On March 14, 2018, Aurora Health Access (AHA) hosted a community conversation to discuss the issue of vulnerable seniors stranded in emergency departments. This event was planned after almost 2 years of interviews, discussions, and research, which revealed that the problem occurs more often than imagined in the hospitals in Aurora. This report is a summary of the community conversation.

The Problem

Hospitals, by law, must arrange for a safe and appropriate discharge for patients. This requirement presents a challenge when a patient has **nowhere to go**. AHA focused on this problem as it relates to seniors, although it can happen to other individuals as well.

A senior is brought to the emergency room – usually with dementia, mental or behavioral health problems, alcohol dementia, developmental delays, traumatic brain injuries, alcohol encephalopathy. They arrive at the emergency room in several ways:

- dropped off by a family member or caregiver;
- by ambulance from a nursing home or assisted living facility; or
- by the police.

The senior arrives at the emergency room for a variety of reasons:

- the care needs of the senior have exceeded what the caregiver or facility can handle;
- the situation at home has changed and the caregiver can no longer fulfill their usual role *(In one case, an elderly husband was the caregiver for his wife, who had Alzheimer's Disease. When he ended up in the hospital, there was no one to care for her. In another case, the caregiver daughter suddenly ended up in jail, so her mother was abandoned.)*;
- the senior's behavior changed - he/she has become aggressive and the facility where they have been living can't assure the safety of their staff or the other residents; or
- the senior has been living alone, but the police or Adult Protective Services were contacted because someone had concerns about their living conditions.

A senior becomes "stranded" in the emergency room when several factors are present to prevent a safe discharge:

- there is no medical reason to admit them to the hospital;
- they cannot safely return to where they were living (home, a facility, their car);
- the home or facility where they were living refuses to take them back; or
- the senior has no money and/or cannot provide information about their financial status or insurance coverage so that an alternate facility placement can be explored.

You might imagine this “perfect storm” of challenges does not happen often, but you would be wrong. According to our partners in the Aurora hospitals, this situation happens on average 3-5 times a month. And the senior can be stranded for days, weeks, months, and in a few cases, even years.

Community Conversation Event

Since a few attendees indicated they would’ like to host a similar event in their community, we will share the details of how we organized our Community Conversation.

Participants

Fifty-four people attended the Nowhere to Go event. Those in attendance represented hospitals and other healthcare facilities, first responders, senior living facilities, senior support services, advocacy organizations, government entities, and consumers.

Exercise 1:

After the welcome and introductions, we asked attendees to identify all the places a patient might usually be discharged to from a hospital emergency room. They identified:

Their home	*Rehab facility*	*Jail*
Hospice care/facility	*Hotel*	*Assisted living*
Long-term care	*5-day respite*	*Homeless shelter/their car*
Psychiatric facility	*Home of family/friend*	*Skilled nursing facility*
To the street	*Heaven*	

Presenters – Describing the Problem

Several key stakeholder presenters shared their experiences with and knowledge of the problem.

➢ Diane Kennedy, Manager of Case Management, The Medical Center of Aurora (TMCA)

- The term “granny dumping” has been around for a long time. Might have started in Japan many years ago, when elders who could no longer be cared for were taken up into the mountains and left. The term has been used in research literature since 1980s.
- TMCA sees 1-2 patients a week with this problem; most likely on Fridays, weekends, and holidays.
- Shared a case study of Mr. L. 85-year old with history of dementia; presented to ER with Altered Mental Status (AMS) after altercation with his wife.
- TMCA relies on Medical Decision Unit, Emergency Department ocial Worker, and Mental Health Evaluators to assist with these situations.
- The patients are brought to the ER by families, assisted living facilities, nursing homes, host homes, and the police.
- These patients present with dementia, developmental delays, traumatic brain injuries, alcohol encephalopathy.
- There is no magic wand. We need to rely on awareness, resources, and compassion.

➢ **Amanda Van Andel, Emergency Department Social Worker, UC Hospital and Gina Napolitano, Manager Behavioral Health, UC Hospital**

- Agreed their facility experiences all the same challenges.
- The patient might end up stranded in the ER when their caregiver is also a senior is admitted to the hospital and therefore no longer able to care for their partner.
- If the patient's primary diagnosis is dementia, this does not allow them access to gero-psych services/resources.
- UCHospital has a Clinical Decision Unit that tries to assist in these situations, but there are no easy answers.

