Pennsylvania Geriatrics Society
Western Division

An affiliate of the American Geriatrics Society

Volume 25 No. 2
Fall 2021

We invite you to attend the society's virtual Fall Program. While we were looking forward to an in-person event, the society's main concern has been and remains protecting the health and welfare of all attendees. We look forward to welcoming you to what promises to be a superb presentation.

Pennsylvania Geriatrics Society – Western Division

SAVE THE DATE
NOVEMBER 10

Fall Program

The Problem of Alzheimer's: How it became a crisis & what we need to do

Featuring

Jason Karlawish, MD

Professor of Medicine, Medical Ethics and Health Policy, and Neurology;
Co-Director, Penn Memory Center
Director, Penn Healthy Brain Research Center
Director; Outreach, Recruitment, and Retention Core of the
Penn Alzheimer's Disease Research Center

Jason Karlawash is a physician and a writer. He researches and writes about issues at the intersections of bioethics, aging, and the neurosciences. He is the author of The Problem of Alzheimer's: How Science, Culture, and Politics Turned a Rare Disease into a Crisis and What We Can Do About It* and the novel Open Wound: The Tragic Obsession of Dr. William Beaumont and has written essays for The New York Times, The Washington Post, Forbes, The Hill, and the Philadelphia Inquirer.

*A definite and compelling book, the Problem of Alzheimer's, shares largely untold stories the history of the Alzheimer's crisis, discussing the science, the missed opportunities, and the reasons for hope.

This program is designed to educate healthcare professionals and to explore how Alzheimer's came to be described as a crisis and a look into the benefits and limitations of pharmacotherapeutics, such as drugs targeting brain beta amyloid. Attendees will gain insight into the opportunities to improve care for persons living with dementia.

Virtual Zoom Meeting

In Collaboration with the
Jewish Healthcare Foundation

Complimentary Registration for Members
(RSVP is required)

Guests are Welcome
Guest fee (all healthcare professionals) - $25

Registration begins October 1st
Visit www.pagswd.org

A confirmation will be sent to the email address you provide, upon successful registration.

This program is sponsored by
The Pennsylvania Geriatrics Society – Western Division and University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences

Questions: Contact Nadine Popovich at 412.321.5030 / npopovich@acms.org

AGENDA

6:00 pm Welcome – *Christine Herb, MD - President*

We invite you to engage with our Vendors during our Exhibit Showcase. Attendees who visit with all vendors will be entered in a drawing to receive a copy of Dr. Karlawish's book.

6:45 pm Fall Business Meeting – Pennsylvania Geriatrics Society – Western Division,
Christine Herb, MD, President

7:00 pm The Problem of Alzheimer's: How it became a crisis & what we need to do
Jason Karlawish, MD

8:00 pm Q&A with Dr. Karlawish
Moderator: Christine Herb, MD

8:30 pm Conclusion

President's Message

As president, I am pleased to report that our organization remains strong, active and growing. As you will read in the following pages, 2021 has been a productive year despite obstacles imposed during a pandemic. I hope you had the opportunity to attend our first virtual annual clinical update offered in the Spring.

Despite its virtual format, the clinical update continued to have strong attendance and provide relevant, current, and practical knowledge to our attendees. Just as in 2020, so many uncertainties remain with the pandemic and we are thankful for our membership and all healthcare workers who have continued to work hard on the front lines. Looking forward to the rest of 2021 into 2022, I am hoping the society continues to increase membership among trainees to grow the profession of geriatrics as well as undertake new initiatives of engagement and volunteerism in our communities at large.

Given the continued challenges of the COVID-19 pandemic, the final program for 2021 (Fall Program) will again take place virtually on Nov. 10, 2021. This year's program features guest speaker Jason Karlawish, MD, who will be discussing the challenges of Alzheimer's disease from a scientific, cultural and political perspective. He also will discuss the newly FDA-approved medication for treatment of Alzheimer's, aducanumab, and its potential benefits as well as limitations. A broad spectrum of CME and CEU credits will be offered to attendees ranging from social workers and pharmacists to nurses and physicians. Mark your calendar and join this virtual program Nov. 10 as the evening promises to be both educational and thought-provoking.

