Newsletter for November 2019

Kristin Severson, DO, CMD, FACOI, President monkeyboymomma@yahoo.com
Paula Hardgrove, MD, CMD, President-elect paulahardgrove@gmail.com
Ron Schreiber, MD, CMD, Immediate past-resident 1707ron@gmail.com
Curt Hancock, MD, CMD, Webmaster cwhancock@gmail.com
T Rex Flygt, MD, CMD, Newsletter Editor Flygt@centurytel.net
Karen Miller, Executive Assistant KarenMiller.Rio@gmail.com
Melissa Montgomery, Executive Assistant melissa.wamd@icloud.com

News from around our organizations and our members:

Your association held its annual meeting at the Radisson in Madison October 11-12

At the annual meeting:
• Your association remains financially sound, although running a small association can be challenging.
• Kristin Severson was elected president, again; Paula Hardgrove will follow her—Raul Mateo, Anil Doniparthi, and Leah Ederer were re-elected; Ron Schreiber will serve as the legislative representative to the Wisconsin Medical Society.
• Ron Schreiber, Jay Turnbull, and Karen Miller were recognized for past service; Melissa Montgomery will succeed her.
• The 2020 meeting is tentatively scheduled for the Holiday Inn in Pewaukee on October 8th & 9th; the board will teleconference January 23rd.

Your association has also been active:
• Supporting legislation on CNA hours to align the state with the federal guidelines.
• Supporting legislating permitting non-physician practitioners to authenticate emergency care DNR orders, provide the second signature
for power of attorney for healthcare activation, and provide the second
signature attesting to terminality for Living Will activation.
• Deferring to the January board meeting a decision on joint membership
billing with AMDA—if this is important to you, contact Kristin!
• Deferring indefinitely a decision on creating a WIs-PALTCM foundation.
• Requesting the new executive assistant, Melissa Montgomery, attend the
“It’s Essential” training session to continue our CME accreditation.
• Creating the 2020 meeting program committee and reaccreditation
committee.

The scientific program—if the hyperlinks to handouts are dead, e-mail and we
may be able to find the handout
• Disaster Preparedness Timothy Vayder MD and Robert Deede RN
• The Geriatric Esophagus Eric Gaumnitz MD GI and Geriatrics
• Valvular heart disease: What the ECF provider needs to know Dr. Cherian
Varghese
• Megarule Implementation and Hospital Readmissions Brian Purcell JD
• Preparation for Patient Driven Payment Model: Jon Ollmann, North Shore
SVP Operations
• Pharmacy Update Douglas Engelbert RPh
• Mary Cohan MD Fellows Clinical Updates
• Pat Virnig RN, DQA update
• AMDA Update Christopher Laxton, CAE, Executive Director AMDA
• Lunch in the Trenches
• National Issues facing Long term Care Christopher Laxton, CAE,
Executive Director, AMDA
• Megarule Implementation Pat Virnig RN
• Coding Ronald Schreiber MD, CMD,
• Emergencies and Urgencies in LTC Perry Phillips MD
• MD-Adv Practice-Therapies-Pharmacy Collaboration Tanya Chapman,
APNP
• Infection Update 2019. Chris Crinch MD

Other News—from around our state and our partners.

Save the date for the DQA’s annual FOCUS conference in Wisconsin Dells
November 20-21. This year’s special session is “Let’s Talk About It: Topics
Too Important to Ignore” including sexual expression, abuse, and resident
rights. Teepa Snow will deliver the keynote address “Dementia 360” Go to
https://www.dhs.wisconsin.gov/regulations/training/focus-2019.htm

Save the date for AMDA’s annual conference in Chicago April 2-5.
From the Trenches - questions about the meaning of PA/LTC life.

Our immediate past-president writes:

“It has been a privilege and my pleasure to serve as the President of WAMD for the past two years. During this time, the world of post-acute and long-term care continues to evolve at a fairly rapid pace. Further provisions of the Mega Rule have rolled out. PDPM is now part of our work process. Nursing home closures, both statewide and nationwide, are accelerating.

“At the state level, WAMD is involved in greater collaboration with our colleagues from Minnesota. Dr. Ratner from the Minneapolis VA spoke on ethical issues at our 2018 meeting, and we share social time with them at the
annual AMDA meeting. WAMD is currently supporting state legislation to reduce training hours for CNAs, and to expand the roles of APNPs and PAs to better reflect their growing contributions in our field. We recently completed a successful annual conference in Madison, with Christopher Laxton, Executive Director of AMDA, giving a keynote presentation. Many thanks to those who made our conference a success, and many thanks to those who attended.

“I wish to thank the Board of Directors and our membership for their continued support of our organization. A special “thank you” goes out to Karen Miller, our retiring Executive Assistant. Her tireless work and energy kept me on task. We wish her the best in her future endeavors.

“Please welcome and support our new President, Dr. Kristin Severson. Please welcome our new Executive Assistant, Melissa Montgomery. We look forward to their vision and leadership in the future.”

--Ron Schreiber MD, CMD

**Other Reviews**—publications from around the world of geriatrics and PA/LTC.

**Hospitals rethink ERs ahead of growing wave of senior frequent fliers**

Submitted by *kschmitt* on Mon, 12/03/2018

The fast-paced, noisy environment of an emergency room isn’t always conducive to the needs of aging patients.

