

Do You Have a Mother or Father?

I have been asked what is in it for me if my ideas are enacted? My response is...do you have a mother or father?

This is relevant. How would you like your parents to spend the last 5 years of their lives? In an extension of the way they have lived their lives or in a typical nursing home?

In my opinion you have two options: in Eldercide or in Elderpride

Eldercide:

Suffering from 1 or more of the 5 chronic diseases facing us all your mother or father will get the following services. This is after spending all of their private assets and going on Medicaid prematurely because Medicare refused to pay according to the insurance policy:

- 1) A wheelchair and a monitor
- 2) A diaper
- 3) One or more room mate(s) and a hospital type bed
- 4) A TV set in the common room
- 5) A place to sit in the hallway or at the nursing station
- 6) Three institutional meals per day requiring a certain portion of calories and sodium, with 75% gone uneaten. 75% of patients lose weight
- 7) 10 to 20 medications per day, some three to four times per day; blood thinners for everyone so their skin is paper thin and susceptible to bed sores and skin tears
- 8) Few vitamins--generally no C, D, A, E or calcium or minerals--and no sun light on a regular basis
- 9) Very little if any companionship from staff
- 10) Very little if any visitation from family
- 11) Someone waking them up for vital signs three times per day whether they need it or not
- 12) Early wake up for the day shift at 6:00 AM or 7:00 AM so the staff can move on to other tasks; passing water, changing beds, changing diapers, putting patients in wheelchairs in the hall or around the nursing station; calling physicians for phone orders; passing medications; performing limited therapy and restorative treatments; and charting. The evening shift winds down the process and gets the patients in bed and out of their hair. The night shift passes limited medications, answers call lights, and generally sleeps.

- 13) This generally poor quality of life costs Medicare an average of \$400 per day (\$12,000 per month, \$144,000 per year), Medicaid \$175 per day (\$5,425 per month, \$65,100 per year) and private pay \$200 per day (\$6,000 per month, \$72,000 per year)
- 14) Annually Medicare spends \$286 billion, the Federal share of Medicaid gets \$313 billion, the State's share of Medicaid is \$268 billion, private insurance gets \$727 billion, and other private resources get \$420 billion, totaling a whopping \$2.1 trillion dollars of which the elderly account for 80% of those dollars or \$1.7 trillion dollars in the last 2 years of your mom and dad's life. What a waste of money and lives!

Elderpride:

Chronic diseases have escalated in correlation to the sale and distribution system for prescription drugs, poor nutritional habits, and physical inactivity of Americans. The following approach to preserving health instead of reacting to illness, making money from restoring health rather than capitalizing on illness, is the philosophy our health care professionals must exhibit now not after the system is bankrupt. This requires comprehensive change in the way we pay and earn money expended on America's health:

- 1) Lower the number of wheelchairs as close to zero as possible by using restorative programming
- 2) No diapers--bowel and bladder retraining and bathroom attendants
- 3) Private rooms with bigger beds
- 4) A TV in every room
- 5) Continuing restorative programming so the patients are constructively busy
- 6) Meal service offering a variety of choices to avoid waste, build strength and deliver acceptable weight management
- 7) Requiring physicians to see the patient before ordering medications and tests will cut the use of prescription drugs in half and improve the functioning of the patients 100%. Avoid blood thinners, blood pressure meds, cholesterol and anti-depressants by keeping the patients active and physically stimulated
- 8) A full regimen of vitamins and exposure to sun light on a regular basis
- 9) Give staff restorative programs to conduct for their case loads and companionship will return to the daily activities: both the staff and patients will be constructively busy
- 10) When the facility moves into the restorative mode the family will visit and like what they are seeing and will encourage others to come including volunteers and families of former patients
- 11) Vital signs and body audits will be restricted to what the patient needs according to the care plan and doctors' orders to improve functioning to its highest level

- 12) There will be no requirements for an institutional schedule but each day will be planned so the patient knows what to expect and will cooperate in having a “good day,” a combination of physician visits, occupational, communication, social and psychological programs designed for their individual needs
- 13) We will be able to afford this because the cost of care will be related to individual needs and what it takes to restore the patient’s functioning: in the process related waste is reduced and most eliminated:
 - a. Staff turnover
 - b. Staff absenteeism
 - c. Staff and patient injuries
 - d. Re-hospitalization
 - e. Over medication
 - f. Non productive testing and treatments
 - g. Empty beds due to poor reputation or quality of life
 - h. Unsanitary and unclean premises will not be accepted
 - i. Reduced cost of diapers, bandages, trips to the doctors’ offices
 - j. Theft
 - k. Unknown deaths and accidents
 - l. Inefficiency of staff
 - m. Low productivity of staff
 - n. Poor to no quality of life
- 14) The cost of health care is related to treatment not outcome. Currently, hospitals, physicians, clinics, etc. do not have to provide results before they get paid. If the patient dies or gets worse they get paid anyway. Until the health care policy is standardized and technology is used to plan out the services the waste will continue as it did in the automobile industry until they focused on riding the system of waste.
 - a. It is our experience that through wasteful business practices in nursing homes, taxpayers are paying for are \$500,000 minimum per 100 beds per year. Of the 1.8 million beds in the country this means \$90 billion dollars per year wasted on poor nursing home care.
 - b. As for the health care system as a whole we spend \$214 billion on Prescription Drugs annually. We spend \$447 billion on Physician services, \$651 billion on Hospital care, \$126 billion on nursing homes and \$53 billion on Home Health. None of this spending is at risk for results. Therefore a conservative estimate of total waste in the system is 25% or \$400 to \$660 billion dollars.
 - c. And by the way this does not factor in the aging population and the 77 baby boomers that are retiring and needing more than their share of the disappearing health care dollar.

Therefore, on behalf of your mother and father—and you, I am writing this book to convince all of the stakeholders, including the 77 million voters who are going to change this system, to start now and use this book as the starting point.