

My music, my memory

A clear connection

One voice

Keep it simple and keep it local

Optimizing your rehabilitation program

The pros and cons of various therapy
service models



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

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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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Please welcome our incoming officers, directors and cabinet presidents.
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A matter of choice

We know the future will be driven by consumer choice much more than in the past. More than ever, sound business practices will need to be made to increase efficiencies and reduce costs allowing more resources for consumer-directed programming and options. Choice will increasingly become a marketing niche even in service areas for which consumer choice might not have been a critical focus in the past.

This issue of LeadingAge New York Adviser is all about choice. From residents' ability to choose foods and music they prefer, to organizations' decisions to increase efficiencies and save money, to the choice of messaging we give to our elected officials – they are all part of making the world better for New York's seniors and helping our members become stronger and better able to face a very different future.

Our cover story, *My Music, My Memory*, highlights the fact that personalized music, as opposed to ambient music, is a direct link to memory and mood. The ability to choose those songs that create the link to the memory that triggers the good mood is a critical tool in person-centered care. It also results in staff being able to do their jobs more efficiently. It is really a joy to see non-communicative folks become animated and involved with personalized music therapy.

Two different organizations are upping the ante in the Palate section. Little Sisters of the Poor located in the Bronx uses a portable food preparation station brought to each floor and can offer residents restaurant quality, self-directed choices for their breakfast. St. Cabrini Nursing and Rehabilitation hosted a professional-level food exposition for residents to sample potential menu choices and make decisions

about which to incorporate on the new menu. These choices may seem mundane in the non-institutional world but to residents they represent greater personal freedom and autonomy.

To offer more choice, it's often necessary to find new resources. Optimizing your therapy program can lead to increased efficiency and new revenue. The feature story focuses on the pros and cons of several choices

of models that can be a solution for your program.

Finally, one of the most important choices we make is the message we give to our elected officials. In this issue's One Voice feature, you will see that keeping it simple and keeping it local are the keys to effective communication with your elected officials. They need to understand in simple terms what a potential action will mean for your organization and the people you serve. Invite them in to visit and connect what they see at your site to your simple advocacy messages. If you can make it real to them, they will remember it!

We know that LeadingAge New York members work hard every day to provide the best quality care, services and homes possible for New York's frail elderly. You strive every day to make each person happy and content, to live with joy and purpose and to be as independent as possible. Let's tell the world!

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

James W. Clyne Jr.
President and CEO

“...one of the most important choices we make is the message we give to our elected officials...keeping it simple and keeping it local are the keys...” – Jim Clyne

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Contact Elliott Frost, director of ProCare, efrost@leadingageny.org, 518-867-8832, for additional information and to discuss this significant consulting opportunity.

LeadingAge New York's Annual Awards recognize the very best of New York's nonprofit senior living and service providers and the people who contribute their time, energy and professionalism to the field of aging.

LeadingAge New York 2012 Award Winners

Lawrence E. Larson Memorial Award of Honor

James Davis, Amsterdam Continuing Care Health System, Inc.

James W. Sanderson Memorial Award for Leadership

Kathy U. Nyquist, Beechwood Homes

Thomas Clarke Memorial Award

Lisa M. Betrus, Valley Health Services, Inc.

Professional of the Year Award

Michael Scarpelli, Gurwin Jewish Nursing & Rehabilitation Center

Courtney M. McGinness, Episcopal SeniorLife Communities

Carl S. Young Advocacy Award

Bridget Gallagher, GNP, MSN, Jewish Home Lifecare

Trustee of the Year Awards

Wayne Shattes, Secretary of the Board of Directors, Jefferson's Ferry Lifecare Retirement Community

Don S. "Dean" Weaver, Jr., Chairman of the Board, Lutheran Social Services Group, Inc.

Donald Amoruso, Trustee, Cabrini of Westchester

Innovation of the Year Awards

Scout's Honor, Elant at Fishkill

Community Connection, Peconic Landing
Council for Creative Aging, The Wartburg Adult Care Community

LeadingAge New York Long Term Care Employee of Distinction 2012 Winners

Capital Region

Cara Ebert, CNA
Saratoga Care Nursing Home, Saratoga Springs

Central Region

Warren Stearns, senior physical therapist
St. Camillus Health & Rehabilitation Center, Syracuse

Hudson Valley Region

Aji Matthew, waiter
Kendal on Hudson, Sleepy Hollow

Long Island

Lynn Lin, outreach liaison
Parker Jewish Institute for Health & Rehabilitation, New York

New York Metropolitan

Annette Fullerton, cosmetologist
Bronx-Lebanon Special Care Center, Bronx

Rochester Region

Colleen Klix, senior director of nursing
Edna Tina Wilson Living Center, Rochester

Southern Tier Region

Dominic Desisto, grounds worker
Good Shepherd Village at Endwell, Endwell

Western Region

Sal-Lee Holland, food service assistant
Lutheran Social Services, Jamestown

Capital Region

Anne Haggerty, CNA/transportation coordinator
VanRensselaer Manor Nursing Home, Troy

Central Region

Janice Szuba, assistant director of activities
Valley Health Services, Inc. Herkimer

Hudson Valley Region

Maria Scaros-Mercado, director, Therapeutic Activities
Hebrew Hospital Home of Westchester, Valhalla

Long Island

Darryl Volinski, director of environmental services, Peconic Landing, Greenport

New York Metropolitan

Flordeliza Rosario, manager/team leader/RN
Elizabeth Seton Pediatric Center, Yonkers

Rochester Region

Beth Whitbeck, activity director
Clifton Springs Hospital & Clinic, Clifton Springs

Southern Tier Region

Joyce Jensen, certified nursing assistant
Beechtree Care Center, Ithaca

Western Region

Melissa Weiner, cook
Wayne County Nursing Home, Lyons

A passion for helping people

When we think of helping people, we typically don't think of big businesses. Having a social consciousness is not typically a core value of most businesses. Well, that is the philosophy of Novo Nordisk – a global health care company with 88 years of innovation and leadership in diabetes care. The story of Novo Nordisk began when August Krogh, a Nobel Prize-winning professor at the University of Copenhagen, decided he wanted to start producing a revolutionary new medical product called insulin.



Novo Nordisk continues to demonstrate its passion for helping people through many vehicles. This year one vehicle will

be at the Directors of Nursing and Directors of Social Work Conferences this November held at The Sagamore Resort in Bolton Landing.

Novo Nordisk has partnered with Dr. Gregg Gerety, the Chief of Endocrinology at St. Peter's Hospital in Albany. Dr. Gerety will speak at the breakfast session at this year's conference on the topic: "Optimizing the Use of Insulin Analogs in Long-Term Care." Dr. Gerety specializes in diagnosing

and treating conditions that are related to the endocrine system. He is a nationally recognized clinician, trainer, researcher, published author and accomplished speaker.

Over the next several months, LeadingAge New York will share information about registering for the Directors of Nursing and Directors of Social Work Conferences. The conferences are positioned to educate and impact medical and health care providers with insights to critical topics we are facing in the world of health care.

Partners in Quality

AWARD

Raising the voice of the elderly and disabled in New York state

Few phrases are as important in life as "thank you."

LeadingAge New York has created a special award for you to recognize your federal, state and local elected officials for their advocacy efforts on behalf of your organization and the individuals you serve.

We will accept nominations through **June 29, 2012**. Nominations will be reviewed in July; recipients will be notified in August; and award presentations will take place in September and October. LeadingAge New York will provide the award and can assist you with arrangements.