➢ **Shannon Gimbel, Ombudsman Program Manager, Denver Regional Council of Governments**

- Ombudsman program works for the residents NOT long-term care facilities.
- Anything licensed as a Nursing Home or Assisted Living has an Ombudsman assigned.
- There are very specific reasons someone can be discharged from long term care that are spelled out in regulations.
- When residents are "dumped" they can call the Ombudsman who "may" be able to get the facility to take the resident back, but we are not always successful in doing so. Ombudsmen are not regulatory so we cannot force a facility to take someone back.
- Often facilities won't take someone back because the resident is outside the scope of care the facilities can provide, or they are a danger to themselves or the other residents.
- Ombudsmen advocate for ALL residents, so there are times when an Ombudsman cannot effectively advocate for someone to come back to a facility who very well may pose a huge risk to the other residents (as we are their advocates too).
- There are formal appeal processes in place for residents in nursing homes should they be discharged or "dumped" but sometimes nursing homes are willing to take a 'deficiency' from the Colorado Department of Public Health and Environment because the liability is too great. There are no such appeal rights in Assisted Living, but Ombudsman are pretty good with making those arguments even without regulations in place.
- There truly is no setting for some of the more difficult residents who are suffering with a disability/dementia/mental illness and have complex behaviors that our outside the care that facilities can accommodate.
- This is a larger system issue, and one that requires supports from many different outside supports to be successful.

Exercise 2:

Attendees then identified and briefly discussed the barriers to safe discharges:

Barriers Within the System Identified

- Complexity of the system
- Silos – "we only care for…."
- Financial
  - ➔ Payor rules/limitations
- Lack of education

- ➔ Provider
- ➔ Public
- ➔ Police

- Mental health
  - ➔ Diagnoses inadequacies – dementia vs organic issues
  - ➔ Lack of resources – beds, providers
- Lack of resources
  - ➔ providers, beds, programs, services
- HIPAA
  - ➔ Doesn't allow facilities/programs to share patient information
- Limited caregiver supports
  - ➔ for paid and family caregivers
- Guardianship
  - ➔ Program not funded in Colorado
  - ➔ Lack of volunteers
- Lack of cultural/linguistic competence
- Labeling

Patient Barriers Identified

- Financial
  - ➔ No money to pay for care; to pay the right kind of care
  - ➔ Lack of insurance; wrong kind of insurance
- Lack of education
  - ➔ Provider
  - ➔ Public
  - ➔ Police
- Isolation; silos
- Families not living together or near one another
- History of violence
- Bed bugs
- Family denial of problems; burnout
- Elderly caregivers
  - ➔ elderly partner caring for other; one ends up in hospital or dies

Presenters – Trying to Address the Problem

Several key stakeholder presenters discussed efforts they were involved in attempting to address or at least mitigate the problem.

➢Scott Bartlett, Long Term Care Ombudsman, Pikes Peak Area Council of Governments

- In Colorado Springs, they formed a task force to address this issue 2 years ago. The task force includes the chair of the ethics committee, behavioral health staff, hospital staff, local medical society, and nursing homes.
- Hospitals are not the right place for these residents; they are not staffed nor equipped to meet their needs. Yet they've had patients – one for more than two years – where they couldn't find a long-term care facility anywhere in the country to take them.

- They are working with assisted living facilities to see what kinds of support might make them accept a "problem" patient back.
- The "problem" facilities are not at the table A and patients don't realize they have the right to appeal an inappropriate discharge.
- They are looking to other states for best practices. May have found some good ideas in Washington State, such as exploring the feasibility of a "dumping as abuse" statute.
- Can't blame families all the time. Sometimes they've burned out all options, can't take care of the person anymore. Someone said family members have sometimes called Adult Protective Services on themselves, hoping for support, or at least a change.

➢ **Doug Muir, Director of BH Service Line, Porter Adventist Hospital**

- We must focus on upstream interventions and solutions. Once this happens, the system just doesn't work. Instead of trying to fix a broken, complex system, focus on prevention.
- We should be proactive, not reactive.
- The key is collaborating with community partners and the families and recognizing the problem early on.
- It starts with caregiver support and education.
- We need to advocate for a new and different system, rather than try to fix this one. But, of course, that takes dollars.

