

# GRANT HIGHLIGHTS

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*This information comes from GrantBriefs, RRF's bi-monthly internal newsletter. Much of the information is taken directly from grantees' reports and is presented in their own words. We thank grantees and others for their contribution to Grant Highlights.*

## **East St. Louis Hospitals Reach Out to Low-Income Elderly**

In 2009, The Retirement Research Foundation (RRF) made a \$35,000 grant to the Touchette and Kenneth Hall Regional Hospitals of East St. Louis for their Seniors I.Q. Program. Part of the Southern Healthcare Foundation, these two hospitals and their nine federally qualified health clinics are the primary source of health care for low-income persons in East St. Louis and the surrounding communities. Once the site of thriving meat packing plants and chemical companies, East St. Louis has been fairly well abandoned by these businesses and is now one of the most disadvantaged areas in Illinois. More than 30 percent of East St. Louis elderly live far below the poverty level. Because of the economic blight and very high crime rate, residents have been abandoning the area, while the percentage of elderly has been rapidly increasing.

Four years ago, the two hospitals established the Seniors I.Q. Program to provide the elderly (age 60 and over) with case management, information and referral, counseling, and assistance in obtaining benefits. Last year, RRF provided its first grant to the hospitals to meet a growing demand for services. The objective was to expand from 500 to 650 seniors served (a 23 percent increase).

Seniors I.Q. met or exceeded all objectives. It enrolled 381 new participants, more than twice the expected increase, while continuing to serve the current 500 participants. Referrals came principally from current Seniors I.Q. members, but also from within the health care system and from community-based agencies.

Seniors I.Q. has attempted to determine return on investment by calculating the value of various benefits it helped participants obtain. Its report indicated 860 participants received assistance with utilities, at a value of \$161,509. Fifty elders received assistive devices and home modifications, valued at \$8,050. Elders received \$70,000 in food benefits. The program staff filed 164 health care benefit applications for new participants and 182 for ongoing participants. Benefits included Extra Help (the Low-Income Subsidy), Medicare Savings Programs, and Illinois Cares Rx. The value of Extra Help and Medicare Savings Program benefits totaled at least \$1.75 million.

Seniors I.Q. has engaged many community partners such as social service and behavioral health providers in conducting health education and screenings for participants. There was particular emphasis on diabetes education. Seniors I.Q. staff members have become certified as SHIP (State Health Insurance and Assistance

Program) counselors. The program has also been going through the accreditation process of the Alliance of Information and Referral Services Organization.

## **Northwest Side Task Force Tackles Problem of Vacant Homes**

In 2009, RRF made a \$15,000 grant to the Northwest Side Housing Center (NWSHC) to address the need to secure and maintain vacant homes in the Belmont-Cragin area of Chicago. The northwest side has the highest concentration of residents age 65 and older, with a large proportion at or near the poverty level. Older persons are disproportionately the community's homeowners. As such, they are particularly at risk as vacant properties contribute to community deterioration, decreased property values, and increased crime. Many older adults are house rich but cash poor, and their home is their only financial asset. The housing market's deterioration has caused many older residents of this community who might have sold their home or moved to a retirement community to hold on to their property because of the decline in value.

Belmont-Cragin has an estimated 340 vacant homes. It is the only area on the north side to make the city's top 10 list for number of vacant building complaints. The objectives of the RRF-funded project were to establish a coordinated effort to address the problem by creating a taskforce, composed of utility companies, city and county departments, mortgage lenders and servers, realtors, police and fire; to document the extent of the foreclosed and vacant housing problem and its impact on older adults; and to develop, implement, and evaluate a policy for securing and maintaining these properties. NWSHC also planned to reach out to the leaders of 24 churches in the community to get them involved in the effort.

NWSHC successfully created a Vacant Housing Task Force. The Task Force has 18 members, two-thirds of whom are age 55 or older. All 12 of the older members have assumed active leadership roles such as providing testimony and community data on the impact of vacant homes, leading meetings with stakeholders, recruiting community members, meeting with Aldermen, and developing strategy. This grassroots effort has truly empowered community residents and built a strong leadership. It was due to the Task Force that NWSHC focused much more attention on foreclosure prevention and on developing strategies to challenge lenders to make loan modifications.

The Task Force also developed a number of strategy pieces for dissemination to the community and use with decision makers. It developed a Q&A document about why amendment to the city's Vacant Buildings Ordinance is critical and created a user-friendly flyer informing residents of actions they could take if a vacant home on their block becomes a problem. The flyer was widely distributed through schools, churches, and the Aldermanic offices. NWSHC estimates it reached 4,000 residents with information on vacant, foreclosed homes and their impact.