A recap of highlights from this year include:

- The *Clinical Update in Geriatric Medicine* - The conference yielded a robust attendance, and comments and evaluation scores were superlative. This premier educational event provides outstanding and timely education to all geriatric healthcare professionals, whether it is in-person or virtual.

Dr. Herb

Our conference footprint expanded as we welcomed registrants from numerous states, including California, North Carolina, New York, Texas, and Washington. For the first time in the history of the course, we welcomed attendees from Germany, New Zealand, Puerto Rico, Saudi Arabia and Singapore. The conference, designed by the PAGS-WD planning committee, consists of a consortium of your colleagues, including those from the community, academic and payor sectors.

- *Geriatrics Teacher of the Year Award* - Initiated in 2016, this award recognizes outstanding teachers for their dedication and commitment to geriatric education and who have made significant contributions to the education and training of learners in Geriatrics. The call for nominations will begin Oct. 1. I encourage all members to submit a nomination on behalf of a fellow colleague.

- *David C. Martin Award* - Named after Pittsburgh's first full-time geriatrician, this award provides financial support for medical students and other trainees who have had scholarly work accepted for presentation at the national meeting of the American Geriatrics Society. A student may receive up to $1,500 for travel, registration and hotel costs. Since its inception, the Society has granted more than $80,000 to awardees.

President's Message

- Resident and fellow interest remains strong, with recruitment of nine new resident and fellow members this year. This brings the total number of resident and fellow members to 35. The Society waives membership dues for the length of training. We hope this initiative will be a pipeline to bring young physicians into our organization.

Christine Herb, MD

Membership

2022 Member Dues and NEW Membership Fee Structures

The Board of Directors approved a new fee structure in June 2021: 1-year and 2-year memberships are offered for physicians and healthcare professionals.

Physician: 1-year Membership - $75
Physician: 2-year Membership - $140

Healthcare Professionals: 1-year Membership - $50
Healthcare Professionals: 2-year Membership - $90

Current members will be receiving notification requesting which yearly level they would prefer. Please respond to the email so we may update the database and revise your 2022 invoice to reflect the 1-year or 2-year payment.

Members will receive the E-statement on Nov. 15. A link will be provided on the E-statement for online payment (Visa, Mastercard, Discover). Paper statements will be mailed to members who do not have an email address on file. A check made out to "PAGSWD" may be sent to 850 Ridge Ave., Pittsburgh, PA 15212. Contact the society office at (412) 321-5030 if you wish to provide a credit card number over the phone.

RECRUIT A MEMBER!

The Fall Program is the perfect opportunity to strengthen our membership. Consider inviting a colleague to participate in the program. The nominal guest fee of $25 includes the entire program. Forward the Society website, www.pagswd.org, for program registration and to download the membership application.

30th Annual Clinical Update in Geriatric Medicine

The 30th Annual Clinical Update in Geriatric Medicine Conference will take place March 31 through April 1, 2022. After careful consideration by the Course Directors and Board of Directors and reviewing the positive responses from the inaugural virtual conference in April, the decision was made to offer a virtual experience for 2022. We are excited to build on the success of the last conference by adding enhancements to provide an exceptional experience for attendees.

Course Directors Shuja Hassan, MD, Neil Resnick, MD, and Lyn Weinberg, MD, along with the Planning Committee members, have started initial planning. The team is committed to creating a superb program which delivers practical, as well as an evidence-based approach, and identify speakers whose expertise is nationally recognized with their ability to share their knowledge in a practical, succinct and entertaining way to facilitate its easy incorporation into a practice.

This well-respected, American Geriatrics Society (AGS) award-winning course is jointly provided by the Pennsylvania Geriatrics Society - Western Division (PAGS-WD), UPMC/University of Pittsburgh Institute on Aging, University of Pittsburgh School of Nursing, and University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences.

Conference credits include AMA PRA Category 1 creditsTM, AAFP, Nursing, Risk and ACPE credits. Members of the PAGS-WD receive a discount when registering.

We look forward to providing another engaging and robust virtual experience and appreciate your patience as we continue planning! Visit https://dom.pitt.edu/ugm/ periodically for details on the course.

