

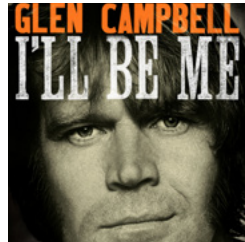
Hospice and Palliative Care:

Personalized Services and
Caring Communities

HOSPICE



Hospice and Palliative Care: Personalized Services and Caring Communities



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LeadingAge New York



Mission Statement

To create the future of aging and continuing care services in New York State.

Our national partner, LeadingAge, is an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging. Together, we advance policies, promote practices and conduct research that supports, enables and empowers people to live fully as they age.

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Founded in 1961, LeadingAge New York represents more than 500 not-for-profit, public and mission-driven senior care providers, including nursing homes, senior housing, adult care facilities, continuing care retirement communities, assisted living, home care and community services providers which serve approximately 500,000 people across New York each year.

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Collaboration is the Future

Under the Delivery System Reform Incentive Payment System (DSRIP), new models are being created that will result in larger collaborations among hospital systems and related community services – including hospice and palliative care. With changing models of care and services delivery in mind, a recent LeadingAge New York Joint Board Retreat concluded that new partnerships and collaborations are needed that will strengthen member's ability to provide important care to New York's elderly. This issue of LeadingAge New York Adviser features stories that exemplify LeadingAge's commitment to collaboration.

LeadingAge New York and the Hospice and Palliative Care Association of New York (HPCANYS) recently announced a groundbreaking affiliation agreement that strengthens their ability to support providers of important care to New York's elderly in their efforts to provide quality services to New Yorkers. In this issue's featured section, the integration of hospice and palliative care into nursing homes, assisted living and home care is explored and HPCANYS Executive Director Kathy McMahon outlines important issues affecting hospice and palliative of interest to LeadingAge New York members.

“LeadingAge New York and the Hospice and Palliative Care Association of New York (HPCANYS) recently announced a groundbreaking affiliation agreement that strengthens their ability to support providers of important care to New York's elderly...”

Through another collaborative effort, LeadingAge New York and LeadingAge joined with Volunteers of America and the Alzheimer's Association of New York to host the national premier of *Glen Campbell-I'll Be Me*, a stunningly portrayed documentary film about Glen's journey into Alzheimer's disease that also provides a poignant look at the impact on caregivers. Immediately following the national premier in Manhattan on Oct. 24, LeadingAge New York and LeadingAge hosted a star-studded VIP event to promote dialogue and help raise awareness of and gather support for an issue that will have significant impact on LeadingAge NY member's business in the very near future.

Many efforts undertaken at LeadingAge New York are partnerships to benefit members. This fall, Partners in Quality Awards were made available for members to present to their legislators in their home districts. These awards, produced by LeadingAge NY, provide a chance for members to strengthen local partnerships and raise visibility for their work. Also, in this issue are several helpful educational pieces designed to give you tips and ideas to increase efficiency and quality thanks to the contributions of Business Partners – another type of collaborative effort to help increase non-dues revenue and consequently allow us to provide more services and products to members at less cost.

Membership in an association is the ultimate collaborative effort. LeadingAge New York is committed to leveraging every resource to provide its members with the tools and knowledge necessary to succeed in a rapidly changing and challenging environment.

Sincerely,

A handwritten signature in black ink, appearing to read 'James W. Clyne Jr.' with a stylized flourish at the end.

James W. Clyne Jr.
President and CEO

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Welcome Emma DeVito!

LeadingAge New York welcomes new Board Chair Emma DeVito. Emma is the president & CEO of VillageCare, a community-based, not-for-profit organization serving people with chronic care needs, as well as seniors and individuals in need of continuing care and rehabilitation services. Emma has been active with LeadingAge New York for many years and has served on the Board of Directors in various capacities.

What do you see as your greatest challenge during your first year as Chair of the LeadingAge New York Board of Directors?

I tend to think of challenges as opportunities. I think the greatest opportunity is for LeadingAge NY to continue and strengthen our collaboration with and support of our members as we engage in new models of care. Working with state officials and other key stakeholders, we have the opportunity to help develop a strategy that can address the needs of New York's seniors in years to come.

What do you hope to see happen in senior care and services over the next five years?

Over the next five years, I envision a more comprehensive and integrated approach to care. Not only for an individual's physical health, but for the coordination of social, spiritual and psychological factors that impact an individual's overall well-being.

What makes LeadingAge New York stand out from the other senior care associations?

LeadingAge NY has always led the way with creativity, passion and innovation. LeadingAge NY has earned its credibility with stakeholders and has a seat at the table representing its members at both the state and federal levels.

Describe a significant influence in your professional or personal life?

When I came to this country from Cuba – as a child – it was a difficult period for my family and me. My family taught me about determination and character. I learned that anything is possible if you put your mind and heart to it. I have a very positive outlook even when things don't go quite the way I think they should.

LeadingAge NY has earned its credibility with stakeholders and has a seat at the table representing its members at both the state and federal levels.

What was the last book you enjoyed?

The Night Circus

How do you relax?

Long walks on the beach and reading are truly the activities that ease my stress and help me rejuvenate my thoughts.

How would you like to spend a perfect fall day?

A fall favorite for me is visiting Montauk, taking a nice long walk on the beach and having a lovely lunch at the Inlet. 🍷

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Changes are coming to the 2014 Nursing Home Quality Pool. Will you sink or swim?



This is what we found in just one facility:

- The 2012 average rate for high risk pressures ulcers by raw calculation was 5.7%.
- A risk adjustment by NYS DOH showed their rate to be 8.59%, in the third quintile for the 2013 Quality Pool.
- For 2013, they leveled out at approx. 5.7% during the first three quarters of 2013 however, a spike to 8.3% in the fourth quarter resulted in a raw average for 2013 at 6.3%.
- Upon review, the integrity of this measure was not felt to be truly reflective of the facility rate due to inaccuracies in MDS coding of pressure ulcers.

In the pool, you have to swim to rule!

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Glen Campbell-I'll Be Me is a Must See

Country music legend Glen Campbell was diagnosed with Alzheimer's disease in 2011. Instead of going gently into the disease, Glen and his family decided to make a difference by making his battle a public call for action. Knowing that Glen

was already struggling with the early symptoms of the disease, the family decided to go on a farewell tour, inviting cameras along to document and memorialize this iconic artist's journey. The first country artist to cross over to the pop charts, many of today's most successful singer/songwriters consider Glen to be in the elite echelon of country music legends and a source of inspiration that has guided their music and careers.

Anticipating a short three-week tour, the final emotional roller coaster of a journey, the "Good Bye Tour", resulted in 150 nationwide performances. The cameras rolled for it all resulting in over 1,100 hours of footage. *Glen Campbell-I'll Be Me* is the documentary film that emerged from the raw footage. It is an amazingly well-crafted depiction of Glen's courageous battle.

It is also a raw and honest film about the journey of caregivers. This film makes history by presenting a brutally straightforward depiction of a high-visibility favorite son's journey into his mind and the real effect on those who care for him. It offers real visibility to the subject and a focal point for engaging people in dialogue that can result in real results in the battle for a cure and much-needed support to those going through the journey and their caregivers.


The film was shown at the LeadingAge Annual Conference in Nashville to an auditorium of thousands. When the lights came up there wasn't a dry eye in the room. The many hours of raw footage were translated into a powerful film – from Glen's own frustration and decline, to the heartbroken look on his cherished daughter Ashley's face when he forgets something important in their relationship, to his wife Kim's desire to keep Glen happy and safe at great emotional cost.

This film is important to the future of long term care and services. Not only is the film important on its own merits, but in conjunction with the

(See *Glen Campbell* on page 8)




From left: Trevor Albert; Greg O'Brien; James Keach; Ashley Campbell and Kim Campbell.



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According to the national Alzheimer's Association: (<http://www.alzfdn.org/AboutAlzheimers/statistics.html>)

- It is estimated that as many as 5.1 million Americans may have Alzheimer's disease
- As our population ages, the disease affects a greater percentage of Americans. The numbers of people age 65 and older will more than double between 2010 and 2050 – to 88.5 million or 20 percent of the population; likewise, those 85 and older will rise three-fold, to 19 million, according to the U.S. Census Bureau.
- It is estimated that about a half million Americans younger than age 65 have some form of dementia, including Alzheimer's disease. (This is referred to as young onset or early onset.)
- It is estimated that one to four family members act as caregivers for each individual with Alzheimer's disease.

Glen Campbell... (continued from page 7)


film the Campbell family and others are starting a foundation to help raise money for research and caregiver support. We strongly recommend the film, not only for its raw power and educational impact but for the value it brings to our work as caregivers.

With an anticipated demographic upswing in the number of people aging, combined with staggering numbers of people who need memory care services and supports, the already taxed system will be put under untenable strain without some coordinated action now. This film can be the catalyst.

