Helping Nursing Home Communities Cope with Grief

In 2017, Dr. Toni Miles, Professor of Epidemiology at the University of Georgia, along with the Centers for Medicare & Medicaid Services (CMS) leadership in Georgia (Region IV), implemented a project called, “Changing the Culture of Death and Dying in the Nursing Home Setting.” The purpose of the project was to provide a new tool, “Best Practices in Bereavement Care.”

“Grief and loss are an emerging public health problem,” Dr. Miles said. “We believe that nursing homes can teach us how to diminish the negative health effects associated with grief by hearing from persons who care for others.”

About the Best Practices in Bereavement Care Tool

“Best Practices in Bereavement Care” consists of two booklet-style guides designed for (1) residents and family members, and (2) staff. These guides include testimonials and best practices for handling bereavement that were gleaned from more than 60 hours of recorded interviews with staff, residents, and family members, in several areas related to coping with death:

- Creating a caring and respectful process for handling the deceased
- Scheduling memorials to honor the lives of those who have passed and their caregivers
- Grouping support for residents and family by diagnosis or length of stay for the residents
- Clearly publicizing resident and family support services before and after loss
- Allowing and encouraging residents to make as many choices about their care as possible

The guides can be viewed online: staff guide (https://bit.ly/2H2qNto); residents and families guide (https://bit.ly/2NLpjnZ). Each guide includes a Physician Orders for Life-Sustaining Treatment (POLST) form, a portable medical order indicating which treatment a seriously ill person prefers; it is designed to work with an advance directive.

The guides have been distributed to nursing homes in Georgia and to several other states. Future plans include developing four videos to accompany the guides and distributing them statewide. To measure impact, researchers will assess knowledge and use of the POLST, as well as collect data from the Georgia Behavioral Risk Factor Surveillance Survey about experiences with family death.

Contact Dr. Miles for downloadable PDFs of the guides at tonimile@uga.edu.
**CMP Project Spurs Activity and Engagement at a Nursing Home in Louisiana**

Residents at a rural Louisiana nursing home, The Broadway Elder Living and Rehabilitation, are benefiting from a new range of activities for recreation, social connection, memory care engagement, and therapy, thanks to the “It’s Never Too Late” (iN2L) project.

Art, music, games, Google Earth, and karaoke are just some of the many activities available to the 126 residents of The Broadway Elder to help empower them to make connections, engage with others, and enjoy life.

In Louisiana, Civil Money Penalty (CMP) funds were used to purchase the $20,000 iN2L technology package and activity subscription, which comes with a large, interactive screen suitable for large groups, as well as a smaller screen and mobile cart, appropriate for individual resident rooms.

Recently, one resident held his great-grandson while they played a “bubble-popping” game on the screen. A grandmother, who was unable to attend her granddaughter’s wedding due to health reasons, was able to view the ceremony with her friends on the large iN2L screen, live-streamed online.

“I am most proud of how inclusive the program can be. Residents who were once unable to participate in certain activities, due to physical or cognitive limitations, are joining in more often, which improves social and physical engagement, encourages intellectual stimulation and enhances quality of life. The iN2L system offers a wide variety of meaningful and novel programs for all residents at all cognition levels.”

— Karen Tabiolo, Program Manager, Elder Outreach

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**Project Details**

**Focus:** Engaging more residents in activities and therapy  
**Project Duration:** 2017-18  
**Project Funding:** $19,492  
**Funded Entity:** The Broadway Elder Living and Rehab Center, Louisiana  
**For more information:**  
[https://in2l.com/about](https://in2l.com/about)

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**By the Numbers**

34 percent: Rise in participation in social activities at The Broadway Elder in the eight months since new computer software was introduced.

101: Residents of 126 total residents at The Broadway Elder who have participated in the iN2L program in the first eight months.
CMP Project Aims to Reduce Polypharmacy in Nursing Homes

An innovative, two-year project, led by Purdue University Associate Professor of Nursing, Dr. Kathleen Abrahamson, called “Safer Medication Administration Regimens and Treatments” (SMART), is helping to reduce polypharmacy at more than 30 nursing homes across Indiana using Civil Money Penalty (CMP) funds. Polypharmacy, the concurrent use of multiple medications by a single person, is a significant problem in nursing homes. Approximately 40 percent of U.S. nursing home residents take nine or more medications daily, according to a national nursing home study in the American Journal of Geriatric Pharmacotherapy. Inappropriate polypharmacy can cause heart failure and increase the risk of falls, cognitive decline, high blood pressure, and other adverse events.

