

Caring *for the Ages*



An Official Publication of
THE SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE™

IN THIS ISSUE

Love Means...

A sincere apology can go a long way to heal broken feelings and protect against legal action. **2**



Pain and Staff Distress

Pain is often tricky to recognize in demented residents, but when it's properly treated, staff distress improves too. **3**

Medication Reconciliation

This three-step process helps the clinician eliminate drugs of questionable benefit to the resident. **4**

Research Collaboration

Several disciplines in PA/LTC are banding together to form collaboratives that expand and improve nursing home research. **6**

Nursing Challenges

Financial insecurity, leadership changes, and staffing problems can diminish the intended impact of QAPI. **14**

No Storm Too Big for Medical Director of the Year

Joanne Kaldy

During a recent snowstorm that dropped 10 to 12 inches of the white stuff, Joshua Schor, MD, CMD, medical director of West Orange, NJ-based Daughters of Israel, arose well before dawn. He wanted to be at his facility early in case any staff couldn't make it in, and he had to help feed residents at breakfast. Although everyone did manage to get to work, Dr. Schor would have welcomed being called into action. "I love feeding residents. Part of being a good leader is a willingness to roll up your sleeves and help out where you can.

"You can't be embarrassed to do something just because you're the medical director. Staff and residents alike appreciate the help, and it lets them peer into your life a little and see you as a person and not just a practitioner," Dr. Schor told *Caring*.

This attitude is why Dr. Schor's team, residents, families, and others love him, and supports his selection as the Society's 2017 Medical Director of the Year. Although everyone around him admires him, he said he was "flabbergasted" to hear he had won this award. Not only was it "a much-appreciated recognition of what I do," it was an honor for his entire team, he said. "The award reflects



Photo courtesy of Joshua Schor

Medical Director of the Year Joshua Schor helped establish a successful post-acute facility and an interdisciplinary wound care team at Daughters of Israel.

on all of us. Everyone at my nursing home can walk a little taller and take pride in this honor."

That Dr. Schor goes the extra mile every day doesn't surprise his team. "Everyone knows him," said Susan Grosser, executive director of Daughters of Israel. "He walks by every morning

and stops to say hello to everyone. He exemplifies someone who is concerned with the humanistic aspects of health care, and he is committed to residents' quality of care and comfort. Everyone adores him."

See **NO STORM TOO BIG** • page 8

Renovations Big and Small Can Help Make the SNF More Like Home

Carey Cowles

With more focus on the concept of person-centered care, skilled nursing facilities are exploring ways to make their residents feel more at home. One way some facilities are doing this is by renovating existing structures and interiors to create a more homelike environment that encourages more social contact. Other facilities are looking at

the interior design and flow of the resident common areas and rooms, and re-designing them with an eye on safety and ease of movement. And some simply want to make small changes to make an institutional setting feel more like home.

"I really look at settings that support person-centered care — how do we create an environment that allows residents

to express autonomy and preference and have those preferences honored?" said Margaret Calkins, PhD, executive director of The Mayer-Rothschild Foundation, which is dedicated to improving quality of life in long-term care. She spoke at the Pennsylvania

See **RENOVATIONS** • page 10

MISS THE 2017 ANNUAL CONFERENCE?

2017 Annual Conference Recordings
Available - CME & CMD Included

www.prolibraries.com/amda



THE SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE™

No Storm Too Big

from page 1

“Dr. Schor is beyond approachable,” Colleen Thompson, assistant administrator, added. “It doesn’t matter who you are, or what function you have at the home; he will do anything asked of him to help another fellow human being.”

Power of Change

Schor believes in the power of systemic change. In 2014, he helped establish an interdisciplinary wound care team to systemize pressure ulcer management. “We established monthly meetings with nurse managers, dietitians, and therapists. We implemented new protocols and equipment, as well as created a liaison with an external wound specialist who visits once a week. It was a great opportunity for me to teach about wound care and give both our director of nursing and certified wound care nurse specialist an opportunity to share and validate what they do.”

It helps to keep the post-acute unit philosophically and physically separated from the long-term care community. “The acuity in the post-acute unit is higher, and the level of tension and energy is similarly high.”

As result of this effort, the facility’s wound numbers improved, and the staff has seen dramatic improvement in the healing of complex wounds. Much like the morning report, which he tries to attend daily, the wound meeting ensures that he hears about all wounds at every meeting. Dr. Schor said that “good medical direction requires systematic ways of gathering our residents’ data points on a routine basis — ideally, no problems should escape notice.”

Dr. Schor also played a leadership role in creating a separate post-acute unit that opened in 2009 at Daughters of Israel. “At one time, long-term care facilities could survive financially with just long-stay patients. Today, you need a post-acute unit to compete. In fact, this often is the engine that drives the facility. Because of the alternative payment systems, we [post-acute units] have become the center of attention for acute care systems. They see that for them to succeed, they need to understand what post-acute is and how they can work with us.”

Be careful what you ask for, however, Dr. Schor said. “It’s challenging now that we’re in the spotlight. We have to show that we are engaged and competent, and

we have to be more responsible about sending people home. We can’t just say goodbye and discharge them. We have to ensure that they are prepared to go home and that they have the support and tools they need to succeed — and not end up back in the hospital or our facility.”

He noted that post-acute care has changed dramatically. “Our average patient is 90 and often on expensive biologic and chemotherapy agents for advanced cancers. We have to manage these patients and keep them from being readmitted to the hospital while addressing prognoses realistically with families.” He said post-acute centers and units not only should care effectively for patients but also consistently communicate their value to other entities in the care continuum.

