Several years after securing grant money to install the It’s Never 2 Late (iN2L) computer system in 24 of Signature HealthCARE’s skilled nursing facilities in Tennessee, Angie McAllister says she was spot on. She and her colleagues wanted an engagement technology that was “dignified,” met their person-centered care values, and “could really promote relationships and create a sense of community.”

Today, Ms. McAllister, the director of quality of life and culture change at Signature, sees long-term residents who were previously not very vocal or engaged enjoying interactive games, puzzles, music, trivia, karaoke, travel videos, and a host of other applications and content items on the iN2L system, which integrates hardware, software, and media — and which features a picture-based, touchscreen interface.

The iN2L technology sits amid a growing array of innovations and technologies that are designed to socially engage and cognitively stimulate elders in long-term care and other settings.

“Overall, we think of older adults not adapting to technology, and we need to dispel that myth,” said Sheri Rose, co-founder, CEO, and executive director of the Thrive Center, a Louisville, KY–based not-for-profit experiential center that showcases products and technologies for the elderly, particularly those with dementia (https://www.thrivecenterky.org/about-thrive).

“We need to make technology simple for them — there has to be a simple interface,”

See TECHNOLOGY • page 16

The in2l technology sits amid a growing array of innovations and technologies that are designed to socially engage and cognitively stimulate elders in long-term care and other settings.

The Power of Exercise
Australian clinician-scientist conducts exercise research to change policy and changes residents’ lives along the way.

Interdisciplinary Team
Returns to Caring
A popular column returns to Caring with a diverse set of clinical cases evaluated by a virtual interdisciplinary team.

History of Self-Harm
Special practices might help mitigate the risk when caring for a resident with a history of self-harm and mental illness.

SED by AD
Stopping Eating and Drinking by Advance Directive may represent an ethical challenge requiring providers to balance autonomy, justice, beneficence, and non-maleficence.

National Healthcare Decisions Day Promotes Year-Round Conversations
Joanne Kaldy

“It’s a good day to plan projects and activities around advance care planning and end-of-life conversations, which can be awkward and stressful,” said Charles Creccelius, MD, PhD, CMD, medical director of Delmar Gardens in St. Louis, MO, about National Health-care Decisions Day (NHDD), set for April 16. “Having a special day for this can take the stigma out of these discussions and enable open, honest, and ultimately productive discourse,” he added.

NHDD, an initiative launched by Nathan Kottkamp, MA, JD, and also promoted by The Conversation Project, is designed to inspire, educate, and empower the public and providers about the importance of advance care planning. It also aims to encourage patients to express their wishes regarding health care and ensure that those wishes are respected as they move through the care continuum.

Mr. Kottkamp, the NHDD chair, said, “Just getting the conversation started is difficult. One theme we address is, ‘It always seems too early until it’s too late.’ There’s always some excuse not to talk;”

See CONVERSATIONS • page 15

IN THIS ISSUE

Hallucinations
On Bramble Road
A recent trip to the Society’s annual conference inspired Caring’s editor in chief to share memories of his childhood in Atlanta.

The Power of Exercise
Australian clinician-scientist conducts exercise research to change policy and changes residents’ lives along the way.

Interdisciplinary Team
Returns to Caring
A popular column returns to Caring with a diverse set of clinical cases evaluated by a virtual interdisciplinary team.

History of Self-Harm
Special practices might help mitigate the risk when caring for a resident with a history of self-harm and mental illness.

SED by AD
Stopping Eating and Drinking by Advance Directive may represent an ethical challenge requiring providers to balance autonomy, justice, beneficence, and non-maleficence.

National Healthcare Decisions Day Promotes Year-Round Conversations
Joanne Kaldy

“It’s a good day to plan projects and activities around advance care planning and end-of-life conversations, which can be awkward and stressful,” said Charles Creccelius, MD, PhD, CMD, medical director of Delmar Gardens in St. Louis, MO, about National Health-care Decisions Day (NHDD), set for April 16. “Having a special day for this can take the stigma out of these discussions and enable open, honest, and ultimately productive discourse,” he added.

