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# Avoid Medical Errors Magazine

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**Patricia Iyer**  
MSN RN LNCC



## Magnet Hospitals

### Overview

How good is your hospital and its nursing staff? Does it have Magnet status? The Magnet Recognition Program® was developed by the American Nurses Credentialing Center (ANCC) to recognize healthcare organizations that provide nursing excellence. The program also provides a vehicle for sharing successful nursing practices and strategies. The Magnet Recognition program recognizes quality patient care, nursing excellence, and innovations in

professional nursing practice. This program provides healthcare consumers with the ultimate benchmark to measure the quality of care that they can expect to receive. When *U.S. News & World Report* publishes its annual showcase of "America's Best Hospitals," being an ANCC Magnet® organization contributes to the total score for quality of inpatient care.

The Magnet Hospital Recognition Program for Excellence in Nursing Service was established in 1990. This designation was approved by the American Nurses Association (ANA) under the American Nurses Credentialing Center. The number of applicants and organizations has

grown since 1994 when the first Magnet award was given.

In 1998, the program was expanded to long-term care facilities. Also in 1998, ANCC established the Institute for Research, Education, and Consultation (IREC). The goal of this institute is to ensure that there are broad and balanced products and services offered. As growth continued in all of the ANCC certification programs, ANCC established an international division to expand to all settings in 1999.<sup>1</sup>

### Goals

The Magnet Recognition Program has the following goals:

- \* Identify excellence in the delivery of nursing services to patients, clients, or residents.
- \* Promote quality in an environment that supports professional practices.
- \* Provide a mechanism for the dissemination

of “best practices” in nursing services.<sup>2</sup>

### Requirements

To receive Magnet status, an organization and the nursing services department must have

- \* a nursing management philosophy and practices of nursing services,
- \* an adherence to quality standards,
- \* a chief nursing officer (CNO) supporting professional practice and competence, and
- \* an awareness of cultural and ethical diversity of patients, families, and their providers.

A benefit of this designation is recognition in the community. In addition, the organization can have increased utilization, enhanced marketing strategies, and improved nursing recruitment. Stability in nursing care is provided with positive patient outcomes. Nursing autonomy, in which nurses solve problems and actively participate in decision making with positive outcomes for patients and

peers, is evident throughout the organization in collaboration with the CNO.

### Characteristics

A Magnet hospital may positively contribute to your health and having a successful stay in the hospital. Research projects by Linda Aiken, PhD, RN, FAAN indicate that Magnet awardees have similar characteristics:

- \* reduced Medicare patient mortality (death) and morbidity (illness) rates,
- \* reduced mortality rates associated with the care of patients with AIDS in the acute care setting,
- \* increased patient satisfaction,
- \* decreased likelihood of nurses being dissatisfied and burned out,
- \* reduced needle stick injury rate among nurses,
- \* improved patient care ratios, and
- \* powerful and influential CNOs.<sup>3</sup>

The process of becoming designated as a

Magnet hospital is an arduous one. Compliance in meeting the *Magnet Standards of Care and Standards of Professional Performance* must be documented. It is then decided if the organizational overview and measurement criteria are met. If these are met, a site visit is planned, after which the final report goes to the Magnet Commission on Recognition. The site visit should demonstrate, through interviews and presentations, behaviors that verify the hospital is in compliance with the material submitted. The facility must showcase examples and present proof of specific requests for information. The facility only has one chance, as there is no appeal or resubmission permitted.

The survey team consists of two appraisers and the visit is usually three days in duration. The visit has a planned agenda, which can be revised by the surveyors without notice. The organization must be fully prepared, from the physical appearance and cleanliness to the information posted on bulletin boards. The staff

must be prepared and comfortable discussing the material submitted and addressing questions or concerns from the surveyors. The appraisers also request the assistance of a staff nurse during the tours and scheduled meetings. The material submitted will be challenged throughout the visit to validate the information provided and to verify the staff's knowledge and comfort with the Magnet standards. All nursing shifts are invited to participate with the interviews, validating compliance with the standards around the clock.

After the survey, the healthcare organization is notified of its Magnet status; this award is good for four years. Thereafter, an annual report must be submitted to assure the Magnet status is being maintained regarding quality outcomes and nurse sensitive quality outcomes.

Maintaining the Magnet culture after a survey is a colossal job. The forces must be updated, data collection continued, benchmarking

completed, and statistics collected regarding recruitment and retention, education, and advancement. The information is submitted in an annual report (in a set format) to the Magnet organization. The data is reviewed by accrediting staff and comments or concerns must be addressed by the organization. The Magnet designation can be jeopardized if there is a serious occurrence or significant change in the management of the organization, or in the outcomes collected regarding the nurse sensitive outcomes. Not all organizations are re-designated or provide sufficient evidence to support Magnet designation.

How do you know if your hospital has Magnet designation? Very likely this is prominently displayed on the hospital's website. Facilities that achieve this are proud of the accomplishment – it is not easy. You can check on the Magnet status of a facility by going to this link and selecting your state: <http://www.nursecredentialing.org/Magnet/FindaMagnetFacility.aspx>

Do you have something to say about a hospital that is applying for Magnet designation, or one that is already accredited? Input from the patients, families, clients, staff, and public with whom health care organizations interact is sought to assist Magnet program appraisers in the evaluation of organizations applying for Magnet designation.

ANCC evaluates the environment in which nursing is practiced as well as nursing's compliance with standards promulgated by the American Nurses Association. The written documentation is available for public review at the healthcare organization. Its exact location is indicated in the public notice posted at entrances throughout the organization's facility. Anyone who would like to participate in this evaluation process is encouraged to do so. Comments are confidential and may be made anonymously. The Magnet Recognition Program accepts comments at any time. Please call toll-free 1-866-588-3301.

Is care perfect at a Magnet hospital? In a word, no. Med League has assisted attorneys who handle medical malpractice cases involving care delivered in Magnet hospitals. But overall, the care is better in a Magnet hospital. If you have a choice of where to go, a Magnet hospital may be your best option.

#### Sources:

Modified from Judy Rottkamp, Inside the Healthcare Environment, in Iyer, P., Levin, B., Ashton, K. and Powell, V. (editors) *Nursing Malpractice*, Fourth edition, Lawyers and Judges Publishing Company, 2011

<http://www.nursecredentialing.org/Magnet.aspx>

#### References

1. Current American Nurses MAGNET Recognition Program Manual, (2008)
2. Id.
3. MAGNET Hospitals Revisited: *Attraction and Retention of Professional Nurses*, eds M. L. McLure and A. S. Hinshaw, American Nurses Association.

### About the Author

Patricia Iyer MSN RN LNCC is President of Avoid Medical Errors and editor of the magazine. She and three coeditors recently finished updating the Fourth Edition of *Nursing Malpractice*, a two volume text written for attorneys, legal nurse consultants, and risk managers. It will be released in 2011 by Lawyers and Judges Publishing Company.



