

THE



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BULLETIN

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Champions of Residents' Rights Since 1975

The POA Website - www.poa4us.org

VCCDD Moving Forward With "Community Educational Enrichment" Program

District Manager, Janet Tutt, and Recreation Department Director, John Rohan, reported a positive direction for Lifelong Learning to be available again for Villages residents, starting in October. Ms. Tutt and Mr. Rohan presented their due diligence to the Villages Center Community Development District (VCCDD) Board of Supervisors at its January 11 meeting. "I am pleased to tell everyone here today that we do believe it is fiduciarily possible to continue, that we believe we have provided due diligence to this point..." she announced. The residents who packed the meeting room, overflow room and hallway were pleased with the announcement.

Mr. Rohan provided a PowerPoint presentation indicating that the District is trying to build a sustainable community enrichment program for the residents that will be housed as a new division of the Recreation Department. Mr. Rohan cited the Recreation Department's past experience dealing with community enrichment and education programs when it was doing college related classes many, many years ago. It grew into such a big program that the Villages Charter School took it over, creating its own operation.

As part of the due diligence process, Mr. Rohan, Ms. Tutt and staff have started to look

at the budget, including revenues and expenses, as well as the course catalog for the LLC, to take a look at the current course offerings in an effort to identify the key core classes the new program will offer.

Facility needs are part of the equation and they are taking a look at the recreation center rooms that have been used as part of the Lifelong Learning College (LLC) programs. Other considerations are staffing, equipment and supplies, and adjustments to the rental rate rules for the Village Center and, if necessary,

Tuesday, February 21, 2017
POA GENERAL MEMBERSHIP MEETING
Third TUESDAY of the Month - 7PM
LAUREL MANOR RECREATION CENTER

End of Life Issues... A Subject No One Talks About

Ms. Denise Johnson, Licensed Pre-planning Counselor,
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Ms. Krista Schueler, Clinical Liaison,
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Ms. Katina Pantazis, Esq., Elder Law Attorney

Followed by Questions & Answers
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for Sumter Landing.

With respect to classes, there were hundreds offered by the LLC. The District is reviewing those to determine what critical, core classes they really want to "jump start" this new program.

Other considerations are naming and marketing the new programs, creating operating guidelines, administrative and legal review, and ADA considerations.

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The Villages Regional Hospital: Working Toward "Extraordinary" Care

At the January POA Membership meeting, Michael Pittman, Vice President, Chief Clinical Officer and Site Administrator for The Villages Regional Hospital (TVRH), and Susan Williams, Administrative Director of Nursing, were excited to share their vision and progress toward becoming "Extraordinary" in providing health care services to the residents of The Villages. Mr. Pittman has been with TVRH since March 2016 and Ms. Williams for more than a year. Ms. Williams stated that the journey to extraordinary did not begin until Mr. Pittman arrived.

The first step in the process began with the assembly and development of the hospital's leadership team, which previously didn't exist, and creating processes that are designed to respond quickly and that are proactive in nature.

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LLC Replacement

(Continued from page 1)

Mr. Rohan suggested they would launch the new program in two phases. Phase I will create the start-up programs with core classes that have been selected. Phase II will continue to expand, enrich and improve the core offerings as the program continues to grow. Ms. Tutt and Mr. Rohan both reiterated that they are not rushing just to get the new program off the ground. Rather, they are focusing on creating a quality product that meets expectations and is reflective of the quality of programs and activities in The Villages.

With much of the legwork already complete, program development will continue through June 2017, with tentative registration in August – September 2017. Classes would begin in October 2017, which would coincide with the District's fiscal year, which runs from October 1 – September 30 and makes sense for budgeting all of the activities, equipment and staffing of the program.

Ms. Tutt explained that the District's ADA manager has had continuing discussions with ADA "federal folks" and believes they have identified the appropriate process they will follow for any ADA accommodations. Based on those discussions, she feels confident going forward, but also said that the District's attorneys are still making sure they are on "firm ground."

She also addressed start-up costs and staffing, saying that the Recreation Department currently has some open slots to fill, so they will hire those people with an eye to moving them over to the new program after their orientation to the department. Ms. Tutt has also had discussions with the auditors regarding the use of the District's general fund, and they indicated they are comfortable with the use of the general fund's resources for start-up costs

and expenses for the enterprise fund that will be established for the program. The enterprise fund will pay back the general fund as it starts generating revenue. **NOTE:** An enterprise fund is a proprietary fund that reports the same functions presented as business-type activities in the government-wide financial statements, only in more detail. The District uses enterprise funds, a type of proprietary fund, to account for the operations and maintenance of the water and sewer utility systems, the fitness centers, and the Recreation Amenities Division (RAD) that are financed and operated in a manner similar to private business enterprises, where the costs of providing services on a continuing basis are financed through user charges. Source: VCCDD Financial Statements, September 30, 2009, Auditor's Comments.

Questions and comments followed the presentation:

Q) What would happen if the LLC wins the lawsuit? **R)** While no one knows for sure, the Charter School has decided to close the LLC and no one has indicated they intend to reopen, regardless of the outcome of the lawsuit.

Q) The Court ruled that the Resident Lifestyle Groups (RLG) were not activities, programs or services sponsored by the District. Wouldn't the District want to construct the new program in a similar manner like the clubs to insulate it from this kind of legal attack? **R)** Ms. Tutt responded, no, the programs will be sponsored by the District and subject to the ADA.

Q) The College was not found in violation of the ADA, it was found in violation of the Rehabilitation Act of 1973. Are we not obligated to be in compliance with the Rehabilitation Act and in what ways will the new entity address the needs of the people who brought the lawsuit? Is there a considered plan to not necessarily provide interpreters in every class,

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POA

Mission Statement

The Property Owners' Association of The Villages is an independent organization devoted to our home ownership experience.

The Vision/Objective of the POA is to make The Villages an even better place in which to live, where Residents' Rights are respected, and local governments are responsive to the needs and interests of residents.

The POA serves Villagers through programs of education, research, analysis, representation, advocacy, and legislative action.

The POA also functions as a "watchdog" organization overseeing the actions of our Developer and our local governments.

Specific POA attention is focused on housing, community, neighborhood, and local government issues. Special emphasis is focused on the Amenity Authority Committee (AAC), our Community Development Districts (CDDs), the Florida Chapter 190 law that regulates CDD operations, and our Developer.

The POA has no ties or obligations to the Developer of The Villages which might compromise the POA position or its advocacy of Residents' Rights.

