

# AASCC's Monthly News and Notes



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## Independence

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*January 2015 Issue*

### Caregiver Corner

#### Traumatic Brain Injury

Traumatic brain (TBI) injuries occur daily. Some are severe and life changing events. The individual experiencing the trauma may need caregiving assistance for a very long time...sometimes forever. When the brain is traumatized there can be both physical and psychological impacts. People may have a hard time concentrating, have learning problems or memory disturbance. They may feel tired, dizzy, have headaches, have difficulty with coordination and they may also have feelings of anger, mood swings, depression and problems with impulse control. If you are someone caring for a person with TBI there are a few things you can do to make your caregiving a bit easier.

Learn all you can about TBI. The more you understand about the behavior of the person you care for, the less confused and angry you'll become when you have to deal with difficult behaviors.

Be patient. Every person with a brain injury adapts to their injury differently, depending on the nature of the injury and the extent of the brain damage they've experienced. Not all brain injury is apparent to the naked eye. Injuries to the brain may not manifest any physical signs

\*\*\*THE EMPTY SWING\*\*\*



Where are the cries of yesterday  
Of little children at their play.  
I see them clearly 'neath the trees  
Swaying gently in the breeze.

I close my eyes and I see  
All the things that used to be-  
The tiny toddler's little feet  
Struggling to climb into the seat.

I was there- just standing by  
To help a little as he tried

but may cause many behavioral symptoms.

Create a daily routine; the more regular the daily activities are, the less likely they are to trigger emotional outbursts. Plan for periods of rest throughout the day. People with TBI are frequently fatigued more easily than others and rest periods can help them cope more effectively with the stress of daily living.

Keep things simple. Allow the person you care for to do as much independently as they can. Break the tasks into smaller pieces. Help create check lists to trigger memory. Label everything and limit as much background interference as possible.

Try to keep your loved one in connection with other family members and friends but remember to limit visits to short periods of time to avoid fatigue.

Try to limit alcohol use as it is a frequent trigger for mood swings and emotional outbursts. Your caregiving responsibilities will be much easier if you create an environment where emotional outbursts are minimized.

Whenever possible, get your loved one out doors to enjoy nature. The peaceful surroundings in the natural environment has been shown to have a calming effect on people with PTSD.

Living with a TBI is very difficult for the person with the injury. It often helps people to cope with their condition if they can communicate with others who have the same condition, therefore, find a support group for persons with TBI and do all you can to encourage your loved one to attend. It will help make it easier for your loved one and yourself.

So hard to get the swing to sway  
It seems like only yesterday.

The years have gone so swiftly by  
"Too fast for me," you hear me cry.  
No one's there beneath the trees  
Swaying gently in the breeze.

In my mind's eye, it's all so clear  
To me those moments are so dear,  
Why can't I go back in time  
When these children still were mine!

Throughout their lives, I'd like to be  
Just standing by when they need me  
To give them just a little shove  
Now and then-- With All My Love.

*Louise J.Tangarone June 8, 1978*

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## CHOICES Corner

### What You Need to Know about Observation Status

When you go to the hospital emergency department, the examining doctor has to determine whether you need to be hospitalized. Sometimes, it requires a significant period of treatment or monitoring in order to make a decision concerning your admission or discharge. Observation status is commonly assigned to patients who need more time and testing before a decision can be made about admission.

In the past, patients would typically remain in the emergency department, sometimes sitting in the hallways while extended testing was being completed. Today, patients are transferred to a room in the hospital and assigned a bed where they are more comfortable and can be

monitored while awaiting the decision about admission. It appears to most people that the decision has already been made and that they are admitted to the hospital, but in fact, they are being held in "observation status". In the majority of cases, the decision whether to discharge a patient from the hospital following resolution of the reason for the observation care or to admit the patient as an inpatient can be made in less than 48 hours, usually in less than 24 hours. When you are placed on observation status, as a Medicare recipient, despite the fact that you are physically in the hospital, no matter how many days, your care for billing purposes is considered outpatient care.

As a general rule, you won't experience any issues with the payment for your hospital care, but if you need rehabilitation after leaving the hospital you won't qualify for Medicare benefits. Medicare Part A will pay for care in a skilled nursing facility (nursing home) only if the care follows a Medicare Part A covered three day *inpatient* stay in a hospital. Therefore, you need to be aware when you go to the emergency department: Ask about your admission status. *If you're placed on Observation, ask for a written notice. Prepare for your discharge, understanding that qualifying homecare services will be paid by Medicare but in-patient rehabilitation or nursing home WILL NOT be covered.*

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## In the Community

*AASCC provides grants to community organizations through Federal Older Americans Act funding to provide services for individuals 60 years of age or older.*

Community Outreach & Valley Parish Nurse Program (VNP) of Griffin Hospital began receiving funding for new program in October. The ultimate goal of the Senior Outreach, Information and Assistance Program is to help seniors live to their optimal level of functioning for as long as possible. Services are provided by a parish nurse who has vast experience in working with the elderly. She knows the Valley community and the many services available.

The nurse is a conduit to learn about and get help with benefits and to ask for assistance for a friend, a neighbor or themselves. A trusted resource that can link people to the needed services, she is a 'regular' in the senior center and available by phone as well.

All of us are "at risk" for a crisis that can lead to an unnecessary hospital admission. As we age we become more vulnerable to chronic diseases. Most older adults, 4 out of 5, live with one or more chronic condition. 2 out of 5 older adults are taking 5 or more prescription drugs, which can lead to increased complications. About 40% of seniors are unable to read prescription labels and almost 70% are unable to understand information about the prescription.

These and other issues could end up leaving these seniors with the need for guidance and that's where the nurse can help. In the few months since the start of this program, issues have been settled before they become problems all the while maintain privacy and the confidentiality of the senior. For example:

- I need a primary care physician that will take my new insurance

- New diagnosis of diabetes and not knowing where to start
- What can I do for transportation? [Recently had to give up driving]
- My neighbor doesn't have any food
- I don't know when to call for help

No senior should feel alone. We are tackling issues before they become problems. Having the outreach nurse available, listening, asking questions and interacting with seniors is invaluable. Wellness is not just physical; it is where body, mind and soul come together. In this program we deal with each person and their individual needs.

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## Did You Know?

Many older adults and individuals with disabilities struggle to make ends meet each month, but are not enrolled in benefit programs that could help them pay for prescription drugs, medical care, food or utilities.

- Nationally, more than 1.7 million Medicare recipients who are eligible for subsidies that help pay for their prescription drugs are not enrolled in the program. (Centers for Medicare & Medicaid Services, 2011)
- Older adults historically have had the lowest participation rates in SNAP. Just 34% of those aged 60+ who were eligible to receive food assistance actually participated in the program in 2009, the last year for which data is available. Two out of three older adults could receive assistance paying for groceries, but have not applied for the benefit. (USDA Food & Nutrition Service, April 2012)

It all adds up...

- The national average SNAP benefit for an elderly recipient living alone is \$122 per month. (USDA FNS, 2012)
- The average monthly SSI payment in Nov. 2013 for those aged 65+ was \$528.56, or 55.2% of the Federal Poverty Level. (Social Security Administration)
- The value of the Medicare Extra Help prescription drug subsidy is estimated at \$4,000 per year. (SSA)

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1 Long Wharf Drive, Suite 1L, New Haven, CT \* (203) 785-8533 \* [www.aoascc.org](http://www.aoascc.org)