

The Bomba Letter



February 2009

Inside This Issue

- 1 Welcome
- 2 What's New?
- 3 Elder Abuse
- 4 Palliative Care
- 5 Soap Box
- 6 Full Calendar of Events

Welcome

In the last month there has been a flurry of activity surrounding National Healthcare Decisions Day (NHDD)! Since early January, two key statewide groups related to NHDD have been formed: the [NHDD 2009 New York State Coalition](#) and the Family Healthcare Decisions Act Subgroup. Three key goals were identified for the NHDD 2009 New York State Coalition. They are to:

- Increase conversations that lead to completion of health care proxies
- Increase awareness of the MOLST Program in the community
- Ensure that [Family Health Care Decisions Act](#) is passed in 2009

We have built 3 web pages dedicated to advancing these goals. We have also partnered with [over 100 New York State NHDD collaborating organizations!](#) Many of these organizations are planning their own NHDD events, and some are joining together to put on regional activities. All of the NHDD events in New York State will be listed on our [NHDD page](#). If your organization has an NHDD event that you would like listed on our web page, please contact [Penny Weller](#). Provide Penny with information about the event (name of the event, date, time, location, etc.), include a web site where people can find out more about the event, and attach a flyer for advertising purposes.

Passing Family Health Care Decisions Act (FHCDA) in New York State in 2009 is another New York State Coalition goal that we are actively addressing. In early February I wrote [legislative testimony](#) about the need for and importance of FHCDA, which was delivered at the Greater Rochester Area Partnership for the Elderly ([GRAPE](#)) Legislative Town Hall Meeting by Penny Weller, my Program Implementation Manager. Dr. Jack Freer from SUNY Buffalo also delivered [legislative testimony](#) at the Network in Aging of Western New York Town Hall Meeting on Aging-Related Issues on February 20, 2009.

Over the last month, our entire department was also reminded of the importance of educating patients, families *and* professionals about end-of-life care. In January, Penny's father died, and we were again confronted with the reality of someone who experienced poor end-of-life care preparation. This time, the patient, Penny's dad, did everything right – he had conversations with his family, he had a health care proxy, living will and a MOLST form. It was his doctors and the other health professionals caring for him who failed to prepare him and his family for the end of his life. As Penny's mother reflects back, she wishes that the medical professionals caring for her husband would have explained earlier that her husband was dying and given them options for palliative care, pain management and hospice much sooner. **Please read Penny's story in the "Soap Box" of this issue, and use this opportunity to talk honestly with your patients and families about the end of life.**

Thank you for your continued commitment to improving the quality of end-of-life care for everyone.

Pat

MedAmerica Insurance Company, a leading Long Term Care Insurer,
committed to raising awareness of Elder Abuse
Copyright 2008 Patricia Bomba, M.D., F.A.C.P. / MedAmerica – All Rights Reserved

If you wish to highlight your work in elder abuse or palliative care or have items of interest to include in the next newsletter, please contact me at patricia.bomba@MedAmericaLTC.com





What's New?

MOLST Mentioned in The New York Times

(The New York Times, February 24, 2009, page D7, New York Edition)

MOLST was mentioned in the New York Times Health section on February 24, 2009 in an article written by Jane Brody. The article was titled "Putting Muscle Behind End-of-Life Wishes," and discussed MOLST as an option in New York State to ensure individuals' wishes are honored at the end of life. Read the full article [HERE](#).

Jane Brody is also the author of a recently-published book about end-of-life care, titled "**Guide to the Great Beyond.**" The book successfully takes you from "diagnosis to grief" and prepares you medically, legally and emotionally for the end of life by using truth, humor, practical questions, helpful checklists, and great storytelling technique. The book is available for purchase [HERE](#).

House Passes Silver Alert Legislation

(Elder Justice Coalition, February 12, 2009)

On Tuesday, February 10, 2009, the House of Representatives passed H.R. 632, the Silver Alert bill. The Silver Alert bill will enhance and integrate Silver Alert plans throughout the United States, as well as authorizing grants for the assistance of organizations to find missing adults. To view the text of the bill, click [HERE](#).

Power of Attorney Reform is Finally Coming to New York State!

