Inside:

How will my Vision change as I age?
To Our Readers

When it comes to tobacco use, it’s okay to be a quitter, especially on November 21st when the American Cancer Society celebrates its 37th Great American Smokeout. The article on this page offers a link to what your medical providers are doing to help you make that first step toward being tobacco free.

Coughing, fever, and chills are signs that you could be sick. The flu, perhaps. Or, maybe worse. The chart on page 3 titled, “Is it Pneumonia, Bronchitis or the Flu?” lists symptoms of each and helps you decide when you should seek medical attention.

Not seeing things clearly? Grab some reading glasses, turn to page 4 and find out how the aging process affects your eyes and what you can do to protect your vision. Page 5 offers insightful news about the VA’s Teleretinal Imaging Program that can detect diabetic retinopathy in its early stages, reducing the risk of blindness.

If an illness or injury means a stay in a VA hospital in the VISN 8 service area, you won’t be without great TV. An Interactive Patient Care System provides access to its GetWellNetwork via an in-room television and touch screen. It offers customized health education, as well as information on hospital services, medications, patient safety, pain management, on-line entertainment, Internet, video games and music.

Test your knowledge about common fall illnesses with the crossword puzzle on page 7. For a tasty entree, try U.S. Army Veteran Ken Leggett’s Crispy Oven Baked Chicken recipe.

Wishing you a flu-free fall.

Joleen Clark, MBA, FACHE
VISN 8 Network Director
### Things to Know

#### What are causes and symptoms?
- **Seasonal Influenza (Flu):** Viral infection that occurs each year, mostly from October to March. Fever, chills, fatigue, muscle aches, sore throat, cough, runny or stuffy nose and headache.
- **Acute Bronchitis:** Swelling of the air passages of the lungs from a virus, bacteria or pollutant, such as smog. Low-grade fever, cough with mucus and wheezing. Symptoms can last up to three weeks.
- **Pneumonia:** An infection of the lungs from bacteria, a virus or a fungus. Fever, chills, coughing, fatigue, rapid breathing and shortness of breath and chest pain.

#### How does it spread?
- **Flu:** Breathing air droplets from an infected person’s sneeze or cough. The droplets can spread up to 6 feet away.
- **Bronchitis:** Breathing air droplets from an infected person’s sneeze or cough. The droplets can spread up to 6 feet away.
- **Pneumonia:** Breathing air droplets from an infected person’s sneeze or cough. The droplets can spread up to 6 feet away.

#### How is it treated?
- **Flu:** Rest. Fever reducers such as acetaminophen or ibuprofen. Plenty of fluids. Antiviral drugs within 48 hours of the onset of symptoms as directed by your health care provider.
- **Bronchitis:** Rest. Fever reducers such as acetaminophen or ibuprofen. Plenty of fluids. Treatment as advised by your health care provider. Most often caused by a virus which does not need an antibiotic.
- **Pneumonia:** Rest. Fever reducers such as acetaminophen or ibuprofen. Plenty of fluids. Treatment as advised by your health care provider. Antibiotics for a bacterial infection. May need treatment in a hospital.

#### How is it prevented?
- **Flu:** A flu vaccine each year is the best protection. Avoid people who have the flu. Clean hands often. Keep hands away from face. Cover coughs and sneezes. Stay home when sick and limit contact with others.
- **Bronchitis:** Avoid smoking and exposure to secondhand smoke. Clean hands often. Keep hands away from face. Cover coughs and sneezes. Keep up to date with recommended vaccines. Stay home when sick and limit contacts with others.
- **Pneumonia:** Pneumonia vaccine(s) as advised by your health care provider. Yearly flu vaccine. Avoid contact with people who have pneumonia. Clean hands often and keep them away from face. Cover coughs and sneezes.

