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Personalized Interactive Technology for Residents Connects Generations

Christine Kilgore

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.

Photo courtesy of It's Never 2 Late

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 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, cofounder, 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,"

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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 Crecelius, MD, PhD, CMD, medical director of Delmar Gardens in St. Louis, MO, about National Healthcare 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;

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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 completing documents 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 sectors 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 these 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, Dr. Huss 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."

Honoring Your Patients on NHDD

Taking time to plan for NHDD is important because even simple efforts can make a big difference. Dr. Crecelius said, "Promote it to residents, families, and staff in advance. Have various forms and notaries available, and have practitioners on hand to talk and answer questions." It's worth stressing that advance directives aren't just for older patients. Dr. Crecelius noted, "We get many daughters and sons who, as we start these conversations, say, 'I should document my own wishes.'"

Dr. Crecelius urged, "Go to your administrator and director of nursing and plan something for NHDD. It's important, and it's an important community service." For maximum impact, get others — hospitals, health systems, physician practice groups, social workers — involved. Talk about ways you can ensure that patients' wishes travel with them as they move through the care continuum. "NHDD is good chance to regroup, look at what we're doing, and identify opportunities for improvement," said Dr. Crecelius. This is important because, ultimately, everyone needs to be on the same page and have access to the same information.

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

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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.

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Caring *for Consumers*

From Cheers to Complications: Is It Okay for Older People to Have a Drink?

Michael Fingerhood, MD, FACP, associate professor of medicine and public health at Johns Hopkins University, talks about older adults and alcohol consumption.

Many people enjoy a drink now and again, but excessive alcohol use can be a problem at any age. And drinking can have some particular risks for older adults, especially those who are ill and frail. It's important to know the truth about alcohol to determine whether an occasional drink is okay for you or a loved one or whether one's drinking habits suggest a problem.

Older people — including those in an assisted living community or nursing home — have a right to enjoy life, which may mean an occasional beer, wine, or cocktail. Older adults who want to drink, have no medical issues that prohibit it, and are taking no prescription or over-the-counter drugs that interact with alcohol may drink safely in moderation. For older adults, moderate drinking is no more than one drink per day, where a drink is defined as 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of spirits. Of course, they should not drink immediately before going to bed or before driving or pursuing physical activity. It also is important to note that nursing home residents need a physician's order to allow them to drink, and this will include a limit.

Drinking even small amounts of alcohol can be dangerous, however. It can lead to falls and various household accidents. Alcohol also is a factor in many suicides, car crashes, and homicides. Excessive drinking over time can cause or contribute to:

- Some forms of cancer, liver damage, immune system disorders, and brain damage
- Worsening existing problems such as osteoporosis, diabetes, and high blood pressure
- Memory loss and mood disorders (which may be confused with signs of Alzheimer's disease)

It is important to watch for signs that you or someone you love has gone from enjoying an occasional social drink to having a drinking problem. This type of problem can develop gradually, especially among older adults who have moved to a new home, have recently suffered a loss (such as the death of a spouse), or have experienced a negative life change such as a health problem or financial setback.

The signs of problem drinking in older adults include drinking alone or in secret, having a ritual of drinking before/with/after dinner, losing interest in hobbies and activities, drinking in spite of warnings not to (such as because of health issues and potential interactions with medications), withdrawing from family or friends, sleeping too much or too little, or displaying confusion, memory loss, hostility, or depression.

Talk to your physician or other practitioner about whether it is safe for you or your loved one to drink alcohol. Your physician is there to help, not to judge, so be honest if you suspect that you or your older family member has a drinking problem.

Questions to Ask Your Practitioner

- Is there any reason my loved one or I can't drink alcohol in moderation?
- What are the risks of drinking, given my loved one's or my health and other issues?
- What should I do if I suspect a loved one has a drinking problem?
- Will the nursing home (or other senior care community) make my loved one or me move out because of a drinking problem?
- What are the treatments for alcohol abuse in older people?
- How do I get a physician's order to give my loved one or myself permission to drink in the nursing home?

What You Can Do

- Talk to your practitioner about any or all medications you or your loved one take and whether it is okay to drink alcohol while you are taking those drugs.
- Talk to your practitioner if you or a loved one starts drinking more than moderate amounts of alcohol or shows signs of abuse.
- Seek help if you feel lonely, sad, depressed, or isolated. Let your practitioner and others help you have the best possible quality of life.

For More Information

- Facts About Aging and Alcohol: https://www.nia.nih.gov/health/facts-about-aging-and-alcohol
- Alcoholism in the Elderly: https://www.aafp.org/afp/2000/0315/p1710.html
- Seniors and Alcohol Abuse: https://bit.ly/2BZi86P

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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 tablet."

Ms. McAllister, 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

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