PAGS-WD Hosts Inaugural Virtual Clinical Update in Geriatric Medicine

The 29th Annual Clinical Update in Geriatric Medicine conference was held April 8-9, 2021. Under the leadership of Course Directors Shuja Hassan, MD, Neil Resnick, MD, and Lyn Weinberg, MD, who worked with the planning committee, our shift to a virtual conference was deemed the most responsible path to maintain safe conditions for attendees, presenters and exhibitors.

Photo provided by Nadine Popovich

Screenshot from the virtual Clinical Update in Geriatric Medicine: In the top row, from left, are Ashok Krishnaswami, MD, Daniel Forman, MD, and Shuja Hassan, MD; in the bottom row, from left, are Nicole Orr, MD, and Parag Goyal, MD.

This premier two-day educational event in the region attracted more than 340 attendees who participated in a hybrid of live and recorded sessions. The conference attracted registrants from numerous states, including California, North Carolina, New York, Texas, and Washington. For the first time in the history of the course, we welcomed attendees from Germany, New Zealand, Puerto Rico, Saudi Arabia and Singapore.

It was important to continue to offer healthcare professionals an educational conference which helps provide superb care to older adults. Overall evaluations and comments were extremely positive. Many attendees recognized and appreciated the convenience of attending a session from their home or office, while participating in excellent educational sessions. An added benefit for all registrants was the ability to view recorded lectures and download the handout materials for several months after the conclusion of the conference.

With the fastest growing segment of the population comprised of individuals more than 85 years of age, this conference is a premier educational resource for healthcare professionals involved in the direct care of older people. Presented by the Pennsylvania Geriatrics Society - Western Division, UPMC/University of Pittsburgh Aging Institute and University of Pittsburgh School of Medicine Center for Continuing Education in Health Sciences, the program offered an evidence-based approach to help clinicians take exceptional care of these often-frail individuals.

Highlights of the meeting included additional time for attendees to interact with presenters through live question-and-answer (Q&A) sessions. Each presenter was available after their session to continue the dialogue and answer questions. This new component to the course was extremely popular and well-received.

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Back by popular demand, a Geriatric Cardiology Expert Panel was included in the agenda with Parag Goyal, MD, MSc, providing an update in heart failure; Ashok Krishnaswami, MD, MAS, FACC, discussing a case-based approach of balancing benefit and harm during hypertension treatment in older adults; Nicole Orr, MD, FACC, presenting post-acute cardiac management; and Daniel Forman, MD, offering a statins update.

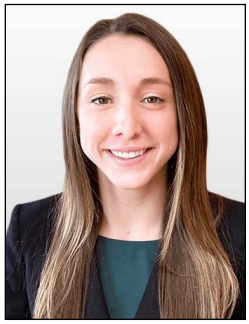
Immediately following, the cardiology panel participated in a live, rapid-fire Q&A session. Moderated by Shuja Hassan, MD, the session attracted more than 290 attendees and included a framework for each presenter to comment and host dialogue with their colleagues on a variety of cardiology questions.

Thank you to our Premier Sponsors: Highmark Blue Cross Blue Shield - Allegheny Health Network and UPMC Health Plan, and to all the exhibitors who sponsored the program. The Virtual Exhibit Hall featured 14 exhibitors and offered attendees the opportunity to engage with representatives to learn more about their products and resources. Congratulations to the winners of the raffle (sponsored by the Society): Brian Carfagna, Kathy Caudle, Fay Crawshaw, Adam McMonagle and Linda Roberts.

Planning for the 30th Clinical Update in Geriatric Medicine, to be held March 31 - April 1, 2022, has commenced. Program details can be found on the Society website at www.pagswd.org, and those interested in the program are encouraged to visit the site periodically.

PAGS-WD announces recipient of David C. Martin award

The Pennsylvania Geriatrics Society - Western Division is proud to announce the 2021 recipient of the David C. Martin Award: Ms. Kate Amodei, a fourth-year medical student attending the University of Pittsburgh School of Medicine.



Ms. Amodei

Ms. Amodei's abstract was accepted for poster presentation by the American Geriatrics Society (AGS) at their 2021 Annual Scientific meeting, held May 13-15 as a virtual meeting.