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**Suzanne Holman, MEd**

## Traveling the Alzheimer's Journey with Mom

For years I've been fascinated by the brain. I've studied about the brain. I've taught about the brain. But one very hot day in June in 2006 I really LEARNED about the brain. For years I took Mom to appointments with doctors and dentists. As I drove into the retirement community where she lived, passing beautiful

flowers and pristine grounds, I drove up to her garden home and my heart sank when I saw that she was sitting out on the porch on this 105 degree day.

Instead of being showered and dressed for the appointment, she was wearing an old skimpy nightgown, hanging off her shoulder. I parked the car and walked up the walk to her.

"Mom, I'm surprised to see you out here in your nightgown!" I said.

"Who cares?" was her reply.

Who cares? MOM cares...at least she USED to care what everyone thought about her! Mom was a pillar in her community and a deacon in her church. From the time I was a small child, everything was always about looking good and dressing appropriately.

For a few months I'd been noticing she was getting confused and forgetful. She often repeated herself. Her doctor diagnosed her with Alzheimer's disease and prescribed Aricept.

But this incident brought up a higher level of concern. She was showing a definite change in personality. And I was concerned about her safety. Even in a protected area of the retirement community, someone could drive by and see her vulnerability.

And getting Mom to take a shower was quite a project. This woman who loved being showered and fresh, really hated to bother anymore. I found out she wasn't going to dinner at the community dining room even

though she was telling me she was.

It was time for Mom to have more support than we could provide for her in her independent garden home. She hated having people come to her place to give her medications. She did not want to be disturbed from her resting.

We arranged for her to have extra cleaning services. She sent them away.

It became clear that Mom needed to move to the Alzheimer's Care Facility there on the retirement community campus. She didn't like the idea of living there even though she and Dad had bought into the community so that they would be able to have whatever level of care they needed. And down the hall from my Mom's room was a plaque commemorating my dad for all of his hard work in the remodeling of the facility prior to his death in 1998.

Visiting Mom and watching her abilities decline was difficult. I found myself constantly anxious, deciding when to go to visit. Was I up

to it that day? Did I have to be “together” afterward for anything? I created a plan to go each Saturday. I prepared myself prior to the visit and decompressed afterward. Picking out wonderful fresh vegetables and fruits at Sprouts grocery store on the way home became one of my coping mechanism - city girl's gardening!

Mom lived in the Alzheimer's Care Facility from July 14, 2006 until November 11, 2009 when she passed away. She died just 6 days after her 95th birthday.

In order for me to remain functional in my life and business I had to create strategies that would support me. Realizing that there were MANY other people facing these same challenges, I made it a priority in my business to support those who have a loved one with Alzheimer's.

Mom was one of 5.3 million Americans living with Alzheimer's disease. Every 70 seconds someone in America is diagnosed with

Alzheimer's disease. Patients with Alzheimer's are in need of careful supervision, otherwise they are at risk for hurting themselves in an endless variety of ways. The staff of assisted living and nursing homes is obligated to provide careful supervision. Some of the ways Alzheimer's disease patients can injure themselves include falls, burns, and choking.

What is critical for those of you moving into your 50's and beyond is to set the intention of doing all you can for your body and brain now so that you can develop the reserve needed to keep your cognitive functioning optimal.

Educate yourself on what food and supplements are beneficial.

Get plenty of sleep.

Drink lots of water.

Get out and exercise often.

You do have the power to make a difference in your future independence and enjoyment of life!

For a free report on ways to support your brain, you can go to  
<http://www.BrainHealthforBoomers.com>

### About the Author

Suzanne Holman is a speaker, writer, and consultant working with professionals over 50 who are intentional about having the best life possible. Suzanne supports them with strategies for optimizing their brain, staying on course with their goals, and living with gusto. She has particular interest in supporting those who have a loved one with Alzheimer's disease-after traveling the Alzheimer's journey with her mother.

Suzanne has a masters in education specializing in counseling and has been an educator of psychology and technology. She's had extensive coach training through Thomas Leonard's Graduate School of Coaching and the University of Texas, Dallas. Suzanne is also an Emotional Intelligence Certified Coach.

Contact Suzanne at  
<http://www.suzanneholman.com>.

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Kimberly Stevens



## Losing Weight One Change at a Time

Okay, this is the deal ... there are 3,500 calories in 1 pound. When you burn 3,500 calories more than you consume, you'll lose 1 pound. That's our biology as humans. Unless you have a true medical condition impacting the natural functioning of your body, you will lose weight by cutting your calorie intake below your calorie burn rate. That's how it works.

But while it may be simple, it's usually not easy. If you're like most people, you've spent untold years trying a multitude of diet programs in an attempt to shed unwanted pounds. You are not alone. While statistics vary wildly, some say that in the United States alone 60 million people go on diets spending more than \$1 billion on diet programs and products every single year. Yet according to the National Institutes of Health, approximately two-thirds of the American population is still overweight or obese. Is there anybody besides me that thinks this is just a small bit crazy?

Admittedly, most people need a formal diet program to give them a roadmap to follow, but there are two problems with this scenario:

1. Most people don't stick with diet programs because they can't motivate themselves to follow them consistently.
2. The people who do stick with popular diet programs actually lose weight ... until they start wanting to live a normal life again ... because the majority of these programs are based on lifestyle changes that are not sustainable, and as a result the weight loss is not sustainable either.

To lose weight and keep it off, you really only need two things from a weight loss program:

1. It should allow you to eat regular food.
2. You should be willing to follow its guidelines consistently.

Strangely enough, this describes very few diet programs on the market today. To create sustainable weight loss, you need to make changes that you are willing to follow for a lifetime:

- ◆ Not a liquid diet.
- ◆ Not a diet where you can only eat their brand of food.
- ◆ Not a diet that cuts out entire food categories you happen to love.
- ◆ And not a diet that doesn't allow you to go out to dinner with friends.

The fact is, most of our weight problems come from our eating "habits", not the one piece of birthday cake, one meal out in a restaurant or one party. It comes from the daily fast food run, the late afternoon snack attack, the nightly after-work drink or the after-dinner junk food binge.

Even people who know that changing their habits is the key to success still fail over and over again because they go for the “all or nothing” approach. They go on the “I can’t, I have to, I better not, I’m not allowed to” diet. I don’t know about you, but it doesn’t take long for this feeling of sacrifice to make me protest by eating a bag of chips.

But one thing I have found to be very successful for both myself and my clients is to make just one small change in something I eat on a consistent basis. You see, cutting out a mere 100 calories per day results in the loss of approximately 10 pounds a year. And making one small change on a daily basis is relatively painless.

Let me give you an example. One of my standard lunches is a salad called the Trader Joe’s Chicken, Avocado & Goat Cheese salad. The salad alone with all its toppings has 340 calories, but it comes packaged with a honey-mustard dressing that adds 220 calories.

Some people might skip the dressing completely, but I wouldn’t enjoy my salad if I did that. So I swap out that dressing and use Ken’s Lite Caesar dressing with 105 calories for 3 tablespoons. For lunch I am a creature of habit, so I eat this or a similar salad every day. So if I’m consuming 115 fewer calories each day by making this one small change, I’d lose 12 pounds a year. And the kicker is ... I didn’t have to sacrifice any enjoyment whatsoever.

