Aging SUCCESSFULLY


Aging
Successfully

enhance the telehealth options for and competencies of professionals providing primary care. As a result, we are working to expedite and expand our original vision for the platform. We hope to strengthen the capacity of the geriatric workforce to deliver services *via* telehealth. To that end, we are nearing completion of the first of the suite of programs to be developed, including the Rapid Geriatric Assessment (RGA), Medicare Annual Wellness Visit, and Cognitive Stimulation Therapy. Future plans include expanding programs to address areas of care that are specifically needed for older persons, including the assessment of and intervention in sleep apnea, home care, and loneliness and social isolation, all of which can be identified through the RGA and/or the Medicare Annual Wellness Visit.

This new Aging Successfully platform provides a HIPAA-compliant environment with secure ti(r)4 wie i27(A)32i2-14.9 (n-1.16 8.5 (v)-10 (i)-15.9)011 (f)215i

(continued on page 6)

personal ones, I encountered first-hand some of the challenges I witnessed as a clinician. When I teach, my students refer often to my 'enthusiasm and passion for the material' and my ability to make 'difficult topics…interesting, applicable, and relevant.' This passion, along with my personal and professional experiences, channels my drive for my professional work."

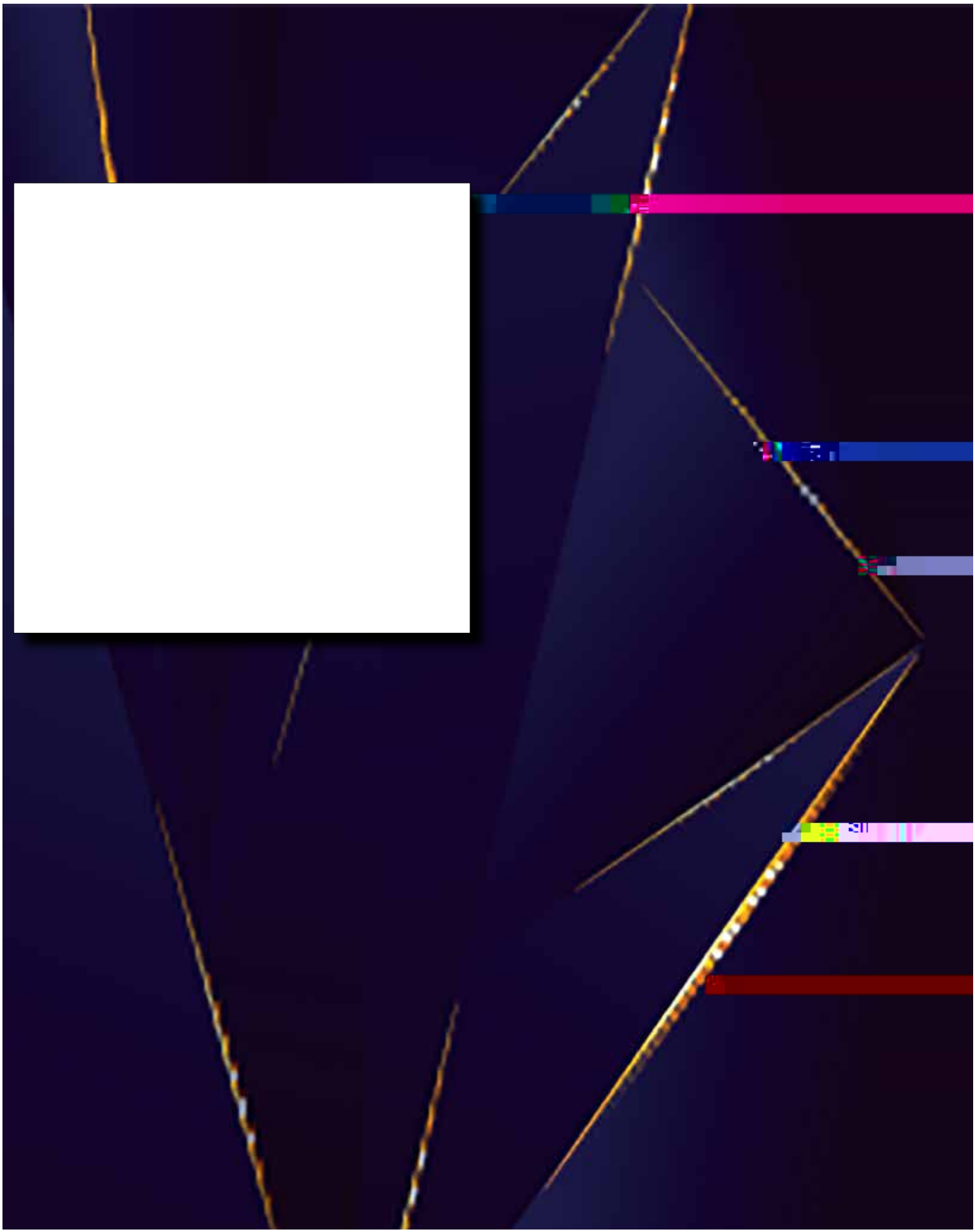
The Sojourns Scholar Leadership Program will allow Dr. Wallace to seek additional development surrounding the application of narrative intervention and implementation science within palliative care, further preparing her for national leadership. "As a social worker, my work is patient- and family-centered and guided by the core values and ethics of the profession. My training enables me to approach situations through a systemic lens that considers problems through the interaction of various forces – psychological, social, economic, and political – and transactions between individuals and their environment. Leaders must be able to both envision the larger context for the future of trg0.6 (u)-8d 9 (n)8.9.6 (f…6 (s1(a)-5.5 .5 (i)1(s) .5 (g)-10 (c)2w I me)-