This prestigious award supports student interest in the field of geriatric medicine. The award was named after David C. Martin, MD, who established the first geriatrics fellowship in Pittsburgh. The ultimate goal is to encourage and prepare future physicians in the field of geriatric medicine.

A Patient's Gift

Meera Babu, MD

It was the beginning of my last year of residency. I was feeling what I suspect many senior residents felt, burnt out. I was on night shift in the medical intensive care unit (MICU). In this MICU, there is typically one senior resident and the attending working alongside each other. It is one of my favorite rotations because it is where I became comfortable running a MICU. I personally felt responsible for these patients, more so than on any other rotation. As I was sitting in the MICU, taking a moment to myself before the night started, I could not help but reflect back to my intern year. I was the July 1st intern who found myself in the MICU. During medical school, I had never experienced an ICU rotation. To say that I was unprepared would be an understatement. I did not understand the medicine behind vasopressors or ventilator management; I did not even know how to present an ICU patient.

On my very first day of residency, there was a code blue on a young cirrhotic patient. A senior resident looked at my co-intern and me and yelled in a shaky voice, "Go talk to the family." The patient was bleeding everywhere; he even required a cricothyrotomy because his airway was filled with blood. We rushed to his family, who was anxiously waiting in the ICU waiting room. However, it was at that moment both my co-intern and I realized we did not know what to say. All we could muster was he had lost a pulse and the team was working to get it back. We ran back to the patient's room, and everyone looked at us, wanting for an answer. We did not understand their looks. We told them we updated the family. The code team asked, "What was their decision?" We did not have an answer. We said, "They want to keep going." CPR was continued until a senior MICU fellow asked a junior fellow to speak with the family. In about five minutes, he came running back in and said, "The family wants us to stop." I understood then what my senior resident meant when she asked me to speak with the family. She meant that we not only update them but also make them understand this situation was not reversible. I honestly did not feel that I had made a difference to that patient or that patient's family. I walked through residency believing I had to do everything in my power to prevent such a terrible outcome.

I realized how far I had come since that day. I was now able to manage a MICU by myself, of course with the oversight of an attending. The MICU had been split between two floors. One was a COVID MICU unit and the other was a non-COVID MICU unit. The night started with a COVID patient on optiflow desaturating. She had been alternating between optiflow and BiPAP for over a week now. I had taken care of her during the daytime the previous week. I knew that she enjoyed her crossword puzzles and that she was close to her family. She had a feisty personality. Because I worked the daytime shifts the week prior, I had spoken to her family every day. I had formed a rapport with her daughters and granddaughter. They always ended the conversations with "Please let her know we love her." I always promised I would, and I did every day. That night, there were goals of care (GOC) discussions held with the patient, her family and the day team. The patient used an iPad to discuss with her family whether or not she would want intubation. She was still deciding but leaning toward full measures. She wanted to keep fighting this awful virus.

When I went to evaluate her, she had desaturated while

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switching from optiflow to BiPAP. I told the respiratory therapist and bedside nurse to give her time. She most likely derecruited and with time would improve. She typically has this pattern every night where she derecruits while being placed on BiPAP. I told them I would be back in an hour to check in on her. After a half hour, I got a call to come evaluate her. The nurse stated this patient is about to code. I did not understand. The first thought I had was, "What did I do wrong?" By the time I reached her room, the patient was in respiratory distress, sitting in a tripod position. I called her family immediately; they were in shock. Just an hour ago, they had seen her via Zoom. They were able to speak with her and laugh with her. They did not realize their decisions from the GOC discussion would affect her tonight. They confirmed she was leaning toward full code; therefore, it was decided to proceed with intubation.

I called for stat intubation and anesthesia came. They were able to successfully intubate her but 10 minutes after they left, she became hypoxic and lost a pulse. I suddenly found myself running a code. Meanwhile, I was still perseverating and asking, "How could I have done this to her?" We were able to get a pulse; however, by this time, the patient was on four vasopressors. I walked out of her room feeling crushed, but I realized I still had an even harder task ahead. I had to break the news to the family. I called her family and immediately her daughter was in tears. They stated they were coming to the hospital. I explained to them it was not possible to see her, but they did not take no for an answer. Within the hour, I suddenly found myself outside of the hospital surrounded by this patient's family. They were asking what had so quickly changed, and I truly had no answer. I explained this is unfortunately the nature of COVID. They told me, "You have to keep going because there is no other option." I remembered then my first day of residency. I made them understand that at some point, medicine has its limits. They understood what I said.