Questions? Contact Alyssa Lovelace, government relations analyst at 518-867-8844 or alovelace@leadingageny.org.

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The scent of home Little Sisters of the Poor, Bronx

This is an excerpt of an interview with Ruthie Rodriguez, dining service director of Unidine, who has served Residents at Little Sisters of the Poor for the past seven years.

Imagine waking to the smell of fresh coffee, bacon and French toast. These are the smells of home cooking, the essence of wonderful memories and a profound stimulant for appetite and socialization.

Residents at Little Sister of the Poor in the Bronx wake to these smells each morning in their home. They wake to the smell of freshly prepared breakfast foods such as eggs, French toast, pancakes, sausage, bacon, coffee and even freshly made waffles. This unique dining service is called "Rise and Shine Breakfast." Residents can get made-to-order omelets with their choice of fillings, eggs of any style or if they prefer pancakes, French toast or waffles. They can order fresh coffee, juice and a variety of fresh fruit such as blueberries, strawberries, bananas and oranges; to name a few.

While the opportunity may seem normal to some, it is more often the case that Residents will choose their breakfast from steam trays as opposed to freshly prepared options that offer a lot of personal choice. After a year of experimenting with other options for bringing personal choice and freshly prepared options to Residents, in 2009 the Sisters were able to find the funding to purchase the \$7,000 mobile induction cooking

station to really bring this personalized breakfast option to life.

This cooking station has become so much a part of life for Residents that it has been affectionately dubbed, Sally. She has even been blessed!

Staff brings Sally to the floor and Residents who are able to come to the dining room place their own orders while those who prefer to eat in their rooms are visited for their order. The meals are prepared on the spot with fresh ingredients and observing any special dietary requirements of the Resident.

Ruthie Rodriguez has worked with the residents and Sally since the beginning and is so enthusiastic about how it has improved the quality of life. "A couple of Residents who can't see have become more social, coming out of their rooms on their own, because they can smell the fresh food," said Rodriguez. "It has led to increased levels of socialization and stimulated appetites."

This cooking station has become so much a part of life for Residents that it has been affectionately dubbed, Sally. She has even been blessed!

Our Residents say it best!

"Follow your nose where the bacon goes, Mmm. Mmm. You could smell the bacon through the hallways." – Edna

"It is wonderful having a freshly cooked breakfast. What else could we ask for?" – Ann B.

"Fried eggs are my favorite, they are hot and fresh. Add more bacon to the plate." – Father Savage



Increasing dining pleasure through consumer choice

St. Cabrini Nursing Home, Westchester

In a unique, palate pleasing initiative, St. Cabrini Nursing Home retailored a staple of marketing to food service professionals by staging a commercial food show for its residents. “The goal was to boost dining pleasure by giving the patients and residents an opportunity to taste and give first-hand feedback on nearly 100 different vendor-served foods to be considered as menu additions,” said Saint Cabrini Nursing Home Food Services Director, Joseph Bisaccia.

The Home’s main foods provider, Ace Endico Food Service Specialists, collaborated on the 10-vendor exhibition of tasting dishes from beverages and breakfast items to entrees and desserts. “We go to food shows and then guess what the residents might like,” Mr. Bisaccia said. “What better way to find that out than to bring that same variety here for them to try directly.”

The concept unfolded as Mr. Bisaccia and Chef Supervisor John Hammer explored ways to meet the resident Food Committee’s appeal for greater variety. The plan is to incorporate the crowd pleasers into the menu immediately following the event.

“It was around food show time, so I thought, why not hold one right here,” said Mr. Hammer, the idea’s generator, who was influenced by his three decades in hotel food services. “I call them guests,” he said of the residents. “And the guest is number one.”

Mr. Bisaccia said that the event yielded other valuable benefits such as a deepening of staff understanding of dining services; a boost in resident self esteem; and, for the vendors, a rare, one-on-one contact with long term care consumers. The effort harmonizes perfectly with St. Cabrini’s Person-Centered Care initiative, which promotes a more home-like, individualized, collaborative



Left: Cabrini of Westchester’s chef, John Hammer and resident, Helen Kontak, enjoying the food show.

environment based on a social model stressing the personal preferences of residents, staff and family.

Staff identified types of foods to offer, developed a simple questionnaire and set a schedule to accommodate 100 plus food tasters and escorts within two hours. Dieticians put together an invitation list by reviewing each resident’s dietary needs and communicative abilities.

In outlining selections to be offered, staff asked that they include some foods not traditionally served in nursing homes, ones that reflected a liberalized approach to dietary compliance for elders, and dishes, including vegetarian choices, to appeal to the Home’s culturally diverse population. Chicken breast sliders, sweet and sour meatloaf and black bean/roasted corn salad were among a host of more unconventional offerings.

Despite the venture’s extensive effort, watching the residents enjoy participating in the tasting and the creation of their future menu items makes the effort well worthwhile, Mr. Bisaccia said. “In long term care, much more than in hospitals, dining is a major part of the resident’s day,” he explained. “It’s a major activity for them.” 🍴

Below: Food service vendors stand ready for nursing home residents to rate their offerings.



100 vendor-served foods were considered as menu additions.

Bob Mayer Vice President, Finance, Weinburg Campus



What is the greatest reward you get from your job?

I am privileged that a number of residents are regular visitors to my office. I enjoy hearing about their life experiences. It is an honor that they share their personal stories with me and allow me to be a part of their world. It is a daily reminder of the real reason we are in this field. I hope that in some way I have a positive influence on their lives. The wisdom and knowledge they share with me has had a very positive impact on my life.

What keeps you up at night?

I worry about the financial challenges that long term care providers currently face. The escalating pressure to do more with less has created a very challenging environment in which to provide high quality services. The entire long term care system is under significant stress which has impacted the ability of the field to attract and retain talented individuals in senior services.

If you could make one significant change to how care is delivered to seniors in New York, what would it be?

I would provide for greater flexibility in how care is delivered so that seniors have more choices on how and where they access services. Unfortunately, regulation and a bias towards institutional care as the only appropriate venue to provide long term care services often deprives an individual of their remaining independence. Providers need the opportunity to be much more innovative in order to meet the changing demands of the senior population.

What is your passion in life?

My passion in life is to make a difference. When I am involved in a project at work I want to do my best to achieve success. I am passionate about making a difference in people's lives by empowering them to tap into their own potential. I feel the same way about what

I do in my personal life. I enjoy helping others solve problems. I have a younger sister who is developmentally disabled and I have a passion for helping individuals with disabilities so that they have the support to live as independently as possible. I have a passion for learning and trying new things. I am passionate about having fun in life.

Who are the supports in your life?

Family is a big part of my life. I come from a very close family which gives me support in whatever I am doing. Having a younger sister who is disabled made our family even closer. I was fortunate enough to be a Fellow in the LeadingAge Leadership Academy Class of 2010. Through that experience I had the privilege of connecting with more than 30 talented individuals in our field from all over the country who are now a big part of my support network. I can reach out to them at any time to discuss work and career related issues. The Academy was a life changing experience.

What do you think will be different about your organization five years from now?

Our organization will look very different in five years. Currently a significant portion of our activities are more traditional services - nursing home, adult home, senior apartments. Over the next five years we will have a greater concentration of community-based services such as home care and managed care. There will be a greater emphasis on collaboration among providers and we will most likely be more involved in networks with other organizations as the service delivery platforms continue to change.

Where do you see yourself in twenty years?

I see myself still working hard to make a difference in our field and in our community. 🌱

Providers need the opportunity to be much more innovative in order to meet the changing demands of the senior population.