Many organizations are collaborating to bring this story to the public and continue the dialogue towards some future solution – a cure in the best case scenario, but better resources at the least. Volunteers of America sponsored the production of the film. Volunteers of America, LeadingAge, LeadingAge New York and the Alzheimer's Association of New York collaborated to sponsor the Oct. 24 national premier in Manhattan. To continue the dialogue and engage people toward a solution, LeadingAge New York and LeadingAge hosted at VIP Reception at the Penn Club of New York, very generously sponsored by LeadingAge New York Business Partner, **Custom Computer Specialists**, a business committed to the field of aging services.

The reception brought together members, trustees and elected officials, as well as Glen's wife, Kim; his daughter, Ashley Campbell; James Keach (Director/Producer, also known for the award-winning film "Walk the Line"); Trevor Albert (Producer, also known for producing popular movies such as "Groundhog Day"); Jane Seymour (Executive Producer and renowned actress); Malcolm McDowell (renowned actor) and Greg O'Brien (Author, *A Place Called Pluto*).

Take action today. Find a location to see *Glen Campbell-I'll Be Me*. Host a screening in your area and combine with a reception to bring important people together to help solve this pressing issue impacting the long term care delivery system and families across the state.

For more information visit the *Glen Campbell-I'll Be Me* section of the LeadingAge NY website or contact Kristen Myers at kmyers@leadingageny.org. 





Building Partners for Success

Have you been paying attention to the State's newest demonstration to change how care is paid for and delivered? The Delivery System Reform Incentive Payment System (DSRIP) is the State's plan to draw down \$8 Billion in federal funds through the development of Performing Provider Systems

(PPS) that will contract as a single entity with Medicaid Managed Care programs using value-based payment methodologies. The new models being created are leading to larger collaborations – or partnerships – among hospital systems, nursing homes and related community services including home care, adult day services, hospice and palliative care.

Building and executing effective partnerships with providers, associations and lawmakers is a critical step in thriving and staying relevant in this new health care landscape. To that end, LeadingAge NY has been busy shoring up our partners through Partners in Quality Award events and by forming alliances with organizations to help advance our mission.

This Fall, the LeadingAge NY government relations team has been crisscrossing the State helping our members honor legislators who have been our strong partners in the fight for quality care and services for elderly and disabled New Yorkers. With the State being the largest payer of long-term care services and supports and the departments of Health, Aging and Financial Services adding complex layers of regulation, legislator support is critical to provider success.

Our Partners in Quality Award program provides the opportunity to thank elected officials for their help over the past two legislative sessions, bringing public recognition to office holders who are working to protect New York's seniors. Our members report that the award recipients have helped providers break through bureaucratic red tape, obtain project approval, secure capital financing, and build coalitions to save failing facilities. Many of the award recipients have been valuable partners to LeadingAge NY as well, always making themselves available for meetings and voicing our concerns during budget and legislative negotiations.

(See *Building Partners* on page 10)



2014 Partners in Quality Awards Program Winners

Legislator

Assemblyman Andy Goodell
Assemblyman William Magnarelli
Assemblyman John McDonald
Assemblywoman Michelle Schimel
Assemblyman Robin Schimminger
Assemblyman Ray Walter
Senator John DeFrancisco
Senator Martin Golden
Senator Joe Griffo
Senator Jeffrey Klein
Senator Kenneth LaValle
Senator Elizabeth Little
Senator Michael Ranzenhofer
Senator Joe Robach
Senator David Valesky
Senator Cathy Young

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Menorah Center for Rehabilitation and Nursing Care
Presbyterian Homes & Services
Hebrew Home of Riverdale
Peconic Landing
Adirondack Health
Canterbury Woods
Family Service Communities
LutheranCare
Hultquist Village



Building Partners...

(continued from page 9)

LeadingAge NY recently formed an alliance with the Hospice and Palliative Care Association of New York. The Hospice and Palliative Care Association of New York State (HPCANYS) is a not-for-profit representing hospice and palliative care programs, allied organizations and individuals that are interested in the development and growth of quality, comprehensive end-of-life services. This new partnership not only strengthens our ability to support providers of crucial end of life care to New York's elderly, it also raises our collective voice with the State's lawmakers and regulators.

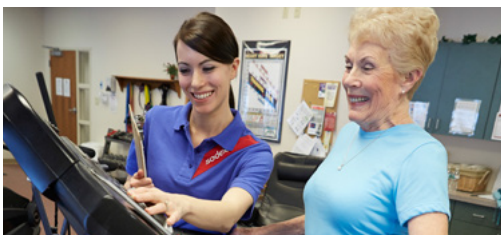
LeadingAge NY and the HPCANYS share many joint concerns, including: allowing ALP residents to enroll in hospice; implementing the Department of Labor "companionship exemption" changes; and seamlessly combining hospice with MLTC services. By partnering on our advocacy and education efforts, members from both associations will benefit.

The year ahead is likely to be as interesting as the last, with additional budget cuts and Medicaid reform initiatives continuing to either destabilize or offer opportunity for aging services providers. Your ability to survive and even thrive will be partly dependent on your success at building partnerships in your community, with your lawmakers and your current competitors. Keep an eye out for your potential partners and we will do the same. 🍀

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Significant Improvement in Patient Outcomes at Jewish Home Lifecare

Recently Jewish Home Lifecare prioritized an initiative to improve wound healing among their long-term and rehab populations. With lower than average QM rates, reducing the incidence of wound-related complications at this 5-Star New York City-based skilled nursing facility was a critical opportunity to enhance quality care.

Additionally, as a by-product of improving clinical outcomes and patient satisfaction scores, Jewish Home could expect other potential gains, including such advantages as:

- Alleviating burden on nursing, medical staff;
- Reducing incidences of rehospitalization;
- Ensuring above-board state survey results;
- Decreasing costs (staff, supplies and other resources needed for wound therapy);
- Enhancing case-mix reimbursement; and
- Improving overall reimbursement (as with Quality Pool bonus).

The team at Jewish Home committed to a comprehensive wound care program in April 2014.

Background

Jewish Home enlisted the expertise of its rehabilitation partners, HealthPRO® Rehabilitation, and Accelerated Care Plus® – to establish a strategy and collaborate with the nursing and medical staff. Clinical specialists and operations experts from both companies pooled their experience, resources and knowledge to roll out each phase of this flagship project.

Phase One: Evaluation of Evidence-Based Practices

The Jewish Home Medical and Nursing Teams evaluated the evidenced-based research

(See *Significant Improvement* on page 12)



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Significant Improvement... (continued from page 11)

presented by HealthPRO® and ACP® related to application of electrical stimulation (estim.) to facilitate and accelerate the healing of diabetic, vascular and decubitus wounds. Based on the evidence, a protocol to use estim with a small subset of patients was established. HealthPRO® Physical Therapists worked in concert with the Jewish Home wound care nurse to apply either pulsed shortwave diathermy and/or high volt pulsed current using ACP's estim equipment (MegaPulse 2® and OmniStim 500 Pro®).

Phase Two: Staff Education

HealthPRO® and ACP® ensured that physical therapists selected for this special project received extensive training; each therapist was required to complete CEU courses with emphasis on evidence-based wound healing evaluation and management. Moreover, physical therapists were expected to demonstrate specific clinical competencies (as with utilizing estim modalities, wound care/dressing skills, etc.) Also, ongoing training and mentoring from ACP® and HealthPRO® provides therapists with continued learning experiences and support.

In addition to building a team with exceptional clinical skills, therapists were also trained on how to effectively monitor and document residents' progress using the PUSH Tool. (The Pressure Ulcer Scale for Healing developed by the National Pressure Ulcer Advisory Panel.) A quick, reliable tool to track changes in wounds over time, the PUSH Tool is loaded into the therapy documentation system (HealthMAX®), making it easy for stake-holders to assess progress with a click of a button.

Notably, therapy and nursing staff were also trained and worked together to develop processes to appropriately identify and document residents in need of intervention. Likewise, training was conducted to ensure appropriate billing practices.

Phase Three: Roll-Out of Treatment Intervention

A small group of three patients were the first to receive therapeutic intervention, as defined by the protocol. Following the successful rollout in the initial group, the treatment group was expanded to 19 patients over a six-month period.

Phase Four: Evaluate Outcomes

The PUSH Tool made it simple to track and document changes using the HealthMAX® electronic documentation and outcomes system. As such, automated reports were generated and reviewed each week by therapy and medical staff. To date, positive changes have been noted in various clinical parameters across the board such as: exudate amount (62% improvement), tissue granulation (41% improvement), as well as other factors (skin integrity).

Chart 1	#of Patients	Initial Eval	Upon Discharge	Change
Skin integrity – Back	2	4.0	7.0 (wounds fully healed)	3.0
Skin integrity – Coccyx	2	5.0	7.0 (wounds fully healed)	2.0
Skin integrity – Sacrum	8	2.1	3.4	1.3

Phase Five: What's Next: The Future of Wound Management

As a result of demonstrating such an impressive improvement in wound care outcomes, Jewish Home proudly acknowledges a recent grant award through the Cohn Foundation. This grant will be utilized to expand wound care services so therapy staff can treat even more complex surgical/non-surgical wounds utilizing another modality – pulse lavage. (HealthPRO® is scheduled to initiate this next phase on behalf of Jewish Home within the next few months.)

