

# SENIOR VIRTUE

SPRING 2023 ISSUE

## LEADING THE NATION

OKLAHOMA RANKS #1  
IN QUALITY CARE MEASURE

## THIS HAS BEEN A GAMECHANGER

INTRODUCING OBIE FOR SENIORS

## HEARING AGAIN

AN EXCITING & EMOTIONAL MOMENT  
BETWEEN FATHER & DAUGHTER





# Message

## FROM OUR FOUNDER & CEO

Friends, Colleagues, Team Members and Associates,

I want to personally thank you for taking a look at the Fall 2022 Issue of Senior Virtue by Voyage Long Term Care.

At Voyage Long Term Care, we strive to be first, be better, and to lead the industry in quality care. Every individual who works on our team, from our CNA's to our Dietary Aide's to our Office Manager's, are unique and special in their own ways.

Everyone within this organization has a story to tell, a passion to share, and a heart that shines bright. With this publication, it's my goal to share that with everyone I can. I want to share the love of this family, and the memories that are made in our voyage to providing the highest level of care for our residents.



*Brad Underwood*

**BRAD UNDERWOOD**  
FOUNDER / CEO

### OUR CORE VALUES



INTEGRITY



LEADERSHIP



MINISTRY



FAMILY



INNOVATION

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# THE EXCLUSIVE – NEW YEAR, NEW YOU

*Smart Goals & Habit Stacking for Seniors*

BY: HANNAH DELONG

Are you one of the many people who set ambitious new year resolutions only to throw in the towel after a few weeks? If you are determined to make 2023 your year, do not abandon your desires! With a couple effective methods, you can make your goals stick this year. In today's blog, we will talk about how to decide on the right goals and how to stick to your new habits with the methods of SMART goals and habit stacking. Plus, we have goals and habit stacking suggestions for seniors to incorporate into the new year. A vast majority of people give up on their goals for a variety of reasons.

**Common reasons include:**

- Setting unrealistic goals
- Not having a specific plan of action
- Failing to establish a habit
- Lack of support from friends or family
- Not tracking progress

It can be challenging to achieve a goal that is not achievable from the start, so it's important to choose a SMART goal.

**SMART GOALS**

**SMART** is an acronym that stands for Specific, Measurable, Achievable, Realistic, and Timely.

Specific: Define your goal clearly and specifically

Measurable: Identify a way to measure your progress

Achievable: Choose a goal that you can achieve

Realistic: Decide on a goal that is realistic for you and your life

Timely: Create a deadline to work toward

Let's look at an example of how to create a SMART goal.

**Goal Example:** I want to read more.

**Specific:** I want to read a chapter each evening.

**Measurable:** I will use a checklist so I can check off a box when I finish a chapter.

**Achievable:** I have access to my local library.

**Realistic:** I enjoy reading and I can replace 30 minutes of TV watching with reading.

**Timely:** At the end of each month, I will review my checklist and see how it has been going.



PEOPLE WHO WRITE DOWN THEIR GOALS, LIST GOAL-DRIVEN ACTIONS, AND CHECK THEIR PROGRESS WEEKLY ARE 76% MORE LIKELY TO ACHIEVE THEM! THAT IS 33% HIGHER THAN THOSE WITH UNWRITTEN GOALS!



Residents at Oak Hills Care Center participate in a Petting Zoo by Kamy Grant



Edmond HCC Resident (left) dances to music with Administrator Lisa Wright (right)



## HABIT STACKING

Have you ever tried to incorporate a new habit into your daily routine when your current habits are already well-established? Adding a new habit to your routine can be quite a challenge. However, habit stacking is a method that works with your current habits. Simply identify your current habit and add the new habit before or after the current one.

**Goal Example:** I want to move my body more.

**New habit:** I want to stretch or do yoga poses in the morning.

**Current habit:** I brew coffee in the morning.

**Habit stacking:** While I wait for my coffee to brew, I will stretch or do yoga poses until my coffee is ready.

By using this habit stacking method, you are much more likely to make a new habit stick!

## GOALS, BENEFITS, AND HABIT STACKING IDEAS FOR SENIORS

### IMPROVE YOUR PHYSICAL HEALTH

#### 1) DRINK MORE FLUIDS

Hydration is an essential factor for healthy aging. A study conducted by the National Institutes of Health found that adults who maintain good levels of hydration have a lower risk of developing chronic conditions leading to a longer life and overall

healthier well-being. If an individual does not drink enough fluids, serum sodium levels increase and the individual is at a higher risk of developing chronic diseases such as heart failure, stroke, atrial fibrillation, peripheral artery disease, chronic lung disease, diabetes, and dementia. It is recommended that women consume six to nine cups of fluid daily and men consume eight to twelve.

**Habit Stacking Idea:** Bring a glass of water to bed as part of your night routine so you can drink it first thing in the morning.

#### 2) INCREASE PHYSICAL ACTIVITY

Regular physical activity has many benefits other than weight loss. It can reduce symptoms of arthritis, anxiety, and depression, help control diabetes and high blood pressure, and increase strength, balance, flexibility, and endurance. If you use a cane, walker, or wheelchair, the National Institute of Diabetes and Digestive and Kidney Diseases recommends slowly raising your arms or legs regularly to increase flexibility. You can also speak with your doctor about how you can safely increase your physical activity.

