

# Advice for Life

GVSU FAMILY HEALTH CENTER

## Disaster simulation a successful technique to prepare health students

Seven patients were successfully rescued from a fictitious hospital during a simulated exercise for area college students held at Grand Valley State University.

The students are members of Promoting Interprofessional Education for Students (PIPES), an organization for social work, nursing and college of health profession students from Grand Valley, Ferris State University College of Pharmacy, Michigan State University College of Human Medicine and Grand Rapids Medical Education Partners.

Doris French, director of simulation at Grand Valley, said the simulation exercise was designed by faculty and staff members from area educational and health institutions who are members of the Midwest Interprofessional Practice, Education, and Research Center (MIPERC).

French said the simulation detailed a tornado touching down on I-196 and causing considerable damage to the "Laker Rehab Hospital" and requiring patients on the third floor to be evacuated.

"Within 36 minutes, all seven patients were safely evacuated," French said.

The Laker Rehab Hospital was, in reality, the third-floor hospital simulation suite at Grand Valley's Cook-DeVos Center for Health Sciences and the patients were doctoral physical therapy students.

PIPES students who participated in the simulation prepared for the spring exercise during monthly meetings in the fall and early winter semesters.

French said Linda Goossen, associate dean of Health Professions at Grand Valley, led PIPES students through medical and ethical discussions of evacuations at New Orleans hospitals following Hurricane Katrina in 2005, and Julie Bulson, director of Emergency Preparedness at Spectrum Health, spoke to the students about disaster preparedness.

"Julie talked about evacuation methods, how decisions are made, where to evacuate to and who should go first," French said.

Students debriefed after the simulation exercise, French said, and a common theme was how important it is that all health care disciplines work together during a crisis or natural disaster.

"They also talked about how chaotic it was until everyone started to talk and work through the issues," French said. "It also was pointed out that communication among individuals with varying subject expertise was critical so that 'patients' are given the best care possible."

MIPERC has more than 140 members from 25 area organizations.

A steering committee of academic partners (Grand Valley, MSU-CHM, GRMEP, Ferris State and Kent Intermediate School District) guides the large group and organizes an annual conference, set for Sept. 17-18 at Grand Valley's Pew Grand Rapids Campus.

For more information about MIPERC, visit [www.gvsu.edu/miperc/](http://www.gvsu.edu/miperc/)



College students and members of Promoting Interprofessional Education for Students (PIPES), an organization for social work, nursing and college of health profession students from Grand Valley, Ferris State University College of Pharmacy, Michigan State University College of Human Medicine and Grand Rapids Medical Education Partners, participate in a training simulation drill. (Submitted photo)

HOLLAND HOME

## Technology for today's smart homes, makes for safer homes

Ageing brings changes that might make your current home difficult to navigate or potentially unsafe.

Enter technology. What is being called smart home technology is making it possible for people to stay in their own homes and remain independent longer than ever before.

### WHAT IS A SMART HOME?

A smart home is equipped with technological tools and adaptive devices that make the home safer and more comfortable for older adults. These products offer an advantage to caregivers as well by making their job

easier and providing them with peace of mind.

There are options for every room in the house that can be customized to your unique needs, whether it's as simple as grab bars in the bathroom or high-tech appliances that can be controlled with your cell phone.

### BATHROOM

Accidents in or around the tub or shower account for more than two-thirds of emergency room visits.

Older adults are particularly prone to injury while getting off the toilet, according to the Centers for Disease Control and Prevention.

The bathroom can be made a safer place with a few adjustments, such as grab bars around the tub or shower and toilet, a no-lip shower, higher toilets and anti-scald faucets.

Flooring should be non-slip, and there are night lights that are motion activated to make middle-of-the-night trips to the bathroom safer.

### KITCHEN

Kitchens are the No. 1 area for home fires, and cooking is the leading cause.

Electric stoves and ranges now are available with an automatic shut-off feature that makes cook-

ing safer. There also are devices that will allow you to control your appliances with your smart phone, making it possible to turn off an oven or stove burner remotely.

### LIVING AREA AND BEDROOM

Falls are the leading cause of injury to seniors, according to the National Institute for Health.

Fall-prevention methods include installing dual handrails along stairs, stair gates, low pile carpeting or wood floors and raised outlets.