(See *Significant Improvement* on page 14)

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Significant Improvement... (continued from page 12)

Considerations for Peer Nursing/Skilled Facilities

By diminishing complications associated with wounds, Jewish Home was able to demonstrate – with specific outcome data provided by HealthPRO® – a significant improvement in the quality of life for the residents in their care. Robust patient outcome data related to specific wound care related quality measures is necessary to demonstrate clinical efficacy. Jewish Home is not only proud to demonstrate such a significant improvement in residents' conditions, but having the data to demonstrate the improvement is important in fortifying relationships with referral sources and within an ACO network. This ability to achieve and demonstrate specific gains is imperative in today's health care reform environment.

If you are interested in learning more about implementing a protocol to proactively manage the incidence of wounds among your community of residents, please contact Hilary Forman, RPT, SVP, HealthPRO® Rehabilitation at 845-313-9477.

Accelerated Care Plus® (ACP) is the nation's leading provider of integrated clinical programs for sub-acute and long-term care rehabilitation providers. ACP's specialized treatment programs combine innovative medical technology with evidence-based clinical protocols and advanced therapist training. Visit their website for more information at www.acplus.com.

HealthPRO® Rehabilitation is one of the largest independently operated providers of therapy management services and was the first rehab company to offer an option between an innovative "in-house management" approach, as well as full-service outsourced programs. Currently, HealthPRO® provides therapy services to approximately 500 facilities in 26 different states, including New York. The company's mission is to build world-class rehabilitation programs utilizing sophisticated technology in combination with the industry's most well-informed experts on clinical programming, compliance and regulatory issues. Visit their website for more information at: www.healthpro-rehab.com. 

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Trends in Healthcare D&O

We at Peckar & Abramson, a national Employers Practices Liability (EPL) and Directors and Officers (D&O) defense firm, noticed an increase in D&O claims in long term healthcare. Although regulatory evolution can result in sweeping nationwide changes to many industries, perhaps none are as susceptible as the healthcare industry.

In 2013, national businesses rated “Regulatory and Legislative Changes” the #2 concern for directors and officers, behind only “Economic Uncertainty.” This concern is only amplified in the healthcare industry, where “Regulatory & Legislative Changes” ranked as the #1 concern.¹ D&O insurance provides a security blanket to corporate managers who struggle keeping abreast of our country’s ever-evolving regulatory scheme.

Statistics show that employers are generally unfamiliar with the importance of obtaining D&O policies. In fact, according to a national survey, 65 percent of companies believe that General Liability (GL) policies cover general D&O liability, while 60 percent believe that GL policies cover EPL.² This explains why purchases of these policies have remained flat despite the fact that corporate concern over D&O/EPL issues has doubled over the last three years. Such concern stems from a host of factors that enhance corporate exposure.

There is a strong correlation between company size and the number of reported D&O claims. For example, companies with less than 50 employees account for no more than 38 percent of reported D&O/EPL claims.³ That percentage spikes to 58 percent for companies with 500-749 employees, and 76 percent for companies with more than 750 employees.⁴ Other factors that naturally increase corporate exposure include social media, corporate hiring policies and data storage.

Based on a recent survey, 39 percent of companies have cloud-based storage, but lack any plan to cover data breach or loss.⁵ 68 percent of companies are marketing via social media but fail to adequately protect themselves from liability for their own posting mistakes or errors made by the media platform.⁶ Lastly, 42 percent of companies reported having blanket policies that prohibit the hiring of job candidates with criminal records despite changes in state law and the potential of such a practice to cause a discriminatory disparate impact.⁷ Unpreparedness leads to increased exposure, which can ultimately lead to litigation.

Between 2010 and 2013, 44 percent of private companies reported at least one D&O loss event, with 38 percent of those events being employment-related.⁸ **For nonprofits, 63 percent reported a D&O event during the past 10 years, with 85 percent of those claims considered employment-related.**⁹ There are a host of reasons company directors and officers may find themselves on the receiving end of a lawsuit.

Such claims usually involve breaches of fiduciary duty, unethical and/or harmful employment practices, employee fraud and theft, or cyber liability including data security breaches.¹⁰ Our own research shows a large increase in all sorts of D&O/EPL claims.

In recent years, employers have faced a veritable onslaught of class action lawsuits intended

(See *Trends in Healthcare* on page 16)

¹ Source: Aon Risk Solutions Global Risk Management Survey 2013.

² Source: Chubb 2013 Private Company Risk Survey.

³ Id.

⁴ Id.

⁵ Id.

⁶ Id.

⁷ Id.; EEOC Enforcement Guidance, “Consideration of Arrest and Conviction Records in Employment Decisions Under [Title VII],” April 25, 2010.

⁸ Source: Chubb 2013 Private Company Risk Survey.

⁹ Source: Towers Watson D&O Liability survey, 2012.

¹⁰ Source: Chubb 2013 Private Company Risk Survey.

Trends in Healthcare...

(continued from page 15)

to challenge alleged violations of federal and/or state wage-and-hour laws, such as the Fair Standards Act of 1938 (FLSA) and its state counterparts. A popular plaintiff's strategy in this regard, which presents an exceptional threat to employers through potential class actions, is to claim either a "single employer" or "joint employer" theory, or both. Using one or both theories, plaintiffs who were simultaneously employed by two or more companies who shared common ownership will argue that the aggregation of their hours is necessary for overtime purposes because of a close functional relationship between the entities. Those plaintiffs will seek unpaid overtime, liquidated damages and attorney fees.

Our research also shows a significant increase in national origin discrimination claims – , particularly as workforces strive to achieve diversity – and disability discrimination cases, especially where employers must navigate between disability discrimination and family leave laws. Recent trends also show a stark increase in retaliation and whistleblower claims. We anticipate these somewhat drastic upticks will be difficult to combat for most companies.

Most companies we deal with often experience documentation failures, a lack of informed human resources personnel and insufficient legal training. Healthcare companies, which are usually quite adept at documenting everything that happens on a day-to-day basis, are no different. Our healthcare company audits have revealed poor documentation in hiring (applications, interviews and references), employee handbooks and policies, discipline investigations and communications with employees. After all, events that are not properly documented didn't really happen.

Sophisticated employees' and plaintiffs' counsel have made defending these claims time-consuming and expensive. According to a recent survey, the average cost for defending an EPL claim is \$70,267.¹¹ These claims are often fact-intensive and quite capable of surviving defense summary judgment motions, as witnessed across several circuits.¹² The trend only serves to emphasize the need for employers in all industries, but particularly in the healthcare industry, to reassess their liability coverage and, if necessary, engage qualified counsel to perform an audit of their employment practices. 📄

¹¹ Id.

¹² See *Thompson v. Real Estate Mortgage Network*, 748 F.3d 142 (3d Cir. 2014); *Lundy v. Catholic Health Sys. Of Long Island*, 711 F.3d 106 (2d Cir. 2013); *Gonzalez v. Old Lison Restaurant & Bar*, 820 F.Supp.2d 1365 (S.D. Fla. 2011).



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Parker Jewish Institute Reveals First Steps in Tracking Clinical Outcomes

By MaryAnn Benzola, marketing manager, Custom Computer Specialists, Inc.

Post-acute care facilities always aim to improve patient care while monitoring costs. By collecting data on key outcomes, such as cost per resident per day and hospitalizations, Parker Jewish Institute for Health Care and Rehabilitation in New Hyde Park, has been able to boost patient care and keep administrators and clinicians informed on organizational trends.

“It’s very important to track data in today’s health care environment so leadership and staff can monitor care,” says Michael N. Rosenblut, president and CEO of Parker Jewish Institute, a 527-bed non-profit leader in sub-acute and post-acute care, short-term rehabilitation, long-term care, medical model adult day health care, social model Alzheimer’s adult day care, home health care and hospice care.

With the organization’s various components, Parker Jewish Institute leaders realized they had many potential areas to monitor via data collection.


Parker Jewish Institute has become a leader in monitoring its clinical outcomes and received a 2013 “Excellence in Technology” Gold Award from McKnight’s, the nation’s largest long term care industry magazine.

The organization’s data-tracking journey began seven years ago. Leaders realized that changing reimbursement methods would eventually connect payments to proven clinical outcomes, Rosenblut says. Additionally, Parker Jewish Institute leaders wanted to look at certain metrics in real time. Lastly, by tracking clinical outcomes, Parker Jewish Institute could compare its performance with other similar organizations through a health information exchange.

Reflecting on the experience, Rosenblut says that investing in a strong IT infrastructure would require a Board of Trustee and leadership commitment and a hefty investment in computer hardware and software. It also would require staff training so all stakeholders would understand how to collect and monitor data — and how to use it for informed decision making.

