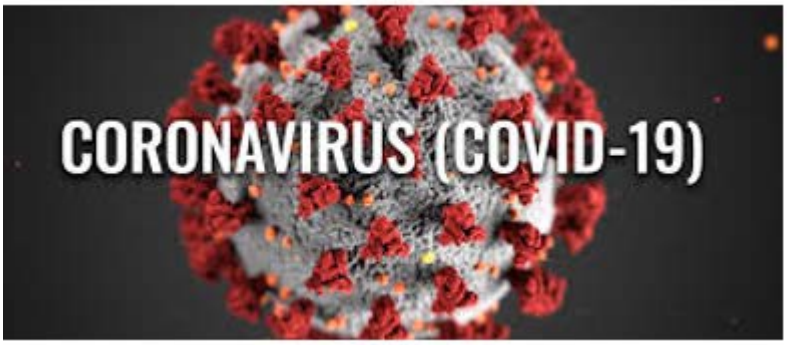
Pennsylvania Geriatrics Society
Western Division

An affiliate of the American Geriatrics Society

Volume 24 No. 1
Spring 2020



The Society has compiled a list of resources which may be helpful for organizations and businesses that serve older adults. Check the site periodically as we will continue to update this list as new information becomes available. Contact Nadine Popovich at npopovich@acms.org if you have a resource that we can add to the list.

American Geriatrics Society

AGS Tools and Actions Addressing COVID-19
For Older Adults and Caregivers
For Policy Experts and Advocates

Additional Resources for Seniors

Respecting Choices
https://respectingchoices.org
Center to Advance Palliative Care (CAPC)
https://www.capc.org/toolkits/covid-19-response-resources/
Vital Talk
https://vitaltalk.org/guides/covid-19-communication-skills/
Home Centered Care Institute
https://www.hccinstitute.org/
POLST COVID-19
https://polst.org/covid/
OHSU Center for Ethics in Healthcare
https://vimeo.com/399981062

Allegheny County Health Department

Allegheny County Health Department - COVID-19 website
Provides links to information for Allegheny County residents, information for specific groups including businesses and organizations, and updates. Stay up-to-date by signing up for Allegheny Alerts and subscribing to COVID-19.

A guide to sign up for Allegheny Alerts is available by clicking here.

In order to best serve residents with questions and concerns about COVID-19, ACHD has partnered with United Way 211 to offer a 24/7 hotline. Please call 888-856-2774 to speak with a representative. Please note that language services are available.

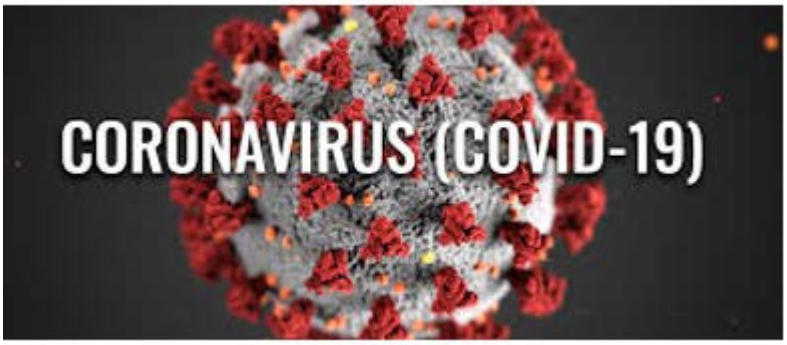
CDC - Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention website provides comprehensive national resources and information regarding the Coronavirus for individuals, businesses, organizations, institutions and communities. Sign up to receive CDC email and/or text updates.
The PA Department of Health - COVID-19 site lists frequent updates on confirmed cases in the state, overview information about Coronavirus, social media graphics that you can post, state press releases, guidance, and links to many resources.

24/7 HOTLINE FOR
SOUTHWESTERN PA RESIDENTS

United Way's PA 2-1-1 Southwest has established a formal arrangement to assist the Allegheny County Health Department. 2-1-1 resource navigators can provide general information about health questions related to the virus, referring those who need further evaluation to the Health Department; connect individuals and families with services to meet emergency basic needs, like food, rent and utility payments; and provide the latest CDC guidelines and recommendations from local authorities. Those seeking help should dial 2-1-1, text their zip code to 898-211, or visit PA211.org

Continued on Page 2



From Page 1

Resources for Self-Care Providers

These apps are providing free subscriptions to providers (headspace requires an individual NPI). The apps focus on meditation, and other relaxation techniques. Many have found them to be helpful.

Headspace is offering free subscriptions to all US healthcare workers in 2020, given the circumstances. This is a mindfulness meditation app that comes highly recommended, though not usually inexpensive. To redeem a free subscription, one must provide his/her state and NPI, name, and email address.

Ten Percent Happier is another program/app offering free access for health care workers, with a PROMO Code of HEALTHCARE (in ALL CAPS). One needs to download the app onto a mobile device - a desktop computer will not work - and must log into the app using the same method used to redeem access on the website. The company asks that no one create more than one account and cautions that the website has been overwhelmed, thus necessitating multiple attempts to redeem access.

Activities for Older Adults to Do At Home

Activities:
Virtual museum tours
San Diego Zoo animal cams

Visit a Virtual Theater:
Metropolitan Opera nightly encore shows
LA Theater Works
Kennedy Center Digital Stage
Activity Checklist from Stanford University

Learn Something New:
Open Culture offers 1,500 free online courses from top universities.
Coursera.org
edx.org

Listen to Poetry:
Listen to recordings of Allen Ginsberg and other poets on Phone-a-Poem, the 1970s Poetry Hotline.

Move around:
Below are links to exercise videos you can watch on your computer or phone.
Go4Life from the National Institute on Aging
Fitness Blender Total Body Chair Workout

Think about What Matters:
Take time to visit the Schaalman Senior Voices Film Library to watch inspiring films that aim to strengthen the wellbeing of older adults and their communities.