(Lifespan)

Power of Attorney (POA) reform was identified as a priority during the NYS Elder Abuse Summit in 2004. Although POA legislation was finally passed by the New York State legislature and signed by Governor Paterson in December 2008, the effective date for POA reform has been pushed back from its original date (March 1, 2009) to September 1, 2009. This law is critical to preventing the financial exploitation of the elderly in New York State and we are looking forward to September 1!

Reminders:

- To order MOLST forms and other educational resources, click [HERE](#)
- To update your contact information with us, click [HERE](#)
- To post your National Health Care Decisions Day event or list your organization as an NHDD collaborator on CompassionAndSupport.org, contact [Penny S. Weller](mailto:Penny.S.Weller@lifethc.com) at penny.weller@lifethc.com or call toll free (877) 718-6709.



Compassion and Support
at the End of Life

Elder Abuse

House Passes First Elder Abuse Legislation of 2009

(Elder Justice Coalition, February 12, 2009)



On February 11 2009, by a vote of 397-25, the House of Representatives passed [H.R. 448: The Elder Abuse Victims Act of 2009](#). The bill is identical to legislation that was passed by the House in 2008, but was never acted on by the Senate. H.R. 448 is a small part of the Elder Justice Act. The bill would:

- Protect seniors in the United States from elder abuse by established specialized elder abuse prosecution and research programs.
- Provide training to prosecutors and other law enforcement related to elder abuse prevention and protections.
- Establish programs that provide for emergency crisis response teams to combat elder abuse.

To view the text of the bill, click [HERE](#). The Elder Justice Coalition supported the legislation. The bill now goes to the Senate where a comparable bill is expected to be introduced. The Coalition is encouraged by this early first step towards improving elder justice that was taken by the House.

Free Online Education on Elder Abuse!

(Judy Metcalf, APRN, BC, MS, Director of the University of New England Maine Geriatric Education Center, a federally funded Health Resources and Services Administration (HRSA) program).

This free online course was produced through collaboration between the University of New England Maine Geriatric Education Center and AARP. The online course ["Observing and Addressing Financial and Material Exploitation of Older Adults"](#) is available to assist healthcare professionals, health professions faculty, and students to help them develop a better understanding of financial and material exploitation/abuse against older adults – whether committed by family members, friends, individuals in a position of trust, strangers or caregivers.

The course consists of nine separate modules which can be taken separately or together. Each module has pre- and post-module tests, optional assignments, and discussion questions that can be used for orientation programs for new health professions employees, physician office practice staff, visiting nurse agencies and hospital discharge planners. The course can also be used for class/groups to provide education and heighten awareness of financial and material exploitation.

Each module of this CME Course is approved for 1.5 category 1B AQA, Category 1 AMA PRA Credits and UNE contact hours by the University of New England College of Osteopathic Medicine. For further information, and registration or questions please click [HERE](#), or view a flyer [HERE](#).

Palliative Care

Improving Palliative Care at the End of Life

(NYC Department of Health and Mental Hygiene, Jan./Feb. 2009, Vol. 28(1):1-8).

Advance care planning can make medical decision making and patient care easier while ensuring that a patient's care preferences will be honored if he or she is unable to make decisions. Palliative care, which focuses on alleviating pain and addressing the spiritual and psychological needs of seriously ill patients and their families, can be provided at any time in conjunction with curative treatment. Hospice care also focuses on pain relief and emotional and spiritual support, but is intended for patients who have a limited life expectancy and no longer wish to have aggressive medical treatment. Sections of this article speak to reimbursement for advance care planning, appointing the appropriate health care agent, utilizing the MOLST Program, establishing goals of care, addressing symptom management, using Medicare hospice benefits and more. To view the full article click [HERE](#).

Family Caregivers: Exhausted, Stressed – and Abusive?

(U.S. News and World Report, Monday, February 23, 2009)

Bearing the responsibility for an aging parent or spouse can become a thorny task. Caregivers themselves can sustain mental, emotional and physical blows that may go unattended. Stress mounts steadily when sleep is lost. Acknowledging what is happening, and seeking professional support is not always realistic as readers of [this article](#) pointed out.