**Habit Stacking Idea:** Before getting in the shower, spend a few moments to complete some movement or stretches.

#### 3) MAKE HEALTHIER FOOD SWAPS

You've probably heard the phrases "An apple a day keeps the doctor away" and "You are what you eat!" at some point in your life. While an apple may not actually keep the



Oak Hills Resident "Wild Bill" poses for an Oktoberfest candid



Edmond HCC Resident planting flowers



doctor away, consuming a healthy and nutritious diet is important for maintaining your health and lowering the risk of developing diseases such as high blood pressure, diabetes, and heart disease.

To achieve a balanced diet, the National Institute on Aging recommends consuming a variety of foods from each food group focusing on getting enough protein, vitamin B12, and fruits and vegetables, and reducing the consumption of added sugars, saturated fats, and sodium. The American Diabetes Association recommends aiming for five to seven servings of fruit and vegetables daily.

To make it easier to switch to a healthier diet, consider making simple food swaps such as replacing animal proteins with more heart-protective proteins like salmon and tuna and replacing butter and canola oil with heart-healthy fats like olive and avocado oil.

**Habit Stacking Idea:** If you tend to eat something sweet like ice cream after dinner, swap the bowl of ice cream with a bowl of yogurt topped with fresh fruit.

## IMPROVE YOUR BRAIN HEALTH

### 1) LEARN SOMETHING NEW

Puzzles, crosswords, and brain-training videos can improve the ability to remember and retrieve information, but they do not expand reasoning and problem solving. It is more beneficial to learn something new that is complex and engages visual

comprehension, short and long-term memory, attention to detail, and mathematics. A study published by Psychology Science found that engaging in activities that promote the use of long-term memory, such as learning digital photography and quilting, can lead to significant improvement in overall memory function among adults aged 60 to 90.

Similarly, a study published by Annals of Neurology reported that speaking more than one language may delay cognitive decline caused by aging.

**Habit Stacking Idea:** Instead of watching TV immediately after dinner, try spending 30 minutes learning something new before you turn on your favorite show. Depending on the skill, you may be able to do both at the same time – like knitting while watching the news.

### 2) READ MORE

Researchers at the Beckman Institute for Advanced Science and Technology discovered a connection between reading books and the preservation of memory. Reading books that really draw us in is beneficial for our memory of events, which is the ability to remember what happened in chapters of the book so we can keep reading the story. Reading is also a great practice for our working memory, which helps us follow along with the story and remember the recent paragraphs we just read.

As we get older, both types of memory decline. However, habitual reading improves and strengthens memory skills.



**Habit Stacking Idea:** When you make your bed in the morning, place a book on it. That way, when it's time to hit the hay, you already have a great book to help you relax and wind down.

**3) ENGAGE IN THE ARTS**

For seniors, major life events such as relocation, health issues, or the loss of a loved one can cause loneliness and depression. Fortunately, engaging in the creative arts is an excellent way to create positive moods, create social connections, and lead to an improved quality of life.

Specifically, artistic activities have been shown to effectively improve physical health, increase confidence, and reduce feelings of fear, anxiety, depression, stress, and chronic pain. Examples of artistic activities include writing, photography, puppetry, storytelling, dancing, painting, drawing, choral singing, and crafts.

**Habit Stacking Idea:** If you drink coffee, try doodling or writing creatively while you savor your brew!

**INCREASE POSITIVE THINKING - START A GRATITUDE JOURNAL AND EXPRESS GRATITUDE TOWARD OTHERS**

Expressing gratitude can have immense benefits on both mental and physical health. Studies have shown that gratefulness can improve sleep, mood, and immunity, and can decrease depression, anxiety, chronic pain challenges, and even risk of disease.

**>>> 3 TIPS TO IMPROVE PHYSICAL HEALTH**

- 1. DRINK MORE FLUIDS
- 2. INCREASE PHYSICAL ACTIVITY
- 3. MAKE HEALTHIER FOOD SWAPS

**>>> 3 TIPS TO IMPROVE BRAIN HEALTH**

- 1. LEARN SOMETHING NEW
- 2. READ MORE
- 3. ENGAGE IN THE ARTS

To express gratefulness, a popular practice is to keep a gratitude journal to list out the main things you are grateful for daily. Another approach is to thank the people around you and send out thank you cards and messages to loved ones.

**Habit Stacking Idea:** Keep a notebook or journal by your bed so you can write out what you are grateful for before you drift off to sleep.

When it comes to establishing your New Year's goals, make sure to be SMART about them and develop a habit stacking plan to remain committed to them. If you find that your habit stack is not effective, feel free to change it or experiment with stacking other habits. As a final tip, give yourself a reward for being dedicated to your new habit. Rewards act as incentives and will help you remain motivated to succeed!



Resident at Edmond HCC paints an airplane during a creative activity



Edmond HCC Resident smiling during an activity



## SERVICE WITH A SMILE

### *Highlighting Our Incredible Dietary Services*

BY: ALYCE MCELHOE

There is rarely a time that the kitchens in Oak Hills Care Center and Edmond Health Care Center are quiet, and Sharita McFee, dietary manager for Oak Hills, knows this well. McFee has been working in industrial kitchens since she was 16. “I started off as a line worker at Saint Anthony’s,” McFee said. “Worked there for a little bit and became a cook and then realized that I wanted to do more, so I came into long term care, and I’ve been here ever since. About 23 years.”

Throughout her time at Oak Hills, McFee says she’s had family members who have written letters to administrative staff speaking on how Oak Hills has the best smelling and looking meals they’ve seen in multiple facilities. “I pride myself on my food and my kitchen. We are constantly pushing to go above and beyond the industry standard,” McFee explained. “I love when residents come up to me and tell me they’re hungry because that means I get to cook for them and see their smiles when they’re full. My philosophy is to let them eat, if they’re hungry, give them something, send everyone everywhere with a full stomach.”