testing supplies, many other essential resources such as hand sanitizer, masks, latex gloves, etc., were all being diverted to the hospital. We could not get any refills for our wall hand sanitizers for several months because the supplier diverted all units to hospitals. Again, a subtle reminder that the lives behind the walls of my building were less important than the lives elsewhere. Most assuredly, the lack of resources and testing supplies contributed to massive spread and uncontrollable outbreaks in nursing homes across the country and this was largely out of nursing homes' control.

2. The infection control guidelines from governing bodies were unclear, difficult to decipher, and there was no centralized leadership to guide struggling nursing homes. The wording in these documents was often very nebulous and started with "You may want to consider…" When one would call the governing body for clarification, the answers would vary depending on who was on the other end of the phone and answers were routinely divergent for the same question. Additionally, reporting measures were non-centralized, over-burdensome and incredibly tedious. The DON at my nursing home cites this as the number one cause of his frustration and burnout during the COVID epidemic. In addition to managing extremely high patient acuity, he was expected to report to as many as eight agencies each day, all of whom wanted slightly

cognitive decline are also more effective in-person at the bedside. Not only do families improve the care delivered, many nursing home residents find their sense of purpose in their families. Without family visits, many patients lost their sense of purpose, impairing their will to live and ultimately, passed away.

5. The COVID pandemic will have long lasting effects on nursing home staff and has resulted in the loss of many employees who have left the field completely. The nursing home I work at has a lower staff turnover rate than most facilities in our area, but several of our employees left their positions during the pandemic. Some had health co-morbidities and were fearful of working in a high-risk environment while others needed to take care of children who were out of school. Many simply became burned out from the long hours of working in an understaffed environment with very sick patients and decided to explore other options. One day, one of the residents living in the dementia unit passed away from complications of COVID-19 and the routine dayshift nurse became very emotional after the resident died. When I saw her in the hallway, she was crying and asked me how many more of her residents she must watch die. She then commented about how she did not know how I could work in the hospital with sick patients dying of COVID. In the hospital, it is in some ways easier because we typically do not develop longitudinal relationships with patients and their families in the way that is commonplace in the nursing home. I have really begun to regard the nursing home community as part of my extended family and feel a strong sense of personal responsibility for the good and bad outcomes. I imagine that many medical directors must feel this way. The emotional toll from months of stress and watching nursing home residents become very ill and die still pierces quite deeply for most nursing home employees. It has led to high rates of burnout, lack of staff to resident engagement, and even higher rates of staff turnover. This leads to the question of how does a nursing facility successfully provide high quality care with these staff shortages and what can be done to recruit more staff to the industry?
6. Teamwork in the nursing home has always been essential and was noted to be even more crucial during COVID. When one team member was quarantined or on sick leave during the pandemic, the effects across the community were greatly felt. I remember working in our COVID unit one day and noting that every patient's floor was sticky and the rooms were unkempt. After inquiring about what happened, as our facility is typically very clean, I was told the dayshift house keeper had COVID and was quite sick. I reflected that day on how essential each person's role was and how we all work together in concert to keep the facility functional. Nursing homes present the idealistic model of cohesive teamwork when compared to other medical settings and are among the most successful at providing true interdisciplinary care. Each interdisciplinary team member sees the patient



SLU Research Team Receives NIH Grant to Study Live Discharge from Hospice Care

by Maggie Rotermund, Senior Media Relations Specialist, Saint Louis University

A new study from Saint Louis University seeks to evaluate the health and quality of life outcomes for patients and caregivers following live discharge from hospice care.

