practice medicine assures that a doctor holds certain minimum requirements, board certification goes way beyond this. Doctors who choose to be board certified do so voluntarily to demonstrate skill in their particular area of practice. While every specialty and subspecialty has its own certification, some boards may not be very exacting. Clearly, some are better than others. What we must look for,

then, is board certification that has been approved by the American Board of Medical Specialties (ABMS).

The ABMS carries out a rigorous standard of testing and evaluation. In addition to strict initial certification, doctors must go through a recertification process every six to 10 years. They must also keep their certification current with the ABMS Maintenance of Certification (MOC) program, which requires more testing and proof of continuing education and experience throughout their period of certification.

How can we learn that a doctor is board certified with ABMS approval? One place is www.healthgrades.com. It's easy. Go there. Enter your doc's name. Details pop up before your eyes. His specialties are listed, and if he's board certified, a mark following each of these indicates ABMS approval. (If your doctor is not specified here, try CertificationMatters.org.)

Beyond certification, notice the state where the doc is licensed; details concerning his education; and a background check that shows any malpractice, sanction history, and board action history in the past five years. General guides. This is good stuff.

Maybe not so reliable are patient evaluations. While the criteria rated can be of interest, this may be biased, bearing no resemblance to accuracy. It's merely one patient's word.

Other things can make a difference, too. Ever notice the initials after doctors' names? Does it matter whether the amorphous "Dr." Mary Smith diagnoses my underventilation, or

whether this is left to Mary Smith, M.D.? Better yet, could I feel even more secure if my pulmonary problem were in the hands of Mary Smith, M.D., FCCP? Education, staying current, searching for excellence, earning the best credentials—all of this matters.

Even so, looking good on paper isn't all there is. What else counts?

Our interaction with the doctor, for one thing. If we've done our part—handed her the list of our meds, our allergies, and a complete history, discussed every issue we meant to, asked every question and open-mindedly heard every response—we can begin to assess the situation. Are the two of us developing a healthy rapport? Are we becoming partners in pursuit of wellness?

These days we expect doctors to believe us when we say we have a problem. We expect them to search in every direction for answers, to keep at it until we find relief.

If this doesn't happen, we move on. No need to pull out the voodoo doll. Simply get a second opinion, find another doctor. Ask around for referrals—and then begin, again, by checking qualifications. Remember—we deserve the best.

Nancy Baldwin Carter, B.A, M.Ed.Psych, from Omaha, Nebraska, is a polio survivor, a writer, and is founder and former director of Nebraska Polio Survivors Association.

Source: Post-Polio Health International (www.post-polio.org)

Home Care

On July 9, 2011, Russell King, Executive Director of Wisconsin Homecare Organization, presented information that those present suggested be included in the Pacer. The article, attributed to Wisconsin Homecare Organization, is presented in two sections, with the second section in the January issue.

What Is Home Care?

"Home care" is a simple phrase that encompasses a wide range of health and social services. These services are delivered at home to recovering, disabled, chronically or terminally ill persons in need of medical, nursing, social, or therapeutic treatment or assistance with the essential activities of daily living.

Generally, home care is appropriate whenever a person prefers to stay at home but needs ongoing care that cannot easily or effectively be provided solely by family and friends. More and more older people, electing to live independent, non-institutionalized lives, are receiving home care services as their physical capabilities diminish. Younger adults who are disabled or recuperating from acute illness are choosing home care whenever possible. Chronically ill infants and children are receiving sophisticated medical treatment in their loving and secure home environments. Adults and children diagnosed with terminal illness also are being cared for at home, receiving compassionate care and maintaining dignity at the end of life. As hospital stays decrease, increasing numbers of patients need highly skilled services when they return home. Other patients are able to avoid institutionalization altogether, receiving safe and effective care in the comfort of their own homes.

For more information, contact the Wisconsin Homecare Organization:

www.wishomecare.org
russking@wishomecare.org

What Home Care Services Are available?

Home care providers deliver a wide variety of health care and supportive services, ranging from professional nursing and HCA care to physical, occupational, respiratory, and speech therapies. They also may provide social work and nutritional care and laboratory, dental, optical, pharmacy, podiatry, x-ray, and medical equipment and supply services. Services for the treatment of medical conditions usually are prescribed by an individual's physician. Supportive services, however, do not require a physician's orders. An individual may receive a single type of care or a combination of services, depending on the complexity of his or her needs. Home care services can be provided by the following professionals, paraprofessionals, and volunteers.