When in a skilled nursing facility, dietary staff need to be able to produce a variety of meals in a variety of textures and nutrient levels. McFee says on an average day her staff are juggling four to five different meal preparations for 3 meals and 3 snacks every day, as well as options that are available at any time during the day. “On a normal day we will have five or six dietary staff back here,” McFee said. “We have to accommodate for different textures of food, swallowing issues, and nutrient guidelines or restrictions. So, we will usually be cooking for the regular diet, puree, chopped, and mechanical diets, plus any texture problems, allergies, or restrictions.”

One of the largest misconceptions McFee says she’s heard in the past from family members was that there was a lack of variety in the meals being offered to residents. The ability to change her meals on a weekly basis has been one of McFee’s greatest joys as a dietary manager. “It lets me go out and talk to the residents about what they want,” McFee explained. “As much as I want to cook specific things for them, I have to take a step back and remember, I’m just cooking but they are eating it, and I want them to be happy with what they’re eating.”







Oak Hills employee serves food to residents and family during the annual Thanksgiving meal



Oak Hills resident Barbara Russell cherishes the openness McFee displays to the residents when it comes to meals. “It’s nice to be able to open a door or go up to the window and get whatever I want,” Russell said, smiling. “When they’re here, I can get hamburgers or egg rolls even if it’s not mealtime. When she comes to ask us what we would want to eat, I get so excited because it means I get to help make the menu decisions, not a lot of nursing homes do that.”

McFee says that she tries to incorporate a sense of normalcy to her meals as well, bringing in “Taco Tuesdays” and “Fish Fridays.” Apart from her weekly menu rotations, McFee says she also has seasonal menus to help residents adjust with the changing of the weather. “During the summer we serve lighter foods,” McFee explained. “You wouldn’t want to walk outside with a full warm belly when it’s 100 degrees, so we focus on lighter and fresher foods during the summer. The fall and winter come with more hearty meats in meals like chili or stew.”

To be able to keep up with the daily meal and snack times, it takes a hard-working crew on each shift. In the morning’s, there are typically three cooks plus four to five aides. This team will prepare and serve breakfast, lunch, and one snack. During the evening shift, there are usually one or two cooks, with three to four aides preparing and serving dinner and two evening snacks. “You’d think this was Vegas with how many residents are night owls,” McFee joked. “While we don’t have any dietary staff in the kitchen throughout the night, we will make sure that any resident who wants something to eat during the night is able to grab it and go.”

Dietary aides have a wide variety of jobs within the kitchen, setting up trays, preparing drinks and desserts, distributing snacks, and collecting and washing dishes. McFee says her cooks will rotate depending on which meals are being prepared that day. “I like making the meatloaf, mac and cheese and mashed potatoes,” McFee said. “Everyone’s hands are different, seasonings are different, and sometimes one person can make something better or faster than others, and we will always have the best cook for the meal preparing it.”

In that effort to put the best food forward, McFee is looking to introduce a cafeteria style ordering system where residents will be able to receive made-to-order meals, sides, and snacks. Selective menu items will include chicken tenders, quesadillas, and a variety of sides including vegetables and mashed potatoes. “I’m here because I like to cook,” McFee explained. “I like when the residents are happy about the food. I love feeding people, I even cook and volunteer at a couple other kitchens so I can keep those smiles rolling. I like the way they smile when they say they’re hungry and I can give them a plate. I never want to say no to giving someone food, feed them until they’re full and do it with a smile.”



# LEADING THE NATION

Oklahoma Ranks #1 in Quality Care Measure

BY: JARROD FERGUSON

In 2019, there were some very real issues in long-term care that were identified in the state of Oklahoma. In October of the same year, the Oklahoma Health Care Authority (OHCA) implemented a new program called “Pay for Performance” (or PFP) for long-term care Medicaid certified facilities in the state. This new program, which was passed through Senate Bill 280 titled “Nursing Home Quality Assurance Initiative,” established four equally important measures already in place by the Centers for Medicaid and Medicare Nursing Home Compare website.

Every individual in long-term care deserves to have the highest level of care. As stated on the OHCA website (scan the QR code below to see the full site for statistics and more information), this program is designed with the quality care of residents in mind. It leans on the integrity, quality, and overall wellness of our populations most vulnerable. Providers receive payment based on the quality and value of the services that they provide.

### THE PFP PROGRAM MISSION (From OHCA)

To allow nursing facilities that are established and rooted in Oklahoma the opportunity to achieve above and beyond the standard level of care already being provided. This program is goal oriented to enrich the nursing facilities overall quality of care.

### THE PFP PROGRAM VISION (From OHCA)

Our vision is that all facilities will receive incentive reimbursement, and the state of Oklahoma will have the top-rated care in nursing facilities across the nation. This will enhance not only the nursing facilities and their employees, but the lives of Oklahomans and their families.

### THE FOUR QUALITY MEASURES

**N024.02** – Percentage of long-stay residents **with a urinary tract infection**

**N015.03** – Percentage of long-stay residents **with high risk/unstageable pressure ulcers**

**N031.03** – Percentage of long-stay residents **who received an antipsychotic medication**

**N029.02** – Percentage of long-stay residents **who lose too much weight**

### MEASURE N024.02 – UTI Prevention

Urinary Tract Infections (UTI's) are one of the most common infections for those living in long-term care facilities, with reports indicating that up to 21.8% of residents may experience it. Additionally, reports show that up to 57% of women and 38% of men may experience this infection asymptomatically. Since 2019, the state of Oklahoma noticed a **10% improvement** in comparison to the rest of the country.

