

Center for Medicare Advocacy Trains *Pro Bono* Attorneys to Appeal Denied Medicare Benefits

In 2011, RRF awarded a third-year, \$60,000 grant to the Center for Medicare Advocacy (CMA) to continue building the capacity of the Medicare Advocacy Alliance-- a 120-member group of *pro bono* attorneys from 24 states and Washington, DC. CMA created the Alliance in 2009 with an initial two-year RRF grant.

CMA trains the members of the Alliance to become better equipped to assist and represent elderly who have been denied Medicare benefits. Following the training process it developed with initial RRF funding, CMA continued to conduct bi-monthly telephone conference calls covering specific appeals issues. Approximately 22 Alliance sites participated in each call, with many people gathered at each site. Prior to each call, CMA circulated an issue brief on the session's topic. It provided additional training through weekly e-alerts on pressing issues related to Medicare appeals and due process. CMA also continued to produce self-help packets with practical quick-screen tools to guide advocates and beneficiaries through various appeal procedures.

Topics covered during the conference calls included: the Medicare improvement standard; durable equipment coverage; Accountable Care Organizations and beneficiary protections; therapy caps; health reform challenges; and the impact of federal legislation on physician payment.

CMA continued to manage and add more cases to its new Medicare appeals searchable database. The only one of its kind, this database includes thousands of cases for use by advocates. CMA also continued putting all the Alliance training materials on its website.

CMA conducted two surveys of Alliance members to get their feedback on its training. Responses were very positive. Advocates indicated they use CMA's materials and issue briefs internally in trainings with their colleagues. They also share CMA resources with advocacy groups, clients, State Health Insurance Program counselors, government and elected officials, provider associations, and the media. Thus, the training has much broader reach than the Alliance members.

Through its work with the Medicare Alliance, CMA has been able to gather case examples in its efforts to advocate for system change. During the grant period, CMA filed two national class action lawsuits. The first challenged the use of an improvement standard for Medicare coverage, and the second challenged the designation of hospital inpatients as *observation only*. Applying an improvement standard for coverage is not legal, and some corrective action has occurred while the case continues. The

Observation only+ case is also ongoing. CMA has received funding from Atlantic Philanthropies to continue building the capacity of the Alliance.

Cambodian Association of Illinois Completes Leadership Succession and Strategic Plan

In 2009, RRF awarded a one-year, \$20,020 grant to the Cambodian Association of Illinois (CAI) to prepare for its first major executive leadership transition in 35 years. CAI's founder, Kompha Seth, had served as CAI's Executive Director since the organization's inception. A Buddhist monk for 23 years prior to fleeing Cambodia, Kompha was one of his country's few intellectuals who was able to escape the genocide. Kompha has not only been the spiritual and organizational leader of CAI, but he has also provided leadership to many other local ethnic organizations. Kompha is recognized locally and nationally for his leadership in rebuilding the Cambodian community.

When Kompha announced plans to retire from CAI as Executive Director, the agency requested an Organizational Capacity Building (OCB) grant from RRF to assist with the transition. The grant enabled CAI to engage in a formal process of: leadership succession and strategic planning.

CAI retained the Executive Service Corps of Chicago (ESC) to assist first with succession planning. ESC consultants began with a comprehensive assessment of CAI's mission and vision, programs, strengths, weaknesses, and opportunities. ESC developed job descriptions for the Executive Director position and for President, which was to be Kompha's new role. CAI formed a Succession Planning Committee and recruited Executive Director candidates, reviewed applications, interviewed selected applicants, and finalized hiring of the new Executive Director. Several candidates from across the country were interviewed over a seven-month period from mid- to late-2010. CAI selected Dary Mien. A Cambodian who had previously been on CAI's Board, Ms. Mien had been serving in a professional position at the United Way.

Ms. Mien worked with ESC and CAI's administrative team to reorganize programs, reduce staff, and institute temporary salary reductions to meet financial challenges. Although unfortunate, this situation reconfirmed the urgent need for strategic planning. In early 2011, CAI's Board began the strategic planning process, again with ESC's guidance. CAI's Board held a retreat in the spring of 2011. In the fall of 2011, a new Chair and several new members were installed.

The strategic planning process resulted in a refining of the organization's focus. There seems to be much greater emphasis on building genocide and human rights awareness. There is also a new family-centered approach to service delivery and an attempt to integrate museum programs with services. The organization was restructured and staff job descriptions were revised accordingly.

