

TICKER TOPICS

MENDED HEARTS OF SOUTHERN OREGON – CHAPTER 137

SEPTEMBER-OCTOBER, 2018



VOLUNTEER UPDATE

Think about volunteering at ARRCM. It can be very good for your health and well-being.

At volunteermatch.org they say that research shows that volunteering 2 hours per week can boost your well-being. It helps combat loneliness which has been linked to dementia.

UnitedHealth Group commissioned a national survey of 3,351 adults and found that the overwhelming majority of participants reported feeling mentally and physically healthier because of their volunteer work. They found that volunteers have better personal scores than non-volunteers on nine well-established measures of emotional wellbeing including overall satisfaction with life.

Researchers at the University of Exeter Medical School in England analyzed data from 50 published studies and found that volunteers had a 20% lower risk of death than their peers who did not volunteer. They found that volunteers had lower levels of depression, increased life satisfaction and enhanced well-being.

There are dozens of places you can volunteer at ARRCM including several that benefit heart patients. It's very rewarding and fulfilling.

To become an ARRCM Volunteer sign up at www.asante.org/volunteer. Click the Asante Rogue Regional Medical Center button in the middle of the page.

Remember Mended Hearts motto "It's great to be alive and help others."

UPDATE ON HEART HEALTH AT OUR SEPTEMBER MEETING

Michelle and Duane Christensen along with Marlyn Taylor will update us on the heart health and Mended Hearts information they got at the July Mended Hearts National Conference in San Antonio.

Come to our September 18th meeting in the Smullin Center to hear about it and have a time to share your experiences as a heart patient or caregiver, as well.

You're invited to join us on Tuesday, September 18th at 5:30 pm in the Smullin Center on the Rogue Valley Medical Center campus next to the parking

IN JULY, WE HAD A PEER-TO-PEER SUPPORT MEETING

Although we had inquiries about having a support/discussion meeting, our July meeting to cover that was sparsely attended. The discussion, however, was terrific. I, for one, learned a lot about the various issues, challenges and successes each heart patient and caregiver had. Some of the caregiver's stories about their spouse's experiences after surgery were very interesting. Caregivers shared things their patient didn't remember.

It was wonderful having Debbie Wallace back. She, as always, contributed a lot as did all of the members who attended. I was surprised that we had no recent patients in attendance.

It was a great meeting and we learned a lot about how we might conduct a half-hour session each meeting. I'm thinking that the speaker will have 45 minutes from 5:45 to 6:30 and then we'll break into small groups for discussion and support from 6:30 to 6:55.



WE GOT TERRIFIC CPR AND AED TRAINING IN AUGUST

Dr. Paul Rostykus and Samantha Metheny from the Medford Fire Department did an amazing job of teaching those of us in attendance CPR and the use of an AED. CPR is hard work, but it can definitely save a life.

Interestingly, the August ARRCM Cardiovascular postcard emphasized the value of CPR. It cited the case of a retired EMT who collapsed at his daughter's house. She was able to perform CPR until the Paramedics arrived. The retired EMT credits that with saving his life. He is well aware of the poor chance of surviving a heart attack without immediate action. The patient arrived at ARRCM and Dr. Hong installed a stent in the blocked artery.

I was required to take Basic Life Support every 2 years when I worked for Asante. One thing I learned at our August meeting that I never heard during my tenure at Asante was how important it is to stay around 120 compressions per minute. Too slow and you aren't circulating enough blood. Too fast and the heart doesn't have time to refill with blood. Either too slow or too fast makes the compressions of little value.

We each got a dvd so that we can refresh our training from time to time and a mannequin to practice on. The mannequin also has 'lungs' for those who want to practice giving breaths. Most people, the American Heart Assoc. has found, don't want to do the breaths part of CPR.

It was a great meeting, had a good size group and we were active as you can see in the picture.

Executive Committee

President	Chris Kloek 541-973-9631 ckloek@charter.net
Vice President	Michelle Christensen 541-601-0062 michellechris575@gmail.com
Treasurer	Nancy Kloek 541-772-8533 kloeknc@charter.net
Secretary	Open
Members- At-Large	George Brown Bill Newell John Refsnider

Committee Chairs

Visiting	George Brown (541) 778-6443 yorgob909@cs.com
Training	Michelle Christensen
Website & Newsletter	Chris Kloek 541-772-8533 ckloek@charter.net
Facebook	Michelle Christensen 541-601-0062 Michellechris575@gmail.com



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And check out our Facebook Page:
[Facebook.com/Mended Hearts of Southern Oregon](https://www.facebook.com/MendedHeartsOfSouthernOregon)

PRESIDENT'S CORNER

First, we've postponed our Regional Connections Meeting until spring, 2019, primarily because it was predicted that the smoke wouldn't clear out of the valley much before Halloween. We are tentatively thinking of having it in a hotel. The Smullin Center isn't the best venue for a meeting of this sort. We plan to have a much more enticing, informative and fun event.

Things are humming along with our volunteers. We could definitely use more. The Critical Care Desk is a very worthwhile service for our members. Whether you're a patient or caregiver, we provide the families of patients in surgery with information and conversation that helps put them at ease as they wait.

