

**In This Issue:**

|   |          |
|---|----------|
| <i>The Patient Sin Tax</i>                                  | <b>1</b> |
| <i>"Lyme and Associated Vector-Borne Disease"</i>           | <b>1</b> |
| <i>Time to Give Up the Car Keys</i>                         | <b>1</b> |
| <i>Fun Quotes of the Month</i>                              | <b>1</b> |
| <i>Saying Goodbye to a Special Friend</i>                   | <b>2</b> |
| <i>Alzheimer's &amp; Dementia, A Slow Insidious Journey</i> | <b>2</b> |
| <i>About Prestige Home Health Care</i>                      | <b>2</b> |

**The Patient Sin Tax**

I read a blog recently about a soda company employee who stated that they were going to be fined if they didn't maintain a baseline cholesterol, etc. from year to year. I wonder how long it will be before they apply the "patient sin tax" to premature hospital readmissions; such as less than 30 day readmits. Hospitals have to be trying to figure out a means of recouping monies when they get gigged for a readmit, through no fault of their own. It doesn't yet exist, that a readmit would carry some sort of monetary penalty but can you see it coming? What if they did everything they could have and should have and through no fault of their own you reappear in the emergency room and are re-admitted because you: A) didn't take your medications as directed; B) let yourself get dehydrated; C) acquired a preventable urinary tract

infection; D) didn't follow-up with your doctor two weeks after discharge as directed. Could your re-admission have been prevented? Statistically, there's a very high probability that it could have been. How do you prevent a hospital re-admission? Follow the discharge planner's instructions. If you find this difficult to do on your own, hire a Wellness Coach. I know one who is very attuned to keeping elders out of the hospital. The outcome of having one is you have a higher probability of staying out of the hospital and very likely will have more money left in your pocket.



Photo courtesy of: 2012 Pennsylvania Patient Safety Authority, << <http://patientsafetyauthority.org/EducationalTools/PatientSafetyTools%20discharge/Pages/home.aspx>>>

-Robert Griesemer, RN, BSN, MS

**Fun Quotes of the Month**

*"The things you used to care to do, you no longer care to do, but you really do care that you don't care to do them anymore."*

*"Going Out is good.. Coming Home is better!"*

*"Your Kids are becoming you...and you don't like them...but your grandchildren are Perfect!"*

*"You miss the days when everything worked with just an "ON" and "OFF" Switch."*

**"Lyme and Associated Vector-Borne Disease"**

Article written by: Donna Zaken RN, MSN, APRN

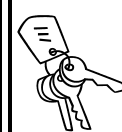
"Lyme disease is a treatable illness, whether you've had a recent exposure or been sick for years. Lyme disease is a clinical diagnosis, not a laboratory diagnosis. Several other illnesses can have the same symptoms, and must be considered in the differential diagnosis. The standard lab test misses 44 out of every 100 cases of Lyme disease. If your test is negative, it does not mean you do not have Lyme disease and/or associated co-infections. The average patient goes to five health care practitioners before being diagnosed. Sometimes Lyme disease is found in patients who have multiple sclerosis, chronic fatigue syndrome, fibromyalgia, auto-immune diseases, mold toxicity, heavy metal toxicity, electromagnetic field exposure, parasite infections. This illness can affect many body systems, or be predominantly in one system. Symptoms can come and go. Symptoms can change. The following is a partial list of possible symptoms of Lyme and vector-borne disease. Many of these symptoms can also be seen in the other illnesses listed above: short term memory loss, poor concentration, word finding difficulty, severe depression, OCD, panic, fear, anxiety, diagnosis of Bipolar disorder, rapid mood swings, tenderness on top of the head, numbness on any parts) of the body, nightmares, shortness of breath, rapid heart beat, irregular heart beat, sweats, chills, fevers, sensations in the hands and/or feet, sensitivity to sound, light, ringing in ears, swollen glands, mild sore throat, dry cough, skin rashes, burning nerve pain, severe joint pain, tooth pain, weakness, fatigue, muscle pain, stiff neck, parts of the body that are sensitive to touch, poor sleep, frequent infections, delayed healing, symptoms that get worse before, during, or after menstruation, low grade fevers, 'hot flashes', migrating joint pain, muscle aches, chest pain, abdominal pain, nausea, diarrhea, irritability, mood swings, back pain, blurred vision, double vision, eye pain, jaw pain, testicular/pelvic pain, dizziness, crawling sensation on skin, pain on the bottom of your feet, urinary frequency without bacteria present in the urine."

