

Geriatric Best Practices Compendium

“Successful and Sustainable Systems and Methods”

The Geriatric Best Practices Initiative, funded by The Duke Endowment in collaboration with the South Carolina Hospital Association, The SAGE Institute has explored, evaluated and cataloged senior healthcare and non-healthcare practices across South Carolina and its bordering regions. The Initiative researchers have visited more than 200 sites and explored more than 100 senior services.

The Initiative’s focus is to:

- Enhance collaborative opportunities among geriatric healthcare providers, community services and government agencies, enabling them to share ideas and knowledge.
- Improve access to innovative types of geriatric services to senior adults in all areas of South Carolina and the region.
- Increase awareness of innovative best practices in geriatric services to healthcare organizations, community services, and educational institutions across the state and in the region.
- Educate the South Carolina legislature on the importance of best practice standards.

Senior service practices have been evaluated based upon the following criteria.

To be chosen as a best practice, senior services must:

- improve the quality of life for seniors;
- have sustainable quality and benefits;
- have future benefits;
- be integrated with health care and the community;
- have proven measurable outcomes;
- Be financially self-sustaining or provide a cost-loss reduction.

Over 200 potential Geriatric Best Practices have been explored across South Carolina and the region! The top 16 best practice presentations and 11 best practice poster sessions have been identified. The resulting best practices were presented at the Geriatric Best Practices Conference, Geriatric Best Practices: Successful and Sustainable Systems and Methods, which was held at the Mills House Hotel, April 21, 22 and 23, 2004 in Charleston, South Carolina.

GERIATRIC BEST PRACTICES INITIATIVE CONFERENCE COMPENDIUM

TITLE: Developing Comprehensive System-Wide Senior Service Strategies and Gaining a Healthcare System's Support for Senior Services

AUTHORS: Judy Baskins, Director, Geriatric Services, Palmetto Senior Care; Paul Eleazer, M.D., Director, Division of Geriatrics, Department of Internal Medicine, USC School of Medicine, Columbia, SC

ABSTRACT: Palmetto Health Alliance and the University of South Carolina (USC) School of Medicine have developed an overall integrated strategy for senior services that is a best practice. Palmetto Health Alliance is private non-profit health system, while the USC School of Medicine is a community-based medical school. Palmetto's and USC's senior-focused strategies cross the spectrum of health care, education, research and community outreach. The mission of the system is to meet the needs of older South Carolinians, their families, their communities, and health care providers through coordinated service, education, and research. The Geriatric Best Practices Advisory Board has evaluated their matrix of senior services as the most comprehensive in the state of South Carolina. Their ability to provide these comprehensive senior services is a direct result of gaining hospital buy-in to their goals and plans for services.

TITLE: A Successful Model for Long Term Care Services: Addressing All Care and Economic Needs

AUTHORS: Seneca Foote, Chief Executive Officer, Alexian Village of Tennessee; Viston Taylor, Chief Executive Officer, Alexian Brothers Community Services, Chattanooga, TN

ABSTRACT: Alexian Brothers of the Southeast is a best practice at providing quality long term care services for all seniors, across the continuum of care and across all economic levels. Its success at doing all it can to maximize independent living while providing all levels of long term care services, including spiritual support, shows commitment to quality of life for seniors. The Alexian Brothers of the Southeast is financially successful due to their focus on providing a matrix of services for seniors at all economic levels. Services include independent living apartments, assisted living, nursing homes, an Alzheimer's facility, adult day care, caregiver support programs, PACE all-inclusive care, low income homes, lives at home prevention and continuum products, CHOICE individual service products, etc.