To support Parker Jewish Institute’s growth in data collection, organization leaders decided to partner with Custom Computer Specialists, a technology solutions provider that specializes in supporting long term care facilities. Custom was able to provide the depth and breadth of IT skills that Parker needed to support its efforts implementing a data collection strategy.

The decision to track clinical and financial outcomes to strengthen Parker Jewish Institute as an organization has required a great deal of time and investment, but it’s been a wise decision that helps leaders pinpoint what they are doing right and where improvements can be made, Rosenblut says.

In part 2 of this article, find out what steps Parker Jewish took to begin data collection. The third and concluding article in this series will talk about how tracking clinical data helped the Parker organization grow and improve its operations for the residents and community it serves each day. 

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PALLIATIVE CARE

Hospice and Palliative Care: Personalized Services and Caring Communities


By: Kathy McMahon, president/CEO, Hospice and Palliative Care Association of New York State

The missions of LeadingAge New York and the Hospice and Palliative Care Association of New York State (HPCANYS) are closely aligned. LeadingAge New York advances policies, promotes practices and conducts research that supports, enables and empowers people to live fully as they age. HPCANYS promotes the availability and accessibility of quality hospice and palliative care for all persons in New York State confronted with life-limiting illness.

A newly formed affiliation between LeadingAge New York and HPCANYS is aimed at enhancing partnerships between long term care providers and hospice and palliative care providers to assure that residents have access to quality end-of-life care.

Hospice is a Medicare and Medicaid benefit that uses a patient/resident-centered, interdisciplinary team – physician, nurse, social worker, home health aides, spiritual care, complementary therapies and volunteers – model to care for individuals with a terminal prognosis of six months or less if the disease runs its normal course. In addition, hospice provides bereavement services for the family (including nursing facility staff) for 13 months after the death of the resident. The majority of hospice care is provided in the patient's home – their own home, a friend or relative's home, a hospice residence, a nursing facility, an assisted living facility – wherever home may be.

Partnering with community-based hospice and palliative care providers is a “win-win” for facilities and the residents they serve. As the just released Institute of Medicine Report, “Dying in America” states: “People who meet the hospice eligibility criteria deserve access to services designed to meet their end-of-life needs.” Nationally, hospice utilization (compared to all deaths) is 44 percent; here in New York State it's only 28 percent. In addition, length-of-stay (LOS) in hospice is abysmally low in New York with a median LOS of only 18 days (vs. 24 nationally). In keeping with our mission, we hope to improve those numbers through strong statewide and community partnerships.

The following articles showcase some of the successful, innovative partnerships taking place in New York State. 

Specialist Palliative Care

Russell K. Portenoy MD, chief medical officer, MJHS Hospice and Palliative Care; director, MJHS Institute for Innovation in Palliative Care, New York

Barbara Hiney RN, executive vice president, MJHS Hospice and Palliative Care

Palliative care is a model of care – appropriate for all patients with life-threatening illness – which aims to reduce the illness burden of the patient and the family from the time of diagnosis forward. Generalist-level palliative care comprises a set of best practices, such as symptom management, that should be routinely provided to patients with serious illness. Specialist-level palliative care includes an array of interventions provided by trained professionals who work as a team. Although palliative care starts at diagnosis, specialists usually focus on advanced illness, when needs are more complex.

Palliative care consultative programs evolved after taking root in hospitals. More recently, specialist palliative care has emerged in the community and in nursing homes. New York has the seventh highest 30 day re-hospitalization rates for skilled nursing facilities, and approximately 25 percent of patients die in nursing home. Because of this, the MJHS Hospice & Palliative Care Organization partnered with a large NYC Metropolitan Medical Center's Care Management Organization (CMO) and developed an Early Intervention Community-Based Palliative Care service for the

hospital's key nursing homes in their MCO network.

Initially, MJHS implemented a screening and early intervention palliative care model in a 700 bed skilled nursing facility. Research has shown that patients with advanced illnesses want to achieve a sense of control, want their pain and symptoms addressed, want to avoid inappropriate prolongation of their dying process, want to relieve burdens on their families and hope to strengthen relationships with loved ones. Our program uses a standardized process for screening patients for potential unmet palliative care needs, including advanced care planning and symptom management on a monthly basis. Those skilled residents who are screened and determined to have an unmet palliative care need are referred for a palliative care consultation from a specialist-level palliative care physician or nurse practitioner. The palliative care physician and/or nurse practitioner completes a comprehensive assessment, resulting in "Plan of Care" recommendations and specific interventions focused on the resident's unmet needs.

Patients who appear eligible for the hospice benefit receive a consultation to determine hospice

(Continued on page 24)



eligibility and discussions about the benefits of hospice. A key distinction of this innovative model of care is that the specialist level palliative care experts develop a multi-organizational, palliative care committee that is composed of clinical leaders from the hospitals (MCO), the skilled facility and the hospice and palliative care organization. This approach builds ownership by all parties and the model is embraced and supported by all. Cultivating a multi-organizational palliative care committee helps improve and expand limited palliative care resources and expertise, which results in the adoption of palliative care practices more readily. There

are many ways to accomplish this goal, and each facility can tailor efforts based on its own needs and resources

An evaluation after the first year demonstrated key positive patient, facility, MCO, quality and financial outcomes. The MJHS early intervention palliative care program provides an infrastructure of specialist level support and expertise to a large urban medical center, managed care organization and the skilled nursing facilities.

The MJHS Early Intervention Palliative Care service in the skilled nursing facilities where it was implemented, improved care coordination and resulted in

decreased re-hospitalizations and increased resident/family and staff satisfaction. It has significantly improved access to hospice benefits by involving clinicians who have the ability to assess hospice eligibility accurately and engage in the “difficult” conversations with the resident, family and surrounding health care team in facilities.

As health care continues to transition away from hospitals and back into our communities and skilled nursing facilities, the early intervention palliative care program is a model of care that will offer positive alternatives to acute hospitalizations for the frail and sickest of our population. 🌱

If you want to learn more about specialist palliative care, contact:

Russell K. Portenoy MD, MJHS Hospice and Palliative Care, 39 Broadway, 12th Floor, New York, N.Y. 10006, Phone: 212-649-5560, rportenoy@mjhs.org

A Win-Win Partnership

*Rosemary J. Collins, APR, director of public relations & community marketing,
The Center for Hospice & Palliative Care*

A growing number of elderly New Yorkers and Americans are seeking to continue to live – and eventually die – in a comfortable setting, often where they live right now. That’s why assisted living facilities (ALFs) and hospice providers are partnering to help the elderly and their families accomplish this goal.

An Excellent Support System

“Hospice care is an excellent support system for the residents and their families,” says Dia DePaula, RN, director of Health and Wellness with Clare Bridge, an adult home in Williamsville. “They add additional nursing services and the nurse is on call 24/7, so if the staff here has issues or concerns, they can call them and get an answer promptly. This often helps the resident avoid having to have additional lab work or hospitalization.”

DePaula has been at Clare Bridge for ten years and has extensive experience working with the Hospice Buffalo team assigned to her facility. “In addition to helping the residents, our hospice nurse and social worker provide much support to the staff, particularly given the difficulty of working with residents during the dying process,” says DePaula. “The hospice nurse will often provide guidance, explaining the medications and some of the

side effects they might see or some of the symptoms that might warrant a call to hospice. Our staff and hospice working together clearly benefits our residents.”

Communication is Key

A 2009 study, “Hospice in Assisted Living: Promoting Good Quality Care at End of Life,” demonstrated that respectful collaboration, clear communication and shared expectations were imperative for a successful partnership. To that end, when Hospice Buffalo (Erie County) and Niagara Hospice (Niagara County) needed to learn more about the assisted living environment and how it could better facilitate ALF residents’ care, they sought out Norine Nickason, program director of the NYS Department of Health – Western Region.

“Norine stressed that communication between the ALF and hospice has to be paramount,” notes Melanie Marien, RPA, M.S., director of Clinical Relations and Business Development at The Center for Hospice and Palliative Care, Hospice Buffalo’s parent company. “For the facility and the hospice to have a successful partnership, they must develop shared policies before a critical need arises with a resident. When Hospice Buffalo staff meets with ALF administrators and nurses, we emphasize that Hospice Buffalo

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From the left: Cindy Clark, a case manager at Weinberg Campus Garden House visits with Mary, a resident, and Hospice Buffalo nurse, Audrey Parzio, RN.

views the facility as the resident's home and our focus is, 'How can we safely maintain them in their home?'"

Nickason also advised that the hospice must have a documented plan of care, which is clearly communicated with the facility. "In addition,

the level of support and plan of care must consider the safety and evacuation plan for the resident," notes Marien. "Residents can stay in the facility as long as all their care needs are being met - there is no limitation for end-of-life length of stay in an ALF"

A Lot of Benefits in the Partnership

DePaula emphasized that the one-on-one teaching and close collaboration with hospice staff not only benefits her ALF staff, but also the residents and families. "If a resident needs personal

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A Win-Win Partnership

(continued from page 26)

attention, the hospice nurse will usually assign an aide, and the resident benefits immensely from that extra care. We have residents that would not come out of their rooms or participate in activities without the encouragement of hospice aides. The hospice staff provides residents with care and encouragement, providing a greater opportunity for residents to participate in activities. The comfort that residents get from the aides helps with their overall care because their personal needs are better addressed.”

