



Activities in geriatrics and gerontology education and research

Virginia Center on Aging

Virginia Geriatric Education Center

Virginia Department for the Aging

Contents

Case Study	From the Director, VGEC	From the Director, VCoA	Focus on VGEC	Focus on VCoA	Profile on Professions
GTU Course Information	VAA Update	Senior Wheels Program	1998 General Assembly	Caregivers Investment Bill	Public Guardian Bill
VCoA Legislative Breakfast	Calendar of Events	Films Available	Department Staffs & Boards	GTU Alumni Auction	Back to VCoA Home Page

Case Study: Reducing Medication Mismanagement in Adult Care Residences

Mary Ann F. Kirkpatrick, Ph.D., R.Ph.

Dr. Mary Ann Kirkpatrick holds a B.S. in Pharmacy from the University of North Carolina-Chapel Hill, and an M.S. in Gerontology and a Ph.D. in Urban Services from Virginia Commonwealth University. She has been on the faculty in the VCU School of Pharmacy since 1981. She is co-author of the medication management training course required for all staff members assisting with medications in licensed adult care residences in Virginia. For her Ph.D., Dr. Kirkpatrick visited adult care residences in Virginia and performed a task analysis of their medication management functions.

Educational Objectives

1. Describe the prevalence of medication mismanagement in adult care facilities in Virginia.
2. Explain the significance of selected medication management errors.

3. Recommend practices to improve medication management task performance in adult care facilities.

Case Study

Salem Manor (a fictitious name) is an eighteen-bed adult care residence. A majority of the residents are women over the age of 70. Residents' medications are stored in a large medicine cart located in the corner of the dining room. Residents are assisted with medication administration at meal time by Ms. Brown, a medication aide. Ms. Brown is a pleasant, energetic woman who has worked at Salem Manor for five years. She has learned to perform her duties efficiently and enjoys providing care for her "eighteen grandparents."

Ms. Brown's medication responsibilities begin when she arrives at Salem Manor each morning. Although her work shift does not begin until 7:00 a.m., she likes to get to work by 6:30. This gives her time to prepare all of the morning oral medications before the residents awaken. Ms. Brown documents the doses of drugs as she removes each from the pharmacy container. This practice saves her time after breakfast. After all of the medications are poured and documented, Ms. Brown places each resident's medications on the table at their breakfast seats.

Then Ms. Brown begins to awaken the sleeping residents, first waking those who take morning showers. She helps several residents select clothes and get dressed before resuming her medication tasks.

Ms. Brown checks the blood glucose levels of two diabetic residents by sticking their fingers and testing drops of their blood with a glucometer. She is careful about recording the glucometer readings. Ms. Brown does not wear gloves for these procedures because she is confident that neither resident is HIV positive. She is, however, very meticulous about swabbing the stick sites with alcohol pads to reduce the risk of infecting either resident.

During breakfast Ms. Brown helps the cook by pouring coffee and juice. As residents finish breakfast, Ms. Brown checks each resident's medicine cup to make sure all of the oral medications have been taken. She reminds residents receiving eye drops to come by the drug cart before leaving the dining room.

There are two residents, Mrs. Jones and Mrs. Smith, who use two different eye drop medications each. To avoid instilling the wrong eye drops, Ms. Brown administers both of Mrs. Jones' drops together, then instills both of Mrs. Smith's drops together. Ms. Brown does not wear gloves when instilling these eye drops but she always remembers to wash her hands before beginning the eye drop administrations.

Prevalence of Medication Mismanagement in Adult Care Residences

The estimated rate of medication mismanagement in adult care residences in Virginia is 38.7% ($\pm 2.5\%$) based upon the total number of medications administered (Kirkpatrick, 1997). The Code of Virginia

(§615-22-02:1) and *A Resource Guide for Medication Management for Persons Authorized under the Drug Control Act* (Sherrod & Kirkpatrick, 1991, 1996) describe appropriate techniques for storing, administering, documenting and disposing of medications in licensed adult care facilities in Virginia. Failure to comply with any of these standards constitutes a medication management error. Examples of medication management errors are storing drugs in a hot and humid environment, having aides touch tablets and capsules, inadequately documenting doses of drugs administered, not administering insulin correctly, not wearing gloves when administering eye drops and insulin, and flushing unused medications.

Medication Mismanagement in this Case Study

1. Pouring medicines prior to administration and placing them on the breakfast table.
2. Documenting the doses of medication which have not been taken.
3. Not observing residents' rights to privacy and confidentiality.
4. Administering all oral medications with food.
5. Administering two eye drops concurrently.
6. Not wearing gloves when using a glucometer.
7. Not wearing gloves when administering eye drops.

Significance of Medication Management Errors

1. Pouring medicines prior to administration is permitted as long as the person preparing the medicines is the same person administering them, and as long as the containers are appropriately labeled with the residents' names. It is dangerous to place medicine cups, with or without residents' names on them, on meal tables. A resident may inadvertently take another resident's drugs without anyone knowing this has occurred. Residents may also dispose of medicines when no one is watching.
2. *A Resource Guide for Medication Management* recommends that medication aides place their first initial on the medication administration record (MAR) when a dose of medication is prepared, then fill in their last initial when the medication is actually taken or used. This provides a double check of drugs as they are prepared and as they are taken. If time does not permit, the medication aide should document the dose given after it has been administered to avoid forgetting to record a medication refusal.
3. Although giving all residents their medications in one location at one time may be efficient, this practice violates a resident's right to privacy and confidentiality. A resident's health, including treatments, is no one else's business. If medications must be given in a common location, the medication aide can have residents come to the medication cart, one at a time, to get their medicines. This practice would afford some privacy.
4. The practice of administering all medications with a meal can compromise the effects of some of the drugs. There are drugs which should be given on an empty stomach. Having food present in the stomach for these drugs can decrease the rate of absorption, delaying the desired drug effects.

