



Medina County Volunteer Guardianship Program Newsletter

Spring 2013

The Medina County Volunteer Guardianship Program Enhances the quality of life for indigent and incompetent adults of Medina County.

"We make a living by what we do, but we make a life by what we give."

- Winston Churchill

Welcome to the first newsletter for the Medina County Volunteer Guardianship Program! This newsletter's purpose is to keep you more informed of issues and support during your volunteer time with your wards and our program. Since the Volunteer

Program was established in 2004 by Judge John J. Lohn, our program has been successful in many ways. Our volunteers list continues to grow, and we currently have 36 active volunteers that are managing 27 wards in our Medina Community. Without our volunteers,

these wards have no one in their lives to make any medical decisions as well as



Volunteer Guardianship Picnic - Summer 2012

in many cases providing companionship. In our future newsletters, we would like to introduce these volunteers and honor their work and commitment to this program. The quote above is extremely appropriate for what you do as volunteers. Our lives are

so very busy with families, work and hobbies. Volunteering your time for others is a wonderful way to "exercise your heart." We may not always have the time, but we have the heart to do this work! On behalf of the Volunteer Guardianship Program, thank you for your commitment and reaching out to others in our community to better their quality of life.

Nicki Shook LSW

Training Tidbit

Guardianship Reports

Just a quick reminder and refresher on the filing of biennial guardianship reports and expert evaluations. The law requires a guardian to file a report with the Probate Court at least every two years. Not only will guardians be required to

state whether there is a need for the guardianship to continue, but they also have to submit another statement of expert evaluation signed either by a physician, a licensed social worker, a licensed clinical psychologist, or the person's mental

retardation team. The date on your Letters of Authority will determine when you need to file this report. If you have questions, please call us.



U. S. Census Bureau predicts that by 2050, more than 1 MILLION Americans will be at least 100 years old!

Quick Facts on Alzheimer's

- ◆ **5.4 Million** Americans are living with Alzheimer's disease
- ◆ **One in eight** older Americans has Alzheimer's disease
- ◆ Alzheimer's disease is the **sixth leading cause of death** in the United States and the only cause of death among the top 10 in the United States that cannot be prevented, cured or even slowed.
- ◆ More than **15 Million Americans provide unpaid care** valued at \$210 billion for persons with Alzheimer's and other dementias.
- ◆ Payments for care are estimated to be **\$200 billion** in the United States in 2012.

Source: Alzheimer's Association
www. Alz.org

Understanding Aphasia

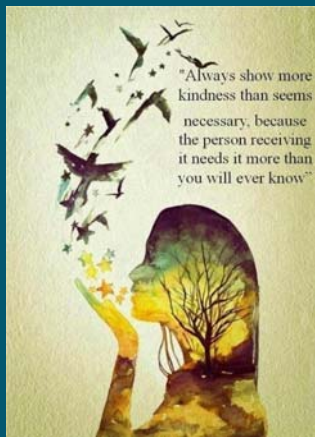
Aphasia is a disorder caused by damage to the parts of the brain that control language. It can make it hard for you to read, write and say what you mean to say. It is most common in adults who have had a stroke. Brain tumors, infections, injuries and dementia can also cause it. The type of problem you have and how bad it is depends on which part of your brain is damaged and how much damage there is.

There are four main types:

- **Expressive aphasia** - you know what you want to say, but you have trouble saying or writing what you mean
- **Receptive aphasia** - you hear the voice or see the print, but you can't make sense of the words
- **Anomic aphasia** - you have trouble using the correct word for objects, places or events
- **Global aphasia** - you can't speak, understand speech, read or write

Some people recover from aphasia without treatment. Most, however, need language therapy as soon as possible.

Source: NIH: National Institute of Neurological Disorders and Stroke



10 Ways to Improve Your Day in Just 5 Minutes!

Five minutes. It's only a little bit of time. But it's long enough for you to do one thing that could make your whole day better. That's a great return on your time investment! So take five minutes, and try one of these 10 ways to lower your stress, boost your mood and get more energy. It might give you that extra spark you need to meet the challenges of the day.

1. **Make your bed.** A soothing bedroom is a part of "sleep hygiene." Little habits can help you sleep better.
2. **Pack a snack.** Before you head out the door, prepare a healthy snack to take with you.
3. **Clear your desk.** From stray papers to scattered coffee mugs, clutter can make you lose focus.
4. **Pump up the music.** Several studies have found that listening to music can help lower your blood pressure, reduce stress and boost mood.
5. **Sniff a lemon.** For a quick de-stressing trick, turn to your sense of smell!
6. **Stretch.** Just a few easy moves will do.
7. **Meditate.** Do this daily for just a few minutes.
8. **Keep a gratitude diary.**
9. **Turn off your electronics.** Just because the world is 24/7, you don't have to be!
10. **Prioritize.** Give yourself permission to admit that you can't do everything, all at once. Instead, nibble away at your to do list and feel more satisfied.