So what small change could you make in one of your regular habits that would give you a big cumulative payoff? Here are some examples:

- Drink one glass of red wine in the evening instead of two (save 120 calories/day) ... 12 pounds a year
- Swap out one can of regular soda for a non-caloric drink each day (save 150 calories/day) ... 15 pounds a year

- Trade just one 1,050 calorie fast food lunch for a 400 salad once/week (save 650 calories/week) ... 9 pounds a year

There are two keys to making this plan work. First, pick a tiny change you're willing to stick with consistently. If you pick something too ambitious, you're going to fail, and you'll be right back where you've ended up with every other diet program.

And second, only make one change at a time until it is cemented into a habit. Remember, we're trying to get away from the "all or nothing" mentality that leads us to make drastic calorie cuts, plan to exercise 5 days/week, and stop eating all the foods we love. If it hasn't worked before, it probably won't work this time either.

So, what one small change are you willing to make to lose weight?

### About the Author

Kimberly Stevens is an author, speaker and coach who empowers people to break through self-imposed barriers to achieve their most important goals and dreams. In her most recent book, ***"The Diet Trap: How to Lose Weight When You Really Don't Want To"***, she shares her passion for health & fitness by providing readers with her unique program for healthy & sustainable weight loss. She writes frequently on topics including diet, fitness, marriage, divorce, happiness & mindset on her blog at [www.kimberlystevens.com](http://www.kimberlystevens.com).





**Elizabeth Bewley MBA**



## Misdiagnosis

If you are given the wrong diagnosis, you can be receiving the perfect treatment for a disease you don't have. Studies show that people are misdiagnosed about 10% of the time across the board. <sup>1</sup> In some settings such as the emergency room, they may be misdiagnosed as much as 40% of the time. <sup>2</sup>

The U.S. healthcare system recognizes more than 68,000 <sup>3</sup> different diagnoses, so it's no wonder that doctors sometimes have trouble telling which one applies to you.

What can you do to increase the odds that you'll get an accurate diagnosis? One action step you can take is to keep a careful record of symptoms. This means writing down a number of details every time a symptom you're worried about appears:

- The date
- The day of the week

- The time
- As clear and detailed a description of the symptom as possible--where exactly in the body it is, what it feels or looks like, and so forth
- How long it lasts
- What you were doing when the symptom arose--sleeping, riding a bicycle, sitting at a computer, etc.
- Whether anything helped and if so, how much it helped

To make sure that you consistently capture all of this information, one idea is to set up a spreadsheet with a separate column for each of these items. Then it's important to bring a copy with you when you visit the doctor, and keep a copy for yourself.

Having written notes means that you won't forget something important in talking with your physician. It also means that you won't forget the order in which symptoms appeared, which

can be an important clue. When you provide well-organized written notes, your doctor may take your report of a problem more seriously.

Once treatment starts, it's important to continue to track your symptoms, for two reasons. First, this record will help you understand if the treatment is working for you or not. If you have exactly the same symptoms--once the treatment has had a chance to work--as you did before you started the treatment, it's reasonable to have a conversation with your doctor to discuss whether a different treatment might be more helpful. Second, if you develop any new symptoms, a careful written record can help determine if they are a side effect of the treatment.

If it doesn't seem that the treatment is working, one possible reason is that the diagnosis is wrong. Dr. Jerome Groopman suggests three questions to ask to try to determine if you've been misdiagnosed:

1. What else could it be?
2. Is there anything (any symptom) that doesn't fit?
3. Is it possible that I have more than one problem? <sup>4</sup>

By taking the above steps, you can improve your chances of being treated for the condition you actually have.

1: Robert Wachter, "The Challenge of Diagnostic Errors," *Health Affairs*, September 2010.

2 "Alternative Diagnosis," [www.wrongdiagnosis.com](http://www.wrongdiagnosis.com), downloaded 05 Mar 2009. "Misdiagnosis can and does occur and is reasonably common with error rates ranging from 1.4% in cancer biopsies to a high 20-40% misdiagnosis rate in emergency or ICU care. Surveys of patients also indicate the chance of experiencing a misdiagnosis to range from 8% to 40%."

See also, Atul Gawande, *Complications: A Surgeon's Notes on an Imperfect Science*, New York: Henry Holt, 2002. p. 196 of the paperback edition: "How often do autopsies turn up a major misdiagnosis in the cause of death? . . . According to three studies . . . the figure is about 40 percent . . . in about a third of the misdiagnoses the patients would have been expected to live if proper treatment had been administered." He goes on to point out that there has been no improvement

in diagnostic accuracy, as far as autopsies show, since at least 1938.

3 Barta, Ann; et al.. "ICD-10-CM Primer." *Journal of AHIMA* 79, no.5 (May 2008): 64-66.

4 Jerome Groopman, *How Doctors Think*, New York: Houghton Mifflin, 2007.

### About the Author

The writer is President and CEO of Pario Health Institute and the author of *Killer Cure: Why health care is the second leading cause of death in America and how to ensure that it's not yours*. The information in this article is adapted from *Killer Cure*. Feel free to visit [www.killercure.net](http://www.killercure.net).



Constance Barrett



## To Your Health

Last November I developed an inexplicable pain in my leg. On the infrequent occasions when pain visits my body it usually lodges in my lower back, rearranging my discs and strumming the sciatic nerve. My daily Reiki self-treatments have considerably diminished the frequency of these incidents, but as the days went by the mysterious leg pain responded neither to Reiki nor to hot baths.

"Stupid leg," I would mutter silently as I bent down to put a box into the car for the daily post office run. As I hobbled up and down the stairs I cursed my traitorous appendage. I found myself thinking beliefs I thought I'd abandoned long ago.

This is part of aging, I assured myself in tones of deepest gloom. Day by day my body is deteriorating. I should move to a one-floor house or to Florida. I can't do the things I used to be able to do.

As I continued to feed myself these cheerless

thoughts my leg grew worse. I was forgetting everything I knew and wrote about and taught - that physical imbalances begin and are maintained with thoughts and feelings.

### **Thinking Our Bodies**

You've probably noticed that people often become sick after a period of depression, anxiety, stress, or following a major shock or trauma. Think of when you've been depressed, and you may remember that your thoughts, your emotions, and even your physical body feels heavy. That heaviness is a slowing down and sometimes a blockage of the maintaining and renewing energy that keeps you in balance on all levels.

Anxiety has the opposite effect, causing adrenaline rushes, quickened heartbeat, and other speeded-up body functions. Stress creates a mental and emotional tightness and resistance that often manifests in physical tenseness. Energy has all it can do to move through you.

Trauma can create a feeling of tremendous vulnerability that the being tries to prevent by producing numbness. When we are numb it also feels as if energy isn't moving at all. How we think has everything to do with the above conditions. Animals don't worry about something that isn't actually happening. A rabbit doesn't think, "One of these nights an owl is going to swoop down and kill me." Dogs and cats don't visualize empty food bowls. Animals in general don't overwork themselves so that they can be considered worthy creatures.