The POA, founded in 1975, is the original homeowners' organization in The Villages. Membership is open to all Villages residents. □

The Villages Residents' Bill of Rights

RESIDENTS have RIGHTS to:

1. Be treated in a respectful, fair, and responsive manner by the Developer and our local government officials.
2. Have decision making authority for important issues in our community.
3. Elect our top government officials and approve appointments of the top administrative officials in our community.
4. Approve major purchases of common property and the related debt obligations assumed by residents.
5. Have local governments that are free of any conflict of interest issues.
6. Be charged honest monthly amenity fees that are used only for the stated purposes.
7. Receive full disclosure when purchasing a home here in The Villages.
8. Receive an objective market appraisal for major purchases of common property.
9. Receive objective, unbiased, unslanted news reporting from local news sources.
10. Be informed beforehand by the Developer on any major change in our community. □

The POA Bulletin is published monthly by the Property Owners' Association of The Villages, Inc. Articles represent the opinion of the POA or the writer, and Letters to the POA postings represent the opinions of the writers. Care is taken to ensure that facts reported herein are true and accurate to the best knowledge of the POA and are taken from reliable sources.

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Medicare Special Enrollment Period Jan 1 – March 31

Betty Cunningham of Serving Health Insurance Needs for Elders (SHINE) reports that the Medicare Special Enrollment Period that comes only once a year runs from January 1 – March 31. This is the time for people who didn't sign up for Medicare when they could/should have to get signed up. You **MUST** sign up for Medicare by March 31, and it will go into effect July 1. There are penalties if you don't – 10% for each full 12 months that you could have it and didn't!

You can also choose to leave a Medicare Advantage Plan (Part C) if you decide it wasn't right for you when you signed up, but you **must do it within the first 6 weeks of the new year (until February 14)**. You cannot switch to another Advantage Plan, but you can go back to Original Medicare, Part B, and you can get your Part D prescription plan. But if you don't have a guarantee to get your supplement back, you need to apply before you go back to make sure you will get it. Contact SHINE for any questions or more information, 352-692-5259 or 800-262-2243. □

POA Membership is a Great Value!

Where can you get an advocate, informative programs, discounts from businesses, and a wealth of information about the community you live in for just \$10 a year? That's right – the Property Owners' Association of The Villages. The monthly *Bulletin* strives to give you factual information from the perspective of how something might affect the residents and is delivered to every driveway. The Villages is a wonderful place to live and the POA wants to do all it can to help make it even better. That means sometimes we have to play the "devil's advocate" to really dig deep into decisions that might affect our futures and property values.

We live in what is arguably the most unique community in the country. We are blessed with

wonderful golf courses and pools, recreation centers, activities galore, beautiful landscapes and preserves, fantastic town squares...the list goes on. And we are blessed to have excellent leadership at the District level, with District Manager Janet Tutt at the helm, and an absolute army of excellent departmental leaders and staff.

The POA can help you if you help us by strengthening our membership and getting involved! \$10 a year? You can't beat it! If you haven't sent in your prefilled renewal form, please do it today. If you're reading this and you've never been a member, please use the form below or go online at www.poa4us.org. Make your check payable to the POA. □

POA 2017 AND BEYOND MEMBERSHIP & CONTRIBUTION FORM

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☐ Two years - 2017/2018 - \$20 per/household
☐ Three years - 2017/2018/2019 - \$30 per/household

ADDITIONAL CONTRIBUTION IF DESIRED: Please accept my additional contribution to the POA in the following amount: \$ _____

TOTAL AMOUNT FOR DUES AND ANY CONTRIBUTIONS: \$ _____

☐ Enclosed is a Stamped, Self-Addressed Envelope, along with this form and my check. Please mail my Membership Card to me. ☐ Please hold my POA Membership Card for me to pick up at one of the monthly POA Meetings.

THANK YOU FOR YOUR SUPPORT OF THE POA

LLC Replacement

(Continued from page 2)

which frankly is absurd, but in selected classes? **R)** (Answered by a VCCDD District Supervisor). It is certainly the intent of the VCCDD that, in taking this activity forward for the benefit of the residents, that we are going to do the very best we can to assure we are complying with all applicable laws and do that which is reasonably necessary by the law. So, yes we're going to do the right thing.

Appellate Court Upholds RLG Ruling.

Within hours of the VCCDD meeting, the Appellate Court released its decision to uphold the lower Court ruling that Resident Lifestyle Groups were not considered District-sponsored activities, and were therefore not subject to ADA requirements. This means that the District has "won" its case with respect to the RLG's. □



Extraordinary Care

(Continued from page 1)

The next step addressed establishing four primary expectations: 1) Patient safety and quality, 2) Staff safety, 3) Patient satisfaction, and 4) Staff satisfaction. The team is now held 100% accountable for meeting these expectations and data shows an upward trend in results in those areas.

The leadership team is supported by a constant reinforcement of direction and purpose, an emphasis on communication, daily huddles that "fix" issues on the spot, and weekly operations meetings that highlight and drive results. Goals are posted and measured.

Establishing a strategic staffing model that is "census-driven" (based on the number of patients to be served) was paramount to success and improved safety and satisfaction. Mr. Pittman stated that the hospital has more staff than ever before, with new staff supported with more preceptors (working beside new hires) and a well-defined orientation process. Ms. Williams said that they have identified three "seasons" – Summer, low to average, October

– December, a slow "uptick"; and January – April, high season. Staffing is geared toward those levels of activity or patient traffic. The result in this strategic approach has been a steady decline in nursing turnover, and a lowering of time and costs of constantly training new staff. In general, Mr. Pittman says lower turnover results in better patient outcomes and In-patient and Emergency Room satisfaction trend lines are moving steadily upward.

A new Emergency Room physician group is in place, and outcomes for the treatment of stroke and heart disease have improved. In November, TVRH achieved the Advanced Primary Stroke Center Joint Commission Accreditation. In the treatment of heart disease or heart attack, the national standard from entry to the ER until a cardiac stent is in place is 90 minutes. The top 10% can do it in less than 60 minutes. In October, at TVRH, it was less than 30 minutes. (In May 2016, TVRH had a case of a person who was already onsite in the hospital and it took 79 minutes.) Pittman attributes these improvements to streamlined testing by using field testing from paramedics and not repeating them on entry to the ER.

Mr. Pittman stated that TVRH is working hard to become "Extraordinary", and invited residents to become a part of their team by volunteering and/or communicating directly with him or Ms. Williams about their experiences at the hospital. In fact, both Mr. Pittman and Ms. Williams left their business cards with their direct phone numbers and emails.

You can reach Mr. Pittman at 352-751-8006 or mpittman@centflhealth.org and Ms. Williams at 352-751-8581 or suwilliams@centflhealth.org.

QUESTIONS AND RESPONSES

Q1) What percentage of your patients who come in are actually surveyed? **R)** 100%.

Q2) What is your staffing ratio on the units? How many nurses do you have per patient? **R)** We do meet the national guidelines for nurse to patient ratio. It depends on the type of patients we have, and the unit it is on. For example, in the ICU, it is 2 to 1 for ICU patients. The step down unit is 1 to 4, and in the medical/surgical unit, it is between 1 to 5 and 6. That is the standard benchmark for a hospital of our size and the community.

Q3) Do you have LPN's and RN's? **R)** We have a few LPN's, but the majority are RN's. We don't replace with an LPN, we replace with an RN.

