If you’re thinking of buying Grandma her first ever smartphone or tablet for the holidays, but aren’t sure she’ll be able to handle the technology ... make that purchase! Studies show technology can lead to the deeper levels of social engagement associated with improved mental and physical wellbeing in older adults. But there’s a catch — you need to help Grandma learn how to use that mobile device in order for her to reap the full benefits of social technology.

“Simply having technology isn’t what leads to greater life satisfaction for older people,” notes Dr. Kevin O’Neil, chief medical officer of Brookdale Senior Living, and a clinical professor of aging studies at the University of South Florida. “Using technology for meaningful social engagement is what counts, and the rewards can be life-altering for many seniors.”

Ample research shows social interactions are good for older people, yet more than a third of Americans older than 80 don’t use technology for social networking, a study by Brookdale and the Stanford Center on Longevity found. Sixty-three percent of seniors do use technology to stay connected to loved ones. Seventy percent who use technology, such as cell phones and computers to stay connected, say it improves their communications with loved ones. And those who do use technology say they feel happier, more satisfied and their health is better, the study found; 85 percent said they were satisfied with life, and 72 percent said they were in good or excellent health.

“Feeling overwhelmed by the complexities of new technology was the top reason older people said they didn’t try new technologies,” O’Neil says. “Fortunately, that’s a fairly easy fix. All that’s really required is some assistance from more tech-savvy younger loved ones to help seniors learn how to use new technologies to enrich their social and intellectual lives.”

Brookdale, America’s largest provider of senior living communities, has developed programs to help residents learn to use new technology so they can stay socially connected to their loved ones as part of the company’s efforts to use technology to enrich the lives of seniors known as “Rewiring Aging.” O’Neil and the aging experts at Brookdale offer some tips to help seniors overcome barriers to technology use:

• If you’re buying technology for an older loved one, remember simple is better and less is more. Forty-one percent of older people polled in the Brookdale study said new technology is too complicated. If you want Grandma to be able to make calls, text and access her Facebook account, she probably doesn’t need a smartphone with all the other bells and whistles. Look for a device that does only what she needs and not much more.

• Look for devices that are larger, with screens that will be easier to see, such as a tablet versus a smartphone, or a laptop with a larger screen.

• Assist with setup of the device. Increase the on-screen font size and use bold to help older eyes more easily see text on small device screens.

• Screen colors can affect readability, so pay attention to the color of the font and background. Avoid pastels and light colors that are difficult to see. Adjust the device’s background theme to be minimally distracting.

• Help your older loved one create user names and passwords, and write them all down to be stored in a secure location. Be sure to address security settings on social media accounts. Limit who can contact your loved one through social (continued on page 3)
A referral process has been developed linking Tampa Family Health Centers patients and caregivers with resources accessible through Senior Connection Center, the Aging and Disability Resource Center that covers Hillsborough County. TFHC providers refer older adult patients with physical or psychosocial needs to its Case Management Team for assessment. The team then assesses patients and determines if a referral to SCC is needed.

When referrals for other community resources are needed; such as help with transportation, long term care services, utility payments and nutrition, staff at TFHC faxes a request to contract the patient to SCC (or a patient may decide to self-refer). An SCC Information & Referral Specialist reaches out to the patient, making at least two attempts to provide needed resources. Patient contact is then documented on a shared TFHC and SCC spreadsheet with actions taken. TFHC can then follow-up with the patient to close the referral order and determine if there are any further needs or barriers for the individual to receive the help needed.

The referral process began in October 2015 and through March 2016, SCC Information & Referral Specialists have successfully contacted and provided services to 103 TFHC patients.

Dr. Syed completed his residency at Columbus Regional Medical Center in Columbus, Ga. He holds membership with the American Academy of Family Physicians and has obtained other certifications that demonstrate his breadth of knowledge in his field. He is multilingual with skills in Spanish and Urdu/Hindi to complement his patient care.

“We live in a culturally diverse community where many people have barriers to quality healthcare,” said Dr. Syed. “It is my personal mission to help break down those barriers and ensure all our patients receive the excellent care they deserve.”
GWEP Program Quality Improvement

by: Melanie Michael, DNP, MS, FNP-C, CPHQ, FNAP
Assistant Professor, USF College of Nursing

To achieve targeted curriculum, practice, and program improvements, select USF GWEP activities will be evaluated using the Plan, Do, Study, Act (PDSA) cycle. The PDSA model was originally developed by Walter Shewhart and later modified by W. Edwards Deming (IHI, 2003). It represents a series of structured activities, organized in four phases, which can be used to conduct repetitive tests of change in rapid sequence.

The primary objectives of PDSA-based QI include process improvement and explication of the relationship between process changes and outcomes (Hughes, 2008). Examples of key activities in the plan phase include problem definition, selection of a test of change (i.e., process improvement or intervention), and development of an implementation action plan. In the do phase of the cycle, the test of change is piloted and data are collected. In the study phase, team members evaluate the data and other information collected during the pilot. In the act phase, the results are used to determine whether or not the test of change should be modified or abandoned in favor of other tests of change. The cycle ends as the team decides on “next steps” and the next PDSA cycle begins.