NHDD, an initiative launched by Nathan Kottkamp, MA, JD, and also promoted by The Conversation Project, is designed to inspire, educate, and empower the public and providers about the importance of advance care planning. It also aims to encourage patients to express their wishes regarding health care and ensure that those wishes are respected as they move through the care continuum.

Mr. Kottkamp, the NHDD chair, said, “Just getting the conversation started is difficult. One theme we address is, ‘It always seems too early until it’s too late.’ There’s always some excuse not to talk;”

See CONVERSATIONS • page 15

Join the only medical specialty society representing practitioners working in the various post-acute and long-term care settings.

Visit paltc.org/membership to learn more!
it never seems like the right time.” He added, “Setting aside a special day for this is liberating for many people and gives them a comfortable, healthy way to start talking.” NHDD activities make having these discussions and documenting things such as living wills and Physician Orders for Life-Sustaining Treatment (POLST) or Medical Orders for Life-Sustaining Treatment (MOLST) forms more mainstream.

A Slow Evolution
Dr. Crecelius and colleagues in AMDA — the Society for Post-Acute and Long-Term Care Medicine have long pushed for having advance care planning front and center, and the public and other care setting are gradually catching up. He said, “It’s been a slow evolution, and we’re not quite there yet. Some people still get anxious and uncomfortable when the practitioner brings up palliative care and end of life; and some practitioners still are hesitant to have these discussions.”

To ease people’s concerns, said Dr. Crecelius, “It helps to explain the value of having these conversations before there is a crisis or emergency.” Mr. Kottkamp agreed, noting, “You can explain that just talking about the possible trajectory and path of an illness doesn’t make it happen; but if and when it does, the fact that you talked about it helps prevent patients and families from being blindsided.” He added, “We do people a disservice if we don’t prepare them in a way that enables them to enjoy their last days to the fullest extent possible.” Too often, Mr. Kottkamp noted, people who have lost loved ones weren’t prepared and didn’t get a chance to say goodbye. When people are “blinded by hope,” they don’t let themselves prepare for the end of life in a healthy way. Having compassionate, detailed conversations throughout the person’s illness — and not just at the end or at the beginning — can help prevent this.

In general, most people understand the value of planning; but there still are misconceptions. For instance, Dr. Crecelius suggested, “Patients and families often think that DNH [Do Not Hospitalize] or DNR [Do Not Resuscitate] means doing nothing. In fact, there is much we can — and will — do to keep someone comfortable.” At the same time, he said, “Doing something doesn’t mean doing everything possible. It means doing what is appropriate and feasible. We need to assess people’s level of understanding and address their concerns and misconceptions.”

Palliative care is still sometimes misunderstood as pre-hospice, said Dr. Crecelius. He suggested, “We need to promote palliation as a routine goal of care, and we need to ensure that patients and families understand what palliative care is and how it will be provided. They need to understand that palliative care is an adjunct to and not a replacement for illness management.”

A Code to Care
In recent years, the Centers for Medicare & Medicaid Services (CMS) has come to appreciate the positive impact of advance care planning on patient satisfaction/ quality of life and costs at the end of life. As a result, with the support of the Society and other organizations, in 2016 CMS implemented reimbursement for the advance care planning codes:

• 99497: First 30 minutes (minimum of 16 minutes)
• 99498: Add-on for additional 30 minutes

Physicians, clinical nurse specialists, nurse practitioners, and physician assistants may provide and bill for these services. However, nonphysician practitioners must be legally authorized and qualify to provide advance care planning in the states where they are having these conversations.

“These codes make it easier to have these conversations, especially the time-based code you can add to existing visits,” said Randy Huss, MD, CMD, a Missouri-based geriatrician and medical director. “You can incorporate this into routine care management and talk about advance care planning, goals of care, disease trajectory, etc. As long as you can document that you spent 16 minutes or more of the visits on these conversations, you can use this code,” he said.

