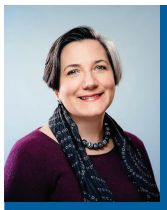
Massachusetts General Hospital
Founding Member, Mass General Brigham

Fall 2023

Living Well



Letter from the Chief

Vicki Jackson
MD, MPH

Those who seek a cognitive screening for a possible cognitive issue for themselves or a loved one may wonder what to expect or what to bring to a neurologist's office. In addition, there can be long wait times to get an appointment with a neurologist. In response, the Division has created a new consulting clinic, called the Cognitive Health and Integrated Memory Evaluations (CHIME) clinic, which is featured in this issue. At this clinic, individuals can meet with Kathryn Hanley, MD, to get a private evaluation. She will also coordinate with the person's primary care physician regarding next steps. Family members meet separately with a licensed clinical social worker who is a geriatric specialist, someone who will listen to their concerns and offer a wealth of advice and resources. This exciting new clinic will help individuals and families receive timely help when they need it most.

You will also read about the Division's efforts to reduce the incidences of delirium among hospitalized older adults, led by Sharon Levine, MD. This involved chart reviews of former patients, and focus groups and interviews conducted by Janet Rico, CNP. This led to a pilot program that focused on training staff in recognizing and preventing delirium and on increasing mobility among the patients themselves. The results of this initiative are being studied now to help shape best practices for this important Age Friendly work.

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New Supportive Care Unit for Palliative Care

On July 10, the first inpatient palliative care unit at MGH opened for patients presenting with serious illness. This new unit allows patients to transfer out of the ED, a space with challenges in supporting patients undergoing a stressful time in the course of their serious illness, and into a special unit focused on palliative care. This gives them access to a full range of palliative care clinicians practicing together as one team. "This is the first time that our clinicians are serving as a primary team. This has been transformative not just for patients and families, but for clinicians as well," says Stephanie Kiser, MD, MPH, and Clinical Director for the Division. She notes that Kirsten Engel, MD, Allison Kavanaugh, NP, and Todd Rinehart, SW serve as the core clinical leadership team.

The 10-bed unit includes an interdisciplinary team of palliative care professionals including social workers and a chaplain in addition to nurse practitioners and doctors. The team partners with other clinical services including oncology and hospital medicine to provide the care each patient needs. "This new unit can focus on patient-centered, goal directed care. We can help them get out of the hospital if they want and move to another setting. We can prioritize the best setting based on what is most important to them," says Kiser. For example, people living with serious illness are sometimes admitted to the ER with an acute issue that can lead to long hospital stays that trigger added tests and procedures. This is often not what people with serious illness would want when they have a better understanding of how some of those things fit into helping them meet their goals. "In the supportive care unit, we can take a bigger picture look and provide care that best matches their overall goals," says Kiser.

The new unit is located on Phillips 20 and 21, and every room is a private room, which allows families to gather with their loved ones. "Families feel incredibly supported right away. This care model has improved the way we take care of patients as an interdisciplinary team, something we all aspire to as we care for patients every day," says Kiser. ▲

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New Cognitive Health and Integrated Memory Evaluations Clinic

People who hope to get an evaluation of their cognitive health or that of a close relative are often concerned about what to expect. It can be a shock to learn that getting an appointment with a neurologist can take six months or more. In response, the Division has created a memory consult clinic embedded in geriatrics, called the Cognitive Health and Integrated Memory Evaluation (CHIME) clinic. "This clinic offers consultations only, but these can help with a timely diagnosis for those who have never had a memory evaluation or think that their relative may have cognitive issues," says Kathryn Hanley, MD, who leads the initiative. "What we can do is provide the patient with reassurance or inform and educate them about a likely diagnosis."

The consultation has two parts, the first of which is a scheduled meeting by phone or video with the individual and a care partner, if possible. In this call, our LICSW, a dementia specialist, will gather information about what's happening in the home, how the individual is managing day to day, and what stressors may be relevant. She asks about activities of daily living, but also instrumental activities of daily living, such as paying bills, preparing meals and organizing their own schedule. She asks about their medications, how they are sleeping, and what has changed to trigger concern. Finally, she answers questions about practical matters and prepares them for the clinical visit.

The second part of the evaluation happens at the clinic. In this 90-minute meeting Dr. Hanley conducts a comprehensive interview and evaluation based on the Geriatric 4Ms. Then she asks the social worker and family members to excuse themselves so that she can test the individual's memory privately, without distractions. She administers the Montreal Cognitive Assessment (MoCA) or Rudas, depending on the education, language, and cultural experiences of the individual. While family members wait, they meet with the social worker to discuss their own experiences and any concerns. Afterward, Hanley shares a diagnosis if there is one, and makes recommendations to the referring provider. This may include recommendations for blood work or imaging, or a referral to Neurology or Neuropsychiatry, or medication for dementia. "As this is a consult clinic, I try to respect the relationship between patient and referring provider," says Hanley. The social worker also helps family members find books, online resources, skills classes, clinical studies, or a dementia collaborative, if needed.

