

Avila Institute NEWS



Teresian House Residents Embrace Technology

Virtual biking on a desert road, racing Porsches through Paris, putting puzzles together using a touch screen, launching music videos, etc., etc. What do these phrases describe? A high school trip through an arcade, a trip to Disneyland – maybe a visit to the local ESPN Zone? Forget all that – these experiences highlight a typical week in the therapy department at Teresian House, an exceptional home for the elderly located in Albany, New York. Teresian House, known nationally

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Avila Institute Proud to Introduce Their Seven New Geriatric Spiritual Care Graduates

On June 24, 2007, the seven students of the Geriatric Spiritual Care Certificate Program of 2007 received their Certificates at a special ceremony held at St. Teresa's Motherhouse, Germantown, New York. Each student successfully completed 65 hours of class time, 55 hours of clinical time, pop quizzes and four Reflection Papers. Since the inception of this program in 1999, 45 students have received certificates. The Avila Institute will provide a 2-day workshop on Spiritual Care in the spring of 2008 and plans to offer the Geriatric Spiritual Care Certificate Program in 2009. Watch for upcoming announcements on our website www.avilainstitute.org, or for more information please call Sr. Peter Lillian. ■



Geriatric Spiritual Care program graduates (L to R) Front Row: Sr. Shawn Bernadette Flynn, O.Carm., Katherine E. Burbank, Sr. Kathleen Duggan, R.G.S., Sr. Alice Webster, O. Carm.; Second Row: Sr. Patricia Eileen Rosinski, O.Carm., Maryellen McHenry, James P. Barry.



Congratulations to Anne Eagan and Cindy Dullaghan, the recipients of the 2007 Flos Carmeli Award.

Read the full story about our recipients on page 4.

Ozanam Hall One of First Facilities to be Awarded Excellence in Dementia Care by Alzheimer's Foundation of America.

Read the full story about the Excellence in Dementia Care Award and the first two facilities to receive it on page 8.

New Dementia Training Programs.

More information on page 9.

Avila Institute Sponsors its Annual October Seminar.

Read the descriptions of the upcoming seminar on page 10.



AVILA INSTITUTE
of GERONTOLOGY, Inc.

MISSION: TO ENHANCE THE MINISTRY OF THE CARMELITE SISTERS FOR THE AGED AND INFIRM BY PROVIDING HIGH QUALITY, AFFORDABLE EDUCATIONAL PROGRAMS RELATED TO THE CARE OF THE ELDERLY. THE INSTITUTE CREATES OPPORTUNITIES FOR INDIVIDUALS TO SHARE EXPERIENCES AND KNOWLEDGE REGARDING THEIR WORK WITH THE AGED AND CONTRIBUTE TO THE FIELD OF GERONTOLOGY THROUGH WORKSHOPS, PUBLICATIONS AND STUDIES.

AIG Newsletter

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Lines from the Laptop

As Summer is speedily passing by, I hope that everyone had a pleasant Fourth of July. Needless to say, it seems that life is passing by at an increasingly accelerated pace with the rapid approach of Labor Day! As St. Teresa of Avila's prayer notes, "God alone is changeless."

Sincere congratulations to our two Awardees of the Flos Carmeli Award – Cindy Dullaghan of Carmel Manor and Anne Eagan of St. Patrick's Manor. Through their example of dedicated service to the residents of our homes, they each seek to demonstrate and witness the spirit of Mother M. Angeline Teresa.

Since our last newsletter, much has happened. As well as the world undergoing many changes and being in turmoil in many locations, even the Avila Institute has undergone its share of substantial changes. It seems that all the changes occurred within the same time period, not allowing too much time to dwell on the fact that such turnover happened so quickly. Staffing definitely has a brand new look. Angela Somma, who so efficiently and dedicatedly served AIG for many years, has taken another position which affords her more flexibility to care for her family, which includes two very young children. Within the same time period, Erin Simmons and Mary Ann Iaccino both were offered and accepted positions

which offered definite advancement opportunities in their original fields of expertise. Thankfully, our recruitment efforts were blessed with many fine applicants, and as a result, we now have on staff Mr. John Moody and Mrs. Eileen Hilbrandt. Erin, as part of her new job, continues to work with Avila Institute now as a graphics and publishing consultant. With a resiliency, Sr. Peter Lillian rose to the occasion and has shown her amazing aptitude of being a "Master" in the "Art of Juggling." Not only has she managed to train the two new members of Avila Institute in their many duties, but also to continue much of the work of the Institute-coordinating, conducting and traveling. As one can tell by the newsletter, Avila Institute of Gerontology continues to be busy about many things.

We thank all who continue to contribute to the support and work of the Avila Institute, as we strive to continue to offer to those who serve in the various facets of healthcare an affordable resource of information and opportunities for education and for collaboration in the upcoming future. We look forward to seeing you at the upcoming Fall Avila of Institute Workshop in October as well as the other future programs and wish you a pleasant Summer. God bless each and every one . . .

Sr. M. Teresa Stephen, O. Carm.
President, Avila Institute of Gerontology, Inc.