Physicians visit patients in their homes to diagnose and treat illnesses just as they do in hospitals and private offices. They also work with home care providers to determine which services are needed by patients, which specialists are most suitable to render these services, and how often these services need to be provided. With this information, physicians prescribe and oversee patient plans of care. Under Medicare, physicians and home health agency personnel review these plans of care as often as required by the severity of patient medical conditions at least once every 62 days. The interdisciplinary team reviews the care plans for hospice patients and their families at least once a month, or as frequently as patient conditions and/or family circumstances require.

Registered nurses (RNs) and licensed practical nurses (LPNs) provide skilled services that cannot be performed safely and effectively by nonprofessional personnel. Some of these services include injections and intravenous therapy, wound care, education on disease treatment and prevention, and patient assessments. RNs may also provide case management services. RNs have received two or more years of specialized education and are licensed to practice by the state. LPNs have one year of specialized training and are licensed to work under the supervision of registered nurses. The intricacy of a patient's medical condition and required course of treatment determine whether care should be provided by an RN or can be provided by an LPN.

Physical therapists (PTs) work to restore the mobility and strength of patients who are limited or disabled by physical injuries through the use of exercise, massage, and other methods. PTs often alleviate pain and restore injured muscles with specialized equipment. They also teach patients and caregivers special techniques for walking and transfer.

Social workers evaluate the social and emotional factors affecting ill and disabled individuals and provide counseling. They also help patients and their family members identify available community resources. Social workers often serve as case managers when patients' conditions are so complex that professionals need to assess medical and supportive needs and coordinate a variety of services.

Speech language pathologists work to develop and restore the speech of individuals with communication disorders; usually these disorders are the

result of traumas such as surgery or stroke. Speech therapists also help retrain patients in breathing, swallowing, and muscle control.

Occupational therapists (OTs) help individuals who have physical, developmental, social, or emotional problems that prevent them from performing the general activities of daily living (ADLs). OTs instruct patients on using specialized rehabilitation techniques and equipment to improve their function in tasks such as eating, bathing, dressing, and basic household routines.

Dietitians provide counseling services to individuals who need professional dietary assessment and guidance to properly manage an illness or disability.

HCAs/home health aides assist patients with ADLs such as getting in and out of bed, walking, bathing, toileting, and dressing. Some aides have received special training and are qualified to provide more complex services under the supervision of a nursing professional.

Homemaker and chore workers perform light household duties such as laundry, meal preparation, general housekeeping, and shopping. Their services are directed at maintaining patient households rather than providing hands-on assistance with personal care.

Companions provide companionship and comfort to individuals who, for medical and/or safety reasons, may not be left at home alone. Some companions may assist clients with household tasks, but most are limited to providing sitter services.

Volunteers meet a variety of patient needs. The scope of a volunteer's services depends on his or her level of training and experience. Volunteer activities include, but are not limited to providing companionship, emotional support, and counseling and helping with personal care, paperwork, and transportation.

Who Provides Home Care?

Home care services are usually provided by home care organizations but may also be obtained from registries and independent providers. Home care organizations include home health agencies; hospices; homemaker and home care aide (HCA) agencies; staffing and private-duty agencies; and companies specializing in medical equipment and supplies, pharmaceuticals, and drug infusion ther-

apy. Several types of home care organizations may merge to provide a wide variety of services through an integrated system.

Home care services generally are available 24 hours a day, seven days a week. Depending on the patient's needs, these services may be provided by an individual or a team of specialists on a part-time, intermittent, hourly, or shift basis. Following are descriptions of the various types of home care providers.

Home Health Agencies

The term home health agency often indicates that a home care provider is Medicare certified. A Medicare-certified agency has met federal minimum requirements for patient care and management and therefore can provide Medicare and Medicaid home health services. Individuals requiring skilled home care services usually receive their care from a home health agency. Due to regulatory requirements, services provided by these agencies are highly supervised and controlled. Some agencies deliver a variety of home care services through physicians, nurses, therapists, social workers, homemakers and HCAs, durable medical equipment and supply dealers, and volunteers. Other home health agencies limit their services to nursing and one or two other specialties. For cases in which an individual requires care from more than one specialist, home health agencies coordinate a caregiving team to administer services that are comprehensive and efficient. Personnel are assigned according to the needs of each patient. Home health agencies recruit and supervise their personnel; as a result, they assume liability for all care.