Social Activities At Home

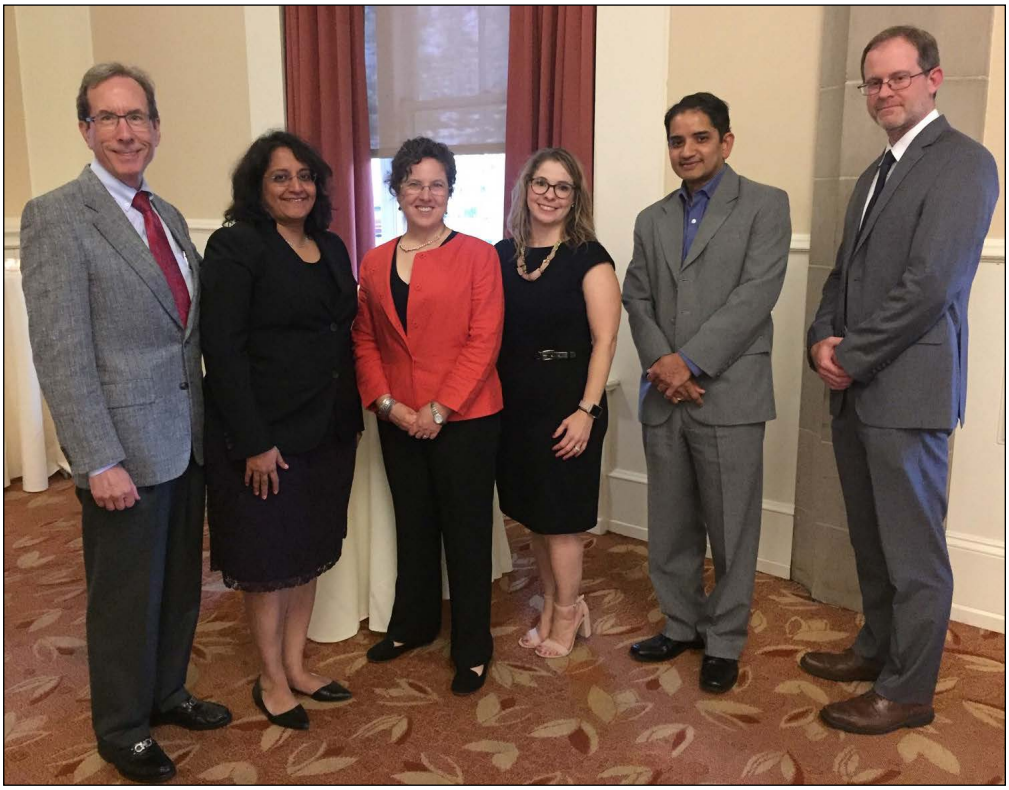
The Cincinnati Zoo also has some animal cams set up at 3 p.m. each day: http://cincinnatizoo.org/home-safari-resources/?fbclid=IwAR2ppLCOP21UcPjRq3G58fRmXm0GKgz_OctnxUGVoP-FejvieqLdavZjesQ

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.

Fall Program Highlights

"Drinking and Dementia: A Toxic Cocktail in Senior Residential Communities"

The Pennsylvania Geriatrics Society - Western Division hosted their annual fall program on Tuesday, October 1, 2019, at the University Club. More than 70 internists, family practitioners, geriatricians, geriatric psychiatrists, pharmacists, nurses, nursing home administrators and social workers attended the evening dinner program. The Society gratefully acknowledged support from Avanir Pharmaceuticals, Curavi Health, Mallinckrodt Pharmaceuticals, Optum, Pfizer, Presbyterian SeniorCare Network, Salix Pharmaceuticals and Sanofi Pasteur.



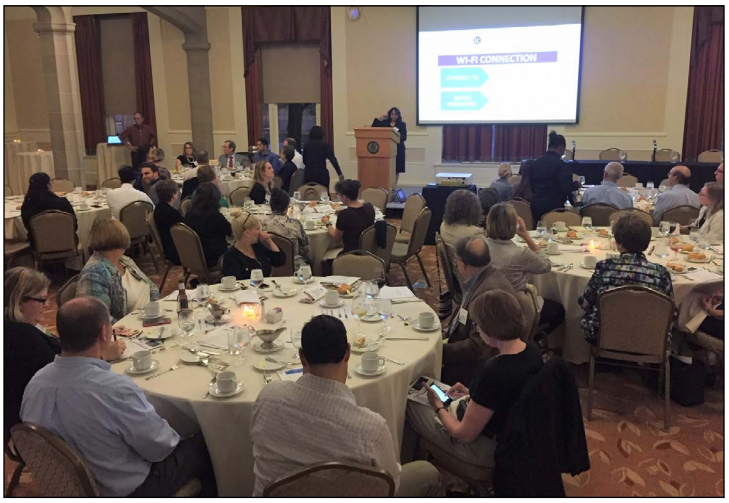
From left are Fred Rubin, MD; President Namita Ahuja, MD, MMM; and presenters Rollin Wright, MD, MS, MPH, Lianne Glaus Vighetti, DHCE, LSW, LalithKumar K. Solai, MD, and Mr. Brendan Hanley.

The annual fall program, which began in 2003, has been a popular program attracting distinguished guest speakers, comprised of both national and local faculty. This year was no exception, with an expert panel comprised of local faculty exploring: "Drinking and Dementia: A Toxic Cocktail in Senior Residential Communities."

Leading the panel presentation was Rollin Wright, MD, MS, MPH, assistant professor of Medicine, Division of Geriatric Medicine, University of Pittsburgh School of Medicine, and director, Geriatric Track Program, UPMC Internal Medicine Residency Training Program. The remaining panel members included: Brendan Hanley, division chief of Care Coordination, Area Agency on Aging; LalithKumar K. Solai MD, chief and medical director, Geriatric

Continued on Page 4

From Page 3



Psychiatry, medical director, Center for Interventional Psychiatry, director, Patient Safety, University of Pittsburgh Medical Center, associate professor of Psychiatry, University of Pittsburgh School of Medicine; and Lianne Glaus Vighetti, DHCE, LSW, Gerontological Social Worker, UPMC Shadyside. Namita Ahuja, MD, MMM, president of the Society, served as moderator.

Presenters explored the controversial case in detail, each providing their expertise to the question of the ramifications of behavior problems related to obligations and rights of the patients, healthcare providers, personal care facility, and power of attorney. Discussion with audience members during the panel Q&A was enlightening with numerous comments and questions on how to deal with these complex situations and appropriate guidelines for proper intervention being foremost. The program agenda offered stopping points throughout the presentation to elicit audience opinions as to the decision.

Thank you to the following for supporting the program:

AVANIR pharmaceuticals

CURAVI HEALTH

Mallinckrodt Pharmaceuticals

OPTUM™

Pfizer

Presbyterian SeniorCare NETWORK™

Salix Pharmaceuticals, Inc.

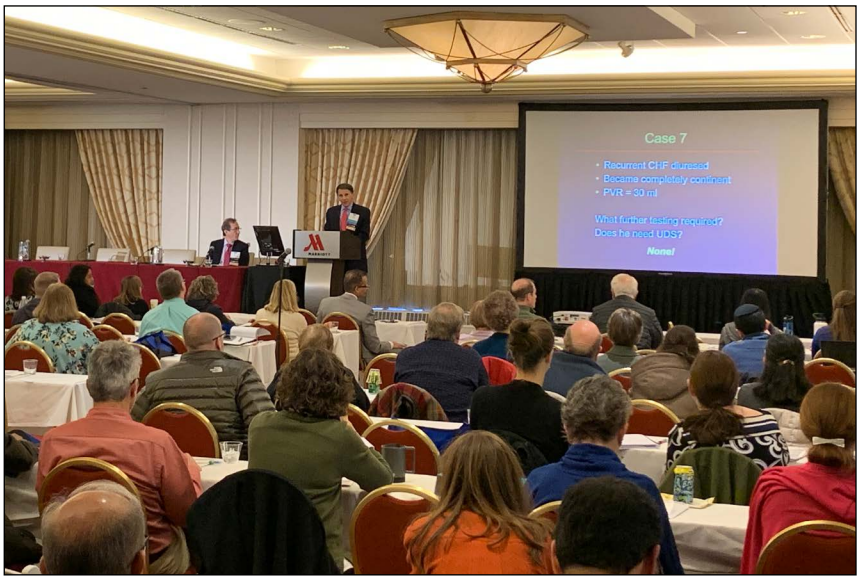
SANOFI PASTEUR

Assisted Living in Pennsylvania – Free Resource Available

Many seniors are unaware of the available care options and programs that can help maintain their independence and quality of life. A free resource that provides comprehensive information on topics like financial support, organizations, and available care options (that are in every city in Pennsylvania) has been developed that can help senior citizens stay connected with their community.
Visit https://www.caring.com/senior-living/assisted-living/pennsylvania/

Clinical Update in Geriatric Medicine

More than 380 geriatrics professionals from all disciplines, including physicians, nurses, pharmacists, physician assistants, social workers, long-term care and managed care providers, and health care administrators participated in the 28th Annual Clinical Update in Geriatric Medicine conference held at the Pittsburgh Marriott City Center Hotel, March 5-7. The course attracted registrants from all over the country.