They don't have those kinds of minds. We do. We imagine the future as a present reality, and when we do this we create the emotions that are consistent with what we imagine. It's helpful to imagine the future as happening now when we're visualizing our dreams coming true, not so useful when we're living our nightmares.

### Talk to Your Body

One of the reasons we become in physical imbalance is because we don't realize how our thoughts affect our body, that mental states can cause--and cure--physical ones. A majority of religious and medical belief systems train people to view their minds and bodies as separate entities.

If we are intellectual beings we may view our mental creations as far superior to the awkward arrangements of flesh and bones that house our great minds. If we are working on our spiritual development we may resist and resent our bondage to the physical dimension, as represented by that same body and seek to suppress its desires.

Returning to balance involves consciously reconnecting to the body and listening to the messages that its problems and pains are trying to give us. A way that I've used to do this is to talk to my body. This can be done either silently in meditation or in the form of writing.

When I do this I suspend disbelief; I'm open to the idea that my body is willing to communicate with me. As an example, here's a recent conversation I had with my right leg.

Me: You're causing me a lot of pain. What do you have to say for yourself?

Leg: You sit too long at the computer, and I'm trying to tell you to stop doing it so long and do some other things. It would do you a lot of good to meditate more, for example. (I privately acknowledge that this is good advice, but am still angry at my leg.)

Me: So why do you have to tell me by hurting me?

Leg: Because otherwise you don't listen.

Me: Listen, leg, if I do what you say will you stop hurting? You don't have to punish me like this.

Leg: Maybe I do. Maybe it's just your idea that it's punishment. Who's punishing you?

Me: You are, and it hurts.

Leg: Because you're getting very tense about it. You're worrying that something bigger is wrong. You're envisioning yourself in a wheelchair. (This leg is just too smart.)

Leg: And you won't ask for help. You could ask people to send healing energy to you.

Me: I thought about that.

Leg: But you'd rather do it yourself.

Me: Well, yes, I would, but you have a point. Wanting to do it myself is a kind of resistance that causes pain.

Leg: I might let up on you, after all.

Me: Okay, I'm going to ask for the healing. Do

we have an agreement now?

Leg: I'll do my part. And don't chain yourself to that computer.

I learned a lot from my leg: that it was time to make time for other activities in my life, especially meditation, that I'd neglected. It was a message to lighten up.

Perhaps more important, I realized that even though I was active in two online healing groups I was reluctant to ask for healing for myself, and that resistance created a certain bodily tension.

I did ask for--and received--healing, I began to spend less time at the computer, and I resumed regular meditation, that has had benefits far beyond alleviation of pain.

### **Preventive Maintenance**

I also learned a valuable lesson about appreciating my body and thanking it for the

many services it performs for me, all of that fall into the category of keeping me alive and healthy. I've begun to take time to thank it.

I may stop in the middle of eating and say, "Thank you, body, for helping me to enjoy food." I might look at a spectacular sunset and say, "Thank you, eyes." When I give myself my daily Reiki treatment I show my appreciation for the energy I feel flowing beneath my hands.

I believe that we're here in physical existence not to escape our bodies, but to enjoy them, to appreciate the abilities they give us to take pleasure in the world around us.

Like our bodies, that world doesn't have to be a prison; when we open our senses and hearts to it, this can be for us an earthly paradise.

#### **About the Author**

C. M. Barrett is co-owner of *Beyond the Rainbow*, at <http://www.rainbowcrystal.com>. She writes two newsletters for the web site.

She also writes articles on wellness for the Yahoo! Contributor Network. You can see her articles at [http://contributor.yahoo.com/user/905648/c\\_m\\_barrett.html](http://contributor.yahoo.com/user/905648/c_m_barrett.html)

She can be reached at [elfspirit333@gmail.com](mailto:elfspirit333@gmail.com).

### **This Month's Special Report**

**10 Tips to Getting Fit Sweatlessly by Michael Schatzki**

**This report is available to AME Inner Circle members only. Get details at [www.AvoidMedicalErrors.com](http://www.AvoidMedicalErrors.com).**





**Sarah Jean Fisher**  
**MSN, RN-BC, BA**



## **How to Pick Out a Nursing Home For Your Parents - Part II of II**

The decision has been made. Mom and Dad must be placed in a nursing home to continue their days. Do your parents have to liquidate assets like sell a house or stock? Are they eligible for Medicare and/or Medicaid?

Medicare pays for room and board the first full 20 days, and the resident has a co-pay after

that. Medigap insurance is available to cover the co-pay. Do your parents have this, or need it? Medicaid is insurance paid for by the state for those who need nursing home placement and meet the income eligibility requirements. State regulations can differ, so be sure of your own state regulations. You can find out about your own state at [www.medicare.gov/Publications/](http://www.medicare.gov/Publications/), where you can do a search for Department of Health and your state.

If your parents enter a facility as private paying residents, the federal laws prohibit the facility from evicting them when their funds are

depleted and they convert to Medicaid. Being a private pay resident may help your parents to be accepted sooner at a facility of choice with a waiting list, so be aware of this issue. A good idea is to have an elder care attorney review the financial agreement of the admission packet to be clear on what is expected of you as payee. Here are a few websites where you can start your search: [www.naela.org/](http://www.naela.org/) and [www.elderlawanswers.com/](http://www.elderlawanswers.com/).

Get information from the Dept. of Health & Human Services Administration on Aging, Eldercare Locator [www.eldercare.gov/Eldercare.NET/Public/Home.ssp.x](http://www.eldercare.gov/Eldercare.NET/Public/Home.ssp.x). Become familiar with Medicare's web site [www.medicare.gov/NHCompare](http://www.medicare.gov/NHCompare). These will show you how the facility you are checking compares with others on state survey results and deficiencies, staffing ratios and staff turnover for the last several years. If deficiencies are listed and staff turnovers are high, this could be a sign that quality of care is not a priority and employees are bailing out for

greener pastures. While at the web site, investigate the facility's ratings on pressure ulcers that can develop from chronic inattention, weight loss, restraint use, resident activity and mobility levels, pain management protocols, sedation, and emergency procedures. Is a security deposit necessary and what is their rate increase history? If these issues are relevant to your parents' conditions, you are going to want to know how this facility plans to treat them.

You also must be clear on the type of care your parents will require related to therapy, performing daily activities, special medical needs, lab services, medical testing and specialty referrals (urology, gynecology, podiatry for example). Are there any extra fees or requirements from you related to specialty care? Can you bring food in from outside? Must you accompany them to outside appointments? Know what their rights are as residents of the nursing home, what to expect from the facility in the way of notification of

changes in policy, activities, or a resident's condition. What is the visitor policy? Do they have a hospice program if it should become necessary? Are pets allowed to visit?