Hospices

Hospice care involves a core interdisciplinary team of skilled professionals and volunteers who provide comprehensive medical, psychological, and spiritual care for the terminally ill and support for patients' families. Hospice care also includes the provision of related medications, medical supplies, and equipment. It is based primarily in the home, enabling families to remain together. Trained hospice professionals are available 24 hours a day to assist the family in caring for the patient, ensure that the patient's wishes are honored, and keep the patient comfortable and free from pain. Most hospices are Medicare certified and licensed according to state requirements.

Homemaker & Home Care Aide Agencies

Homemaker and HCA agencies employ homemakers or chore workers, HCAs, and companions who support individuals through meal preparation, bathing, dressing, and housekeeping. Personnel are assigned according to the needs and wishes of each client. Some states require these agencies to be licensed and meet minimum standards established by the state. Most homemaker and HCA agencies recruit, train, and supervise their personnel and thus are responsible for the care rendered.

Staffing & Private-duty Agencies

Staffing and private-duty agencies generally are nursing agencies that provide individuals with nursing, homemaker, HCA, and companion services. Most states do not require these agencies to be licensed or meet regulatory requirements. Some staffing and private-duty agencies assign nurses to assess their clients' needs to ensure that personnel are properly assigned and provide ongoing supervision. These agencies recruit their own personnel. Again, responsibility for patient care rests with each agency.

Pharmaceutical & Infusion Therapy Companies

Pharmaceutical and infusion therapy companies specialize in the delivery of drugs, equipment, and professional services for individuals receiving intravenous or nutritional therapies through specially placed tubes. These companies employ pharmacists who prepare solutions and arrange for delivery to patients. Nurses also are hired to teach self-administration in patients' homes. Some pharmaceutical and infusion therapy companies are home health agencies, certified by Medicare. In addition, some states require these organizations to be licensed. Each company assumes responsibility for personnel and the services rendered.

Durable Medical Equipment & Supply Dealers

Durable medical equipment and supply dealers provide home care patients with products ranging from respirators, wheelchairs, and walkers, to catheter and wound care supplies. These dealers employ staff who deliver and, when necessary, install these products as well as instruct patients on their proper in-home use. Durable medical equipment and supply dealers usually do not provide physical care for patients, but there are a few ex-

ceptions. Some dealers offer pharmacy and infusion services, where a nurse administers medication and nutritional formulas to patients and teaches them the proper techniques for self-administration. Some companies also provide respiratory therapy services to help individuals use breathing equipment. Durable medical equipment and supply dealers that bill the Medicare program are required to meet federal minimum standards. Some states require that these organizations be licensed. Each dealer is liable for its personnel and the services provided to patients.

Registries

Registries serve as employment agencies for home care nurses and aides by matching these providers with clients and collecting finder's fees. These organizations usually are not licensed or regulated by government. Registries are not required to screen or background-check the caregivers, but some do undertake these tasks routinely. In addition, although not legally required to, some registries offer procedures for patients to file complaints. Clients select and supervise the work of a registry-referred provider. They also pay the provider directly and must comply with all applicable state and federal labor, health, and safety laws and regulations, including payroll tax and social security withholding requirements.

Independent Providers

Independent providers are nurses, therapists, aides, homemakers and chore workers, and companions who are privately employed by individuals who need such services. Aides, homemakers, chore workers, and companions are not required to be licensed or to meet government standards except in cases where they receive state funding. In this arrangement, the responsibility for recruiting, hiring, and supervising the provider rests with the client. Finding back-up care in the event that the provider fails to report to work or fulfill job requirements is the client's responsibility. Clients also pay the provider directly and must comply with all applicable state and federal labor, health, and safety requirements.

Part 2 will appear in the January issue.

What Did You Miss on Sept. 10?



Mindy Wiseman, OTR and Chair Yoga Instructor talked about and led the group through some chair yoga movements and breathing exercise at the Sept. 10 PP luncheon meeting.