CAI enhanced its senior program during the past two years. It added a bi-monthly drop-in program for seniors and expanded its home care program by 20 percent. Approximately 30 percent of the agency's clients are seniors. Recognizing many of its older clients now live in Lake, DuPage, and Kane Counties, CAI plans to expand its in-home services to these areas. It hired an additional 20 percent time program coordinator for these counties and plans to open a satellite office in Elmhurst.

CAI did an excellent job in its planning process. The organization made good use of consultants, the process was well organized, and the result was the hiring of a solid new Executive Director and the creation of a legitimate role for its founder, Kompha. The project demonstrated that effective organizational capacity building requires the consultants be sensitive to the culture of the agency and respect the leadership traditions.

Five Houses of Worship Make Accessibility Improvements

Over the past few months, five houses of worship completed accessibility improvements made with funding from RRF's Accessible Faith Grant Program.

Antioch Missionary Baptist Church is a 1,100-member, low-income African-American congregation located in Englewood. Nearly half of the congregation is composed of seniors. The church has many activities in addition to worship, including a senior exercise program, special choir, a senior ministry, and a parish nurse program.

With a \$7,640 Accessible Faith grant, Antioch MB Church converted an existing men's room in its main building into an accessible single occupancy unisex restroom. Because the main building and the education building are joined, people attending events in both facilities will now have the benefit of an accessible restroom. In his final report, the reverend indicated many seniors now remain after worship services for afternoon events, and the congregation is now motivated to renovate other restrooms in the church.

The main building is over 100 years old so it is not surprising that the project ran into some construction challenges. As the report indicated, you will find surprises when you open a wall or remove a floor in such an old building. Plumbing and flooring problems ran repairs up by \$2,300, but there was a net savings of almost \$7,000 because the project's bids became competitive.

Old St. Patrick's Church is a nearly 7,000-member Roman Catholic Church located just west of Chicago's Loop. Nearly 1,000 older adults are members of the parish. A very active parish, Old St. Pat's offers several worship and socialization opportunities for older persons. It also hosts many community groups, including the Interfaith Union and Interfaith Family School. The facility is on the National Register of Historic Places.

With a \$30,000 Accessible Faith grant, Old St. Pat's installed an elevator addition to the church building to replace an obsolete and unreliable chairlift. This resulted in an accessible entrance and access to each floor. Weather and a decision to make

additional modifications caused a delay in completing the project. The project's team decided to widen the elevator cab to enable it to accommodate stretchers in an emergency and to make it easier for pallbearers (many who are elderly) to carry caskets, which previously required ascending sloping steps.

The modifications added \$48,000 to the cost of the project. But, the parish felt it was worth it and conducted a "quick hit" campaign, a one-time appeal that asked each household to commit \$150 for the enhancements. The campaign generated sufficient funds to cover the additional costs.

The project director reported overwhelmingly positive feedback on the accessibility improvement. He stated, "We enjoy how it unites the young and more seasoned members of our campus community. Accessibility for everyone allows us to connect people at different stages of life, which truly enhances the overall experience of the church."

Our Lady of the Snows Parish is a 2,200-member Roman Catholic Church located on Chicago's southwest side. This is a low- to low-middle income parish, with a diverse membership of whites and Latinos. Forty percent of the parish is composed of older adults. In addition to providing many worship opportunities and a food pantry, the church hosts the Southwest Organizing Project, an advocacy group that works to improve the community.

RRF awarded a \$7,334 Accessible Faith grant to enable the church to install a new assistive listening system. The pastor indicated that since installing the system, weekly attendance has gone up. A number of younger members have joined with the large numbers of elders in the choir now that they can be heard more clearly. This has added an intergenerational opportunity for the parish.

Lake Street Church of Evanston is a 400-member American Baptist Church; 27 percent of the congregation is composed of seniors. This church is very important to the community. It hosts Hilda's Place, a nonprofit organization that provides food, shelter, and employment services for the homeless. The church also provides space for Tai Chi, art and music programs, and nearly fifty 12-step group meetings each week.

With a \$29,997 Accessible Faith grant, Lake Street Church was able to install a new three-stop lift to replace an obsolete lift. The new lift provides access to the basement where many meetings occur. The project also involved renovation of men's and women's restrooms in the basement. Prior to the grant, there was only one accessible restroom, and it was located in the front of the sanctuary. It was insufficient for the number of people who needed it and people had to walk to the front of the sanctuary and pass by the pulpit to get to it.

Both the lift and the restroom renovations were completed successfully without problems. The project's team was very experienced, having worked together on other projects over the last five years. The team knew there would be a lot of unknowns as it pinned down final costs, and it was prepared for additional expenses. The price went up by \$10,000.