The 28th Annual Clinicial Update in Geriatric Medicine was held March 5-7 at the Pittsburgh Marriott City Center Hotel.

The conference was jointly provided by the Pennsylvania Geriatrics Society-Western Division (PAGS-WD); University of Pittsburgh Division of Geriatric Medicine; and University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences.

Previously awarded the American Geriatrics Society Achievement Award for Excellence in a CME program, this conference continues to be a well-respected resource to educate healthcare professionals involved in the direct care of older persons.

Save the Date!

The 29th Annual Clinical Update will be held April 8-10, 2021, at the Pittsburgh Marriott City Center.

It provides evidence-based solutions for common medical problems that afflict the geriatric population daily and for which rapidly evolving research, much of which is done in Pittsburgh, is revealing new approaches that are feasible for the real world.

Under the leadership of course directors Shuja Hassan, MD, Neil M. Resnick, MD, and Lyn Weinberg, MD, who worked with the planning committee, the course was a premier educational event in the region and attracted prominent international and national lecturers and nationally renowned local faculty.

Back by popular demand, a Geriatric Cardiology Expert Panel Q&A was well received and a crowd favorite for a second year in a row. Daniel Forman, MD, chair, Geriatric Cardiology, UPMC, moderated the session which included guest faculty Deirdre O'Neill, MD, MSc, assistant professor of Medicine, Division of Cardiology, University of Alberta Hospital, Canada; Parag Goyal, MD, MSc, assistant professor of Medicine, director, Heart

Continued on Page 6

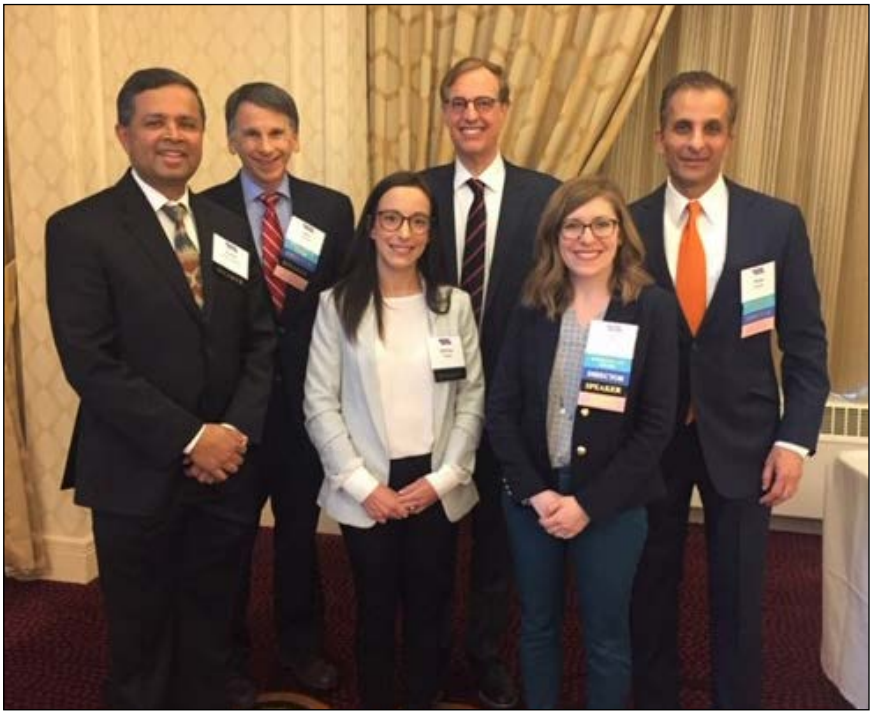
From Page 5

Failure with Preserved Ejection Fraction Program, Weill Cornell Medicine, New York; and Ashok Krishnaswami, MD, MAS, cardiologist, clinical researcher, Kaiser Permanente, San Jose Medical Center, California.

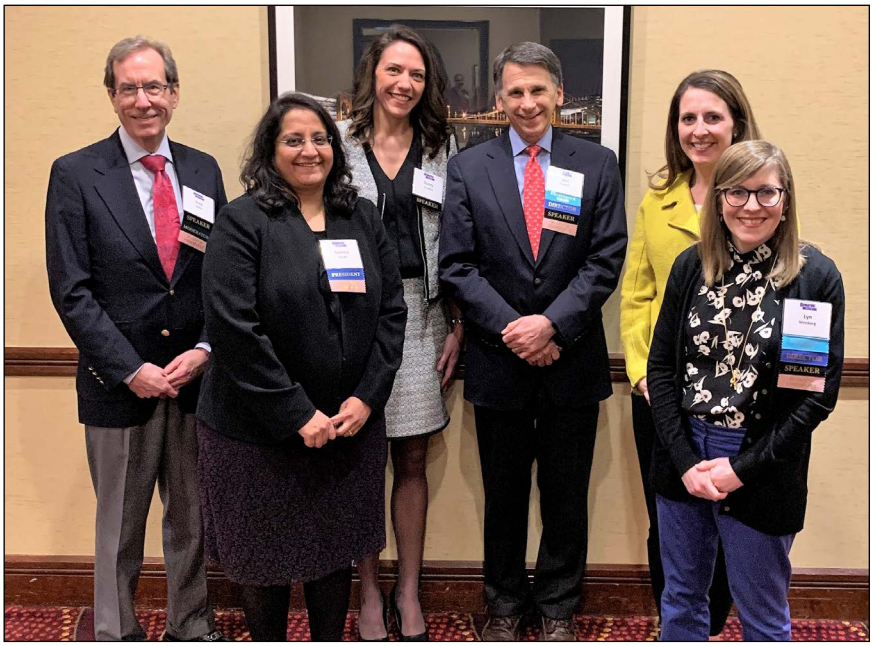
Each lecture, symposium, and break-out session offered participants evidence-based "pearls for practice" designed to be immediately incorporated into the realities of daily practice. Additional highlights of the conference included two separate "rapid" question-and-answer sessions. A panel of experts within their own field, many of which practice in the Pittsburgh region, answered numerous questions from the audience.

Sunny Linnebur, PharmD, FCCP, BCPS, FASCP, BCGP professor and geriatric pharmacist, University of Colorado School of Pharmacy, Aurora, Colorado, and president, American Geriatrics Society, presented the lecture De-Prescribing in an Era with Diagnosis Drift and Polypills on the first day of the conference and was the guest lecturer during the dinner symposium, presenting 4M's: Medication in an Age Friendly Health System, which was engaging and well-received by guests.