### MEASURE N015.03 – Pressure Ulcer Prevention

Pressure Ulcers (also known as pressure sores or bedsores) occur when excessive force is put on the skin over longer periods of time, typically caused by resident neglect in long-term care. Studies show that as many as one quarter of long-term care residents may develop a pressure ulcer due to neglect. Since 2019, the state of Oklahoma noticed a **32% improvement** in comparison to the rest of the country.

“I THINK IT’S LONG OVERDUE. OUR FRONTLINE HEROES HAVE HAD A TOUGH JOB OVER THE LAST FEW YEARS, AND THESE NUMBERS ARE A TESTAMENT TO THEIR WORK. RECOGNITION IS LONG OVERDUE, AND IT IS ESSENTIAL THAT WE RECOGNIZE THEM.”

### MEASURE N031.03 – Antipsychotic Medication Reduction

The use of antipsychotic medication is a method to help patients with certain mental health conditions, but it comes with side effects and could be very harmful for others. Nearly 14.5% of residents nationwide are being treated with some form of antipsychotic medication. Addressing resident needs through other means (ex. higher staffing ratios) may help lower the need for these treatments. Lower percentages of antipsychotic medication treatments are better on this specific measure. Since 2019, the state of Oklahoma noticed a **60% improvement** in comparison to the rest of the country.

### MEASURE N029.02 – Weight Loss Prevention

Weight loss in long-term care residents is a cause for concern. Nearly 8.2% of the nation’s long-term care residents currently suffer from weight loss. This can be caused by many factors, including but not limited to neglect (due to understaffing), cognitive impairments, physical limitations, or poor nutrition programs. The state of Oklahoma now ranks **#1 overall in the United States** in weight loss prevention, with under 4.5% of its residents currently seeing a reduction in weight. This is close to a **98% improvement** since 2019, when the PFP program was implemented.

### HOW FAR WE’VE COME

When the PFP program began, the state of Oklahoma ranked in the bottom two percent of the nation in all four of the quality measures. At the end of 2022, Oklahoma has improved their overall ranking in all four measures, and now **leads the nation** in quality measure **N029.02 – Percentage of long-stay residents who lose too much weight**. Voyage LTC Chief Operations Officer Kip McElwee weighed in on the recent data stating “I think it’s long overdue. Our frontline heroes have had a tough job over the last few years, and these numbers are a testament to their work. Recognition is long overdue, and it is essential that we recognize them.”

This is welcoming news for long-term care providers and leaders across the state, with Rep. Marcus McEntire and Sen. Roger Thompson recently applauding the improvements. “We are so proud of these recent numbers, and we are expecting to climb even higher in the coming years” says Voyage LTC’s CEO Brad Underwood. There is still a long way to go, but with innovative providers such as Voyage LTC, Oklahoma will continue to lead the charge in providing the highest quality of care in the nation.



LEARN MORE







Resident playing a game on the Obie Joy

## ENHANCING ACTIVITIES

### *How Obie for Seniors is Changing the Game*

BY: MALANE HARBOUR

“During Covid” is a phrase that nearly everyone understands as being the timeframe of when our world first managed life through the Covid-19 pandemic. The practice of “quarantine” began roughly around the 14th century and derives from the Italian words quaranta giorni, which means 40 days – the quarantine time for ships arriving in Venice to protect coastal cities from plague epidemics. Despite how long this practice has been around (congress passed federal quarantine legislation in 1878 in the United States), long-term care was not prepared to handle this crisis that would affect our country’s most vulnerable.

EyeClick is a world leader in interactive technology and created BEAM, an award-winning gaming solution that turns any physical space into an immersive, active and highly addictive gaming experience for children ages two and up.

When it came to seniors and their mental health, EyeClick saw a need to help address some of the mental health challenges that came with the Covid-19 pandemic and decided to launch a



Residents play various games on the Obie Joy device

study in November 2020 across dozens of care facilities. They surveyed both caregivers and senior management to gather information on some of the challenges in senior care. These included increases in loneliness and depression, along with cognitive decline.

After their initial research, EyeClick created and deployed a product called Obie for Seniors to senior care facilities across the northeast United States. Of those surveyed, 94% of respondents saw general improvements in residents, and 88% found improvements in residents’ social behaviors. Since loneliness was one of the primary afflictions of the pandemic, they felt that the Obie product offered a lot of promise to senior care communities.

**DID YOU KNOW: IN REGARDS TO LONELINESS, ALISON BRYANT, PH.D, SENIOR VICE-PRESIDENT OF RESEARCH FOR AARP, STATED THAT ISOLATION “HAS A PROFOUND NEGATIVE EFFECT ON HEALTH AND WELL-BEING. THAT IS EQUIVALENT TO SMOKING 15 CIGARETTES A DAY.”**

During a shopping trip at Quail Springs Mall in Oklahoma City, Oklahoma, Director of Rehabilitation at Voyage Long Term Care, Lindsey Smith, COTA/L, saw children interacting with a gaming device, running around and stepping on virtual fish. This sparked an idea of yet another way she could bring technology to seniors and teach them to not run away from it.

