



Health Promotion

Taking Strides to Reduce Risk Factors In Preventing Cardiovascular and Chronic Disease

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As the cost of health care continues to go up, so does our awareness that preventing disease should be the goal of all health care practitioners and providers all across the United States. Chronic disease management has been the focus of many hospitals in particular as they prepare for their system of payment to be based on their performance. Essentially, performance is measured by the number of hospital re-admissions for the same diagnosis. Chronic diseases such as diabetes, chronic obstructive pulmonary disease, and cardiovascular disease are at the forefront as diseases that contribute to hospital re-admissions. Of the different types of cardiovascular diagnoses that are being focused upon, heart failure takes the lead as the most frequent reason for re-hospitalization, costing around \$17.4 billion a year. Therefore, reducing readmission rates has the potential to lead to significant cost savings. The desire to improve patient care coupled with the need to reduce cost, are incentives for changing current policy and how the care is being delivered. Hospitals are inspired to manage acute care more effectively and to form partnerships with post-acute care agencies such as rehabilitation facilities, long term care facilities, and home health agencies. So it seems like we are preparing wisely for what is to come in managing chronic disease in the future or are we?

Primary care providers and cardiologists, as well as pulmonologists all know that the pathogenesis of the diseases they treat begin long before the patient comes to see them in the office. In fact it may take years before patients manifest adequate symptoms that cause them to make an appointment to see their physician. This is unfortunate considering we all have the benefit of knowing what to expect in the future based upon genetics and the illnesses that tend to run in our families. So it's back to the basics. Here's what we know: "Diseases associated with physical inactivity and poor diet rank among the leading causes of illness and death in the United States and are well-established determinants in many chronic diseases, including cardiovascular and cerebrovascular disease, hypertension, dyslipidemia, and type 2 diabetes. Yet despite that knowledge, Americans do not generally meet recommended levels of physical activity and their diets are not in sync with accepted dietary recommendations. The responsibility lies with physicians and nurses in educating patients before they are diagnosed with a condition. Efforts to educate persons affected by pre-diabetes, pre-hypertension, etc. should be maximized in an effort to prevent the progression into the disease state.

Ideally, if increased efforts to prevent illness were supported by insurance companies, for example, it might become easier to educate patients and eventually effect change with lifestyles that contribute to the development of chronic disease. But we are not there yet. We are still primarily focused as health care providers in treating the disease instead of preventing it. Efforts are being made to change that thought process. Slowly Medicare and Medicaid as well as private insurance companies are beginning to buy - in to this philosophy but it is critical for us as consumers of health care and health care providers alike to adopt this philosophy now because we know it is valid. For example, MIHOM Healthcare Inc. now has a smoking cessation program available to its patients. Currently, the patients that can benefit from a Smoking Cessation Specialist to come out to a patient's home are COPD patients or patients with cardiovascular disease that are homebound. In a perfect world, it would be great to open up this service to all homebound patients that desire to quit smoking, but as an agency we are unable to bill for smoking cessation as a stand -alone diagnosis: the

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Start your morning with a healthy breakfast!

Help your child begin their day with a healthy breakfast. Whether on the go or a sit down meal, there is nothing like a good breakfast to start your day!

On the GO?

- ◆ Peanut Butter/Jelly Sandwich, you can substitute a banana for the Jelly.
- ◆ Granola Bar and a banana
- ◆ Take 2 frozen waffles, toast them and then add a healthy filling of your choice to create your own waffle sandwich.
- ◆ Disposable Juice Drinks are always a hit with kids. (Get 100% juice)

Stay at Home!

- ◆ A glass of orange juice. Wake up those taste buds!
- ◆ Oatmeal with fruit or nuts, Lowfat milk
- ◆ Whole grain cereal with Lowfat milk
- ◆ A cup of fresh fruit
- ◆ Scrambled eggs and whole grain toast
- ◆ Whole wheat pancakes or waffles, keep the syrup light!

These are just a few suggestions to help your child stay full and healthy.