A Vendor Bingo also was provided, which generated excellent opportunities for engagement between vendor representatives and conference attendees. The Society would like to thank all 23 exhibitors who supported this year's conference.



Cardiology Panel and Course Directors at the 28th Clinical Update in Geriatric Medicine: front row, from left, Guest Faculty Ashok Krishnaswami, MD, MAS, and Deirdre O'Neill, MD, MSc; Course Director Lyn Weinberg, MD. Back row, from left, Course Director Neil Resnick, MD; Session Moderator and Presenter Daniel Forman, MD; Course Director Shuja Hassan, MD.

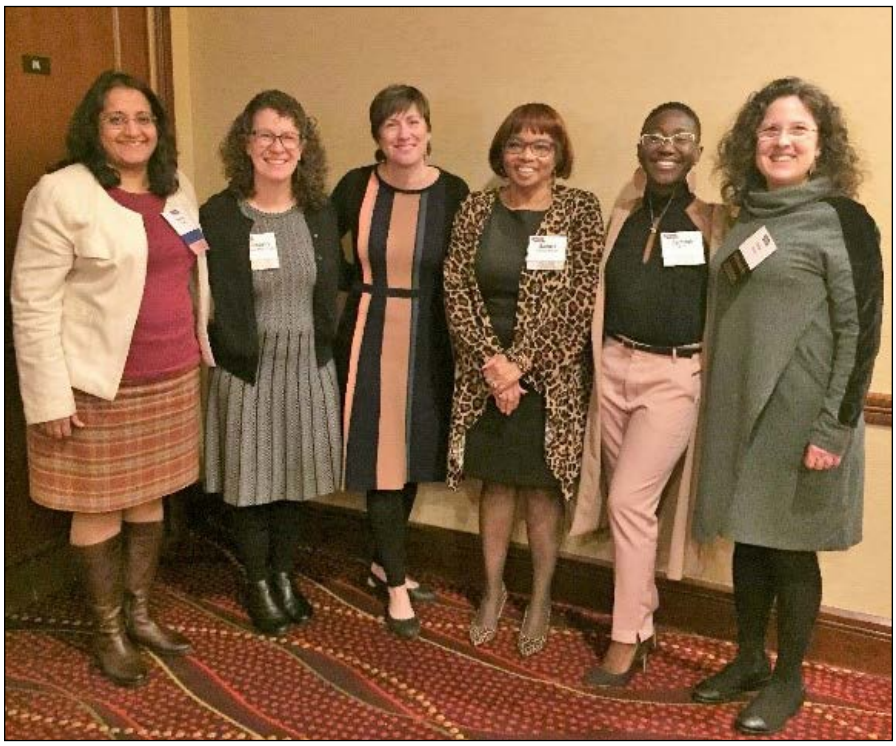


From left are Fred Rubin, MD; Society President Namita Ahuja, MD, MMM; Sunny Linnebur, PharmD, FCCP, BCPS, FASCP, BCGP, president, American Geriatrics Society; Neil Resnick, MD (course sirector); Heather Sakely, PharmD, BCPS, BCGP; and Lyn Weinberg, MD (course director).

Outstanding Awardees Recognized at Annual Conference

The Society also recognized three outstanding individuals within their field during the annual conference.

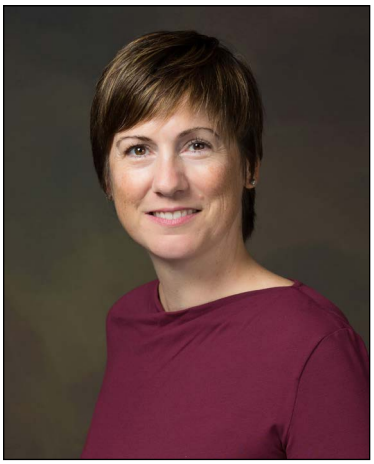
Amy M. Westcott, MD, MHPE, CMD, FAAHPM, AGSF, received the 2020 Geriatrics Teacher of the Year Award. Dr. Westcott joined the faculty at the University of Pennsylvania following her Geriatric Medicine and Hospice and Palliative Medicine Fellowships at the University of Pennsylvania. During her tenure at the University of Pennsylvania, she created and implemented system-wide interprofessional geriatric education across undergraduate and graduate medical education.



Awardees gather at the 28th Annual Clinical Update. From left are Society President Namita Ahuja, MD, MMM, with awardees Elizabeth A. Mulvaney, MSW, LCSW, Amy M. Westcott, MD, MHPE, CMD, FAAHPM, AGSF, and Sandra L. Gilmore, RN, MS; David C. Martin award recipient Ms. Jymirah Morris; and Awards Committee Chair Rollin M. Wright, MD, MPH, MS.

Dr. Westcott was recruited to serve as associate professor, Geriatric and Palliative Medicine, Pennsylvania State College of Medicine in 2014. While at Penn State she designed, launched, and obtained ACGME-accreditation for the Hospice and Palliative Medicine Fellowship as well as developed a teaching nursing home that incorporated a longitudinal experience for Family Medicine Residents, patient navigation opportunities for medical students and medical direction electives for Internal Medicine Residents.

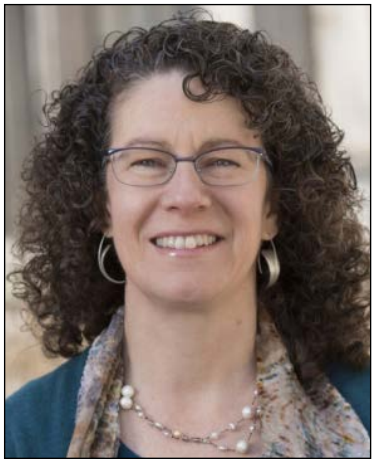
In 2018, Dr. Westcott accepted an industry position with Optum, a health care coordination and delivery organization, as the medical director for the Pennsylvania and Delaware-based providers, where she utilizes her skills as a teacher, educator, and role model for over 150 advance practice providers.



Dr. Westcott

Continued on Page 8

From Page 7



Ms. Mulvaney

Elizabeth A. Mulvaney, MSW, LCSW, lecturer, University of Pittsburgh, School of Social Work (SSW), was presented with the 2020 Healthcare Professional Geriatrics Teacher of the Year Award. Ms. Mulvaney holds a clinical social work license in Pennsylvania and has 14 years practice experience as a gerontological social worker providing medical, care management, and program administration services, with experience in long-term care including behavioral care planning, dementia care, and end-of-life care.

She has been a leader among SSW faculty in advancing interprofessional educational opportunities for SSW students, primarily teaching within both the MSW and BASW programs at the university.

Ms. Mulvaney served as the first Hartford Partnership Program for Aging Education (HPPAE) Coordinator at the University of Pittsburgh from December 2005 to 2011. Ms. Mulvaney's current research and practice interests include geriatric workforce development, Alzheimer's disease and related dementias, ethics, palliative care and problem gambling prevention for older adults.

She has also been part of the team working on the Health Resources Services Administration grant funded Geriatric Workforce Enhancement Program for the past four years, which is designed to improve health and human service professionals' capacity to serve people with dementia and their families.