Cara Wallace, Ph.D., Assistant Professor in the School of Social Work, received a $427,276 grant from the National Institute of Nursing Research of the National Institutes of Health (NIH) to study the needs of patients post-hospice discharge and how patients and their caregivers attempt to meet those needs.

Hospice care has been shown to improve end-of-life outcomes for adults with chronic illness, yet with eligibility limited, the system is not set up to accommodate longer term needs. Eligibility for hospice requires a patient to forgo curative treatments for his or her terminal condition and a physician to certify life expectancy of six months or less. Those adult patients who stabilize, or have a change in terminal prognosis, may be given a live discharge from hospice care.

In 2017, 6.7%, or nearly 90,000 hospice patients, were discharged after they no longer met eligibility requirements.

"Our study aims to find out what happens to the patient and the caregiver when the patient outlives this prognosis and hospice services are removed," Wallace said.

Hospice services may include nurse and physician care; physical, occupational or speech therapy; social services; nursing aides, medical equipment and supplies; counseling; and short-term inpatient services. Care is available around the clock, in the patient's home and is focused on symptom management.

The six-month longitudinal survey will assess the quality of life, service utilization and health status for adult patients and their adult caregiver. The study will evaluate healthcare utilization and health status at time of live discharge and following a live discharge; determine service patterns and the continuity of care transitions; and analyze patient and caregiver perspectives on service coordination and potential impacts to quality of life.

The research team, from top left, includes Stephanie Wladkowski, Cara Wallace, Leslie Hinyard and Verna Hendricks-Ferguson, works via Zoom. Submitted photo.

"Without understanding the impact of a live discharge, improving care and providing appropriate support is impossible," Wallace said. "This is the first step in developing a protocol to create effective live discharge standards."

presents the 2nd Annual

Dementia Friendly Healthcare and Community Virtual Symposium

Wednesday, June 16, 2021, 8:15 a.m. - 5:15 p.m. CT

FREE learning opportunities for providers, healthcare professionals, and community workers

Hear Keynote on Pros and Cons of Medications for Dementia

Connect with national experts on dementia care to learn about:

Early Detection of Dementia Training Providers for Caregiver Education

.3 (x)8.6 (pe)-4.747 ( )0.04 (y V0 u32 (eg)-e)16.7 (a0W10.9 (.747

recruited to participate in a month-long interprofessional case competition. In teams of 3-4 students, a total of 26 teams were comprised of undergraduate and graduate students from occupational therapy, physical therapy, nursing, medicine, social work, pharmacy, dentistry, medical family therapy, speech language and hearing sciences, and communication sciences and disorders. A faculty mentor/ coach is assigned to each team for collaboration on the geriatric

The project was capped of by a community event that was hosted by Saint Louis University. The event highlighted several spiritual toolboxes used by individuals in the CST groups at all three sites. Community partners and other SLU students attended the event and could observe the creations that CST participants made across the project. Narrative quotes and summaries of sessions were also posted for attendees to view at the event. Although the start of the COVID-19 pandemic interrupted further in person sessions, individuals continued to share their meaningful experiences with facilitators through phone and ongoing virtual groups.