5. Medication aides should allow five minutes between the instillation of two different eye drop medications. When eye drops are administered together, the resident may get little or no effect from either of the drops. Eye drops are administered under the lower lid of the eye. This area forms a small pouch which only holds a couple of drops of fluid. When multiple drops are instilled, the drops flow out of the eye rendering no effect to the resident. One way to avoid these problems is to administer one type of eye drop medication, assist with other medications, then administer the second type of drop. This practice allows several minutes to elapse for drug absorption between the instillations.

6. In an effort to save supplies and money, medication aides may not wear gloves when checking a resident's blood glucose level. Wearing gloves when using a glucometer and administering insulin is essential. Gloves help protect residents and medication aides from potential infection. Aides may think that being careful is enough protection but it is not. Even residents who are neat and clean may be infected. Adult care residence administrators need to insist that standard procedures (formerly called universal precautions) are followed routinely.

7. Wearing gloves is also necessary when a medication aide is assisting with the instillation of eye drops. An eye infection can lead to blindness, a disastrous outcome. Even when a medication aide washes his or her hands, bacteria may be still be present under the fingernails.

Other Potential Medication Mismanagement in this Case Study

1. *Touching tablets and capsules as each is placed in a medicine cup.* This might appear to be a harmless practice, especially if the medication aide washes his or her hands prior to pouring the medications; however, the drugs may be contaminated if touched. Good nursing procedures do not permit medications to be touched.

2. *Not taking oral medications with a sufficient volume of water or juice.* Most oral medications must dissolve in the stomach prior to being absorbed. To accomplish this process, a sufficient quantity of liquid (up to a glassful) must be present in the stomach. Also, it is crucial that bulk forming laxatives such as Metamucil® be mixed with at least one full glass of water or juice. If not properly diluted, these laxatives may cause a bowel obstruction.

3. *Taking oral medications with hot coffee.* Heat may inactivate some drugs. In other cases, heat may cause a drug to be rapidly absorbed, metabolized, and excreted. In these cases, the drug effect may occur more quickly than expected and also may not last as long as expected or desired. This situation could be quite serious for residents on seizure medicines or antipsychotic drugs.

4. *Administering the wrong medication.* When medications are placed on a table and not left in a locked storage area, residents could take other residents' medicines by mistake.

5. *Improperly disposing of blood-stained alcohol swabs and lancets from finger sticks.* All equipment

and supplies contaminated with body fluids such as blood must be disposed of in biohazard containers. This practice protects both residents and staff from potential infections.

Reducing Medication Mismanagement in Adult Care Residences

Medication aides like Ms. Brown perform a valuable service to their residents every day. Their job is often demanding and often performed with little praise or recognition. These aides can reduce medication mismanagement by following the procedures and standards set forth in Virginia state regulations and A Resource Guide for Medication Management. If medication aides did not touch any tablets or capsules, the medication management error rate in Virginia would be reduced by almost 60%. If these aides used gloves for instilling eye drops, administering insulin, and using a glucometer, the medication management error rate would be further reduced by approximately 15%.

Aides, however, cannot accomplish medication management error reduction alone. Administrators of adult care residences must provide needed equipment such as latex gloves, sharps containers, and biohazard boxes, and must insist that proper procedures be followed in their facilities at all times.

Study questions

1. What is the current rate of medication mismanagement in Virginia adult care residences?
2. What steps can be taken to reduce the rate of medication mismanagement?
3. What role can administrators in adult care residences play in reducing the rate of medication mismanagement?

References

Sherrod, S. S. & Kirkpatrick, M.A.F. (1991, 1996). A Resource Guide for Medication Management for Persons Authorized under the Drug Control Act. Commonwealth of Virginia.

Kirkpatrick, M.A.F. (1997). A Task Analysis of Medication Management in Adult Care Residences and the Implications for Policy. VCU Ph.D. dissertation.

[back to table of contents](#)

From the Executive Director, *Virginia Geriatric Education Center*

Iris A. Parham, Ph.D.

During this period the VGEC has completed the first training of the Geriatric Interdisciplinary Team Training at St. Mary's-Bon Secours and at Sentara. The training included an overview of the three-year

funded VGEC project and an introduction to the requirements for the new 50-hour Certificate that can be earned over this same period in interdisciplinary training. The highlight of the training was a role-playing exercise led and cooperatively planned by Dr. Peter Boling, Dr. Sandy Venegoni, Dr. Patti Slattum, Dr. Joan Wood, and Dr. Ellen Netting, representing the disciplines of Medicine, Nursing, Pharmacy, Psychology, and Social Work, and illustrating how the interdisciplinary team can most effectively work together. Future training will involve the additional VGEC cooperating disciplines, such as Physical Therapy, Rehabilitation Counseling, Dentistry, Health Administration, Occupational Therapy, and Psychiatry.

The VGEC has also begun planning for student placements at a variety of sites where they can be exposed to true interdisciplinary teamwork in service to an elderly patient group. The first placements will take place in the fall.