Ms. Gilmore

Sandra Gilmore, RN, MS, received the 2020 Lifetime Achievement Award. Ms. Gilmore was a practicing nurse for nearly 40 years and spent her entire nursing career with UPMC. She most recently served as Lead Geriatric Outreach Nurse for UPMC's Living-at-Home Program, providing outreach services to independent living residents at UPMC Senior Communities and in their own homes, prior to her retirement in the summer of 2019.

In this role, Ms. Gilmore was responsible for providing monthly blood pressure screenings and health education to nearly 1,000 older adults located throughout the Pittsburgh region. She worked tirelessly to educate the senior population about flu prevention and vaccination and provided flu shots to seniors whenever possible.

Dedicated to teaching and mentoring, Ms. Gilmore hosted many students from the University of Pittsburgh Schools of Pharmacy and Public Health, as well as Duquesne University for educational and shadowing purposes. She also spoke yearly to high school students at the Pennsylvania Governor's Schools to promote careers in geriatrics, understanding the importance of promoting the field of geriatrics to the next generation of clinicians.

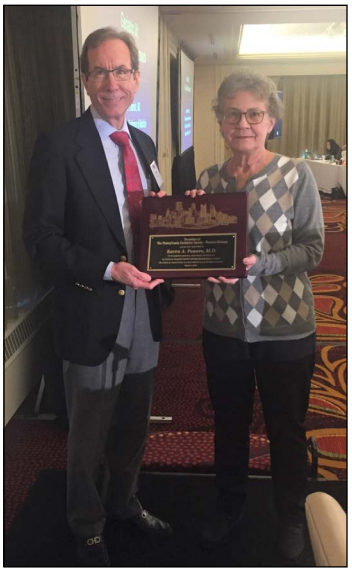
Past President Receives Special Recognition

The Pennsylvania Geriatrics Society - Western Division recognized **Karen Powers, MD**, for her leadership and length of service in the Society at the Clinical Update in Geriatric Medicine, Friday, March 6.

Dr. Powers was elected as the Society's first president on January 29, 1991. She was instrumental in drafting the Bylaws and creating the organizational structure, which included five standing committees: Membership, Education, Legislative Affairs, Bylaws, and Nominating, all which remain today.

Starting with 23 members, the society boasts a healthy membership of 230 members, comprised of not only physicians, but also nurses, pharmacists, and other healthcare professionals who share a commitment to improving the health of older people.

After her tenure as president, Dr. Powers continued to serve on the Board of Directors until 2019. She is currently a member of the Planning Committee.



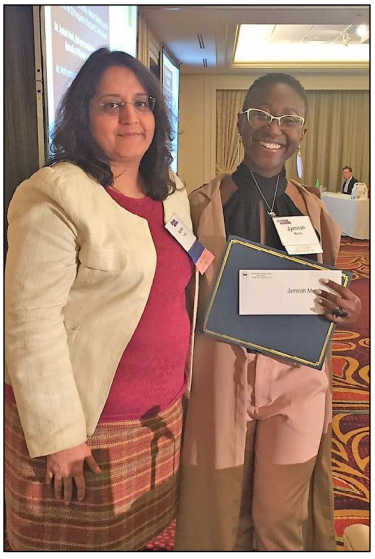
Fred Rubin, MD, presents Karen Powers, MD, with an award for her service.

PAGS-WD announces David C. Martin Awardee

The Society also presented **Ms. Jymirah Morris,** a third-year medical student attending the University of Pittsburgh School of Medicine, with the 2020 David C. Martin Award at the recent 28th Annual Geriatric conference. Ms. Morris's abstract was accepted for poster presentation by the American Geriatrics Society (AGS) at their 2020 Annual Scientific meeting, held May 7-9, in Long Beach, CA.

Ms. Morris was presented with a certificate and an honorarium to aid in defraying expenses to attend the AGS Annual Scientific Meeting to present her work.

The award was named after David C. Martin, MD, who established the first geriatrics fellowship in Pittsburgh. The goal of this prestigious award is to encourage and prepare future physicians in the field of geriatric medicine. **Since its inception, the Society is proud to have awarded more than $86,000 to area medical students interested in the field of geriatric medicine.**



Namita Ahuja, MD, MMM, presents Ms. Morris with the David C. Martin Award.

2021 Geriatrics Teacher of the Year Award

Do you know a physician or healthcare professional who has made significant contributions to the education and training of learners in geriatrics and to the progress of geriatrics education across the health professions? If so, consider nominating them for the 2021 Geriatrics Teacher of the Year Award.

The annual award recognizes and honors both a physician and a healthcare professional from healthcare disciplines including nursing, advanced practice, physical therapy, pharmacy, occupational therapy, dentistry, audiology, speech-language, pathology, and social work.

The call for nominations begins October 1, 2020. Award eligibility and criteria, along with the nomination form, will be available on the society's website at www.pagswd.org.

Membership Dues: Renew for 2020

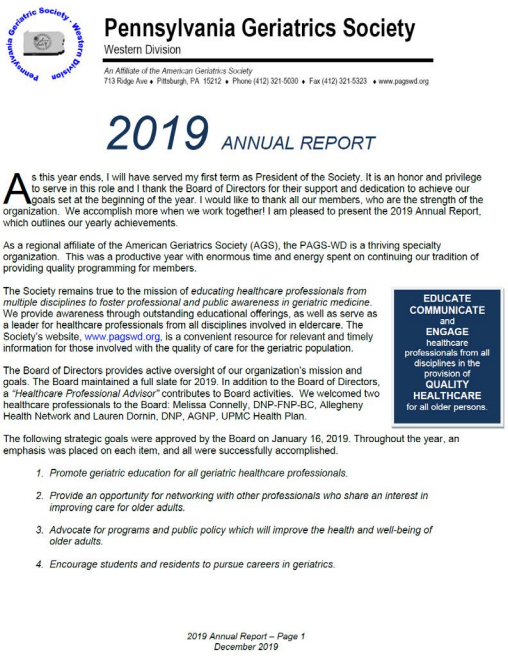
It's not too late to renew! Society membership dues are renewed on a yearly basis. Your dues are instrumental in aiding the society to provide quality educational program offerings to healthcare professionals in our region. Dues also support the David C. Martin Award, which provides financial support to qualified medical students who have an interest in the field of geriatrics, and the Geriatrics Teacher of the Year Award, which recognizes outstanding teachers for their dedication and commitment to geriatrics education.

It's convenient and easy to renew! Online payments are now accepted (Visa, Mastercard, Discover, and American Express).

Contact Nadine Popovich, administrator, at (412) 321-5030 to receive an e-invoice or to inquire about your membership status.

Annual Report 2019

The Annual Report can be viewed by visiting the society website: https://pagswd.org/resources/Annual%20report%202019.pdf. This yearly report summarizes the activities of the organization.



Pennsylvania Geriatrics Society
Western Division

An Affiliate of the American Geriatrics Society
713 Ridge Ave ♦ Pittsburgh, PA 15212 ♦ Phone (412) 321-5030 ♦ Fax (412) 321-5323 ♦ www.pagswd.org

2019 *ANNUAL REPORT*

As this year ends, I will have served my first term as President of the Society. It is an honor and privilege to serve in this role and I thank the Board of Directors for their support and dedication to achieve our goals set at the beginning of the year. I would like to thank all our members, who are the strength of the organization. We accomplish more when we work together! I am pleased to present the 2019 Annual Report, which outlines our yearly achievements.