19 years ago my wife was having her 3rd open heart surgery. I was told that it would be about 3 ½ hours. When it got to be over 5 hours I thought that something had gone wrong. Turned out that the surgeon had just forgotten me (he's now retired) and had gone home. Nothing was wrong, but with no one to update me, I was very worried.

As a volunteer on that desk, I see when surgery is completed and can tell the family. The family knows the surgery is complete. We also see when the patient is recovering in CCU. They are relieved even before the surgeon can get there.

We can also use help visiting surgery patients and giving tours to patients and their families a day to a week prior to their surgery. The tour relieves a lot anxiety families report.

Give becoming a volunteer some thought.

We did nothing but share at our July meeting and it was fantastic. I learned a lot and, interestingly, the surgery patients heard some things from their caregivers that they may not have known. It's so good to hear about our peer's experiences if only to find out that we

aren't alone.

It was such a great meeting that we are going to make sure we have at least a half hour each month to share. I hope you will avail yourself of this opportunity to learn and to help others.

We are trying to find ways to reach out to other heart disease patients like stent patients, heart arrhythmia patients and all other heart patients. The Volunteer office has offered to help us reach more heart patients. That will be our objective over the next year.

Thanks for supporting this valuable organization and our work to help heart patients. We hear over and over how valuable our peer-to-peer support is.

I hope I see you often.

Chris Kloek

DOCTOR'S BURNOUT RATES ARE HIGH

The rate of doctors in the United States that are experiencing signs of burnout has been increasing in recent years, and more than half are now at risk, according to the National Academy of Medicine. Compared to other kinds of jobs in the U.S., doctors are twice as likely to show signs of burnout and the rate increased by nine percent between 2011 and 2014 while the overall workforce remained stable during that time. Similar statistics were found among medical students and new residents as well, signaling a problem permeating throughout the field.

Burnout can manifest itself in many ways, but studies have shown that mental exhaustion and depression are some of the most common issues facing healthcare providers. These individuals were also more likely to commit medical errors and cause other problems that led to more malpractice suits, lower patient satisfaction, higher patient mortality rates, and increased turnover. These issues would often lead to worsening burnout symptoms in a vicious cycle that usually ended in doctors more likely to feel a loss of meaning, isolated from the team, the need to abuse alcohol and drugs, and consider suicide. Currently, the

suicide rate of female physicians is 130 percent higher than the broader female population.

Analyzing medical death rate data over an eight-year period, Johns Hopkins patient safety experts have calculated that more than 250,000 deaths per year are due to medical error in the U.S. That would make it the 3rd leading cause of death after heart disease and cancer. Now the question is: how many of those medical errors are due to doctor burnout?

Some hospitals and medical institutions have recognized this alarming trend among their colleagues and have installed Chief Wellness Officers to take steps to help treat and prevent future burnout. Stanford Medicine's Tait Shanafelt has been a pioneer in the field of hospital wellness and saw success during his time at the Mayo Clinic with burnout rates declining seven percent over two years while it rose eleven percent nationally during that same time. Citing a loss of community as one of the most significant issues, his emphasis on bringing back physician lounges, organizing after-hours dinners and activities, and reaching out to doctors to get them talking together and giving more feedback seems to be working.

WAYS TO KEEP DRIVING

Seniors are undeniably better drivers -- even up to age 85 -- than teenagers, but seniors also face problems with driving as they age.

Since seniors are less likely to drive drunk or text while driving, and more likely to obey speed limits, they crash less often than teens, according to the AAA Foundation for Traffic Safety. But seniors who want to maintain driving skills past age 75 should consider the following issues:

- Flexibility. Drivers must rotate their necks and bodies to drive safely.
- Response time.

You are invited to join Mended Hearts of Southern Oregon any 3rd Tuesday of the Month (except December) at 5:30 pm in the Smullin Education Center. The Smullin Center is a separate building between the parking structure and the hospital.

- Vision.
- Bad habits. A 2010 study in the Journal of the American Geriatrics Society found that older drivers commit a greater number of small errors, such as failing to signal, and major errors, such as failing to stop at a red light.
- Choosing the right car. Senior drivers or people with limited mobility need cars with features that make driving easier.

New technology also offers some boosts for senior drivers. Forward-Collision Warnings provide visual, audible or tactile alerts to warn drivers of a collision with an object directly in their path. According to the Insurance Institute for Highway Safety (IIHS), this technology can reduce rear-end accidents by 27 percent. Automatic Emergency Braking senses a potential collision and starts braking for the driver if the driver does not react. IIHS data show this has reduced rear-end collisions by 50 percent. Blind Spot Warning detects and warns the driver of vehicles traveling in a blind spot alongside the car.

VISITING REPORT

June: Mended Hearts visitors made 59 visits to 40 patients. Visitors were Bill Newell, Marlyn Taylor, Chris & Nancy Kloek, Kellie Hill, John Refsnider, and Jack Hafner.

July: Mended Hearts made 46 visits to 36 patients. Visitors were Chris & Nancy Kloek, Jack Hafner, Duane & Michelle Christensen, George Brown, Murrit Davis, Bill Newell, Marlyn Taylor and John Refsnider.

ATRCM Visits in August: 20 patients visited by Marlyn Taylor.

Facebook.com/Mended Hearts of Southern Oregon