Article by Jennifer Soong
WebMD Feature

Medicare 101

Medicare is broken down into several parts that cover different types of care.

Medicare Part A generally covers inpatient services—medical care when you're checked into a hospital or are recovering in a nursing facility. It also covers some short-term home health care, along with hospice care. Most people are enrolled automatically in Part A when they reach the age of 65 and get it for free.

Medicare Part B covers outpatient services—like doctor's visits and treatment at a hospital where you don't check in—along with lab tests, medically-necessary medical equipment, home health visits, and some preventive services. Although enrollment in Part B is often automatic, it isn't free. You need to pay a monthly fee as well as an annual deductible.

Medicare Advantage plans are Medicare Health plans that are managed by private insurance companies. These plans, also known as Part C, provides health care coverage. Some also offer prescription drug coverage and dental or vision care—which are not offered by Original Medicare. These plans may cost more and restrict the doctors you can see.

Medicare Part D are optional plans that provide prescription drug coverage. The plans themselves are run by private insurance companies. So depending on your plan, the costs and drugs coverage will vary. You'll need to carefully choose the plan that makes the most sense for you. If you can't afford a Prescription Drug Plan, financial help may be available.

Medicaid is not a part of Medicare. It's a separate government program that helps people with low incomes pay for medical care.

Medigap policies are not a part of Medicare. These are private insurance plans that pay for health expenses—treatments, supplements, or co-payments—that Medicare doesn't cover. Medigap policies are run by outside insurance companies and they cost extra. The exact coverage and costs depend on the plan you choose.

Source: WebMD.com

DO YOU KNOW THEIR WISHES?

Suppose your ward was in a coma or unable to speak. If you had to make health care decisions for him or her, would you know what to say? Making the choices that are right for your ward requires knowing his or her preferences in advance. But starting the conversation can feel awkward.

Use a soft approach. Make it about your need to know versus their being frail. Choose a place that is comfortable and quiet and allow plenty of time. Some possible starters are:

- ⊕ "Joe, you're doing great now. But you know me, I like to be prepared. I want to be able to speak your mind if you can't."
- ⊕ "Betty, my friend just went through a horrible time having to guess what her mom would like. It's important for me to know so I'm not left guessing."

Don't be upset if your ward does not want to respond at first. Sometimes people need time to think about these important topics.

Plan on several conversations. There are many topics to explore.

- ⊕ **Preferred setting.** Many of these decisions have already been made with possible nursing home placement, however, you can get details about favorite wishes and dreaded scenarios.
- ⊕ **Treatment and pain.** Would he or she want treatment to stay alive as long as possible? Or are comfort and quality of life more important?
- ⊕ **Breathing.** Would your ward want help to breathe through a machine? On a temporary basis only? "Forever"?
- ⊕ **Eating and drinking.** Would he or she want food and liquid mechanically supplied if eating was not possible? Only temporarily? "Forever"?

Let your ward know that you're aware their wishes may change with time. Plan to check in occasionally to stay up to date.

Source: Seriousillness.org

Volunteer Spotlight on Linda Darling



Linda has been with the VGP since 2005. Her first two wards were elderly women with dementia and very different personalities. Although she had the privilege of knowing them for only a short time, she did have the honor of placing them with Hospice and taking care of their funerals. Currently, she is guardian to three beautiful, sweet ladies who are developmentally disabled in their 40's. They are wheelchair-bound and non-verbal, but smile when they hear her voice or light up when they see her visit. She has been their guardian for five years and loves them dearly. She's been responsible for their medical decisions and compliments the staff at TLC, who has been absolutely fantastic in their care of her ladies. Now that the end-of-life procedures are in place, Linda just enjoys visiting them, taking them (and their caregivers) flowers, and making sure they are comfortable.

Now retired, Linda's worn many hats in her life, including being a legal secretary (to Antonin Scalia when he was a Jones Day, among others), Hospice bereavement coordinator, and most recently, a clerical temp worker. Born in Cleveland, she moved to Lancaster, OH with her husband and returned to Brunswick in 2002. She's been a widow for 18 years and considers herself single at this point, with the exception of her adorable cat Noel who shares her space. She is blessed with one daughter (who lives in Columbus), three stepchildren, six grandchildren and two great-grandchildren. Linda's best friend (they've know each other for 60 years!) lives five minutes away and together, they love to take one-day bus trips. She also loves to read, do needlework, work in her yard and exercise at UXL Fitness Center. Having moved around, she has attended many churches - Lutheran, Methodist and UCC, but currently is happily going to St. Paul's Episcopal Church in Medina where she is on the altar guild and sings solos during the summer months. Most recently, Linda has taken classes to become a Long Term Care Ombudsman volunteer and is getting her feet wet with that commitment.

According to Linda, the Volunteer Guardianship Program was one of Judge Lohn's best ideas. Even someone with dementia can feel the presence of a person who cares about them, whether they can verbalize it or not. Just being there for someone can alleviate a lot of problems, since a facility will know that a guardian is checking up on the care his/her ward is receiving.