On top of that, seniors may come to the emergency room for a single problem like a fall, but they often have underlying conditions such as memory loss or mobility issues that go untreated, which can lead to repeat hospital visits.

As the country faces a deluge of older patients, emergency departments nationwide are seeking ways to improve their care. This year, the [American College of Emergency Physicians (ACEP)](https://www.acep.org) started accrediting emergency departments for geriatric care. The organization not only looks for improvements in the physical environment — such as easy access to food, drink and mobility aids — but also for a more comprehensive approach to the distinct health needs of older adults.

The idea, according to geriatric emergency medicine expert Dr. [Kevin Biese](https://www.acep.org), is to not only to address a patient’s fracture but to do everything possible to keep that patient from falling again. That approach is part of the larger movement toward team-based care for patients with complex needs.
“By thinking not just of that day’s care but of their care downstream, we can change the trajectory,” said Biese, an associate professor of emergency medicine at the University of North Carolina at Chapel Hill.

Making it official

Since the first emergency departments (EDs) were accredited on May, 23 have received the designation and about 100 have begun the accreditation process, according to Biese. These hospitals span the gamut from large academic centers to smaller community hospitals.

While data is still preliminary, there have been some positive signs already, Biese said, such as a 9 percent decrease in return visits to the ED within 30 days at Aurora Sheboygan Memorial Medical Center in Wisconsin.

For reporters covering their the local hospital, the certification offers a more meaningful indicator than hospital marketing, said Dr. Zia Agha, the chief medical officer at the Gary and Mary West Health Institute, whose founders contributed $11.8 million to launch a geriatric emergency department in La Jolla, California.

Agha cautioned reporters to be skeptical when hospitals describe themselves as a geriatric emergency department without accreditation (it might just mean they added better lighting or non-skid flooring).

Calling air traffic control

At the Gary and Mary West Emergency Department at UC San Diego Health in La Jolla, California, about 2,000 patients have received specialized services since the hospital received the designation this year, Agha said. Seniors who arrive at their emergency department are treated by a team of specialists in geriatric medicine who focus on senior-specific issues such as fall risk, cognitive and memory problems, and medication interactions.

Agha offered the scenario of a senior who trips and falls in her house. She comes to the emergency department, where she’d typically be assessed for a fracture. After that, she’d either be sent home or admitted to the hospital because she was deemed unsafe.

But that might not be enough. “The one thing we know about seniors is they’re not just older versions of you and me,” Agha said. “When you evaluate a senior, you need to have a much broader perspective.”

Underneath that broken bone could be a whole host of underlying conditions that led to the fall, such as overall weakness or memory lapses. If those issues aren’t addressed, the patient is more likely to return again and again to seek care.

With a team approach, that patient would also receive screening tests to gauge her cognitive ability, strength, and nutrition. Maybe a social worker
would discuss home health care, or the patient might receive a physical therapy appointment. She might also need a consult with a psychologist. If necessary, she might receive a walker or wheelchair or be connected to a food or medication delivery service. Within her home, she might need adjustments such as bathroom safety railing.

“A lot of this is air traffic control – making sure all the resources get to the senior to make sure she can recover,” he said.

**Shouldn’t every ER do this?**

I asked Agha and the other experts whether the certification might encourage seniors to only attend specific emergency departments. Shouldn’t it be the mission of every emergency department to provide services to geriatric patients?

Agha said the goal is to raise geriatric care for all emergency departments by putting in place higher standards of care. While some ERs might have space and resources for a special senior section, others will simply add safety features to existing rooms. More commonly, services and staff training for seniors will be bolstered in the department.

**Dr. Michael Malone**, a geriatrician and the medical director of Senior Services for Aurora Health Care, a not-for-profit health care system headquartered in Milwaukee, said it’s important to prepare the health care workforce for the distinct needs of older adults. He pointed to a screening tool for older adults now being used in his health system’s emergency departments known as the “road test.” Nurses do a timed assessment of a patient’s gait and balance to determine their risk for a future fall – and connect them to resources they might need such as physical therapy or mobility aids.

For the emergency department staff, that screening process has also broadened their own perspectives, added Aurora’s Aaron Malsch, a registered nurse, and the senior services program coordinator. Sometimes, providers learn that an elderly patient doesn’t have transportation to get to the pharmacy for medications – something that could be sending them back to the emergency room over and over again. The team might help connect a patient with a primary care provider, talk about how to de-clutter the house or teach them exercises to improve balance.

“We can provide the best diagnosis and treatment, but you need to put that in the fuller context of a human being and the life they live,” Malsch said.


**Reflections:**
My bucket list—seeing northern lights in Wisconsin

**The Wis-PALTCM Mission Statement**

It will be the purpose of this organization:

- To promote quality and compassionate medical care for patients of all ages in post-acute and long-term care.
- To establish better communication among physicians serving as medical directors and other providers.
- To promote better communication between medical directors and
  - other post-acute and long-term care professionals,
  - various long-term care associations, and
  - officials of various government agencies.
- To represent medical directors in defining their roles and equitable compensation.
- To serve as a conduit between AMDA and the WAMD membership.
- To conduct continuing education programs, emphasizing the area of geriatrics and post-acute and long-term care.
- To promote a better understanding by the public of issues concerning the post-acute and long-term care facilities and residents.
- To support evidence-based treatments and best practice policies to manage post-acute and long-term care facilities.