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SENIOR GUIDE Pittsburgh

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Lifelong Learning



Lifelong learning offers a wide range of benefits for older adults, contributing to their personal growth, mental and physical health, and overall quality of life. Here are some of the key advantages:

Cognitive Stimulation: Engaging in learning activities such as taking up a new hobby, acquiring a new skill, or enrolling in courses keeps the brain active. This cognitive stimulation can help maintain and even improve cognitive function, reducing the risk of cognitive decline, including conditions like dementia.

Social Interaction: Lifelong learning often involves interacting with peers, instructors, and fellow learners. This social engagement is important for older adults as it can combat loneliness and provide a sense of belonging and purpose, improving mental well-being.

Enhanced Self-Esteem and Confidence: Learning new things, especially as an older adult, can boost self-esteem and confidence. It reinforces the idea that one can continue to grow and adapt throughout life.

Career Opportunities: Some older adults choose to continue their education or pursue new skills to remain competitive in the job market. Lifelong learning can open opportunities for career advancement or even transition into new fields.

Personal Fulfillment: Learning is often pursued for personal fulfillment and enjoyment. Older adults can explore topics and activities they are passionate about, adding meaning and purpose to their lives.

Improved Health: Engaging in learning can have positive effects on overall health. It can reduce stress and anxiety, increase mental resilience, and even promote physical well-being through activities like dance, yoga, or outdoor exploration.

Adaptation to Technological Changes: In an increasingly digital world, staying current with technology is essential. Lifelong learning helps older adults adapt to new gadgets, software, and online platforms, making it easier to stay connected with friends and family, manage daily tasks, and access information.

Intergenerational Bonding: Learning activities often provide opportunities for intergenerational interaction. Older adults can share their experiences and wisdom with younger generations while learning from the younger generation's fresh perspectives and knowledge. ❖



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Aging in Place

Creating a Home That Supports the Life You Want

For many people, home represents comfort, memories and independence. AARP's 2024 Home and Community Preferences Survey found that 75 percent of adults age 50 and older would like to remain in their current homes as they age.

Begin with a home-safety review

The best time to plan is before a fall, hospitalization or caregiving crisis. Walk through the home and notice where someone must climb, bend, reach or balance. An occupational therapist, aging-in-place specialist or experienced home-safety professional can recommend changes based on the individual's abilities and routines.

Simple improvements often make an immediate difference. Add brighter lighting and night-lights, secure or remove loose rugs, clear walking paths and repair uneven flooring. In the bathroom, consider professionally anchored grab bars, nonslip surfaces, a shower chair, handheld showerhead, comfort-height toilet or transfer bench. A larger project might include a curbless shower, wider doorway or enough clear space for a walker, wheelchair or caregiver.

Make every level easier to reach

Stairs are a common concern in Pittsburgh's older homes. A second handrail, better lighting and contrasting step edges may improve safety. When stairs become painful or risky, a professionally installed stair lift can provide seated travel between floors. Other possibilities include ramps, porch or platform lifts, residential elevators, or creating a bedroom and full bathroom on the main floor. Outdoor ramps should

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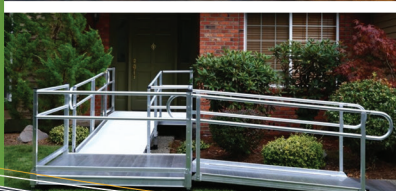
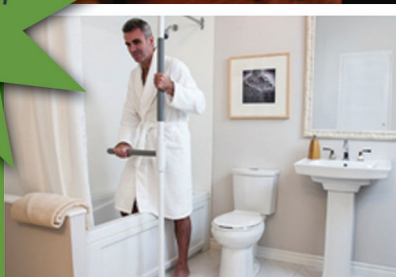
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Choose products that reduce strain

Helpful products may include lift recliners, adjustable beds, sturdy chairs with arms, lever-style door handles, rocker light switches, touch-activated faucets and easy-grip cabinet pulls. Large-print labels, simplified phones, medication reminders and automatic pill dispensers can support daily routines. Personal emergency response systems, wearable call buttons, fall detection, smart locks, water-leak sensors and automatic stove shutoffs can add reassurance when they are easy to use, tested regularly and connected to a clear response plan.

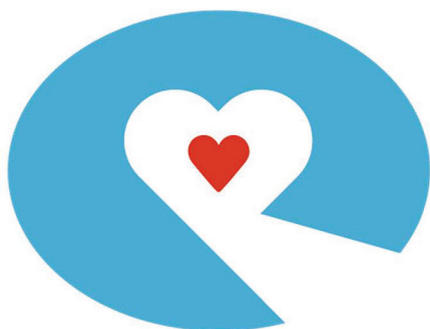
Bring the right support into the home

Many people remain independent longer when they accept help with the tasks that create the most risk or use the most energy. Nonmedical home care may provide companionship, meal preparation, light housekeeping, laundry, errands, transportation and assistance with bathing, dressing or toileting. Care may range from a few hours a week to daily, overnight or around-the-clock support. Respite care also gives family caregivers time to rest and manage their own responsibilities.

Think beyond personal care

A complete plan may also include home-delivered meals, grocery or pharmacy delivery, adult day programs, transportation, snow removal, lawn care, handyman help and regular check-in calls. Senior centers, faith communities and volunteer visitor programs can help protect against isolation. Keep emergency contacts, advance directives, powers of attorney and an updated medication list easy to locate, and revisit the plan after a fall, hospital stay, new diagnosis or change in mobility.