Another adult home, Glenwell, a DePaul Senior Living Community in Cheektowaga, also sees the benefits of partnering with Hospice Buffalo in their facility. Administrator Allison Rath Garvey, M.S., had a close family member receive care in the hospice program and personally knows of the numerous benefits of hospice care.

“We are grateful that Hospice Buffalo is our local partner in providing in-home medical support, pain and symptom management, as well as help living with serious illness,” noted Garvey in a letter. She has been so impressed with the benefits of the Hospice Buffalo/ALF that she plans to hold two informational sessions in November, designated as National Hospice & Palliative Care Month, to allow residents and families the opportunity to learn about hospice care and ask questions of hospice staff.

Surprising Response

One of the many benefits of having hospice care in a facility is the multidisciplinary staff that hospice utilizes to enhance a resident's and family's wellbeing. “You can tell once Hospice Buffalo comes in, they involve the family, they involve our staff and the resident gets better care and more attention. I think that's what I've seen,” said DePaula. “Even if the hospice aide is here for an hour a day, it's an hour that the resident is occupied with somebody and they are happy. It turns the day around. In addition, Hospice Buffalo has medication delivery and emergency delivery. If for some reason, our pharmacy is closed, I can contact Hospice Buffalo and they'll get it here within hours.”

DePaula has witnessed the improved outcomes that occur when hospice is involved. “We had one resident that would just sit and stare at the dining room table every day,” she recalled. “When Hospice Buffalo's music therapist came in and played her guitar, the resident would just light up. The resident would dance and sing with the therapist, and would even let us walk her down the hall to her room so that we could take care of her. Before the music therapy, we couldn't walk the resident to her room without the resident being anxious, scared or combative. One day the resident's daughter came and saw her mom dancing and just cried. She hadn't seen her mom that happy in a long time. They love the music therapist.”


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Having the Hospice Conversation

Talking about hospice care with a resident or their family can be challenging. However DePaula has adopted a straightforward approach. “You have to be very careful how you bring up hospice to a family. You don’t want to scare a family member into thinking ‘this is it.’ So when we talk about it, we tell them hospice is different in an assisted living than in a hospital – it is an adjunct to the care they are already receiving. I go over the qualifications they need to be accepted into hospice. I let them know that residents experiencing multiple hospitalizations, congestive heart failure, advanced lung disease or any serious, progressive illness could be eligible for hospice care, but that hospice is available for individuals whose prognosis can be measured in months rather than years of life.

“I let them know that it’s a good idea when things start to change to have a system in place so that they have a team here to help them. I also inform them that hospice is a fully covered Medicare and Medicaid benefit and that most insurance plans cover hospice services. It alleviates a lot of their fear because if a resident is progressing in dementia, it’s a lot to put them through to move them. The families welcome the Hospice Buffalo team for that reason. It relieves their anxiety because they’re usually stressed about decision making. It helps to have a professional come in from the outside and confirm

what the family member has already been thinking,” DePaula said.

Hospice Buffalo was recently awarded the national “Hospice Honors” designation for providing the best patient and caregiver experience. The prestigious annual review, established by Deyta, recognizes the top hospice agencies that continuously provide the highest level of satisfaction as measured from the caregiver’s point of view. 

Laura Nemmer, MSW, of Hospice Buffalo’s Assisted Living team talks with Jeanne of Clare Bridge.



Achieving the Triple Aim for the Dying Resident

Eleanor Canning, vice president, Hospice Access & Program Development, VNSNY Hospice & Palliative Care, Inc.

Rose S. has been a resident in your fine facility for 12 years. The staff can't remember the last time she had a visitor from the outside. She affectionately calls your staff 'her family' and your facility 'her home'.

Rose is 94 years old, a widow for many years with no living children or siblings. Rose is counting on you as she has for the past 12 years to keep her safe, honor her wishes and speak for her when she can no longer speak for herself.

What do you know about Rose? Like most people Rose wants to die in her own bed, in her home, comfortable and with loved ones. In her final days, a trusted hospice partner can help you provide the best patient experience for Rose and her family, your staff.

The Triple Aim encourages healthcare providers to consider the patient experience, the needs of the population and the cost of care. The recent Institute of Medicine (IOM) report "Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life" reminds us that in 2009, 28 percent of Medicare deaths occurred in nursing homes. Let's look at how a partnership with quality hospice can help you help Rose.

To enhance the patient experience your hospice partner should:

- Have a passion for hospice care, evidenced by a willingness to integrate and promote teamwork with the facility care team.

- Demonstrate integrity in providing care by not overpromising, instead providing and documenting a patient-centered care plan that honors the resident's wishes.
- Understand the role hospice can play in relieving pain and symptom burden that could result in an unwanted hospitalization for Rose.

To enhance population health your hospice partner should:

- Be responsive to your inquiries, referrals and admissions to hospice care. A quality hospice can provide an experienced liaison, in person or by telephone, to help evaluate the resident's clinical eligibility for hospice and support the staff by having the conversation about selecting hospice care.
- Participate in quarterly partnership meetings, collaborate on mutual quality initiatives to develop strategies to reduce short length of stay on hospice and patients 'not taken under care'.

To respect the cost of care your hospice partner should benchmark performance:

- Align quality metrics with the nursing facility such as reduced readmissions to hospitals, serious safety events, percent deaths supported by hospice, patient satisfaction metrics, percent patients comfortable, percent admissions within 24 hours.

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What did this mean for Rose...


One day Rose was sent to the emergency department with what was thought to be a bad cold. An advanced case of lung cancer was revealed. Rose stayed in the hospital for five days, essentially among strangers in an unfamiliar place. When she came home to the facility she said 'I don't ever want to go back to the hospital, I am not interested in surgery or lots of medicines. I just want to be comfortable, at home, among my 'family'. A quick review of the Palliative Performance Scale revealed reduced ambulation, significant disease, assistance required with self-care and a slightly reduced appetite. An astute nursing facility team member looked at these changes and said "OK Rose, would you like to hear about how we can do just what you asked? It is called hospice care."

Over the next few days Rose asks to see the nurse from hospice to learn more and decides to be admitted to hospice care in the nursing home. The nursing facility clinical staff along with the hospice team reviews her medications to determine those that are helpful in relieving pain and symptom burden and to eliminate those that are curative. Over the next three months,

Rose receives care from her trusted 'family' and the hospice team of nurses, social workers, spiritual care counselors, volunteers and the hospice specialty aide. This integrated care team reviews her condition and her wishes and makes adjustments as needed. Her pain and symptoms are controlled, she never returns to the hospital and Rose dies peacefully. During her final hours the hospice vigil volunteers, specially prepared hospice volunteers, provide quiet companionship for Rose, and the facility staff. She did not die alone.

Hospice provides bereavement support for caregivers and families for 13 months following the death. This service extends to the staff in nursing facilities.

The Visiting Nurse Service of New York Hospice and Palliative Care recognizes the important role nursing facilities have in the lives of residents and their families. VNSNY is honored to be included in this important work.

"Northern Manhattan Rehabilitation and Nursing Center and especially our residents have benefitted from professional, caring and supportive services provided by the hospice team. Hospice residents and their families can count on expert advice and a compassionate approach from the team during very difficult times." Verna FitzPatrick, LNHA, MPH, administrator, Northern Manhattan Rehabilitation and Nursing Center 



Building Community

By: Ron Puglisi, *The Community Hospice*

Thoroughbred horse racing, mineral baths and a vibrant cultural scene have always given the upstate community of Saratoga Springs a lot to boast about, but the city isn't exactly known for its proximity to ocean beaches. That posed a bit of a problem when a terminally ill resident of Saratoga's Wesley Health Care Center told her Community Hospice team of a final wish: she wanted to die on the beach, with the sun shining.

"That was her goal, but she wasn't healthy enough to accomplish that, so we brought the beach to her," recalls Julie Alsante, a unit coordinator at Wesley. "Hospice came to us with her request, and our staff members worked together. We hung pictures on her wall, brought in sand, we even had a sound machine with the sound of waves."

Wesley's employees are accustomed to working as partners with their hospice colleagues to make their seriously ill residents as comfortable as possible for whatever time they have left.

"The hospice staff is very easy to work with, both from the patient's perspective and the nurse's perspective," says Alsante. "They

understand how we operate and what we're trying to do, and they don't place extra stress in a stressful situation."

The relationship between The Community Hospice and the Wesley Community, which also includes independent and assisted living, goes back many years. The hospice census at Wesley has grown steadily, and there are usually several Community Hospice patients in Wesley's long term care facility on any given day.