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Extraordinary Care

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Q4) Are there ABNs? BSNs? (Associate Degree/Bachelor Degree) **R)** We have a mix of ABN and BSN.

Q5) If a person has a stroke and is taking Warfarin, can you apply the (stroke) medication? **R)** YES. The stroke medication that you are talking about is in addition to Warfarin, to be able to break up the clot. We would not wait to give that medication, in order to save that piece of the brain.

Q6) Where do we rank now with Florida hospitals and where would you like to rank, in 2 years and 5 years? **R)** Very recently the CMS, the folks who rank us, actually came out with a star rating system that is on a 1-5 scale. There is one hospital in FL which is a 5, there are 14 or so, that are 4's. We are a 3 and Leesburg is a 2. The average for the state of FL is a 2.4. So, we are a little bit above what you would consider the average. I am very confident, that the next time that they do rate us – they look at you twice a year and give you points for each thing you are doing – I would like to see us a 4 by the end of the year, and we

will be working for that 5... that is a journey that will probably take a couple of years.

Q7) I was hospitalized in November for a week, went in through the emergency room, and was in a bed for several hours because there was not an immediate emergency. They informed us all afternoon about what was going on, and gave a timeline until we would see someone...after about 6 hours an ambassador came by and offered us a sandwich or a cup of coffee. I was tremendously impressed. **R)** I'm going to put a plug in, we have just over 900 volunteers. You will see them all throughout the hospital. The nurses told me the volunteers are the one thing that really added the "human factor" back into the process. While this person's life was being saved, there was an ER ambassador who stepped in to assist the family members during the stressful time. I can't thank the volunteers enough, if you know a volunteer, thank them. Last year volunteers contributed over a 140,000 hours to the hospital.

Q8) What is your general occupancy rate? **R)** It varies unit by unit. The surgical units pretty much run 100%. But then, I have an observation unit, which is where you are not

really admitted to the hospital, you are there under observation to be assessed, that varies... it can go down to 50% or it can go to 100%. Right now it's running about 90%.

Q9) One of the pitfalls for Medicare patients is observation vs. admittance. Can you do anything to ensure that people are aware that they are being observed, instead of admit-

(Continued on page 6)

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Extraordinary Care

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ted. **R**) We really work hard making sure that, if you are placed in observation status, you should be given the brochure and we should be explaining this process to you. **NOTE:** Hospitalization is filed under Medicare Part A and observation is covered under Part B (Supplemental). If you are going on to rehab, you must be admitted for 72 hours for Part A coverage of the rehab.

Q10) Do you have a Board of Directors of physicians that oversee your activity? **R**) Yes, by law, we have a community board with physicians and community members that meet monthly. They direct our quality and finance. They approve physicians, they go through the medical staff office to check their credentials.

Q11) Is there a review by a government

board? **R**) We are reviewed by the state of Florida and by the federal government.

Q12) Do you have a relationship, formal or informal, with the cancer center, The Villages Health and/or any specialty group? **R**) As far as the contractual relationships, there are a few of these. When hospitalists from The Villages Health come in, it's no different than if any other physician comes into our hospital, they have to follow certain By-Laws that the Board and the doctors have developed. I probably talk daily with Moffitt and various cancer centers; we have very good working relationships with them.

Q13) I have a son who arranged for me to wear this rescue alert button. They test this button regularly...if I had pain or a medical emergency, which should I do first, call 911 or push the button? **R**) PUSH THE BUTTON.

Q14) Is there any plan to perform open-

heart surgery? **R**) I (Mr. Pittman) prefer not. We are very, very good at the interventional; when I get my next stent, this is where I'm going to get it, because we do so many and we are very good. Open heart, brain surgery, those kinds of things, you need a certain amount of volume to stay very good. I don't think we would have the quality, because we would be splitting the same market of patients with Leesburg. At this point, I'm going to say there is no plan to have open heart surgery here in The Villages.

Q15) Respecting your "incident review procedure", how does it factor into your quality assurance program? **R**) If there is an incident, an investigation report is filed with both clinical and administrative staff. We have peer-to-peer and peer review, every Monday, so if there is an incident, it goes to peer review. Cardiologists, neurologists, orthopedics, and other disciplines review each 'incident report', making recommendations including 'corrective action' where and when indicated. At times, the recommendations suggest further education and/or training be conducted so as to avoid similar events in the future. We also track 'incidents' over type and time to monitor our progress in reducing accidents and other untoward events.

Q16) Do you gather data and conduct "clinical outcome" studies? **R**) Yes, we share that with the Hospital Association of Florida, and we are part of the HIIN (Hospital Improvement Innovation Networks/CMS).

Q17) (Referring to billboards that advertise ER wait times) If I go to the ER for some malady, how long am I going to wait before I'm brought in? **R**) There is a process for identify-

(Continued on page 7)

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Extraordinary Care

(Continued from page 6)

ing priority. There is a national standard, and we do follow that process. There is a misunderstanding that we decide on our own. That said, it varies. Earlier this afternoon, I think we had 10 ambulances coming in...it's variable. I will tell you that our goal is between 30-60 minutes to get you to the doctor, and we are meeting that goal. We have double the amount of nurses, per shift, in the ER than we had last year.

Q18) Would someone be able to identify what the wait time might be when you arrive?

R) The charge nurse has the key to what is happening, and can identify who has been waiting the longest. The billboard is not always accurate, what it means is that they've seen the physician in 6 minutes, but you may be waiting in the waiting room a lot longer.

Q19) Regarding ER wait time, would you touch on your Urgent Care facility in the ER.? I understand that there is a process in the ER to identify the seriousness, the priority? When does the process start? **R)** When the nurse first sees you in the triage room, when they do the vital signs and when they ask you why you are here. That is when we can look at the patient and identify if they meet the ESI (Emergency Severity Index) standard and what category they fall into. The caveats are that the waiting

room can't see what is happening from the emergency entrance for EMS. We are trying to really work on good communication about that. We did bring flyers for everyone to take with you (for Urgent Care and ER). We are not telling you to go to either one, but here is a way to identify which to choose from. Our Urgent Care is not free standing, it's inside. When you come into the lobby, it's to the right, on the other side of the main waiting room area. If you end up in the urgent care, literally if they can't see you, the ER is right there. Urgent care is 8AM-8PM and we've had a lot of conversations about extending those hours.

NOTE: There is a guide that lists Urgent Care and Emergency Room facilities on Page 9 of this *Bulletin*.

Q20) I've recently been in the hospital in the fall of the year. I noticed that there are several wings that are not being used. What is going on there? **R)** Those wings we are using now are for our high seasons, and for other seasons we don't need the bed capacity, but we have the ability to open them. So I have 3b and 4b open, but I haven't reached the need to open the other pods yet. Those 3 pods or wings will open up as we need from now until April. We don't need them based on volume during the summer.