The Task Force was challenged in developing a coordinated approach to prevent foreclosure and the problems of vacant homes due to the enormous power of the

banking lobby and obstacles presented by the City of Chicago. The area's Alderman introduced an amendment to the City's Vacant Buildings Ordinance that would have put the onus of vacant homes on the lenders that had foreclosed on the properties. However, the amendment stalled. It was re-introduced a second time but was unsuccessful again. While the Task Force expected opposition by the banking lobby, it was surprised by the City's obstacles.

Although the Task Force was able to involve the utility companies, it found they lagged in maintaining services in foreclosed homes and in holding the lenders responsible for paying for them. The Task Force had more success with the Cook County Department of Buildings. The Department adopted elements of the process developed by the Task Force to secure and maintain vacant homes.

The Task Force was tenacious and creative in its strategies. Although its municipal amendment failed, it was successful at the federal level. As a result of its year-long work with Congressman Quigley's office, he added an amendment to the Wall Street Reform and Consumer Protection Act. Signed into law by President Obama, the amendment requires loan servicers to provide homeowners with the data and values used to determine their eligibility for a loan modification. Lenders may not deny a homeowner a chance at saving his or her home for no stated reason. The amendment also established a method for challenging negative decisions. With the law behind it, NWSHC organized 100 families to hold five lenders accountable for failure to implement the government's loan modification program. After several months of negotiations, at least half of the families have been able to save their homes.

The focus of the Task Force was more on saving homes for persons of all ages than just for the elderly. However, the project has benefited seniors because they disproportionately represent the community's home owners and have seen their retirement plans drastically changed. Also, the project had considerable value in providing seniors with the tools that empower them to tackle the problem more effectively. The work of the Task Force is ongoing.

### **Horizon Hospice Trains Staff to Use New Electronic Medical Records System**

In 2009, RRF made a \$67,482 Organizational Capacity Building (OCB) grant to Horizon Hospice & Palliative Care to train its staff in the use of a newly installed electronic medical records (EMR) system. Chicago's first hospice, Horizon provides end-of-life care to 1,000 patients annually.

The goal of this OCB project was to enable all Horizon staff to become proficient and consistent in the use of the EMR, to more accurately record all patient clinical data (particularly pain management needs and incidents of falls), and to process Medicare and other billing more efficiently.

Horizon achieved all of its objectives. The initial goal was to be able to submit Medicare billing automatically within one business day or less, down from the current

four- to five-day period. However, there was a glitch within the billing module that was being corrected by the EMR contractor at the end of the grant period.

All clinical staff received 25 to 35 hours of training on the new EMR system. All billing staff received 40 hours of training. Two “Super Users” received enhanced training on-site at Cerner. The “Super Users” are prepared to provide any follow-up training that Horizon staff may need and to troubleshoot problems as they arise.

An initial survey indicated staff felt comfortable with basic computer hardware. However, as EMR training got under way, many staff were found to need more experience with computers to boost their confidence and adequately use the EMR system. Horizon contracted with the Institute for Workforce Education to provide training for all clinical staff on the basics of personal computers, use of a laptop, and the basics of Microsoft Word and Excel. Horizon’s Director of Education also provided individualized training for those who requested it. Horizon hired an additional IT expert to help staff with technology challenges.

Horizon expected 75 percent of staff to use the EMR system to document patient care on the same day they visit a patient. At the time of the report, 50 to 75 percent of Horizon’s staff complied within one day; 80 to 90 percent documented care within at least 48 hours. Horizon learned its expectation might need to be revised, based on what type of professional is delivering patient care. For example, it may be appropriate for nursing staff to enter patient data during a visit. But, given the nature of their patient interactions, social workers or chaplains may realistically enter it slightly later. Horizon learned several lessons about the need to clarify where data is inserted into the EMR and how to balance the new EMR with existing systems that relay time-sensitive information on a patient’s status.

This successful project will have a positive effect on Horizon’s efficiency and patient care. It will enable Horizon to enter and access data about a patient’s health status in a timelier manner; achieve more efficient access to data for quality improvement; and streamline billing to obtain quicker reimbursement. These enhancements contribute to the sustainability of Horizon’s high-quality patient services.