Bob Mayer and Dr. Arbesman

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Keep it simple and keep it local

*Ami Schnauber, director of government relations
LeadingAge New York*

Recently, I spent an hour on the phone with a legislator helping her understand the new managed care world that the aging services providers and consumers in her district now find themselves navigating. The transition from fee-for-service to managed care is complicated enough; add to it the alphabet soup of acronyms for home care (LTHHCP, LHCSA, CHHA), assisted living (ACE, ALR, EALR, ALP) and managed care (MAP, PACE, MLTC) and legislators, caregivers and consumers are left dumbfounded. Our job - challenging as it is - is to ensure that legislators understand the impact that federal and state health care reforms are having on the consumers and providers in their communities.

So how do we do that? Keep it simple and keep it local.

Here's an example: For more than 20 years, governors have attempted to tackle the issue of spousal refusal and asset transfers that allow families, who could pay for long term care on their own, to appear poor and eligible for Medicaid. Proposals have included extended look-back periods, estate recoveries and limits on a community spouse's asset protections. Each one has been rejected by the Legislature.

The opposition to these proposals is brilliant in its simplicity. Elderly spouses – mostly women – express to their legislative representatives their fear that they will become impoverished if they have to pay for their spouses long term care needs. There is no mention of “estate recoveries,” “spousal refusal” or “look-back periods.” Just one message that is simple and local.

Why is this so effective? Because legislators can remember it and they can repeat it. I cannot count the number of times I have heard legislators tell their colleagues about a constituent who was worried about running out of money if the governor's proposal was not rejected. Conversely, it's really hard for a legislator to stand up and advocate for a program that they don't fully understand. What is the difference between a Managed Long Term Care plan and the Long Term Home Health Care program? So, managed care plans will be paying for nursing home care? Wait, back up, where does Medicare fit


into this? Many legislators cannot answer these questions.

After the legislative session winds down at the end of June, legislators will be returning to their home communities for the rest of the year. This is your chance to

talk with them, show them around your organization and introduce them to the elderly and disabled individuals for whom you provide care.

Tell them, in very simple terms, what's happening to your organization and the consumers and caregivers in their community as health reforms roll out. Tell them about the economic and social impact your organization has in their community.

Keep it simple and keep it local.

Establishing or renewing a relationship and dialogue with legislators now will help them be your advocate in the years and battles ahead. It will also ensure that their door is open to you as budget negotiations unfold next year. And don't underestimate the value of the local campaign fundraisers that will be held throughout the state. Election Day is just over four months away and all 213 seats in the State Senate and Assembly are being contested. Let's make sure we have allies in the Legislature next year by supporting candidates now that support aging services. 

“Establishing or renewing a relationship and dialogue with legislators now will help them be your advocate in the years and battles ahead.” – Ami Schnauber

Optimizing your rehab program: The pros and cons of various therapy service models

By Michele Saunders

The long term care (LTC) field's approach to therapy services has historically been to either fully outsource physical, occupational and speech therapy services to organizations specializing in rehabilitation therapy ("full service programs") or provide these services themselves through their own therapy programs ("in-house programs"). There is also a new approach to therapy services in the field starting to get momentum called the "in-house management model". The following discussion captures some of the potential pros and cons of the various therapy service models.

In-house programs

Historically, an estimated 60 percent of skilled nursing facilities (SNFs) retain their own in-house therapy program. This figure has trended down in recent years, due in large part to increasing operational costs and the challenges related to the current regulatory and reimbursement climate. There remain,

however, several advantages for facilities that effectively manage their own rehabilitation services.

For those SNFs that operate a profitable therapy program, there is a significant financial incentive for maintaining therapy services in-house. Also, administrators and their rehabilitation directors maintain exclusive control over operations and programming, which preserves the facility's culture.

There are significant challenges associated with maintaining a successful in-house therapy program. Foremost, these challenges are related to the more complex operating and regulatory environment. For example, staying abreast of Centers for Medicare & Medicaid Services (CMS) changes and providing ongoing training related to documentation for compliance and reimbursement is a challenge even for a well-run, profitable therapy department.

Likewise, there is increasing need for expensive resources, such as effective rehabilitation Electronic Medical Records (EMRs). Without technology systems that track and report prospective data, in-house therapy programs can often fall short of optimizing their net revenue.

Another possible pitfall of retaining an in-house therapy program relates to the need for sophisticated leadership within the therapy department. Running an efficient program requires several high-level functions (e.g.: monitoring staff productivity, training, auditing, optimizing clinical services and reimbursement potential, integration with nursing/MDS coordinators, census development, etc.) It is imperative to have a knowledgeable rehabilitation program director who can deliver positive clinical and financial outcomes, and who can encourage staff's commitment to optimizing

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Optimizing your rehab program

(continued from page 12)

therapy services. In short, without strong leadership, weak clinical/fiscal management is common and ultimately contributes to an underperforming therapy program.

Full-service programs

There are several national and regional organizations that contract with LTC facilities to provide all services and functions related to operating rehabilitation services. Most of these therapy services proclaim to have the necessary expertise and resources to provide cost-efficient and comprehensive operational and clinical support. Moreover, they claim to be prepared to meet the challenges of today's regulatory environment.

Among the benefits of a full-service program is the extent to which therapy companies take on the burden and risk associated with operating a therapy program. For instance, given the dramatic changes in reimbursement and CMS regulations, full service therapy companies can address the risk and offer indemnification associated with proper documentation and other compliance issues, such as audits and denials.

Another example relates to staffing challenges; the labor-intensive and sometimes frustrating tasks, for example, identifying quality

...identifying quality professionals at reasonable rates, training and performance management are all handled by the therapy services company.

professionals at reasonable rates, training and performance management are all handled by the therapy services company. This may be especially valuable for departments with high turnover rates or facilities with fluctuating census where it is difficult to maintain consistent staff productivity. More importantly, there

is a significant advantage to having the therapy company take on the burden of compensation and benefits packages for therapy staff.

Many therapy management companies come with sophisticated technology solutions to record/monitor therapy activities.

This benefit could be a substantial value for facilities that still rely on paper-based systems. In addition to providing transparency, electronic documentation and billing has been proven to reduce compliance risk, optimize reimbursement and increase staff productivity. Moreover, a management company's ability to provide technology could save a facility the need to invest in and maintain expensive, high maintenance and potentially obsolete EMR systems for therapy.

Having a full-service contract therapy company in place has the benefit of freeing up administrators' valuable management time, and although

day-to-day operational concerns are "off their plate," some also recognize the drawback of relinquishing control. A risk could be inviting a culture

of tension if the contracted management company is not transparent and proactively communicating with other departments and administration.

Contracting with a therapy management company for a full-service model can require a significant financial commitment. Typically, a company

will build their fee schedule based on a RUGS per diem rate for Medicare Part A and a percentage of revenue generated from Medicare Part B charges.* In this scenario, as a therapy program grows and costs are managed more efficiently,

the facility will reap financial benefits. However, only a moderate percentage of the net revenue is recouped as profit for the facility, and may not be enough of a financial incentive for facilities that already maximize their cost: revenue ratio (i.e.: reimbursement for both Medicare Part A and B programs are optimized and costs are controlled).

Also, financial risk is more evenly shared with the In-House Management Model, and providers realize a higher percentage of the contribution margin generated by the therapy program.