Walking the 'Person Centered Care' Walk

Years ago I asked a successful administrator of a 900-bed skilled care facility what she thought her job was. She said her main job was "cheerleader"; she was there to make sure her staff became all it could be. I only really understood what she meant recently, when I was preparing for a presentation on trends in long term care.

I was surprised to see the magnitude of the "perfect storm" we are all in today. Today the "birth dearth" of the 1930's is reducing the census of the young elderly (65-75). Concurrently, the oldest old population (85-105) is growing at almost 4 times the average population.

As a result, most of us are admitting more dependent, frail, family-less and impoverished residents for shorter stays. Less obviously, these new residents have more and later stage dementia.

In the senior population dementia incidence doubles every five years reaching almost half of all people over 85. Recent efforts to increase home

care and reduce Long-term Care (LTC) results in residents who are admitted to facilities in later stages of dementia when behavior problems are most common.

Research shows this new dementia resident population costs 15%-20% more to care for, has much higher co-morbidities, more frequent falls and hospitalizations. They also receive about half the analgesics and twice the psychoactive medications of residents without dementia.

Especially when this change in census is accompanied with staff shortages or staff turnover facility management suffers. Traditional LTC top-down, pyramidal organization structure lacks the flexibility and frequent need for on-unit immediate decision-making.

The key to survival and performance is "person centered care" (PCC) with a unique twist. Each person in the organization has to realize that they hold the fate of each resident



Director's Report

As I have an opportunity to travel throughout the country, I am privileged to meet so many people dedicated to the elders of our society. I think each of us can take much pride in the many ways we continue to serve our elders. I have seen some wonderful innovative programs that are truly person centered. Many programs enhance the strengths and the uniqueness of each human being. I find the time I travel allows me to reflect on so many blessings the Lord provides daily. I have a chance to really listen to His words through so many people.

On one of my recent travels, I had the opportunity to meet a gentleman in an airport who had a knapsack tucked neatly in his wheelchair. This older gentleman spoke to me about many of his escapades as a young man. As he was speaking to me, he became distracted and for a brief moment showed a little panic because he was unable to find his knapsack readily. As soon as he found it, he smiled and said, "This knapsack contains who I am, I have lots of cards and pictures." I stated that I was sure each one of those cards and pictures has many stories and memories. He agreed and I asked him to share some of them with me.

As he spoke, he relayed that he was returning home from "burying his brother." His eyes filled up a little but as I asked him to share his memories he began to change his expression – he conveyed stories about each card. The time passed swiftly as I listened to his stories. After a while, he said he was grateful that he had the time to speak with me. I told him I would pray for him and thanked him for the opportunity to fill in a void as I waited for our plane to depart.

As I reflected on our time together, I began to think about the many residents we serve and the many stories each of them carries deep within the knapsack of their soul – especially our residents who have memory impairment. How often we find that a picture, a "card," a sweater or some other object evokes conversation for one who has memory impairment. I thought about how important it is for us to be present to another person – a presence that validates the person and accepts the person for all they are and have yet to become.

We, the caregivers, have a very important vocation – we are the connection for many people because we can continue to tell their stories when they no longer can. I thought about this gentleman – he shared much about himself during those 30 minutes. I thought

if he were dealt a disease that caused memory impairment would someone be able to help him re-connect to his very soul? Who would relay his stories about each of those cards and pictures back to him? Who would provide him with that connectedness that still allows him to understand his purpose? Our caregiving is a beautiful vocation for so many and it should never be overshadowed by the demand we experience.

Our ministry can be a challenging puzzle. My hope is that we never see any challenge as an obstacle, but rather as a stepping-stone. My prayer is we continue to confront challenges with courage, rather than fear, because in doing so, we will find the pieces to the puzzle that provide a unique picture that the Lord has called each of us to serve. I invite you to our October Conference October 8-10, 2007, entitled: The Long-term Care Puzzle – Piecing Together Innovative Solutions. Please visit our website, www.avilainstitute.org for the details. Please join us as we discover many solutions to the long-term puzzle.

Sr. M. Peter Lillian DiMaria, O. Carm.
Director, Avila Institute of Gerontology, Inc.

and the organization in their own hands. Getting them to realize this and accept responsibility is the trick. Organizing to facilitate "person centered care" is the second trick.

Talking the PCC talk is not sufficient. You need to walk the PCC walk. Management has to believe that "all of us are smarter than any one of us." Managers have to learn to listen and not just talk. Executive management is like sculpting. You have to believe that within every block of granite there is a "Michelangelo's David". Management's job is to find and hone it: to be a cheerleader.

Last spring, JAMA reported that using drugs for dementia behaviors was ineffective and increased mortality. In the future, having more, later stage residents with dementia will mean less drug use and more, on the floor,

behavioral health. Getting Certified Nursing Assistants (CNAs) to thoughtfully use behavioral interventions can be difficult but rewarding.

Difficult because, unlike vital signs, behavior defies definition and lies mainly in the eye of the beholder. Difficult, because it moves responsibility for resident behavior from the remote and often isolated physician, to a care provider. Difficult, because it means you have to educate, foster and trust that the judgment of your lowest paid staff will initiate the right minute by minute decisions.