After bringing her idea to President and Chief Executive Officer of Voyage Long Term Care, Brad Underwood, he found the choice to be easy, as he saw it as “an additional benefit for resident therapy and overall quality of life.” Underwood has always been an operator that thinks outside of the box when it comes to doing what’s best for the residents of his nursing homes.

After further research, the team decided to purchase an Obie for Seniors device, with Underwood stating that he “didn’t think twice” about paying the one-time fee to purchase the product. Smith, more than most, understands the challenges of using technology in a nursing home environment. With the recent addition of the Meta Quest VR headset (***read more about this by scanning the QR code at the end of the article***), Smith has already witnessed more engagement





Residents smiling and play various games on the Obie Joy device

and interaction with technology amongst residents at both Oak Hills Care Center and Edmond Health Care Center. She believes that, like with Virtual Reality, the Obie could be something that the residents would not run from and would want to join in and use more often.

**DID YOU KNOW: ACCORDING TO THE WORLD ECONOMIC FORUM, TECHNOLOGY ADOPTION BY ADULTS OVER THE AGE OF 60 IS SLOW AND OFTEN FRUSTRATING DUE TO LACK OF FAMILIARITY WITH TERMINOLOGY, AS WELL AS PHYSICAL CHALLENGES THAT CAN MAKE USAGE DIFFICULT.**

The Obie is currently being utilized at Oak Hills Care Center, with plans to purchase and install an additional system at Edmond Health Care Center in the near future. "The greatest outcome that I have seen in our residents," shares Smith, "is a lot more initiative amongst our residents. They are coming out of their rooms and taking the initiative to use the Obie." When asked about the favorite game amongst seniors, it wasn't a surprise to hear that they most often opt to play BINGO with a group of friends. However, a close second to BINGO is a game called Rush Hour, a sliding block puzzle game that has the player work on tasks based on sequencing and problem solving.

Another benefit, Smith explains, is that because you can put the projection on the wall, floor or a table – all disciplines are able to use it when interacting with residents. Smith's team uses the Obie for a wide variety of therapy activities. Recently, a gentleman used the Obie for physical therapy on his foot, where he was able to work on his balance and cognition. It has also been used in nursing as a tool for re-directing or spending time with a resident.

Overall, the effects of the Obie product have been positive. Communication, social skills, mental dexterity, and overall mental health have all improved with the use of this system. For more information on the Obie, visit [www.obieforseniors.com](http://www.obieforseniors.com).



VR THERAPY BLOG



## HEARING AGAIN

### *Helping Julian Mojica Sr. Hear Again*

BY: JARROD FERGUSON

"There's nothing better than a kid's voice," said Julian Mojica Sr. with tears welling up in his eyes and his voice quavering. Mojica Sr., now 91 years old, has had significant trouble with his hearing for a long time.

Born in 1931 in Kyle, Texas, just miles outside of Austin, Julian Sr. worked as a diesel mechanic for most of his life before retiring in 1988. He has over 30 beautiful grandchildren and would often enjoy fishing, cooking his famous barbeque sandwiches and watching television with his family.

His son, Julian Mojica Jr. was his best friend and primary caregiver until 2021, when he unexpectedly passed away at the age of 65. Julian's youngest daughter, Ruby Mojica took over his care after Julian Jr. passed away. She has worked as a housekeeper at Edmond Health Care Center for about seven years, and in November 2021, decided to move her father to the Edmond HCC community so that he could receive the top quality healthcare he deserved. "I'm so glad he is here where I work," Ruby said.

Julian Sr. is completely deaf in his right ear and has tremendous difficulty hearing out of his left. As the regular housekeeper on her father's hall, Ruby said she would often have to speak loudly to get her father's attention. She explained that it may have seemed to others that she was scolding him, however, he just wasn't able to hear her very well. Regional Nurse at Voyage Long Term Care, Rochelle Malone, echoed Miss Mojica's comments, while also adding that Julian Sr.'s basic functions of daily living were greatly affected by his inability to hear.

#### ABOUT HEARING LOSS

Hearing loss affects numerous people across the globe and can be caused by a variety of factors including consistently being around loud noises, earwax and fluid buildup, heredity, a punctured eardrum or other health conditions. Health conditions that may lead to hearing loss include but are not limited to diabetes, high blood pressure, viruses, bacteria, various heart conditions, stroke, brain injury, and tumors.

There are two types of hearing loss: Sensorineural and Conductive. Sensorineural hearing loss occurs when there is damage to the inner ear of the auditory nerve and is usually permanent. Conductive hearing loss occurs when sound waves cannot reach the inner ear, but this type can typically be treated medically or fixed with surgery.



Some signs of hearing loss may include trouble hearing on the phone, difficulty following conversations when two or more people are talking, asking people to repeat themselves often, needing to turn up the volume of the TV so loud that others complain, thinking that others mumble, and having trouble understanding when women or children are speaking to them.

In an article written by the National Institute on Aging (NIA), it is stated that nearly 50% of people over the age of 75 have reported some difficulty hearing, and that for those who suffer from hearing loss, frustration may occur during basic everyday functions. Miss Mojica agreed that there has been some frustration due to her father’s hearing limitations. Because of those limitations and other difficulties, Miss Malone and the Voyage Long Term Care leadership agreed that something needed to be done for Mr. Mojica.

**HEARING AGAIN**

“I knew that he couldn’t afford hearing aids, so I suggested amplifiers since they are typically much cheaper,” explained Malone. The scene when the amplifiers were put on Julian Sr.’s ears for the first time was both exciting and highly emotional. Once they were on, Ruby asked Julian Sr., “Daddy, can you hear me?,” to which he immediately responded “Yes!” “I started crying, and then he started crying because he could hear me, he hasn’t been able to do that in so long,” she said with her voice wavering. Malone remembers Julian Sr. looking at the team members around the room and saying, “Yes, I can hear you!”