"Hospice enables the resident to pass away with their needs met, and really aids family and staff," Alsante says. "Family members know we worked hand in hand, and they also get the benefit of follow up grief care from hospice after their loved one passes away. For the families who've maintained contact with us, it's clear they've truly benefited from what hospice offers."

Alsante knows first hand how much loved ones are helped by hospice. Her grandfather was a Community Hospice patient in the late 1990s at what is now The Center for Nursing and Rehabilitation in Hoosick Falls. She says it was a good experience, especially for her grandmother. Now, years later, she makes every

(Continued on page 32)



effort to ensure others get the same help.

“When I see that a resident isn’t doing very well or has had a decline, I try to get the referral in as soon as possible so they get the full benefit. I think the patients really benefit from early referrals. If their illness is progressing, it gives them a chance to build an element of trust with their hospice team, and make their needs and wants known.”

Community Hospice patient care supervisor Stacy McHale-McBain was one of those who helped build and solidify the relationship with Wesley. In 2013, about 50

Wesley Health Care Center residents were admitted to hospice.

“We were able to really show them what our value was by using all of our team members, including our music therapist and massage therapist,” she says. “We have quite a few patients who have dementia, who’ve had agitation and anxiety issues, and our therapists really know how to help them relax...sometimes just by playing music from their era.”

McHale-McBain says it’s a collaborative effort, where hospice is able to provide added value that supplements the value the nursing

home staff provides. By offering additional support for patients and families, hospice relieves some of the pressure the nursing home experiences dealing with the unique needs of terminally ill patients.

“We’re able to spend extra time with family members, so when they’re really struggling, we can sit down with them and add pieces onto what the nursing home has already done and told them,” she says. “Sometimes it’s about getting families comfortable with letting go of certain things like medicines that aren’t working, tests that aren’t needed and hospital trips that

(Continued on page 33)

Building Community

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are unnecessary. Some families want to send their loved one to a hospital frequently, but we can keep them at the nursing home and manage their symptoms, keeping them comfortable.”

More recently, McHale-McBain and her hospice colleagues have been given a new opportunity. While Wesley is one of Community Hospice’s longtime nursing home partners, Fort Hudson Nursing Center in Fort Edward just signed a contract with Community Hospice late last year, after a small county-operated hospice program closed.

“We’re getting so much more out of Community Hospice, they just seem to be here more, and staff open up to them” says Fort Hudson’s director of

nursing, Holly Vaughn. “It’s not like it’s them and us, it’s all of us working together for the good of the residents and patients.”

Community Hospice

While the hospice doctors and nurses have been able to provide significant help with pain control and symptom management, Vaughn says other members of the team have also provided considerable assistance, like hospice volunteers who can visit with residents, and social workers and chaplains who can help family members following a death.

“We had three residents pass on one unit in a very close time frame,” she recalls. “The residents were special to our staff, especially the CNAs.

(Continued on page 34)



Hospice went right into their unit meeting to provide support. They have a very good rapport with our staff, they're always reaching out and asking how they can help us."

The Community Hospice nurse participates in regularly scheduled rounds with the facility's nurses, and the social worker is a presence at the quarterly care planning meetings. One of Fort Hudson's nurse managers, Stephanie Morin, says the hospice social worker often is able to help when there are family concerns.

"We had a difficult situation where the family disagreed on what should be done. They disagreed with each other, they disagreed with us, and they were just having a hard time realizing their loved one was declining" says Morin. "The social worker took a lot of stress off of us. She came to our meetings and she and the nurse spent hours with the family, educating them and giving them a better grasp of what was happening and why it was happening."

The relationship with Fort Hudson began with Community Hospice meeting with staff members on as many floors and units as possible. Fort Hudson staff learned the role of the hospice team, and learned how to identify residents who might be appropriate for hospice. "It really empowered the CNAs



that they could do something else to help the resident," Morin says. "I've had CNAs come to me and say 'do you think this person could benefit from hospice?' That was a direct result of staff meetings we all had."

Because of the excellent relationship between facility staff and hospice staff, the hospice admissions at Fort Hudson have increased quickly. The first hospice patient was admitted there last December, and by this fall, four or five monthly admissions had become the norm.

"It's all about making sure nursing home residents have access to excellent health care and support near the end of life, and the best case scenario is that a resident benefits from the

skills and expertise of two teams that complement each other, the nursing home team and the hospice team," says Community Hospice's executive director, Laurie Mante. A former nursing home administrator and then vice president of residential services for The Eddy, based in Troy, she understands the daily challenges nursing homes face.

"Family members will always remember what did or didn't happen in the final weeks and months of their loved one's life. We're privileged to be able to work with our nursing home partners to ensure the patient has the best possible end-of-life experience, and to support the family through the grieving process. 🌱

Hospice Medications and Medicare Part D in the Nursing Home

*By: Richard Tinger, R.Ph., senior vice president of business development ,
Avanti Health Care Services and Virginia Arbour, director of finance for The
Community Hospice*

Center for Medicare and Medicaid Services (CMS) has always been concerned with hospice and relationships with the nursing home. They have always been suspect of duplicate services and now they are focusing on whether drugs covered under Part A Hospice Benefit are being billed to Part D inappropriately. According to analysis performed on behalf of CMS in 2010, of more than 750,000 hospice patients enrolled in Part D, 15 percent received analgesics through Part D totaling almost \$13 million.

Analgesic billing was concentrated among certain types of hospices. Ten percent of the hospices accounted for over 50 percent of the part D analgesic claims. These hospice providers were typically for-profit, new and or rural. Over 50% of the claims for analgesics were for hospice patients residing in nursing facilities.

Services covered under the Medicare hospice benefit must be reasonable and necessary for the palliation and management of the terminal illness and related conditions. There are no regulatory specifications of services that are unrelated to hospice care because of the wide variation of each patient's circumstance. These

clinical evaluations are made on a case-by case basis.

Nursing facilities and Hospices typically have a formulary of drugs frequently used for pain management of the terminal illness and related conditions. The hospice decides which medication it will carry in its formulary. All of these formulary drugs must meet the needs of the patient. It is expected that the hospice provide non-formulary drugs when they are necessary to meet the patient's needs and desired outcomes. If the patient specifically requests a drug that has an equivalent in the hospice formulary, or that is considered unnecessary, they may need to assume financial liability for that medication. These medications cannot be billed to Part D.

Some prescription drugs are covered under Part D when hospice has been elected. The drug must be for the treatment of a condition that is completely unrelated to the terminal condition or related conditions, and unrelated to the terminal prognosis of the patient.

Earlier this year, CMS instituted a prior approval process for all drugs for hospice beneficiaries to determine whether the drugs

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are coverable under Part D. In July, CMS revised this guidance to cover only four classes of medications: analgesics, antinauseants (antiemetics), laxatives, and antianxiety drugs (anxiolytics).

Hospice providers are responsible for coordinating with the Part D plans for those drugs they believe are completely unrelated to the terminal illness and related condition to determine payment responsibility. The hospice provider or prescriber immediately provides the Part D plan with written documentation necessary to satisfy their prior approval process. Currently, there is not a review process in place, but rather, the determination of the prescribing physician as to whether or not the medications are related to the terminal documentation, is the final word.

Although there was significant confusion when the process first rolled out, Medicare Part D plans have generally been very cooperative once a definitive process is in place with the hospice providers. For many years hospice programs have been working in close collaboration with nursing homes to offer holistic, interdisciplinary end of life care to Nursing home residents and



their families. As hospices take the lead in coordinating the Part D benefit components, the new prior authorization process should not cause disruption or risk for nursing home partners. 🌱

Member News

Awards & Achievements

Baptist Home Wins Business Excellence Award

The Baptist Home has been named the winner of the Dutchess County Economic Development Corps' 2014 Business Excellence Award – Nonprofit Category. The awards were presented at The Grandview in Poughkeepsie on Nov. 13th. For access to an article and video from the preliminary event for the award winners click here: http://www.youtube.com/watch?v=LeD0_AwNzRQ&feature=player_embedded

Grant to Support New Spirituality Project at Beechwood

Daniel P. O'Neill, president and CEO of Beechwood Continuing Care, has announced that The Beechwood/Blocher Foundation has received a \$100,000 grant from The John R. Oishei Foundation to support the development of Beechwood's Spirituality Infusion Project for Long Term Care Professionals.

As part of the Spirituality Infusion Project, Beechwood is partnering with D'Youville College to create a replicable culture of spirituality and spiritual care with Beechwood staff to build upon Beechwood's Welcome Home initiative. Welcome Home eliminates the institutional environment from the nursing home and its assisted living residences to allow senior residents and their families to feel comfortable and encouraged to experience life as it should be: with contentment, joy and purpose.

The Spirituality Project will create, implement, monitor and evaluate an initiative to promote and maintain further innovation, specifically, to foster an environment to recognize, embrace and facilitate the spiritual component of daily life for residents and staff across Beechwood's continuum of care, benefiting more than 500 people on an ongoing basis. The goal of this unique program will be to fill that void and publish its findings so other facilities can implement the curriculum.