In my experience, the key to making this transition lies in commitment. Hiring the consultant is easy. Funding adequate training is a little more difficult. Decentralizing decision making and pushing down decision making can be fearful. Getting up at 3:00AM to see if it

is working on night shift can be painful. However, knowing that your residents are getting proactive not reactive care, your staff is less stressed with a rising self-image. In addition, having costs better managed is priceless.

The Avila Institute of Gerontology and Behavior Science continue to design educational programs that fit the needs of each facilities' dementia concerns from Dementia Simulation, Dementia Training, Behavioral Interventions and much more. Please feel free to contact Sr. Peter Lillian for more information and details. ■

Submitted by Alfred W. Norwood, MBA,
Behavior Science, Inc., Rochester, NY

For more information visit:
www.behaviorscience.com

Avila Institute of Gerontology Honors Two Flos Carmeli Award Recipients



Cindy Dullaghan, BS, LNHA



Anne Eagan

The Carmelite Sisters for the Aged and Infirm and the Avila Institute of Gerontology offer the Flos Carmeli (Flower of Carmel) Award as a way of recognizing persons who embody the spirit of Mother M. Angeline Teresa the Foundress of the Carmelite Sisters for the Aged and Infirm. It is a way of honoring an individual who has contributed in an unique and personal way to bettering the life of our elders and advancing respect for life and this year we have two! The Flos Carmeli Award Medals will be presented on October 8, 2007 at a special prayer service during the Avila Institute workshop.

Read further for both women's achievements and accomplishments.

Flos Carmeli Recipient — Cindy Dullaghan, BS, LNHA

Cindy Dullaghan is the Assistant Administrator of Carmel Manor in Fort Thomas, Kentucky, where she has worked for 20 years. Cindy is known and admired for her enthusiastic energy and thoughtful dedication to her colleagues, residents and the Carmelite Mission. Born and raised in Marion, Ohio, Cindy earned her Bachelor of Science degree in Business with a specialization in Public Relations/Journalism from Bowling Green State University in Bowling Green, Ohio.

Cindy began her career in long-term care when she joined Carmel Manor in 1987 as the Director of Public Relations. She completely immersed herself in her work, learning as much as possible about the Carmelite Sisters Philosophy of Care and their Mission

to the Aged and Infirm. After only a year of successfully developing advertising, writing the newsletter, planning special events and coordinating publicity, she became the Director of Public Relations and Development. One of her primary responsibilities was to raise funds that would assist in offsetting the construction cost of the nursing wing that opened at Carmel Manor in 1990. She infused this important and challenging role with her energy and commitment.

Cindy's outstanding work and loving dedication had a positive affect on everyone she touched. The residents, their families and the staff of Carmel Manor were grateful for her kindness and understanding and enjoyed her presence. Recognizing her abilities as both

a co-worker and a leader, Carmel Manor's Administrator asked Cindy to become the Assistant Administrator in 1993 – a position that she holds today. She completed her administrator in training and earned her Kentucky Nursing Home Administrator's license in 1994.

Cindy is a creative and professional individual who has put her mind and heart into learning all she could to follow the example of Mother Angeline and the Carmelite Sisters who were her teachers. She visits the residents when they are sick or dying and makes sure they and the family members have all they need physically, emotionally and spiritually. She makes them feel that Carmel Manor is truly their home. She takes

Flos Carmeli Recipient — Cindy Dullaghan, *continued...*

Mother Angeline's words to heart, "to bring Christ to every person under our care, giving them His loving care, morning, noon and night."

In addition to being a loving support to the residents and their families, the staff of Carmel Manor also feel blessed to have her as part of their family. Always willing to learn new things, Cindy puts in the time and effort to keep herself informed of the many current issues and changes that take place in the field of elder care. Cindy also has a deep respect for all of her co-workers. Her open-door policy

allows easy communication with the staff, and her advice is always thorough and thoughtful – she listens to the many sides of any situation before making decisions. Her cheerful, upbeat and positive attitude is motivating and supportive to everyone around her and her love and joy shine through every day.

Cindy serves on the Medical and Moral Ethics committee and believes in the sanctity of life for all at all ages.

Cindy also manages to successfully balance her dedication to Carmel Manor with love, time and attention to her family. Cindy

has been married to her husband Steve Dullaghan for 15 years and they have two sons, Adam (13) and Kyle (11). The family lives in California, Kentucky.

Cindy is a remarkable person who has lived the Carmelite Mission for the past 20 years in example and word. Her kindness and love shows in all that she does. She loves the elderly and uses all of her gifts and talents to make sure that their needs are met from the greatest to the smallest.

Flos Carmeli Recipient — Anne Eagan

Anne Eagan has served as the Activity and Volunteer Director at St. Patrick's Manor in Framingham, Massachusetts for 27 years. Her kindness, sensitivity and gentle manner have consistently inspired the staff, volunteers and visitors with whom she interacts on a daily basis. Anne has an uncanny ability to bring out the best in everyone she works with – all of the members of her staff have a great deal of respect and admiration for her and she is cherished by the residents and their families. She handles her many responsibilities with an easy-going tenacity and a consistently upbeat outlook.