However, the church got a better price as a result of its bidding process and benefitted by a number of cosmetic improvements that were not initially proposed. The project team even found a recycled water fountain -- a nice addition. By continuously informing the congregation's leadership, the team had no problem gaining approval to use funds from a previous capital campaign that had been set aside for special projects like this one.

The community has already shown greater interest in using the church facilities. The North Shore United Way and concert and music programs have already scheduled the sanctuary space. To ensure safety, the church has adopted a policy that an attendant must accompany the lift when it is in use. The project team prepared an operator's guide and has trained an usher team, consisting of members of the congregation and representatives of community groups that use the building on a regular basis.

Our Lady of Sorrows Basilica Parish is a 240-member Roman Catholic Church on Chicago's Westside. Primarily a low-income African-American parish, Our Lady of Sorrows has a large senior population--nearly half of its members are age 60 or over. The church is heavily involved with the community. It provides hot meals and a food program for the homeless and disadvantaged. It also holds a bi-weekly senior program that is very well attended. Prior to receiving an Accessible Faith grant, Our Lady of Sorrows had no accessible restrooms in the parish hall where most public events and activities occur.

With a \$19,700 Accessible Faith grant, Our Lady of Sorrows converted a men's restroom to an accessible unisex single-occupancy restroom. It also renovated a women's restroom and added new tile and safety stair threads in the hallway leading to the restrooms.

In his final report, the pastor emphasized the positive effect the Accessible Faith grant project has had on the congregation, on guests to the weekly breakfast program for the poor and homeless, and visitors to parish hall events. The use of the parish hall by outside groups has increased, which will add some modest revenue to the parish.

Adult Day Program Seeks Second Metro East Site

In 2011, RRF awarded a six-month, \$19,004 grant to St. John's Healing Community Board, to determine the feasibility of opening a second adult day service center in Metro East Illinois (the greater St. Louis metropolitan area). St. John's Healing Community Board, an affiliate of St. John Evangelical United Church of Christ, operates an adult day program in a church building in Collinsville. This is the only adult day center within the southern half of Madison County. Several years ago, RRF supported the start-up of this center, which has been very successful and usually has a wait list.

The 2011 grant enabled St. John's to hire a temporary director for the adult day center while the current director led the feasibility study. An analysis of data on the demographics of older adults verified the need for a second adult day center, especially in the two communities of Edwardsville/Glen Carbon and Granite City.

Although specific architectural plans were not drawn up for a second site, a preliminary design of the space and all specifications (e.g., technology, furniture, equipment, infrastructure, and interior and exterior space requirements) were described in a brochure that was broadly circulated in the targeted communities. As a result, five agencies approached St. John's to discuss collaborations, partnerships, and potential space.

Three sites were evaluated: two in Glen Carbon (an established senior community with vacant property and a commercial building with attached warehouse) and one in Edwardsville (a recently remodeled child care facility). Two sites were eliminated from consideration due to cost and uncertainty of plans. The commercial space with attached warehouse seemed to be the best option. Its location was also particularly advantageous. It was close to SIU-Edwardsville where St. John's has agreements to use student volunteers and interns.

However, the momentum of the project stalled when local zoning and building codes posed several barriers. Public officials were unfamiliar with adult day service requirements, and provided conflicting interpretations of municipal building and zoning codes, sometimes even within the same department. Requirements for a fire safety suppression system were also imposed on the project. This would have added an additional \$36,000 on top of an already expected \$30,000 renovation budget.

The project became cost prohibitive for St. John's at this time. Although still committed to finding a second site due to the high demand for service, St. John's has now incorporated the knowledge it gained about building, zoning, and fire safety codes, into its revised list of building requirements. An ideal location would have to come with a fire suppression system already built into it. Before St. John's would finalize a lease, it would get approval of its architectural drawings by the municipality and the local and state fire marshals to avoid spiraling costs.

St. John's researched funding sources and got a number of commitments to underwrite the purchase of furnishings, equipment, and technology. It also shared all of its findings with the Illinois Adult Day Services Association, the trade association of nonprofit adult day programs, so that others thinking about site expansion could benefit from St. John's lessons. St. John's is still optimistic that it will find a suitable site to meet the growing demand for such an important service.

National Healthcare Decisions Day Uses Social Media to Reach Millions

In 2011, a \$5,000 RRF grant was awarded to the National Hospice and Palliative Care Organization for its National Healthcare Decisions Day. This national initiative builds awareness of the importance of completing advance directives before a health crisis occurs. Because older persons are more likely to experience a health crisis as they age and face a situation in which someone else must make a medical decision on their behalf, they are the most important audience for this initiative.