Q21) At night, do the charge nurses and the aids all have a break at the same time? The reason I'm asking, there was a patient that must

have been a lot worse than I was hollering for at least 15 minutes that she needed some help. **R)** I will tell you that we are supposed to be getting the call lights and picking up. We have good staffing to patient ratios, sometimes the staff gets drawn to some emergency or something that is going on. We have a no pass policy, which means if you are walking down the hall and you see a light, you go in. I apologize for what happened, but that is not our norm. □

February 14



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Your Guide to Local & Regional Urgent Care and Emergency Rooms

Is it indigestion or something more serious? Is it a cold or strep throat? Should I push my lifeline button, call 911, drive myself to urgent care or wait until tomorrow to call the doctor?

Let's face it, there are more people in The Villages right now that will need medical attention than at any other time of the year. Maybe you don't need to go to the ER, but don't let being embarrassed about calling 911 be the reason to wait too long to get the help you need. Any emergency responder will tell you they'd rather you call and it not be serious, than for you to not call and have something become life threatening.

This article can be a reference for you to find Urgent Care and Emergency Room facilities in and around The Villages. On Page 1 of this *Bulletin* we have an article about The Villages Regional Hospital. On Page 11, we give you some guidance about calling 911 in The Villages.

Prepare now for a visit to either one by having your ID and insurance information within easy reach. Have your list of medications and allergies available to take with you. If you can do it now (before you need to), know what your insurance covers, what physicians and facilities are considered In-Network, and under what circumstances you can go to an Out-of-Network provider. Discuss these things with your spouse, partner, close friend or neighbor so they can be of help to responders or health care workers if needed.

If the time comes that you need emergency or urgent care, being prepared with the right information can save your life!

The following guidelines to using Urgent Care or Emergency Room facilities were provided by The Villages Regional Hospital, but are only guidelines. You are the best judge of your symptoms and your body!

If you are having an Emergency, call 911

When to Use Urgent Care:

- Allergies
- Bladder and Urinary Tract Infections
- Childhood Illnesses
- Cold or Flu Symptoms

- Cuts, Bruises, and Burns
- Ear and Eye Infections
- Headaches and Migraines
- Respiratory Infections
- Skin Conditions
- Sore Throats
- Sprains, Strains and Fractures

LOCAL URGENT CARE FACILITIES:

The Villages® Regional Hospital Urgent Care, 1451 El Camino Real, (352) 751-8863
Open Daily 8AM – 8PM

Located on the 1st floor of the main hospital

The Villages® Regional Hospital Urgent Care has on-site lab and x-ray services. The Urgent Care Center has several dedicated parking spaces in front of the hospital and is conveniently located on the 1st floor, near the main lobby entrance. If your condition progresses, the emergency room is just a few steps away.

441 Urgent Care – 3 locations

Summerfield

17820 SE 109th Ave., Suite 108
(352) 693-2340

Open Daily 8AM – 8PM

Located across from Wal-Mart on 441
Behind the Summerfield CVS

Lake Sumter Landing

910 Old Camp Road Suite 182
(352) 350-1525

Open M-F 7AM – 5PM; S-S 8AM – 5PM

Located across from Too Jays

Behind The Medicine Chest Pharmacy

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Buffalo Ridge

3206 Wedgewood Lane

(352) 350-1526

Open M – F 8AM – 5PM

Across from The Villages Charter School

INSIDE The Villages Lab, by Bonefish Grill

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These facilities accept most insurance and a few Medicaid (Freedom and United Health Care). It is the patient's responsibility to find out if he/she is In-Network with their urgent care and to obtain authorizations, referrals or claim numbers necessary to cover their services. Self-pay cost is \$90, plus any labs or other services. **If you begin service as self-pay, you cannot switch over to insurance.**

If you are re-treated for the SAME condition within 15 days, there is no charge, except for the cost of labs and other services.

Lake Regional Urgent Care

910 Old Camp Road #114

(352) 259-4322

Open Daily 8:30AM – 7PM

Golf Cart Accessible

This center is privately owned, has on-site labs, x-rays and can do cardiac workups and IV infusions. They accept most insurance, including Medicare. Self-pay is \$125 plus costs of any labs or other services.

(Continued on page 10)

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Local & Regional Guide

(Continued from page 9)

Paramount Urgent Care

805 CR466, Lady Lake, FL

(352) 674-9218

Open Daily 8AM – 8PM

This center has on-site labs, medicines, x-rays, EKG & more. No appointments are needed. They accept travel insurance as well as most other insurances. They treat most minor, non-life threatening conditions and all illnesses cared for by a family doctor.

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LOCAL EMERGENCY ROOMS

When to go to the Emergency Room:

- Chest Pain
- Stroke
- Serious accidents
- Head injury, followed by confusion, blurred vision or headache
- Loss of consciousness
- Sudden and severe abdominal pain or headache
- Seizures
- Poisoning or suspected poisoning
- Bleeding that will not stop or deep cuts
- Suicidal or homicidal feelings

The Villages® Regional Hospital,

1451 El Camino Real, (352) 751-8863

Advanced training and technology help The Villages® Regional Hospital (TVRH) treat emergency patients at the highest level of quality possible. The emergency care team includes board-certified emergency medicine physicians and specially trained emergency nurses. Patients seeking care at TVRH have access to advanced life support; intensive care capabilities; and a wide range of doctors and clinicians specially trained in areas, such as cardiology and anesthesia.

TVRH is designated as a Primary Stroke Center by the Florida Agency for Healthcare Administration. This designation means that the emergency team meets the criteria required to provide a high level of stroke care to patients. As a Primary Stroke Center, our hospital has the resources and ability to administer tissue plasminogen activator (tPA), a clot-busting drug used for stroke patients who arrive at the emergency department within a 3-hour window from the onset of symptoms.

Leesburg Regional Medical Center

600 E. Dixie Ave., Leesburg, FL

(352) 323-5762

Advanced training and technology help Leesburg Regional Medical Center (LRMC) treat emergency patients with the highest level of quality-care possible. The emergency care

team includes board-certified emergency medicine physicians and specially trained emergency nurses. Patients seeking care at LRMC have access to advanced life support, intensive care capabilities, and a wide range of doctors and clinicians specially trained in areas, such as pediatrics, cardiology and anesthesia.

LRMC is designated as a Primary Stroke Center by the Florida Agency for Healthcare Administration. This designation means that the emergency team meets the criteria required to provide a high level of stroke care to patients. As a Primary Stroke Center, our hospital has the resources and ability to administer tissue plasminogen activator (tPA), a clot-busting drug used for stroke patients who arrive at the emergency department within a 3-hour window from the onset of symptoms.

Ocala Health/ Summerfield ER

14193 S US HWY 441, Summerfield, FL

(352) 245-4440

Open 24 hours a day, 7 days a week, this is a freestanding emergency room that offers all the resources you need for acute care of a serious illness or injury. The 10,500 square foot facility brings comprehensive emergency services that are available at Ocala Regional Medical Center and West Marion Community Hospital to the residents of Summerfield and surrounding areas:

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Dialing 911 in The Villages: Where Does Your Call Go and Who Shows Up?