Anne earned her Bachelor of Arts degree in Sociology, with a Minor in Psychology, from Framingham State College in Framingham, Massachusetts. She also completed a Master Teacher Course at Aquinas Junior College in Newton, Massachusetts. She is certified by the National Certification Council of Activity Professionals at the Consultant Level and is a State Representative for the Massachusetts branch of the National Certification Council of Activity Professionals.

In addition to her busy and demanding work at St. Patrick's Manor, Anne serves on a number of professional boards. Anne has been the Education Chairperson for the Massachusetts Association of Activity Professionals since 2002. She also serves as a Committee Chairperson for the National Association of Activity Professionals and as a speaker for the Massachusetts Association of Activity Professionals. Anne also participates in a number of industry-related seminars and conferences.

Even with such a demanding professional schedule, Anne makes the time to participate in her local parish, St. George's, as a Choir Member and Eucharistic Minister. Anne has also been a Religious Education teacher for 21 years.

Not surprisingly, her tireless dedication to the field of elder care has not gone unnoticed – Anne has won a number of awards including: the "People Who Make a Difference" Award in Nursing Homes for Massachusetts in 1997; the "St. Ann Slattery Award of Excellence for Activity Professionals" in 1999; and "The Activity Professional of the Year" Award for Massachusetts in 2005.

Anne is dedicated to the residents of St. Patrick's Manor. She treats them all with kindness, sharing her time, talents, prayers and concerns with residents and their families. Anne provides a deep level of care to everyone around her – consoling, encouraging, laughing, crying or praying as the needs arise. She visits the sick, brings little treats to the forgotten and empathizes with family members with such grace that they feel cared for and important.

Anne's natural optimism is combined with the ability to recognize when a wrong has occurred and the determination to set things right. Dedicated to making a positive impact on the world around her, Anne often participates in trips to the State House or letter writing campaigns. She will take up the cause to defend life when the need or opportunity presents itself and does so with true faith-based wisdom.

Anne is highly sensitive to the needs of dying residents and is careful to see that they do not feel abandoned. She visits them and helps them continue to be engaged in life as long as possible. She regularly attends wakes, funerals and memorial Masses. She has great respect for the priests who visit or who are residents at St. Patrick's. She is deeply committed to the practice of her Roman Catholic faith and all its teachings.

Her kindness seems to be endless. She provides a source of great strength for those dealing with hardship and adversity, repeatedly exhibits charity to all those she has met and inspires others by her example.

Although she makes her busy daily responsibilities look easy and allows both her staff and the residents feel that they are her only focus, she has also raised a family during her tenure with St. Patrick's. Anne and her husband Dan, sadly now deceased, have two daughters, Sandy and Carolyn, as well as a granddaughter named Danielle. Anne lives in Framingham, Massachusetts.

Anne sets the standard for those around her. Anyone who has worked with Anne is inspired to bring the same kindness, compassion and respect that she shows everyone around her. ■

Congratulations to our recipients and thanks to all who submitted nominations.

Anticholinergic Medications and the Elderly: Do the Benefits Outweigh the Side Effects?



The risk for developing chronic conditions increases with age. There is a direct co-relation between chronic conditions and medication use. To quote a beloved professor, "As we age, we become increasingly complex." It is a known fact that the average elder consumes a much larger number of medications daily than the average young adult. The body's ability to detoxify and eliminate medication declines with age partly because the liver and kidneys are less efficient.

Drugs commonly taken by older adults include:

- analgesics
- anti-arrhythmics
- anti-depressants
- anti-hypertensives
- antihistamines
- antispasmodics
- bronchodilators
- antipsychotics
- anti-Parkinson drugs
- and more.

What do many of these drugs have in common? They include anticholinergic medications. The dangers of anticholinergics to the older adult have been well researched and documented for the last 25+ years. The side effect profile of an anticholinergic drug is daunting:

- dry mouth
- constipation
- urinary retention
- urinary hesitancy
- headache
- dizziness

Central Nervous System (CNS) side effects:

- sedation
- decreased concentration
- forgetfulness
- confusion
- psychotic symptoms
- confusion and disorientation

- agitation
- hallucinations
- delirium
- exacerbate pre-existing memory impairment leading to increased memory deficits

The more anticholinergic drugs consumed by the elder, the greater the risk of adverse side effects, although side effects can occur from a single medication.

Kemper, et al, published a study in the Journal of Gerontological Nursing (January 2007), entitled, 'Anticholinergic medications: Use among older adults with memory problems'. It cited that 10.3% of the 193 older adults studied were consuming one or more prescription or over the counter (OTC) medications with potential anticholinergic side effects.

- Oxybutynin (Ditropan) used to control bladder spasms and reduce urinary frequency and urinary incontinence was the most frequently used medication only available with a prescription.
- Diphenhydramine (Benadryl; also found in Tylenol PM; Excedrin PM) most often used to control insomnia, was the most frequently consumed drug available both by prescription and OTC.

Diphenhydramine was the most frequently consumed anticholinergic medication in this study.

Knowing the dangers associated with these drugs, best practice dictates that we, as healthcare providers and quality of life advocates, look at alternative, non-pharmacologic interventions for treating urinary incontinence and insomnia.