There has been quite a bit of activity in the production of video programs. Two major productions have recently been completed and are being disseminated to target audiences. The first is the "The Aging of the Baby Boomers" (Drs. Iris Parham and Joan Wood, Executive Producers); this is a 30 minute video, produced with support from the Medical College of Virginia Foundation of VCU, and recently distributed by the PBS Adult Learning Satellite Service. It has already been shown at over 40 sites throughout the United States, and PBS will offer another opportunity in April for sites to access the program. More information can be obtained from 1-800-257-2578 or at e-mail als@pbs.org. The VGEC, under contract from Bell Atlantic Network Services, has also produced a video "Tools for Independent Living: A Video About Assistive Devices" (Dr. Joan Wood, Executive Producer).

Finally, there has been good news on the approval by SCHEV of the Interdisciplinary Ph.D. in Health Related Sciences which will be offered beginning this summer via the WEB. This Ph.D. involves eight allied health disciplines, and one of the specialization areas is Gerontology. We are excited about the future of this program and know that it will enhance our understanding of interdisciplinary education in the health sciences. As the 1993 Pew Commission report stated: "Interdisciplinary strategies are increasingly the only viable pathway to address complex problems. These strategies lead to a more effective sharing of resources and more creative responses to problems" (p.10). In gerontology and geriatric education, this has been shown to be most true.

[back to table of contents](#)

From the Director, *Virginia Center on Aging*

Edward F. Ansello, Ph.D.

In Memoriam Sidney Robert Davis

Sidney Robert Davis died last month. His passing was dutifully noted in the newspaper, but "Bob"

Davis deserves a special recognition. He was fond of introducing himself at the quarterly meetings of the Virginia Center on Aging Advisory Committee as having been on the Committee "from the beginning." Indeed, he served, advised, and guided us for the better portion of two decades. It was part of what we realize as his commitment to elders and to education. He gave himself, as well, to the Crater District Area Agency on Aging, the Red Cross, Foster Grandparents, and other organizations trying to improve the quality of everyday life. In the middle of his service to VCoA, Bob retired as an associate professor of sociology from Richard Bland College in Petersburg where he had taught social gerontology and family-related courses for 20 years. This had followed a distinguished career in the Air Force that included service in World War II, Korea, and Vietnam. I never knew about his extraordinary military record. He wasn't one to brag. Instead, I remember his many years of involvement with us and his deep caring about Virginia's elders. His enthusiasm was predictable, never extinguished over the course of his many years with us.

The Bob Davises of this world are the lifeblood of community-service agencies. They provide, sometimes, the spark of the creative, sometimes the nod of approval that we all need, whether conducting research, educating others or responding to felt needs. I know that VCoA benefitted greatly from our own Bob Davis. We are deeply grateful for what he gave to us. We will surely miss him. Bob's family suggests that memorial gifts may be made to the American Cancer Society, 1124 Overbrook Road, Petersburg, VA 23805.

[back to table of contents](#)

Focus on the Virginia Geriatric Education Center

James L. Hevener, C.N.E.

Director of Information Systems

VCU School of Allied Health Professions

Jim Hevener came to VCU as the Director of Information Systems for the School of Allied Health Professions early last year. He quickly became a highly valued member of the School's support team. He directs and assists with the purchase and utilization of microcomputer technology for all of the academic departments and units within the School. He sets up and oversees networks and web sites. And he responds quickly and professionally to the frantic cries for help when our computers do not cooperate.

His services to the Department of Gerontology and the Virginia Geriatric Education Center are greatly appreciated. He has worked diligently with us to ensure the optimal and easy use of our computer resources. Our efficiency and productivity have been enhanced through his help. And he has extended the reach of the Center. For example, he recently established the web site for our Gerontology Scholarship Endowment Auction (<http://views.vcu.edu/sahp/gerontology/auction>). He also established the web site for the new distance-learning Interdisciplinary Ph.D. in Health Related Sciences discussed

by Dr. Parham on page 5 (<http://views.vcu.edu/sahp/phd>), and the School newsletter (<http://views.vcu.edu/sahp/links>).

Jim attended Shepherd College in West Virginia. He earned his C.N.E. (Certified Netware Engineer) from Novell in Atlanta. Prior to joining us, he was an Information Systems Specialist at West Virginia University. He is aware of how quickly one's skills and education in the technology fields can become outdated, so he is a strong believer in continuing education, especially through reading and networking with his professional colleagues.

He is married and has two children. He enjoys spending time with his family and working with people willing to learn, especially when it comes to learning how to get the best use out of their computer resources. In the School of Allied Health Professions, he has a ready pool of eager students.

[back to table of contents](#)

Focus on the Virginia Center on Aging

*James R. Gray, M.S.
Elderhostel Site Coordinator
Natural Bridge, VA*

Jim Gray has been involved with Elderhostel almost as long as Elderhostel has been running programs in Virginia. After teaching natural history courses for several years in the Lexington area, we are fortunate to have recruited him as the Elderhostel Coordinator at our Natural Bridge site.

Jim received his B.S. in Biology and his M.S. in Geochemistry from the University of South Florida in Tampa. In 1979, he moved to Virginia to take a faculty position at what is now Southern Virginia College (formerly Southern Seminary) in Buena Vista. In the early 1980s, he began teaching for their Elderhostel programs. When the Virginia Center on Aging assumed sponsorship of Elderhostel programs in that area a few years ago, Jim continued on as an Elderhostel instructor in addition to his regular college teaching duties. He has developed courses in a wide variety of science-related fields, including, geology, botany, astronomy, meteorology, ecology, and evolution. He has proved to be one of our most versatile and highly rated instructors. His enthusiasm for sharing his expertise with the Elderhostel students is appreciated by all.