The goals of SMART are to reduce the average number of medications per resident; reduce use of antipsychotic, anxiolytic and hypnotic medications; and reduce overall medication costs within participating nursing homes. To date, 46 nursing homes have participated in the SMART program.

Academic Detailing Reduces Unnecessary Medication

An important component of the project is “academic detailing,” which is providing research evidence to clinicians. SMART team physicians meet directly with prescribing professionals in nursing homes to provide evidence-based guidance on reducing the use of certain medications. Based on the evidence provided, SMART physicians worked with nursing homes to help them establish specific goals, such as reducing opioid prescriptions and the use of proton pump inhibitors. Dr. Abrahamson and her team are developing a publication to provide final results of the SMART program.

By the Numbers

- $1.3 billion: Cost of inappropriate medications in 2012
- 40 percent: Percentage of U.S. nursing home residents taking nine or more medications daily
- 50 percent: Amount by which psychotropic drug use dropped at one facility (from 30 percent to 15 percent) during the SMART program
Nearly 200 nurses from nursing homes in Ohio attended a five-day, in-person wound care certification training hosted by the Ohio Health Care Association (OHCA) and the Wound Care Education Institute in the summer of 2016. The training was supported by Civil Money Penalty (CMP) funds.

After their certification, data show considerable improvement in pressure injuries at many of the nursing homes where the nurses work.

Pressure injuries are associated with decreased quality of life due to pain and infection that can lead to sepsis and increase the risk of mortality. Most pressure injuries are preventable, yet 2.5 million people develop pressure injuries annually in long-term care, according to American Medical Directors Association (AMDA).

The wound care certification training included four seminars on topics such as skin and wound management to educate attendees on practical skin and wound management techniques. On the final day of training, 66 percent (132) of nurses passed the exam.

As a result of the training, there was considerable improvement in pressure injuries. When tracking data, OHCA looked at the bottom 25 percent of Ohio nursing homes, as measured by the pressure injury quality measures (QMs). OHCA called this “Group A.” “Group B” was the upper 75 percent of nursing homes, according to the pressure injury QMs. Staff from nursing homes in Group A (bottom 25 percent) saw a 57 percent reduction in pressure injuries (from 9.55 percent to 4.1 percent). Staff from Group B saw a 15 percent drop (4.1 to 3.45.) (Figure A).

“I’m proud of the fact that we were able to get many more wound care certified nurses out into the profession, whether they stayed in the same building or not. Adding these folks out there has a positive impact,” said Pete Van Runkle, Executive Director, Ohio Health Care Association.
CMP Project Enables Youth to Help Seniors Share Their Stories in “Write Your Life”

Park View Health Center in Oshkosh, Wisconsin, matched 16 of their residents with local high school and college students for an innovative program, “Write Your Life,” led by program founder Ibtisam Barakat. Over four days, Barakat facilitated engagement between nursing home residents and students through a workshop designed to engage participants with music, poetry, and art. Residents shared their memories with the students using mementos provided by the nursing home residents’ families. After their days together, the group reunited months later for a “book party,” where seniors were presented with a printed book of the memories they shared. Two project goals, according to Kathy Glander, Administrative Coordinator and one of the project leads, were to “provide a memorable impact in relationship building between young adults and our elderly and/or disabled residents, and to give our resident participants a means to share and preserve valued histories for their loved ones.”

“I would say the thing I am most proud of is just seeing the residents come out of their shells. The pride they felt after sharing their stories. Just seeing the satisfaction and gratification of the residents was rewarding,” said Marleah Keuler Grahek, Administrator, Park View Health Center.

Celebrating Resident Life

Park View Health Center staff continue to use many of the methods they learned from Barakat to engage the residents at this 168-bed nursing home. The residents continue to benefit from the project: several maintain friendships with the students with whom they were partnered, one resident makes sure each of his visitors sees his completed book, and some residents continue to write more chapters about their lives.
Caring for Younger Adults in Long-Term Care: Training and Resources

In the 2008 national long-term care (LTC) survey sponsored by the Centers for Disease Control and Prevention (CDC), an estimated 12 percent of adults living in LTC were younger than 65. This population has unique needs — they are more likely than older nursing home residents to have chronic disorders, cardiac diseases, Parkinson’s disease, Alzheimer’s disease, and psychiatric diagnoses. They may be living in LTC because of Huntington’s disease, multiple sclerosis, or a spinal injury. Nursing home staff typically have not received training to work with younger adults, many of whom were cared for by their parents, but their parents have died and now they have nowhere else to go.