At first glance, it may seem easier to provide an antispasmodic pill than to treat urinary incontinence with Kegel exercises, prompted voiding, scheduled toileting and/or control of liquid intake, but consider the probable side effect of the "pill". This once somewhat confused resident is now a belligerent, markedly confused resident with

an unsteady gait increasing her risk for fall. She is exhibiting the signs and symptoms of a dangerous delirium.

Take, for instance, another example – the older adult living in the community is having difficulty sleeping at night. He visits his local pharmacy and finds what appears to be a non-addicting hypnotic, Tylenol PM. He, too, is now at high risk for falling, constipation, CNS side effects, and a dangerous delirium.

Encouraging good sleep hygiene habits is far better.

- No caffeine after 1pm.
- Limit alcohol intake to one daily.
- Limit liquids after evening meal.
- Light snack before bedtime.
- Treat pain symptoms.
- Quiet activities prior to bedtime.
- Back rub before bed.
- Limit daytime sleeping.
- Establish a specific sleep routine.
- Consider warm bath 30 minutes prior to bedtime.

Knowledge is power. If the person taking an anticholinergic medication to treat a medical condition is experiencing dry mouth, that is a side effect may not be troubling enough to indicate eliminating that drug. If the person taking an anticholinergic medication is experiencing the more serious central nervous system side effects, it is time to have a serious dialog with the physician.

Remember, just because an anticholinergic drug is available over the counter does not mean the drug is without dangers. Likewise, just because the prescription drug advertised on television looks like the best thing since sliced bread, we as healthcare professionals need to help educate the public and our fellow professionals on the potential dangers associated with anticholinergics. ■

Submitted by
Carole M. Stathis, MS, RN,
Independent Nurse Consultant

Teresian House Residents Embrace Technology, continued ...

(Continued from page 1) ... for its innovative models of person-centered care, has taken technology to a new level as it continually looks for ways to enhance the lives of the elders they serve.

Technology, in a traditional long-term care environment, is driven by operational improvement, medical record transmission and compliance with the myriad of regulations required to run a nursing home. Teresian House, however, is looking outside the box as it integrates technology into its models of care in unique ways. Through a partnership with It's Never 2 Late (IN2L), an adaptive computer company based in Colorado, Teresian House's therapy department is developing programming that will take advantage of the variety of multimedia content and virtual reality experiences found on the IN2L system. Jack York, Founder and CEO of It's Never 2 Late, has been astounded at the initial success of the program. "During my first visit to Teresian House last year, I sensed their team would take our system to a different level," he explains. "It's been remarkable to see how in a few short months they have already integrated our platform into their therapy programming. For several years, we have been delighted at how our systems have engaged older adults with physical and cognitive disabilities. This relationship with Teresian House is helping to take us in directions we never would have thought of on our own."

What are some of the outcomes that Teresian House has experienced? Here's a sampling:

- Resident K.G. was using the touch screen for upper extremity range of motion and stated "I feel like I'm in another world."

- Resident D.P. needed to work on endurance for standing balance and was able to remain standing for 20 minutes while doing activities on the computer. This achievement would have been unattainable without the computer to provide a diversion.
- Resident L.A. used the puzzle and painting applications while encouraging range of motion in both shoulders.
- Resident J.C., who has a left hemiplegia, used the arm bike with his right arm to maintain strength and general endurance. He also used the adapted mouse to explore the internet.
- Resident R.D. used the touch screen puzzles for range of motion to both shoulders. She also enjoys the entertainment of the old radio programs following her therapy session.
- Resident B.S. used the mouse trainer with the monitor elevated to encourage neck extension and fine motor coordination.

The system itself incorporates a variety of physical experiences launched through an icon-based, touch screen platform. Flight simulators, virtual bikes and driving simulators are examples of applications built into the platform. Adaptive keyboards, mice and other devices are included in the package to allow individuals with physical disabilities to experience the health and connectivity benefits of the internet. The system is built on a picture-based, touch screen platform that allows individuals to launch multimedia content by simply touching images that are easily recognizable to elders.

Teresian House launched the system in January of 2007, and immediately saw its potential for therapy. Nancy Demetriades, the Occupational Therapist at Teresian House has found that the system dramatically expands the tools available to the rehab team. "The IN2L system allows the therapists to custom design treatment programs for their residents, beyond the traditional means. With the use of interactive games, puzzles and internet access, as well as the adaptability of the system for residents with disabilities, we can reach our treatment goals in ways that are innovative and enjoyable for our residents. Occupational Therapy is based on achieving treatment goals through the use of meaningful activity. The IN2L system significantly increases our ability to do this."

Today this type of experience is innovative – tomorrow it will be demanded. The explosion of multimedia technologies (Google Video, YouTube, Nintendo, etc) has incredible potential for long-term care, particularly as it relates to dementia care. To harness that potential, organizations need to go beyond their typical IT infrastructure to look for creative ways to apply this type of technology.

As far as Teresian House goes, who knows what the future holds. The elders of today invented the backbone of the modern technology that we take for granted. Teresian House is building a model that lets them enjoy what they invented! ■

Submitted by
Jack York, President, It's Never 2 Late

For more information visit:
www.in2l.com



How have our programs and seminars helped you?

The Avila Institute is interested in hearing your story.

Stories and testimonies can be sent to SrPeter@avilainstitute.org.