For Allegheny County residents age 60 and older, SeniorLine is a helpful place to begin. Call 412-350-5460 or 1-800-344-4319 for information about in-home services, caregiver support, transportation, meals and other resources. ❖



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Enjoy LIFE to the Fullest with Local Programming



LIFE (Living Independence for the Elderly) programs are designed to provide comprehensive and coordinated care for older adults, with a focus on enabling them to remain living in their homes and communities, while also supporting their caregivers. Here's a brief explanation of what this program does for older adults and caregivers, but please call your local LIFE program for details on eligibility and how to apply or take a tour! Call Community LIFE at 1-866-419-1693 and LIFE Pittsburgh at (412) 388-8050. Mention you saw it in the Senior Guide!

LIFE (Living Independence for the Elderly):

LIFE is a managed care program that integrates medical, social, and long-term care services for eligible older adults, typically aged 55 and older, who require a nursing home level of care but wish to continue living in their communities. Here's what LIFE does for older adults and their caregivers:

For Older Adults:

Comprehensive Care: Older adults enrolled in the LIFE program receive a wide range of services, including medical, nursing, rehabilitation, social, and personal care services.

Day Centers: Many LIFE programs operate adult day health centers where participants can receive care, engage in social activities, and receive meals.

Transportation: Transportation to and from day centers, medical appointments, and other necessary services is often provided.

Medication Management: Medication administration and management are typically included, ensuring that participants take their

prescribed medications correctly.

Home-Based Care: Services can be provided at home, allowing older adults to age in place while receiving necessary support.

Coordinated Care: LIFE programs coordinate all aspects of an individual's care, ensuring that there is a single point of contact for all medical and non-medical services.

For Caregivers:

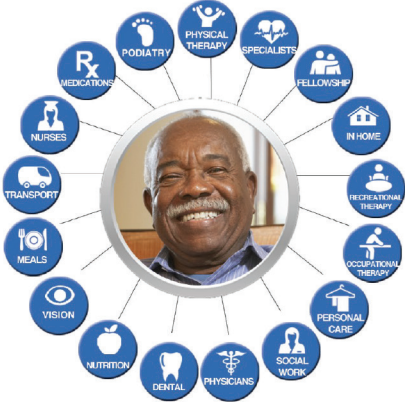
Respite: Caregivers, often family members, benefit from respite services provided by the LIFE program, allowing them to take breaks and recharge.

Support: Caregivers receive support and education to help them better care for their loved ones and cope with the challenges of caregiving.

Peace of Mind: Knowing that their loved ones are receiving high-quality, coordinated care can provide peace of mind for caregivers.



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Discussing Your Medicare Coverage With Your Broker

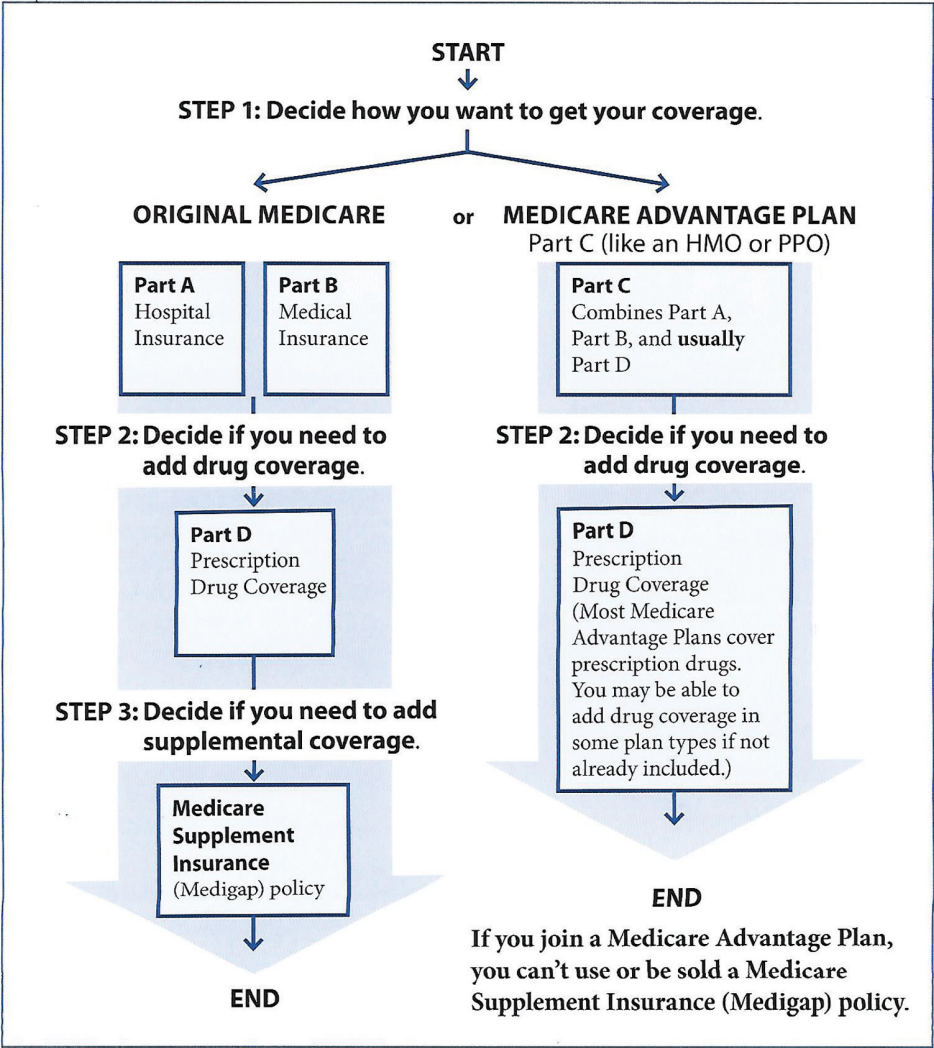
When an individual is coming onto the Original Medicare Plan, how does he or she decide between staying on Original Medicare, the standard government issued A and B Plans, with a Supplemental Plan or choosing an Advantage Plan, plans from private insurers that work within HMO and PPO networks? This article aims to help everyone through this important and often confusing decision, which is highlighted in the diagram to the right as Step 1: "Decide how you want to get your coverage."