Visit the places on the top of your list and ask for a tour. Observe the current residents. Are the majority of residents happy to be there and engaged in activities? Facilities that gain the highest ratings are those who are "de-institutionalizing" their programs, activities and style of operation, e.g. removing "tray service" and providing steam tables in a central location with diverse staff assisting to serve meals to residents. Remember, the chief goal of a nursing home is to enhance the quality of life of its residents while maintaining them at their highest practicable level of function and self-performance. The Centers for Medicare and Medicaid Services (CMS) has a guide entitled *Artifacts of Culture Change* to help you identify other items to check as quality indicators. This free guide can be obtained at the CMS website listed above.

### About The Author

Sarah Jean Fisher earned a master's degree in nursing from Thomas Jefferson University with emphasis on education and has been certified in gerontology for over 13 years. She has end-of-life training certification by ELNEC (End of Life Nursing Education Consortium) and her bachelor's degree in English is from Bucknell University. Sarah Jean has been a nurse for over 18 years, and long-term care has been her only focus. She has worked as charge nurse, shift supervisor, and has been specializing in staff development/infection control for the past 8 years. She has presented original programs at the annual National Gerontological Nursing Association (NGNA) Conference and was the founding president of the Southeast Pennsylvania Chapter of NGNA.

Sarah Jean has also worked for four years as a geriatric nursing expert witness with Med League Support Services reading and evaluating medical records for attorneys

related to potential litigation. She is a widow with four grown children, 11 grandchildren and her first great-grandchild. She can be reached at [sjf94@comcast.net](mailto:sjf94@comcast.net).



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Kaye Rice MEd CN



## How to Turn Your Body Into a Fat BURNING Machine

If you are currently overweight, dieting without results, or going too long between your meals your body is likely in “FAT STORAGE MODE”. Do you want to learn how to “flip the switch” on your metabolism and turn it into a FAT

BURNING machine? I’m going to show you how to eat the right foods in the right combinations and intervals to create fat burning effects. In more scientific terms, I’m going to teach you what you need to do to stabilize your blood sugar, get off the insulin roller coaster, and make your body work for you. When you learn to eat this way you will not only be able to lose weight, but you will have optimal energy and, most important, you will improve your overall health. If your goal is to increase muscle mass or increase performance, this way of eating will work for you as well.

## **Steps to get your body into “Fat Burning Mode” and Stabilize Blood Sugar.**

### **Step 1. Eat small meals throughout the day.**

Eat your first meal of the day within an hour of the time you get up. After that you should eat every 3-4 hours throughout the day. For most people, this means you will eat 4-6 meals per day. When eating this way you should never feel as though you are “starving,” but you should feel “ready to eat” every 3-4 hours. You should never feel “full” after you eat, but you should feel “satisfied.” You should never go longer than 4 hours without eating.

**Step 2. Eat from all three energy nutrient groups at each meal.** This means eat a serving of protein, carbohydrate and fat at each meal, or each time you eat.

### **Step 3. Consume appropriate meal sizes.**

This is where things get a little tricky. The appropriate meal size will vary from one individual to another, based on their gender,

activity level and health history. A typical meal for the “average” female would be about 250 to 300 calories per meal with an equal amount (in calories and grams) of protein and carbohydrate, and about one third to one half as many calories or grams from fat. A typical meal for the average male would be around 400 calories with an equal amount (in calories or grams) of protein and carbohydrate, with about one third to one half as many calories or grams in fat. This assumes mid morning and mid afternoon snacks are consumed also. Five small meals a day are easier on the digestion and keep the blood sugar from hitting lows that encourage overeating at the next meal.

**Step 4. Learn which foods encourage FAT STORAGE and which foods encourage FAT BURNING.** Higher quality foods yield the best results. “High quality” carbohydrates, fats and protein encourage your body to burn fat. Low quality foods encourage fat storage. Here are a couple of quick tips to help you choose high quality foods and avoid low quality foods.

- Sugar, products made with refined flour and processed foods are the enemy and do not support health. Remember, some so-called “health foods” are still loaded with sugars.
- Whole, natural, unprocessed foods are your healthiest choices. These foods are the ones that can be found with little or no packaging in your grocery store and have only one ingredient.

For more information please visit my website at [www.kayrice.com](http://www.kayrice.com).

#### About the Author

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**Get details at [www.avoidmedicalerrors.com](http://www.avoidmedicalerrors.com).**





**Aila Accad**



## The Cause and Cure for Stress at Work

Job stress occurs when you work too much, work in conflict with your values and talents or work under difficult circumstances. It is not news to anyone that stress can make you physically sick. When you become sick, you are then exposed to the medical system, with the opportunities for medical errors.

Not only can work stress make you sick, but once you get sick, your lower energy levels affect the quality and quantity of your work. Eventually, impaired performance can ruin your career.

Whether you work for yourself, own a business or are an employee, stress on the job is a growing issue. With increasing financial constraints, employers are asking more of each worker with fewer resources. You are not only concerned about your stress, but also the stress of the people around you. Others' stress



can affect your work and health as well.

Take a moment to write down a few of the things that stress you at work. Look at the items on your list. What do the items all have in common? Do you have control over any of them? Situations that cause you stress are situations you feel you cannot control—too much to do with too little time or resources, other people not pulling their load, negative or demanding supervisors or coworkers, or fear of job loss, for example.

**The key to reducing your stress** is knowing what you can and cannot control and focusing your time and energy on the things within your control. You have NO control of anything outside yourself, which includes, time, nature and other people. The good news is that you have TOTAL control of everything inside yourself - your thoughts, feelings and choices.

This does not seem earth-shattering until you look at daily reactions to what stresses you. Take a look at your list. How much wasted time

and energy are you spending trying to control the uncontrollable?

You can reduce that stress by putting your time and energy into the only area where it will pay off, where you have total control and power to direct your life—in YOU, in what you think, feel and choose (your actions). This brings you stress-free confidence and freedom of self-mastery.

**Take charge of your thoughts** by shifting the way you focus and feed your mind. Focus on what is right in a person or situation and choose the next steps that will take you in the direction you desire. Turn off negative news and feed your mind information and ideas that are inspiring, ones that create possibilities for growth.

**Take charge of your feelings** by noticing physical cues that signal how a situation or person is affecting you. In the moment, take a deep breath, smile and feel the support of the earth under your feet. These actions are within

your control and re-establish your sense of power in the situation. Breathing increases oxygen to the brain so you can think more clearly. Smiling is a conditioned response that triggers endorphin production to improve your mood. Stressful emotional triggers are usually connected to childhood memories where you felt vulnerable and not in control. Feeling your feet on the ground brings your focus back into the present moment where you are supported and empowered as an adult. Later, you can take a closer look at what memories might have triggered your feelings.

**Take charge of your choices** by thinking about your options before reacting. Automatic or uncontrolled reactions include fight, flight or freeze. To increase your sense of control and reduce stress, think of at least two or more options from which you can choose. The more options you see, the more empowered and less stressed you will feel.