Submitted stories will be considered for the next newsletter.



Alzheimer's Foundation of America Awards First Excellence in Dementia Care Status to Two New York Facilities that Meet National Standards

PRESS RELEASE | June 12, 2007

NEW YORK, NY — The Alzheimer's Foundation of America (AFA) recently awarded its "Excellence in Care Dementia Program of Distinction" status to the nation's first two dementia care settings that have successfully achieved AFA's nationwide standard of excellence for facilities that provide care to individuals with Alzheimer's disease or related illnesses. Both settings are located in New York City.

The 80th Street Residence, an assisted living residence in Manhattan that specializes in Alzheimer's and dementia care, was the first to earn the distinction. Soon afterward, Ozanam Hall, a skilled geriatric and short-term rehabilitation facility in Bayside, achieved the status for its dementia care program.

The voluntary standards are part of AFA's mission to raise the bar on dementia care in the United States ...

"This is an enormous distinction for these facilities, and we applaud their dedication to provide the best in care for this deserving population. We hope they serve as role models and challenge other organizations across America to proactively aspire to achieve this gold standard," said Eric J. Hall, chief executive officer of AFA, a national non-profit organization based in New York.

Excellence in Care is believed to be the first national program involving comprehensive standards, onsite evaluation, and consultation to promote continual performance improvement for dementia care settings, such as assisted living and skilled nursing facilities, continuum of care residential communities and adult day programs. The evaluation includes looking at a setting's physical environment,

safety procedures, program activities, staff-client interaction and training for staff and families.

The voluntary standards are part of AFA's mission to raise the bar on dementia care in the United States, and reflect what AFA believes to be essential components of any quality dementia care program.

Clare P. Shanley, executive director of The 80th Street Residence, called the status "very gratifying. As the only facility in New York City dedicated to memory care, it is fitting that we set the standard for the industry."

The 80th Street Residence is located on the Upper East Side of Manhattan and has 69 beds.

"The AFA program is important both to the industry and to our facility. It made us examine how our care program fits together and how we could build a better team to keep growing and exceeding our own expectations," Shanley said.

She noted that the status is important in other respects. "It highlights the importance of the professional caregivers' job...they're the unsung heroes," she said. "In addition, this status will help families distinguish premier facilities and give them the comfort of knowing that they've chosen the best facility for their loved ones."

At Ozanam Hall, where 200 of its 432 residents have Alzheimer's disease, Sister Philip Ann, the facility's administrator, called the Excellence in Care designation "an affirmation of our commitment to the care of the frail elderly in the autumn of their lives."

"This award is a public statement that an independent group has found that we are providing care at a high level and that such an operation can be maintained by the combination of religious and laypersons committed to the goals of a Christian community. It is wonderful to have the fulfillment of our mission recognized," she said.

Ozanam Hall is a ministry of the Carmelite Sisters for the Aged and Infirm, one of 21 long-term care facilities to

which the Avila Institute of Gerontology, Germantown, NY, is the educational arm.

"... this status will help families distinguish premier facilities and give them the comfort of knowing that they've chosen the best facility for their loved ones."

AFA introduced its Excellence in Care initiative last November, after designing the comprehensive program with input from the Avila Institute of Gerontology, an AFA member organization, as well as other AFA member organizations, national organizations and industry experts.

Since, AFA has trained about 40 Excellence in Care specialists in various regions to conduct on-site evaluations, consult on adjustments to comply with the standards, and work side-by-side with facilities on an ongoing basis to improve performance and best practices.

Currently, other facilities in several states are in various stages of the Excellence in Care process. For more information about Excellence in Care, visit www.excellenceincare.org or call 866-AFA-8484.

The Alzheimer's Foundation of America is a national nonprofit organization headquartered in New York and made up of hundreds of member organizations that provide hands-on programs to meet the educational, emotional, practical and social needs of families. AFA's services include a toll-free hot line, counseling, educational materials, a free caregiver magazine, and professional training. For information, call (toll-free) 866-AFA-8484 or visit www.alzfdn.org.

The Avila Institute offers Dementia Care Training and Programs for facilities. For more information please contact Sr. Peter at 518.537.5000. Read brief descriptions of the programs at www.avilainstitute.org. ■



NEW Dementia Care Training Programs

Dementia Simulation & Behavior Communication and Intervention

Dementia Simulation

This immersion training provides the participants an opportunity to experience dementia for 15 minutes. An interactive session that changes the attitudes of even the most experienced staff members.

Program Details

- One-on-one training on all three shifts
- Meetings held on all three shifts to discuss reactions to experience and next steps

Materials Include

Dementia Simulation Kit
Curriculum for Train the Trainer

Programs Include

- Free phone support Mon-Fri, 9:00 am – 5:00 pm
- Full day, public invited, seminar on Dementia to be scheduled at convenience of facility; hosting agreement includes 10 FREE registrations for facility's staff

Cost Contact us for our fee schedule

Extended 1 year Service Available

- Monthly phone conference on related dementia training designed specifically for your facility's needs
- Training curriculum for Staff Development
- Monthly \$250.00 fee for one year minimum

Behavior Communication & Intervention

All behaviors are a form of communication. This training teaches Direct Caregivers the best approaches to use for behavioral concerns. It helps staff to identify and choose appropriate interventions.