After such a difficult conversation, by the time I got back to the floor, the patient continued to desaturate. At this point, she was maxed out on the ventilator, and I knew there was nothing more we could do for her. I spoke with the family, and all I remember hearing is her daughter's scream. It was the most haunting sound I had heard in my life. Instead of having time to process this moment, I heard a nurse yell that another patient was desaturating. He had been on the ventilator for more than 40 days. Unfortunately, his oxygen settings were too high to be considered for a tracheostomy. Again, for the second time that night, I had to tell another family there was nothing I could do for their loved one. I had spoken with this patient's wife for over a week. I learned they had been married for decades. He was a pilot, which is how he had contracted COVID. My daily conversations with his wife brought her husband (the patient) to life. When I spoke the words, "There is nothing more to be done for your husband," she responded with "Doctor, I'm so grateful you were with him in his last moments." With those words, I began to sob. I broke down in front of the staff. I felt that I had betrayed her and that I had ultimately caused the demise of her husband. The only thing I could do for her was allow her to speak in her husband's ear by just laying the phone on his shoulder. She and their son said goodbye to the patient. In the next room, the first patient who I lost that night, I heard the bedside nurse singing Gospel songs. She was holding a phone, and I could hear the patient's daughters singing as well. The whole unit was in tears. I left that night feeling responsible for the death of a mother and a husband.

That week, I had finished my last MICU rotation. The following two weeks were a blur. I carried guilt and fear with me, but as most residents, I tried to hide it.

While walking into the same hospital for an elective rotation, dread filled me. As I was walking, absorbed in my thoughts, I saw a familiar face. She was the unit secretary of the MICU. She said, "I'm so happy I ran into you. There's a letter waiting for you in the ICU." My heart was pounding. I thought, "Who could write me a letter? Was it a letter from an angry family member?" As I slowly and fearfully walked up to the MICU, I saw a small white envelope labeled with my name. It was a beautiful handwritten letter from the wife of the pilot. It was filled with words of gratitude for caring for her husband and being with him until the end. It also contained a beautiful hand stitched angel ornament, which now hangs in my bedroom. I realized that day that her words healed me. It took away my guilt. She reminded me that I had made a difference, even if it was not the outcome I wanted. She taught me that we cannot feel broken when we lose a patient; we would never win that fight. Instead, we should learn how to be present for our patients and their families. We should learn how to hold their hands when we tell them that there is nothing left to do.

Ultimately, medicine is about not only keeping patients alive but also allowing them to die with peace and dignity. It is about truly being with them and their families in their last moments of life. COVID has turned the world of medicine upside down, but it cannot take away our empathy. In fact, I truly believe it can increase our ability to humanize our patients. The death of these two patients and the privilege I had to work with these two families was the biggest gift I received in residency. It will carry me through my journey in medicine, even into the next pandemic.

Training in and Caring for Older Adults During the Pandemic

Palak Patadia, MD

No one can prepare for residency. Countless years of school, four years of dedicated medical school all leading to one goal, yet something is incomprehensible about finally reaching this point. We spend hours upon hours learning the theory, the science, even trying to participate in the medicine, but it is an altogether different experience donning the new coat of responsibility. It is exciting, terrifying, and humbling all at once to finally be at the stage where service supersedes scholarship.

Well, I suppose one can try to prepare for residency. Read, talk to mentors, shadow. I suppose what I really mean to say is that no one can prepare for residency during a pandemic. It is hard to describe accurately and fully what it is like to be learning basics when the patients one is admitting require advanced level of care. Like running to catch a train that is out of reach. Speaking from personal experience, I believe the hardest two weeks of my training came in December 2020, a terrible time during the pandemic. I spent these two weeks in the Intensive Care Unit, admitting and taking care of what seemed like mostly COVID-19 patients. Some young patients but mostly older adults who had unfortunately been affected before the vaccine was widely available.