The left column details Original Medicare Plans. An individual on an Original Medicare Plan does not have to worry about the different types of networks, such as HMO or PPO. The network is any provider in the United States that accepts Medicare, making it very inclusive. Since Original Medicare Parts A and B have deductibles and coinsurance, an individual sticking to these plans should add a Medicare Supplement Plan to help cover most or all the out of pocket costs. Supplemental Plan premiums are usually higher than premiums for most Advantage Plans. However, Advantage Plans come with greater out-of-pocket cost exposure, which may actually exceed the Supplemental Plan's premium. Navigating this balance is key to choosing between Original Medicare Plans with a Supplement and Advantage Plans. That being said, other factors must also be considered. For example, if an individual may consider traveling far away from their residence for care, Original Medicare with a Supplemental Plan may be



What are my Medicare coverage choices?

There are 2 main ways to get your Medicare coverage — Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide which way to get your coverage.



**Provided by Medicare Specialists of Pittsburgh.*

preferred due to its inclusive, national network relative to Advantage Plans, which work within HMO and PPO networks on a regional basis.

Due to these various factors and considerations for choosing between Original Medicare with a Supplement and an Advantage Plan, it is always advisable to talk to a broker that specializes in Medicare. Find a broker that is licensed with multiple Advantage Plans, supplements, and drug (Part D) plans. Brokers are paid on commission from healthcare carriers, not by individual Medicare recipients, so a broker's services are often free to individuals. If an individual has already chosen an Advantage Plan, they may be able to switch back to Original Medicare with a Supplemental Plan, and vice versa, with the help of a broker. A broker will be able to discuss this important decision in greater detail, looking at an individual's personal needs to decide if Original Medicare with a Supplemental Plan or an Advantage Plan is preferred. Medicare can be a confusing, difficult marketplace to navigate, and brokers can help, often at no cost to the Medicare recipient.

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Why “Having It All” (*Literally*) Matters When Choosing a Retirement Community

Choosing a retirement community is one of the most important decisions older adults and their families will make. While floor plans, amenities, and dining options often receive the most attention, one factor can have an even greater impact on quality of life over time: whether a community provides comprehensive healthcare services under one umbrella.

The best retirement communities do not simply offer a place to live. They provide a coordinated network of support that evolves with residents' needs, allowing seniors and their families to focus less on managing care and more on enjoying life.

A Community Should Support Today's Lifestyle – and Tomorrow's Needs

Most people move to an independent retirement community because they want freedom from home maintenance, opportunities for social engagement, and access to activities that promote physical, emotional, and spiritual well-being.

However, needs can change unexpectedly. Temporary illnesses, rehabilitation after surgery, increased assistance with daily activities, or long-term healthcare needs can create challenges many communities are not equipped to handle internally.

When services are fragmented across multiple providers, families often spend hours coordinating medical appointments,

transportation, home care, rehabilitation, and long-term care. The process becomes overwhelming.

The Value of an Integrated Continuum of Care

One of the most important questions prospective residents should ask is: "What happens if my needs change?"

Communities that offer a true continuum of care provide an answer. Rather than requiring residents and families to search for outside providers, these organizations offer a centralized, coordinated approach to support, which may include independent living, home care, personal care, rehabilitation, memory support, skilled nursing, hospice services, and outpatient medical care.

Whether a resident is living independently, receiving personal care, recovering in rehabilitation, residing in a skilled nursing facility, or receiving treatment at a local hospital, continuity of care can help create a more seamless experience for both patients and families.

The greatest advantage is continuity. Families benefit from collaborating with a familiar team rather than navigating multiple unrelated providers.

St. Barnabas Health System represents this integrated model in Western Pennsylvania through physician-led outpatient services, which follow residents across various care settings. Whether a resident is living independently, receiving personal care, recovering in rehabilitation, residing in a skilled nursing facility, or receiving treatment at a local hospital, continuity of care can help create a more seamless experience for both patients and families.

Coordinated Care Provides Peace of Mind

Healthcare is often most effective when communication is consistent. When physicians, nurses, therapists, and caregivers are connected through the same system, essential information is less likely to be lost during transitions between care settings.