Television has always been one of Julian Sr.’s favorite things, and that has not changed since moving into the Edmond Health Care Center community. He frequently has the MeTV channel on playing various westerns, the Three Stooges, and the Walton’s. He also makes it a point on Sunday’s to watch his favorite NFL team, the Dallas Cowboys. Ever since Julian Sr. received his amplifiers, he has been able to listen to the TV at regular volume. “Now he doesn’t have to have the TV up so loud,” Ruby said jokingly.

Nurses and other team members at Edmond Health Care Center regularly say that Julian Sr. is the happiest, sweetest and most polite resident around. The team at Edmond is very happy to have him in the community and he is more than happy to be there too. “He’s very happy and I can tell he’s happy,” said Ruby with a big smile. These amplifiers have changed the life of Julian Mojica Sr. for the better, with Ruby saying “It’s a whole different world now.”

At Voyage Long Term Care, we acknowledge and accept that our purpose is to serve, to love, to care, and to heal, and take great pride in the fact that we can help make our resident’s lives better.







## ALL ABOUT HOSPICE

### *Common Misconceptions & Helpful Tips for Families*

BY: MALANE HARBOUR

In 1978, President Jimmy Carter announced that November is now National Hospice and Palliative Care Month. According to the National Association for Home Care & Hospice, this is a time to honor the “millions of nurses, home care aides, therapists, and social workers who make a remarkable difference for the patients and families they serve.” When November was first dedicated to recognizing the efforts of those who provide end-of-life care – hospice patient numbers were in the thousands. Today in the United States, we provide care to more than 1.65 million people.

With over thirty licensed Hospice companies in the Oklahoma City Metropolitan Area, and more agencies opening their doors every year, it is important to be educated on the services that Hospice does and does not provide.

Hospice is support for terminally ill patients as well as their families. This is a Medicare benefit as long as an individual meets the Medicare requirements to access the benefit, which includes; obtaining care from a Medicare-certified hospice, an attending physician and hospice physician certifies the patient as terminally ill with a medical prognosis of 6 months or less to live – if the illness runs its normal course (the patient cannot be seeking curative measures) and the individual, or their appointed decision-maker, signs an election of the benefit of hospice.

#### THE COMMON MISCONCEPTIONS OF HOSPICE

##### ***Giving Up on the Patient:***

Hospice is about living in comfort and dignity in the time an individual has left. Electing to start hospice can be a difficult decision, especially for family members and providers that have been involved in a patient's care for extended periods of time. Once the prognosis changes from being

able to manage a terminal disease to being in the last months of the disease process – it's hard for individuals to accept the natural trajectory of the disease process.

Electing to start hospice is not giving up. Diseases that are hospice approved diagnosis' cannot be cured. These include but are not limited to: Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Cancer, Amyotrophic Lateral Sclerosis (ALS), Acquired Immune Deficiency Syndrome (AIDS), Protein Calorie Malnutrition (PCM), Alzheimer's, and most recently, Covid-19.

Upon admission to hospice, the patient and their surrounding support system are electing to add more care at the end of life to increase the quality of life. Ask any hospice employee what is heard most often by families, and you will typically get the response “We wish we would have called hospice sooner.”

With hospice in place, the patient's pain and symptoms are managed, with focus also being put on their spiritual and emotional needs at the end of life.

##### ***Hospice Hastens Death:***

In the 2021 edition of National Hospice and Palliative Care Organization (NHPCO), it was reported that 1.61 million hospice patients were “live discharges” which means that they no longer met eligibility requirements and were discharged because they were showing improvement. There are occurrences that once a patient's pain is managed, they are receiving not only care for their physical needs, but also their psychosocial and spiritual needs as well, which may lead to improvement and discharge from hospice services.



Often, patients are starting hospice services later in their disease process. With most patients (75%) only receiving care for 85 days or less, when the benefit is for six months. This paints the picture that the majority of those with terminal diseases are electing the benefit sooner rather than later. It is important for patients and their families to understand the benefit of electing hospice upon eligibility, so that they can access all the benefits during those last months of life. Although there is no evidence that hospice “hastens” death, there are studies that show that patients who receive hospice care may live longer than patients who do not.

Terminal restlessness can occur at the end of life, and it is common to use a sedative and/or an anti-psychotic to help the patient. Often, upon the receiving of these medications, it is not uncommon for the patient to then pass, as they are now comfortable, and their restlessness is managed. This may cause families to feel that hospice has hastened their loved one’s death, but the reality is that they were just made comfortable enough to pass without agitation.

***Once elected on hospice, you can’t discharge off services or go to the hospital:***

Hospice is a choice. At any time, a patient (or decision maker) can sign a revocation form to discharge services. Going to the hospital is also a choice that is never taken away from a patient, and if admitted, the patient would automatically revoke from hospice and can sign-back up upon discharge.

However, this would be an opportunity for education with the patient and the hospice agency as the purpose of electing hospice is to stop going to the hospital at times when a nurse can come to the home and help manage symptoms. The goal of Hospice is to become a patient’s “911” that can triage if their own nurse can provide the needed care, or if the patient should go to the hospital.