I imagine residency is always grueling, difficult, and emotionally draining. I imagine as a physician it can

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often be difficult to leave work at work. As new trainees, we have not known anything other than service amid a pandemic and so I have no bar to compare it to. Is it normal how quickly many of us felt wholly exhausted, burnt out and often helpless in the face of something that still feels new, unknown, and so powerful?

A gnawing feeling emerged when thinking about those patients who we were helping transition out of the hospital, especially our older adult patients. It seemed like there was no truly safe or best-case answer. "Will my family be able to come see me at the nursing home?" Each time I was asked that question and had to answer it, I had more questions of my own. "What if there is an outbreak at the facility we are sending this patient to?" "What if my patient becomes depressed in isolation?" "What is their quality of life going to look like and for how long?" We know that older adults, especially during these transitions, can significantly benefit from family support and presence, and the discomfort of knowing they were not going to have that in the way they would want or need was too much at times. But there simply was not enough time to think about it because even the hospital was a dangerous place; after all, we were moving from one room to the next, no matter the precautions we were taking in and out of the COVID-19 patient rooms. Then, there was the practicality of the matter, as well - we needed the beds to care for the seemingly constant influx of ill patients.

In these tough times over the course of the past year, we leaned on one another as colleagues, friends, and simply out of humanity to share our difficult experiences, vent our frustrations, and partake in the camaraderie of it all. What I remember standing out the most were the little things. Seeing patients reunite with their loved ones, a smile of appreciation, the somber quietude of helping someone be comfortable in their last hours, minutes. The pandemic also made us better at routinely updating families, being as detailed as possible without jargon to describe what was going on with their loved ones when they would not be able to come in themselves. It made us better at having difficult conversations, at learning how to be there for patients and their families at the end of life. Learning how to do everything we could to make sure families were able to see their loved ones - even if it was just via a video call. Bending the rules to allow one extra loved one to come in and say their goodbyes.

These are skills that all of us will value for years to come. Whether or not we specialize in caring for geriatric patients, we will take care of them in other ways, be it inpatient, outpatient, or in a short- or long-term facility. When it comes down to the crux of it, while it is an individualized process, what often matters the most for our older adult patients is not investigating or fixing every small issue, or not even be lengthening their life; many times, it boils down to improving and sustaining their quality of life. Training in the pandemic gave us the tools and unfortunately frequent practice in having these conversations, guiding patients and their families in making decisions that were the best for them in the big picture. While many of the patients we were caring for were relatively young, these discussions that we were having were similar to those that happen more naturally and commonly with older adults out of necessity and practicality. Additionally, these patients were complex with multiple systems to consider just as are our older adult patients.

Despite all the trials and tribulations of training in the pandemic, if I was given the chance to go back and train in a more normal time, I am not sure I would take it. The science of medicine is something that comes with time and continues to grow; however, I suspect the art of medicine depends heavily on experiences gained early on in training. My hope and belief is that we, as budding physicians in this time, will employ these unique encounters and foster a more holistic, compassionate and patient-centered future.

AHN Geriatrics Receives National Spotlight for Work in Delirium Prevention during COVID-19

Delirium, which is an acute onset of confusion, also referred to as "acute brain failure," is a common geriatric syndrome which is multifactorial, affects up to 50% of hospitalized older adults and leads to excess U.S. healthcare costs of more than $164 billion per year. Prevention of delirium is key and achieved best by non-pharmacological, multicomponent strategies, such as the Hospital Elder Life Program (HELP). HELP is a structured, evidence-based, supportive program aimed at preventing delirium and functional decline in hospitalized older adults. Utilizing specially trained volunteers, HELP provides bedside interventions with the goal of maintaining nutrition, hydration, mobility, and mentation in older patients. HELP has been an active part of patient care at AHN since 2016, jointly supported by the Division of Geriatrics within the Primary Care Institute and AHN Executive Nursing. HELP at AHN has demonstrated a significant positive impact on outcomes for older adults, including reductions in delirium rates, hospital length of stay, and healthcare costs.