For families, this means fewer phone calls, fewer records to transfer, and less confusion about who is responsible for distinct aspects of care.

For residents, it can mean seeing familiar healthcare professionals who understand their medical history and personal goals. That continuity – and convenience – often become increasingly valuable as healthcare needs become more complex.

For example, physicians and specialists with Genesis Medical Associates' Heyl Group provide outpatient care to residents and continue to oversee their treatment at affiliated locations, including The Arbors at St. Barnabas, Beaver Meadows, and St. Barnabas Nursing Home. They also follow their patients during hospital stays, making rounds at nearby facilities such as UPMC Passavant and AHN Wexford Hospital, ensuring continuity of care across every stage of treatment.

Convenience Is More Than a Luxury

Retirement living should make life easier, not more complicated.

Communities that provide comprehensive services on campus or through an integrated network can help residents access dining, wellness programs, transportation, rehabilitation, medical appointments, personal services, and social opportunities without constantly traveling to separate locations.

This convenience is especially important for adult children who may be balancing careers, caregiving responsibilities, and their own families. Knowing that a loved one's needs can be addressed within a coordinated system often provides significant reassurance.

Nonprofit Communities Often Focus on Long-Term Stability

Ownership structure also deserves careful consideration.

Many nonprofit retirement communities reinvest resources into resident services, staffing, facilities, and long-term planning. Because nonprofit communities are mission-driven, families often find reassurance in knowing resources are reinvested in resident care, staffing, facilities, and long-term stability.



When evaluating any retirement community, families should ask about financial strength, years of service, staff retention, quality measures, and anticipated price increases.

Only a select few retirement communities in the Pittsburgh region are part of nonprofit health systems, including St. Barnabas Health System in **Allegheny, Beaver, and Butler counties**. Unlike many newer for-profit providers that have entered the senior living market, nonprofit organizations are mission-driven and offer charitable components of lifecare.

Looking Beyond the Apartment

A retirement community should be evaluated as more than a housing option. It should be viewed as a long-term partner in healthy aging and daily quality of life.

Questions worth asking include:

- What services are available if health needs change?
- Are doctors and healthcare services coordinated within the organization?

- Is there an on-site medical center with access to doctors and physician assistants?
- Can residents remain connected to the same care team across different levels of care?
- How much support will family members need to coordinate on their own?
- Does the organization have a history of serving seniors in the region?
- What additional costs and insurance coverage should families be aware of?
- What resources, quality measures, websites, or resident satisfaction indicators should I review to make an informed decision?

The answers can reveal far more about a community's value than any amenity list.

Choosing Confidence for the Future

The most successful retirement communities are those that provide both independence and support. They allow residents to enjoy active, fulfilling lives today while offering confidence that future needs can be addressed without leaving a trusted environment.

For seniors and their families that may be the greatest benefit of all: knowing that one organization can provide the healthcare services, expertise, and continuity needed throughout every stage of the retirement journey.

The goal is not simply to find a place to live. It is to find a community that truly can support residents wherever life may lead.

Article provided by St. Barnabas Health System. For more than a century, St. Barnabas Health System has provided compassionate care, comfortable living options and enriching services for older adults throughout the Pittsburgh region. Learn more about its continuum of care and vibrant retirement communities at StBarnabasHealthSystem.com.



Hospice Care Common Misconceptions

Hospice care is a specialized form of end-of-life care that focuses on providing comfort, pain management, and emotional support for individuals with a terminal illness.

Here are just a few misconceptions about hospice care:

Hospice is only for the elderly: While hospice is often associated with the elderly, it is available to people of all ages facing terminal illness. Hospice care is tailored to the individual's needs, not their age.

Hospice is a place: Many people believe that hospice is a physical facility or a place where individuals go to receive care. In reality, hospice care is most often provided in the patient's home or in a setting of their choice, not in a hospital or hospice facility.

Hospice care hastens death: Hospice care is not about speeding up the dying process. It is about providing comfort, pain relief, and emotional support to enhance the quality of life during the final stages of a terminal illness. Hospice aims to help patients live as comfortably and fully as possible for as long as they have.

Hospice care is only for the very end of life: Hospice can be utilized earlier in the course of a terminal illness. Patients can benefit from hospice services for several months, not just in the final days or weeks of life. The timing of hospice care depends on the patient's condition and prognosis.

Once you start hospice care, you can't change your mind: Patients and their families can change their minds about hospice care at any

time. If a patient's condition stabilizes or if they choose to pursue curative treatments, they can revoke their hospice eligibility and seek other medical interventions.

Hospice means giving up on treatment: Choosing hospice care does not mean giving up hope or treatment. It means shifting the focus from curative treatments to comfort care and addressing the patient's physical, emotional, and spiritual needs. Patients can still receive treatment for symptoms, such as pain or shortness of breath.

Hospice care is expensive: Hospice care is typically covered by Medicare, Medicaid, and many private insurance plans. In most cases, there are no out-of-pocket costs for the patient or their family. Hospice providers work to ensure that financial concerns do not prevent individuals from accessing care. ❖

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A silent stroke or whispering stroke sound mysterious and in some ways they are. They can sneak up on you, go ignored or be happening without you feeling a thing. The medical community has spent a great deal of time teaching people the warning signs of the 800,000 strokes that occur each year. The most common is the F.A.S.T. acronym as described by the American Heart Association.