In times that pain cannot be managed at home, most hospices have contracts with a hospital to provide General Inpatient Care, which allows a patient to go to a Medicare certified hospital, hospice inpatient facility or nursing facility that has a registered nurse available 24-hours a day. In one of these settings, the patient can be provided acute symptom management without revocation of their hospice benefit as the hospice staff would still be able to see the patient and manage their care in an in-patient setting.

***Patient must give up their Primary Care Physician:***

Patients with long-standing care provided by their Primary Care Physician (PCP) may have concerns of not being able to see their PCP if they start hospice care. However, a patient’s personal physician can choose to be a part of the hospice care team and work closely with the hospice physician. If the PCP is willing to continue to be part of their care, then they would not be excluded.

***What a family must understand is that:***

Their PCP must be willing to continue following the patient as they will need to be available for calls regarding the patient’s care. The hospice agency can continue to provide updates to the PCP, while allowing the hospice physician to oversee the patient’s plan of care – if they elect not to continue to provide care. This can be discussed and decided upon during admission and with the PCP’s approval to follow their patient or elect to just receive updates from the agency.

***Hospice is for the last days of life:***

Contrary to myth, hospice care is not just for the final days of life. Upon initial admission to hospice, there are two 90-day periods followed by an unlimited number of subsequent 60-day periods. Once a patient is entering their third benefit period and every recertification





period after that, a face-to-face by a physician or a hospice nurse practitioner is required, documenting a continued decline to support a life expectancy of 6 months or less.

“I remember calling a patient who was leaving the hospital once and had been referred to hospice,” shares Mandi Schulz with Affinity Hospice and he told me ‘I’m not dying yet but I’ll call you when I’m dying.’ When I explained to him that hospice isn’t just for when you are dying and then asked him why he went to the hospital, he shared with me that he had cancer and was in pain, so he went to the hospital. I explained that pain management was what hospice did well and that the goal would be to keep him out of the hospital and manage his pain at home. Since he had cancer and was not seeking curative treatment – he would be eligible for the benefit and didn’t need to wait until he was at the last days of his life.”

What Schulz experienced with this specific patient is something hospice employees come across often or are often told “I’m not ready for hospice.” Many families don’t call hospice until a loved one’s passing is imminent, many say they wish they’d known about hospice sooner. Being ready is something that patients and their families don’t always have the luxury of as death isn’t waiting on us to determine when it arrives, so starting care sooner rather than later is recommended by hospice providers so that they are given as much time as possible to manage expectations of the patient and their family as well as developing a good relationship.

### WHAT TO KNOW WHEN LOOKING FOR A HOSPICE COMPANY

With so many agencies to choose from – how does one determine which hospice to start care with? Since hospice is a regulated program to provide care for people who are terminally ill and support for their families, there are specific expectations from Medicare on care that must be provided, to include:

A hospice team that sets up a plan of care, that includes some or all of the following:

- Physician
- Nurses or nurse practitioners
- Counselors
- Social Worker
- Pharmacists
- Physician and occupational therapists
- Speech-language pathologists
- Hospice aides
- Homemakers
- Volunteers

Other services that can be included in your plan of care:

- Medical equipment
- Medical supplies
- Prescription drugs
- Dietary counseling
- Grief and loss counseling for patient and/or family
- Short-term inpatient care (for pain and symptom management)
- Short-term respite care

Any other Medicare-covered services needed to manage your terminal illness and related conditions, as recommended by the hospice team.

Optional Services to consider when looking for a hospice company:

#### *Volunteer Program:*

Every hospice is required to provide volunteers for at least 5% of total patient hours, but not every agency is treated equally with what they can offer with their volunteer program. Determining what is important to you and finding a hospice that can meet your needs is important. Hospice volunteers can provide services in direct support (time with patients), clinical support (clerical and other services) and/or general support, which can be outreach, education and more. You can visit each hospices website to learn about their volunteer programs.



Edmond HCC Resident smiles for a picture

#### *End of Life Program:*

What is the company policy on how to handle care at the end of life? In the hospice industry it is often stated that there is no magic eight ball to identify when a patient will pass away. Often there are indicators of those final days, with each hospice company having their own guidelines for how to manage a patient’s care at end of life. Knowing if the company provides staff at end of life to sit with a patient is something that may be important to you. If it is, knowing whether it will be a member of the hospice staff or someone hired from an agency is something to ask.

#### *Veteran Programs:*

We Honor Veterans is a national program that hospices can elect into and “earn stars” by completing certain activities using practical resources to increase their ability to serve Veterans.

### HAVING THE HOSPICE CONVERSATION

Since death is a topic that no one really wants to talk about, it can be a barrier to getting eligible patients enrolled in a timely manner. You should know that it’s normal to be afraid when the conversation of hospice begins and that hospice teams are in place to help everyone involved in the process. It aims to provide comfort and peace and helps improve the quality of life for a person at end of life. In addition to caring for the patient, hospice cares and supports the family – even after the passing of their loved one. One of the most special components of hospice is to support the family through education, emotional support and being a comfort during the difficult time of losing your loved one.

For more information on the specifics of hospice or to find an agency near you – visit the National Hospice and Palliative Care Organization at <https://www.nhpco.org>.





## VETERANS DAY 2022 FEATURE

*Honoring Those Who've Served*

During Veterans Day in November of 2022, we took a moment to honor our residents and staff who have served in the United States military. We are proud to honor a total of fifteen veterans; Five at Oak Hills Care Center, nine at Edmond Health Care Center, and one at Voyage Long Term Care.