TITLE: Successful Use of Community Volunteers and Fundraising to Improve Seniors' Quality of Life

AUTHOR: Jayne McQueen, President, Mobile Meal Service of Spartanburg County, Inc., Spartanburg, SC

ABSTRACT: For over 25 years, Mobile Meal Service of Spartanburg County has implemented this best practice model that provides meals and services to over 2,000 seniors across Spartanburg County and surrounding areas. Being totally self-funded (\$1.5 million annual budget/additional \$1.5 million in reserve) and with over 1,880 volunteers, Mobile Meal Service is an expert at gaining community volunteer and fundraising support. Mobile Meal's service

include providing daily meals; medical support through nurse visits; referrals to and coordination with physicians, pharmacists and other community agencies; assistance with transportation, medicine, utility emergencies, etc.; and reducing loneliness and isolation for recipients through listening, encouragement and prayer.

TITLE: Developing Quality Caregiver Support and Respite Care Programs: The Ark Adult Respite Care Program.

AUTHORS: Peg Lahmeyer, Director, Ark Adult Respite Care, Summerville, SC, Karisa Derence, Alzheimer's Specialist, North Carolina Division of Aging; Len Erker and Wilhelmenia Pledger, Project C.A.R.E. Family Consultants, Western Carolina Alzheimer's Association; Marsha Ghent, Mecklenburg County, DSS

ABSTRACT: The Ark Adult Respite Care Program and Project C.A.R.E. (Caregiver Alternatives to Running on Empty) are best practices that have used "outside of the box" thinking in order to provide quality support for caregivers. The Ark Adult Respite Care program provides offers solace to families living with Alzheimer's Disease or Related Dementia in a Christian environment. It offers group social respite care and sums up its philosophy and practices with the comment, "It is not them and us; everything is identified as 'we.'" Being promoted by DHHS across the state of South Carolina as a best practice model, The Ark has a 1:2 volunteer ratio and very high satisfaction survey scores. It has two locations and has recently developed an in-home education program to provide in-home education to caregivers about dementia, care giving strategies and community resources.

TITLE: Developing Quality Caregiver Support and Respite Care Programs: Project C.A.R.E.

AUTHORS: Peg Lahmeyer, Director, Ark Adult Respite Care, Summerville, SC, Karisa Derence, Alzheimer's Specialist, North Carolina Division of Aging; Len Erker and Wilhelmenia Pledger, Project C.A.R.E. Family Consultants, Western Carolina Alzheimer's Association; Marsha Ghent, Mecklenburg County, DSS

ABSTRACT: The Ark Adult Respite Care Program and Project C.A.R.E. (Caregiver Alternatives to Running on Empty) are best practices that have used "outside of the box" thinking in order to provide quality support for caregivers. Project C.A.R.E. is a three-year demonstration project funded by the Administration on Aging Alzheimer's Disease Demonstration Grants to States Program. Consisting of collaboration between six agencies, Project C.A.R.E. serves six North Carolina counties. Operated within the community-based contexts of an Alzheimer's Association and DSS, Project C.A.R.E.'s two Family Consultants and one Family Caregiver Specialist go into rural and urban homes of referred Alzheimer's caregivers in crises. The Consultants/Specialists offer consumer-directed guidance, counseling, support, advocacy, coaching and education for caregivers. The aim is to match families with the most appropriate and preferred local respite and community services.

TITLE: Initiative for Integrative Aging: A University and Healthcare System Develop Community-Wide Programs for Educating Staff, Seniors, Community and Students on Successful Aging Methods

AUTHORS: Marcia Caserio, Director, Western Carolina University, Hendersonville, NC; Sandy Smith, R.N., Ph.D., Senior Vice President, Margaret R. Pardee Hospital, Hendersonville, NC

