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MEMBER



Special needs require special lawyers.

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EMERGENCY ROOMS FOR THE ELDERLY

A recent *Associated Press* article describes a new trend in care for seniors; several hospitals are opening emergency rooms for the elderly. “Older people are not just wrinkly adults. They have totally different needs,” says David John, M.D., who runs the geriatric medicine division of the American College of Emergency Physicians.

The concept behind the senior ER is to place older patients in a calmer area not only to treat the problem that brought the person to the hospital, but also to discover any underlying problems. These problems include dementia, depression, and susceptibility to falls. Mark Rosenberg, M.D., emergency medicine chairman at St. Joseph’s Regional Medical Center in Paterson, New Jersey, says that his center makes day-after-discharge calls to see how the patient is doing. He has documented a large drop in the number of patients who make return visits since instituting the calls. St. Joseph’s has a 14-bed Senior Emergency Center, and it plans to open a larger one in the fall.

The first ER for seniors opened in Silver Spring, Maryland, in 2008. Trinity Health of Novi, Michigan, operates this ER, as well as eight others in Michigan. They plan to open two more in Iowa, followed by more in other states. Seniors still go through the main ER, where they are assessed to see if they have a life-threatening condition. If so, they will remain in the main ER. If not, the seniors have the option to go to the new special zone. There are doors instead of curtains to separate beds; this decreases the noise in the area and can help reduce anxiety and confusion. In some facilities, mattresses are thicker, and patients can wait in reclining chairs instead of lying flat, and the floors have nonskid surfaces to help prevent falls. The patient forms are printed in larger type to make them easier to read; this helps patients read their care instructions when they go home. While the seniors are in the ER, pharmacists check automatically to see if the patient’s routine medications could cause dangerous interactions. If other resources are

needed, such as Meals on Wheels, then a geriatric social worker is available to arrange for those resources.

Michelle Moccia, who heads the senior ER at Trinity's St. Mary Mercy Hospital in Livonia, Michigan, says that the biggest change as a result of the senior ER concept is that physicians and nurses are trained to dig deeper into the patients' lives. Ms. Moccia says, "It's a very nurturing environment." While the patient is waiting for test results or treatment, the patient is checked for signs of dementia, depression or delirium. Dr. Rosenberg says that it doesn't necessarily require opening a separate ER to improve care for older patients; better geriatric awareness is the key. It may take lengthy detective work to unravel the various ailments that send seniors to the ER. Older patients may not have the same symptoms as younger people. For example, a senior may be less likely to complain of vague symptoms such as dizziness or nausea, rather than chest pain, when they are experiencing a heart attack. Confusion may be caused by a urinary tract infection and could be mistaken for dementia. Seniors with cognitive impairment may not be able to accurately describe their symptoms or understand what they are supposed to do when they go home from the hospital.

Seniors make 17 million ER visits a year. With 1 in 5 Americans being age 65 years or older by 2030, the senior ER concept is likely to continue to grow, if hospitals have the money and space to accommodate them.

The attorneys at Oast & Hook can assist clients with their estate, financial, insurance, long-term care, veterans' benefits and special needs planning issues.

Correction

Oast & Hook has a correction to our January 14th edition of the *Oast & Hook News*. The fourth paragraph should read: The utility standard deduction (SNAP) changed from 2008 to 2009. For 1 to 3 household members, the utility standard deduction increased from \$290 per month to \$302 per month effective October 1, 2009, and the utility standard deduction increased from \$365 per month to \$381 per month for 4 or more household members.

Ask Allie

O&H: Allie, we've heard that a revolutionary program is underway to help feral cats. Please tell us about it.

Allie: Sure! The Feral Freedom program was started by Rick DuCharme in Jacksonville, Florida. Since August 2008, the program has saved more than 8,000 feral cats that would have otherwise been euthanized. It also saves the city of Jacksonville \$150,000 annually, and it has helped increase the adoption rate of shelter cats by 50%. With Feral Freedom, Jacksonville residents trap feral cats, which are picked up by the First Coast No More Homeless Pets (FCNMHP) group, and taken to the group's clinic for sterilization and vaccination. The cats are then returned to their home territory. This is the

first citywide program of its kind in the United States. The program is funded in large part by Best Friends Animal Society. The Jacksonville Animal Care and Protective Services (ACPS) previously had to euthanize these cats, which could number 5,000 per year. Several other communities have contacted Mr. DuCharme expressing interest in setting up similar programs in their own areas. What a great champion for cats! I'm so lucky my Oast & Hook family and now my mom have taken such great care of me. Time to find that laser toy. See you next week!

Distribution of This Newsletter

Oast & Hook encourages you to share this newsletter with anyone who is interested in issues pertaining to the elderly, the disabled and their advocates. The information in this newsletter may be copied and distributed, without charge and without permission, but with appropriate citation to Oast & Hook, P.C. If you are interested in a free subscription to the *Oast & Hook News*, then please e-mail us at mail@oasthook.com, telephone us at 757-399-7506, or fax us at 757-397-1267.

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