



Personal Safety Nets® e-Newsletter



Using Your Personal Safety Net

December 2013, Issue 65

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Letters & Stories



This month some wonderful friends share their musings and ideas:

Fred Matthews reminds us "Most of us keep a lot of personal and business information on our computers these days. **If your computer is password protected, it would be helpful if someone knew where to find the password.**"



Sue Mackey (The Mackey Group) shares a story of an unsuspecting safety net member from an unlikely source. "Sally's husband died three weeks ago. She had purchased a specially equipped bed new for \$2,000 so her husband would be more comfortable and able while he

The Use of Personal Safety Nets in Helping Patients to Recover And to Reduce Hospital Re-Admissions



The Centers for Medicare and Medicaid Services (CMS) recently **reported** that **up to 75 percent of hospital re-admissions are potentially preventable**, and "by encouraging providers to reduce preventable re-admissions, the US government expects cost savings of over \$26 billion in the next ten years."

This has led to the **rapid growth of hospital discharge planners**," and to the creation of "discharge" departments within hospitals and clinics. As helpful as these services may be, implementation is commonly referred onward to private home care agencies with the idea of saving the government, hospitals and health insurers money. **Unfortunately, no matter where patients derive these services, they most frequently come at a cost - although probably less than a continued hospital stay.** What CMS and others often overlook is the value of actively engaging patients themselves in designing their own discharge desires and supports.



Discharge planners (private and public) know that if the following assistance is provided, it will cut the chances of re-admission. In their job **descriptions:**

- Meeting the patient at the hospital or rehabilitation facility and providing safe transportation home for them and their equipment and belongings;
- Picking up prescriptions, groceries and supplies;
- Helping prepare meals and ensure proper nutrition;
- Monitoring medication compliance;
- Assisting with activities of daily living while a person may be continuing to build strength;
- Assisting with strengthening exercises per physical therapist;
- Transporting client to follow-up appointments



Read the list again, slowly, please. These are common tasks -

was in an adult home. Sally had no need for the bed since the home didn't want it. She wanted to gift the bed... She asked for my help in finding a worthy person.



While I was at the doctor's office, I inquired if they knew of someone in need. The message was passed along and I received a call from that doctor that evening saying, yes, he had a 90 year old in need who was refused by Medicare for a bed.



When I explained all the bells and whistles, he became suspect of 'free'. Questions followed. **He was protecting his patient from a fraud or someone's criminal intent.** I thought, wow, what a guy works six days a week treating patients and spends his after-work time helping out a patient in need and protecting his best interest. **We should all have a doctor so caring as part of our team."** Even if we don't know him.

Share Your Story

We're always seeking Personal Safety Net stories

Tell us how you have (or haven't) dealt with a situation by building a network, or gathering with others to solve problems. Tell us what worked, or what didn't. Sharing is a wonderful thing and your story will certainly be a helpful learning tool for many others!

although not easy for all those leaving a facility. They are also tasks that can certainly be done by friends, family members and volunteers who may be willing to give a bit of their time to come together to help another. **Using a team approach and tactics, this can be very effective.** We all have a human need to help others. Urging patients, before discharge, to identify and create a support base addresses this need, while supporting healthy discharges and reduced readmission rates.

This is the incredibly simple concept known as creating a personal safety net (PSN): organizing a team to help accomplish goals or help with needs that one cannot by oneself.

Having a network will minimize isolation or bouts of depression while helping ensure better regimented homecare.



If you know a patient looking toward discharge, here are two sources of assistance: **1) a (downloadable) review of the chapters of Personal Safety Nets book** - to remind or help you deal with the processes of creating, building and using a PSN team; and **2) A new checklist (downloadable) called "A Hospital Discharge Planning Checklist"**- with a series of questions and actions that safety net friends/teams can ask and follow to help. (Feel free to add to this list by sending us an **email** of your own ideas and additions).



A Hospital Discharge Planning Checklist"- with a series of questions and actions that safety net friends/teams can ask and follow to help. (Feel free to add to this list by sending us an **email** of your own ideas and additions).

Remember, if you know someone is in need of help and you think you might help:**1) A little help is better than none at all and 2) if your help is declined, it's not personal.** So, use your intuition - leaving a hospital is strenuous, but for some, asking for assistance is even tougher. **Offer to help.**



In the national debate over health care and the Affordable Care Act, **one sliver of the population has received relatively little attention: musicians, artists and other creative workers:** often self-employed and frequently uninsured. A **recent survey** by two arts groups found that 43 percent of artists of all kinds said they had no health insurance. The **national average,**



according to the Henry J. Kaiser Family Foundation, is 17.7 percent. This has led to



Tell us your story by using your smart-phone to tell it to us and uploading your audio-story to

info@personalsafetynets.org or directly by writing your story and clicking here.

Free Book

Courtesy of our friends at AARP, you can receive a FREE copy of Amy Goyer's book:

Juggling Work and Caregiving.



As we mentioned in our **October 2013** newsletter, 61.6 million family members provide caregiving at some time during the year - these family caregivers are most likely to be between the ages of 45 to 64.

Now AARP reminds us that **with lower rates of marriage and fewer children, the baby boom generation (born 1946 to 1964) and Generation X (1965 to 1979) will have smaller pools of caregivers.** Today there are about 7+ caregivers for each person 80+; by 2030 there will be about 4 caregivers as boomers reach 80; and by 2050 there will be about 3 caregivers as Generation X hits 80.

Just more evidence that it's never too early to start putting together your personal safety net!

the development of the "O+ Music and Art Festival" - a **celebration of art and music creating a bridge to access health care for artists, using a barter approach.** O+ fosters complete physical, mental and social well-being by connecting artists directly with a coalition of health care providers and health resources, in a shared vision to nurture the individual and the community. As described in a recent **NY Times article**, "This goes back to 'Hey, doc, my tooth hurts; here's a chicken.'"



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Our friend, Ellen Frick, director of the **Patriot Guard Riders (PGR)** documentary film is offering **totally free screenings of the entire film.** The PGR was featured in our **October 2010** newsletter as a heartwarming example kindness trumping outrage as neighbors help neighbors. Ellen's offer will last through the end of January 2014. There are **free screenings** for libraries and educators.

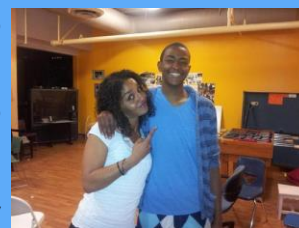


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James Ward (now 19 years old), his mother and two younger siblings were homeless for four years. He attended three high schools - maintained good grades and made sure his siblings did the same. **He applied to Howard University and received a financial package that covered 70% of his expenses.** With 30% of expenses to raise, his chances of attending college seemed distant.



Through his volunteer work at the Los Angeles Union Rescue Mission, James met Jessica Sutherland. She also had experienced homelessness as a teen, attended college and made a way for herself, with the support of others. Jessica offered to serve as a mentor to James. With media savvy background and contacts, they figured out a plan to ask for the needed funds.



This is a great story of building and extending a personal safety net and the importance of learning to ask for help. As James Ward says, "One of the biggest things I've learned from my experiences is that, no matter who you are or how scared you are, **as long as you ask for help, there's always someone out there who is willing to help you.**"