According to information published by the District's Public Safety Department, there are an average of more than 60 calls for service every day, with approximately 80% of them for medical/rescue. Medical calls fall into five groups: falls, cardiac arrest, dizziness or fainting, difficulty breathing, or general weakness.

They also advise that if you have any doubt about whether to call 911, you probably should!

Where does your 911 call go? It depends on what county you live in. In Florida, all 911 answering centers must be affiliated with law enforcement dispatch centers. In Sumter County, the call goes to the Sumter County Sheriff's dispatch center in Bushnell, in Marion County it goes to Ocala, and Lake County residents' calls go to Tavares or Lady Lake.

Depending on what type of phone you are using (land line house phone or cell), the dispatcher may or may not have your address and phone number identified. If you use a hard-wired land line (house phone), the dispatcher will have your information on the computer screen. It will also give information about your primary police, fire, EMS, and ambulance service. If you are using a cell phone, none of that information may be available. A cell phone will "ping" to the nearest cell phone tower.

The dispatcher will always ask for the location of the emergency. And, **if you are calling from a cell phone, you need to know the county, your address, or the closest cross streets to your location.**

The average 911 call takes only about 30 seconds until help is dispatched. If you have a medical emergency, both the fire department and EMS will respond. Why? There are 8 fire/rescue stations in The Villages. Each one is equipped with a rescue or attack vehicle (for fires) and a medical engine. Every station has at least one firefighter/medic and one firefighter/EMT. Because they are strategically

located based on geography, the fire department can most often arrive ahead of EMS and begin assessing/treating the patient. If transport to a hospital is required, only EMS services have transport vehicles.

There are things you can do to assist the 911 dispatcher and first responders:

- Stay as calm and patient as possible. There will be lots of questions, and sometimes they will be repetitive, but the call-taker is simply trying to verify and insure accurate information.
- Tell the dispatcher how the responders can get into the home, if you are home alone and can't get to the door.
- If you have pets, try to secure them in another room, for their safety and that of the responders.
- Make your house as easy to find as possible. Always make sure your house numbers are visible. Turn on outside lights. There are also flashing lights you can get at the hardware store to make your house even more visible.

(Continued on page 12)

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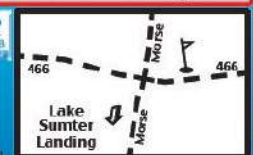


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Dialing 911

(Continued from page 11)

You can call 911 for any type of emergency. The person answering the call will ask if it is for Fire, Police or Medical assistance. If you're not sure if it's an emergency, call anyway. The dispatcher will determine what kind of help to send or whether to transfer the call to another resource.

Emergency Notification Programs

Lake, Marion and Sumter Counties also have programs designed to notify their residents of weather incidents, hazardous conditions and other important information. To sign up for the notifications in your county, please visit the links below or contact the county in which you live for additional information.

Lake County - Emergency Management: (352) 343-9420 or www.lakecountyfl.gov/departments/public_safety/emergency_management

Marion County - Emergency Management: (352) 732-8181 or visit www.alertmarion.com

Sumter County - Emergency Management: (352) 689-4400 or visit www.sumtercountysheriff.org □

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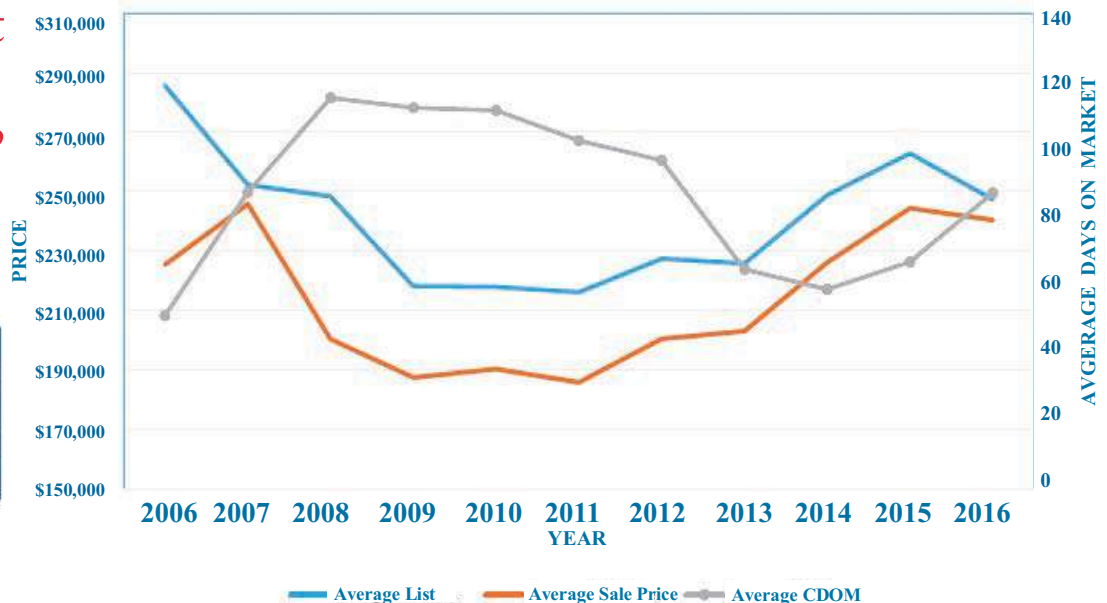
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Community Emergency Response Team (CERT) Basic Training Class

CERT of The Villages is a joint partnership with The Villages Public Safety Department.

CERT training is conducted by the CERT Instruction Team and representatives from various local and state agencies.

The next Basic Training Course, a 6-week course covering Basic First Aid, CPR, AED Use, and other training, will begin February 6.

Contact Wayne Ward, wayne.ward@tvcert.org

Visit the www.tvcert.org website for more information.

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That's why it's critical that you read this report before you list your home. If you wait until the building inspector flags these issues for you, you will almost certainly experience costly delays in the close of your home sale or, worse, turn prospective buyers away altogether. In most cases, you can make a reasonable pre-inspection yourself if you know what you're looking for. And knowing what you're looking for can help you prevent little problems from growing into costly unmanageable ones.

To HELP the home seller deal with this issue before their home is listed, a free report entitled "11 Things You Need To Know To Pass Your Home Inspection" has been compiled which explains issues involved.

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December Speaker Addresses Saving Social Security

Dan Weber started the Association of Mature American Citizens (AMAC) in 2009 in The Villages. It began with about 1100 people at a rally to do something about taxes. It now has 1.3 million members. Mr. Weber spoke to POA Members at the December 2016 membership meeting about its focus on saving Social Security (SS).