The clinic took its first appointments in February 2023, and the response has been overwhelmingly positive. The demand is so high that the clinic does have a wait list. The CHIME clinic has the potential to play an important role in the hospital's work flows as new monoclonal antibodies, such as lecanemab, become more widely available. ▲

Empowering Bedside Nurses for Serious Illness Conversations

Most people think of a serious illness conversation as happening in a formal setting, such as a family meeting, or in a conversation initiated by a medical team member. Two years ago, Kristin Wharton, NP, noticed that hospitalized people with serious illness sometimes spontaneously share their goals, concerns and illness understanding with the clinicians they see most often—their bedside nurses.

"There's a body of nursing evidence showing that patients feel more comfortable sharing information with nurses, because they are with their nurses for 12 hours a day," says Wharton. However, she noticed that these important conversations weren't being noted or shared with other members of the medical team. She decided to create an introductory training session for inpatient registered nurses that would introduce them to palliative care concepts. The training relies on role playing and includes scenarios familiar to many inpatient nurses. "You might walk into a patient's room to give meds and they've just had a meeting with their oncologist and have received some news and are crying," she says. "How do you interact with them and how do you document that conversation so that other members of the team can access it?" The training offers guidance on how to react to these situations and document these interactions in the electronic medical record.

She notes that most of the participants have already had some serious illness conversations with patients. They just didn't know that's what was happening. "Mostly, we are demystifying the serious illness conversation allowing them to see how they are already doing it," says Wharton. After the training, these nurses are also in a position to advocate for a palliative care intervention for patients who need more help.

The hour-long training sessions occur once a month and have been expanded to include social workers, physical therapists, chaplains, and any team members who are not advanced practitioners.

Instructors for these training sessions include Sarah D'Arpino, CNP, Michaela Rowland, NP, and Kyle Kozelka, LISCW. The feedback from participants has been overwhelmingly positive. In fact, some ask to shadow palliative care professionals to learn more about the subspecialty. Others have indicated that they would be interested in more formal palliative care instruction, which is available through the Continuum Project. A few say they might like to go back to school to become palliative care NPs themselves. "This can definitely be a bridge to more training," says Wharton. ▲

Division Works to Reduce and Prevent Delirium

As part of its Age Friendly work, the Division created a task force to reduce the incidences of delirium across the hospital. "It's really important to do this because we know that delirium is debilitating. It can cause functional and cognitive decline, and it increases the length of hospital stays," says Sharon Levine, MD, who leads the initiative.

The task force reviewed data from 19,000 patients discharged in 2021 to collect the prevalence of delirium. They found that 99% of patients were screened for delirium, and about 14% of patients 65 and older in internal medicine tested positive for delirium. However, some people who had delirium may not have been identified because they had hypoactive delirium, in which they seem to be sleeping.

In addition, Janet Rico, CNP, conducted focus groups and interviews with residents, nurses, and advanced practitioners about how they screen for delirium and also about their challenges related to the use of restraints for those patients who were agitated.

"We really wanted to raise awareness of the crisis around delirium and how to coordinate within a team, not as another box to check but to truly prevent delirium in the first place," says Levine. To do that, the task force created a pilot program on Bigelow 7 this past summer, in which nurses and personal care assistants were educated on the risk factors for delirium. These include underlying cognitive issues, sight and hearing impairment, dehydration, electrolyte imbalance, untreated pain, infection, or lack of sleep. The training also reinforced the practice of screening for delirium.

The task force thought through possible interventions that might reduce delirium and chose increasing mobility as this is considered best practice in other hospitals. "We know from other studies that getting people up and moving does decrease delirium," says Levine.

Twice a day, patients were assisted to get up and move at their appropriate level. Those with mobility issues were encouraged to move as much as they were able. Patients and their family members also received information on the benefits of mobility. Each patient receives a score according to the Johns Hopkins Highest Level of Mobility scale, which is logged each time they are mobilized. In a patient survey, more than 90% of people felt safe moving around with assistance and understood the benefits of doing so. In the coming months, the results of the pilot program will be studied to see how the delirium training and mobility interventions affected the rates of developing delirium. ▲

Age-Friendly Health Systems

Committed to Care Excellence for Older Adults

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Letter from the Chief

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Bedside nurses do critical work in caring for patients with serious illness. A couple of years ago, Kristin Wharton, NP, noticed that these patients were often spontaneously sharing important information about their illness understandings, or their goals and values, with these bedside nurses. You will read about how she created a special training program that supports these nurses in such moments, and empowers them to capture these serious illness conversations in the patient's medical record. So far, the nurses and other staff members have loved the training and say it has given them a better understanding of the value of palliative care.

Finally, I'm excited to share that the new supportive care unit for palliative care has opened. This 10-bed unit has an interdisciplinary group of palliative care professionals working together as a team. This unit allows patients who would otherwise be cared for in the ED to receive care that is patient-centered and goal-directed.