In-house management models

There is an alternative to full-service therapy programs. The in-house management model offers therapy management expertise and recruiting support providers need to optimize results without forcing the outsourcing of therapy staff. In this partnership model, therapy staff remains employed by the facility with oversight from regional clinical/operational specialists who work onsite with the existing staff and the interdisciplinary teams, administration, nursing and finance, to develop customized strategic programs that ultimately help a facility to reach their clinical, operational and financial goals.

This model is a good option for facilities who want to improve results while keeping their therapy program in house. Typically, facilities that struggle with

(Continued on page 14)

*Adjustments for MPPR rates should be taken into account. Note that only the first unit, or 15 minutes of therapy is reimbursed by Medicare at 100%. Facilities could lose money on Medicare Part B treatments if they pay their therapy management company a percentage of the fee screen as all units of therapy are reimbursed equally.

specific challenges related to high costs, weak reimbursement and/or compliance issues can benefit greatly from the extensive resources and expertise of a therapy management company.

Perhaps one of the most significant benefits of the in-house management model is that it provides support to an overextended or ineffective rehabilitation program director to help manage the complexities of daily operations and today's regulatory environment such as recruiting, performance management, compliance and training.

Also, financial risk is more evenly shared with the in-house management model, and providers realize a higher percentage of the contribution margin generated by the therapy program.

While this scenario has several advantages, to be effective the facility must be willing to make the recommended changes needed to improve results. In addition, it is imperative that providers choose a therapy company that has experience managing in-house programs and a shared philosophy regarding quality care and outcomes. Clear expectations should be defined at the outset, and consistent communication must remain strong throughout the partnership.

Note the following when considering various therapy models:

Periodically conduct a rigorous evaluation of your current program to identify opportunities for enhancement. For example, ensure Medicare Part B programming is robust and determine whether RUGS levels are optimized. Compare the performance of your therapy services using national and state benchmarks, such as the CMS RUGS levels.

CMS National Average 2011

Ultra High %	52%
Very High %	30%
High %	11%
Medium %	8%

- Ensure your therapy program uses real-time, prospective information to monitor and manage daily therapy utilization.
- Request a complimentary, "no-obligation" analysis from a therapy management company.
- Seek out therapy management companies offering value-added services that enhance not only the rehab program, but will also benefit other departments and the facility as a whole. For example:
 - MDS consulting to ensure integration of therapy with nursing services and documentation
 - Support for census development
 - Ongoing documentation audits with OIG focus
 - Provide ongoing CMS, OIG, and other Federal and state regulatory updates
- LeadingAge New York is an excellent source for information related to various therapy models. Whether you provide this service in-house or work with one of their business affiliates, reach out to this very valuable resource within your LTC community.

(Continued on page 23)



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Inspire



Back in 2006, I heard a journalist describe iPods as ubiquitous. I thought, well maybe all the kids have them, and maybe many adults, but if I ever was in a nursing home, I wonder if I'd have access to my music.

As a social worker who has spent most of my life working in technology, I thought a little research was in order. A keyword search for “iPods” and “nursing homes” revealed no iPod use in nursing homes. So I called my local county facility, A. Holly Patterson, part of the Nassau County Medical Center. I connected with Mary Grace Lynch, therapy recreation director who has 14 activities staff for a 589 resident population. I asked Mary Grace,

I know music is already the most important recreational activity, but can we see if there is any added value if we were to totally personalize the music? She agreed on the spot.

I came in with my laptop and some iPods. It was an immediate hit with the residents regardless of whether their personal access to music was through CDs or radios. Just holding all their favorite music in the palm of their hand, and having anytime access, was a thrill. Every two weeks I would visit the group of 10 residents to hone their playlists, empowering them to get rid of the so-so music, so that soon every song on the iPod was a song that resonated with them.

(See my music, my memory on page 17)

My music, my memory

A clear connection

By Dan Cohen, executive director,
Music & Memory



An MJHS resident uses an iPad and traditional instrument during his music therapy session with project manager Kendra Ray. (See *Responding to an unmet need* on page 17.)

Frequently asked questions

What about theft and loss? With more than 1,700 residents across 50 facilities in the US and Canada using iPods, we've learned how to minimize loss. The more the iPods are controlled (signed in and out), the smaller the "shrinkage." Cobble Hill has 90 iPods and in three years has lost only two. At other SNF's, perhaps with younger populations where more residents are capable of managing their own iPods, yearly loss can run 10-15 percent. That is why we are encouraging schools, religious organizations, and community groups to run iPod donation drives so that replacement becomes a non-issue.



What are the costs? Donated iPods and iTunes gift cards eliminate the need for a large budget. If you are budgeting, figure \$55 per iPod/headphones/AC adapter plus \$50-\$100 per month for music to fill the gaps in the music already on hand. For training, we are currently working out a volume rate for New York State facilities. Please contact LeadingAge New York for further information.

Staff is already stretched to their limit. How can we add another "program"? Some residents are self-sufficient. If they can operate a TV remote, they can operate the screen-less iPod shuffle. For those with dementia and other limitations, staff finds that the music helps with transitions during the day. As care often takes less time, they gladly spend the few seconds needed to operate the device. Last week, there was a resident whose iPod was misplaced and it took three staff to nudge the resident to bathe. Midway into this situation, they found his iPod and put it on. He stood up and said "I'm ready." Problem solved.

Isn't this isolating? This is a common concern. In fact, just the opposite happens. Interaction increases. Residents become more social. They're enjoying their music and want to share it with others. They want to talk about music or the memories it evokes.

Does it help in medication reduction? This question often comes up in care plan meetings. Now that this individual is in a better mood, more relaxed and more cooperative, can we reduce anti-anxiety or anti-psychotic medications? This is a trend we are seeing, but more research is needed to quantify impact on meds reduction.

With the trend to personally meaningful activities that are available to all residents all the time, iPod-based personalized music is one of the precious few activities that fit the bill for populations that have such a wide range of cognitive and physical limitations, it's a surefire way to boost resident and staff morale, and a wonderful way to focus on person-centered care. 🌱

My music, my memory (continued from page 15)

After 18 months, a mutual acquaintance connected me to the Shelley & Donald Rubin Foundation. Because music was the only thing that brought joy to Donald's mother before she passed of Alzheimer's, the Foundation wanted to promote the use of music in health. Their support enabled us to roll out 200 iPods across four facilities to measure impact, and see how well this program fit in the life of the facility. The 33 professional staff (mostly therapy recreation) said that they saw significant improvements in mood and behavior, with decreased agitation, anxiety and increased cooperation, attention and engagement.

How does this work? Each facility has its own iTunes library. Within the iTunes library, every resident has his or her own distinct playlist. iTunes' policy allows two things which make this possible: 1) an unlimited number of iPods can be "sync'd" to one iTunes account; and 2) any music selection can be legally copied to an unlimited number of iPods.

There are three elements crucial for initiating a successful program: iPods, music and training.

- ♦ **iPods:** You can either buy them or ask schools and/or community groups to run an iPod donation drive.

- ♦ **Music:** Facilities typically already have music CDs. You can import your CDs into iTunes and to fill gaps in your music library by asking families, schools and other community groups for iTunes gift card donations or have a small (but ongoing) monthly budget for new music downloads. Keep in mind each download is a one-time expense as the same song can be used for an unlimited number of iPods for years to come.
- ♦ **Training:** The Music & Memory project conducts live and recorded webinar training for skilled nursing facilities nationwide including topics such as creating policies and procedures, "industrial-strength" iTunes training, forms and other collateral materials. Music & Memory has a certification process whereby facilities that have received training and have successful programs in place will be labeled "Music & Memory Certified" facilities and will be listed on the Music & Memory website. They will also be recommended by the program to potential donors.