When he took over as Elderhostel Coordinator at Natural Bridge last year, it was on the condition that he could still teach. Jim is constantly updating his courses by seeking out new literature and resources. He stays in touch with the frontiers of knowledge so that his classes are always fresh and always intriguing. This combination of teaching and management duties has enhanced our programs; the students appreciate having a teacher around all week to continue their academic discussions outside of the

classroom. Jim now has a new appreciation for the background work that is necessary to ensure successful Elderhostel programs. And we benefit greatly from his long-term involvement with the academic communities in the region.

[back to table of contents](#)

Profile of Professions: *K. Victoria Posey, M.Ed., CCC-SLP* *Columbia Homecare Central Virginia*

Vicky Posey is a speech-language pathologist for Columbia Homecare Central Virginia. She serves patients throughout the Richmond area and surrounding counties. She has both a bachelor's and a master's degree in speech pathology from the University of Georgia. In addition, she holds a Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from the American Speech-Language-Hearing Association, the national professional, scientific, and accrediting organization for audiologists, speech-language pathologists, and speech-language and hearing scientists.

Columbia Homecare provides a wide range of comprehensive health services to patients in their own homes. These include rehabilitative services such as physical, occupational, and speech and language therapy; intermittent and private duty nursing; social work; a wide range of clinical services; and many other health-related services. Homebound patients in need of a speech-language pathologist are referred to homecare agencies by personal physicians and hospital discharge planners.

Most of her patients are older adult stroke victims with communication, cognition, or swallowing disorders. Such patients may exhibit problems with speech, comprehension, attention, memory, or orientation. Patients may also require modification of food and liquid consistencies, or body positioning to decrease their risk of aspiration. She works with patients with aphasia (language disorders of speech, comprehension, reading, or writing) and those recovering from surgical treatment for cancer of the mouth or neck.

These disorders cross cultural and economic boundaries, and Ms. Posey works with patients of all backgrounds. She is particularly attracted to being able to work with patients in their own homes and with their families or other caregivers. She finds her work especially rewarding when other family members participate in the therapy and the prescribed home programs to support and facilitate the rehabilitation process. She focuses on functional therapy - using the individual patient's own strengths to compensate for any weaknesses resulting from illness or injury. She designs individualized compensation strategies aimed at restoring independence to the patient's life. She finds that such efforts channel and challenge whatever spontaneous recovery may be attainable.

If you need help locating a speech-language pathologist in your area or want more information about the profession, you can contact the American Speech-Language-Hearing Association at 1-800-638-8255.

[back to table of contents](#)

Summer Video Courses in Gerontology

The Virginia Geriatric Education Center at Virginia Commonwealth University is offering two video courses during the Summer, 1998 session: Gerontology 601, Biological and Physiological Aging; and Gerontology 605, Social Gerontology. For more information or to register for these courses, please contact Michelle Utterback or Lois Wyatt at (804) 828-9060.

Gerontology Certificate in Aging Studies

The Virginia Geriatric Education Center at Virginia Commonwealth University offers a Certificate in Aging Studies designed primarily to meet the needs of persons who are already working with the elderly but who have no academic training in gerontology, and for individuals who have completed other graduate work and want to integrate aging into their field. For more information, please call (804) 828-9060.

[back to table of contents](#)

Virginia Association on Aging Update

The Virginia Association on Aging is a statewide not-for-profit organization which advocates for the improvement in the quality of life of elderly Virginians and their families and strengthens the collaboration among gerontological professionals statewide. It provides a meeting ground for all those who are concerned about issues which affect older citizens, and creates public awareness and interest in the contributions, rights, and needs of this group. The VAA holds an annual conference which brings together citizens, students, advocates, legislators, and professionals. Membership is open to everyone who is interested in aging issues and their impact on Virginia citizens. Ethnic and racial minorities are encouraged to join. **VAA is particularly interested in attracting older adults, their families, and students in the field of gerontology, social work, and nursing.** Calendar year dues are \$15 for regular members, \$10 for persons aged 60 and older, \$5 for full-time students, and \$37.50 for corporate memberships. New members' dues are not subject to renewal for two years. For information, call Beth Skufca, Membership Chairperson, at (804) 266-7422.

[back to table of contents](#)

The Senior Wheels Program Helps Disabled Get Wheelchairs

The Senior Wheels Program provides manual or power wheelchairs, scooters, and other mobility aids to those who qualify, usually at no out-of-pocket expense. Most permanently disabled persons on Medicare and most seniors 65 and older with walking impairments qualify. Julia Hill, the Senior Wheels Program Director, cites six major reasons that seniors can get the mobile independence that they need. First, there is usually little or no cost to the recipient since Medicare pays 80% and financial assistance is available to those without secondary insurance or the means to pay. Second, no down payment is necessary with the Senior Wheels program. Third, all Medicare, insurance, and physician paperwork is done for the senior by the caseworker. Fourth, to decrease transportation problems, the general assessments and measurements are done in the senior's home. Fifth, all appointments are scheduled at the convenience of the senior and his or her family. Sixth, the requested item is delivered to the senior's home and operational instructions are given. This service is also available to the permanently disabled of any age on Medicare.