As work stress rises, remember that you can only control what is within yourself. Let go of

the fruitless struggle to control what is outside of you. Take charge of focusing and feeding your mind, noticing and staying present when your feelings are triggered and maximizing your options for making a choice. These simple strategies can effectively increase your inner control which relieves the cause of stress – feeling out of control.

### About The Author

Aila Accad, RN, MSN is an award-winning speaker, bestselling author and certified life coach, who specializes in quick ways to release stress and empower your life. A health innovator and futurist and member of the National Speakers Association, she is a popular keynote speaker and radio and television guest. Her bestselling book "*Thirty Four instant stress-busters: Quick tips to de-stress fast with no extra time or money*" is available at [www.stressbustersbook.com](http://www.stressbustersbook.com). Sign up for *De-Stress Tips & News* at [www.ailaspeaks.com](http://www.ailaspeaks.com) and receive a gift, "*Ten Instant Stress Busters*" e-book.



**Dean Dobkin MD**



## **The Emergency Department: When Nowhere Else Will Do**

A hospital's emergency department has equipment and resources no doctor's office can match. If you are sick enough that your condition cannot wait, or if you think waiting could cause serious problems for your health, there's only one place for you to go.

If you know your problem isn't an emergency, if you know it's something routine that you've just not taken care of, you can likely be seen more quickly, more efficiently, and in a less costly fashion at your family doctor's office.

A friend of mine told me a story about having a urinary tract infection. It hurt when she peed. She waited three hours at a hospital emergency department, then looked in the phone book and found a nearby family practice clinic. An hour later, she was leaving the clinic with an antibiotic prescription.

Ambulances take patients to emergency departments for a reason. Your doctor won't operate on your appendix in his office. No physician is equipped to care for a heart attack patient in the office. Even orthopedic specialists lack the ancillary personnel and specialized equipment needed to put a broken bone back into place. Most family practitioners, working in an office setting, can care for individuals with burning on urination.

What happens if you're not sure if that pain you're having is heartburn, or a heart attack? Where do you go? Do you have an emergency medical condition?

The federal Emergency Medicine Treatment and Active Labor Act of 1986 (EMTALA)

defined an emergency medical condition as "a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the health of the individual (or, with respect to a pregnant woman, the health of her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part."



The key is "reasonably be expected." This means you don't need to know what you have. Of course, if you knew what you had, you would likely know whether it was an emergency.

More modern thinking leads to the concept of “an emergency condition.”

*A commonly accepted definition of “an emergency condition” is “any medical condition of recent onset and severity, including but not limited to severe pain, that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury is of such a nature that failure to obtain immediate medical care could result in placing the patient’s health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of a bodily organ or part.”*

Take the path of safety; that’s the reasonable thing to do. If you believe there’s a chance that failure to obtain emergency care may seriously harm you, then you need the resources of a hospital emergency department.

You may not be alone in having trouble deciding whether your gastroesophageal reflux

disease (GERD) is acting up or you are suffering a heart problem. Even in the hospital, specialist emergency physicians and cardiologists may require hours, or days, with sophisticated testing, to distinguish between the two. Sometimes the problem may be something different and unexpected.

Think of the potential consequences. If you’ve gone to the emergency department for an evaluation of chest pain, you are taking the path of greatest safety. If all you have is heartburn, no foul. If you stay home and have a heart attack, you may be disabled or die.

Few of life’s decisions, including those regarding an individual’s healthcare, are always straightforward. For that reason, we must all try to use judgment. We all make potential life and death judgments on a routine basis. Can I swim in this current safely? Do I need to get my car’s tires replaced?

Your prudent judgment should tell you where to go when you need medical care, and always with an emphasis on safety.

### **About the Author**

Dean Dobkin, M.D., is a practicing emergency physician at the Philadelphia Veterans Affairs Medical Center. A graduate of Albany Medical College in 1976, Dr. Dobkin completed residency training in Emergency Medicine at the University of Illinois while the specialty was in its infancy. He has been certified, and recertified three times, as a specialist in Emergency Medicine by the American Board of Emergency Medicine. He has experience acting as faculty for an emergency medicine residency program, has held academic appointments at two Philadelphia medical colleges, and acted as an emergency department director at a variety of different hospital emergency departments. He has been honored by being named a Life Fellow of the American College of Emergency Physicians

(ACEP), after serving with distinction for that organization. Dr. Dobkin chaired the Pennsylvania Chapter's membership committee, represented the Chapter at the National Council, coordinated their one day seminar series, and was elected as Officer of the Board of Directors for six years. He has developed, directed, or served as faculty for approximately one hundred emergency medicine courses. Dr. Dobkin directed the chapter's oral board preparatory course for ten years, preparing physicians to take the oral portion of the ABEM certifying examination, and he helped develop their week-long course teaching physicians how to prepare for the written examination. Dr. Dobkin has acted as a consultant for PEER Review organizations, the Jefferson Health System, the Commonwealth of Pennsylvania, and the United States Government. Dr. Dobkin lives with his wife and family in southern New Jersey. He testifies as an expert witness in emergency medical care.



Theresa Healy RN



## A Natural Approach to Health Care

Natural health is a broad term, and it should be a key component to anyone's health education or goals. Previous generations used natural health care for many common ailments that now have a pharmaceutical treatment. Pharmaceuticals are produced with the

intention to relieve a symptom, not fix the problem causing the symptom.

Experience in the healthcare industry reveals extensive advancement in technology over the last several decades, making diagnosis easier, and invasive procedures and surgeries readily available. However, good or bad, these advancements have overshadowed the natural approach to healing. America today does not have a healthcare system; it is more accurately, a disease management system. Treatments are disjointed, and gone are the days when one doctor will treat the WHOLE

person. Pharmaceuticals and invasive procedures are used too much, and are marketed as being able to cure the problem. This kind of teaching makes it easy to pop a pill and go on with daily living, thinking there is no need to worry about it anymore. We don't think about the side effects caused by those medications, but they exist and can create havoc.

Holistic and natural health involves three aspects—body, mind, and spirit. A balance in all three areas is essential in order to achieve the maximum level of health. God has created the most perfect machine. No man has or ever will produce such a perfect machine. The body has the innate ability to rebalance, and heal itself, but it needs provisions of the best fuel, lubricants and energy to perform these, at times, very difficult tasks.

Spiritually, the soul and mind function outside the realm of complete understanding. It has been proven over and over that thoughts

become alive and beliefs dictate behavior and decision-making. Amazing stories exist of people who have come through illness and have led happy and healthy productive lives—Lance Armstrong comes to mind, after he beat cancer and rode his bike again and again in the Tour de France. So why is it some people can and do, and others cannot and do not beat illness? Much healing occurs in the body, by feeding it the proper fuel, and having strong genes. But also the mind, attitudes and belief systems play a significant role. Feeding and nurturing positive thoughts, being happy with life, accepting present circumstances and having a spiritual practice that feeds the soul, all contribute to and need to be a part of established health goals.

Living a happy and healthy life depends on making smarter and healthier choices. Maintaining not only positive thoughts, but ingesting clean food and water, and breathing clean air will set the stage for a level of



wellness that will elevate each day into the greatest day!