ABSTRACT: The Initiative for Integrative Aging is a collaborative effort between the Margaret R. Pardee Hospital and Western Carolina University (WCU) focusing on educating residents of Henderson County and nearby communities on successful aging. Their mission is to enhance the lives of adults as they age, fostering increased quality of life, decreased morbidity, independence, and extended longevity. This best practice model is a 3-Part Program – Caregiver Series (Spring of Your Life), Great Life Series, and Gerontology Certificate Program with Master’s option. The Caregiver Series focuses on educating staff (CNAs, RNs, LPNs) on geriatric topics. Participants receive a certificate of completion from WCU upon completion of 11 sessions. The Great Life Series focuses on educating seniors on successful aging topics through retreats and sessions. The academic program in gerontology offers working professionals an opportunity to obtain a Gerontology Certificate (15 semester hours) or Health Science Master’s with Gerontology as a major. The academic program is designed for adults who work full time and features a review of the aging process and the latest research that supports successful aging. Students design research projects that can be implemented within their workplace and community. Additional aspects of the Initiative include weekly radio shows focusing on successful aging, community conferences, and others.

TITLE: Providing Successful Senior Transportation Services

AUTHOR: Gail Reyes, Executive Director, Generations Unlimited, Barnwell, SC

ABSTRACT: The “Local Motion” rural transportation service is a best practice transportation model managed by Generations Unlimited (Barnwell County Council on Aging). Generations Unlimited’s strategy is to successfully manage all available government transportation contracts in order to increase available transportation for seniors. Providing transportation seven days a week across the county lines, it serves over 1,800 people including those who qualify for Medicaid transportation assistance, back-to-work transportation assistance, etc. In 2002, it conducted 66,699 trips and managed 23 fifteen and seventeen passenger vans. Other services include home care; congregate and home delivered meals; senior center program and activities; outreach, information, and referral; respite services; caregiver support services; and health and wellness. “Local Motion” can be used to access medical services, employment, educational opportunities, community services, retail merchants, conduct business, or visit relatives. This service is very unique and offers benefits to seniors in the service area.

TITLE: Developing Quality Hospice Programs: Providing Expert Palliative Care, Quality Caregiver Support and Family Respite

AUTHORS: Nancy Boyle, Former President/C.E.O., Hospice of the Upstate, Anderson, SC; Joy Girrard, Chief Operating Officer, Hospice of the Upstate, Anderson, SC

ABSTRACT: Hospice of the Upstate, a best practice, nationally known hospice facility and home hospice program, is highly respected throughout the state and Southeast. Starting over 15 years ago, this program has been successful at building and maintaining strong community

support, which has allowed it to be financially self-sustaining through reimbursements, donations, capital campaigns, etc. Hospice of the Upstate began through an alliance with Anderson Medical Center, the YMCA, a free clinic, and the Westside Community Center. A monthly average of 700 volunteer hours and strong family support services help Hospice of the Upstate to accomplish its mission. Hospice of the Upstate has 32 in-house hospice beds. Its goal is to keep the patient in the home...and much of its service is through the home hospice program. Outstanding community support is allowing expansion of its buildings and services to include walking paths on 54 acres, a 350 seat volunteer and education center, an outside auditorium for concerts, additional thrift shops, leasing a building in Easley, and expanding the dining room.

TITLE: Senior Mentor Program: Education and Training through Direct Interaction with Senior Adults

AUTHORS: Ellen Roberts, M.P.H., Ph.D., Associate Director of Geriatric Medical Education, University of South Carolina School of Medicine; Joshua T. Thornhill, IV, M.D., Assistant Dean for Clinical Curriculum, University of South Carolina School of Medicine, Columbia, SC

ABSTRACT: The Senior Mentor Program is a best practice in geriatric undergraduate training that pairs freshman medical school students with a community senior. The program is part of a funded grants designed to enhance undergraduate medical education in Geriatrics that includes multiple components. The goal of the Program is to expose undergraduate medical students to healthy, community dwelling, older adults through a long-term experience. This program provides a patient contact experience early in the medical training, in order to improve knowledge of the aging process and to have a positive effect on students' attitudes toward caring for older adults. The Senior Mentor Program allows students to enhance their knowledge and skills through clinical and social involvement with the senior mentors. Students work through modules and geriatric assessments with the senior mentors. Education and training providers from multiple professions will benefit from learning about this best practice.