➢ **Margaret Mohan, Acute Care and Nursing Facilities, Colorado Department of Public Health and Environment**

- Unfortunately, regulation is not the answer. The patients' needs and circumstances are too diverse, and the issue too complicated for a quick regulatory fix.
- For now, communities must try to find answers.
- Margaret explained the role of her office – certification for Medicaid and Medicare, investigating complaints in licensed facilities, working with deficient facilities to develop and implement a plan of action for correcting deficiencies. Her office does not and cannot shut down facilities that consistently fail to make improper discharges.
- At times, the problems caused by a patient – regarding the safety of the staff and other patients – is so bad, that the deficiency is better than keeping the patient.
- Communities need to bring the facilities and services to the table to work together in avoiding the problem, and designing innovative, tailored solutions when it does occur.
- Her office hosts a group called the Complex Service Solution Council, which is exploring this problem.

Note: Melanie Roth-Lawson sends out the meeting minutes and agenda for the next meeting. If you would like to be added to that listserv send her an email at melanie.roth-lawson@state.co.us

Exercise 3:

Attendees identified and briefly discussed any interventions or next steps that might address or mitigate the problem in Aurora. We should note that we reminded them about AHA's limited capacity, and that it would take local "champions" to step up and take a leadership role in Aurora.

Possible Next Steps or Solutions

- Use Medicaid/Medicare waivers to tweak the system as needed.
- Obtain funding for demonstration project
- Bring more partners to the table – i.e., churches
- See if there are lessons for seniors in Children's Protective Services
- Learn from other states; best practices
- Organize a student project to learn more
- Explore legislative fixes
- Seek technical assistance funding
- Ask HRSA Region VIII for support

Learn more about:

- Denver Health's Oasis program
- Colorado Guardian Alliance
- CDPHE's Complex Service Solution Council

The participants agreed that two messages resonated with them:

We (facilities/families/individuals) need to be proactive; not reactive.

We need to focus UPSTREAM in dealing with this problem.
Once it occurs, it's too late.

Attachments

A) Flyer for Nowhere to Go Event

B) Nowhere to Go Agenda

C) Nowhere to Go Pictograph

Aurora Health Access (AHA) is a community alliance of healthcare organizations, public agencies, providers, civic and business leaders, and residents committed to creating a healthcare system in Aurora that meets the needs of all its residents. AHA offers an inclusive convening table where health and community leaders can come together to discuss and develop solutions to health access issues in their community. AHA has been working since 2010 toward three goals:*Increasing Access! Expanding coverage! Building collaboration!*

If you'd like to get involved in one of our work groups or task forces, please check out our website at www.aurorahealthaccess.org for more information, or email admin@aurorahealthaccess.org and request to be added to our outreach list.

AURORA HEALTH ACCESS
AuroraHealthAccess.org

Senior Circle

NowHere to Go

A Conversation about Vulnerable Seniors Stranded in Emergency Departments

Aurora Health Access (AHA) has been investigating the issue of seniors being stranded in hospital emergency departments, because a safe, appropriate discharge for them is not available. So far, we have learned:

- In research literature, this situation is sometimes called "granny dumping," and is a problem being faced by hospitals across the US and Colorado.
- While this happens to others, it is more likely to happen with seniors – usually vulnerable seniors with dementia or brain injury.
- The patients arrive at the emergency room from a nursing facility, an ambulance or police car, or are left by a family member or friend.
- According to interviews with staff from Aurora's hospitals, almost every week they experience a senior in this situation. And it's not unusual for them to be stranded for days, weeks, and even months.

We are hosting a community conversation to learn more about this problem - when and why it happens, what is being done to try and address it, and whether there are ways a community can help solve the problem – or at least prevent it happening as often.

Wednesday March 14, 2018, 2:00 to 4:00 pm
Life Care Centers of Aurora
14101 East Evans Avenue, Aurora, CO 80014

Please register on AHA's website: *www.aurorahealthaccess.org*

The Nowhere to Go event will follow the regular Senior Circle meeting, which will be held in the same location from 1:00 to 1:45. Our presenter will talk about the Colorado Access "No Wrong Door" program. Everyone is welcome to attend.