The reality of costs associated with professional support result in it not being affordable for everyone. Some areas do not have a genuine support network for caregivers and the system also may lack the capability to guarantee services.

Please make certain that the resources available in your area have been identified and that patients, families and other professionals are aware of them.

Senior services, support groups and experts can help. Questions to identify the caregiver's needs, or the patient's needs that will then relieve the caregiver, are:

- **Who is the medical professional coordinating the treatment plan based on the diagnosis?** Knowing the facts of the disease, the recommended treatments and their benefits or burdens, and identifying how the patient defines quality of life are essential.
- **Is this an issue of safety and/or security?** Would an emergency monitoring system help? Is this an issue for Adult Protective Services to assess?
- **How much support do I have?** Make a list of support options from churches, social clubs, work friends, and neighbors, to caregiver-specific support groups.
- **Do I need a break sooner than later?** You are not a super hero unless you are wearing a cape and can fly! No one can work 24/7. Identify local adult day care, utilize the social worker from your loved one's last hospital stay, identify volunteers through your church or town hall or hire a private aide service.
- **Is this a legal matter?** Is the issue about Power of Attorney or assistance with financial LTC needs? Most communities have some free legal services.

Caregiver supports are located in each community. If you're challenged with finding them, contact your local Office for Aging, town hall, physician, or social worker. Some resources are:

- CompassionAndSupport.org
- [New York State Office for Aging](http://NewYorkStateOfficeforAging.org)
- Wellness.com – Helps you find a geriatrician in any state
- [AARP](http://AARP.org) – Has numerous caregiver resources
- [Lifespan](http://Lifespan.org) – Provides information, guidance and services to help older adults with the challenges and opportunities of a longer life.
- [LawNY](http://LawNY.org) – Provides legal assistance for New Yorkers
- [Monroe County Legal Assistance Center](http://MonroeCountyLegalAssistanceCenter.org) – Provides legal assistance

*MedAmerica Insurance Company, a leading Long Term Care Insurer,
committed to raising awareness of Elder Abuse*

Copyright 2008 Patricia Bomba, M.D., F.A.C.P. / MedAmerica – All Rights Reserved

Soap Box

We have a long way to go! Even with a Health Care Proxy, Living Will, MOLST and heart to heart conversations.... We did our part, now do yours!

Penny Weller, Geriatrics Program Implementation Manager

Being a Licensed Clinical Social Worker specializing in Geriatrics and End-of-Life Issues while being an Advance Care Planning Facilitator and Trainer, I was shocked to learn how many medical professionals continue to neglect having end-of-life conversations. They don't review palliative care options or symptom management, and they *do not* ask the patient what their goals are for their plan of care nor do they include the family in early plan-of-care conversations. Professionals can choose to make a positive difference to directly improve quality of life for their patients/families. **Your choice to have or not to have these conversations with your patients does affect the patient and their family forever!**

Here is my story:

"I am certain your father will be cured from the pneumonia and be able to return home." I heard this statement on the 4th day of my father being in the hospital from a physician and infectious disease specialist. **I questioned this specialist** based on my clinical experience and knowing my father had been battling Prostrate Cancer for four years that had metastasized to his bone and more recently to his brain, and lymph nodes. I also knew that on top of the pneumonia he had been diagnosed with Congestive Heart Failure upon admission. His PSA was in the thousands. To me he was Hospice appropriate.

Within those first four days I listened to numerous medical professionals who assessed my father (oncologists, radiologists, (recommended chemotherapy), physical therapists, cardiologists, had an EKG, MRI, met with his primary care physician, saw an infectious disease specialist, and palliative care nurse to name a few). I read his medical chart (taking 8 hours to obtain permission even with my father alert and oriented telling staff he wanted me to read it) knowing knowledge is power. Each medical professional expressed the hope for some degree of cure for some of his ailments.

My mother, two sisters and I consistently expressed and requested each medical professional to please share with us, if they believed my father was closer to death than not. We expressed being open to hearing the truth, understanding that his medical status could change and that his wishes were to die a Natural Death.