Responding to an unmet need at Metropolitan Jewish Healthcare System (MJHS)

MJHS's innovative music therapy program utilizes a multidisciplinary care planning process led by music therapists, aided and supplemented by direct care staff, to provide individualized and small-group music-based activities with individualized iPod playlists. The program, designed specifically for nursing home residents with moderate dementia who exhibit symptoms of agitation, wandering or depression, is currently being implemented and evaluated.

This project responds to an unmet need in the nursing home community since many caregivers often encounter behaviors of residents that consist of depressed mood and agitation during care. These music interventions offer safe, non-pharmacological approaches to relieving common symptoms of dementia. We encourage caregivers and nurses to use iPods to calm anxieties during Activities of Daily Living (ADL) care by utilizing music-assisted bathing/wound-care, sing-a-longs and music & movement. Caregivers have reported noticing increases in appetite and communication and a happier affect in residents who have participated. In addition, results from an interim data analysis have shown statistically significant reductions in both depression and agitation among residents after music therapy, and that caregivers can help to maintain these gains through the utilization of iPods during care.

In its late stages, dementia deprives people of their ability to speak; although they may still be able to sing their favorite songs. For them, music may be the only medium through which they can communicate, and provides an opportunity to participate in an activity with others that creates/reinforces bonds.

One resident's son who is very involved in his mother's care, stated that since her participation in the music program, her mood is better and she communicates more, sharing memories of her youth. Recently, when he arrived for a regular visit, she was not in her room as before, but in the recreation room with a CNA, "boppin' her head" and singing. He said that visiting his mom is no longer a chore, but a pleasure.

The project team has developed a film demonstrating the use of music-assisted care. It can be accessed from www.youtube.com/MJHS01. A DVD and written curriculum for music therapists to train CNAs has been distributed to over 600 NYS nursing homes. The materials include information about dementia and provide examples of the use of iPods in music-assisted care.

This project involves a multidisciplinary collaboration and is overseen by Kendra Ray, MJHS project director. Scientific oversight is provided by Dr. Mary Mittelman, NYU, primary investigator and clinical supervision by Suzanne Fitzsimmons, University of North Carolina.



A sense of calm, the Isabella experience

At Isabella, our experience in the iPod project has impact beyond the benefit to individuals. We are witnessing patients listening to their iPods, soothing themselves with music, or singing for the first time in years.

Most remarkable is an increased calmness on resident neighborhoods. In the past, a frenetic energy contributed to negative resident-to-resident interactions. That frenetic energy disappears when iPods are in use and resident-to-resident interaction is much more friendly and welcoming.

According to community director Karen Harper, “one very agitated male resident, Mr. C., was not able to sit in a chair. He would try to get up and down to walk and his gait was unstable. The nurse on the floor asked for the iPod, because his wife informed the staff that he enjoyed any variety of Latin Music. The iPod was programmed with Latin music after which Mr. C. would sit in a chair listening to the music and his body from the waist up would move in sync to the rhythms. During the time he was actively engaged by the music he would not attempt to walk unaided. Staff observed that when he heard enough however, he would get up and walk. At that point they would remove the iPod and redirect him. This example is important because for some residents the music can reach a point of over stimulation and staff need to be observant of changes. Residents, while maybe not verbal, have a way of telling staff how the music is affecting them at any given moment.”

Additionally learning about a person through their choice of music has brought a heightened awareness to individual preferences, and increased cultural knowledge occurs from assisting persons in their musical selections.

Significant contentment, happiness and an enjoyable quality of daily life have been achieved with the use of iPods by residents. Maribel Aristy of the recreation staff reports, “residents who often appear to be unengaged and frowning, turn that frown into a smile when the headphones are placed on their ears and music begins to play.”

As a society that is plugged in and turned on, it is fitting that we give this gift across the age spectrum. With existing technology, this project could expand beyond music to other applications that may sooth the soul.



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Alive inside at Cobble Hill Health Center

The star of a [YouTube video](#) that's gone viral with an astounding 6.7 million views is a resident of Cobble Hill Health Center in Brooklyn.

His name is Henry, a 94-year-old featured in a film trailer for "Alive Inside," an upcoming documentary that tells the story of Dan Cohen, a social worker leading an effort that uses music and technology to help with Activities of Daily Living (ADL) residents.



We already know that music improves people's moods. Cohen is leveraging the use of iPods to significantly boost therapeutic outcomes while improving staff morale and ADL efficiency.

"Our ADLs take less time when residents are enjoying their music," said Louise Dueno, TR Director, speaking at the 2012 ASA Aging in America Conference.

"Henry often sat with his head down and never engaged. When we asked him a question, sometimes he would answer it appropriately and sometimes he wouldn't," says Yvonne Russell, the facility events planner who now provides him with personalized music. "He has dementia. Using the iPod kind of woke him up. He just came alive."

Cobble Hill Health Center, a 364-bed facility, has had the program for more than three years. The program started with the 25 iPods and now has about 90 iPods available for use by residents. We have had over 130 residents use iPods to date.

By making sure that residents listen to their music prior to ADLs such as bathing, CNAs tell us that residents become more amicable to accept care. Challenging behaviors are lessened. Staff indicate that they have residents who haven't spoken, but when they hear their music, they start to sing. "Families tell us this is the best thing that ever happened," said Dueno.

"Further, they indicated that they can actually change the quality of life for a resident by giving them back some of their memories through music, one of the best impacts. Often music helps to calm a resident. They have seen challenging behaviors disappear when the music is on. Nurses and CNA just love it because it really makes the job of providing care easier," continued Dueno.

Another one of the original residents involved with the program had dementia, was very challenging and had difficulties with ADLs, and with other residents and staff. He even had altercations with other residents in what's known as the day room. Staff tried many different ways to distract him. There was no family to ask what kind of music he liked, but it was known that he had been in the Navy.

With a grain of hope, they created a playlist of patriotic music. The headphones were placed on his head and he immediately became quarrelsome, "What are you doing? What is this?" But as soon as he heard the first song, he saluted. "He stayed like that for an hour in his bed. No screaming! Everyone was amazed." The staff noticed improvement immediately. They gave him his music to remain calm during his ADLs. He even kept his music on while he ate, as the staff noticed he would eat more of his food. His change was significant even with just an hour of listening daily.

Not only have residents benefited, but so too has family, staff and the entire facility. ADLs run more smoothly and take less time to complete. There is sometimes concern from onlookers that the small players might get lost or stolen, but their use and location is closely tracked to prevent loss and theft. To date, staff report only two lost iPods in three years, a small cost for such an outreach.



"It's like fluoridation in tap water or iodine in salt," says Don Rubin, whose philanthropic organization funded the Music & Memory nonprofit behind this great success. "At such a low cost, it should be everywhere."

Please visit MusicAndMemory.org if you'd like to volunteer or for more information.



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My music, my life, my peace

*Co-Authors: Brenda Torres, CTRS and Igor Kiprovski,
Center for Nursing and Rehabilitation (CNR)*

"I began to sing Afro-Cuban music in Havana at the age of seven." Ms. Dulcelina Moon was born in Cuba. During her adolescence, she moved with her mother to Mexico and then to the United States. She began her adult music career at the age of 18 with the help of several famous local industry icons of her era. "My stage name, 'The Hindu Princess,' was created by Papa Bouche, a music producer from Florida. He owned the Latin Quarter in Miami Beach and The Villa Venice in Chicago, where I also performed. My music is my life and brings me peace."

