

Caring *for the Ages*



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Photo courtesy of Tammy Friend

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Personalized Interactive Technology for Residents Connects Generations

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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



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.

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 discus-

sions 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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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. 

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/aafp/2000/0315/p1710.html>
- Seniors and Alcohol Abuse: <https://bit.ly/2BZi86P>

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Technology

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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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and were able to say, ‘your home is still there,’” she said. “Many residents miss their homes, so we’ve done this with others as well.”

About 70% of the system’s content is group-oriented, and 30% is geared for individual use. Jack York, the founder and president of It’s Never 2 Late (<https://in2l.com/>), said the company tracks what’s being used across the 2,700-plus subscribing SNFs, assisted living communities, and memory care units, and it updates the content every other month. In addition to music, trivia, and games, he said, experiential programs for individuals with dementia and therapeutic activities for speech and occupational therapy are popular.

At any one time, 60% to 70% of the 3,000-plus applications and content items run offline, Mr. York said. The system can also be customized so that individuals or their families can maintain personal collections of favorite iN2L content as well as links to photos, voice recordings, or videos of grandchildren or other loved ones. Recently, the company released its own tablet to sync with the system, and Mr. York said they’re

following advances in voice technology and virtual reality, always looking for system enhancements.

Signature, in the meantime, has been pilot-testing Amazon’s voice-activated Alexa with nine long-term residents and nine short-term residents of Jefferson Place, its skilled nursing community in Louisville. Each resident received an Echo Dot or a TV Fire Cube with training on how to use simple terms and specific word orders to talk to Alexa and access Memory Lane, Vintage Radio, Bingo, and other skill sets. “We saw smiles on the face, and tears in the eyes, because it was that easy,” said Christopher Houser, chief information officer of Signature HealthCARE Services and the leader of the Alexa pilot program.

In addition to cognitive engagement and empowerment for the residents, Mr. Houser sees potential with smart speaker technology to facilitate more efficiency and job satisfaction for the staff. By building community information into the system, a resident could say, “Alexa, ask Signature, tell me the activities — are we having a bingo night?” or “Alexa, ask Signature to bring me a glass of water.” Some questions will be answered

by Alexa (with answers shown on the TV Fire Cube when it’s there); others will be answered by the nurse or another staff member on the other end.

Alexa has also been tested in retirement communities by the Front Porch Center for Innovation and Wellbeing, which is part of the Southern California provider Front Porch. And an Alexa-powered platform called Aiva is being piloted in Cedars-Sinai hospital in Los Angeles. Ms. Rose of the Thrive Center said she’s following Aiva with interest because it appears to be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Sunrise Senior Living’s December 2018 announcement of a nationwide rollout for SingFit, its digital therapeutic music program, is another sign that communities and their future residents and families are increasingly looking for engagement technologies, Ms. Rose said. She is planning to bring to the Thrive Center a proactive social robot called ElliQ (Intuition Robotics, Israel), which uses artificial intelligence to offer personalized, cognitively stimulating activities and games and daily routine reminders. She also is looking into new virtual reality products for individuals

with dementia and Alzheimer’s disease. Such products will sit alongside iN2L, various types of companion pets, the SingFit program, and other technologies.

Although there’s still a need for more products and programs for people with Alzheimer’s and more advanced dementia, “we’re really getting creative overall on products and solutions that can engage and stimulate the mind,” Ms. Rose said. While some products are costly, not all innovations are necessarily high tech or high cost, she noted. This August, her center will be hosting sessions for members of the Pioneer Network when they gather for their annual meeting.

For skilled nursing and other settings, Mr. Houser of Signature envisions viable economic models for integrating engagement technology. For instance, facilities that have a high-speed internet connection could replace cable and satellite TV with live-streaming TV and various voice-activated skills and services that are useful for that community, he said. 