F.A.S.T. Warning Signs

Use the letters in F.A.S.T to spot a Stroke:

- **F = Face Drooping** – Does one side of the face droop or is it numb? Ask the person to smile. Is the person's smile uneven?
- **A = Arm Weakness** – Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
- **S = Speech Difficulty** – Is speech slurred?
- **T = Time to call 911**

However, with a whispering or silent stroke, we are referring to something much more subtle or even invisible. Silent strokes are common; it is estimated there are 8 to 11 million silent strokes each year and that 50% of people over the age of 85 years have had a silent stroke. They are much more common in high-risk groups with hypertension being the greatest risk factor.

What is a Silent Stroke?

Silent strokes are exactly what they sound like. They are found

coincidentally when the person is sent for a brain (CT or MRI) scan for another reason. Their doctor may have ordered a brain scan because of headaches, dizziness, memory problems or Parkinson's Disease. The scan reveals that the person, even on careful questioning, never had any symptoms of a stroke. However, their brain scan shows multiple strokes. These are usually small lesions that may be seen on both sides of the brain. Over time and with increasing numbers they can cause cognitive problems and even vascular dementia. The associated danger is that a silent stroke puts you at increased risk for a full-blown stroke. They need our full attention to prevent another stroke.

What are Whispering Strokes?

I like this term which was coined in a recent article. These are the people who have the F.A.S.T. warning or mild symptoms that may only last a few hours or days and are ignored. They do not go to the doctor or even if they do, their symptoms disappeared and are ignored. Just a



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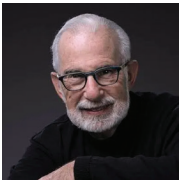
“whisper.” These people need a detailed evaluation because they have had a stroke. A recent editorial suggested that we should eliminate the use of the term, “Transient Ischemic Attack,” because if an MRI is performed, these people have had a stroke. The “whisper” needs to become a “shout” and call to action.

What Should You Do?

Whether it is a silent stroke or a whispering stroke, a full stroke workup is in order. Do not delay going to the doctor. First, your doctor needs to review all of your risk factors with you and make sure everything is being done to get them under control.

- Hypertension
- Diabetes Mellitus
- Cholesterol level
- Smoking cessation
- Diet
- Stroke prophylaxis

One of the most important steps is to screen for atrial fibrillation. One third of atrial fibrillation patients reported stroke symptoms without a stroke diagnosis. The most common symptom is sudden numbness or painless weakness, which is easy to ignore. We go to the doctor, and they make certain we have had our pneumonia or flu shot but a short questionnaire would be a welcome addition to screen for symptoms of a stroke. It is an opportunity to prevent a major stroke.



About the author
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Neurologist San Antonio, Texas

Richard C. Senelick M.D. is a physician specializing in both neurology and the subspecialty of neurorehabilitation. Dr. Senelick served as the Medical Director of Encompass Rehabilitation Hospital in San Antonio, Texas for 30 years. He is an Adjunct Professor in the Department of Neurology at the University Of Texas Health Science Center in San Antonio.



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Know Your Meds — All of Them!

You should always reconcile all your medications each time you visit any of your health professionals.

Here are a few suggestions to help you successfully reconcile your medications and to reduce any risk of medicine errors.

1. **Make a list of all the medications you take.**
2. **Make sure you write down the dose and the frequency for every medication including what time of day you take the medication.**
3. **Include all vitamins, minerals, herbal supplements and/or over the counter medication.**
4. **Update it often! Review it every time you see any health professional.**
5. **Keep a copy in your wallet or purse; take a picture of it on your phone. You may also ask a family member to also keep a copy.**
6. **Bonus points for keeping a copy of it in your refrigerator (Vial of Life) for responding fire fighters/ police/paramedics to find.**
7. **Be medically literate! Know what you are taking and what it is taken for.**

Article written by Dr. Timothy Campbell, Medical Director, Gallagher Hospice, www.GallagherHomeHealthServices.com. Gallagher Home Health Services is proud to offer a true physician-directed palliative program.

Come For The Coffee, Stay For The Connection

Why a Pittsburgh-Area Senior Center Might Become Your New Favorite Place

If the words “senior center” bring to mind a quiet room and a single afternoon card game, it may be time for another look. Today’s centers can include fitness classes, day trips, art and music, technology assistance, educational programs, volunteer opportunities, holiday celebrations, lunches, billiards, puzzles and, yes, plenty of card games and bingo for those who love them.

But the activity calendar tells only part of the story. The real draw is often the simple pleasure of having somewhere to go and people who are glad you came.

The best activity at a senior center may be the one that never appears on the calendar: knowing someone will be happy to see you.

It is Easier to Make Friends While Doing Something

Making new friends as an adult can feel awkward. When we were younger, school, work, children’s activities and neighborhood life placed people in our path naturally. Retirement, a move, the loss of a spouse, health changes or children relocating can quietly shrink those everyday opportunities.

A senior center provides a comfortable starting point because no one has to walk into a room and announce, “I am here to make friends.” You can simply join a class, work on a puzzle, sit down for lunch or ask how a game is played. Conversation grows around the activity.

That kind of connection matters. The Centers for Disease Control and Prevention reports that meaningful social connections are associated with less stress, better sleep and longer, healthier lives. Supportive relationships can also encourage physical activity, healthier habits and a greater sense of belonging.