In her heyday, Ms. Moon performed at Lincoln Center in New York City. As her memory began to return as a result of the stimulation from individualized music, she recalled the names of the producers that contributed to her claim to fame. "Marco Rizzo was my producer who created many music selections for me to perform; he was Dezi Arnez' producer as well."

Ms. Moon exhibits anger, aggression, irritability and memory loss. During her music sessions, she remains calm and recalls lyrics to long forgotten songs. Afterwards, she expresses how "it helps me remember good episodes of my life with my husband." The music provides emotional shifting and stabilizes her mood long enough for her to understand her negative behavior.

For the past two years, CNR's music project has been modified to meet each of our residents' socio-emotional needs. The first steps were to create proper assessment tools that capture a snapshot of our residents' life and past interests and assess their limitations and strengths which we were able to incorporate into their intervention plans. An interdisciplinary approach focusing on a non-pharmacological service delivery model was implemented.

The tools simplified data collection and helped us in determining the proper candidates for our program. Residents with dementia, Alzheimer's and those who are combative, aggressive or depressed are those targeted for the program. Most of our participating residents had a combination of these factors.

iPod and MP3 player libraries are customized by staff, students and family members to reflect the residents' past and current interests. Residents are encouraged to keep a journal of all song titles and lyrics they are able to recall. Workshops were held to further educate and reinforce project goals for family members and caregivers' commitment to the residents involved in this program. We have been able to successfully deliver not only a meaningful activity but one that improves resident's emotional well-being and quality of life.





Enhancing memory and lives

Caring for a person with Alzheimer's or another dementia poses special challenges. Although memory loss is the best-known symptom, these diseases also cause loss of judgment, orientation and the ability to understand and communicate effectively. Individuals require increasing levels of supervision and personal care, resulting in high levels of stress among caregivers. The Alzheimer Association reports that by 2030, the number of Americans aged 65 and older with Alzheimer's disease is estimated to reach 7.7 million – a 50 percent increase from the current 5.2 million.

For more than forty years, Coler-Goldwater Specialty Hospital and Nursing Facility has been caring for people with different forms of dementia, examples being: Alzheimer's disease and mixed dementia, characterized by the hallmark abnormalities of Alzheimer's disease. In an effort to address improvements in the quality of life of dementia patients, an innovative program "Bathing Without a Battle," was adopted by Coler-Goldwater in 2010. The program introduced special interventions to minimize combative behaviors during bathing.

Coler-Goldwater is equally excited about "Well-Tuned," a collaborative program created by Music & Memory and the Institute for Music and Neurologic Function. In August 2011, the facility was presented with a donation of 90 iPods, specifically intended to enhance the memory and lives of people with Alzheimer's disease and other dementias. Coler-Goldwater's radio station, WCGH, has an extensive library of multi-cultural and popular songs, which are downloaded and customized to the interest and background of each dementia patient.

The pilot program was implemented in February, 2012, focusing on eight dementia patients. Here is what Coler-Goldwater caregivers are saying about the Music & Memory program and its positive effects:

"The iPod memory program has been well received by the residents in the more advanced stages of dementia. Several otherwise leisurely passive residents will light up, clapping along with music, smiling, rocking, tapping feet and bopping their heads. Upon removal of the headphones, there is a noticeable difference in their attitude; the iPod music memory program certainly elicits joy and positive feelings resulting in improved quality of life."

– Cynthia Lacayo, activity therapist

"I will speak about one particular resident, who is a 90+ year old African American female with dementia. Seated in the day room, away from others, her behaviors include: spitting, crying and shouting. Collaborative efforts from administration, therapeutic recreation, psychiatry, nursing and Music & Memory, have transformed her dark, lonely world into a world of songs, music and dance. As soon as headphones are placed on her ears with the music that she loves, she is singing and smiling. It is as if the hands of time went back to her pre-dementia days."

– Milana Leviyev, A-41 head nurse

"I began working with the Institute for Music and Neurologic Function in 2000. I observed how patients who could not speak or who were aphasic, could sing when they heard music. Patients who could not walk, were able to walk when they heard music. When Dan Cohen, from the Music & Memory Program, approached me at Coler/Goldwater, I was very excited about the program. Mr. Cohen delivered the iPods and headphones and the staff received in-service training. Therapeutic recreation, psychiatry and nursing, have now implemented the program and it has been a joyous experience for both the residents and the staff."

– Margaret Rivers, associate executive director



Associate executive director Margaret Rivers and Ronald Becker, director of therapeutic recreation, chat with a patient who was listening to an iPod.





A commitment to quality

By Anne Marie Sarich, CTRS and Christina Corallo, MT, The Orzac Center for Extended Care and Rehabilitation

The Orzac Center for Extended Care and Rehabilitation has been awarded the top Five Star rating for overall quality from the federal government's U.S. Centers for Medicare and Medicaid Services (CMS), placing Orzac in the top 10 percent of nursing facilities in the country. Clearly, there is a deep commitment to providing outstanding service to residents and patients.

The iPod program began this February. The population of long term care residents was divided into two groups with 15 in the intervention group and 13 in the control group. In the beginning of the research project, iPods were provided to residents approximately two to three times a week for one hour. Staff observed and documented the reaction time of each resident when listening to their music. According to attending staff, "during the first month, we noticed that the reaction time lessened during each iPod session.

Initially, the average reaction time began at 50 minutes, with changes in their body language and facial gestures to an overall sense of transformed relaxation. After one month, the reaction time lessened to 30 minutes, depending on each individual resident."

Staff have also indicated an overwhelming positive response to the iPod Therapy Program from members of the nursing staff, the families of the residents and patients, and of course, the residents and patients themselves.

Ella is a legally blind 86 year old female who has limited interaction with others. She loves gospel music and is very spiritual. She has stated that the music makes her see again. When she hears her music, it makes her dance in her head. She remembers her family members who are long gone. Her body language drastically changes from her normal hunched over position to an upright and erect position, her eyes light up with joy and she regains her voice in song.

After approximately six weeks, iPods were introduced to a few of the short term acute care patients.

Vinny, a 55 year old male, was at Orzac as a result of double knee surgery. He was very receptive to the iPod therapy. He told us he loves rock and roll music. When asked if the iPod therapy helped him, his response was very positive. He stated that it helped him get through his daily physical therapy by motivating him to move. The most impressive statement was that it allowed him to sleep and block out all the facility noises during the night. As we know, sleep is a very important factor when in the process of healing after surgery.

The music therapist has observed an increase in cognition, a reduction of agitation, improvement in socialization

and an overall sense of self-worth and happiness as a result of iPod therapy. We continue to give the iPods to both the long term residents and the short term acute care patients. She feels it is an extension of her when she is not physically able to provide personalized music to the patients and residents of Orzac.



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Personalized music standard of care

Genesis Healthcare, a 300 resident site including 90 dementia-care patients embarked on a six-month pilot project resulting in a 100 percent elimination of resistances to morning care. Personalized music is now standard of care internally.

They identified residents with dementia who were resistant to morning care. With input from family members, playlists of their favorite music or nature sounds were prepared. Each morning 10 minutes prior to care, the headphones were put on and the staff left the room. They didn't change caregivers or change the time of care. All they did was go in with the player and play the music or sound. In 100 percent of the cases the resident was accepting of care. This result is certainly no guarantee, but that was their experience with this pilot.

They also did six month pilots with residents with dementia who had no behavior problems and another segment with residents who were cognitively intact.