Make your day the best one you can have.

### About the Author

Theresa Healy is the founder of **Rx: Food - Let Food be Your Medicine**, and coauthor of **11 Weeks to Discover Nutrition**. She has been a registered nurse for more than 25 years. In 1990, with the emergency of her own health challenges, she met a nutrition counselor. Using food as medicine and experiencing the benefits of eating fresh whole foods, she realized there was a void in our healthcare system's approach to health. She entered alternative and complementary medicine. Theresa is certified as a health counselor from the Institute of Integrative Nutrition and Columbia University. She also has certification as a colon hydrotherapist, and a Chelation and IV Therapy Technician.

Theresa's passion continues to be service and guide people to be happy and healthy through food and lifestyle. She believes that health and well being depends upon both good nutrition and healthy lifestyle. Theresa is available for company wellness programs, youth programs, group and individual counseling, and educational talks. Reach her at [Theresa@theresahealy.com](mailto:Theresa@theresahealy.com)



**Julie A. Braun MD JD**



## **You Are What You Eat: Learn to Read a Nutrition Label Facts Panel**

*"Tell me what you eat, and I will tell you who you are."*

*Jean Anthelme Brillat-Savarin* [[http://en.wikipedia.org/wiki/Jean\\_Anthelme\\_Brillat-Savarin](http://en.wikipedia.org/wiki/Jean_Anthelme_Brillat-Savarin)]



BRILLAT-SAVARIN

# PHYSIOLOGIE DU GOUT

PAR  
**BRILLAT SAVARIN,**

ILLUSTRÉE

PAR **BERTALL**

PRÉCÉDÉE

D'UNE NOTICE BIOGRAPHIQUE

PAR **ALPH. KARR.**

Dessins à part du texte, gravés sur acier par Ch. Geoffroy,

Gravures sur bois, intercalées dans le texte, par Hildebrigh.



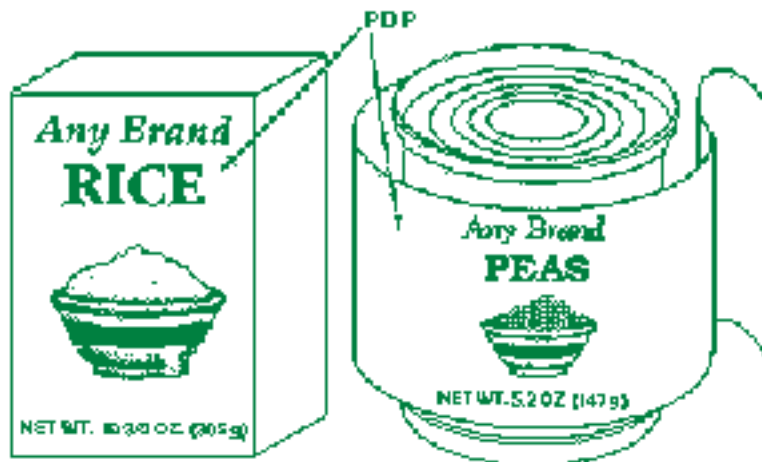
GABRIEL DE GONET, ÉDITEUR, RUE DES BEAUX-ARTS, 6.

Title page of *La Physiologie du Goût* or *The Physiology of Taste* by French gastronome Jean Anthelme Brillat-Savarin (1755-1826) with a portrait of the author (1848 edition).

People read food labels for different reasons. Why do you examine a label's boring and often confusing fine print before dropping an item into your grocery cart? Whatever your motive, learn how to easily translate a label's nutrition facts panel. [<http://www.mayoclinic.com/health/nutrition-facts/NU00293>] Seize control of your food choices and assume responsibility for your personal wellness. This article offers label-reading skills that make it easier for you to decipher the nutrition facts panel to make quick, informed decisions that contribute to a healthy diet. This discussion does not include dietary supplements, [<http://www.fda.gov/Food/DietarySupplements/default.htm>] a special category of products that fall under the umbrella of foods, but demand a different conversation.

The nutrition facts panel represents only one part of the food label. Other parts consist of the front panel, which advises if nutrients are added (recall reading *calcium-fortified* on an orange juice label), and the ingredients list [<http://www.fda.gov/food/foodingredientspackaging/ucm094211.htm>] that reports ingredients in order of predominance, with the ingredients used in the greatest amount or weight first, followed in descending order by those in smaller amounts.

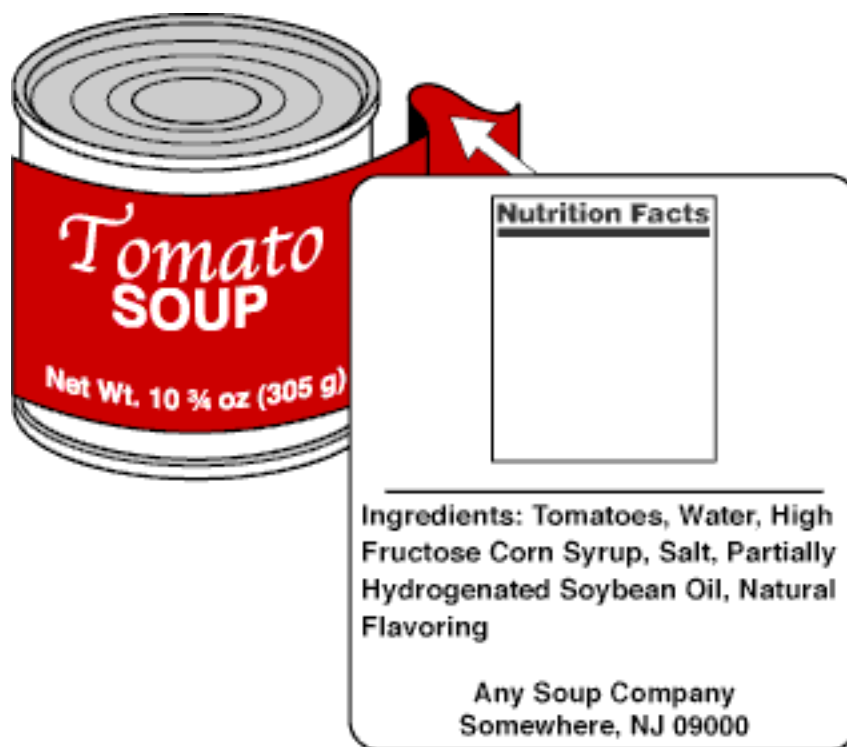
## Front Panel



**What is the front label or principal display panel (PDP)?** The PDP is that portion of the package label that the customer is most likely to see at the time of purchase.

Source: [21 CFR 101.1](#); [<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=2cd366a9f6d495974a9cbfc076c43b05&rgn=div8&view=text&node=21:2.0.1.1.2.1.1.1&idno=21+>] U.S. Food and Drug Administration, Guidance for Industry, General Food Labeling Requirements (Apr. 2008).  
[<http://www.fda.gov/Food/GuidanceComplianceRegulatoryInformation/GuidanceDocuments/FoodLabelingNutrition/FoodLabelingGuide/ucm064866.htm>]

## Ingredients List



**What is the ingredient list?** The ingredient list on a food label is the listing of each ingredient in descending order of predominance.