Wednesday March 14, 2018 *2:00 – 4:30*
Life Care Centers of America - 14101 East Evans Avenue, Aurora, CO 80014

Agenda

2:00 **Welcome** **Molly Markert, Colorado Access**
Chair AHA Senior Circle

Overview of Meeting **Denise Denton, Executive Director AHA**
Brief background of AHA involvement and what we hope to accomplish today.

Introductions **Molly**
Participants will introduce themselves.

2:20 **Group Exercise – Where would they usually go?** **Facilitator- Denise**
Participants will identify all the places someone usually can go after an emergency room visit.

2:45 **Panel Presentation – What does the problem look like?** **Denise**
A few guests have been asked to give brief presentations about the problem in their facility or community. Then we'll give participants a chance to add their examples.

- Diane R. Kennedy, Manager of Case Management, The Medical Center of Aurora
- Amanda Van Andel, Emergency Department Social Worker, UCHospital
-Gina Gina Napolitano, LCSW, CCFP, Manager Behavioral Health, UCHospital
-Shannon Gimbel, Ombudsman Program Manager, AAA, Denver Reg. Council of Govts

3:15 **Group Discussion – So why is there nowhere to go?** **Facilitator- Denise**
Participants will identify barriers to going to the places identified earlier.

3:35 **Panel Presentation – What is being done about it?** **Denise**
A few invited guests will talk about what is being done about this problem..
- Scott Bartlett, Long Term Care Ombudsman, AAA, Pikes Peak Area Council of Govts
- Ashleigh Phillips, Porter Adventist Hospital – Behavioral Services
- Gail Finley, Colorado Hospital Association
- Terry Lake, Lutheran Family Services
- Margaret Mohan, Acute Care and Nursing Facilities, CO Dept. of Public Health & Env.

4:05 **Group Exercise – What did you learn? What might we do? Facilitator-Denise**
Participants will list lessons learned and possible next steps.

4:20 **Wrap Up and Adjourn** **Molly**

Aurora Health Access
Community Conversation: Nowhere to Go

Wednesday March 14, 2018

Thank you to the members of the Event Planning Team.

- Pat Cook, Colorado Gerontological Society
- Melanie Baker-Hood, Business Development with Life Care Centers of America
- Denise Denton, Executive Director, Aurora Health Access
- Molly Markert, Community Engagement Liaison, Colorado Access
- Ashleigh Phillips, Provider Outreach & Community Relations, Porter Adventist Hospital - Behavioral Health Services
- Brooke Powers, Programs Manager, Aurora Health Access
- Sandy Rodgers, Director of Business Development, InnovAge Greater Colorado, PACE – Aurora Center

Thank you to our host.

Melanie Baker-Hood, Business Development with
Life Care Centers of America
melanie_baker-hood@lcca.com

And to MorningStar for providing food!

Thank you to those who offered their expertise and experience.

Scott Bartlett
Long Term Care Ombudsman, AAA
Pikes Peak Area Council of Governments
719-471-7080 x113
sbartlett@ppacg.org

Pat Cook
Colorado Gerontological Society
patriciaplcrn@comcast.net

Gail Finley
Vice President, Rural Health and Hospitals
Colorado Hospital Association
720.330.6011
gail.finley@cha.com

Shannon Gimbel
Ombudsman Program Manager, AAA
Denver Regional Council of Governments
303-480-5621
Sgimbel@drcog.org

Diane R. Kennedy
Manager of Case Management
The Medical Center of Aurora

Terry Lake
Business Development Manager,
Older Adult and Caregiver Services
Lutheran Family Services Rocky Mountains
303-217-5867
terry.lake@lfsrm.org

Margaret Mohan
Branch Chief, Acute Care and Nursing Facilities
CO Dept. of Public Health and Environment
303-692-6486
Margaret.mohan@state.co.us

Gina Napolitano, LCSW, CCFP
Manager Behavioral Health
University of Colorado Hospital – Anschutz Campus
720-848-5186
Gina.napolitano@uchealth.org

Ashleigh Phillips
Provider Outreach & Community Relations
Porter Adventist Hospital - Behavioral Health Serv.
303-522-2434
ashleighphillips@centura.org