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JAMDA Award

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recalled with a laugh. The intervention significantly improved the participants’ physical performance (measured using the Short Physical Performance Battery) at 12 months ($P = 0.02$). Although the number of fall-related fractures did not differ significantly between the groups, exercise did reduce the number of injurious falls (those resulting in pain, bruising, laceration, or fracture). In other words, exercise helped the participants to avoid falls; even when those in the exercise group did fall, their falls were not as bad as those experienced by the group who did not exercise.

Their study happened to be published around the time of policy review in Australia. Dr. Hewitt presented her team’s findings to the Minister of Aged Care, who connected her with the policymakers in charge. The outcomes of their study and others, along with the lobbying efforts of the Australian Physiotherapy Association, helped to tip the scales. The draft of new policy currently under consideration now includes therapeutic exercises for aged care in Australia.

Recognizing the impact of her research, Dr. Hewitt admitted, “My hope for my work is to change the way people live. While recognition and policy are important, I find the greatest reward in the feedback my residents and their families give me when I go in [the community] to conduct an exercise session. I hear and see something rewarding every time.” That positive feedback and the obvious improvement in the residents’ well-being

EXPERT COMMENTARY

This study supports previous research that we can’t get residents, families, or caregivers to really believe: exercise is the best way to prevent falls! The problem is everyone would rather just take vitamin D, which we now know is not as effective. Along with the evidence of the value of exercise, the study also confirmed the low rate of willingness to participate (25% among residents). Further, adherence overall was poor, with attendance rates of 60% for the 25 weeks of classes and an even lower adherence of 31% to 50% for the maintenance activities. So unfortunately yet again we have learned that exercise is effective, but we can’t get residents to engage in this level of activity or staff to encourage and support it at the level needed.

There were a couple of unknowns in this report. First, although attendance was reported, it was not noted to what degree the participants actually completed the recommended exercises (i.e., did the resistance exercises progress as planned?). Further we do not know how often the staff actually helped with the intervention activities or maintenance activities.

The ability to translate this type of intervention to the United States really depends on the facility’s commitment to and belief in the benefits of exercise and on establishing sufficient resources to allow the program to happen. This requires teaching staff how to motivate and engage residents, how to provide this level of exercise activity, and how to evaluate each individual’s underlying capability and match the exercise program with his or her needs.

— Barbara Resnick, PhD, CRNP

is what has kept her in the field of elder care for almost 30 years after her transition from sports physical therapy. “For athletes, my work is just a way to boost performance, maybe, by several percent, while for the elderly, exercise can be a life-changer.” She recalls a resident with cerebral palsy who “walks tall and doesn’t drag his foot anymore,” now at the age of 91. “His walking is better than it was when I first met him at age 80!”

Aside from providing positive physical changes, her exercise program has boosted morale in the communities. “Residents were so proud of themselves. The activity also gave them something

to talk about before and after each session. Some of them said it had changed their lives; others needed to buy workout clothes for the first time ever.”

Dr. Hewitt hopes that her findings will inspire additional research in the field and support the policy changes needed for residents to reap the benefits of exercise. While policy varies broadly, the effectiveness of exercise in preventing falls and its value to seniors remain high, regardless of the geography. 

Dr. Boyum is the managing editor of *Caring for the Ages*.

Legal Issues

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including representative(s) of her mental health therapy team in the interdisciplinary team and care-planning decisions.

- One helpful approach is to establish regularly scheduled behavioral rounds for the mental health providers, social worker, and supervising registered nurse.
- The number of psychiatric patients admitted should not overwhelm the SNF’s capability to appropriately address their needs.
- In-service training should be implemented for staff to upgrade their skills to better understand and manage the emotional and behavioral issues of geriatric psychiatric patients. With Phase 3 of the new Requirements of Participation going into effect in November, SNFs will also need to train staff in trauma-informed care.
- As always, proper documentation of these efforts is a must. Documentation may not prevent a lawsuit, but it will minimize the SNF’s risk and provide the best defense possible if a claim is made.

This column is not to be substituted for legal advice. Mr. Wilson is a partner in the law firm Wilson Getty LLP, which represents all types of long-term care facilities against civil claims. He also represents facilities in administrative hearings and advises long-term care clients on risk management and corporate compliance.