In other words, enjoying a cup of coffee with someone is not wasting time. It may be one of the healthier parts of the day.

There is Much More Happening Than You May Think

Every center has its own personality. One may be known for exercise, another for crafts, music, dancing, pool or spirited card games. Some offer workshops on health, finances, Medicare or technology. Others arrange outings, picnics, seasonal parties and visits to Pittsburgh-area attractions.

You do not have to be athletic, artistic or outgoing. You also do not have to fill every day with organized activities. Some people attend several times a week. Others stop in for one favorite class, an occasional lunch or a special event. The goal is to find a rhythm that adds something enjoyable to your life.

Learning Does Not Retire

Curiosity has no age limit. Senior centers give adults a place to try something without worrying about being the oldest person in the class or the only beginner.

Maybe you have always wanted to paint. Perhaps you would like help using a smartphone, spotting online scams, organizing family photos or joining a video call. You may be interested in local history, cooking, genealogy or a new game.

Classes are also good for the brain because they combine attention, memory and social interaction. Just as importantly, learning something new can restore the satisfying feeling of progress. There is joy in being able to say, "I did not know how to do this last month, and now I do."

You May Find a New Sense of Purpose

Senior centers are not simply places where services are provided to older adults. Participants often help create the community themselves.

Volunteers may greet newcomers, organize an activity, teach a craft, assist with lunch, make wellness calls, lead a discussion, help with a fundraiser or serve on an advisory council. Someone who comes in hoping to meet people may soon discover that other people are depending on them, too.

Purpose does not have to be grand. Sometimes it is pouring coffee, calling a member who has been ill or making sure a newcomer does not sit alone.

“But I do not know anyone there”

Nearly everyone who attends a senior center had a first day. If walking in alone feels uncomfortable, try one of these approaches:

- **Call first.** Ask which activity is especially welcoming to newcomers and whether someone can show you around.
- **Bring a friend.** You can explore together, even if you eventually choose different activities.
- **Choose a structured program.** A class, presentation or scheduled lunch creates an easy beginning and ending.
- **Arrive a little early.** Staff will have more time to greet you before an activity begins.
- **Try more than once.** One quiet afternoon may not reflect the center's personality. Visit at a different time or try another program.
- **Visit another center.** Like coffee shops and churches, centers have different styles. It is perfectly reasonable to find the one that feels most comfortable.

You are not signing a lifetime contract by walking through the door. Think of the first visit as a tour, not a commitment. ❖

Home From The Hospital

A Safer, Smoother Road to Recovery

Leaving the hospital is often a welcome milestone, but it can also feel surprisingly uncertain. Instructions arrive quickly. Medications may have changed. Follow-up visits, medical equipment, therapy, meals and transportation may all need to be arranged while the patient and family are tired.

The safest discharge is not simply a ride home. It is a plan for what happens next.

Discharge planning should begin before the day of discharge and include the patient and the person who will be helping at home. The Agency for Healthcare Research and Quality identifies five important areas for patients and families to discuss: what life at home will be like, medications, warning signs, test results and follow-up appointments.

Before leaving the hospital, make sure you know what changed, what happens next and whom to call when something does not seem right.

Start with the Discharge Plan

Ask for written discharge instructions and a summary of your current condition. Read them before leaving, not for the first time after arriving home. The plan should explain why you were hospitalized, what treatment you received, what restrictions you have, which symptoms require a call and where you are going next.

Use the “teach-back” method. Rather than asking, “Do you understand?” a staff member can ask you to explain the plan in your

own words. You can initiate this yourself by saying, “Let me repeat this back to make sure I have it right.” This is not a test. It is a practical way to find unclear or missing information while help is still nearby.

Reconcile Every Medication

Medication confusion is one of the most common risks during a transition in care. Bring a complete list of everything taken before the hospital stay, including prescriptions, over-the-counter medicines, vitamins and supplements. Compare it with the discharge list one item at a time.

For every medication, ask:

- Is this new, continued, changed or stopped?
- What is it for, and when should it be taken?
- What dose should be taken now?
- Are there foods, drinks, supplements or other medicines to avoid?
- What side effects require a call?
- Has the prescription been sent, and is the pharmacy open?

Do not assume that a familiar medication should be restarted if it is not on the new list, and do not take both an old and new version unless the care team directs you to do so. Remove discontinued medications from the pill organizer and keep them separate until a pharmacist or clinician explains how to dispose of them safely.

Know the Warning Signs

Ask the care team to distinguish between what is expected during recovery, what deserves a same-day call and what requires emergency help. Request specific instructions for your condition or procedure.

Keep the warning-sign list in an easy-to-see location and share it with anyone helping. Call 911 for an immediate life-threatening

emergency, including severe trouble breathing, new signs of a stroke, severe chest pain, loss of consciousness or any symptom the discharge team identified as an emergency. Do not drive yourself in an emergency.

Pay attention to changes a caregiver may notice, such as increasing confusion, unusual sleepiness, inability to eat or drink, worsening weakness or a fall. When calling a provider, describe when the change began and whether it is worsening.

Make Follow-up Care Real, Not Theoretical

“Follow up with your doctor” is only useful when the details are clear. Before leaving, know which clinician you need to see, how soon the visit should occur and who is responsible for scheduling it. Ask whether the appointment is in person or virtual and whether blood work, imaging or other testing must happen first.