95% of those who request power or manual wheelchairs and scooters qualify. The guiding philosophy of the Senior Wheels Program is that no one should be confined to a bed or bedroom due to lack of access to a wheelchair or other similar device. Mobility aids independence and fosters a feeling of greater self-worth.

If you could benefit from this program, or know of someone through your church, synagogue, civic organization, workplace, or other place, please call the Senior Wheels Program at 1-800-923-5897 or (804) 748-6869.

[back to table of contents](#)

1998 Virginia General Assembly: Bills and Resolutions of Interest to Older Virginians and their Families

Bill Peterson

The 1998 session of the General Assembly introduced just under 3,000 bills and resolutions. The Delegates and Senators managed to pass 1,572 pieces of legislation while continuing 600 bills to the 1999 session. The Department for the Aging followed more than 80 bills and resolutions. The following is a brief listing of some of the bills that were passed.

Adult Protective Services: SB 498 creates the Adult Protective Services Unit (APS) within the Adult

Services Program in the Department of Social Services. The current Code sections on APS only require local departments of social services to provide APS programs; there is no state level APS requirement. HB 1360 requires the Board and Department of Criminal Justice Services to establish training standards and publish a model policy for law-enforcement personnel in communicating with and facilitating the safe return of individuals diagnosed with Alzheimer's disease.

Virginia Department for the Aging: SB 465 repeals the Code sections related to the current Governor's Advisory Board on Aging and creates a new Commonwealth Commission for Aging with expanded powers and duties.

Do Not Resuscitate Orders (DNR): HB 631 authorizes the issuance of an Emergency Medical Services DNR order for patients who, because of *bona fide* religious convictions, do not wish to receive medical interventions for cardiac or respiratory arrest. HB 843 revises the current Emergency Medical Services DNR Code sections to become a general DNR provision that can follow the patient to a hospital, nursing home or other licensed institution.

Adult Guardianship: HB 209 and SB 14 require the Commonwealth to pay the fees and costs to appoint a guardian or conservator if the subject of the petition is indigent. SB 14 also clarifies several provisions in last year's legislation reforming the adult guardianship Code sections. SB 394 authorizes the implementation of a new Virginia Public Guardian and Conservatorship Program for all eligible adults to be placed in the Department for the Aging.

Consumer Protection: HB 941 and SB 402 create a "lemon law" for assistive technology devices. Assistive technology devices are mechanical devices and instruments used by disabled individuals to communicate, see, hear, or maneuver, for example, manual wheelchairs, motorized scooters, hearing aids, communications devices for the deaf, talking software, and Braille printers.

Insurance tax credit: SJR 104 directs the Secretary of Finance, in cooperation with the Secretary of Health and Human Resources, to study the costs and benefits of offering a long-term care insurance tax credit.

Health and Long-Term Care: SB 626 establishes operational, jurisdictional, and regulatory parameters for pre-PACE and PACE plans. The *Program for All Inclusive Care for the Elderly*, or PACE, provides community-based services for elderly individuals and is intended to serve as an alternative to institutionalized care. SJR 164 requests the Board of Health to review, evaluate, and revise its regulations for the licensure of hospices. This resolution notes the current lack of differentiation between home health delivery of hospice services, hospital and nursing home delivery of hospice services, and free-standing hospice care. HJR 156 and SJR 97 continue the Long-Term Care Subcommittee of the Joint Commission on Health Care in order to evaluate long-term care financing, licensure, and other issues. SB 464 places the responsibility for long-term care coordination with the Secretary of Health and Human Resources. HB 780 authorizes the Commissioner of the Department of Social Services to issue special orders to adult care residences that fail to comply with provisions of law

or regulation, thereby causing an adverse impact on or imminent threat to the health, safety, or welfare of the persons cared for therein. HJR 224 requests the Department of Health to report to the Joint Commission on Health Care on its implementation of recommendations made by the Department of Medical Assistance Services and the University of Virginia in a 1997 study of the nursing home certification survey process and other issues related to the Department of Health's role in federal certification of nursing homes for participation in Medicaid and Medicare. SJR 119 requests that the Department of Social Services to report to the Joint Commission on Health Care on its implementation of recommendations made by the Joint Legislative Audit and Review Commission and other issues related to licensure of adult care residences and adult daycare centers. SJR 120 requests the Department of Medical Assistance Services to study issues regarding current Medicaid nursing home reimbursement. SJR 160 requests the Department of Medical Assistance Services to examine the rates of its reimbursement for adult care residences and adult daycare.

Taxes: HJR 196 requests the Department of Medical Assistance Services to study Medicaid transportation with special emphasis on rural and undeserved areas.

Golden Passport: SB 262 establishes a Golden Passport card that allows persons receiving social security disability benefits free admittance into any Virginia state park.

[back to table of contents](#)

Legislature Defeats Caregivers Investment Bill

Bill Peterson

In a heartbreaking decision, the legislature defeated Delegate Franklin Hall's HB 751, The Caregivers Investment Bill, again this year. This bill would have given a \$500 tax credit to taxpayers who provide unreimbursed care to a physically or mentally impaired relative requiring assistance with two or more activities of daily living during more than half the year. A companion bill introduced by Senator Walker (SB 386) was also defeated.

Although a similar bill failed to pass last year's session, changes were made to the bills introduced this year to make them more attractive to the members of the legislature. HB 751, for example, limited the tax credit to eligible taxpayers whose adjusted gross income was between \$5,000 and \$50,000. Even with this limitation, however, several key legislators felt that the bill was potentially too expensive in terms of revenues lost to the Commonwealth. Even with 78 co-patrons, Delegate Hall was unable to rally support for the measure in the Senate Finance Committee where it was defeated.

