

Colorado Medical Directors Association Monthly Meeting

December 6th, 2011

Location – CDPHE: First Floor: Sabin Room

Present: Lee Anneberg, Roger Bermingham, John Dunkle, Leslie Eber, Greg Gahm, Jane Garramone, Sheldon Goldberg, Chris Horton, Alex Jacobs, Herbert Jacobs, Stanley Kerstein, David Koets, Christine LaRocca, Jennifer McCants, Tami Meurer, Alan Miller, Mike Todd, Jodie Walker, David Warrick, Joshua Zucker

The telephone connection was not working.

12:00-12:10pm: Updates and reminders

1. LTC Advisory Meeting Schedule:

<http://www.cdphe.state.co.us/hf/LTCA/LTCAindex.html> Next Meeting will be January 3rd, 2012. May 2011 meeting material is now posted.

2. Our website is <http://cmda.us>: hosted by GoDaddy, with the help of our new webmaster Bobby Kennedy. You can reach him at Support@CMDA.US (but please let Dr. Anneberg know before you ask him to place something new on the website).

3. MOST Website: <http://www.coloroadvancedirectives.com>

4. CFMC Hospital Safety website: http://www.cfmc.org/hospital/hospital_index.aspx

5. CFMC Nursing Home Quality Improvement website:
http://www.cfmc.org/nh/nh_index.aspx

6. CFMC Care Transitions: http://www.cfmc.org/provider/provider_care-transitions.aspx

12:10-1:00pm Presentations

1. Health Facilities Updates. **Jennifer McCants, Interim Deputy Director**
Jennifer.McCants@state.co.us 303-692-2899

A letter has been sent requesting to postpone the QIS survey rollout process in other states. The Facilities division is addressing issues from feedback. Dr. Anneberg shared that he had a building go through the QIS process in three days. The average is more like five days. Tag numbers are going down.

2. Update on Influenza: **Dr. Greg Gahm**

There are no reported outbreaks yet. It is time for all to get flu vaccine.

3. No AMDA report available.

3. Case presentation and discussion: Progressive Swallowing Difficulties in an Elderly Patient in a Nursing Home: **Dr. Roger Bermingham**

This is an ethics case safety vs. patient rights. The patient is an 88 year-old female with Parkinson's disease and arthritis. She is wheel chair bound. She has some dementia but can still make decisions. She has had progressive weight loss. She is an Evercare patient, and there is not an appropriate Hospice nearby. She periodically chokes because she can't swallow. She is a very strong introvert and prefers to not go to large dining area. She would like to eat alone in her room. The nursing home staff called corporate office; they called Facilities Division. If choking risk, she has to be observed. The patient is willing to sign a

statement saying that if she chokes, it is ok. Corporate office says no, she has to go to dining room. A mini-cam has been suggested for observing her. Question: does patient safety always trump patient rights? Jennifer McCants said that from regulatory standpoint, Facilities' obligation is the safety piece. If supervision is provided, resident can eat in her room. They would not tell the nursing home that she has to go to dining room. Jennifer said camera monitoring would be ok. Dr. Stan Kerstein suggested to do best effort in a reasonable way by checking on her every few minutes until she is finished eating. Josh Zucker suggested having a call light she can use. Dr. Leslie Eber stated that this goes to matter of choice in quality of life. Patient should be able to sign a waiver. Jennifer McCants said that a waiver is one piece of the puzzle. The State looks at lots of things. The consensus of the groups was that options need to be explored and documented. There should be a meeting with staff, patient, and family to explore the options and come up with what seems to be the best plan.

Dr. Greg Gahm mentioned that Dr. Fred Feinsod will be leading an ethics session at the next CMDA annual meeting, and this would be an excellent discussion.

4. Scientific Presentations:

a. *Geriatric Principles: Evidence-Based Medicine at Its Best.* Morley, JAMDA
How do we approach this in our own places? **Dr. Alex Jacobs**
(article attached to agenda)

This study is not adjusted for those who are more cognitively impaired. Dr. Jacobs shared that in his facilities, they are very cautious. Role for psychotropics – statement needs to be in records that doctors are aware of side effects. Behaviors need to be specifically identified and monitored. Justification needs to be given for decision to continue the medication. Needs to show that you've used non-pharmacological treatment first: such as talking, touching, etc. Should you attempt a reduction? Dr. Roger Bermingham – try to treat pain and/or depression first. Sometimes a patient is found who is an undiagnosed bi-polar and now has dementia. Behaviors have to be monitored. Tami Meurer shared that a patient sometimes acts out because patient is bored. Dr. John Hunkle said that if he is on call, he comes up with a temporary solution. If it is his patient, then he looks at behaviors and medications first. Dr. Leslie Eber shared that sometimes a patient is in panic delirium because of being in hospital suddenly. Dr. Greg Gahm – studies show drugs are not much better than placebo. A patient often calms down because patient is getting a pill. The medicines don't stop the behaviors until they are at the point of being anesthetized. There are some patients who don't fit any category. Alan Miller – If you are going to start a drug, make it a limited order and then re-assess. Need to do the reduction in medication gradually. Often the drug is re-given and the patient never goes off it again. How do we review this on a facility-wide basis? Need to show that each facility has some way of documenting these drugs following federal regulations. Dr. Sheldon Goldberg – Medical Director needs to be able to offer an alternative and resources to provide the behavioral intervention when needed to offset the giving of medications. Dr. Herb Jacobs – Interactions of several drugs can cause behavior problems as well. Dr. Lee Anneberg – If a patient smokes, that is another issue as smoking is not allowed in a hospital. Dr. Stan Kerstein – Families sometimes don't want patient taken off a drug that they've taken for several years.

- b. *Monitoring Quality of Care for Nursing Home Residents with Behavioral and Psychological Symptoms Related to Dementia*. Nazir, JAMDA:
Dr. Lee Anneberg (article attached to agenda)

Focus of article is improving function. Careful targeting is required. See diagram in article on how drugs interact. Fewer drugs are usually better.

Dr. Anneberg mentioned that AMDA has great teaching materials available. He shared a PowerPoint on training for CMA's. A post test is included.

1:00 - 1:30pm **CMDA Meeting**

- **Plans for 2012 Conference: Update from Dr. Greg Gahm**
Theme for the CMDA Annual Conference is *Geriatrics in Long Term Care: Setting the Standards of Care*. The conference will be on Friday, April 27, 2012, at the Summit Conference Center in Aurora, CO

Dr. Gahm is working on the agenda and still needs people willing to speak on the various topics. There was some discussion of bringing in at least one national speaker.

- **Planning for 2012: new President and new Treasurer**
No one has come forward yet to be new President.
Tami Meurer said she would assist Roger Bermingham if he remains as Treasurer.
Formal election of officers will be at the AMDA annual meeting in March, 2012.
The annual meeting will be held March 8-11, 2012, in San Antonio, TX.
Those who agreed to be delegates are Lee Anneberg, Leslie Eber, Herb Jacobs, Tami Meurer, and Mike Todd.
- **AMDA Resolution: Definition of a Physician**
Dr. Chris Unrein submitted this on behalf of Colorado. The concern is that PA's have introduced themselves as doctors. This gets complicated as titles, etc. are different in Great Britain. The consensus of the group present is that Dr. Unrein should present the resolution at a CMDA meeting first and have us approve or disapprove it before it is submitted.

Next Meeting: first Tuesday, at noon, January 3rd, 2012