## **Hektoen Institute Studies Elder Abuse from Traumatic Injury**

In 2008, RRF made a \$50,000 grant to the Hektoen Institute for Medical Research (the nonprofit research affiliate of Stroger Hospital) to conduct a study of victims of elder abuse involving traumatic injury. The purpose of the study was to help identify groups at high risk for such elder abuse and define intervention policies.

In Illinois, 29 percent of patients treated in level I and II trauma units are age 60 or over. Traumatic injuries from elder abuse represent some of the most severe incidents of abuse. However, the current literature lacks characterization and description of clinical outcomes of elderly patients suffering severe traumatic injury. It also lacks analytical studies using comprehensive trauma registries to describe in detail the clinical presentation of the injury and information on mortality rates among elderly victims of such abuse.

This RRF-funded research involved a case-control study detailing clinical outcomes and evaluating risk factors of victims of elder abuse treated in two level I trauma units between 1999 and 2006. They included Advocate Lutheran General Hospital in Park Ridge and Stroger Hospital (formerly Cook County) in Chicago. The research characterized the severity and outcome of traumatic injuries suffered by elder abuse victims, described the characteristics of the perpetrators, and identified risk factors associated with severe traumatic elder abuse. The study also described the frequency of referral of severe traumatic elder abuse cases to the State of Illinois Elder Abuse Hotline and determined life expectancy of older persons suffering such abuse.

The State of Illinois maintains a trauma registry and mandates that every level I and II trauma unit collect data on injured individuals admitted to the unit for 12 or more hours. The registry contains data on demographics; cause, place and type of injury; and health outcomes (diagnoses, measures of injury severity, hospital procedures, and disability status on discharge). A trained epidemiologist completed record abstraction for the cases from Lutheran General and Stroger. The study included 41 cases and 123 controls. The controls were randomly selected from elderly patients in the trauma registry. The identified cases of elder abuse were removed from the control list prior to random sampling. Data was also obtained from the Illinois Department on Aging Adult Protective Service Program on any referrals made to the program.

Forty-one cases of elder abuse involving severe traumatic injury between 1999 and 2006 were identified. Compared to controls, the cases were disproportionately female (58 percent), single (39 percent), and unemployed (98 percent). Sixty-one percent of the perpetrators were male. Approximately one-third of them were a spouse/partner. Another third were children of the victim. The mechanism for assault varied. Almost 25 percent involved cutting or piercing instruments such as a knife. Another quarter involved unarmed fights or brawls. In another quarter, household items such as canes, hammers, or a lamp were used. Twelve percent of victims were pushed or thrown; five percent were raped; and 2.5 percent had hot water thrown at them.

The elder abuse cases were more likely to suffer penetrating injuries compared to controls (27 percent vs. six percent). The three most common types of injury to abuse victims included open wounds (56 percent), internal injuries (24 percent); and fractures (22 percent). The elder abuse cases suffered injuries to the head and torso more than the controls (i.e., head 61 percent vs. 39 percent and torso 32 percent vs. 20 percent). The cases suffered disproportionately from pre-existing medical conditions than the controls (particularly heart disease, dementia and Alzheimer's disease, mental illness, and drug and alcohol abuse).

Although the elder abuse cases suffered more severe injuries than the controls, the number discharged back to their homes, as opposed to an acute care or long-term care facility, did not differ substantially. Twenty of the 41 victims of abuse were returned home to the same environment in which the abuse occurred. Abuse victims were more than two times likely to die during the first year after hospitalization for traumatic abuse than the controls. A surprising finding was the low rate of reporting of elder abuse cases to Adult Protective Services. These findings underscore the failure of our health

and social service system to provide for alternative safe and healthy environments for elders at risk of such traumatic abuse.

This is first case-control study to detail clinical outcomes and evaluate risk factors of elderly suffering severe physical abuse. Its value could be extensive if its findings can be used to motivate changes within the health care institutions and systems caring for severely injured elderly. Hektoen's research team has been preparing presentations for professional groups, especially trauma personnel. It will be presenting to the staff of the Illinois Department on Aging Adult Protective Services, Advocate and Stroger Hospitals' Trauma Services, and Illinois Trauma Nurse Coordinators. The team plans to work with Illinois' 64 trauma centers to address elder abuse and neglect and outline procedures for reporting to the Elder Abuse Hotline.