#### When is medical care needed?
- Severe or increasing chest pain, shortness of breath or wheezing.
- Inability to say more than four to five words between breaths.
- A cough lasts longer than three weeks.
- Fever and/or chills increase or go away but come back.
- Discuss symptom management with your health care provider if you have a chronic illness.
As you age, it’s normal to have some vision changes, such as needing reading glasses, but vision loss is not a normal part of aging. To detect serious eye diseases early, it’s important to get regular eye exams. And if you have diabetes, routine eye exams are very important, even if you don’t have vision problems. More serious eye conditions that can lead to vision impairment and blindness are among the top five causes of disability in older adults, according to the National Institutes of Health. With early detection and advanced treatment methods, damage can be minimized or repaired. Check with your VA health care provider on the timing and frequency of eye exams.

**Common Eye Conditions in Older Adults**

**Age-related macular degeneration, or AMD,** is the leading cause of central vision loss in Americans 65 and older. One or both eyes may be affected. Symptoms include seeing a dark or blind spot at the center of your vision and blurred or cloudy vision. The most common type is called the dry form. Only one to two percent of people with this type have a lot of vision loss. The wet form is less common than the dry form but causes more vision loss. Treatment for this type includes photodynamic therapy, laser therapy and medication. Your health care provider may prescribe a specific high-dose vitamin and mineral to reduce the risk of advanced AMD.

**Glauc...
Aging Eyes

Teleretinal Imaging is a quick, painless, accurate way to check a Veteran’s vision for a common diabetic eye disease that is a leading cause of blindness in American adults.

Protecting the DIABETIC’S VISION

The U.S. Department of Veterans Affairs has been recognized as a national leader in preventive care for persons with diabetes, in part due to the innovative use of telemedicine.

Besides being a significant cause of disability and early death in the U.S., diabetes is also a leading cause of blindness in adults.

Regular screening for eye problems related to diabetes is important to preserve vision.

It’s estimated that only 60 to 70 percent of persons with diabetes receive timely and appropriate eye care. To meet this challenge, the VA, through the Office of Telehealth Services, has developed an important program to ensure that patients with diabetes are evaluated at regular intervals for diabetic retinopathy--damage to the eye that can occur with long-term diabetes.

Called Teleretinal Imaging, this program uses state-of-the-art technology to obtain pictures of the retina which are sent electronically to be reviewed by an eye specialist.

The VA Sunshine Healthcare Network of medical facilities in Florida, South Georgia and the Caribbean has 26 digital retinal cameras installed in its large hospitals, community based outpatient clinics, and rural settings. Through June of 2013, providers in the VISN 8 service area had screened 7,413 patients and by the end of the year, all facilities in the VA Sunshine Healthcare Network will be able to offer teleretinal screening.

Veteran Carl Bales of Orlando, Fla., undergoes a teleretinal examination by technician Sandra Montanez at the Orlando VA Medical Center. The Orlando VAMC is one of many facilities in the VISN 8 network of VA hospitals and clinics in Florida, South Georgia and the Caribbean to offer teleretinal services as an effective, convenient way to screen for diabetic eye disease. With teleretinal exams, digital retinal images are sent electronically for interpretation by an eye care specialist located elsewhere. By the end of 2013, all VISN 8 facilities will be participating in the program.

Dr. James Fabian is the Clinical Champion for the teleretinal program throughout the VISN 8 Network. He is also the lead diabetic teleretinal reader at the Miami VA Medical Center. He describes diabetic retinopathy as a significant public health problem and emphasizes the value of screening for the eye disease in preventing vision loss among patients with diabetes.

“Teleretinal screenings are important, particularly for diabetics. The screenings have detected treatable diabetic retinopathy in patients who weren’t having any visual symptoms and that, for some reason, were not having routine eye care due to access or other obstacles to care; such as geographic, economic, cultural, educational or other factors,” says Dr. Fabian.

“Through timely access to care, VA’s telehealth services help overcome many of these obstacles. And our patients give us very positive feedback on surveys that suggest they have a high level of comfort and convenience with teleretinal imaging,” he says.

The teleretinal imaging program in VISN 8 is another way in which Veterans receive efficient and effective care in the right place at the right time.
Interactive Patient Care System Gets Veterans Involved in Their Health Care

At VA hospitals across Florida and in the Puerto Rico, there’s always something good to watch on television.

An Interactive Patient Care System in patient rooms and units in Florida hospitals and at the San Juan VA Medical Center is helping to educate, engage and empower patients in the care they receive.