The Caregivers Investment Bill is intended to reinforce the family as the principal agent in assisting the elderly and disabled to remain in their own homes and apartments for as long as possible. Commitment to this concept remains strong among families, service providers, health and human services

professionals, and advocates. Plans are already underway to make additional changes to the bill and to have it reintroduced in 1999. A special effort will be made to encourage support for the bill from the disability community.

Persons seeking additional information about the Caregivers Investment Bill should contact Dr. Ed Ansello at the Virginia Center on Aging, (804) 828-1525.

[back to table of contents](#)

Legislature Passes Public Guardian Bill

Bill Peterson

With little serious opposition, the General Assembly passed Senator Gartlan's SB 394: The Virginia Public Guardian and Conservator Program. This bill was the result of a cooperative effort among a number of organizations including the Virginia Guardianship Association, the Virginia Bar Association, the Virginia Association of Area Agencies on Aging, and others who worked with Senator Gartlan to develop and support the concept of public guardianship in Virginia. SB 394 declares that it is now the policy of the Commonwealth to ensure that adults age 18 and older who cannot adequately care for themselves because of incapacity will be able to meet their basic physical and emotional health requirements and manage their financial resources with the assistance of a guardian or conservator even if a) there is no suitable person willing to serve in this capacity and b) they cannot afford to pay for the services of an attorney.

The bill places the new public guardian program in the Virginia Department for the Aging and mandates that the Department contract with local/regional public or private entities to provide public guardianship services. The Department will develop regulations to fund, administer, and monitor these local programs during fiscal year 1998-1999. The Department's tentative plans are to issue an RFP during the latter half of the fiscal year and to begin funding up to seven new local or regional guardianship programs in the amount of \$50,000 each during FY 1999-2000.

Local or regional organizations wishing to apply for funding will have to be prepared to meet a variety of requirements. Key among these will be: 1) furnishing bond with corporate surety; 2) having a multi-disciplinary panel to screen and monitor clients; 3) developing procedures for record-keeping, accounting, and oversight of both the person and property of clients; 4) developing procedures to ensure the separation of public guardian program client and funds from any fee-generating guardianship cases; and 5) being named as the organizational guardian in lieu of the court appointing an individual staff person or volunteer as guardian.

The bill also creates a Public Guardian and Conservator Program Advisory Board to advise the Department and assist in the coordination and management of the local/regional programs. This 15

member board will be appointed by the governor and will have one representative from a variety of organizations and agencies including the Guardianship Association, the State Bar, the Association for Retarded Citizens, the League of Social Services Executives, the Association of Community Services Boards, the Association of Area Agencies on Aging, and others. The Board will also include a retired circuit court judge and three at-large members.

To receive a copy of SB 394 and more information about the key elements of the new public guardian program, contact Bill Peterson at the Department for the Aging, (804) 662-9325.

[back to table of contents](#)

Virginia Center on Aging Legislative Breakfast Report

The Virginia Center on Aging reports annually to the General Assembly via a Legislative Breakfast. This year's event was held on January 21st at St. Paul's Episcopal Church in Richmond. A record number of delegates and senators, or their aides, were in attendance, as were representatives from the VDA, VGEC, VAA, VCA, ICOV, AARP, Virginia Commonwealth University, the Governor's Advisory Board on Aging, and several of the area agencies on aging. Governor Gilmore was represented by Mr. Claude Allen, the Secretary of Health and Human Resources. In addition to its many activities as a statewide resource center on aging, the Center's positive economic impacts on the Commonwealth were highlighted at the breakfast presentation. With an annual appropriation of \$315,000, VCoA's research, interdisciplinary studies, and information sharing activities generated approximately \$1,580,000 for Virginia's economy in direct impacts. Some of the social and economic benefits are outlined below.

Elderhostel

VCoA has developed its lifelong learning program, Elderhostel, into a major initiative with an international reputation. Operating learning sites in Hampton, Mountain Lake, Natural Bridge, Richmond, and Yorktown, VCoA attracted nearly 2,500 older adults to its 76 program weeks. Elderhostelers from outside of Virginia since 1992 have consistently spent approximately \$1,000,000 annually in Virginia in tuition, lodging, restaurant, museum, charter bus, and other expenses. In the last two years, this amount has increased to \$1.2 million spent directly in Virginia because of the Elderhostel program. Applying standard economic multiplier effects (2x to 5x), \$2.4 to \$6.0 million was generated for Virginia's economy in 1997.

Partners III

In 1997, as part of the Partners III project, VCoA produced and disseminated the Partners training

manual for inter-system cooperation. This manual drew upon the experiences of local community service agencies in those areas served earlier by the Partners project so that even more elders with disabilities will now benefit from coordinated, efficient services.

Home and Community Based Care

VCoA completed a 2-1/2 year \$250,000 federal project focused on minority and rural communities, including Virginia's eight Indian tribes, to help them become more self-reliant agents of their own home and community based care. The project worked with state and local agencies in 25 counties and 13 cities from Tidewater to Lynchburg and conducted 35 seminars for citizens.

Alzheimer's and Related Diseases Research Award Fund

VCoA administers the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) to stimulate biomedical and psychosocial research on dementia, which now affects at least one-third of all Virginians over the age of 85. Between 1982 and 1996, VCoA awarded 56 \$10,000 seed grants. In 1997, the General Assembly increased the ARDRAF appropriations to \$16,500 for each research grant. Four research grants are awarded annually. VCoA passes along every dollar of this appropriation without administrative cost. These small grants sometimes become the springboard to more heavily funded research studies, and have produced an estimated 3.0 million dollars in research awards from other grantors from outside Virginia.