"By helping our staff have a better understanding of both spirituality and spiritual well-being, we help them recognize the ways in which they not only can nurture their own spiritual well-being, but enhance their ability to nurture it in our residents and their families," says Beechwood Director of Spiritual Care/Chaplain, Rev. Mary Ann Pula. "We believe this will also enhance the staff's work as caregivers and team members. "Spirituality's role in medical care, particularly in palliative and end-of-life care, is crucial," says Pula. "It is a major factor in medical decision making, especially in 'to treat or not to treat' situations. A person's sense of being spiritually 'whole' is a prime characteristic of those coming to a peaceful end of life's journey." Faculty from D'Youville College will conduct research and develop survey instruments, assist in developing the curriculum layout and teaching modules, and help collect and evaluate data and final report editing. The Project is expected to take two years to complete.

News from Bon Secours

New Director of Medical Services

Bon Secours New York Health System is pleased to welcome **Jeffrey Nichols, MD**, as new medical director for Schervier Nursing Care Center. Dr. Nichols assumed the role effective October 1, 2014, and continues the good work of Dr. Joseph Scarpa, who ended his 13-year tenure as chief medical officer on September 30.

Dr. Nichols received his medical degree from Cornell University Medical College in 1976 and completed his training in 1979 at St. Vincent's Hospital and Medical Center of New York. He became board certified in internal medicine by the American Board of Internal Medicine that same year. Dr. Nichols has devoted his entire professional career to care of the elderly in a variety of settings. He is triple-board-certified in internal medicine, geriatrics and hospice and palliative care. He is not new to Schervier; in fact, Dr. Nichols served as full time medical director to Frances Schervier Home and Hospital and Long Term Home Health Care from 1987 to 1994. As part of a recent realignment and reorganization, the position of medical director has been configured as a part-time position. Dr. Nichols will report to administrator Dominic D'Ambrosio.

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Nebuchadrezzar "Jones" P. Alday, RN Named Interim Director of Nursing



Bon Secours New York Health System's Schervier Nursing Care Center, has named Nebuchadrezzar "Jones" P. Alday, RN, as its interim director of nursing.

Alday began his tenure at Schervier Nursing Care Center in June of 2012.

He previously served in the acute-care setting, most recently at New York Presbyterian Hospital in the Cardiac Telemetry/Heart Failure Unit. "Jones demonstrates great resiliency and is a steadfast anchor in the Nursing Department," said Dominic D'Ambrosio, Schervier's administrator. "He has

adopted an interdisciplinary and inclusive approach to improving the delivery of clinical care to those we serve. I know Jones will do well and look forward to his continued leadership."

Alday holds a B.S. in civil engineering from Technological Institute of the Philippines and an accelerated B.S. in nursing from Dominican College in Blauvelt, NY. He is currently pursuing an M.S. in Nursing – Executive Leadership and Healthcare Management from Jacksonville University. Originally from the Philippines, Alday lives in Yonkers with his wife and daughter.

Cloverwood Senior living Wins Excellence in Action Award

Cloverwood Senior Living in Pittsford received the Excellence in Action award from My InnerView by National Research Corporation. This honor recognizes senior living organizations that achieve the highest levels of satisfaction excellence, as demonstrated by overall resident scores that fall within the top 10 percent of more than 8,500 qualified facilities nationwide. Cloverwood Senior Living was one of only two independent living communities in Monroe County to receive this distinction, and one of just six winners in the State of New York.

The Excellence in Action award is presented to My InnerView clients that: 1) completed a customer satisfaction survey during 2013; 2) achieved a 30 percent response rate; and 3) scored in the top 10 percent on the question: "What is your recommendation of this facility to others?" in terms of percentage of respondents rating the facility as excellent.

News from Jewish Home LifeCare

Dr. Melissa L. Martin Appointed Medical Director of Manhattan Division



Jewish Home Lifecare has named Dr. Melissa L. Martin Medical director for its Manhattan Division. Dr. Martin will oversee the care of more than 500 rehabilitation and nursing home patients. She has been associate medical director in Manhattan since 2013.

Before joining Jewish Home, Dr. Martin was medical director at HealthPlus Amerigroup Managed Care Company and, before that, the Margaret Tietz Nursing and Rehabilitation Center, both in New York City. Dr. Martin began

her career as an attending faculty member at the Amsterdam Nursing Home in Manhattan, later becoming an assistant professor of medicine at Weill Cornell Medical College.

As medical director of Jewish Home's Manhattan Division, Dr. Martin will oversee all clinical activities and programs, including the Center for Advanced Rehabilitative Medicine, a collaboration with The Mount Sinai Hospital; the Cardiac Rehabilitation Center, a partnership with NYU Langone Medical Center; the Research Institute on Aging; and Jewish Home's infection control program. Dr. Martin joins Dr. Laurie Posner, medical director of Jewish Home's Bronx and Sarah Neuman campus in overseeing outreach to Jewish Home's referring hospitals among them, Montefiore Medical Center, New York-Presbyterian, Beth Israel Medical Center, Mount Sinai Roosevelt and the VA Medical Center in the Bronx.

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Dr. Martin received a BA in psychology from Yale University, an MD from the Weill Medical College of Cornell University, and a Master's Degree in public health and health care management from the Columbia University Mailman School of Public Health. She is board-certified in palliative care.

Gregory Poole-Dayán Will Lead Jewish Home LifeCare's Bronx Division



Jewish Home LifeCare has named Gregory Poole-Dayán administrator of its Bronx Division, known as the Harry and Jeanette Weinberg Campus, one of the borough's largest employers. In his new position, Mr. Poole-Dayán will be responsible for the daily care of more than 2,500 residents, patients and out-patient clients as well as a clinical, medical and professional staff of 1,100.

Mr. Poole-Dayán, replaces Rita Morgan, who retired after 25 years at Jewish Home. During her tenure, the Bronx campus was awarded a 5-Star Quality Rating from

Medicare and was named one of the country's best nursing homes of 2014 by US News & World Report.

Mr. Poole-Dayán has been with Jewish Home for almost a decade, most recently as associate administrator of the Bronx Division. From 2005 to 2011, he worked at Jewish Home's Westchester Division, also known as the Sarah Neuman Center, in Mamaroneck. Before joining Jewish Home, Mr. Poole-Dayán held nursing management positions at the Schervier Nursing Care Center and at what is now known as the Hebrew Home at Riverdale, both in The Bronx. Mr. Poole-Dayán began his career as a nurse at, first, Montreal's Royal Victoria Hospital and, later, New York City's Memorial Sloan Kettering Cancer Center.

Mr. Poole-Dayán, who earned both a master's degree in nursing and a bachelor's degree in accounting from McGill University, is a champion of palliative care and environmentally sustainable practices. He has presented papers on both topics at the annual meetings of LeadingAge, the American Society on Aging and The National Council on Aging.

News from St. Johnland

Grant Awarded for Wandering Security System



The New York Community Bank Foundation's generous grant to St. Johnland Nursing Center underwrote a new state-of-the-art security system for residents with wandering behaviors. The Foundation has been a longtime supporter of the 250-bed skilled nursing facility in Kings Park that has specialty units for traumatic brain injury, Alzheimer's/dementia and sub-acute care.

From left: **Marian Conway**, executive director, New York Community Bank Foundation, and **Mary Jean Weber**, CEO & administrator, St. Johnland Nursing Center

Jefferson's Ferry COO/CFO Bob Caulfield Named CFO of the Year



Robert E. Caulfield, CPA and the COO/CFO of Jefferson's Ferry Lifecare Retirement Community (Setauket) was recently recognized among a select group of chief financial officers as a Top CFO of the Year by Long Island Business News, the region's business weekly. Karen Brannen, president and CEO of Jefferson's Ferry, nominated Mr. Caulfield for CFO of the Year in the Not-for-Profit category.

"As head of Jefferson's Ferry finances and operations, Bob safeguards the well-being of our community, from our residents to our staff," said Ms. Brannen. "His financial expertise and ability to listen and communicate has cultivated effective working relationships with financial institutions, regulatory agencies, the Jefferson Ferry Board of Directors and our sponsor, Mather Health System. He richly deserves this recognition."

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Bob's keen understanding, advocacy skills and perspective on senior issues, coupled with his integrity, oversight and accountability, have contributed to Jefferson's Ferry's outstanding and sustained CCRC ratings:

- Standard & Poor's BBB bond rating
- 5-Star rating from The Centers for Medicare and Medicaid Services (CMS)
- "Best Of" 2013 nursing homes by U.S. News & World Report
- Personnel distinctions and leadership awards

Active professionally, Bob Caulfield serves on the Board of Directors of LeadingAge New York, is a LeadingAge Certified Aging Services Professional (CASP) and an active participant on the CCRC Cabinet of LeadingAge NY. He has served as co-chair for LeadingAge NY's Regulation 140 committee and in that role has made measurable improvement in bringing about changes to investment restrictions. Bob is a member of the Healthcare Financial Management Association, the American Institute of Certified Public Accountants, the New York State Society of CPAs and the Pennsylvania Institute of Certified Public Accountants.