Program Details

- 1 ½ hour presentation
- Training on Unit of choice

Materials Include

Behavior and Intervention Cards
Caregiver Rounds Step-by-Step Manual

**Call us at 518.537.5000 for more information
or to schedule this program for your facility.**



2007 October Seminar

The Long-Term Care Puzzle — Piecing Together Innovative Solutions

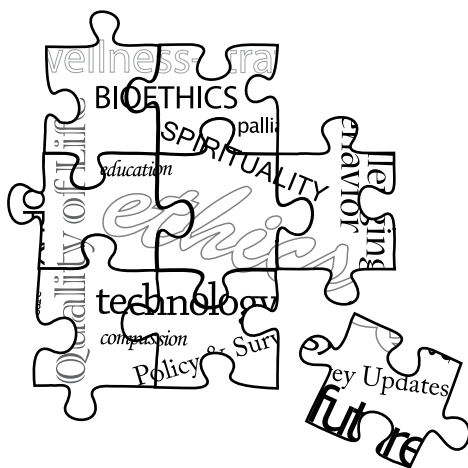
The Avila Institute of Gerontology is pleased to announce their annual October Seminar at St. Teresa's Motherhouse in Germantown, NY from October 8-10, 2007. Avila Institute believes the importance of staying current with medical advancements in the treatment of our residents, it is equally crucial that care providers are equipped with information about innovative solutions, philosophies and standards that are being used throughout the industry. In this multi-faceted three-day conference, Avila Institute has recruited speakers to cover a broad range of topics designed to empower caregivers and benefit their residents. Listed are the topics to be discussed. For more information on our October seminar topics, credit information or to register please visit www.avilainstitute.org. (Schedule and registration forms are available to download.)

The Challenge of Alzheimer's Disease — Viewing and Doing in the Case of Others

Judah L. Ronch, PhD will discuss the way we view other peoples' behavior, and the assumptions we make about what motivates them, frames our responses and our ability to be helpful. Person-centered, strength-based approaches to care of persons with Alzheimer's disease and related disorders will be discussed as a philosophy and method of enhancing quality of life for persons with the disease and their caregivers. Dr. Judah Ronch presents innovative ways to focus on interventions and the latest coping strategies when caring for residents who have memory impairment.

How Spirituality Affects Ethical Decision Making

Do spiritual beliefs or value systems impact healthcare decisions? How does spirituality affect ethical decision-making? Sr. Kathleen Cain, OSF discusses how to discern the best possible solutions to problems for both the caregiver and resident. She explores ways to recognize the influence and importance of spirituality in decisions made by residents and their caregivers.



The Long-Term Care Puzzle — Piecing Together Innovative Solutions

October 8 - 10, 2007
St. Teresa's Motherhouse
Germantown, NY

For more information visit
www.avilainstitute.org
Registrations are available for download.

Bioethics: Problems or Solutions?

Fr. Myles Sheehan, SJ, MD's presentation discusses the concept of bioethics of virtue and offers a practical approach to ethical issues in skilled care. It will help the participant to recognize that medicine is a profession of virtue. Fr. Sheehan will also discuss refocusing attention on care for the person, stewardship of resources of the community, a more national approach to aging, chronic illness, palliative care and hospice care.

Living in Balance in a World on Fast—Forward

Diann B. Uustal, RN, MS, EdD will introduce some delightfully practical wellness-strategies that are mirrors for personal reflection and springboards for change. It is designed to encourage, inspire and give insightful ideas and practical tools for personal recharging and recreation necessary to care for others.

Ethical Issues in Care at the End of Life

End of life care continues to bring many challenges and ethical issues. Brother Daniel P. Sulmasy, OFM, MD, PhD's presentation brings an overview of the ethics of withholding and withdrawing life-sustaining treatments, advance directives and the rule of double effect. Are withholding and withdrawing morally different? What is the rule of double effect? Can advance directives be seen as "preventive ethics?"

Walking the Talk: Organizational Integrity, Ethics, and an Example

Catholic health care organizations claim to be certain kinds of entities, but there is often a gap between who the organization claims to be and what it does. Organizational ethics seeks to close the gap and find alignment between the identity and the behavior of an organization. This presentation will examine the rise of organizational ethics, the meaning of organizational integrity, the role to be played by organizational ethics and its implications for ethics committees. Dr. Ron Hamel will also address some of the ethics of disaster preparedness as an example of organizational ethics.

Understanding the PACE Program and Assessing Community Need

Programs of All-inclusive Care for the Elderly (PACE) have become a permanent part of Medicare and Medicaid programs and are flourishing throughout the United States in communities of varying sizes and demographics. This session presented by Sergei Shvetzoff, BA and Jade Gong, RN, MBA will provide participants with an understanding of the PACE model of care and how to examine the feasibility of becoming a PACE provider.

Public Policy

Julie Trocchio, RN, BSN, MS and Jeff Tieman, BA will review the public policy issues pertinent to long-term care organizations and describe how leaders in long-term care can influence public policies.