TITLE: Developing a Successful Community-Based Case Management Program

AUTHORS: Sandy Smith, Ph.D., R.N., Senior Vice President, Margaret R. Pardee Hospital; E. Keith Ford, L.C.S.W., Director of Care Coordination, Margaret R. Pardee Hospital, Hendersonville, NC

ABSTRACT: The Margaret R. Pardee Hospital has developed the Community-Based Case Management (CBCM) program that provides long-term case management for seniors who are disabled and/or have chronic disease and are at high risk for hospitalization. This best practice program focuses on meeting the health, social, financial, spiritual and psychosocial needs of the participants by sending nurses into their homes to manage their care. Results show proven reduction in length of stay, hospital admissions, emergency room visits, and more than \$169,000 savings for the hospital in the last two years.

TITLE: Just1Call: One Call Referral Services Providing Professional Support and Information for Seniors

AUTHORS: Alan K. Geltman, Former Special Project Coordinator, Mecklenburg County Department of Social Services, Mecklenburg County, N.C.; Michael Taylor, M.A., M.S., Social

Work Supervisor, Mecklenburg County Department of Social Services, Mecklenburg County, NC

ABSTRACT: Just1Call is a best practice, award-winning senior information and assistance program that provides a phone and Web site referral system for Mecklenburg County seniors and adults with disabilities. Just1Call provides one-stop access to comprehensive information and assistance, assessment of need, resource coordination, advocacy, linkage to services and products, and follow-up. Currently funded entirely by the County, the program was three years in planning and development and has been operational for three years. With a 25 percent growth rate in 2002-2003, Just1Call uses master's and bachelor's-prepared social workers to answer the phones and talk people through the problem-solving process, linking senior citizens, adults with disabilities, families and caregivers, and service providers to needed services. Highly respected within the state and across the country, its extensive database of service providers and programs is co-maintained by Just1Call and the United Way of Central Carolinas, in a highly successful public-private collaboration.

TITLE: Providing Senior Transportation Services Through a Matrix of Service Options and Operations

AUTHOR: Katherine Freund, President and Executive Director, Independent Transportation Network, Portland, ME

ABSTRACT: The Independent Transportation Network (ITN) is a nationally recognized award-winning best practice that serves as a multi-service transportation model for seniors. ITN is a community-based, non-profit transportation alternative that uses cars and paid and volunteer drivers to take people where they need to go. It serves people age 65 and older and people with visual impairments that prevent them from driving. The project has three phases: Phase I – The Sustainable Model (complete), Phase II – Replication and the Affiliated National System (current), and Phase III: National Rollout (future). This community-based, economically sustainable, non-profit transportation model for seniors operates 24 hours a day, seven days a week, using automobiles and both paid and volunteer drivers. Financial support for the project comes from the AARP, the Transportation Research board, The Federal Transit Administration, the National Highway Traffic Safety Administration, and numerous other donors. The ITN service models the comfort and convenience of private automobile ownership while incorporating the benefits of mass transit efficiency through shared rides and advance planning. There are no restrictions of purpose or limitations on frequency of use. ITN has just received a planning grant from the Federal Transit Administration for a national rollout of the model. Senator Susan Collins and Congressman Tom Allen are introducing a bill in Congress in January 2004 for a five-year ITN American rollout.

TITLE: Improving Patient Wellness & Services by Adopting the Chronic Care Path Preventive Program & Working with the Council on Aging

AUTHOR: Ann Lewis, Executive Director, Care South Carolina, Hartsville, SC

ABSTRACT: Care South Carolina is a non-profit organization that manages six medical offices across the mid-state region and Low Country of South Carolina. Its best practice includes how it has aligned medical services with the local Council on Aging to facilitate easier access for seniors to additional support services. In addition, Care South Carolina has become nationally known for its successful efforts at realigning sites to focus on a best practice “chronic care-path

approach” that places emphasis on the system and the patient. Trained by the Institute of Healthcare Improvement (IHI) and the Bureau of Primary Healthcare (BPHC), it focuses on proactive health management with both healthcare providers and patients taking new roles and responsibilities for care. Services are provided according to patient’s ability to pay. The system of care involves hospitals, nursing homes, private providers, health and social agencies, educational systems, and community organizations.