Preventing *C. difficile*: A Very Difficult Germ

C. difficile is one of many bacteria living in the air, water, and soil. And from there, it is often swallowed into the human gut. This is no problem when other, "good" bacteria outnumber it. But when this germ dominates, it becomes toxic, even deadly.

***C. difficile* infections are on the rise**, especially among elders. Risk is highest among people:

- ★ **age 65 or older and female.** Advanced age increases risk tenfold.
- ★ **on antibiotics in the past 30 days.** These drugs typically wipe out good bacteria, allowing other bacteria to thrive.
- ★ **with a weakened immune system.** Chronic illness depletes the immune system. So does treatment for cancer.
- ★ **receiving treatment for heartburn.** The drugs that cure heartburn decrease acid in the stomach, removing a key deterrent to bacteria growth.

Watch for symptoms:

- ★ watery diarrhea three or more times a day for two days
- ★ mild stomach discomfort and cramping

***C. difficile* occurs mostly in hospitals and nursing homes. Many patients and residents are in the high-risk group for infection.** Traces of bacteria from an infected person can live on surfaces for weeks and months, making it easy to spread to others.

Prevention is the best approach. *C. difficile* can be difficult to cure.

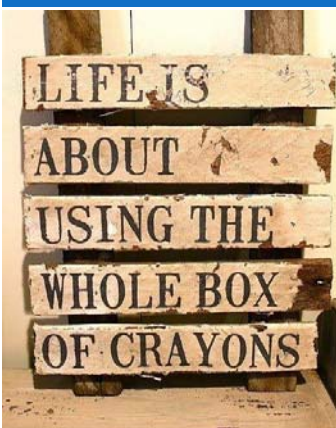
To reduce your ward's risk of *C. difficile* infection, limit antibiotic use. If an antibiotic is necessary, ask the doctor to avoid a broad-spectrum drug.

If your ward is in the hospital or a nursing home:

- ★ **Be assertive about cleanliness.** Ask EVERYONE entering the room to wash their hands with soap and water, especially Facility employees. It's not personal, it's just good medicine. Also request that medical staff use gloves and disposable thermometers.
- ★ **Clean surfaces, door handles, and bedrails.** Bring a solution based on chlorine bleach and do a quick wipe-down each time you visit.

Tell the doctor immediately! *C. difficile* can quickly become a serious condition.

Source: Seriousillness.org



THANKS SO MUCH!

2013 Donations

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| <ul style="list-style-type: none"> 📦 United Church of Christ of Medina 📦 Western Reserve Hospice 📦 Montville Police Department 📦 Coal Ridge Assisted Living | <ul style="list-style-type: none"> 📦 Dan and Vicky Marty - in memory of John and Carol Marty 📦 National Association of Legal Professionals (Northeast Ohio Chapter) |
|---|---|

The Bottom Line of Dehydration

An average senior citizen requires approximately two quarts of fluids each and every day to maintain good health. Without this water, the kidneys cannot excrete the minimum ten ounces of waste per day that is required. Without this excretion, the waste builds up in the body, leading to kidney stones, while adding additional stress on the kidneys. If a person is taking medicine that requires it to be taken with water, it is critical to do so.

As a guardian with most of your wards living in the nursing home, it is important that you not try to change a person's behavior but to get creative. The good news is that most effects of dehydration are preventable.

Signs of dehydration:

- ◆ Confusion
- ◆ Drowsiness
- ◆ Labored Speech
- ◆ Sunken Eyeballs

Effects of Dehydration:

- ◆ Loss of Muscle Tone
- ◆ Excess Weight Gain
- ◆ Slow Metabolism
- ◆ Increased Toxicity
- ◆ Organ Failure

Helpful Tips:

- ◆ Encourage two or three servings of fruits and vegetables at every meal
- ◆ Invent crafty water breaks
- ◆ Serve sparkling water and vegetable juice
- ◆ Choose salt wisely

Source: Seniorshomecare.com

How do I Refer Someone to the Program?

If you know of someone who may need a guardian, call the Medina County Volunteer Guardianship Program to discuss the need. To qualify for services from this program, an individual must be:

1. Indigent (*meeting Medicaid eligibility*)
2. Without family to provide this service
3. A resident of Medina County

The Program Coordinator will then conduct a detailed phone assessment to determine the appropriateness of the referral. Once eligibility has been established, program staff will complete an in-depth, onsite assessment of the individual. A physician and the Court Investigator will also examine the individual. The ultimate decision on the appropriateness of the proposed guardianship rests with the Probate Court.

Upcoming Events

June 6, 2013 **Volunteer Picnic** at the Brunswick Eagles

Sept. 5, 2013 **Long Term Care Ombudsman** at the Medina County Home



From Judge John J. Lohn

"I have no greater responsibility than to protect and care for our precious elderly. Volunteer guardians greatly improve the quality of life for their wards."

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