As a regional affiliate of the American Geriatrics Society (AGS), the PAGS-WD is a thriving specialty organization. This was a productive year with enormous time and energy spent on continuing our tradition of providing quality programming for members.

The Society remains true to the mission of *educating healthcare professionals from multiple disciplines to foster professional and public awareness in geriatric medicine.* We provide awareness through outstanding educational offerings, as well as serve as a leader for healthcare professionals from all disciplines involved in eldercare. The Society's website, www.pagswd.org, is a convenient resource for relevant and timely information for those involved with the quality of care for the geriatric population.

EDUCATE COMMUNICATE and ENGAGE healthcare professionals from all disciplines in the provision of **QUALITY HEALTHCARE** for all older persons.

The Board of Directors provides active oversight of our organization's mission and goals. The Board maintained a full slate for 2019. In addition to the Board of Directors, a *"Healthcare Professional Advisor"* contributes to Board activities. We welcomed two healthcare professionals to the Board: Melissa Connelly, DNP-FNP-BC, Allegheny Health Network and Lauren Dornin, DNP, AGNP, UPMC Health Plan.

The following strategic goals were approved by the Board on January 16, 2019. Throughout the year, an emphasis was placed on each item, and all were successfully accomplished.

1. *Promote geriatric education for all geriatric healthcare professionals.*
2. *Provide an opportunity for networking with other professionals who share an interest in improving care for older adults.*
3. *Advocate for programs and public policy which will improve the health and well-being of older adults.*
4. *Encourage students and residents to pursue careers in geriatrics.*

2019 Annual Report – Page 1
December 2019

Organizational Membership Offered This Fall

Engaging members through education, advocacy, networking and collaborative efforts has always been a top priority for the PAGS-WD. To encourage continued growth and attract new members, the Society has created a new sector of membership specific for companies and organizations.
The newly formed category of Organization Membership offers several levels of membership to fit a company's needs and will be available for the 2021 membership.

Partnership through the Organization Membership sector allows the Society to reach a broader audience to participate in our award-winning, quality programming to healthcare professionals in our region, as well as sustaining our philanthropic efforts in supporting medical students, residents and fellows.

Organization Membership levels include: Bronze, Silver, Gold, Platinum and Champion. All offer an array of features and individual membership options for ease of partnering with the Society.

Benefits of subscribing under an Organization Membership level include:

- Individual membership for staff from your organization (membership for 3, 7, 10, 12 or 15 individuals are offered).

Link to a company's website from the www.pagswd.org site.

- All individual members receive a discounted registration to attend the AGS award-winning Clinical Update in Geriatric Medicine conference, a premier 2-day conference

and complimentary registration for several educational programs held throughout the year.

- Organization will be acknowledged in the digital newsletter (published bi-annually and received by 240 healthcare professionals).

Platinum and Champion partners receive enhanced benefits - all the above items - including:

- A featured organization description in the Society "member alert" email and digital newsletter.
- Opportunity to purchase a discounted exhibit table at the annual Clinical Update in Geriatric Medicine Conference.

If your organization is interested in joining through one of the levels, or if you know of a company that would benefit from this information, contact Nadine Popovich at npopovich@acms.org or (412) 321-5030. A complete list of levels is available on the www.pagswd.org website.

Cancelled Meetings and Mark Your Calendar Events

Cancelled Meetings:

American Geriatrics Society 2020 Annual Scientific Meeting Cancelled

Website: www.americangeriatrics.org
2021 Meeting is scheduled for Chicago, IL May 13 to May 15 Chicago, IL

The 2020 AGS Annual Scientific Meeting, scheduled for May 6-9, 2020, has been cancelled. A question and answer site has been created for registrants. Questions addressed include: **Registration, exhibit fee, travel plans, my poster.**

American College of Physicians - Internal Medicine - 2020
Website: https://annualmeeting.acponline.org/
2021 Meeting is scheduled for April 29 – May 1st in Orlando, FL

American Society on Aging 2020 Conference
Website: https://www.asaging.org/aging-in-america
2021 Meeting is scheduled for: April 6-9, 2021 in San Diego, CA

Society of General Internal Medicine Annual Meeting
Website: http://www.sgim.org/
2021 Meeting is scheduled for April 21-24, 2021 in Boston, MA

Ongoing Conferences (as of print date):

National Conference of Gerontological Advanced Practice Nurses Association (GAPNA)
39th Annual GAPNA Conference
The GAPNA Annual Conference will help you improve patient care and connect with other nurses who share your compassion and commitment.
When: September 24-26, 2020
Where: New Orleans, LA
Website: https://www.gapna.org/events/annual-conference

PMDA – The Pennsylvania Society for Post-Acute and Long-Term Care Medicine
PMDA 28th Annual Symposium
When: November 6-7, 2020
Where: Hotel Hershey, Hershey, PA
Website: https://pamda.org/2019-pmda-annual-symposium-2/

Pennsylvania Geriatrics Society - Western Division

www.pagswd.org

Controversies in Geriatric Medicine

The Society is seeking an interesting case requiring controversial management decisions for a future program. If you have an interesting, controversial management case that you would like the society to consider for presentation, please email Nadine Popovich (npopovich@acms.org) with your case.

The program features an actual case from a practice where the appropriate course of action was unclear, management was complex, or there were serious ethical issues. Members will receive information about the meeting at a later date. Details also can be found on the society website: www.pagswd.org.

2020 Officers and Board of Directors

OFFICERS

Namita Ahuja, MD, MMM - President
Judith Black, MD, MHA - Secretary/Treasurer

BOARD OF DIRECTORS

Melissa Connelly, DNP, FNP-BC (Social Media Committee)
Lauren Dornin, DNP, AGN
Anthony Giampolo, MD, MBA, DAAPM, ABPN, NBPAS
Shuja Hassan, MD (Course Director, Clinical Update)
Christine Herb, MD (Membership Chair)
Elizabeth Mohan, MD
David A. Nace, MD, MPH
Neil Resnick, MD (AGS Cosar Co-Chair; Course Director, Clinical Update)
Fred Rubin, MD
Heather Sakely, Pharm.D, BCPS, BCGP (By-Laws Chair)
LalithKumar K. Solai, MD
Kawita Vichare, MD (Nominating Chair)
Lianne Glaus Vighetti, DHCE, LSW (Social Medial Committee)
Lyn Weinberg, MD (Course Director, Clinical Update)
Rollin Wright, MD (Awards Chair)
David Yuan, MD

Pennsylvania Geriatrics Society - Western Division

MISSION: The PAGS-WD, formed in 1991, is a non-profit organization comprised of physicians and health care professionals from all disciplines committed to the provision of quality health care for older persons. As a regional affiliate of the American Geriatrics Society (AGS), the organization aids in the efforts of the AGS in developing, implementing and advocating programs in patient care, research, professional education, public policy and public information for the Western Pennsylvania region.