[back to table of contents](#)

Calendar of Events

May 12, 1998

Intergenerational Service-Learning Conference. Explore the "how-tos" for planning and implementing intergenerational service learning. 10:00-3:00. No charge. Contact Dr. Rosemary Blieszner at the Virginia Tech Center for Gerontology, (540) 231-7657.

May 14, 1998

The Center to Improve Care of the Dying is sponsoring a forum for families and professionals on efforts to improve end of life care. The forum will be led by Dr. Felicia Cohn of George Washington University. At the Hermitage Retirement Community, Richmond, VA. 3:00 p.m. No charge. Contact Marti Miller at (804) 355-5721.

May 27-29, 1998

25th Anniversary Conference and Trade Show. The Virginia Association of NonProfit Homes for the Aging. At The Homestead, Hot Springs, VA. Contact (804) 965-5500.

June 1-22, 1998

Changing Times, Changing Ages: Cultural and Multicultural Issues. Academic classes and continuing education workshops on timely issues in aging. The 1998 Summer Institute in Gerontology, Boston University Gerontology Center. Contact (617) 353-5045 or johnsto@bu.edu.

June 9, 1998

Improving Our Own Aging. The 12th Annual Virginia Conference on Gerontological Nursing, at the Holiday Inn Select Koger South, Richmond, VA. Contact the Virginia Geriatric Education Center at (804) 828-9060.

June 11, 1998

The 4th Annual Virginia Coalition for the Prevention of Elder Abuse Conference, at the Airport Hilton, Richmond, VA. Contact Joy Duke at (804) 692-1260.

June 11-12, 1998

Dimensions of Dementia. Education and Training Academy sponsored by the Northern Virginia and Greater Washington Chapters of the Alzheimer's Association. At the Georgetown University Conference Center, Washington, D.C. Contact (703) 359-4440 or (301) 652-6446.

June 28-July 1, 1998

Dynamic Aging. The 15th Annual Summer Series on Aging, sponsored by the Sanders-Brown Center on Aging, University of Kentucky, Lexington, KY. Contact Julie Horn at (606) 257-5179, jhorn@aging.coa.uky.edu.

[back to table of contents](#)

Films Available from the Information Resources Center

The Virginia Center on Aging has over 80 videos in its video library. They are available for lending to anyone in the state of Virginia at no fee. The only cost to the borrower is the cost to mail the video back to the Center. One of the most popular film series in our collection is ***Growing Old in a New Age***. This 13-part series covers a wide variety of gerontological issues, including "emotional and physical processes of aging, old age as a stage of life, and the impact of aging on society." Specific video programs include: myths and realities of aging; how the body ages; love, intimacy, and sexuality; family and intergenerational relationships; dying, death, and bereavement; and illness and disability. This

series was produced in 1993 by the University of Hawaii at Manoa Center on Aging. Each video in the series is 60 minutes long. For information on this series or to obtain a copy of the Center's entire video list, contact Kimberly Smith at (804) 828-1525 or kspruill@hsc.vcu.edu.

[back to table of contents](#)

Department Staffs and Boards

Virginia Center on Aging

Virginia Commonwealth
University,
Richmond, Virginia

<http://views.vcu.edu/vcoa>

Staff:

Director

Edward F. Ansello, Ph.D.

Elderhostel Coordinators

Nancy L. Cole - Yorktown
Catherine Dodson, M.S.- Rich.
Jim Gray, M.S. - Natural
Bridge

Susan G. Mullen - Hampton

Asst. Director for Research

Constance L. Coogle, Ph.D.

Asst. Director for Education

Michael P. Hite, Ph.D.

Research Specialist

Paula D. Knapp, M.B.A.

Accounting Technician

Danielle Little

Administrative Coordinator

Kimberly Spruill Smith, B.S.

Advisory Committee:

Saundra C. Rollins, M.S.S.
W., Chairman
William F. Egelhoff, Director
Emeritus
Thomas C. Barker, Ph.D.

Virginia Geriatric Education Center

in the School of Allied Health
Professions at Virginia
Commonwealth University, in
cooperation with the McGuire
Veterans Affairs Medical Center,
Richmond; the University of
Virginia Medical School,
Charlottesville; and the Eastern
Virginia Medical School,
Norfolk.

Cecil B. Drain, Ph.D., **Dean**
School of Allied Health
Professions
Virginia Commonwealth
University

[http://views.vcu.edu/sahp/
gerontology/ vgec.htm](http://views.vcu.edu/sahp/gerontology/vgec.htm)

Staff:

Executive Director

Iris A. Parham, Ph.D.

Associate Director

Joan B. Wood, Ph.D.

Office Services Specialist

Michelle Utterback

Education Specialist/Program Director

Lois Babb Wyatt, M.S.

Secretary Senior

Virginia Department for the Aging

<http://www.aging.state.va.us>

Commissioner:

Ann Y. McGee, Ed.D.