### **Project Tests Nursing Homes' Use of Distance Learning for Incontinence Care and Nutritional Assistance**

In 2009, RRF made a second year grant of \$34,928 to Miami University Scripps Gerontology Center to continue to refine and test two distance learning courses for nursing home supervisors and other staff to improve quality of life for residents in nursing homes. In the first year, the project tested the first version of a course on incontinence care. In the second year, revisions were made to the incontinence care course, and a second course on nutritional assistance was added.

The model was initially tested with 14 nursing homes. Participants took an eight-month course on incontinence management. The model involved facilitating contact between nursing home staffs and experts in incontinence care; providing ongoing support to nursing homes for longer periods than most training programs; monthly teleconferences; fieldwork assignments; and tele-coaching to answer participants' questions.

In the second year feedback from those who took the first course guided revisions to improve participation rates, knowledge transfer, intervention effectiveness, and satisfaction with the training without increasing the per-facility cost. Refinements included shortening teleconference sessions from the original 60 or 90 minutes to 40 minutes and reducing the number of sessions from eight to six. The revised course included CNAs because they do most of the hands-on incontinence management and feeding assistance. The course added a quiz and case studies to teach key concepts, and participants were encouraged to set a target number of resident assessments they would complete. The project also added pocket-size cards for the CNAs to use as a ready reference tool and provided peer support.

Both courses were evaluated with respect to participation, training effectiveness, intervention implementation, and training program references. Evaluation data were collected from supervisors and staff members through IRB-approved surveys and pre- and post-training quizzes. The project also tracked teleconference participation rates. The greatest challenge proved to be the drop-out rate of the facilities. The incontinence management course had a drop-out rate of 34 percent. The drop-out rate for the

nutritional assistance course was 51 percent. However, these rates included facilities that registered but never participated. When considering only the facilities that actually started the course, the drop-out rate was significantly lower.

Quiz scores increased significantly for incontinence care--from 57 percent at pre-test to 85 percent post-test. For the nutritional care course, scores rose--from 45 percent to 75 percent. Most supervisors reported that residents benefitted from the interventions learned in the courses. Participating nursing homes assessed an average of 12 residents for improvements in incontinence care. Fifty-five percent of the 20 reporting supervisors indicated residents who received learned interventions were drier. Sixty percent of the nursing homes reported more individualized toileting plans for incontinent residents because of the facility's participation in the course.

Supervisors from 10 nursing homes participating in the nutritional assistance course submitted resident assessment reports indicating improvements. Each nursing home assessed an average of five residents for improved nutritional care. Each resident received one to three separate assessments for nutritional intake, responsiveness to enhanced mealtime, and snack time assistance.

The teleconferencing component was also evaluated. A majority of respondents for both courses indicated that six teleconferences lasting forty minutes each were "just right." More than 80 percent indicated they would take a similar type of course in the future and would recommend it to colleagues. Sixty-six percent of the incontinence care and 46 percent of the nutritional care trainees preferred distance learning to traditional in-person training.

The project evaluated whether modifications made to the incontinence care course resulted in better outcomes. Differences between the two courses were measured with regard to participation, training effectiveness, intervention implementation, and training satisfaction. Few differences between the two courses were found, thus indicating that shortening the course did not have a negative effect on the outcomes.

Information about this project has been widely shared. There have been two articles prepared for the *Gerontologist*. A poster presentation was made at the Gerontological Society of America's annual meeting last month. Other presentations are in the works, including one for the upcoming annual meeting of the Association for Gerontology in Higher Education. The project's team is working with Florida Atlantic University to disseminate a distance learning toolkit. Announcements to professional groups involved in nursing home education are encouraging use of the project's free online training materials.

This project has already influenced long-term care policy. For the first time, the Centers for Medicare and Medicaid Services (CMS) will now require nursing homes to record the results of a brief trial of toileting assistance.

## **St. Odilo Completes Accessible Faith Grant**

Located in Berwyn, St. Odilo is a large Roman Catholic Church with 4,425 members. Nearly half of this predominately Hispanic congregation is age 60 or older. In 2009, the congregation applied to RRF for an Accessible Faith Grant because its lower level was inaccessible, and many of elders and persons with disabilities were unable to participate in social and spiritual activities that take place there.

A \$9,835 Accessible Faith Grant enabled St. Odilo to install an enclosed platform lift for access to the lower level. A Garaventa platform lift was successfully installed although there was a slight delay when a portion of the lift broke during installation. However, the cost of the project remained as originally bid, and the project was completed within the expected time frame. The pastor reported the congregation is enthusiastic about the changes although it is too early to determine the increased level of participation in activities.