If you would like to learn more about the power of personalized music or to set up your own iTunes library, go to www.musicandmemory.org 

Optimizing your rehab program

(continued from page 14)

Whether a CEO or administrator chooses to rely fully on a therapy management company, maintain an in-house therapy program, or seek guidance from a therapy expert, it is imperative to identify opportunities to strategically manage and grow a therapy program, particularly in today's challenging environment. By providing innovative clinical programming, in combination with monitoring and managing daily operations and services, all types of therapy programs

should consistently serve residents' needs and be a significant financial contributor to the facility's overall operational success.

Ms. Saunders is a physical therapist on staff with HealthPRO®, the preferred therapy provider for LeadingAge New York, serving 60+ New York State clients for more than ten years.



— A Special Person is Remembered —

*By Christine Fitzpatrick
Director, Adult Day Health Care Council*


The Adult Day Health Care Council's (ADHCC) annual awards ceremony is always special to Council members, but this year it was especially important to the Long Island State Veterans Home ADHC program and the family of Sharon Lotter, CTRS. The awards ceremony was held at the ADHCC annual conference on April 24.



**Adult Day
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The Long Island State Veterans Home ADHC won the Adult Day Health Care Council Innovation of the Year Award for their therapeutic recreation program entitled "Are You Smarter than a Fifth Grader?" This is an intergenerational program designed by Ms. Lotter that involves local fifth graders visiting the ADHC and interacting with the veterans that attend the program. The veterans and the fifth graders team up in a game-show format to answer questions developed in advance. The letters written by the students after the event to the veterans are truly heartwarming. They demonstrate not just bonding, but an appreciation of the knowledge base that our elders have.

Ms. Lotter worked at the ADHC program for six years. Unbeknownst to Ms. Lotter or her family, the program applied for the innovation award shortly before Ms. Lotter lost her battle with cancer this spring. The ADHC program director, Jean Brand, accepted the award in Ms. Lotter's honor. Ms. Lotter's parents, husband Darin (a fifth grade teacher) and her two children attended the awards ceremony and received a standing ovation from the membership.

The ADHCC Awards Committee did not know of Ms. Lotter's struggle when they reviewed the seven applications for an innovation award, but they were happy and proud to have the award presented in her honor. An innovation award was also presented at the ceremony to the Lakeside ADHC for their "Senior Health and Fitness Day Program" and to Betsy Hochhauser, LCSW of Hebrew Hospital Home Adult Day Services Program who won the award for the "2012 Outstanding Member of the Year." 



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Member News

Awards & Achievements

The Center for Nursing and Rehabilitation (CNR) reduces patient falls by 53 percent and receives national award

The Center for Nursing and Rehabilitation (CNR) in Brooklyn has been recognized by the nation's professional association of medical directors for an innovative program that reduced patient falls by 53 percent last year. The measures taken by the nursing home included changing the color of toilet seats from white to black and using mattress overlays with raised ridges to keep patients from rolling off. They could be implemented by any long term care facility.



CNR, a member of CenterLight Health System (formerly Beth Abraham Family of Health Services), received a Quality Improvement and Health Outcome (QIHO) Award from the American Medical Directors Association (AMDA) for a program titled “Enhancing Resident Safety via a Fall Reduction Initiative.”

The submission was made by the nursing home's medical director, Dr. Saka Kazeem. The prestigious AMDA awards are based on programs medical directors and care teams have implemented and demonstrated to improve the quality of life for their long term care residents. CNR Executive Director Randolph

Palmaira said being recognized for improvements to a fall-management program that could potentially impact the quality of long term care around the nation is a tremendous honor.

“Receiving a Foundation QIHO Award is particularly rewarding because this was truly an interdisciplinary team effort and it ended up being such a success,” Palmaira said. “The push came from our medical director and nursing staff, but we brought in everyone from facilities management and housekeeping to rehabilitation. This award is something our entire team can celebrate.”

“Falls are statistically a problem in any caregiving environment for the elderly and frail, and too often people end up with fractures or limited mobility,” he said. The patient-centered approaches identified by CNR made a significant difference and could do the same in other long term care facilities. “We created a safer patient environment by reducing the number of falls by a dramatic 53 percent over a one-year period,” Palmaira said. “We hope others will see the wisdom of using the same techniques.”

The CNR team selected a critical high-risk area for evaluation that could improve quality of life and reduce hospital readmissions. Staff members reviewed their existing fall-management program and then implemented several measures they anticipated would reduce falls by at least 25 percent from Oct. 2010 to Oct. 2011. In one modification, they changed a number of toilet seats from white to black to enhance depth perception and increase visual contrast – especially helpful for patients suffering from neurologic disorders such as stroke and musculoskeletal dysfunction. In another, they put an overlay with built-in side guards on the mattresses of patients who tend to get out of bed unassisted. The raised ridge helps the patient recognize the edge of the bed and gives staff additional time to respond to bed alarms.

The nursing staff discovered that many of the cognitive-impaired residents with a history of falls had issues with pain. The pain scale used to measure discomfort was revised so patients could be assessed differently, and in some cases, medications were changed or discontinued. The staff also found that 7-9 p.m. – when patients had free time and few structured activities – was a common time for falls and so began offering

(See Noteworthy on page 27)

Noteworthy

(continued from
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additional therapeutic recreation programming during those hours. At the end of the review period, results showed that the number of falls went from a high of 76 during the first quarter of 2011 to 36 by the end of Oct. 2011.

“The combined use of better assessment, better pain management, better tools and better engagement of residents during those hours allowed us to reduce falls by 53 percent,” Palmaira said. CenterLight Health System runs three other nursing homes – Beth Abraham Health Services, Margaret Tietz Nursing & Rehabilitation Center and Schnurmacher Center for Rehabilitation and Nursing – and plans to share program results to improve fall reduction rates throughout the network.

Former Director of Clinical Services Phyllis Quinlan, RN, PhD, Brenda Torres, CTRS, and Winderlind Hamilton, RN, joined Dr. Kazeem on March 9 to receive the award and present the study during AMDA's annual symposium in San Antonio, Texas.

Milestones

GuildCare Buffalo registrant celebrates 100th birthday



GuildCare Buffalo Adult Day Health Program celebrated a very special event in April, the 100th birthday of registrant Cornelia Moss. Mother Moss, as she is fondly known, was surrounded by staff, her fellow registrants and family members for this momentous occasion. Everyone enjoyed cake as well as trivia from 1912, the year she was born.

Cornelia (Williams) Moss was born on April 19, 1912 on a Cherokee Indian Reservation in Georgia. She and her mother Josephine moved to Buffalo around 1920. In 1931 Cornelia married Robert Moss Sr. They had six boys: Ronald, Robert Jr., Raymond, Richard, Reginald, and Roger; two daughters: Betty Jean and Rose Mary; and a step-daughter, Cynthia Oliver.

Mother Moss has 49 grandchildren, 193 great-grandchildren, 77 great great-grandchildren, and two great great-great-grandchildren. Congratulations Mother Moss!

Happenings

Wartburg to increase long term home care by 50 percent

The New York State Department of Health (DOH) has granted The Wartburg Adult Care Community in Mount Vernon permission to expand its Long Term Home Health Care programs (LTHHCP) by 50 percent.



Myrlhene Descollines, RN, MPA, home care administrator said, “We are extremely excited about this initiative. Our Long Term Home Health Care Program has provided in-home care services for Westchester County residents with chronic illnesses or disabilities for over 20 years. We have a team of professionals including registered nurses, social workers, physical therapists, occupational therapists, speech therapists and nutrition counselors. Our home health and personal care aides deliver in-home services, coordinated by our

registered nurses with a twenty-four hour nurse available to all clients. Now we have the opportunity to do much more.”