Approximately 7 hours prior to my father dying, a medical professional finally stated, "Your father is dying." Having followed all of my training days prior, I had prepared my family and some of the medical staff at the hospital with Hospice literature (what it is and how to contact them), what palliative care is, how to monitor pain and discomfort while my dad slept, education on pain medication and other medication for symptom management, how the medication worked, what to expect, and encouraged each member of my family to say what they needed to, to avoid regrets.

When I questioned one of the medical professionals why death or end-of-life was not addressed or discussed even though it was so evident that he was dying the answer was, "Some of us don't like to think or talk about the possibility of losing a patient."

When the conversation is not had, the patient/family loses the opportunity to:

- Plan financially, mentally, emotionally and spiritually
- Know there will be support from your medical professionals
- Process what is happening

What can we do?

- Complete the advance care planning process for yourself and encourage your family members to do the same.
- Educate yourself, your staff, and the community.
- View the News and Events page for upcoming educational opportunities.
- Look forward to a future training event in the Fall of 2009 for physicians and other medical professionals to learn how to have conversations on end-of-life issues.

Penny

2009 Calendar of Events

For detailed information on events, view our [Events page](#).

- March 1-5 **2009 NPACE – NP for Continuing Education Primary Care/Elder Care Conference**, Las Vegas, NV [Applying the Bucket List of End-of-life Best Practices](#)
- March 15-19 **American Society on Aging Conference**, Las Vegas, NV
- March 25-28 **The POLST Paradigm: The Annual Assembly of American Academy of Hospice and Palliative Medicine & Hospice and Palliative Nurses Association**, Austin, TX
- March 27 **MOLST Update: NYSHFA Annual Social Worker Conference**, NY, NY
- April 4 **Timely Medical-Ethical Problems: Organ Donation and Transplantation**, Williamsville, NY
Contact [Dr. Nick Yates](#) or call (716) 895-2590.
- April 7 **The MOLST Program: A Community-wide Approach to Improving End-of-Life** All-day conference. Sponsored by GNYHCFA, New York City area.
- April 13-17 National Healthcare Decisions Week
- April 16 [National Healthcare Decisions Day!](#)
- April 16 **Applying the Bucket List of End-of-life Best Practices: Chi Eta Phi Sorority – 57th Northeast Regional Conference & Educational Workshop**, Rochester, NY
- April 22-24 **Is Wellness Right for LTCI? 2009 Long Term Care International Forum**: San Antonio, TX
- April 28 **Ethics Grand Rounds**, Rochester General Hospital, Rochester, NY
- April 29-May 3 **American Geriatrics Society 2009 Annual Scientific Meeting**, Chicago, IL
- May 5-12 Harvard Medical School **“Program in Palliative Care Education and Practice.”** Cambridge, MA. For further information click [HERE](#).
- May 13 **Community MOLST Program**, evening community presentation, Malone, NY
- May 14 **The MOLST Program: A Community-wide Approach to Improving End-of-Life** All-day conference. Malone, NY
- May 26 **Ethics Grand Rounds**, Rochester General Hospital, Rochester, NY
- May 27 **MOLST Update: The 14th Annual William E. Palmer Memorial Lecture**. Sponsored by Arnot Ogden Hospital, Elmira, NY
- June 2 **NYC Elder Abuse Conference: “Safety in a Storm: Identification and Prevention of Elder Abuse.”** Contact [Mara Schechter](#) or call (718) 286-1540.
- June 2-3 **2009 ACUU “Aging Concerns Unite Us” Conference**, Albany, NY
- June 10 **The MOLST Program: A Community-wide Approach to Improving End-of-Life** All-day conference. Bassett Healthcare and VHS Palliative Care Conference, NY
- June 15 World Elder Abuse Awareness Day >[View](#)
- June 23 **The MOLST Program: A Community-wide Approach to Improving End-of-Life** All-day conference. Painted Post, NY

If you know of other events related to Elder Abuse or Care at the End-of-Life, please [forward them to me](#), and I will add them to our calendar of events for the next edition of this newsletter. Thank you.

[Access archives of prior publications of “The Bomba Letter.”](#)

For further information on Elder Abuse and Long Term Care, visit [MedAmerica’s website](#).

If you do not wish to receive future editions of the Bomba Letter, please reply to this message with “unsubscribe” in the subject line.