Some test results may still be pending. Ask which results are outstanding, who will review them and how you will receive them. Take the discharge summary, medication list and monitoring records to follow-up visits.

Arrange rides before discharge when possible. If transportation is difficult, tell the social worker or discharge planner. Community programs, health plans and local agencies may have options.

Picture the First 48 Hours at Home

Walk mentally through the first two days. How will you enter the home? Are there steps? Is the bedroom on another floor? Can you get to the bathroom safely? Who will pick up prescriptions, prepare food, care for pets and help with bathing or dressing?

Consider practical needs:

- A walker, cane, wheelchair, bedside commode, shower chair or oxygen
- Grab bars, better lighting and clear pathways

- Wound-care, injection or equipment training
- Groceries and meals that follow new dietary instructions
- Clean clothing, bedding and a comfortable recovery area
- Help with personal care, household tasks and transportation

Ask whether equipment is covered, who ordered it and when it will arrive. Practice new skills before leaving. The caregiver should demonstrate bandage changes, injections or equipment use while a clinician watches.

Home health care may include intermittent skilled nursing or therapy for eligible patients. Nonmedical home care can provide help with bathing, dressing, meals, companionship and errands, but coverage and payment rules differ. Ask what has been ordered, which agency will call and when the first visit should occur.

If recovery at home is not safe, discuss rehabilitation or skilled nursing options before discharge. Share your preferences, but also ask what level of care is medically recommended and what insurance requirements apply.

Understand Your Hospital Status and Coverage

An overnight stay does not always mean you were admitted as an inpatient. Some patients receive observation services as outpatients. Status can affect costs and, for Original Medicare, eligibility for Medicare-covered skilled nursing facility care.

Ask, "Am I an inpatient or am I receiving outpatient observation services?" If rehabilitation may be needed, speak with the discharge planner and health plan early. Request an explanation of expected costs and appeal rights.

If you believe you are being discharged too soon, say so immediately. Medicare beneficiaries may have the right to request a fast appeal. The hospital should provide an "Important Message from

Medicare" explaining those rights. Read every notice carefully and call the number listed within the required time frame.

Give the Caregiver a Voice

A caregiver cannot safely agree to a plan they do not understand or cannot carry out. Be honest about schedules, lifting limitations, transportation and the help available. Ask what tasks will be required and whether training or paid support is needed.

Keep one shared page with key contacts, medications, appointments, allergies, preferred pharmacy and emergency instructions. A simple folder can keep hospital papers from becoming scattered.

Your First Days at Home

Once home, follow the written plan and allow time for rest. Update the medication list, use alarms or a pill organizer if appropriate and keep a simple record of temperature, blood pressure, weight, blood sugar, pain or other measures the clinician requested. Do not add monitoring that was not recommended simply because equipment is available.

Answer follow-up calls from the hospital, home health agency or medical office. These calls can uncover medication problems, missing equipment or symptoms before they become more serious. If something does not match the written plan, ask rather than guessing.

Recovery rarely moves in a perfectly straight line. The goal is not to manage everything alone. It is to know the plan, recognize changes and reach the right help early. With clear information and support in place, the trip home can become a confident next step instead of a leap into the unknown.

Sources and Reader Resources

Medicare, "Your Discharge Planning Checklist" and Medicare Care Compare: Medicare.gov. Agency for Healthcare Research and Quality, IDEAL Discharge Planning: AHRQ.gov. Educational only, not a substitute for individual medical advice.



How to Pass Down Wisdom

(Not Just Stuff)

While we've spent a lifetime collecting things—furniture, gadgets, grandkids' macaroni art—we sometimes forget that the most valuable things we have to pass down aren't tangible. They're stories, lessons, values, humor, warnings, and maybe a few choice recipes that only work if you ignore the actual directions.

So, let's talk about how to pass down wisdom—not just stuff—and how to do it with grace, humor, and maybe a little help from a Primanti's sandwich.

1. Tell the Stories They Won't Find on Google

Your grandkids can Google how to change a tire or bake a cake, but they can't Google how you met Pap on the 61C bus, or what it was like growing up in Pittsburgh when steel still ran the city and the air had "character." These are the stories that create identity, not just for you, but for the people who come after you.

Write them down, record a voice memo, or tell them at the dinner table. And yes, even if someone rolls their eyes—they'll thank you one day (probably after you're gone, but still).

2. Make a 'Legacy List'—Not Just a Will

Everyone has a will (or should!), but what about a Legacy List? This is where you explain why that chipped cookie jar matters, or why your father's war medals aren't just shiny bits of metal. Attach a note.

And if you don't want the kids to fight over Grandma's gravy boat—

just give it to the neighbor who actually brings you soup when you're sick. Legacy doesn't have to follow bloodlines.

3. Pass On Pittsburgh Grit and Gratitude

We Pittsburghers are a special breed—gritty, loyal, sarcastic in the most loving way. It's not just wisdom you're passing down, it's Pittsburgh wisdom.

Teach them:

- That being early is being on time.
- That you hold the door, even if the person is awkwardly far away.
- That French fries belong inside the sandwich.
- That Heinz is the only ketchup. No arguments.

There's a certain pride in being from the 412, and it's worth passing on with a side of coleslaw.