TITLE: Developing and Sustaining a Model Senior Center through Community Collaborations

AUTHORS: Jill Jackson-Ledford, Executive Director, Lowcountry Senior Center, Charleston, SC; Cynthia Shaffer, Executive Director, Senior Action of Greenville, Greenville, SC

ABSTRACT: The Lowcountry Senior Center and Senior Action of Greenville are two senior service organizations that are best practices in strengthening programs and services through community collaborations. Lowcountry Senior Center unifies the community towards its focus of providing quality senior activities building towards a healthy lifestyle. Senior Coalition, the City of Charleston, and Roper St. Francis Healthcare have worked together on this grass roots effort to develop a strategic plan for Lowcountry Senior Center, to conduct fundraising efforts, and to manage the now-existing center, which opened in May 2002. Senior Action of Greenville develops numerous collaborations across the community in order to strengthen the services offered to seniors within its organization. Collaborations with universities, healthcare systems, government agencies, and others lead to Senior Action being a leader in the state with its senior activities and services. The model for the center is based on the six dimensions of wellness and includes a holistic approach to aging. The center encourages self-responsibility, self-management of chronic conditions. Its target population is persons age 50 and over.

TITLE: Developing Successful and Respected Geriatric Services within a Healthcare System

AUTHORS: Jan McNamara, Geriatric Clinical Nurse Specialist Coordinator, Geriatric Resource Nurse Program; Nancy Smith-Hunnicut, Coordinator, Dementia Responsive Care Program; Cornelia Scibetta, Palliative Care Nurse Coordinator, Mission Hospital, Asheville, N.C.

ABSTRACT: In collaboration with other departments of the hospital, Mission Hospital’s Senior Services department has developed best practice, geriatric-focused programs to improve the quality of care for elders in acute care settings. Its three-program strategy includes the Geriatric Resource Nurse (GRN) Program, the Dementia Responsive Care (DRC) Program and the Palliative Care Consultation Program. The goal of the GRN Program is to improve care and reduce complications for hospitalized elders by educating nurses to recognize common geriatric syndromes and risk factors and to intervene appropriately. The Dementia Responsive Care (DRC) Program, supported by The Duke Endowment, provides education and proven interventions to multidisciplinary staff regarding person-centered care while involving caregivers in planning for hospitalized patients with dementia. The Palliative Care Consultation Program includes a hospital-based multidisciplinary consultation team that provides advance care planning, symptom management and consultation to patients who are living with life-limiting illness and their families. Methods to develop senior-focused programs through nursing and multidisciplinary teams will be discussed.

TITLE: Developing Successful Community-Based Safety and Abuse Prevention Programs for Seniors: Elder Supportline

AUTHOR: Elisabeth Spencer, Coordinator, Elder Support Line, Charleston Police Department, Charleston, S.C.

ABSTRACT: The Elder Support Line best practice has been in existence for the last 17 years, beginning when the Charleston Police Department (CPD) recognized gaps in services for older adults. Managed by the CPD, Elisabeth Spencer, coordinator, has served as a full-time, certified, victim advocate for abused and neglected seniors. The call-in line is used by seniors, families, medical facilities, mental health organizations and law enforcement to report senior abuse and neglect. As mounting incidences of senior abuse developed, the Department determined that this service was vital to ensure seniors were in a safe environment after abuse or neglect. The Coordinator is a liaison between the seniors, the court systems, the families, the agencies, etc, continuing support until the senior is in a stable and safe situation. Today, thousand of lives have been affected by the helpline's support.