Prior to joining Jefferson's Ferry in 2009, Bob was a partner of New Life Management and Development, Inc., a company that developed and managed retirement communities throughout the United States and before that, was in an executive management position at another senior living development company. Bob began his professional life as a CPA with six years at Ernst & Young in its healthcare and real estate division. He lives in Rose Valley, Pa.

News from Wartburg

Reverend Bannan of Pelham Honored



Pastor Fryer presents a hand-painted icon of Christ to Reverend Bannan.

The Reverend Peter F. Bannan, pastor of St. Catharine's Parish in Pelham for 22 years, was honored on Wednesday, October 22 at Wartburg's Annual Spiritual Caregivers Appreciation Breakfast, attended by 40 people, all of whom are connected to the spiritual care provided at Wartburg.

"For over two decades, Rev. Bannan has worked with Wartburg's Pastoral Care Services, anointing the dying, hearing confessions, and saying Mass on campus. His dedication to our Wartburg community has been exemplary and is greatly appreciated," said Pastor Carol E. A. Fryer, Director of Spiritual Care and Church Relations at Wartburg.

"We are grateful to Father Bannan for his participation in Wartburg's Spiritual Care, which is second to none," said David Gentner, president and CEO of Wartburg.

Pastor Fryer presented Father Bannan with a gift, a traditional Icon of Christ, which she painted herself, though traditionally thought of as "written." "I will treasure this," remarked Father Bannan. He added, "I have always appreciated Wartburg for the wonderful care that is given to our people. It is a blessing to have Wartburg in this community."

New Board Members Elected

At its recent annual meeting, new board members were elected to Wartburg and to Wartburg's Foundation, the board that manages Wartburg's endowment fund.



Nicholas Cicchetti, DPM

Nicholas Cicchetti, DPM, assistant superintendent of the Board of Water Supply, City of Mount Vernon, was elected the new chairman of the Foundation Board. He had been vice chair of the Foundation for over two years. A podiatric surgeon by training, he is known affectionately as "Dr. Nick."

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Robert Ranieri, of New Canaan, CT, and a senior vice president and managing director of NorthMarq Capital in White Plains, was voted onto The Wartburg board.

Michael Holden, former managing director, private bank, JP Morgan Chase & Co. in New York City and past chief operating officer of GenSpring Family Offices, a Greenwich CT wealth management firm, was voted onto the board.

John D Del Bene, of Katonah, was voted onto The Wartburg Foundation board earlier this summer. He is president and CEO of JVD Industries Ltd, a heavy highway and utility company located in Mt. Vernon, which he founded in 1990.

Happenings

Bon Secours New York Health System Reduction in Force Strategy

After a thorough top-to-bottom review of staffing and resource allocations, Schervier Nursing Care Center has announced it will reorganize and reduce its workforce in order to properly assign and focus resources toward maintaining excellent patient care in a rapidly evolving healthcare environment. Employees at every level of the organization have been affected by the reduction in work force.

The overall impact of these reductions will not affect patient care or alter current staffing ratios, and Bon Secours New York remains committed to providing our community with the highest quality health care, and ensuring that those we serve receive the care they need, when they need it.

Friendly Senior Living Vice President/CEO and Former Board Chair of LeadingAge Announces Retirement

James E. Dewhirst, president & CEO of Friendly Senior Living, recently announced plans to retire in the Spring of 2015. Dewhirst's retirement will conclude a distinguished 34-year career with Friendly Senior Living, and over 41 years in the senior living and long-term care field.

"After 34 years, it is time for new leadership to guide the organization during dynamic times ahead as senior care and services are reshaped in preparation for meeting the needs of the age wave to come," said Dewhirst. "It has been an honor to lead the Friendly Senior Living communities in delivering quality mission-driven care and services to older adults in our community. I sincerely appreciate the faith, confidence and support provided by our Boards of Directors over the years. I am also very thankful for the many caring, compassionate and dedicated staff I have had the privilege of working with; they are tops and truly are the 'friends' in Friendly Senior Living."

Dewhirst joined Friendly Senior Living in 1981 as the assistant administrator of the Friendly Home and manager of Linden Knoll. In 1985, he was appointed as administrator of the Friendly Home. In 1989 he became the president and CEO of the Friendly Senior Living continuum, which now includes Cloverwood Senior Living and Glenmere at Cloverwood Assisted Living in Pittsford, the Friendly Home, Lovejoy Transitional Care Center, and Linden Knoll, an independent senior living apartment community in Brighton.

An advocate for the aging, Dewhirst has been an active leader at the national and state levels of LeadingAge and LeadingAge New York organizations which represent not-for-profit and public continuing care providers including nursing homes, senior housing, continuing care retirement communities, and assisted living and community service providers. Dewhirst served on the national LeadingAge Board from 1990-1999, and as Board Chairman from 1995-1997. At the state and local level, Dewhirst served on several Board and advisory groups. In 1990 he was honored with the Thomas Clark Memorial Award for Young Administrator of the Year. In 2002, he

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received the prestigious Lawrence E. Larson Award. The Larson Award recognizes persons who have made outstanding contributions to the care and service for the elderly in New York State and nationally. Dewhirst is currently a member of the Leading Age NY Services Board of Directors.

A search committee has been formed, and it is anticipated that a new president and CEO will be in place early next spring.

Larry Kramer among Legends Honored By VillageCare

VillageCare held its 16th annual Legends of the Village on Monday, November 10th.

Receiving the Lenore Zola Award, was Larry Kramer, famed playwright, author, public health advocate and AIDS and LGBT rights activist. Larry expressed his initial frustrations on the handling and public awareness of HIV/AIDS by writing the play *The Normal Heart*, produced at The Public Theater in New York City in 1985. Twenty six years later, in 2011, a new Broadway production of *The Normal Heart* won a Tony Award for Best Revival of a Play. In 2014, Larry was awarded an Emmy for Outstanding Television Movie for the HBO movie version of *The Normal Heart*.

VillageCare also honored Peter DeLuca with the Distinguished Service Award. Mr. DeLuca's commitment to Greenwich Village and Manhattan has extended beyond his professional ties as the owner of the historic Greenwich Village Funeral Home. Peter helped families of World Trade Center victims, New York's Finest, following 9/11 and Gay Men's Health Crisis at the height of the AIDS crisis in the 80's.

The Village Business Legends Award was also presented to Kenneth L. Ewell, president & chief operating officer of The Graham Company. The Graham Company is an insurance and employee benefits broker that partners with business owners in high-risk industries like construction, manufacturing, distribution, chemical, health and human services and others, to prevent losses, train high-risk employees, manage claims, and tailor-fit insurance programs that will adapt to your risks as your business evolves.

"At our annual gala event, we honor some really special people and recognizing two business institutions that are important to the health care community," says Emma DeVito, president and chief executive officer at VillageCare. "We thank our supporters who help VillageCare serve the people who come to us, many of them at their time of greatest need."

LeadingAge New York News

We would like to Welcome our Newest Employees at LeadingAge New York



Shanique White joined LeadingAge New York in August as our receptionist. She graduated with an Associates of Applied Sciences in Human Services degree and came to us as part of the Member Services Department. Shanique's eagerness to help members and staff alike make her uniquely suited to be the first person you see when you visit our offices or hear when you call on the phone. When Shanique isn't greeting members and guests,

she is a busy mom of a six-year-old boy and a seven-year-old girl. In her spare time she loves to read and looks forward to growing her role and helping provide exceptional customer service to members and staff here at LeadingAge New York.

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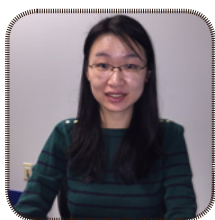


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Rui Cheng joined LeadingAge New York's Research & Analytics department in July as a Senior Research Analyst. Ms. Cheng is currently an Economics PhD candidate at the University at Albany, SUNY and has five years quantitative research experience working on health economics projects including designing analytical models and analyzing large time series and panel data sets. She will assist us in conducting data-driven research and analysis using data such as MDS, OASIS, and Medicaid claims (i.e. Salient) to support our member's mission of delivering the highest quality healthcare, support services and housing to our most vulnerable older adult population.

Welcome New Primary Members

Primary Members:

Elant at Home (CHHA under construction)
Haverstraw Place

Associate Members:

Jennifer Adelman: Love & Company
Kyle Perry: Century Health Capital, Inc.

Associate Plus Member:

Lou Lista: RES (Revenue Enhancement Services)

Affiliate members:

Retiree: Constance Guarascio
Student: Anna Gowdy


Upcoming Conferences and Educational Events

April 21-22, 2015

Housing Professionals Annual Conference
DoubleTree Hotel by Hilton Syracuse

May 18-20, 2015

LeadingAge New York Annual Conference & Exposition
The Saratoga Hilton & Saratoga Springs City Center, Saratoga Springs

Leading-U is offering many audio conferences and seminars. Check out our line-up by [clicking here](#). 



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