National Healthcare Decisions Day – April 16, 2020

COVID-19 Update

Most National Healthcare Decisions Day (NHDD) related events will be cancelled because of the ongoing pandemic; yet, advance care planning remains as important as ever. If you are looking for ways to celebrate NHDD virtually, check out their blog post for ideas. The NHDD is not officially changing the date, but you are invited to celebrate NHDD at another time.

The NHDD exists to inspire, educate and empower the public and providers about the importance of advance care planning. It is an initiative to encourage patients to express their wishes regarding healthcare and for providers and facilities to respect those wishes, whatever they may be.

POLST update

JAMA Research: POLST and ICU Admission at the End of Life: National POLST perspective

March 10, 2020

Overview

A recent study and editorial published in JAMA addresses the effect of POLST on ICU care. This well-done study increases our understanding of POLST, examines a previously unexplored question, and raises some important questions. However, like most studies, there are limitations nuances that are important to note in considering whether it is generalizable to other settings (e.g., non-academic hospitals) or states.

Pennsylvania POLST

Pennsylvania Orders for Life-Sustaining Treatment

A Participating Program of National POLST

Study limitations

Post-traumatic injury care and POLST

Many of the patients categorized by the study as "POLST-discordant" were admitted to the ICU as a result of unexpected traumatic injury. In fact, POLST conversations, and therefore POLST orders, are not designed to address care preferences in the context of such sudden, unexpected events, but instead the context of a patient's normal, expected progress, given their diagnosis of a chronic illness.

But, the question of whether POLST should be followed in the case of a sudden traumatic injury is often raised. For example, it isn't clear or there does not appear to be a consensus on "Should POLST orders be honored after a car crash?" Therefore, we appreciate the opportunity to promote awareness of this issue - and National POLST is working on guidance to inform how POLST should be used in trauma events to help ensure consistency.

POLST is for a very specific patient population

POLST isn't for everyone; and for those for whom POLST is appropriate, it must be done well to be effective in honoring the patient's wishes. Simply put, the document is a result of a specialized conversation, for only certain patients, and the POLST form will only be as good as those conversations. To ensure shared, informed decision making takes place, the health care team should be teaching the patient about their diagnosis and its full range implications for prognosis and outcome for any life-sustaining treatments.

We recommend review of the National POLST Intended Population & Guidance for Health Care Professionals as a starting point. Outside these guidelines, POLST will not be likely to serve the patients as intended. Hospital care can be goal-concordant without being POLST-concordant.

If we do not know why life-sustaining treatments were applied to patients, we cannot truly assess whether they were concordant with the patient's wishes. While POLST is intended to ensure patient wishes are honored, the patient (as long as s/he has capacity) has the right to direct, refuse, and override anything in the POLST, which is only going to represent the decisions made at the time of the last POLST conversation. The concern should be whether the patient's wishes were honored, not whether the care was congruent with the last POLST that was available. By definition, when a patient is hospitalized, a clinical event has occurred that changes the patient health care status, which means a new POLST should be made to reflect the patient's decision considering the change in status.

Study summary

Goal and definitions

In their research study "Association of POLST with ICU Admission Among Patients Hospitalized Near the End of Life," authors Robert Y. Lee, MD, et al.* sought to answer, "How often is inpatient care inconsistent with POLST-ordered limitations?"

**Robert Y. Lee, MD, MS; Lyndia C. Brumback, PhD; Seelwan Sathitratanacheewin, MD; William B. Lober, MD, MS; Matthew E. Modes, MD, MPP; Ylinne T. Lynch, MD; Corey I. Ambrose, BSc; James Sibley, BS; Kelly C. Vranas, MD; Donald R. Sullivan, MD, MA, MCR; Ruth A. Engelberg, PhD; J. Randall Curtis, MD, MPH; and Erin K. Kross, MD.*

Study type

A retrospective study, this study used pre-existing data collected from hospital and death records, rather than data collected in a pre-planned manner specifically for the study.

Study population

The retrospective cohort, or pool of individuals whose records provided data for this study, included the 1818 patients who met the all study criteria: chronically ill*, had a pre-existing POLST when admitted to the ICU, died within 6 months of ICU admission, and died between January 1, 2010 and December 31, 2017 in either of 2 hospitals of an academic health care system.

*Chronic life-limiting illness was defined by having any of 9 chronic conditions within the last 2 years of life: cancers with poor prognosis (primary malignancies with poor prognoses, leukemias, and metastatic disease), chronic lung disease, coronary artery disease,

Continued on Page 16

From Page 15

congestive heart failure, peripheral vascular disease, chronic renal failure, severe chronic liver disease, diabetes with end-organ damage, and dementia.

Classification of POLST Types

The study compared those with POLST orders for full treatment against those with limited treatments ("Limited additional interventions" on the Washington state POLST form) or comfort-only ("comfort measures only"). The study authors referred to the limited treatment and comfort-only options together as treatment-limiting POLST orders, in contrast to full-treatment orders.

Definition of Intensive Care

Intensive care was defined in two ways:

1. Admission to the ICU, and
2. Receipt of any of the 4 following "life-sustaining" treatments:
    1. Mechanical ventilation
    2. Vasoactive infusions (which help restore circulation to the body)
    3. New dialysis or continuous renal replacement therapy
    4. CPR

POLST-discordant care

POLST-discordant intensive care was defined as:

- For patients with comfort-only POLSTs: Any ICU admission except admissions for symptom management only.
- For patients with limited interventions POLSTs: Any ICU admission except admissions for symptom management only and admissions solely for delivery of noninvasive ventilation without additional life-sustaining treatments as specified by the Washington State POLST.

Hypotheses

The study authors hypothesized that:

- Patients with older age, white and non-Hispanic race/ethnicity, higher educational attainment, or who had signed their own POLST would be at lower risk of POLST-discordant care.
- POLST-concordant care would most likely occur when patient ICU admission was the result of a predictable disease progression vs. an unexpected traumatic event.

Results

Overall numbers of POLST Types

1,162 patients who met the study criteria had "treatment-limiting" POLST orders, including

- 401 with "comfort measures only"
- 761 with "limited additional interventions"
- 656 patients had POLST orders for "full treatment"

Overall population characteristics

In total, there were 1818 patients who met the study criteria. The average age was 70.8 years, most were male (59%) and most were white (76%) and non-hispanic (98%).

ICU admission

Compared with patients with full-treatment POLSTs, patients with comfort-only or limited-interventions POLSTs were significantly less likely to be admitted to the ICU. The incidence of ICU admission by POLST order was least (31%) for those with comfort-only orders, intermediate (46%) for those with limited-interventions orders, and highest (62%) for those with

full-treatment orders. These differences were highly statistically significant ($p<.001$).

POLST-discordant ICU care

Only 1% of the ICU admissions for patients with treatment-limiting POLST orders were for the sole purpose of managing the patient's comfort or symptom management, and only 4% of the ICU admissions were for the purpose of noninvasive ventilation (without receiving other life-sustaining treatments). Thus, as one might expect, the incidence of POLST-discordant care was much higher, 30% in the comfort-only group, and 41% in the limited interventions group.

Potential risk factors according to medical history

Patients with a history of cancer were least likely to receive POLST-discordant care compared to patients without cancer. Likewise, patients with dementia were also significantly less likely to receive POLST-discordant care. Patients admitted for traumatic injury were the most likely to receive POLST-discordant care.