All Medicare-participating healthcare facilities are mandated by federal law to inquire about and provide information to patients on advance directives. However, it is estimated that less than half of patients have an advance directive in their medical record and far fewer have received input from their physician to develop one.

With RRF funding, the National Hospice and Palliative Care Organization was able to hire a consultant to help initiate a social media campaign through use of Facebook, Twitter, LinkedIn, blogs and other social media. This effort was very successful. It exposed National Healthcare Decisions Day to several million people--including younger adults who may not have thought the topic was relevant to them or their parents. The Facebook post by LIVESTRONG alone reached more than 1.6 million people.

More than 110 national organizations and at least 1,200 state or local organizations and U.S. military bases around the world participated in National Healthcare Decisions Day. A survey of less than half these groups indicated more than 2.2 million staff members received information about National Healthcare Decisions Day and advance directives. More than one million members of the general public also participated. Some 17,500 advance directives were completed. RRF staff has encouraged the organizers of National Healthcare Decisions Day to join forces with the POLST initiative to maximize awareness.

Wayne State U. Expands Training of Occupational Therapists to Improve Mental Health Treatment of Older Persons

In 2010, RRF awarded a \$207,637 grant to Wayne State University Institute of Gerontology to expand a training program to improve Occupational Therapists (OTs) assessment and treatment of older adults with mental health issues. Studies have shown that OTs often fail to incorporate mental health assessments and treatments in their practice due to a lack of understanding of psycho-geriatric disorders. Since approximately two million persons age 65 and older meet the diagnostic criteria for depression and this number is growing, the role of allied health professionals like OTs in mental health assessment and treatment is becoming increasingly important.

This project built upon a 2006 RRF grant to Wayne State University, as part of the Foundation's mental health training initiative for allied health professionals. With that grant, Wayne State produced a DVD-based training program that became adopted for continuing education credit by the American Occupational Therapy Association. The 2010 RRF grant enabled Wayne State University to design, implement, and evaluate a train-the-trainer curriculum, using the DVD educational program in a randomized study.

A two-day curriculum was developed and delivered to experienced OTs who agreed to serve as trainers. At the conclusion of training, 100 percent of the OT trainers indicated they felt confident in their ability to return to their organization and train others. The OT trainers also provided very positive feedback on the training program, indicating it was engaging, relevant, and translatable to real-world OT clinical practice.

The trainers delivered the mental health education program to 67 OTs . seven more than originally projected. Post-training, this group demonstrated significant improvement from baseline, and significantly more knowledge than those in the control group. Several months later, when the control group was trained, the original training group demonstrated excellent retention of knowledge learned, and the control group demonstrated significantly better knowledge than at either testing before their training.

Clinical practice changes were measured by blinded chart reviews conducted by expert OTs. In comparison to the control group, the training group demonstrated significantly more mental health assessment and treatment activity. Documented assessment of depression went from a baseline rate of zero to a post-test rate of 35 percent. Thirty-three percent of charts tested documented that the trained therapists were actually engaged in treatment. These results continued over time and were duplicated when the group of OTs originally assigned to the control group converted into trainees. Both hard evaluations (readiness assessment, performance based testing, and chart reviews) and soft evaluations (satisfaction and effectiveness ratings) were performed. Because of such positive results, the OT train-the-trainer model has become a standard addition to the previously developed OT training program and is now an Evidence-Based OT Model for mental health practice as approved by the American Occupational Therapist Association.

The train-the-trainer model has attracted more interest than expected. HCR ManorCare has expressed interest in making this a national model for all 280 of its rehabilitation facilities. Wayne State University has submitted a proposal to another foundation to support implementation of the model in HCR ManorCare facilities. The Wayne State team was invited to present a symposium at the American Psychological Association and a workshop on the project at the Michigan OT Association.

The project's team recognized that successful implementation requires ongoing contact with OTs. As part of its request to another funder, the project team has proposed development of virtual case rounds.+ This would involve the use of Skype to connect mental health experts to OTs to consultant on specific cases to enhance their intervention and treatment plans.

This project continues to have an enormous impact on the occupational therapy field. Wayne State U. continues to market the original DVD series, developed with the first RRF grant. To date, more than 650 OTs across the nation have completed the entire six-hour training program.