Weber stated that one way to save Social Security, without raising taxes, is to set the age back for newer people. The concept is you can't hurt anyone already on SS by diminishing what they get. He projects that if nothing is done, the SS Trust Fund will run out of money in three years. There is about \$70 Billion more being paid out than is paid in each year, and the only thing saving it now is the \$2.8 Trillion in interest paid into the fund to cover the shortage. He maintains that with Baby Boomers now taking their Social Security, in three years there will not be enough interest income to cover the shortage, that in three years funds will be drawn from the trust fund itself, and in ten years the trust fund will be exhausted. AMAC believes one solution is to set back the age to 69 for the full retirement benefit.

Mr. Weber also offered his perspective on a variety of other topics including Medicare. For more information about the AMAC visit the website www.AMAC.us. □

National Retiree Legislative Network (NRLN) Schedules First Villages Chapter Meeting

February 23, 2017 ~ Laurel Manor Recreation Center 3PM to 5:30 PM

Protecting pension plans, preserving Social Security and Medicare and reducing the cost of prescription drugs and the prospects for a more effective U.S. Congress will be discussed.

A "meet and greet" will begin at 3PM. Topics of the 3:30 to 5PM meeting will include:

- Welcome and Introductions – **Debbie Austin, Chapter President**
- Importance of NRLN retiree organizations for having a voice in Washington, DC to protect what you have – **Bill Kadereit, NRLN President**
- What is ahead in 2017 with the new Congress and Administration – **Alyson Parker, NRLN Executive Director**
- NRLN's capabilities to communicate with you and for you to communicate with your elected representatives – **Ed Beltram, NRLN Vice President – Communications**
- What we need to do to grow the NRLN Villages Chapter – **Debbie Austin, Chapter President**

Three more quarterly meetings are scheduled on **5/25, 8/24 and 11/30**. Please call Debbie Austin, The Villages Chapter President, at 850-528-4622 to let her know you plan to attend and the number that will be in your party by February 10. □

January Forum Questions and Responses

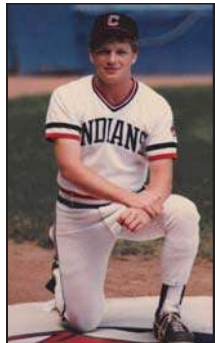
Q1) I need some advice. I live in a village with about 70 houses that were built in 1998. They must have had a contract that all of our homes would have Comcast cable. In the meantime, not everyone remained a Comcast customer. So now there are all of these boxes on the sides of our homes that are deteriorating. Work orders have been set up but still no action taken. What recourse do I have? **R)** District Clerk, Jennifer McQueary of the District office advised she will take the matter to the Developer.

Q2) What is the position of the POA on the recommendation to have an Amenity Authority Committee for the properties south of CR466? **R)** As you may know if you've lived here for a long time, we've had some problems north of CR466. Back in the early 2000's we had one of our first regional recreation centers that started falling apart. The District had no money to repair it. Eventually they took a loan on one of their bonds, you probably can understand what kinds of problems come with taking a loan on a loan. Then, in 2005, the minimum wage went up, and all of a sudden our after hours golf course ambassadors disappeared, the swimming pool monitors disappeared and Community Watch services were decreased.

The POA went to the VCCDD Board again asking for assistance and were told by the Developer's attorney "take it to the court if you don't like it, that's what the courts are for." So, that's what the POA representatives did, and that resulted in the \$40M lawsuit settlement. Part of the settlement was to create an AAC where residents were elected to control their non-bond related amenity funds. *We fully support offering the same thing to the Villagers south of CR466.* The POA knows people will say "everything is wonderful, it's wonderful"... but what happens when it becomes "not wonderful?" It doesn't hurt to have a resident elected AAC, it works well, and we've been doing it since 2008 on the north side. The POA encourages you to go to your District boards, and say that you really want an AAC. The other thing you need to know is that the SLCCDD board members are elected by the property

(Continued on page 17)

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## January Forum Q&R

(Continued from page 16)

owners in the COMMERCIAL district and the property owners are The Developer. What if he decides to sell? Then all of a sudden you have people being elected who not only don't LIVE in the Villages, but also don't even know anything about the Villages or the association with the Developer. Janet Tutt is a great District Manager. But again, her boss is the SLCCD board and the other important thing is, Janet Tutt is not going to live forever, and eventually she is going to retire. And, we'll be subject to the VCCDD who brings in the overall District Manager. We encourage you to support an AAC, hopefully you won't ever need it, but you need to be involved and have it be there in case you do.

**Q3)** I notice that there is no voice interpreter or sign language person here, not that I want one. Is there any risk that clubs like this and other clubs in The Villages will have to have a voice interpreter or a sign language person for the deaf? **R)** I have been contacted by the gentleman who brought the lawsuit against the LLC, and I told him at that time to give me 7 days notice that you will have somebody here and we'll have a signer here. But we aren't having a signer here at \$100 and no one requiring the service shows up. It is not required of the POA, because we are one of the Resident Lifestyle groups and The Resident Lifestyle clubs are all run by residents. We don't have to accommodate, however because the POA does have the funds, we will provide an interpreter if notified and needed.

**Q4)** I understand that part of the lawsuit is trying to sue and/or determine the status of the clubs here, is that true? **R)** That is true. There was an appeals court decision out of Atlanta, and the judge upheld the decision of the original judge that the Lifestyle groups do not have to meet the ADA requirements.

**Q5)** I just wanted to know since the VCCDD took the loan on the bond, who is paying for the loan, how is it being paid? **R)** That was with the VCCDD and part of the \$40M settlement paid off that secondary loan. The north side folks, you don't have to worry, you have the AAC and you have about \$25M in reserves, the facilities are all being upgraded and taken care of. So, just get an AAC south.

**Q6)** I know this is a sore subject, but about painting center lines on cart paths, I just wonder how many people who are arguing against it ever drive these cart paths, like El Camino, during the evening, and see how many times you end up off the road because the oncoming lights are so bright that you can't see the center line. They did put a cement curbing on the outside edges, before they put the asphalt. One thing they did accomplish is to add the reflectors they put in, they are doing great. If you try driving at night and especially during the rain, it's just about impossible sometimes. **R)** Go to your District Board and tell them you want more markings on the cart paths. District 4 put a line down the center, they are called the rogue District because they went against everyone else. You have to go before your supervisors if you have a concern, they are the ones who can help you. If enough people go, they will listen, believe me. □

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## Driving Safety in The Villages -- Rules of the Road and Multi-Modal Paths

Golf carts, cars, bicycles, joggers, walkers, dogs, and roundabouts...oh my, life gets interesting in The Villages at this time of the year! Everything is crowded – stores, restaurants, parking lots, streets and multi-modal paths. It can be the most delightful place to be in the winter months when the rest of your family and friends are suffering the cold and weather in the North, but it can also be frustrating and, frankly, a bit unnerving when everyone tries to share the roads and multi-modal paths. How many times have you held your breath on a simple trip to the grocery?