Using an in-room television that has an easy-to-operate touch screen, hospitalized Veterans using the GetWellNetwork receive customized health education as well as information on hospital services, medications, patient safety and pain management, and dynamic, on-line entertainment including Internet access, television shows, movies, video games and music.

There are only a handful of VA facilities nationwide currently using GetWellNetwork. The VA Sunshine Healthcare Network known as VISN 8 is the first to get the system installed network-wide in 2013.

“We are committed to investing in the latest technology to deliver the very best care to our Veterans,” said Joleen Clark, VISN 8 Network Director. “This tool proactively engages patients and families during a very personalized hospital experience. It starts with patients knowing who is taking care of them, educating themselves on their condition, treatment plan, and the discharge planning process. And it ends with Veterans being more satisfied with their hospital stay and being better prepared to care for themselves beyond the walls of the hospital.”

Patient satisfaction is key to a better hospital experience, and using the GetWellNetwork, patients are able to contact their care team directly about issues like adjusting their room’s temperature, tending to an environment of care issue, or providing feedback on the quality of care they’re receiving. This enhanced communication enables clinicians and team members to immediately respond to their patients needs.

GetWellNetwork interfaces with VistA Imaging, the VA’s enterprise-wide paperless and filmless Electronic Health Record. Besides customizing patient education, hospital staff will be able to track and record patient information directly into a Veteran’s electronic medical record. Future system enhancements include access to My HealtheVet, a free, on-line personal health record that allows Veterans to see their wellness reminders, view appointments, participate in secure messaging with their VA health care team and access links to federal and Veteran benefits.

“GetWellNetwork maximizes our ability to provide a great patient experience coupled with successful patient outcomes,” said Ms. Clark. “We know this technology will be an invaluable tool to both our patients and staff, and we look forward to seeing the quality of care improvements. We believe that investing in the wellness of our Veterans is one of the wisest investments we can make.”
**Crispy Oven Baked Chicken**

**Ingredients**
- 2 lbs skinless chicken breast
- 1/4 cup low-fat or fat-free plain yogurt
- 1 Tbsp dijon mustard
- Hot pepper sauce to taste
- 1 cup corn flakes, crumbled
- 1/4 cup fresh parmesan cheese, grated
- 2 tsp paprika
- 2 Tbsp dried parsley
- Cayenne and black pepper to taste
- Nonstick cooking spray

**Directions**
Preheat the oven to 375 degrees F. Spray a large baking microwave safe dish with nonstick cooking spray. Place the chicken in the dish and cover loosely with plastic wrap. Microwave on high 6 to 9 minutes or until the chicken is half cooked.

In a shallow bowl, mix the yogurt, mustard, and hot pepper sauce. Add chicken and toss well. In a large plastic bag, combine the cornflakes, cheese, paprika, parsley, cayenne, and pepper to taste. Shake and mix contents well.

One at a time, drop the partially cooked chicken pieces into mix and shake well, coating each with the crumb mixture. Repeat with each piece of chicken, placing them onto the prepared baking dish.

Place baking dish in preheated oven for 30 to 45 minutes or until golden brown and the juices are clear. Serve hot or at room temperature.

Serves 6. Serving size is 3.5 oz.

**Nutritional Information:**
- Fat/7g, Fiber/1g, Sodium/450mg, carbs/9g, protein/4g

Recipe by Veteran Ken Leggett
(U.S. Army, 1976-1987)

Ken Leggett has been a part of the VA’s MOVE program since 2009. After undergoing bariatric surgery, he lost over 181 pounds. Today, Ken is feeling great — eating healthier and consuming fewer calories, less sugar, and less sodium.

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**crossword PUZZLE**

**ACROSS**
1. Meds that treat bacterial infections.
2. Seasonal illness.
3. Pounding in the cranial region.
4. Preventative shot.

**DOWN**
5. Infection in bronchial tube in the lungs.
6. Take it easy.
7. Viral, bacterial or walking _____.
8. Cover your mouth when you _____.

Answers appear on page 3.
The VA offers free flu shots to Veterans enrolled at their facilities. Check with your nearest VA medical center or clinic for exact locations and hours.