Other risk factors

Older age was associated with significantly less POLST-discordant care. Factors that were not correlated with different outcome with regard to POLST-discordant care included: patient race or ethnicity, whether the patient or a surrogate signed on behalf of the patient, or how recently the POLST form was completed.

Traumatic injury as reason for ICU admission

Patients admitted for traumatic injury were significantly more likely to receive POLST-discordant care compared patients admitted for other reasons, regardless of their POLST orders (highly statistically significant differences).

Discussion

Treatment-limiting POLST orders reduce ICU admissions

Overall, patients with POLST orders for either limited interventions or comfort-only care were not as likely to be admitted to the ICU compared to patients with POLST orders for full treatment. This provides evidence that POLST orders are correlated with the honoring of patient wishes. Nevertheless, still 38% of patients with treatment-limiting POLSTs in this study were admitted to the ICU, and 18% received life-sustaining treatments (mechanical ventilation, vasoactive infusions, dialysis or CPR).

POLST-discordant may not mean goal-discordant

The study authors pointed out that POLST-discordant care is not necessarily the same as goal-discordant, or inappropriate, care. Context matters, or as the study authors say, "In the setting of acute illness, patients, surrogates, and clinicians may encounter circumstances that ethically compel a different treatment course than that outlined by a previously completed POLST" and "many patients with treatment limitations are willing to grant leeway to future decision-makers."

Further comments

POLST is for seriously ill patients

Patients who are appropriate for POLST have advanced chronic illness (which can include frailty) that increases their likelihood for a life-threatening clinical event. As such, POLST orders are intended to consider their baseline health, which is, by definition, significantly weaker than that of a healthy person, to the extent that routine "standard of care" life-sustaining treatments are likely not only to fail but cause harm in many cases.

Continued on Page 18

From Page 17

POLST orders do, and should consider context

Thus, as mentioned by Truog and Fried in the same issue of JAMA, POLST is not necessarily intended to address medical care in response to unexpected traumatic injury. POLST is intended to guide care towards the end of life along an expected trajectory due to chronic illness. As such, "POLST-discordant" care, as examined in this study, may actually be appropriate and consistent with patient goals, as the authors suggest. A further refinement of POLST may require careful consideration of the circumstances for which it is appropriate to apply the POLST medical orders. Health care professionals, including POLST leaders, do not agree that POLST should be considered "emergency medical orders," and it has been commonly understood that POLST should be suspended for certain circumstances such as surgery.

References

1. Lee RY, Brumback LC, Sathitratanacheewin S, et al. Association of Physician Orders for Life-Sustaining Treatment with ICU Admission Among Patients Hospitalized Near the End of Life. JAMA. Published online February 16, 2020. doi:10.1001/jama.2019.22523
2. Truog RD, Fried TR. Physician Orders for Life-Sustaining Treatment and Limiting Overtreatment at the End of Life. JAMA. Published online February 16, 2020. doi:10.1001/jama.2019.22522

High-dose opiates and benzodiazepines in end-of-life care

Scott Miller, MD, MA, FAAHPM

In our hospice inpatient unit, we have taken care of the following patients:

- An elderly patient with metastatic cancer who fell while walking and suffered a traumatic lower extremity fracture, requiring inpatient hospice care to manage fairly severe pain and agitation. She was not a surgical candidate. Her medication regimen included a continuous infusion of morphine at 10 mg intravenously per hour, along with a scheduled dose of lorazepam at 2 mg every six hours. She could have as-needed doses of both medications for breakthrough pain and agitation (10 mg of intravenous morphine hourly is the approximate equivalent of 30 mg of oral morphine tablets taken every hour).

Dr. Miller

- A middle-aged man with an aggressive urologic cancer associated with poorly controlled symptoms of pain, along with a painful inguinal wound, as well as generalized anxiety, who required inpatient hospice care for more aggressive management. His medication regimen included a continuous infusion of hydromorphone at 2 mg per hour, along with scheduled doses of both intravenous haloperidol and lorazepam given on an alternating schedule every four hours around-the-clock (2 mg of intravenous hydromorphone hourly is the approximate equivalent of 40 mg of oral morphine tablets taken every hour).

- A fairly young patient with an end-stage metastatic gynecologic

cancer with symptoms of poorly controlled pain, both nociceptive and neuropathic, along with agitation and anxiety and worsening dysphagia, who required aggressive inpatient hospice care. Her medication regimen included a continuous infusion of hydromorphone at 10 mg intravenously per hour, along with a continuous infusion of midazolam at 1 mg hourly. She could have as-needed doses of these medications for breakthrough symptoms (10 mg of intravenous hydromorphone hourly is the approximate equivalent of 200 mg of oral morphine tablets taken every hour).

Please consider the following multiple-choice statements about these patients:

A) They are comatose with varying levels of apnea and hypotension.

B) They are unconscious, bedbound and unable to respond to questions with normal vital signs.

C) They are generally comfortable and each of them is able to meaningfully interact with their caregivers and loved ones, answer questions and tolerate small amounts of oral nutrition.

D) One of the patients is (A), one of the patients is (B) and one of the patients is (C).

And the answer is: (C).

Yes (C) - in case you thought (C) might be a typo - it is not a typo. Most clinicians who do not regularly practice hospice and palliative care would find this very surprising indeed, and probably chose (D).

But the correct answer is (C).

I chose to highlight these three inpatient hospice cases to illustrate a very important principle in end-of-life hospice care - high to very high doses of opiate and benzodiazepine medications do not actually cause the deaths of people WHEN USED AND TITRATED APPROPRIATELY by knowledgeable clinicians in the field of hospice and palliative care. While the high doses of morphine, hydromorphone, lorazepam and midazolam listed are atypical for most patients on hospice, if the patient is started on low doses of these medications, and then titrated upward slowly but appropriately, then symptoms of pain, agitation and shortness of breath can be successfully managed while the patient continues to be able to interact with their surrounding environment, loved ones and caregivers, even as their decline continues and the doses escalate (sometimes dramatically).

(It is important to remember that almost every medication, IF USED INAPPROPRIATELY, can be deadly. Too much heparin - too much insulin - too much Tylenol, even - all can cause significant harm. In addition, the use of the opiate and benzodiazepines illustrated here apply to only the very end-of-life symptom management done by hospice and palliative care clinicians.)

Make no mistake here; these highlighted patients are very seriously ill, with prognoses for each of them in the neighborhood of only a few weeks. They do spend most of the day in bed and the nutrition that they are able to take would be considered fairly small. However, these patients illustrate that it is not the use of these medications themselves, even in extremely high doses, that results in the death of the patient. Rather, it is the slow steady progression of the diseases that ultimately lead to the deaths of the patients, and the medications, even at very high doses, allow for the underlying symptoms to be controlled, so that the patient's last days of life can be as meaningful and as interactive as possible to all involved.

Even if only for a few days, this is a very rewarding result.

Dr. Miller is clinical associate professor of medicine in the section of Supportive and Palliative Care at UPMC. He also serves as full-time medical director of the inpatient hospice facilities for Family Hospice.

**This article was originially published in the November 2019 issue of the Allegheny County Medical Society* Bulletin.