Equipping Staff with Tools and Training

Eleven training sessions were held with directors of nursing, physicians, nurses and rehabilitation professionals. Participants' evaluation of the training was positive. Rebecca Ferrini, MD, MPH, CMD, Medical Director for Edgemoor (the County of San Diego LTC facility), Mary Mulligan, RN, BSN, MA, CDONA/LTC, the Director of Clinical Affairs for AMDA: The Society for Post-Acute and Long-Term Care Medicine, and Danielle Jordan, Project Manager at AMDA, led a team of physicians and researchers to develop a toolkit and training, to educate nursing home staff on how to care for younger adults. The team developed training videos; a sample video can be viewed on YouTube (https://www.youtube.com/watch?v=BQBMEEQmbpw).

Mulligan and her team hope to roll out the training nationwide.

“The reaction to the material and training has been one of excitement and visibility,” said Mary Mulligan, RN, BSN, MA, CDONA/LTC. “We have to do the best we can in caring for these younger folks, whose needs and wants are different from older adults. These young people may be living in these facilities for 20 or 30 years.”
Educational Materials Aim to Reduce Avoidable Hospital Visits

Of the 1.4 million nursing home residents throughout the U.S., more than one-fourth are hospitalized each year — a rate that continues to rise, according to the Office of the Assistant Secretary for Planning and Evaluation. Many of those hospitalizations occur because of family or resident insistence on hospital care and are potentially avoidable. These statistics are the reason Dr. Ruth Tappen, Professor of Nursing at Florida Atlantic University, and her team created materials in multiple languages to provide education about how and when it is better to receive care at the nursing home instead of the hospital.

“We interviewed more than 270 nursing home staff, residents, families, and physicians and found that even the well-educated really didn’t know what today’s long-term care facilities can provide. We learned a lot about what people knew and didn’t know and that helped shape the decision aid we developed, Go to the Hospital or Stay Here? [guide and trifold booklet].” – Dr. Ruth Tappen

Educational Resources for Nursing Homes

It can be stressful to make choices about what care to receive and where. The Go to the Hospital or Stay Here? guide and trifold booklet includes information about medical services offered in the nursing home, such as administering medication and oxygen, blood tests and X-rays, intravenous fluids, and pain management. Instructional videos are available online:

- Go to the Hospital or Stay Here? guide and trifold booklet (http://decisionguide.org)

Every Medicare-certified nursing home in the participating eight states has received the materials — totaling more than 200,000 guides and trifold booklets, and 2,701 training video DVDs. In the future, Dr. Tappen hopes to offer the materials in other states, as well as look deeper into how the materials are helping to reduce hospitalization rates.
CMP Project Encourages Creativity and Removes “Pressure to Remember” Through Storytelling

To help improve the quality of life for nursing home residents, Anne Basting, PhD, CEO and founder of TimeSlips Creative Storytelling, developed an improvisational technique that invites residents to respond to prompts using imagination to tell stories about what they see.

TimeSlips Creative Storytelling gives residents a new and joyful role as storytellers. TimeSlips is “a method that opens storytelling to everyone by replacing the pressure to remember with the freedom to imagine,” Basting said. Storytelling celebrations build community with staff, families, and volunteers.

Fostering Meaningful Relationships with Residents

TimeSlips offers digestible, fast, and easy-to-implement trainings (https://www.timeslips.org/train) online to help nursing home staff and families learn how to conduct storytelling sessions on their own and foster meaningful relationships with residents. Basting said years of research show that TimeSlips has contributed to decreased agitation/aggression, depression, apathy, and irritability in residents who participate in TimeSlips, as well as an increased quality of life. Research also shows that socially reserved, introverted residents are enthusiastic about participating.

“This is designed to slip right into your own skillset, who you are, your own capacity and ... give you the confidence to open the creativity you already have,” Basting said.

Visit the TimeSlips website to view previous stories (https://www.timeslips.org/resources/creativity-center) created by seniors engaged in the program.

By the Numbers

- 39: Number of Wisconsin nursing homes that completed the TimeSlips training
- 12: Number of Kentucky nursing homes that completed the TimeSlips training
- 13: Number of videos included in the online training for the co-leads at each nursing home

Project Details

Focus: Improving mood and quality of life; increasing family and volunteer involvement
Target population: Nursing home residents and their families
Implementing States: Kentucky, Wisconsin
Project Lead: Dr. Anne Basting
Project Funding: $776,000 (KY); $200,000 (WI)
Project Duration: 2018-20