Voyage Long Term Care supports the United States Armed Forces and our veterans. We want to thank each and every individual who has and is currently serving this country.



Joe Cowan, Air Force



Eddy Fugett, Army



Jeffrey Fuller, Air Force



Phillip Maxwell, Marines



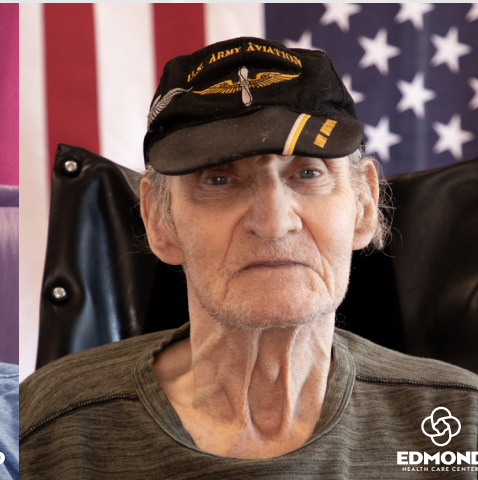
William Hulsey, Army



Bryan Mock, Army



Rene Garza, Army



Jimmy Gaylor, Army



John Manning, Marines



Kirk Owens, Army



Tony Paschal, Army



Bryan Petersen, Army



Leagerald McFarthing, Army



Neil Robert, Army



Kenneth Sandlin, Air Force





## STOPPING THE SPREAD WITH ANITRA SCOTT

### *The Voyage Commitment to Infection Prevention*

BY: ALYCE MCELHOE

"Cover your mouth when you cough. Sneeze into your elbow. Wash your hands for at least 2 minutes." We've all heard these sayings thousands of times, but Anitra Scott has said them thousands of times this year alone. As the Infection Control Preventionist for two skilled nursing facilities, Scott has been incredibly busy since the beginning of the COVID-19 pandemic.

"There's a lot of people. In just our two nursing facilities I'm tracking over 300 people. Making sure that quarantines, isolations, and testing are all done correctly. Making sure that we accurately track every COVID-19 case, every possible infection of any kind, and Flu season is coming up too." Scott spends most of her workdays walking the halls of her facilities, talking with staff and residents before firing up her laptop to look over any new regulations that may have been announced by the Oklahoma State Department of Health (OSDH) or the Center for Disease Control (CDC).

Though Scott is technically in charge of infection control and prevention, she says it is truly a team effort to keep our communities safe. Nurses and other staffing members have specific masking requirements based on vaccination status, COVID-19 tracking status of the county, and outbreak status of the facility. Residents are also asked to help slow infections, either by wearing a mask or minimizing the number of surfaces/objects they touch. "I almost feel like a mom," Scott said. "Having to constantly remind people to put their masks over their nose, not to cough into their hand, or even to go wash their hands after they do cough or sneeze in them. Asking people to follow certain residents around to clean after them because they have to rest their hand on the wall while walking or something like that."

**DID YOU KNOW: THERE ARE AN ESTIMATED 1,000,000 TO 3,000,000 INFECTIONS PER YEAR IN LONG-TERM CARE FACILITIES NATIONWIDE.**

Scott became an infection preventionist for Voyage Long Term Care after working for the state of Oklahoma as a surveyor. Since joining the team in 2021, Scott has helped both Oak Hills Care Center and Edmond Health Care Center navigate the constantly changing regulations. "State surveyors have a great understanding of our regulatory requirements in long term care," Chief Operations Officer Kip McElwee said. "And they are able to help bridge the gap with employees to ensure our communities do our best every day to meet those expectations."



Scott considers herself lucky having gained the necessary training and education to become a preventionist through her time with the Oklahoma State Department of Health. She has taken that training and education directly into our Voyage communities. "Education is a huge part of the job," Scott explained. "I didn't expect there to be as much teaching as there is. I'm teaching staff members about super-immunity, residents about how different diseases travel and can be stopped. It's a never-ending teaching opportunity that I'm glad to take on." All the reminders to properly wear masks or wash hands aren't always met with smiling faces and compliance, however, "There has been some push back," Scott said. "Even now, two, almost three years into the pandemic, people don't want to wear masks or don't want to get vaccinated, which is completely their choice, but then they don't want to comply with testing requirements."

Starting in 2019 the CDC began to require an infection preventionist to be employed full time at a nursing facility. This has caused a small disparage in those who have the required training course to fill the positions. "It wasn't a popular job before the pandemic," Scott said, laughing a little. "So, when it became necessary there just weren't enough people for every facility."

COVID-19 had a huge effect on senior communities and nursing homes as most, if not all, residents in facilities are immunocompromised, however Scott says the role hasn't changed much since the beginning of the pandemic. "It's a lot more paperwork," Scott explained. "With how quickly everything was moving, especially in the first year of the pandemic before the vaccine was widely available, many nursing homes went into effectively a complete lock down. Now that we've had a bit more time to figure out what all is going on, and a lot more time to get comfortable going out again, it's mainly tracking paperwork. Tracking the various kinds of vaccines, the number of shots needed, masking differences when the home is in outbreak versus the county being in outbreak."

Scott says despite some of the stress and hardship of the job, she wouldn't give it up. "I love educating, I didn't know that about myself before this job," Scott said. "And to the future generation of infection preventionists all I have to say is study, study, study. You have to know so much, and I promise you, 95% of what you're learning in your classes will come up in the field. There are so many resources for you to use and I really encourage you do so, so that you can be the best and do the best for your community."



WATCH THE VIDEO



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