The following are items and belongings that participants in the spirituality group used in their Spiritual Toolbox:

Poems- Writings that have been meaningful to them over the years

EXERCISE AND STRENGHTENING INITIATIVE

Kelly Hawthorne, PT, DPT, GCS and Jill FitzGerald, PT, DPT, CSCS, Co-Coordinators

As the Physical Therapists on the GWEP team, we focus on movement! Activity and exercise for older adults, especially during the pandemic, is essential to mental and physical health. Two initiatives to help older adults stay active during the COVID-19 pandemic include:

1) In a presentation for older adults to stay active during the pandemic, we emphasize the importance of exercise and how to manage exercise within ever-changing COVID-19 guidelines. We encourage exercising with others, getting outside, maintaining distance, and always wearing a face mask! Community (or home) based strength training videos are also posted in conjunction with this presentation. https://www.yo

caregiving strategies, and provide an hour of respite from caregiving. The first virtual meetings served as an informal check-in on how they and their loved ones were coping with isolation. Adjusting depended on their loved one's level of functioning. Clinic facilitators soon learned the decision to restart the groups could not have come soon enough.

Reimagine those early days of the pandemic in the role of a caregiver: the struggle to maintain a virus-free environment, distinguish reliable information from pervasive misinformation, and determine who to let in your socially distanced bubble. Caregivers were overwhelmed with responsibility of preserving their own health and protecting their loved ones. Many of the early groups shifted from emotional processing of in-person services to crisis management as other in-home care, daycare, and residential care services were suspended. While facilitators offered resources and attempted to emotionally process increasing stressors, facilitators validated caregivers' positions and supported decisions made in providing the best care for their loved ones. Caregivers' resiliency in the early dayso2(r)1.5 (yy7-11.3)-6.5 (5-20.9 ( )]TJ-0.027p1.5 (v)0(h)178.9 (o-(c)7.d(i)18(a)-19.9-12.729)-3.5

Circle of Friends

(continued from page 23)

need to address loneliness and social isolation, little did we know that the severity of these experiences would skyrocket by early 2020. In the past year and a half, since announcing this new initiative, GWEP faculty, Max Zubatsky and Marla Berg-Weger, have worked with SLU graduate students in social work and medical family therapy and community partners to develop and deliver educational presentations, training, and a training guide for the facilitation of Circle of Friends©. To date, approximately 150 persons have been trained to facilitate the intervention. Initially, St. Louis area groups were offered as in-person gatherings through the Association for Aging with Developmental Disabilities, St. Louis Housing Authority (in collaboration with Community Health in Partnership), and the Saint Louis University Aging & Memory Clinic. Developed as an in-person intervention, the pandemic necessitated the transition Circle of Friends©. Please see the article on pages 20-22 in this issue for insights on virtual delivery.

For more information on Circle of Friends© training, visit the Geriatric Education Center website or contact Marla Berg-Weger at marla.bergweger@slu.edu.

Caption for first picture: Association for Aging with Developmental Disabilities Circle of Friends 2020

References

1. National Institute on Health Care Management. (2020). Addressing Loneliness and Social Isolation During the Pandemic (Infographic). Available at: https://nihcm.org/publications/addressing-loneliness-social-isolation-during-the-pandemic
2. Murthy V. Work and the loneliness epidemic. *Harv Bus Rev* September 2017. Retrieved from: https://www.vivekmurthy.com/single-post/2017/10/10/Work-and-the-Loneliness-Epidemic-Harvard-Business-Review
3. National Academies of Science, Engineering, & Medicine: Health and medical dimensions of social isolation and loneliness in older adults. Retrieved from: http://nationalacademies.org/hmd/activities/publichealth/isolationandlonelinessinolderadults/2019-feb-27.aspx?_a=2.240319683.1913068659.1550866668-1537762008.1550682496
4. Losada-Baltar A, Jiménez-Gonzalo L, Gallego-Alberto L, *et al.* "We're staying at4home". Association of self-perceptions of aging, personal and family resources and loneliness with psychological distress during the lock-down period of COVID-19. *J*

GEC Launches Cognitive Stimulation Therapy Facilitator Certi f cation

In 2019, the founders of Cognitive Stimulation Therapy (CST) designated the Saint Louis University GEC as the North America CST Training Institute. The Institute was developed in collaboration and consultation with the founders at University College London. 2020 marked the inauguration of the Facilitator Certi f cation. While originally scheduled as an in-person event,

CST, encouraging its use in a standardized, person-centered and effective manner. Prerequisite Qualification includes:

- Interest in helping people with cognitive challenges and their caregivers.
- Commitment to learning and implementing an evidence-based intervention.
- Documented paid and/or unpaid experience working directly with persons with dementia.
- Appreciation of the complexity of the "simple" appearing program activities.
- Experience leading group discussions, teaching, and role play.