Patient Advocacy Chronicle!



Question: Recently my husband was in the hospital and were asked by the nurse if we had an advanced directive or a living will. Initially, I was surprised by the question because my husband was expected to make a full recovery. I was unsure as to the difference between an advanced directive and a living will. Would you explain this to me?

Answer: You are certainly not alone. One of the major barriers to completing advanced directives is the fact that we lack knowledge as to what they actually mean. Often times the language of the paper work adds to the confusion. Therefore, if doctors and nurses provide adequate explanations about the purpose of advanced directives, and living wills, more people would utilize them. The major reason that people do prepare for end of life, and complete these documents, is that they do not want to be a burden to their family. End of life care decisions can be difficult for families when no advanced directives have been formulated. Stress is highest immediately following death in the absence of advanced directives.

An advanced directive is a document that addresses the right of health care consumers to decide in advance how they would like to be cared for by physicians and nurses when they are incapacitated and unable to make

any health care decisions. Historically, the Federal Patient Self Determination Act enacted in 1990 was put into place requiring hospitals and their providers to maintain written policies and procedures with respect to advance directives. The goal is to enhance an incapacitated individual's control over medical treatment.

A living will is a part of the advanced directive along with the durable power of attorney. It allows a person to express whether they want to receive life sustaining treatment in the event of a terminal illness or accident. But a living will does not replace a will, so its important to make that distinction. Living wills specifically establish a person's desire for end-of-life treatment. Examples of treatments that people may refuse or request include: respiratory support, dialysis, whether or not to be resuscitated if they stop breathing or have no pulse, and if they what to receive feeding via a tube.. Additionally, a durable power of attorney document legally grants a designated person, usually a family member, the right to make decisions in the event an individual is unable to do so.

Reference:

Duke G. Thompson, S, & Hastle, M (2007). Factors influencing completion of advanced directives in hospitalized patients *International Journal of Palliative Nursing* 13(11), 39-43.

Back to School Puzzle

	-		-		-		-13
-		+		×		+	
	×		+		+		101
×		-		-		+	
	+		+		+		42
+		+		-		×	
	+		-		-		-11
-11		7		9			261

Try to fill in the missing numbers!

Use the numbers 1 through 16 to complete the equations.

Each number is used only once. Each column and row are math equations.

Remember that multiplication and division are performed before addition and subtraction.

Solution on page 4.

*The difference between school and life?
In school, you're taught a lesson and then given a test. In life, you're given a test that teaches you a lesson.*

Todd Bodett

- Adams
- Bush
- Carter
- Clinton
- Harrison
- Jackson
- Jefferson
- Johnson
- Kennedy
- Lincoln
- Madison
- Obama
- Polk
- Taylor
- Tyler
- Washington



M	H	S	T	O	N	I	H	E	D	N	N	N	A	S
P	F	A	B	A	N	O	L	S	O	K	N	O	D	Y
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X	M	H	F	R	K	L	G	N	S	B	K	I	M	K
A	G	B	Q	Y	I	N	O	K	I	E	N	D	S	L
B	L	M	D	P	I	S	C	R	N	L	V	A	P	O
J	N	Q	R	H	U	A	O	N	M	D	C	M	B	P
E	V	U	S	K	J	M	E	N	C	A	R	T	E	R
I	M	A	E	Z	N	D	R	E	L	Y	T	L	U	O
A	W	F	V	N	Y	M	B	V	C	C	O	I	R	Z
N	G	X	K	X	G	R	E	R	U	K	Z	N	P	K
B	A	V	W	L	U	S	U	A	E	K	J	C	P	V
N	O	S	N	H	O	J	W	G	N	P	D	O	T	D
J	E	F	F	E	R	S	O	N	O	Z	I	L	K	Y
L	H	T	O	A	S	G	F	X	Q	Y	U	N	K	Q

patient must also have an underlying disease process. Perhaps, in the not so distant future, as a nation we will be able to embrace this concept of health promotion entirely. In the meantime, we strive to do our part in educating patients and in partnering with physicians, nurse practitioners and patients who are willing to adopt this concept and effect change.