Staff:

Robbie Biggs, Management
Analyst
Faye Cates, M.S.S.W.,
Program Coordinator
Margo Ellison, Secretary
Bill Fascitelli, M.S.W., Planner
Becky Hunley, Accountant
Kimlah Hyatt, M.S.,
Program Coordinator
T.C. Jones, IV, Program
Coordinator
Okpil Kim, M.S.H.A., Fiscal
Manager
Bob Knox, Policy Analyst
Bill Peterson, M.S.W., Policy
Analyst
Jaci Poke, Program
Coordinator
Charlotte Peterson, Accountant
Cecily Slasor, Receptionist
Jane Snead, Budget Analyst
Jackie Taggart, Secretary
Kathy Vesley, Consumer
Services Dir.
Dianne Woodworth, MSW,

E.T. Buchanan
Collinson P.E. Burgwyn
Jean Cobbs, Ph.D.
MaryEllen Cox
Edward L. Flippen, Esq.
Patricia Giesen
William J. Hagood, M.D.
Hon. Franklin P. Hall
David H. Harpole, M.D.
Donald L. Harris
Suzanne Holroyd, M.D.
Hermes A. Kontos, M.D., Ph.D.
Hon. Benjamin J. Lambert, III
Richard Lindsay, M.D.
Ann Y. McGee, Ed.D.
Doris Anne Miller
Mary C. Payne
S.J. Ritchey, Ph.D.
Karen A. Roberto, Ph.D.
David Sadowski
Charlotte Wilhelmi, MA.Ed., C.
A.G.S.

University Council:

Linda W. Baughan, D.D.S.
Judith B. Bradford, Ph.D.
Alan L. Landis, D.Ed.
Iris A. Parham, Ph.D.
Ronald P. Reynolds, Ph.D.
Steven B. Robbins, Ph.D.
Robert L. Schneider, D.S.W.
Ralph E. Small, Pharm.D.
Mark E. Smith, MPA

Margaret A. Flannagan

Executive Council:

Edward F. Ansello, Ph.D.
Stephen M. Auerbach, Ph.D.
Linda W. Baughan, Ph.D.
Judy Bradford, Ph.D.
John Franklin, M.D.,
at Eastern Va Medical School
Richard Lindsay, M.D.,
at University of Virginia
Amie Modigh, R.N., M.S.N., G.
N.P.
Thomas M. Mulligan, M.D.
F. Ellen Netting, Ph.D.
Fred Orelove, Ph.D.
Otto Payton, Ph.D.
Steven B. Robbins, Ph.D.
Robert L. Schneider, D.S.W.
Ralph E. Small, Pharm.D.
Victor Viewig, M.D.
Thomas T.H. Wan, Ph.D., M.H.
S.

Aging Services Manager
Willard Young, Management
Analyst

**Governor's Advisory Board on
Aging:**

Chairman
Richard W. Lindsay, M.D.
Vice-Chairman
Suzanne S. Obenshain
Members
Howard E. Anderson, Sr.
Elizabeth L. Beamer
William C. Beville
John W. Burton
Gerard P. Cleary
William C. Dages
Stephen H. Detwiler
Alice H. Gaines
Naomi L. Hodge-Muse
Peggy J. Lavery
Joan Lewis
J. Stephen Lindsey
Frank Nunez
Laura Ashcraft Patton
Kevin B. Rack, Esq.
Judi G. Reid
Robert Reid, M.D.
Shirley C. Rogers
Helen Long Spruill
Harry A. Wellons
Delmer Wilson, Jr.

[back to table of contents](#)

Gerontology Alumni Association Scholarship Endowment Auction: Commission for a Portrait in Oil

The Virginia Commonwealth University Gerontology Alumni Association is sponsoring a number of fund-raising events through 2001. The objective of all of the events is to raise a minimum of \$10,000 to establish an endowed scholarship for Gerontology students. It plans to award the first scholarship in celebration of the 25th Anniversary (April 19, 2001) of the Department of Gerontology. One of the fund-raising events is an auction of one commission for a portrait in oil on 16" x 20" canvas to be painted by Julie Williams. The auction is being conducted via the world wide web from a web site dedicated exclusively to the auction. Ms. Williams will donate 50% of the proceeds from this commission to the Gerontology Scholarship fund.

About the artist: Julie Williams is an accomplished portraitist and figurative artist. Her style reflects romantic-realism. Oil is her medium, on canvas or D-Arches paper. It has been said that her portraits are more than a physical likeness; they are intimate glimpses into the person behind the face. Her work has been exhibited in The National Academy of Design in New York, The Silver Palm Gallery, and the Wexford Tatler in Hilton Head. Ms. Williams' work is found in many fine homes throughout the United States.

About the auction: This auction is being conducted via a special page on the world wide web. It can be found at <http://views.vcu.edu/sahp/gerontology/auction>. All of the rules and bid submission information can be found at this web site. Bids must be submitted by July 6, 1998. The minimum bid is \$1,500. All bids must be in increments of \$100 (over the \$1,500 minimum). Questions about the auction can be submitted via e-mail directly from the auction web site.

[back to table of contents](#)

Responses to case studies and comments on other newsletter features are invited and may be published in a future issue. Please include your name, title, institution, and signature. Mail comments to: Michael P. Hite, Age in Action, P.O. Box 980229, Richmond, VA 23298-0229, 804/828-1525, fax to 804/828-7905, or e-mail to mhite@hsc.vcu.edu.

Virginia Commonwealth University is an equal opportunity/affirmative action institution and does not discriminate on the basis of race, gender, age, religion, ethnic origin, or disability. If special accommodations are needed, please contact Dr. Edward F. Ansello, VCoA, at 804/828-1525 or Dr. Iris A. Parham, VGEC, at 804/828-1565.