4. Be Honest About What You've Learned (Especially the Hard Stuff)

People want to hear your wins, but they need to hear your failures, too. Tell them about the job you lost, the marriage that struggled, the money you mismanaged, and the lesson you learned. This is where wisdom lives—in the honesty, not the highlight reel.

It's not about being perfect; it's about being real. And let's face it, your kids and grandkids already know you're not perfect. They saw you try to use the remote.

5. Laugh More. Judge Less. Repeat.

If there's one gift you can leave behind, it's your sense of humor. Life's hard. Pittsburgh winters are cold. The Steelers don't always win. But if you can find joy in the little stuff—even the chaos—you're modeling a way of living that no material item can replace.

6. Make Time, Not Just Plans ❖

Adult Day / In Home Services

Community LIFE (see page 22)
.....CommLife.org / 1-866-419-1693 TTY 711

From healthcare and wellness centers to transportation and homeware, we offer a health and social service plan that helps keep seniors at home. Locations in Logans Ferry, Tarentum, Mon-Valley, East End, McKeesport, Homestead, Somerset and Bedford.

LIFE Pittsburgh (see page 11)
One Parkway Center, 875 Greentree Rd., Suite 200..... 412-388-8050

An Interdisciplinary Team (IDT) consisting of geriatric doctors, nurses, social workers, rehabilitation specialists and other health care professionals assess participants and develop an individualized care plan based on participant's needs. Participant receives health care services in-home, hospital, nursing facility and through our Adult Day Health Centers. No co-insurance, deductibles or payments for services or medications. In some cases there may be a monthly premium required to participate in the program based on your income. TTY: 711.

Aging Services

PA Lottery (see page 41)
.....www.palottery.com

When older Pennsylvanians make the most of programs supported by the PA Lottery, we all benefit. Programs include free transit and reduced fare shared rides, prescription drug programs, property tax and rent rebates, hot meals programs, and long-term living services. Learn more at palottery.com.

OnYourBehalf by Ursuline Support Services (see page 1)
Pittsburgh 412-224-4700

OnYourBehalf offers a continuum of support services in order to advocate, guide and protect you as you navigate life's transitions. Services include power of attorney and guardianship, financial support services, and family guardian support.

Home Care / Home Health Care / Hospice

Comfort Keepers (see page 9)

Pittsburgh **412-653-6100**

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Concordia Lutheran Ministries (see page 5)

..... **1-888-352-1571**

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Gallagher (see inside back cover)

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www.GallagherHomeHealthServices.com: Personal Care Services; Companions, Homemaking, Private Duty Nursing, Home Health Aides

Gallagher Hospice..... **412-279-4255**

www.GallagherHospice.com: Hospice and Palliative Care

HOPE Hospice (see page 21)

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Medicare Specialists of Pittsburgh (see page 14)
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Rehabilitation Services

Encompass Health Rehabilitation Hospitals (see page 25)
Harmarville **877-937-7342**
Sewickley **412-749-2396**

Research concludes that long-term outcomes for inpatient rehabilitation facility patients are superior to skilled nursing facilities. Speak up for your recovery and demand Encompass Health Rehabilitation Hospitals.

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Congregate Management Services Housing (see outside back cover)
..... See advertisement for full list of locations

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Hazelwood Towers (see page 3)
Pittsburgh 412-421-2000

Comfortable, affordable one bedroom apartments for seniors 62 years or older or disabled. Income-based rent with gas and electric included. On-site management and 24 hour emergency service. Fabulous amenities. TDD 1-800-662-1220

Housing Authority of the City of Pittsburgh (see page 27)
www.hacp.org 412-456-5000

HACP provides housing opportunities in high rises and other community settings for seniors and families in Pittsburgh.

Metowers, Inc. – Senior High-Rise (see page 22)
Avalon 412-734-4111

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Parkview Towers (see page 1)
Munhall..... 412-461-2993

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SGP * HOUSING SERVICES Directory

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St. Barnabas Health System (see inside front cover)

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SeniorCare Network Communities (see page 2)

See advertisement for all locations **www.SrCareNetwork.org**

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UPMC Senior Communities (see page 23)

UPMCSeniorCommunities.com **1-800-324-5523**

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📞 412-481-8100

Carson Retirement Residence

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*Pittsburgh, PA 15203

📞 412-481-0700

Summit Retirement Residence

📍 125 South Sixth Street
*Duquesne, PA 15110

📞 412-466-7755

Carnegie Retirement Residence

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*Carnegie, PA 15106

📞 412-276-0102

The Oaks Retirement Residence

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*White Oak, PA 15131

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Emerald Hills Retirement Residence

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📞 412-793-3339

Woodcrest Retirement Residence

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*Moon, PA 15108

📞 412-264-0918

Munhall Retirement Residence

📍 1000 Andrew Street
*Munhall, PA 15120

📞 412-462-3200

Morningside Crossing

📍 1808 Jancey Street
*Pittsburgh, PA 15206

📞 412-441-1140

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📍 620 Repp Road
*New Kensington (Plum), PA 15068

📞 724-339-2925

Retirement Residence of Glassport

📍 220 Erie Avenue
*Glassport, PA 15045

📞 412-896-2109

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📍 7500 Ross Park Drive *Pittsburgh, PA 15237
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