Motion activated night-lights are recommended. For the bedroom, there

are nightlights that can be positioned under the bed and programmed to go on as soon as someone gets out of bed.

### HEALTH SAFETY

Technology has advanced to the point where it's possible to monitor a person's vital signs — including blood pressure, weight, heart rate, pulse oximetry and blood sugars — remotely, which allows for preventative and proactive care.

Numerous styles of medication dispensers are available to keep medications safe, provide auditory and visual reminders and dispense medication as

needed, when needed.

Some styles can be programmed to communicate with a caregiver ensuring compliance.

"Some of this new technology and many of these adaptive devices are standard in our residences," said Michael Loughman, director of sales for Holland Home, a senior retirement community with three campuses in Grand Rapids. "Other items are available upon request. We care about the safety of our residents and clients and want to help them maintain their independence as long as possible."

For information, call 616-643-2730.

## "Driving has allowed Mark to have a successful life."

GREG BRUNETTE, CLINICAL MANAGER OF MARY FREE BED REHABILITATION HOSPITAL'S DRIVER EDUCATION PROGRAM



Mark McCleary, left, discusses the modifications needed on his new van with Greg Brunette, clinical manager of Mary Free Bed's Rehabilitation Hospital's driver education program. (Submitted photo)

MARY FREE BED

## Drivers with physical challenges remaining behind the wheel

Mary Free Bed offers expertise for modification of vehicles

By Beth Loechler Cranson

With 215,000 miles on its odometer, Mark McCleary's 2001 Dodge Caravan has served him well.

And, even though he recently purchased a much newer version of the same vehicle, he still is driving the aged one.

That's because McCleary's new Caravan will require about \$30,000 in modifications before he can get behind the wheel. McCleary has a condition called arthrogryposis, which means his joints are curved in abnormal ways, so he cannot get into the new vehicle, shut the door or buckle his seatbelt, much less drive it, in its current state.

"And how can he be independent without a vehicle?" said Greg Brunette, clinical manager of Mary Free Bed Rehabilitation Hospital's driver education program. "Driving has allowed Mark to have a successful life."

Brunette helps people such as McCleary figure out what modifications are necessary, and submits a funding request to Michigan Rehabilitation Services (MRS), a state agency that advocates for employment and independence for people with disabilities.

Generally, insurance doesn't cover adaptive equipment for automobiles.

Brunette and McCleary met recently at Clock Mobility, a company in Cutlerville that modifies, services and rents vehicles with hand controls, wheelchair lifts and other adaptive equipment, to investigate the options.

For McCleary, the modifications



The adaptive equipment, including a small steering wheel and touch screen, in this 2001 Dodge Caravan have kept owner Mark McCleary behind the wheel for the last several years. (Submitted photo)

will include a touch screen on the right side of the driver station to control ignition, shift, mirrors, windows, heat and air.

A button in McCleary's left hand will operate the turn signals, windshield wipers/washer, headlight dimmer, horn and cruise control, which are features he will use while the vehicle is moving.

A smaller steering wheel located on the lower right side of the driver seat will allow him to steer.

Additional modifications include a remote starter, so the heat and wipers can clear the windows on a snowy day; switches under the left armrest to allow the driver's seat to move back and recline so McCleary can buckle his seatbelt and get into and out of the van; a special hook and handle so he can open and shut the driver's side door, and additional mirrors to help with visibility.

Before submitting the request, Brunette rode with McCleary to observe his driving skills and help identify the best ways to modify the new vehicle.

He will ride with him again after the modifications are completed to

make sure he can continue to be a safe and competent driver in the new van.

If all goes as planned, MRS will pay for the modifications and they will be completed by fall, "although I hope to get the van sooner," said McCleary, who works in information technology for the U.S. Department of Defense in Battle Creek.

Helping people with physical challenges get the necessary vehicle modifications is only part of what Brunette does at Mary Free Bed. For 40 years, Mary Free Bed has offered driver rehabilitation for patients and others who have experienced a stroke, brain injury, amputation, spinal cord injury or other physical challenge that may affect their ability to drive.

Brunette also receives referrals from physicians and from the Michigan Office of Secretary of State to evaluate the driving skills of people who are elderly or disabled and then make recommendations on whether they should be eligible to keep or obtain a driver's license.