TITLE: Developing Successful Community-Based Safety and Abuse Prevention Programs for Seniors: Greenville Senior Watch

AUTHOR: Sergeant Brian Donnell, Greenville Senior Watch, Greenville County Sheriff's Department, Greenville, S.C.

ABSTRACT: Greenville Senior Watch is a best practice developed and managed by the Greenville County Sheriff's Office designed to give a daily check-up call to home-bound senior citizens of Greenville County. A computer with an auto-dialer calls each voluntarily registered senior with a pre-recorded message from the Crime Prevention Unit. Its focus is to let seniors know that the Sheriff's Office cares and will help seniors. After seven unsuccessful tries in a day, a report is generated, family is contacted, and an officer goes to the senior's address to ensure he/she is safe. The service is provided at no cost to seniors, and minimal action is required from officers, unless a home visit is necessary. While not a perfect system, it keeps seniors from falling through the cracks, and could be implemented by senior care programs, health care systems, or other organizations.

TITLE: Quality Dementia Care: A Hospital's Successful Outpatient Gero-Psych Program and An Alzheimer's Assisted Living Continuum of Care

AUTHORS: Nicole Cavanagh, L.M.S.W., Director, Behavioral Health, Newberry County Memorial Hospital; Anil Juneja, M.D., Medical Director, Newberry County Memorial Hospital; John P. McNaught, Senior Vice-President, Diamond Healthcare Corporation; Will J. Sohn, Outreach Coordinator, Newberry County Memorial Hospital, Newberry, SC; Chris Amspacher, Executive Director, The Haven Alzheimer's Assisted Living, Greenville, SC; Amy Perkins, Resident and Clinical Services V.P., Resources for Senior Living, Inc., Charlotte, NC

ABSTRACT: The Newberry County Memorial Hospital Outpatient Gero-Psych program has been nominated for an American Psychiatric Association (APA) Service Treatment Award. Managed by Diamond Healthcare Corporation and reimbursed by third party payers including Medicare, this best practice is profitable for the hospital, is proven to improve continuum of care, and is located within the hospital. The practice's goal is to reduce, prevent and/or avoid unnecessary inpatient hospitalization by providing specialized psychiatric treatment to elderly

patients suffering from cognitive and behavioral deficits associated with dementia, as well as treatment for mood and affective disorders. It also provides a continuum of care by assisting patients' transition back into their homes and communities. The Program has 100 percent patient satisfaction, is 100 percent JCAHO compliant, and is the only group-structured outpatient behavioral health program for the elderly in South Carolina. The Haven, an Alzheimer's and dementia care residence, is privately owned and operated by Resources for Senior Living, Inc., a company providing exceptional assisted living. The Haven is a private-pay assisted living community with locations in Greenville, Columbia, Charlotte and Texas. Its unique quality is the continuum of care focus, providing assisted living arrangements in three neighborhoods and clinical support for those who do not qualify for skilled nursing. Twenty-four hour, seven day a week nursing staff helps to support this best practice as a leader in Alzheimer's and dementia care.

TITLE: Successful Eden Alternative Integration in a Long Term Care Setting

AUTHORS: Mountainview Nursing Home, Spartanburg, South Carolina

ABSTRACT: The Eden Alternative is a new and unique approach to sharing care among Elders, guided by 10 principles. The concept is fostered by the belief that individuals thrive in a garden setting; a place where animals, children, plants, and all individuals (young and old) are nurtured. It is a movement away from the medical model and pyramid form of decision making to the front-line empowerment of residents and staff. It is a plan of overcoming the three plagues (loneliness, helplessness, boredom) and making all of life worth living. The program has been successful for several reasons; include a commitment to others' opinions, positive vision, and stable staffing with low turnover rates. Eden Alternative is completely self-sufficient and is needed and replicable in other communities.