Chair yoga can assist in maintaining active range of motion, trunk flexibility, and breathing for people with physical disabilities that prevent them from doing standing and floor yoga postures.

The Wisdom of Aging

By Kathleen Blair, Columnist

"Let me tell you about the adventure I had yesterday," I've heard more than once from my friend, Alyce. Those adventures are usually an afternoon in the doctor's office waiting for test and X-ray results to come back, or a longer stint in the emergency room and sometimes overnight in the hospital for observation.

But there is never a "poor me" tone in her voice. Instead she expresses gratitude for those who drive her to the clinic, talks about how nice the doctor and nurses are, and sees something positive in every one of those adventures.

I never cease to be amazed at the positive attitude of my 80+ year old friend. Although she has health issues – as most of us do once we pass 60 or 70 – she doesn't worry about them. Alyce simply says, "I don't worry; it won't help anyway." And she goes on working on her many hobbies that keep her mind sharp and her heart happy.

Alyce loves beads, and she makes the most unique and original pieces of jewelry which she donates to be sold at a church benefit, or gives as gifts. Those gifts of jewelry come complete with a note identifying the name and origin of the beads. Her special touch makes these gifts real keepsakes.

I think her most fulfilling hobby is making rosaries. I especially liked a gold tone one she made with genuine opal beads that became the perfect October birthday gift for my niece. Many of Alyce's rosaries are sold at church fundraisers, and hundreds are sent to the missions.

Alyce loves rocks and collects them. On my last visit she fascinated me with her collection, all of them labeled with name, species, where she found the rock, and computer printouts of Native American legends and/or geological explanations of how the rock was formed. All this from an octogenarian!!

Her home is a personal and original museum of miniatures that she has created or collected. One wall is filled with miniature wooden chairs, one of them made by her father, some of them made by her own hands, and some she found in shops. My granddaughters, Angelia and Britney love to visit Alyce at her home.



Every room has tiny displays of places in her past – an old-fashioned schoolroom, a park, or a shrine she has visited to name just a few. And she has stories to tell about each one. Angelia and Britney peruse the miniatures and listen with awe as Alyce recalls her memories of each place. My granddaughters consider her their special friend. It's such a pleasure to telephone or drop in and chat with my friend. Our conversations are always uplifting and, hopefully, I absorb

some of her positive attitude.

Of course, it helps that she has loving sons, and one who lives close enough to drop in regularly and help whenever needed. Sons like hers are always a blessing.

I, for one, have much to learn from my friend's wisdom. **It's simply a matter of keeping busy and happy, seeing each day as an adventure, and gratefully enjoying every day.**

A little bit of humor for older people who still like the great outdoors...



Seasons Greetings

It always seems a little early to be wishing everyone "Happy Holidays" in October, but they will be here soon... We all need to be mindful of conserving our energy—sitting to do tasks, resting and eating before attending parties, asking others to help with decorating, meal preparation, and clean up.

Keep shopping time to a minimum for each trip. Make a list and take it with you. Catalog, on-line shopping or shopping services (when available) are great time and energy savers.

*Happy Holidays to all,
Kathleen Blair &
Marcia Holman*

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Do you have suggestions for speakers, topics, books to read and discuss, etc.? Call or e-mail (see e-mail list) one of the people listed above to suggest program topics or speakers, volunteer to organize one meeting program, share your knowledge (or find an expert) about becoming a non-profit organization or volunteer your talents (financial, organizing, etc.) as a committee member.

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To get your Pacer in color on line, set your email program to always accept messages from wghmch@chorus.net

Following the November meeting, the Planning Committee will meet for 45-60 minutes to begin setting up programs for 2012. We not only welcome, we need people to join us and bring new ideas for speakers, topics, books to read and discuss, etc. Please plan to stay and share your ideas.

Names in bold are new to the list or have an address change. To add your name and/or up-date your e-mail address to this list, notify Marcia Holman at: wghmch@chorus.net

POST POLIO PACER is a quarterly newsletter published in January, April, July & October for polio survivors, the Madison Area Post Polio Support Group, health care professionals and interested persons to share information and to promote friendships. Articles in this newsletter are for information; medical advice is always necessary.

Please request permission from the editor to reprint articles from the Post Polio Pacer.

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Saturday, November 12, 2001
Open Discussion
“Dealing with changes in our lives”

NO MEETING IN JANUARY