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"In addition, the Wartburg Licensed Home Care Services Agency (LHCSA) 'No Place Like Homecare', serves clients in Westchester and the Bronx, providing individually tailored temporary or ongoing assistance in consultation with patients, their families and their physicians," added Ms. Descollines. "We provide personal care aides, home health aides, companions, escorts to medical appointments, nursing services, social work support, physical, occupational and speech therapy services. We also take pride in training new aides, graduating several classes each year."

David Gentner, president & CEO of The Wartburg and Wartburg Foundation, said, "This go-ahead by the DOH for us to increase our program by 50 percent is significant. First, it enables us to continue to enhance our position as a major resource to keep seniors in their homes as they age. Secondly, it is a vote of confidence from the State of New York, acknowledging our success in providing the elderly with industry-leading home care programs."

Volunteers recognized and funds raised at St. Johnland

St. Johnland Nursing Center recently held two noteworthy events. Most recently their volunteers were honored at a luncheon. Administrator and CEO Mary Jean Weber recognized over 94 volunteers and thanked them for their extraordinary service to the residents over the past year.

Additionally, the organization hosted its very successful 11th Annual Food Tasting & Chinese Auction. Over 130 people attended and enjoyed the delicious food and bid on 81 Chinese Auction baskets. A total of 15 auction prizes and a vacation raffle with Southwest Airlines were up for grabs. The lucky winner of the vacation raffle that included Southwest Airlines & Marriott hotel gift cards was Mrs. Janet Broomfield from Centerport. St. Johnland is thankful to all of the generous raffle participants.



LeadingAge New York News

LeadingAge New York recently elected the members of the board of directors for 2012-2013. We are pleased to introduce four new members.

Mary Frances Barrett, Hebrew Hospital Home of Westchester

Mary Frances Barrett has served as the chief executive officer of Hebrew Hospital Home of Westchester in Valhalla since 1992. Prior to Hebrew Hospital Home, Ms. Barrett was the chief operating officer at The Wartburg Home of the Evangelical Lutheran Church, assistant administrator and administrator at Baptist Home for the Aged and an instructor at the College of Mount Saint Vincent.

Ms. Barrett has volunteered on many boards and committees and has been an active volunteer leader at LeadingAge New York, then NYAHS. She served on the former Membership Committee and as both secretary and vice chair of the Downstate Administrator's Council.

Founded in 1928, Hebrew Hospital Home Continuum of Care is a voluntary, non-profit, non-sectarian health care organization. Today, it has evolved into a comprehensive, sophisticated health care system whose mission is to rehabilitate and restore each resident to the fullest extent possible – physically and emotionally – by providing the highest standards of care and individualized treatment in modern, clean, safe and pleasant surroundings.



(See Noteworthy on page 29)

**David J. Gentner, The Wartburg and Wartburg Foundation**

Mr. Gentner joined The Wartburg's executive team in 2004 as vice president of Health Services. He was promoted to chief operating officer in 2006 and to president in 2010. He has been at the helm for many of the recent initiatives of The Wartburg, including the historic \$27,970,000 HEAL NY grant and groundbreaking of two major construction projects within these last five months – The Friedrichs Residence for Affordable Housing and the Rehabilitation and Adult Day Services Facility. He has been CEO for the past two consecutive years, as *U.S. News & World Report* has chosen The Wartburg as one of the "Best Nursing Homes in New York State."

Pastor Amandus J. Derr, chairman of The Wartburg board stated, "David has been an absolute inspiration at The Wartburg, providing visionary and focused leadership. He will bring to the LeadingAge New York's board his life-long passion for caring for older adults, his keen insights and proven experience. I commend LeadingAge New York on its wise selection. We are all fortunate that David is involved in the decision making of this vital health care organization."

Upon his selection, Mr. Gentner said, "I am honored and privileged to serve on the board of LeadingAge New York. This is a tremendous opportunity to assist in the leadership of one of the most significant associations in the elder care industry. Now more than ever, the senior health care community faces many challenges and issues that need to be addressed. LeadingAge New York has always served as the industry's compass, providing sound direction to its member organizations by identifying and establishing the standards of quality in senior care."

Laurie Mante, The Eddy

Laurie Mante joined The Eddy in 2002 and has held several key management positions in the organization, which is highly regarded for the quality health care, housing and services it provides for seniors in the Albany Capital region. Prior to accepting the position as executive director at Community Hospice, Laurie served as the vice president for Residential Services, where she had operational responsibility for seven skilled nursing facilities, six day care programs and residential and community dementia services. She was the operational project manager for the Eddy Village Green in Cohoes, the first Green House® community in the Northeast, which opened in 2008. Also during her time at The Eddy, Laurie served as the administrator of the Eddy Cohoes Rehabilitation Center and Eddy Heritage House Nursing and Rehabilitation Center.

On her appointment to LeadingAge New York Laurie said, "I am looking forward to serving on the board of LeadingAge New York. Protecting access to continuing care and helping shape public policy around the future of aging services is more important than ever. As our population ages and public resources remain strained, we will need to embrace change and partner with policy makers, regulators, clients and our communities to ensure our services are available to those who need them."

(See Noteworthy on page 30)

Bob Mayer, Weinberg Campus

Robert T. Mayer has been the vice president of finance of Weinberg Campus, Inc. and each of its subsidiaries since 1995. Mr. Mayer graduated from Canisius College with a B.S. in Finance and also graduated from the Simon School of Business at the University of Rochester with an M.B.A. in Finance, Applied Economics and Corporate Accounting. Mr. Mayer is a certified management accountant and a certified financial manager. Mr. Mayer is a member of the Institute of Management Accountants, the Healthcare Financial Management Association, Leadership Buffalo and a member of the LeadingAge Leadership Academy class of 2010.

Bob stated, "I am looking forward to serving as a Director of LeadingAge New York at a very challenging and exciting time for our field. At times like these it is important for senior living and services providers to have a strong organization that can be an effective voice for providers all across New York as many critical decisions are being made that will have an impact on our field for many years to come. I hope that by being a Director of LeadingAge New York I can in some small way help to shape a positive future for seniors in New York State. I take the responsibility of being a Director seriously and will work hard to continue the excellent work that has been done to make LeadingAge New York a powerful and respected force in Albany as well as a valuable resource for its members."



Welcome New Members

Ridgewood Bushwick Senior Citizen Homecare
Council, Inc., Brooklyn

Schuyler Hospital-Seneca View Skilled Nursing, Montour Falls

Welcome New Associate Members:

Kathleen Goff, RLPS Architects

Jennifer Picarillo, KPMG, LLP

Carol Tobin, Tobin Parnes Design

Welcome New Affiliate Members:

Fred W. Erlich, Living Resources

Mary Ann Starbuck, Southern Tier Hospice and Palliative Care

Pincus D. Zagelbaum

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Upcoming Conferences

August 20-22, 2012

Financial Managers Annual Conference

High Peaks Resort, Lake Placid, NY

November 2012

Directors of Nursing Services Conference


Directors of Social Work Conference

Location to follow

March 2013

Housing Conference

Location to follow

Click on this [link](#) to go to our educational trainings and programs page at [leadingagency.org](#). There you can access all of our training programs and many other educational opportunities by clicking on "education." 



These are just a few of the photographs from our 2012 annual conference. Don't miss it next year!