TITLE: Successful Strategies for Improving Communication/Care and Minimizing Risk in a Long Term Care Setting

AUTHORS: Carriage Hills Plantation Nursing and Rehabilitation Center, Aiken, South Carolina

ABSTRACT: The purpose of this best practice is to build communication, educate families about the diagnoses facing their loved one and help families understand the aging process. This occurs by breaking down the admission process into three steps, admission, post-admission conference, and diagnosis profiles. The three steps help foster communication and trust with the families, help to resolve issues with family members and help the family to understand disease progression, and help to ease the patient's transition from another type of facility to the nursing home. Ultimately we hope to form realistic expectations about the potential outcomes as it relates to their loved one.

TITLE: Grandma's House: A Place for Intergenerational Healing

AUTHORS: Westminster Care, Orlando, Florida

ABSTRACT: "In our mobile society, older adults can provide services that communities cannot buy...As experienced caregivers, they are invaluable to the childcare services and supportive services in hospitals and other social service agencies." Grandma's House is a 60 bed facility with 36 beds for disabled youth and 24 beds for seniors. The seniors act as "grandparents" to the

youth, reading bedtimes stories, rocking the babies, and tucking them in at night. The intergenerational activities enrich the lives of the seniors as well as the children. Successfully implemented, the program has proven to be self-sustaining.

“Rationale for Linking the Generations,” Sally Newman, Ph.D., University of Pittsburgh Center for Social and Urban Research. (1977) Publication number 130.

TITLE: Increasing Retention and Reducing Turnover through Staff Involvement

AUTHORS: NHC Healthcare, Garden City LLC, Murrells Inlet, South Carolina

ABSTRACTS: Staff involvement in the hiring process of CNAs leads to less turnover. The recruitment process involves the existing staff, and gives them an investment in the success of the new employee. Staff involvement with interviewing and training develops new and current skills. Longevity for new employees leads to rewards and recognition for existing staff. Existing and new staff are constantly challenged and given opportunities for additional education and training, including CNA II, ongoing in-service education, and attendance at state-sponsored educational conferences. Types of recognition include CNA of the Year, team player of the week, and service pins on employment anniversaries.

TITLE: Rural Minority Care Management Using Geriatric Coordinators

AUTHOR: Esther M. Forti, Ph.D., R.N., Associate Professor, Director, South Carolina Geriatric Education Center, Associate Director, MUSC-Center on Aging Studies, Department of Rehabilitation Science, College of Health Professions, Medical University of South Carolina

ABSTRACT: The purpose of the program was to develop an innovative, integrative, comprehensive service delivery system of care coordination and management for older residents in three rural community health centers in South Carolina. The overall aim is to improve the quality of health, medical care, and social support available to older adults. Often, health center clinicians and staff are called upon to spend a large amount of time performing non-medical tasks such as helping clients find transportation, accessing indigent drug programs, or applying for public eligibility programs. In order to relieve the clinician of non-medical requests, a new type of paraprofessional, a trained geriatric coordinator, served as a client advocate through case management, health promotion, and linkages with local social service agencies.

TITLE: Geriatric Long Term Care Curriculum

AUTHORS: Spartanburg Regional Healthcare System, Network Geriatric Services, Spartanburg, South Carolina

ABSTRACT: The Long Term Care Curriculum was developed primarily for the nursing staff in long term care facilities. (...But can be used elsewhere!) The program consists of five (5) days of lecture, discussion, and interactive presentations on a variety of pertinent geriatric topics such as diseases of the elderly, drugs for the elderly, pain management, and advance directives.. Potential students for this program may include nurses, social workers, administrators, pharmacists, speech, occupational, physical therapists, and activity directors. Measurable outcomes include pre/post-test scores to determine knowledge and gain in new knowledge, and evaluative comments. This concept could easily be integrated into community health education programs, if barriers to implementation are overcome.