Dr. Huss observed, “There is good data out there that quality of life is improved when we address advance care planning and end-of-life issues. Often patients in hospice live longer than those with similar issues not in hospice.” He added, “I’m part of an ACO [accountable care organization], and we are making it a priority to have these conversations. It both decreases costs and supports a better quality of life for patients.” This isn’t surprising, he said, as having the luxury of time for these conversations enables patients and families to weigh risks and benefits. “We can talk about what is important to them,” he said. Very often, patients would prefer to spend quality time with family, maybe take one last trip or enjoy one last visit with the grandkids, over spending their last days in the hospital “trying to squeeze in every possible treatment.”

Communication comes before documentation, Dr. Huss stressed. “I put a lot less emphasis on filling out forms and documents. Conversation and understanding are more important. And I’m not hesitant to contact hospitalists or other providers and discuss the patient’s goals with them.”

Beyond One Day
While NHDD is an important way to focus on these conversations, one day isn’t enough. Mr. Kottkamp noted, “We need to be asking about advance care plans every time you go to the hospital, at every physician’s appointment. If we do this, we take the stigma out of these conversations, and we make sure that there are no black holes.” Numerous advance care planning tools are available, and Mr. Kottkamp suggested choosing one to use and employing it consistently. “You need to systemize this so it becomes organizational routine, something we address with every patient every time we interact with them,” he said.

Mr. Kottkamp has been impressed with the wide array of events and activities surrounding NHDD. For instance, he said, “We’ve seen collaborations between organizations, such as hospitals and nursing homes, with conversations about issues such as the hand-off process.” There have been events at libraries with displays of books on related topics, movie screenings of relevant films, and “lunch and learn” events.

Medical, nursing, and other schools can use the day to let students role play and experience both sides of the care planning conversation. “This helps them empathize with patients and families who have to make decisions,” said Mr. Kottkamp.

Whatever you do to commemorate NHDD, it’s worthwhile if “it helps even one person,” Mr. Kottkamp suggested. “You have to be flexible about how you measure the success of your conversations.”

Continued to next page
**Continued from previous page**

activity, because it can mean a lot of things.” Sometimes, just doing something — getting the word out and starting the dialogue — is a worthy accomplishment.

Dr. Huss agreed, noting that conversations can make a real and powerful difference. He recalled a patient who came to him with confusion and hallucinations, which he diagnosed as Lewy Body dementia. “We talked, and he was adamant that he didn’t want to spend his last days in the hospital, and he didn’t want aggressive measures. We talked about hospice, and he and his family agreed that this was a good option for him.” The patient entered hospice soon after and passed away peacefully at home a few weeks later. The early conversations prevented surprises and uncertainty in the last weeks and gave the patient and his family peace and comfort.

Visit the NHDD website (https://www.nhdd.org/) for more information, resources, and ideas.

---

**Technology**

from page 1

Ms. Rose said. When there is, many elders embrace it. “We’ve seen 92-year-olds using a Breezie tablet telling [executives] exactly how they use that table.”

Ms. McNally, who started her career as a certified nursing assistant in 1995, said she’s been struck by the intergenerational nature of the IN2L technology. “It’s really awesome when a grandchild can come in and spend an afternoon with her grandmother and they can really engage in something that speaks to both of them,” she said. Similarly, she said, staff have told her they’ve used the technology to forge better relationships with the residents. And the residents’ well-being has improved as well — scores on the Eden Alternative Well-Being Assessment increased 6% over the first 12 months of the computer system’s implementation.

The grant that funded the IN2L system (a civil monetary penalty grant from the Centers for Medicare & Medicaid Services) has been appreciated by all. At the Signature HealthCARE building in the small town of Erin, TN, the staff connect the mobile IN2L unit to the dining room’s big-screen television for music during meals, and they move it around as needed for blackjack or solitaire games, karaoke, and movement and exercise sessions. “If someone’s having a bad day, we might find broadcasts of old radio stations they used to listen to or an old TV show they used to watch, or we might visit the aquarium or listen to therapeutic music,” said Lisa Moore, the quality of life director at the Erin community.

“When one of our veterans was having a bad day, he [used the system’s flight simulator] to fly an airplane — something he used to do,” said Ms. Moore. “When you know your elder, you know what’s going to bring back good memories.” She recalled another resident with dementia who worried constantly that her home had been destroyed. “We Google-mapped it on the [IN2L] system...