It's probably a safe bet that most of us had never seen so many golf carts and rounda-

bouts in one place until we came to The Villages. Many of us have probably used the "trial and error" method of getting around this vast community, learning by observing the behavior of others, or just taking our chances.

Some frightening statistics: **There were 4 golf cart fatalities in 2016 and more than 20 in the last 8 years.** There have been dozens of serious head trauma/injuries as a result of golf cart accidents, most of these occurring in carts without seatbelts (or riders not wearing them) who have been ejected from the cart in an incident.

Fortunately, with a bit of training and use of common sense, the roads and paths can be safer and more enjoyable for everyone. The multi-modal paths are for use by NON-AUTOMOTIVE, non-vehicular traffic such as bicycles, golf carts, pedestrians, and skaters. It is not legal...nor is it smart...to drive vehicles such as smart cars or motorcycles on any of

the multi-modal paths in The Villages.

**Golf Cart Rules and Safety Tips** (Source: The Villages Community Development Districts brochure)

Multi-modal paths are designated for use by non-automotive, non-vehicular traffic such as bicycles, golf cars and pedestrians. Rules:

- Must be 14 years or older to drive a golf cart
- Drive on neighborhood streets, marked roadside lanes, and multi-modal paths
- Obey all traffic laws, signs and signals
- Golf carts are subject to Florida's open alcoholic container laws
- Speed not to exceed 20 mph
- Use hand and turn signals
- Yield to automobiles
- Come to a full stop at stop signs
- Never enter a roundabout in a golf cart
- Golf carts are prohibited from roadways with posted speeds of 35 mph or more

### Safety Tips:

- Provide a seat for each person/pet
- Secure children and pets (The POA strongly urges that you equip your carts with seatbelts for everyone to prevent ejection in an accident. If you are renting a cart and can't put in seatbelts, silly as it may sound, wear your bike helmet for protection!)
- Keep passengers seated in the golf cart and arms and legs inside the cart
- Enter traffic lane safely before turning left
- Be aware of vehicles turning right (across the golf car lane)
- Maintain golf car according to manufacturer's recommendations
- Do not text/use phone while driving
- Limit passing slower golf carts
- Pull off the path if you need to stop

**Roundabouts** (Source: Sumter Co. Board of Commissioners Brochure)

A roundabout is a circular intersection where vehicles **yield at entry to traffic already within the circulatory roadway** and all vehicles flow in a counter-clockwise direction around a central island.

### Approaching Roundabouts:

- Reduce your speed and prepare to YIELD to all traffic in the roundabout
- Guide signs provide guidance for approach street locations, not lane use orientation

### Choose Your Lane:

- To avoid conflict, do not use the right hand

(Continued on page 19)

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## Rules of the Road

(Continued from page 18)

lane to make a left turn through the roundabout.

- If you intend to exit the roundabout more than halfway around, use the LEFT HAND lane
- If you intend to exit the roundabout less than halfway around use the RIGHT HAND lane
- If you intend to continue straight through, use either lane unless signs or markings indicate otherwise



### Navigating Roundabouts:

- Move up to the entrance line and wait for a gap in traffic. DO NOT ENTER next to a vehicle in the roundabout, as that vehicle may be exiting at the next exit
- Within the roundabout DO NOT STOP except to avoid a collision; you have the right-of-way over entering traffic. Keep moving in a counterclockwise direction
- **DO NOT CHANGE LANES IN A ROUNDABOUT**
- A striped channelization island is present in several roundabouts, which reduces the circulatory roadway to one lane approaching a single-lane exit

### Best Practices:

- Do not change lanes within the roundabout or as you exit
- Do not overtake other vehicles or bicyclists within the roundabout
- Be aware of other vehicles in the roundabout
- Follow pavement striping and arrows for guidance – exit roundabouts with caution
- YIELD to emergency vehicles before or after the roundabout – DO NOT STOP IN THE ROUNDABOUT
- Give oversized vehicles extra room because they may need both lanes to maneuver
- Indicate your exit using your right-turn signal

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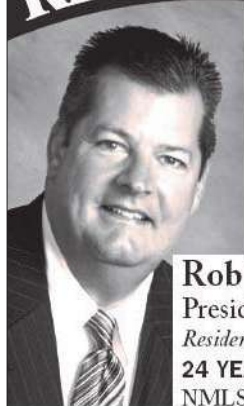
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## Our Gardening Column:

# More Than You Ever Want To Know About GRAPEFRUIT

by Anne Lambrecht  
mrsanne04@gmail.com

Why do we call them Grapefruit?

The reason is this: a European explorer was recording what he saw in the jungles of the West Indies when he saw a new kind of orange-like citrus fruit that grew in clusters like grapes, and for lack of a better word, he called them GRAPEFRUIT. The grapefruit was virtually unknown before then in Europe and the Orient.

Grapefruit are believed to be a spontaneous mutation of the pummelo (or shaddock as some came to call them) or a hybrid of the pummelo and an orange. The pummelo, also known as the Chinese grapefruit, is popular in Asia and is the largest of the citrus fruits – and can be as big as a basketball! You've seen them, right, but didn't know what they are or what to do with them. It has a very thick skin

and white to deep pink flesh that has no trace of bitterness and is easily segmented. It is thought that pummelo seeds were brought from Malaysia to the West Indies in 1693 by an English sea captain with the East India Trading Company named Captain Shaddock. I call it the "granddaddy of the grapefruit".

Grapefruit was believed to have been introduced to Florida by a French nobleman, Count Odette Philippe in 1823 who settled in Safety Harbor, on Tampa Bay. He (or most likely his servants) planted the first grapefruits as ornamental curiosities, sharing his trees with local friends and neighbors. The Duncan grapefruit is a direct descendant of his original planting. At first the tree was only grown as a novelty in Florida and the fruit was little utilized. Then wealthy northerners, wintering in Florida, became fond of the fruit and wanted to have it to show off when they returned home, thus creating a small demand in the north. The country's fledgling railroad system helped speed shipment of the visitors as well as the fruit.

The early Floridian settlers, acquiring a taste for the fruit, established grapefruit nurseries and groves in central Florida near Eustis. The first grapefruit grove planted from a nursery was sold in 1875 to a man named George Bowen who developed it commercially.

(Continued on page 21)

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## Grapefruit

(Continued from page 20)

The United States is the major producer of grapefruit with 63% of the world supply, the vast majority grown in Florida. This industry has been threatened, however, with the discovery of the bacterial vector called Huanglongbing (HLB) or yellow dragon disease or more familiarly "Citrus Greening" disease.

Grapefruit mature in Florida as early as October but are not considered to be of good eating quality until after Thanksgiving. The peak period runs from January to April. Grapefruit quality depends largely on the time of year it is harvested and where the fruit is grown. Florida grapefruit is considered to have superior quality because grapefruit requires high heat for sweet flavor. The Indian River Valley is one of the premiere areas for Florida grapefruit. Fruit can be "stored" on the tree for several months without appreciable loss of quality, extending the harvest season into the spring months.