The PDSA model is grounded in the scientific method. Accordingly, establishing a functional relationship between process change and health care outcome variation is fundamental to the PDSA QI methodology. According to Speroff and O’Connor (2004), “PDSA quality improvement is achieved when data are collected to demonstrate that change by intervention resulted in improvement” (p. 21).

To support quality improvement PDSAs, a series of modules are currently under development within the external Canvas site used by GWEP workgroups. These modules include forms, templates and references as well as a prioritization matrix that individual teams or Colleges can use to select and guide their respective PDSA projects. In addition, a Wiki page that will serve as the official repository for each project will be developed as new projects are launched.

To date, two projects have been added to the Canvas site: Increasing Pneumovax 23 Vaccination Rates in Geriatric Patients, which has been developed and launched by Internal Medicine residents from the Morsani College of Medicine and a Geriatric Curriculum Integration Project developed by faculty in the College of Nursing.

A series of trainings and/or information sessions on PDSA methods and tools will be available during the second quarter of 2016. Details will be disseminated via Workgroup Chairs and e-mail so please watch for additional information on this topic in the near future.

(continued from page 1)

media, and make sure your older loved ones understand why they must never accept online invitations or interactions from people they don’t know.

• Show your loved one how to use email and text messaging, attach or open photos. Again, stress the importance of never opening an attachment in an email from someone they don’t know.

• For seniors with dexterity challenges, a separate, larger keyboard can make device use much easier. Or, consider showing your loved one how to use voice-to-text applications so typing is unnecessary.

• Load some fun brain games onto the device to help stimulate your older loved one’s mind.

“Technology can be a wonderful way to enrich older people’s lives, allowing them to stay connected with loved ones regardless of distance and mobility,” O’Neil says. “Helping your older loved one learn how to connect with their loved ones via technology can be a wonderful holiday gift that will benefit them all year long!”
Communication and patient safety: These were the underlying themes gerontologist Kevin O’Neil, MD presented to an interdisciplinary audience from the University of South Florida Morsani College of Medicine, College of Nursing, College of Public Health, College of Pharmacy and College of Behavioral Sciences School of Aging Studies. Sponsored by the Florida Policy Exchange Center on Aging Distinguished Lecture series, Dr. O’Neil discussed his work identifying communication gaps between levels of care for the geriatric population. This work led Dr. O’Neil, Chief Medical Officer for Brookdale Senior Living® continuing care facilities, to develop Interventions to Reduce Acute Care Transfers (INTERACT), an evidence-based care transition intervention program.

Dr. O’Neil highlighted the importance of communication between providers as the crux of avoidable hospitalizations and readmissions. He identified three specific instances that offer opportunities for improved communication: a change in the patient’s medical condition; a transition in the location of a patient’s care; and the introduction of new (or the discontinuation of existing) medications. Dr. O’Neil shared several INTERACT tools to standardized communication between health professionals and promote patient safety for seniors including a transfer checklist, an SBAR (Situation-Background-Assessment-Recommendation) report format, and a “Stop and Watch” early warning tool.

At a reception sponsored by USF Health Vice President Charles Lockwood, Dr. O’Neil underscored the tremendous nation-wide need for trained geriatricians as well as physicians, nurse practitioners, registered nurses, pharmacists, and physical therapists with advanced training in geriatrics. “One-third of the gerontologists are here today,” he quipped, referring to himself and fellow gerontologist Dr. Bruce Robinson of Sarasota Memorial Hospital. The USF Geriatric Workforce Enhancement Program (GWEP), he noted, plays a pivotal role in integrating geriatrics into the training of health professionals.

The Florida State University College of Medicine Department of Geriatrics’ North and Central Florida Geriatrics Workforce Enhancement Partnership (NCF-GWEP) has a project which involves working with community partners to deliver the effective, evidence-based, and nationally recognized curriculum for family caregivers of patients with dementia, Powerful Tools for Caregivers (PTC). The project team is developing a collaborative and robust pool of certified PTC leaders, enabling the PTC caregiver workshops to be delivered across the state.

The USF-GWEP Principle Investigator, Dr. Rita D’Aoust, is a member of the NCF-GWEP Steering Committee. The Committee serves to ensure that educational material emanating from all six innovative NCF-GWEP projects represents a well-integrated interdisciplinary/interprofessional perspective, that the perspectives and needs of all community partners are recognized and addressed, and to identify opportunities for synergy with the USF GWEP. In addition, the USF-GWEP and NCF-GWEP have worked together on sharing project management/quality improvement resources.
Dr. Kimberly LaMartin

In January, internal medicine residents and nurse practitioner students from USF began rotations at Tampa Family Health Center's new GWEP geriatric clinic. Exposing residents and students to geriatric primary care in a federally qualified health center was designed to increase their interest in geriatrics. Dr. Kimberly LaMartin was completing her final year of residency and was the first resident to rotate at TFHC. Under the supervision of Dr. Sharon Aroda, Dr. LaMartin spent two weeks at TFHC as part of her geriatric training working alongside nurse practitioner students and providing care to elderly patients. As part of her training, Dr. LaMartin also accompanied Dr. Lucy Guerra to visit an older patient in her home. After the visit, Dr. LaMartin wrote this reflection of her experience:

“Mrs. M rested comfortably in her recliner, feet propped up. At nearly 100, she expressed that she did not have the same get up and go as she was used to, which is partly why we were coming to her. This waning energy was not readily apparent as her face lit up at the sight of her regular doctor and her solar powered menagerie of assorted flowers and hulu girls shimmied in the sunlight. After welcoming us into her home, Mrs. M and her caregiver highlighted all her apartment’s accoutrements - the shower chair, the hospital bed complete with motion activated spotlight secured to the bottom, and framed handcrafted needlepoint lining the walls. Arrangements for blood work to be drawn, medications to be filled and refilled were all made while Mrs. M sipped tea and proudly discussed her needlepoint, her family, and her daily routine. The power of the home visit is a potent reminder that our sense of dignity and self is integral to our health and well-being.”

Dr. LaMartin completes her residency this summer and will begin working at USF in the Division of Internal Medicine in August. In an exciting development, it was announced earlier this month that Dr. LaMartin will take over as clinical supervisor of the GWEP geriatric clinic at TFHC while Dr. Aroda embarks on a sabbatical. Dr. LaMartin’s experience at TFHC combined with her regard for elder patients make her the perfect choice.

Adrian N. S. Badana, MPH, CPH

Adrian N.S. Badana is a doctoral student at the University of South Florida's (USF) School of Aging Studies who serves as a research assistant for Dr. Kathryn Hyer and other project collaborators of the USF Geriatric Workforce Enhancement Program (GWEP). Adrian is building upon the skills he acquired from his Master of Public Health degree through his work for the USF GWEP. He has assisted in the creation of a survey instrument to capture the attitudes and evaluate the skills and knowledge of USF Health faculty, USF health professional students, and Federally Qualified Health Center (FQHC) health providers in regards to geriatrics. Adrian drafted spreadsheets to capture baseline data and performed background research into metrics, such as Healthy People 2020 and HEDIS measures, which could be utilized for the project. He also created a GWEP symposium and submitted abstract presentations for the Gerontological Society of America's annual scientific conference, which will showcase the works of other GWEP projects nation-wide. He will also submit an abstract about the validation of the USF GWEP Geriatrics Clinical-Educator Survey to the 2016 Association for Gerontology in Higher Education Annual Conference. Adrian will continue to participate in various research collaborations as the project progresses, and he will assist in primary data entry, management, and analysis. A portion of the USF GWEP focuses on caregiving, specifically caregiver access to resources and support services, which is a major area of research interest for him. Working as a member of the USF GWEP will allow Adrian to not only further foster his research interests and advance his expertise in the healthcare field, but also bolster his career as both a gerontologist and public health professional.
Older American’s Month 2016

Older adults are a growing and increasingly vital part of our country. The contributions they make to our communities are varied, deeply rooted, and include influential roles in the nation’s economy, politics, and the arts. From 69-year-old NASA Administrator Charles Bolden, Jr. to 84-year-old actress Rita Moreno to 83-year-old Ruth Bader Ginsberg, who took her seat as a Supreme Court Justice at age 60, older adults are blazing trails in all aspects of American life.

In 1963, the contributions of older people were highlighted by using the month of May to celebrate Older Americans Month (OAM). Led by the Administration for Community Living, the annual observance offers the opportunity to learn about, support, and celebrate our nation’s older citizens. This year’s theme, “Blaze a Trail,” emphasizes the ways older adults are reinventing themselves through new work and new passions, engaging their communities, and blazing a trail of positive impact on the lives of people of all ages.

The members of USF GWEP are proud of the trails we are blazing in education by infusing geriatric competencies into the training programs of our health professions students and in practice by improving access to geriatric care for elders and their families. We celebrate OAM 2016 and look forward to raising awareness about important issues facing elders year-round.

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Discover OAM: Visit http://acl.gov/olderamericansmonth

Save the Date

Visit the USF Health GWEP Calendar online for more upcoming events (https://goo.gl/oIn9Uq)

Lunch and Learn Series

- Friday, May 20, 2016: Overview of Senior Connection Center
- Friday, June 3, 2016: Transitions of Care
- Friday, June 24, 2016: Cardiac Disease in the Elderly

Tampa Family Health Center’s Board Conference Room
302 W Fletcher Ave, Tampa, FL 33612

Upcoming Conferences:

- American Geriatrics Society 2016 Annual Scientific Meeting:
  May 19-21, Long Beach, CA
- Gerontological Society of America 2016 Annual Scientific Meeting:
  November 16-20, New Orleans, LA
- Gerontological Advanced Practice Nurses Association 2016 Annual Conference:
  September 21-24, Phoenix, AZ

Would you like to add to the Geriatric Practice Trends or need more information about a story? Contact Anna Maynard Wenders amaynard@health.usf.edu for more information.

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