We consulted Emily English, Advanced Registered Nurse Practitioner (ARNP) working with Dr. Janet Anderson, Cardiologist, for her expertise in health promotion, as related to preventing and treating cardiovascular disease. She attended and graduated from Florida International University (F.I.U.) in 2004. She has been an ARNP for 8 years, and an RN for over 25 years. Practitioner English was a Lieutenant Colonel in the U.S. Air force. In fact, she served in Desert Storm and was among the first group of women assigned to combat. While in the Air Force, she became chief nurse of a 250 bed combat hospital. She has also served as a Human Rights Officer of the U.S. Southern Command. Out of her love for flight, after serving in the air force, she became a flight nurse. She recently joined Dr. Janet Anderson, who is Board Certified in Cardiology. Practitioner English provides counseling to encourage patients to incorporate physical activity, and a healthy diet in preventing cardiovascular disease progression. She notes that intense counseling on behavior modifications can bring about significant reductions in weight, blood pressure, total and LDL cholesterol, and BMI (Body Mass Index). Practitioner English is not an advocate for dieting. She explains, "Eating habits should be changed, If you diet, you will go back to your old eating habits after the diet, taking you right back to where you started". Additionally, she states "eating an extremely low calorie diet causes your metabolism to slow down and go into starvation mode, leaving one feeling tired due to insufficient fuel to convert into energy". Practitioner English recommends high fiber intake, along with protein and limited fat intake, as the body naturally burns them to produce fuel for energy. She explains that exercising regularly contributes to a healthier lifestyle. "Through exercise, a feeling of well- being is created and stress is reduced. Your eating habits change as you learn to improve your performance as exercise stresses your cardiovascular system in a positive way".

Hypertension is important to control. She states "Uncontrolled hypertension causes organ damage. The blood vessels are elastic , but like a balloon, they can only stretch so far, leading to stiffness or even rupture overtime, which prevents adequate blood flow". The heart will become enlarged from the strain of working against the high pressure. "Other organs such as kidneys become damaged and unable to process products of metabolism that should be discharged from the body. Blood vessels in the brain can rupture or leak resulting in a stroke". There are many different medications that can be used to control hypertension. Eating healthy, weight loss and exercise can also help to reduce blood pressure.

If you have any further questions for Practitioner English, she may be contacted at :
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References

Hines, P, Yu, K, & Randall, M (2010). Preventing heart failure readmissions: Is your organization prepared? *Nursing Economics*, 28(2), 74-86.
Lin, J., O'Connor, E., Whitlock, E., and Beil, T. (2010) Behavioral counseling to promote physical activity and a healthful diet to prevent cardiovascular disease in adults: a systematic review for the US preventative services task force. *Annals of Internal Medicine* 736-750.



Bridgitte Broxton, RN, BSN, CDE, CWCN is a valued employee at Mihom Healthcare Inc. She not only has her Bachelor of Science degree in nursing but also is a Liaison between the physician's office and our agency. In addition she is a Diabetes educator and a Certified wound care nurse. Just recently she received her certification as a Tobacco Cessation Specialist. In her spare time she pens our very informative articles for these newsletters. Kudos to Bridgitte for everything she accomplishes for Mihom Healthcare!



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Our Services include:

- ♥ Skilled Nursing Speech Pathology ♥
- ♥ Physical Therapy Occupational Therapy ♥
- ♥ Professional Care Management Medical Social Work ♥
- ♥ Home Health Aide Hourly Private Duty ♥
- ♥ In-home Telemonitoring

We accept Medicare, Major Insurance, Managed Care Network Providers, Workman's Comp, Long Term Insurance and Private Pay. We will provide a current list of insurances upon request!

**THE BEST CARE
FROM MIHOM TO
YOURS...**

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×		-		-		-	
4	+	12	+	10	+	16	42
+		-		-		×	
11	+	1	-	8	-	15	-11
-11		7		9		261	

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