Delirium prevention programs such as HELP have been even more crucial in the era of COVID-19. The restriction of family members, informal caregivers, and volunteers who would normally provide care and comfort at the bedside resulted in intense social isolation. Furthermore, the protective equipment required by staff, which hides faces and muffles voices, continues to make communication and human connection difficult, particularly for those with hearing or vision impairments. These factors rendered the proven "high-touch, low-tech" interventions of HELP all but impossible.

Like many other clinical programs in the face of COVID-19 restrictions, HELP at AHN swiftly pivoted and implemented new strategies to maintain the program's mission and efficacy. Under the leadership of geriatrician Dr. Lyn Weinberg, and HELP Program Director, Autumn Corcoran, the program transitioned to a virtual format and utilized volunteers to connect with patients remotely via phone and video platforms. HELP also facilitated virtual visits between patients and their family members during the time of strictest visitor restrictions, further combatting the social isolation and loneliness experienced by many patients. Recreational activities with single-use items such as magazines, adult coloring pages, and crossword puzzles were delivered to patient rooms by floor nursing staff on behalf of HELP. Dedicated HELP nurses, also known as Elder Life Nurse Specialists (Shauni Johnson, DNP, and Mary Beth Duffy, RN) continued to provide review of high-risk medications and nursing staff education on delirium.

The AHN HELP team's creative strategies to maintain the program under the circumstances of the pandemic earned national recognition. Dr. Weinberg was invited on behalf of the AHN HELP team to participate in an expert panel discussion at the American Geriatrics Society annual scientific meeting on May 12, 2021, which educated a national audience on physically distanced strategies for HELP and delirium prevention. AHN also was invited in 2020 as one of four sites across the country to participate in a grant testing the feasibility of remote HELP interventions, led by HELP creator and renowned geriatrics researcher, Dr. Sharon Inouye of Harvard Medical School.

HELP remains the mainstay of delirium prevention and management, and COVID-19 has afforded AHN with the opportunity to build a "new normal" for the care of older adults and allow these important interventions to have a broader reach to vulnerable patients, providing the most age-friendly care possible during these challenging times.

Please contact Dr. Lyn Weinberg, Director of Division of Geriatrics, with any questions at Lyn.Weinberg@ahn.org.

Dementia360 offers support for family members

Dementia360 is a comprehensive, ongoing support program to help family members caring for someone living with dementia at home. The program is designed to help the family caregiver feel more confident in their skills and more supported in their journey. The goals are to prevent crisis situations and to extend the length of time the person living with dementia can comfortably and safely stay at home.

While Dementia360 itself is about 3 years old, the approach is not new, as Dementia360 is part of Presbyterian SeniorCare Network's Dementia Care Center of Excellence. The Woodside Model is a unique holistic person-centered approach with evidence based practices that have set the standard for dementia care. The Woodside Model has been replicated more than 100 times both nationally and internationally. Dementia360 takes this approach *home* to teach it to family caregivers, who provide the majority of care, but have received no training on how to be successful during their journey.

Families who enroll in Dementia360 are assigned a Care Coordinator, who is a Certified Dementia Practitioner with a healthcare background, who will be their support. Our mentoring process starts with the Care Coordinator doing a home visit. The home visit is critical to see the person living with dementia in their own environment and to understand how the caregiver and person living with dementia interact. It provides great insight into what is working well, where they are struggling, and what matters most. This is just the beginning of the journey – from there, the Care Coordinator and family caregiver stay in close contact, working together to implement interventions to help improve the experience at home. The program emphasizes non pharmacological interventions, and has a dual focus on both the present and the future. For instance, the team works with caregivers on the right approach to improve interactions, ways to overcome challenges, and/or to enhance support to make better days for both of them now. At the same time, they may also be working to help them understand how they can prevent many of the reasons for hospitalization of their family member and create emergency plans in the event they became unable to provide care for them.

Dementia360 has been described as a social model with clinical impact. Studies show that home-based dementia support programs can help people remain at home for 15-30 months longer than those without such support. During the 2-year, grant-funded phase of Dementia360, 85% of those enrolled had less falls, 93% reported fewer emergency room visits and 84% experienced less hospitalizations.