Avila Institute, pre-assembly for CHA

Dealing with Challenging Residents

How do we identify the proper approach to use when dealing with challenging residents? The understanding of what makes a resident challenging and the development of a diagnostic and therapeutic schedule to provide the best care is explained. Fr. Myles Sheehan, SJ, MD discusses how effective approaches may require cooperation among a variety of clinicians, and also looks at the need to change some of our systems of care that exacerbate the difficulties.

Long-Term Care Survey Update

Janet K. Feldkamp, RN, BSN, LNHA, Esq. will provide information regarding the latest trends in survey and enforcement. With multiple changes in the interpretive guidelines, providers are finding themselves lost in the maze. Learn the new and emerging areas for survey focus and the plans from CMS regarding additional changes to the interpretive guidelines.

What could be Easier than Talking? Using Voice to Maximize Care Delivery

Maureen Ladouceur, RN, MBA will describe how voice assisted care technology is positively transforming long-term care facilities by empowering staff with instant access to care plan information. The ability to document using voice at the point of care and to communicate with one another silently using voice-activated paging, can provide solutions to clinical, financial and operational concerns. ■

On June 16th, 2007, The Avila Institute of Gerontology sponsored the workshop, "The Inevitable Change of Long-Term Care – Staying Ahead of the Curve." This workshop preceded the Catholic Health Assembly's Conference held in Chicago, Illinois and provided a number of studies, in addition to many innovative, practical steps that lead to culture change. A variety of renowned speakers presented their expertise on different approaches to handling change in the eldercare industry.

On the Fast Lane to Culture Change (Beware of Speed Bumps, Pot Holes and Roadblocks)

The experienced staff of Tersion House, a 300-bed nursing home in Albany, NY, presented the first topic, entitled "On the Fast Lane to Culture Change (Beware of Speed Bumps, Pot Holes and Roadblocks)." The speakers included Sr. Pauline Breancier, O.Carm., Administrator; Alice Evers, DON; Laurie Gorski, ADON; and Michael DelBrocco, CFO. The panel discussed change in relation to the improvements that were made at Tersion House when the facility entered into a "culture changing" movement in 1998. The new "Resident Centered Care Concept" included many new ideas and changes from the traditional nursing home routine. Empowerment was emphasized across the board. As part of this initiative, many staff members were asked to "step up to the plate" and handle situations that were previously taken care of by one of their colleagues. Advocates of the change worked to restructure duties, set up neighborhoods, change staffing philosophies and achieve staff buy-in.

The panel admitted that they did encounter some "pot holes" along the way. As with any process of change, new concerns were raised that required the facility's leaders to step back and relook at how and where they were going and how to "repave" those holes. For instance, one potential road block the team encountered was the State survey. Since the survey team was unfamiliar with the social model, survey areas were only looked at from a medical point of view. This created some issues, but once "speed bumps" were put in place to help retain the primary focus, Tersion House was able to successfully continue on their journey of change.

Keep on the Leading Edge (Not the Bleeding Edge) of Change

Drawing upon research and examples from his 15 years working with nursing homes and 30 years in technology transfer, Alfred W. Norwood (MBA) of Rochester, NY-based company, Behavior Science, Inc., presented "Keep on the Leading Edge (Not the Bleeding Edge) of Change." Norwood, talked about filling the "gap" between today's nursing facility practices and tomorrow's long-term care requirements that is caused by demographic, economic and political trends colliding with existing practices. Norwood showed how, like all preceding revolutions, the revolution in long-term care will be resolved by three main factors – substituting capital investment for labor, investing in and exploring research, and educating staff to move from predominantly chemical to more behavioral and personalized care. To illustrate his theories, Norwood provided specific examples of what the eldercare industry can do today to keep on the leading, not bleeding, edge of this revolution.

Connecting the Greatest Generation

Jack York, Founder and CEO of It's Never 2 Late, based in Englewood, CO, presented "Connecting the Greatest Generation." York pointed out that leaders of nursing homes and assisted living communities have not typically felt compelled to provide computers for their residents' use. Some explanations for this oversight include key staff members concerns about the physical and cognitive disabilities of the residents, residents' lack of technology expertise, additional expenses for the facility and skeptical resident interest. However, in a hands-on presentation, York demonstrated how programs can be set up in a variety of senior environments to greatly benefit residents of all skill and experience levels. York showed real world examples of how multimedia technologies, delivered through adaptive computer systems, deliver quality of life benefits to individuals with Alzheimer's disease and their caregivers. As York persuasively argued, today this type of system is innovative – tomorrow it will be demanded. ■

Avila Institute NEWS

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Avila Institute News can also be read at our website: www.avilainstitute.org

UPCOMING SEMINARS:

Resident Centered Dining: Dementia and Cultural Concerns

St. Patrick's Manor, Framingham, MA
September 20, 2007

The Long-Term Care Puzzle — Piecing Together Innovative Solutions

St. Teresa's Motherhouse, Germantown, NY
October 8-10, 2007

AVAILABLE FOR BOOKINGS:

Innovative Training & Services for the Care of the Memory Impaired

Dementia Simulation

Behavior Communication

Germantown, NY 12526

600 Woods Road

AVILA INSTITUTE of GERONTOLOGY, Inc.