This is important because people living with serious illness are sometimes admitted to the ER with an acute issue that can lead to long hospital stays. Now, they can be moved to a unit that is dedicated to palliative care. Because the team also partners with other clinical services, patients can still access care from oncology, hospital medicine and other specialists. These rooms are private rooms, so patients can have their families around them with the privacy to have important conversations. The feedback from these patients and families has been overwhelmingly positive. ▲

Sincerely,

Vicki Jackson, MD, MPH
Blum Family Endowed Chair in Palliative Care
Chief, Division of Palliative Care and Geriatric Medicine

Awards and Achievements

Sarah Byrne-Martelli, Senior Staff Chaplain, was appointed Chair of the Palliative Care and Hospice Advance Certification Commission for the Association of Professional Chaplains. In this role, Sarah oversees the credentialing and continuing education of Advanced Practice Chaplains.

Andrea Kurkul, CNP, has been chosen to sit on the ANCC Adult Geriatric Primary Care NP Content Expert Panel for a three-year term starting in January 2024.

A group of clinicians received a Slavin Academy Teaching Scholars Grant this year. The title of their project is: **Promoting Serious Illness Communication Skills in Interprofessional Collaborative Practice.** The team includes Elizabeth Lindenberger, MD, Tamra Keeney, DPT, Ph.D. Alexis Drutchas, MD, Jaclyn Shameklis, MD, and Kristin Wharton, MSN.

Ricky Leiter, MD, Rachel Rusch, LCSW, and Alexis Drutchas, MD, hosted their first International Palliative Story Exchange at the Memorial Sloan Kettering 4th Annual Celebration of World Hospice and Palliative Care Day. There were over 300 people in attendance, and the stories came from New York City, Lagos, Nigeria; Kerala, India; San Diego, California; and Bend, Oregon.

The MGH Division of Palliative Care and Geriatric Medicine's Center for Aging and Serious Illness Research was awarded, in partnership with Brandeis University, a Patient-Centered Outcomes Research Institute Phased Large Awards for Comparative Effectiveness Research (PLACER) award to study the effect of incorporating a social-medical model of care into primary care that integrates core components of geriatrics and palliative care. The program is led by Christine Ritchie MD, MSPH, Director of the Center for Aging and Serious Illness, and Jennifer Perloff PhD and Karen Donelan ScD, EdD at Brandeis University. Tamra Keeney, DPT, PhD, was awarded a National Institute on Aging career development award (K23) entitled Enabling Older Adults to 'LiveWell' with Advanced Heart Failure: Development of a Palliative Rehabilitation Model.

Joanna Paladino, MD was awarded a grant from the Department of Neurology and the Satter Foundation to develop person-centered serious illness conversations for persons living with dementia and their care partners.

Lisa LaRowe, PhD was awarded a grant from the National Institute on Aging Deprescribing Network to better understand the impact of opioid deprescribing on older adults.

Christine Ritchie, MD, MSPH gave the keynote address at the Taiwan Academy of Hospice and Palliative Care which focused on identifying strategies for integration of geriatrics and palliative care principles into home-based care. ▲

Events

All held virtually by Zoom or join by phone (EST)

Most events are recorded and can be viewed on the Division website.

Dementia Care Collaborative

For all Dementia Care Collaborative events, RSVP to dementiacaregiversupport@mgh.harvard.edu

https://dementiacarecollaborative.org/

The Dementia Care Collaborative was created to educate and support patients, caregivers, healthcare providers, and the community. Dedicated team members offer opportunities for learning through monthly programs like our Conversation with Caregivers and our Health and Resiliency evenings, along with weekly exercise, Ageless Grace classes. We also offer individual clinical support for caregivers, support groups and fundamental skill classes. We are here to teach new ways of understanding dementia, how to best communicate and partner with those with dementia and offer support and guidance for caregivers to feel empowered to foster their own well-being and resilience.

The Dementia Care Collaborative has been funded by the generosity of supporting individuals and foundations including the Jack Satter Foundation and the Bresky Foundation, since its inception in 2017 and recently the Berkshire Bank. ▲

Conversations with Caregivers | Third Tuesday of every month 5:30PM - 7:00PM

January: "Proactive Care Planning: The Keys to Success" with Jennifer Pilcher, MBA

February: "Living Our Best Life as We Age" with Dr. Christine Ritchie

March: "What Matters to You: Conversations with Family"

Health & Resiliency Programs | First Tuesday of every month 5:30PM - 6:30PM

January: "Violin Concert" with Jason Wang from Julliard

February: "Caregiver Burnout and Management Skills" with Ruth Palin

March: "Chair Yoga for Everyone" with Wise Owl Wellness

Ageless Grace Classes | First and third Tuesday of every month 9:15AM - 10:00AM

Zoom into a seated movement class with upbeat music based on neuroplasticity. Boost brain and body health in a fun community!

Strength and Balance Class | Second Tuesday of every month from 10:00AM - 11:00AM

RSVP for Ageless Grace and Strength and Balance and exercise to Judy Willett at jgwillett@mgh.harvard.edu

Ways to give

For information about ways to support the Division of Pallative Care and Geriatrics at Mass General, please contact **Patrick Rooney at 857.260.4873 patrick.rooney@mgh.harvard.edu.**

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