“You have to pick your battles carefully in post-acute,” Dr. Schor said. He noted that it helps to conduct careful assessments up front and develop relationships with payers so that you can make successful appeals if the patient needs more time in the facility that is being covered. “As a medical director, it is helpful to know who is coming into the facility. If I can be part of admission process, it is helpful,” he said.

Dr. Schor said that it helps to keep the post-acute unit philosophically and physically separated from the long-term care community. “The acuity in the post-acute unit is higher, and the level of tension and energy is similarly high,” he said. The staff experiences a different kind of stress than those working in traditional long-term care. However, he noted, “Sending people home improved and happy to be home is a refreshing tonic that those working in long-term care often don’t get.”

Good Communication

Everyone agrees that Dr. Schor is a good communicator. “You can never overcommunicate,” he said. To increase opportunities for staff to share their thoughts and concerns, he helped start a program called “Caring Conversations” through a NJ Council for the Humanities grant. “We get a vertical cross section of staff from all departments together and watch movie clips, read a poem, and so on about aging — something to talk about and get a conversation started. It promotes effective teamwork and enables us to get to know each other.”

He said the staff have shared some emotional stories about their life journeys — many came to this country as refugees at a time when that word is so fraught — “powerful things that I would never have known if not for these conversations.” Dr. Schor presented the conversation program last month at the 2017 Annual Conference. His wife, Lori Schuldiner, an international grants manager who advocates on behalf of Holocaust survivors, was able to attend as well, which was especially meaningful as they both are involved in improving the lives of the frail elderly.

Dr. Schor is deeply involved in staff education — from mentoring one-on-one to leading inservice programs and special projects. As a team leader, the medical director needs to “gauge what staff want and need to know. You don’t want to give them information that is not useful for them. Visuals available online are particularly well received,” he said. “Put yourself in staff’s shoes and try to imagine what information and tools will help them do their jobs better and enjoy their work more.”

Under Dr. Schor’s leadership, Daughters of Israel participated in a national training course to reduce catheter-associated urinary tract infections (CAUTIs). “He recently brought us on board to participate in a training program to reduce UTI infections. Everyone signed on and got involved,” said Ms. Grosser. “It was a bit of luck,” Dr. Schor explained. “We participated in a national cohort study. We realized that we were using an obsolete policy, which I don’t think we would have discovered had we not opened ourselves up for this study. We were able to change not only our policy but our daily practices and our culture.” As a result, the center has achieved a 0% CAUTI rate in its first cycle. “It should be noted that the buy-in and hard work of my administrator, director of nursing, and assistant director of nursing were crucial to get this project up and running.”

Dr. Schor is the author of the book *The Nursing Home Guide: A Doctor Reveals What You Need to Know About Long-Term Care*. Writing this, he said, “was a real high for me. It was a wonderful experience to put thoughts to paper.”

Dr. Schor has been a Society member for several years, but he remembers his first Annual Conference vividly. “I felt like I had found my tribe — people who loved their work as much as I did,” he said. Over the years, the Society “has allowed us to progress as a profession and a specialty, and I’m proud of the organization for that.”

Shortly after joining the Society, Dr. Schor took the Core Curriculum course and became a certified medical director. “I really enjoyed the coursework. The program helped me step back and look at the big picture,” he said. “The Core Curriculum program helped me become a better team leader. A lot of my philosophies about health care systems and culture came from the program.” Even today, if he has a question about a regulatory, clinical, or other practice issue, he knows that he can call a fellow CMD and get answers quickly.

Making a big picture bigger, Dr. Schor is also a part-time medical director since 2006 for Optum Complex Care Management (formerly known as Evercare). Through this program, he has been able to peer into the daily goings-on in hundreds of nursing homes and post-acute settings across the country. The ability to teach and review cases with advanced practice

clinicians across the country, Dr. Schor said, is central to his role as a geriatrician. His favorite quote is from H.G. Wells: “Civilization is a race between education and disaster!”

Looking Ahead

Dr. Schor is always alert for new ideas and opportunities. For example, through a cantor colleague at a local synagogue, he learned about the now well-known Music and Memory program and brought it into his facility. He read an interesting article in *The New York Times* about an innovative dementia program and sent it around to staff, seeking their thoughts on how it could be implemented at Daughters of Israel.

Dr. Schor remembers his first Annual Conference vividly. “I felt like I had found my tribe — people who loved their work as much as I did.”

Looking ahead, Dr. Schor sees challenges, but he is confident that working with his colleagues, team members, and the Society will provide answers and success stories, particularly as they relate to the growing number of PA/LTC residents. For example, he said, “We are seeing a growing number of younger patients — those incapacitated by trauma, drug issues, and illnesses such as ALS [amyotrophic lateral sclerosis] and multiple sclerosis.” In addition to the Society’s information series kit on this topic, Dr. Schor looks forward to new efforts from the organization and his colleagues on this issue. He also looks forward to working with the Society and others to address the challenges of patients who have psychiatric issues or dementia and agitation. “We need to figure out what to do with these patients,” he said. “If we can’t care for someone because he or she is too violent or agitated, it is difficult to find another setting for that person. We need to work at solutions that protect our residents and staff while meeting the needs of mentally ill individuals.”

“Dr. Schor is very humble and modest, and he exerts a positive influence over others. He leads by example and treats everyone with compassion and kindness,” Ms. Grosser said. “He helped work on a coat drive in the winter, and he delivers sandwiches and clothing to the homeless. He mans the grill and serves food at resident barbecues. He is genuinely and consistently concerned about other people. We are so fortunate to have him as our medical director.”

Senior contributing writer Joanne Kaldy is a freelance writer in Harrisburg, PA, and a communications consultant for the Society and other organizations.