The grapefruit is a cold sensitive plant grown in tropical and sub-tropical regions of the world. They do not enter a state of dormancy during the winter. However, cool temperatures do slow growth. Plant citrus trees where they will be somewhat protected in winter.

Look for grapefruit that is smooth, thin skinned and round or slightly flattened at each

end. These will have the best flavor and the most juice. They should be firm, shiny and heavy in the hand for their size, an indication of abundant juice. Grapefruit is ripe when picked and will not ripen further once off the tree. Store at room temperature for several days. Otherwise, refrigerate in the crisper section of the refrigerator where it will keep for several weeks.

A serving of 1/2 grapefruit (154 grams, 5.5 ounces) contains 70 calories, 18 grams of carbohydrates, 1 gram of protein, 5 grams of dietary fiber, 10% of the Daily Values (formerly the RDA) for vitamin A, 80% for vitamin C and 4% for calcium. Grapefruit is also a good source of folic acid and potassium.

Some studies indicate that the pectin in grapefruit pulp (not the juice) helps lower blood cholesterol and may even help to dissolve the plaque that already clog arteries. Grapefruit appears to have protective effects against certain forms of cancer, namely stomach and pancreatic cancer. It also is high in disease-fighting antioxidants, particularly the redder varieties.

Freshly squeezed juice stored at 40 degrees retains 98% of its Vitamin C for up to a week. Eight ounces of fresh-squeezed juice supplies 139% to 157% of the DV for Vitamin C, while canned juice supplies 112% of the DV. Grapefruit juice has antiviral properties though its acidic qualities may aggravate

heartburn in some people. Many people taking cholesterol medication shy away from grapefruit. I take cholesterol medication at night and during grapefruit season, eat my delicious, yummy grapefruit in the morning.

Grapefruit peel is an important source of pectin for the preservation of other fruits. The peel oil, expressed or distilled, is commonly employed in soft-drink flavoring.

Grapefruit seed oil is dark and exceedingly bitter but, bleached and refined, it is pale-yellow, bland, much like olive oil in flavor, and can be used similarly. Because it is an unsaturated fat, its production has greatly increased since 1960.

So, folks, go ahead and eat your grapefruit. It is such a nice fruit and so good for us!

### References:

UFL Cooperative Extension Service, IFAS Fact Sheet HS-35, The Grapefruit by Jeffrey G. Williamson

Morton, J. 1987. Grapefruit. p. 152-158. In: Fruits of warm climates. Julia F. Morton, Miami, FL. □

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# Seniors vs. Crime

## Leading the Fight Against Scams New Tax Bill Scam

IRS Impersonator Scams have been around for quite awhile. There may not be anyone left in The Villages who hasn't gotten one of these calls. That being the case, we can certainly understand if the latest IRS imposter scam makes you queasy. The IRS advises that this new scam involves a fake IRS tax notice that claims you owe money as a result of the Affordable Care Act.

The only heartening news – if you want to call it that – is that it is not ANOTHER scam phone call you will be getting but a letter, albeit a scam letter.

The IRS says the fake notices are designed to look like real IRS CP2000 notices. That is the form letter the IRS sends to you if information it receives about your income doesn't match the information reported on your tax return. The IRS says many people have gotten the bogus notices. These scam notices usually

claim you owe money for the previous tax year under the Affordable Care Act.

Although this is the latest IRS scam, it's only one of many IRS imposter scams that are around. As tax season nears, we'll undoubtedly see more.

The good news? There are almost always red-flag warnings that can help you avoid becoming a victim. Some of these red flags, for example, are that the IRS will never:

- Initiate contact with you by email or through social media. These notices are being sent electronically, even though the IRS does not initiate contact with taxpayers by email or through social media platforms.
- Ask you to pay using a gift card, pre-paid debit card, or wire transfer.
- Request personal or financial information by email, texts, or social media.
- Threaten to immediately have you arrested or deported for not paying.

Other telltale signs of this fraud:

There may be a "payment" link within the email. WATCH OUT! Scam emails can link

you to sites that steal your personal information, take your money, or infect your computer with malware. **Don't click on the link.**

The notices request that a check be made out to "I.R.S." Real CP2000s ask taxpayers to make their checks out to "United States Treasury" if they agree they owe taxes. Making your check payable to a set of initials, like I.R.S., allows the scammers to cash your check using a fake company with a name similar to the initials, for instance "Independent Radiology Services".

In one version of the fake CP2000 letters, a payment voucher refers to letter number LTR0105C, and requests that checks be sent to the "Austin Processing Center" in Texas. But scammers are crafty. They could send messages with a variety of return addresses.

If you get a scam IRS notice by email or social media, forward it to the IRS at **phishing@irs.gov** and then delete it from your email account. It would also be a good idea to report it to the Federal Trade Commission at **www.ftccomplaintassistant.gov**.

No one will watch out for your interests better than **YOU**. If you need assistance with any IRS scams or just need to find out if an email is a scam, contact your nearest Seniors vs. Crime office in The Villages for advice or assistance. There is never a charge for their services.

Seniors vs. Crime can be reached at 352-674-1882 at the Fruitland Park Police Annex in the Moyer Recreation Center in The Villages; 352-753-7775 at the Marion County Sheriff's Office in The Villages; 352-689-4600, Extension 4606 at the Sumter County Sheriff's Office in The Villages; or 352-750-1914 at the Wildwood Police Annex in Brownwood. Volunteers at all four offices are ready, willing and able to assist you. To keep up with the latest scams, LIKE 'Seniors vs. Crime Region 4' on Facebook. □

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## What To Look For In A Doctor (Part Two of a Three-Part Series)



**Dr. Norman H. Anderson, MD**  
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Beyond the credentials, the second essential that physician/health care providers should possess is the ability to realize that "you don't know...what you don't know." Goodness...why is that so hard ?

Too often doctors feel compelled to have the answers. Thus, false conclusions may be reached when assuming a cause/effect based upon past knowledge. A totally different conclusion could occur with a slight change in the way things are approached. The farther one deviates in a rigid mind-thought, the more difficult it becomes to find what is hidden. How many times has it been said of someone, "you just can't tell him anything!" In medicine, this can result as a misdiagnosis.

Sometimes what is expected by both patient and physician drive unrealistic expectations. But realizing that "you don't know...what you don't know" can actually open one's mind to entertain new approaches.

As a lighter practical example, for decades patients were sutured back together. Who would have thought, by approaching the challenge with a slightly different perspective, that bio-gluing would yield a much faster result, reduce procedural time, and in many cases achieve a superior functional and cosmetic result.

This is a quote whose source I have forgotten, and so I apologize to the author. "Nothing is so fatal to the progress of the human mind as to suppose our views of science are ultimate: that there are no new mysteries in nature: that our triumphs are complete; and that there are no new worlds to conquer."

To be continued...