We know that ultimately we need to take care of our family caregiver so that they are able to best take care of the person living with dementia, and the team at Dementia360 would like to partner to do just that. When you see a family who wants to care for their family member at home but is struggling, make a referral to Dementia360. Those are the obvious referrals, but please also consider referring those who have recently received a diagnosis. A new diagnosis of dementia – even in an early stage - brings feelings of loss, anger, and uncertainty over what to do next. The Dementia360 team is able to help families develop good habits now to help prevent struggles later, they are able to help navigate the delicate balance of independence and safety, and are able to give hope that it is possible to live well, even within the context of dementia.

To make a referral, call us at 412-435-8950 or email dementia360@srcare.org.

Mark Your Calendar

National Conference of Gerontological Advanced Practice Nurses Association
When: Thursday, September 30, 2021 - Saturday, October 2, 2021
Where: Marriott Marquis San Diego Marina
Phone: 866-355-1392
Email: gapna@ajj.com
Website/Registration: www.gapna.org/annual-conference

American Society of Consultant Pharmacists – Annual Meeting
When: November 4-7, 2021
Where: Town and Country – San Diego, California

Wishing you could attend the 2021 ASCP Annual Meeting, but can't travel? We've got a solution for you! Sign up now for ASCP's 2021 Annual Meeting On-Demand Experience, a home study version of nearly ALL CPE and BCGP sessions from the meeting. Content will be delivered before Thanksgiving, giving you time to file for 2021 course credit. Pharmacists can earn up to 18 home study BCGP Recertification Credits and up to 42 home study CPE Credits. The On-Demand Experience also includes a recording of highlights from the Richard Berman Awards Reception. If you purchase the On-Demand Experience before October 15, we will also mail you a package with meeting swag!

American Medical Directors Association (AMDA) the Society for Post-Acute and Long-Term Care Medicine – 2022
When: March 10-13, 2022
Where: Baltimore, MD and Virtually
Website: https://www.eventscribe.net/2022/PALTC22/index.asp?launcher=1
Credit Type: CEUs for Nurses, CMD Clinical, CMD Management, CME, Other

American College of Physicians - Internal Medicine 2022
When: April 28-30, 2022
Where: Chicago, IL
Phone: 800-523-1546 x2600 or 215-351-2400
Website: https://annualmeeting.acponline.org

AGS22 ANNUAL SCIENTIFIC MEETING

American Geriatrics Society 2022 Annual Scientific Meeting

When: May 12-14, 2022
Where: Orlando, FL
Phone: 212-308-1414
Website: https://meeting.americangeriatrics.org

The AGS Annual Scientific Meeting is the premier educational event in geriatrics, providing the latest information on clinical care, research on aging, and innovative models of care delivery. The 2022 Annual Meeting will address the educational needs of geriatrics professionals from all disciplines. Physicians, nurses, pharmacists, physician assistants, social workers, long-term care and managed care providers, health care administrators, and others can update their knowledge and skills through state-of-the-art educational sessions and research presentations.

The Annual Meeting offers many continuing education sessions, including invited symposia, workshops, and meet-the-expert sessions. Sessions will include information about emerging clinical issues, current research in geriatrics, education, health policy, and delivery of geriatric health care. Meeting attendees will have many wonderful opportunities to network and exchange ideas and information with colleagues. The Presidential Poster Reception, Special Interest Group Meetings, Section Meetings for Fellows-in-Training, Nurses, Pharmacists, Social Workers, and Teachers are all great opportunities to interact with colleagues.

Society of General Internal Medicine 2022 Annual Meeting – Dimensions of a Generalist Career: Discovery, Equity, and Impact
When: April 6-9, 2022
Where: Swan and Dolphin - Orlando, FL
Website: https://www.sgim.org/meetings
Email Annual Meeting inquiries to: support@sgim.org

2021 PMDA Annual Symposium

Join us Friday, October 22, for a full-day of education discussing important topics such as Equity, Diversity & Inclusion, Post COVID-19 Sequela and the Long Hauler Syndrome, the Next Global Health Threat, AMDA Updates, and more!

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Pennsylvania Geriatrics Society - Western Division

Serving as a resource in providing information and educational programming among a society of professionals who are dedicated to advancing clinical care and quality of life for the elderly.