TITLE: Successful Palliative Care and End of Life Models: Advanced Care Planning Training Program and the Palliative Care Focus Project

AUTHORS: Carolina Center for Hospice and End of Life Care, Columbia, South Carolina

ABSTRACT: In 1999, The Carolinas Center received funding from The Duke Endowment and the Robert Wood Johnson Foundation/Community State Partnership to launch a variety of end of life related initiatives. Among them was a comprehensive program aimed at training professionals to promote conversations about advance care planning and encouraging consumers to engage in those conversations with family, loved ones, and health care providers. After looking at numerous models, The Center adopted the Respecting Choices program model. Developed in LaCrosse, Wisconsin by the Gunderson Luther Health System, the program includes instructor training, facilitator training, special populations training, and instructional tools that have been useful across North and South Carolina. Additionally, The Center developed its own consumer education materials including a topical brochure about advance care planning, an advance care planning guide and wallet card, and is currently finalizing a community education toolkit, all to be addressed later.

TITLE: Healthcare Administration Teaching CNA Training at Technical School: Improving Learning and Retention

AUTHORS: Chester County Hospital and Nursing Center, Chester, South Carolina

ABSTRACT: This program is a health care provider training program that prepares individuals to care for seniors in the long-term care setting under the direction of qualified professionals. It is a collaborative effort between York Technical College, who extends the opportunity to teach and train under a state approved program, and Chester County Hospital & Nursing Center, who provides the qualified instructors and the training site. The program benefits the community in several different ways including “free” education and technical training, helps develop a more employable candidate to the job market, and reduces the financial burden on the community social services agency.

TITLE: Successful Rural Hospital Mental Health Program: “Sitter” Inpatient Non-Violent Crisis Intervention for Potential Behavioral Health Challenges

AUTHORS: Marion County Medical Center, Marion, South Carolina

ABSTRACT: This program was initiated in an effort to: provide one-on-one, continuous observation of psychiatric patients held in the emergency department and those admitted with medical problems awaiting placement into a psychiatric facility. After studies and review of state requirements for rooms/holding areas, the patient sitter program was started in November 2001. Sitters are hired on an as-needed basis, and are cost-effective. For geriatric patients, the sitters are used to help prevent falls when family members cannot stay; in 2003, this led to a 65% decrease in patient falls associated with a decrease in injuries and radiology costs. The use of sitters also eliminated the usage of soft restraints for geriatric patients.

TITLE: Pathways in Caring: 12 Web-Based Modules Ready to Share for Education of All Caregivers

AUTHORS: Duke University Medical Center, Department of Community and Family Medicine, USA School of Medicine

ABSTRACT: The program was developed in a collaborative effort between University of South Carolina Medical School and the Department of Community and Family Medicine at Duke University Medical Center, with the input of caregivers who are the target population. This program educates and supports caregivers through live support groups that integrate online modules, accessed through a Caregiver Website. It helps to surround caregivers with others in similar situations with whom they can share their care giving experiences. The modules expose caregivers to technology and introduce them to new ways of accessing resources that can help them take better care of themselves and their loved ones. All of the modules are easy to read, easy to navigate, and give the user the ability to explore further based on comfort level. The modules are easily replicable and can be customized for use in different environments.

TITLE: Lifetime Discoveries Intergenerational Daycare: Improving Seniors' and Children's Quality of Life

AUTHORS: Piedmont Agency on Aging Senior Center, Greenwood, South Carolina

ABSTRACT: Lifetime Discoveries is a full-commercial child care center housed in Greenwood's new Senior Center facility. It operates as a project of Piedmont Agency on Aging in Greenwood, SC. At this shared-site facility, children and seniors occupy separate program space, but come together for regular, "intergenerational" activities such as music, arts and crafts, and gardening. Senior volunteers also offer classroom support. Located in a separate wing of the facility, Lifetime Discoveries currently enrolls 115 children, from infant to after school age. The project is licensed by the Department of Social Services. While not formally evaluated, the success of the program has been shown by full enrollment, successful intergenerational programs, and strong community support. Lifetime Discoveries can easily be replicated in other communities.