Individuals interested in becoming an Institute-approved CST-F are required to:

- Complete approved training taught by an approved CST-T use the standard Institute Facilitator curriculum including lecture, live and videotaped demonstrations
- demonstrate competencies by achieving 80% on CST brief exam
- complete and submit CST-F application within 30 days of training completion and $100 application fee.

Anyone may attend the training, but in order to be listed in the Institute registry, application to the Institute is required. Applications must be submitted within 30 days upon completing the seminar with a $100 administrative fee. Based on professional background, there is appropriate support information that will be requested (*e.g.*, license number or college registration number).

In-house training is available throughout the U (r)-8.1 (a2)u2ngaa55 (v)10.6 (d $)2.9 (13.4 (i3 Tc 0.07 T
x

By Debra Blessing, B.A., GWEP Coordinator, A.T. Still University, Kirksville, Missouri

Now in the sixth year of partnership with the Saint Louis University Geriatric Workforce Enhancement Program (GWEP), A.T. Still University-Kirksville College of Osteopathic Medicine (ATSU-KCOM) and Area Health Education Centers (AHEC) Program O f ce have implemcmnt L4mi8 (i)1Enutalve 4
Sinlr“%BCtRb?#$vQL32%R%C–”w,Â'fh%…!!”1A!b%j…(&f0b$t,gÀ2R)o%i%A%ATUE%s$#2,f)@gE(UJP
hd A4 (r)-8.5 (s)9.34(e)-12 (r)-8.533e ed A8lncmi6ms

(continued on page 28)

Another attractive feature of ATSU-KCOM AHEC was our statewide connections through the MAHEC Network. Our long-standing working relationship with the folks at SLU made it much easier to talk and dream about making a di f erence."

Highlights of two GWEP objectives for the ATSU-KCOM AHEC Program O f ce featured here include: 1) working with faculty, sta f, students, and primary care providers to develop skills and protocols for conducting the Rapid Geriatric Assessment (RGA) in primary care settings and 2) inf()14a.- lU1.1 (s)4.2 (e)da6 (f)5(e)-4.9 (r)-22[R)-1i)8 (a)7.6 5tru Ase ins tbox14.7(r)-2.2 (e)-44 (o)11.

meaningful communication with older adults and their caregivers, and conduct assessments on cognition, depression, and quality-of-life. The first cohort of students was enrolled in the 2017 spring semester. This course is now available in both the spring and fall semesters. "iCST gives medical students an opportunity to interact with a special population that probably is not discussed in other settings," said Dr. Head, who is also an ATSU faculty member and former course director. "It encourages students to slow down and pay attention to the patient they are working with. It brings them face to face with a national crisis and helps them appreciate the role family plays in the lives of persons living with dementia and the role of their own profession."

In Fall 2018, ATSU-KCOM AHEC GWEP Coordinator, Debra Blessing, adapted the existing iCST elective course to become an interprofessional opportunity as a component of her SLU Geriatric Leadership Scholars program. Each spring semester, iCST is made available to TSU health professions students to participate in

adults, hip fractures, comprehensive geriatric assessments, resilience in caregiving, syncope, and the latest research on lifestyle modi f cations and Alzheimer's disease.

After a Fall, a 2020 lecture by Dr. John Morley on the impact of COVID-19 on older adults, one student commented, "I liked that this event was very pertinent to our current situation, and the level of

th 18 10.354 Tw 0 -1.16 7 (t s)14.2o op2-14.9 iturpi frt wcses, op f

Division of Geriatric Medicine
Saint Louis University School of Medicine
1008 S. Spring Ave, 2nd floor
St. Louis, Missouri 63110

This newsletter is a publication of:

Division of Geriatric Medicine

Department of Internal Medicine

Saint Louis University School of Medicine

Gateway Geriatric Education Center of Missouri (Gateway GEC)

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28716, Geriatrics Workforce Enhancement Program, for $750,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

John E. Morley, M.B., B.Ch.

Professor Emeritus

Division of Geriatric Medicine

Department of Internal Medicine

Saint Louis University School of Medicine

Marla Berg-Weger, Ph.D., L.C.S.W.

Executive Director, Gateway Geriatric Education Center

Professor, Saint Louis University School of Social Work

Please direct inquiries to:

Saint Louis University School of Medicine

Division of Geriatric Medicine

Mn ǯ