Source: 21 C.F.R. §101.4; [<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr;sid=a783af214392cf365b1d4590402ac08e;rqn=div8;view=text;node=21%3A2.0.1.1.2.1.1>]

[4;idno=21;cc=ecfr](#)] U.S. Food and Drug Administration, Guidance for Industry, Ingredient Lists (Apr. 2008).

[<http://www.fda.gov/food/guidancecomplianceregulatoryinformation/guidancedocuments/foodlabelingnutrition/foodlabelingguide/ucm064880.htm>]

Good nutrition is important throughout your life. It can help you feel your best and reduce the risk of some diseases or help you manage symptoms if you already have certain health issues. The nutrition facts panel required on all packaged foods and beverages serves as your guide for making choices that can affect your long-term health.

Begin with the serving size. This section shows how many servings are in the package and how big the serving is. Note that serving sizes appear in familiar measurements, such as cups or pieces. This information is critical to successfully interpreting the rest of the numbers on the label. The next section details calories and calories from fat for **one** serving or portion. Use nutrition labels to help set your priorities. Determine what information is most essential to you. If weight, for instance, is an area of concern, total calories are a priority. Consider, for example, a bottle of sweetened iced tea with 75 calories per serving. If the bottle contains two and a half servings and you knock back its entire contents, you have consumed 225 calories. Remember, when comparing calories (and nutrients) between brands, check whether the serving size is the same.

Next, focus on the nutrients section of the label. It conveys key nutrients that influence your health. Nutrients to get more of may include calcium, dietary fiber (sometimes called roughage), potassium (a listing that is optional on the nutrition facts label), vitamin A, and vitamin C. Nutrients to get less of include total fat (especially saturated fat), cholesterol, and sodium. Bear in mind that you can apply your label knowledge not only to limit nutrients you want to cut back on, but also to increase those

that you wish to consume in greater amounts. In addition, you may want to speak with your healthcare provider about which nutrients you should track closely for continued or improved health. For instance, consuming too much fat, saturated fat, *trans* fat, [\[http://www.fda.gov/Food/LabelingNutrition/ConsumerInformation/ucm109832.htm\]](http://www.fda.gov/Food/LabelingNutrition/ConsumerInformation/ucm109832.htm) cholesterol, or sodium may increase your risk of certain chronic diseases, like heart disease, some cancers, or high blood pressure. In contrast, getting enough calcium may reduce the risk of osteoporosis [\[http://www.nof.org/\]](http://www.nof.org/) and eating a diet high in dietary fiber may promote healthy bowel function.

Another label section describes the percent (%) Daily Value. The asterisk (\*) after the heading references the footnote in the lower part of the nutrition label which informs how the nutrients in *one* serving of the food contribute to your daily diet. Use it to choose foods that are high in the nutrients you should consume more of and low in nutrients that you should minimize. For instance, if you have high blood pressure or a family history of hypertension, [\[http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/\]](http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/) concentrate on sodium levels. Do not get anxious about the math. You do not need to know how to calculate percentages because the label does the work for you. It helps you interpret the numbers (grams as well as milligrams) by placing them all on the same scale for the day (0-100% Daily Value). The label reflects daily values based on a 2,000-calorie-a-day diet. Your nutritional needs likely depend on your health status and level of physical activity [\[http://www.cdc.gov/nccdphp/dnpao/index.html\]](http://www.cdc.gov/nccdphp/dnpao/index.html), so talk to your healthcare provider to ascertain what calorie level and dietary guidelines [\[http://www.health.gov/dietaryguidelines/\]](http://www.health.gov/dietaryguidelines/) are right for you.

The percent daily value also makes it easy to compare one product or brand to an analogous item. Just ensure that the serving sizes are similar, especially the weight (e.g. gram, milligram, or ounces)



of each product. It is easy to see which foods are higher or lower in nutrients because the serving sizes generally are consistent for similar types of foods, except in a few cases like cereals.

[<http://www.fda.gov/Food/LabelingNutrition/ConsumerInformation/ucm078889.htm>]

The percent daily value likewise allows you to distinguish quickly among nutrient content claims.

[<http://www.fda.gov/Food/GuidanceComplianceRegulatoryInformation/GuidanceDocuments/FoodLabelingNutrition/FoodLabelingGuide/ucm064911.htm>]

Thankfully, there is no need to memorize definitions for "reduced fat" versus "light" or "nonfat." Judge the percent daily values for total fat in each food product to see which one is higher or lower in that nutrient. This works when evaluating any nutrient content claims (e.g., less, light, low, free, more, or high). Further, one can employ the percent daily value to make dietary trade-offs with other foods throughout the day. You do not have to give up a favorite food to eat a healthy diet. When a food you like is high in fat, balance it with foods that are low in fat at other times of the day. Also, pay attention to how much you eat so that the **total** amount of fat for the day stays below 100% of the daily value. Learn more at

[<http://www.fda.gov/downloads/Food/LabelingNutrition/ConsumerInformation/ucm120909.pdf>]

As part of an effort to help consumers choose nutritious foods and achieve a healthy weight, the U.S. Food and Drug Administration (FDA), [www.fda.gov](http://www.fda.gov), created two learning tools that explain how to best use a product's nutrition facts panel.

One tool, *Make Your Calories Count*,

(<http://www.fda.gov/Food/LabelingNutrition/ConsumerInformation/ucm114022.htm>) is an online interactive learning program that takes viewers through a series of food label exercises that assist in planning a healthful diet while managing calorie intake. Conveniently, the program also is available in a downloadable format. [[www.cfsan.fda.gov/labelman](http://www.cfsan.fda.gov/labelman)] It casts an animated character named

*Labelman* who expertly helps you use the food label to make informed decisions about which food choice is right for you. You will explore the relationship between serving sizes and calories, learn how to limit certain nutrients and get enough of others, and discover what daily values mean and how to use them. For simplicity, the program presents two nutrients that you should limit (saturated fat and sodium) and two nutrients that you should consume in adequate amounts (fiber and calcium). Knowing this information can help you decide whether a food or beverage fits in to your eating plan or is appropriate if you have certain health conditions, such as high blood pressure or high cholesterol. [<http://www.webmd.com/cholesterol-management/default.htm>] It also enables you to compare similar products to see which one might be a healthier or more appropriate choice.

The second tool, a downloadable *Nutrition Facts Label* brochure, [<http://www.fda.gov/downloads/Food/LabelingNutrition/ConsumerInformation/ucm120909.pdf>] targets consumers, but health professionals may find it instructive when teaching people how to make healthier food choices. The brochure describes how you can use the nutrition facts panel while you shop and when planning meals. It includes information about the relationship between calories and serving size, which may help you use the label to manage your intake of calories.

The more practice you get reading food labels, the better you will become in using them as one of the tools to plan and achieve a healthy, balanced diet.

### **About the Author**

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