**Time to Give Up the Car Keys**

Your parents have aged and you have been chosen as the one to take away your Dad's car keys; if not now, perhaps someday. Both of you, child and parent, will be torn apart emotionally and have a wedge driven between you. "Dad, I need to talk to you about something". What does that tell

him? Bad news is coming! The emotional roller coaster is set in motion. You might as well be telling him he has an incurable disease or he's going to a nursing home; the reaction would be pretty much the same. Your father would feel anger, defensiveness, shut you out, and want to disown you. Why? It's not just the car keys, it's everything they

have left; it's their dignity, independence, mobility and control. It's their life you've stripped away. Leave the emotions out of it. I'm not saying it will be easy, but just say: "I need to call Robert at Prestige and have him come talk to the family about this issue".



-Robert Griesemer, RN, BSN, MS

Not too long ago, we did private duty for a gentleman who resided at a Milwaukee nursing home. His family wanted him to have more assistance and companionship than they or the staff could readily provide. John had been diagnosed with Alzheimer's disease about 3 years earlier. As time went on he became less engaged in his surroundings, more resistive to cares and increasingly withdrawn. He began to spend more and more time in his room and became increasingly resistive to any efforts to change that. His family visited every day but that waned as he withdrew more and recognized them less and less. He became our adopted Grandfather and even as he became less responsive, we continued to provide some sort of glimmer of life in his eyes. As time passed, John stopped eating and slept the days away; then, one sad day, he died; but, not alone. Unfortunately, this scenario happens every day in this country and worldwide as well. After decades of research, our AD/Dementia sufferers and their families

## Saying Goodbye to a Special Friend

Four years ago, I was asked by my attorney friend to do an assessment on an older gentleman. His funeral was held recently and many kind words were spoken about him. This man was very special to so many of us. He became more than just a client. He was someone we looked up to, respected and loved. Four years ago, after this gentleman retired, he began to slow down and need assistance with his daily activities. I was his 'go to guy' when he needed assistance with attending the rehab center, emergency room or doctor's office. He'd say, "Robert, get me out of here" and I did. I, as well as his caregivers got to know him quite well in the time we cared for him. He couldn't see well, and seldom opened his eyes but I believe he saw the world through closed eyes. He was a brilliant man, politically charged, full of opinion but mostly, he was my friend. Godspeed, Will Reik.

-Robert Griesemer, RN, BSN, MS

are not much better off now than they were 20-30 years ago. Yes we have drugs, but they provide little help or comfort. The sad fact is that Dementia and Alzheimer's have a very dehumanizing effect, on both the victims and their families.

We have to change this. To do that, first and foremost, we have to understand the magnitude of the problem-What do we do now to change the path we are on? I would offer a few suggestions:

- First and foremost I believe we need to understand the person that has been victimized by the disease. They are still very human, with human needs. We need to find ways to reach them, get behind that cloak of darkness and draw them out. Research shows that if you use music therapy or sing with them it unlocks the brain and they can sometimes communicate.

- In those facilities that house AD/Dementia victims we need to get the

administrator and nursing director's offices out in the care area so they can become a support system to their staff and residents and pitch in as well. The atmosphere in an AD/Dementia unit has to change and it needs to come from the top. Vegetating is not an acceptable way of life and we should be appalled when we see it and ashamed for allowing it.

- Some AD/Dementia victims are still better off at home than they are in an alternative living center. We need to inform these families that there is help available and it won't break the bank to ask for it. We need to get them help well before the family caretaker burns out or becomes too sick to help.

I don't have all the answers to this devastating pandemic but we need to do something. Time is running out for many of our loved ones and for us as well. We can't just sit by, disengaged as usual. We have to figure it out.

-Robert Griesemer, RN, BSN, MS

## About Prestige Home Health Care:

Robert Griesemer, RN, BSN, MS, has many years of experience helping seniors and elderly individuals stay in their own homes to enjoy a higher quality of life. As a **Professional Personal and Elder Care Manager**, Robert addresses and helps resolve many important issues: mobility problems, dehydration, medication errors, noncompliance, finding a new physician, frequent trips to the ER, frequent UTIs, falls, reclusiveness, and much more.



**To arrange a consultation visit, call Robert Griesemer at  
(262) 970-7102**

**Prestige** Home Health Care  
Personal Care and Elder Care Management

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*If you are in need of a trusted and experienced caregiver, call Robert. He will perform a head to toe assessment and recommend one of our caregivers.*