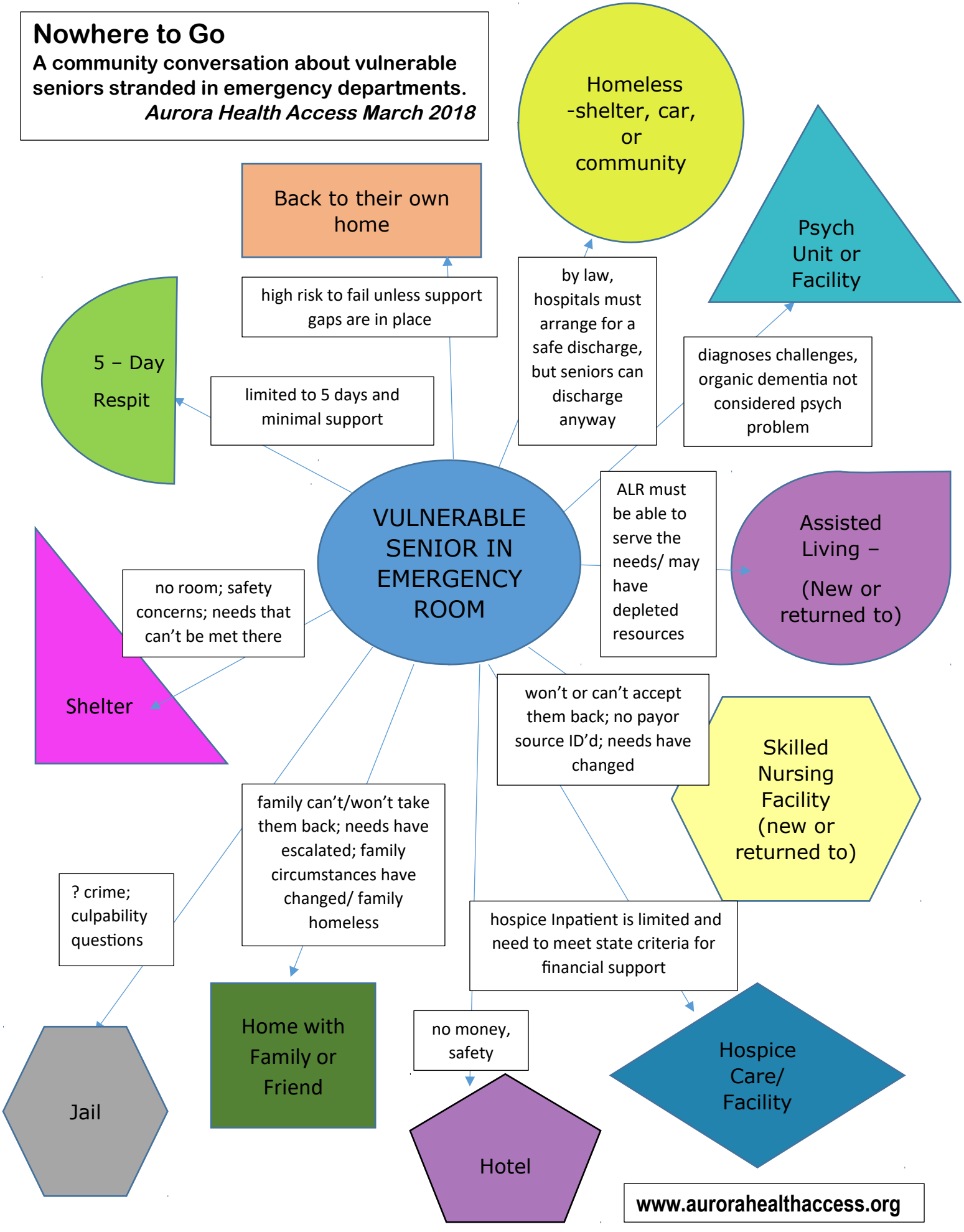
Amanda Van Andel, LCSW
Emergency Department Social Worker
University of Colorado Hospital – Anschutz Campus
720-553-4530
Amanda.VanAndel@uchealth.org

And thank you all for joining in this community conversation.

Nowhere to Go

A community conversation about vulnerable seniors stranded in emergency departments.

Aurora Health Access March 2018



www.aurorahealthaccess.org