Memorial Medical Center Educates Nurses on Delirium

In 2010, RRF made a one-year, \$45,079 grant to Memorial Medical Center of Springfield, Illinois, to train all 350 of its hospital's nurses on delirium assessment, prevention, and management. Delirium, also referred to as acute confusion, is a widespread and potentially lethal condition that frequently occurs in hospitalized patients due to anesthesia, infection, and change in patient routine or medications. Delirium can result in serious complications leading to decreased functional ability, longer hospitalization, and increased cost. Early identification can help avoid many of

these negative outcomes. Despite the importance of early detection, however, delirium is often unrecognized, overlooked and/or misdiagnosed.

The objective of Memorial Medical Center's Delirium Education Program was to train all nursing staff on Memorial's 17 nursing units, with the goal of reducing the incidence and prevalence of delirium and the percentage of unrecognized delirium within this acute care setting. The hospital originally proposed a "train-the-trainer" model in which four nurses from each of the nursing units would receive training, one unit at a time, and then return to their unit to train their peers.

The project began by training four nurses from each of six units. Based on the nurses' feedback, the education plan was revised. Instead of a train-the-trainer model, the hospital developed a narrative, interactive computer-based learning program. It was loaded on the hospital's online learning management system and assigned to each nurse as a mandatory component of their annual skills day competency.

The computer-based learning program actually turned out to be a better format. It allowed the nurses to complete the program as a self-study at convenient times and locations, and it did not take them away from the bedside. It also standardized the training and alleviated those nurses who had agreed to be trainers but then expressed lack of confidence in doing so.

Content of the training program included an overview of delirium, barriers to early identification, and an explanation of the CAM delirium assessment tool (Confusion Assessment Method). The program also included video demonstrations using the assessment tool, tips for communicating assessment findings to physicians, and a case study guiding the learner through the assessment and decision-making process.

Upon completion of the computer based learning program, nurses were required to take a post-test and complete assessments of patients in three scenarios. The first scenario depicted a patient experiencing hypoactive delirium; the second, a hyperactive non-delirious patient; and the third, a patient who is unable to be assessed due to a decreased level of consciousness.

A total of 378 RNs--28 more than expected--completed all components of the Delirium Education Program. They have started using the CAM Delirium Assessment tool in their daily patient assessments. The delirium prevalence rate for all inpatient nursing units was 14 percent at baseline. Three months after the nurses on the first six units completed the program, there was a 21 percent reduction in delirium. Prevalence dropped to 11 percent on these units. Unit audits continued to show compliance with the use of the CAM assessment tool among nursing staff.

Having a standardized delirium assessment tool has provided staff with the ability to share delirium-related patient care issues with both nursing and physician colleagues. A delirium interdisciplinary plan of care has also been developed to assist staff to identify interventions that will prevent and/or minimize the effects of delirium.

Now that nurses are able to report on specific symptoms such as acute changes in mental status, altered level of consciousness, or inattention, physicians are paying

more attention to the issues of delirium. Several nurses reported that physicians sometimes seemed unfamiliar with the CAM tool but were willing to discuss symptoms. Nurses report they are more comfortable making suggestions about treatment changes as a result of the training and the use of CAM. Thus, more nurse-physician dialog has begun.

The fact that the training was mandatory for all nurses was quite significant. The project's results emphasize the positive outcomes that can occur from early recognition and intervention on delirium. Sharing these lessons may very well help other hospitals incorporate delirium assessment and intervention as part of routine clinical practice.

Senior Companions Program Expands to So. Kane County

In 2010, RRF awarded a one-year \$22,473 grant to Senior Services Associates, Inc. (SSA), a large multi-purpose senior services agency located in Elgin. Among its many services, SSA operates a senior companion program that matches volunteers with isolated seniors to provide support and friendship. Prior to the grant, SSA operated the program in McHenry, Kendall, and northern Kane County. The purpose of the grant was to expand the senior companion program to southern Kane County, particularly Aurora.

With RRF funding, SSA hired a new part-time staff member (24 hours per week) to handle volunteer recruitment, screening, matching, and program coordination for the new territory. The goal was to match seniors currently on a wait list with a volunteer as well as add new elders and volunteers into the program.

SSA completed 28 senior companion/elder matches--two more matches than anticipated. It actually identified 47 seniors in need--17 more than expected. At the close of the grant, SSA was in the process of matching many more seniors and companions. It had reached 75 percent of the targeted number of volunteer hours logged by senior companions (756 of the goal of 1,000).

Note: RRF staff takes much of the information for Grant Highlights directly from grantees' final reports. Staff often asks questions and holds discussions with grantees to get a more complete understanding of the results of grants and to understand challenges grantees faced.