The AMDA Foundation
2005 Annual Report

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The AMDA Foundation advances excellence in patient care through research and its translation into long term care practice to support the members and mission of the American Medical Directors Association (AMDA).

—AMDA Foundation Mission Statement

BACKGROUND AND HISTORY
BUILDING A FUTURE

Over 10 years ago, the leadership of the American Medical Directors Association became concerned about the nature of long term care research in this country. The organization took the first step in what would become a powerful, ongoing journey toward ensuring that adequate research exists to maximize the quality of care for long term care facility patients and enable physicians and others to translate research effectively into practice.

This first was a co-sponsored conference on Capitol Hill, “Humanistic Aspects of Research in Long Term Care,” with Senator Paul Wellstone in 1995. The meeting gathered practitioners, researchers, and legislative and regulatory decision makers to address gaps in aging research, barriers to effective and widespread geriatric research, and to develop a means to facilitate more and better research. Among the conclusions reached was the need for more organizations committed to long term care research.

A year later AMDA took a leadership role in making a commitment to long term care research and established the AMDA Foundation. Early leaders envisioned research that would have a powerful impact on the practice of long term care and geriatrics. They committed themselves—and the organization—to promoting research that can be translated into everyday practice in the long term care community. This strong link between research and practice is among the elements that makes the AMDA Foundation unique. Another innovative aspect of the AMDA Foundation is that it brings together experienced and novice researchers, academicians, and practitioners (physicians and others) to facilitate research questions, undertake studies, and promote results.

The AMDA Foundation funds research studies, scholarships, educational programs, and special projects. In addition to supporting research and related activities, the AMDA Foundation also takes an active role in outreach to residents, fellows, and young career physicians with an interest in long term care. The Foundation is an independent, 501(c) 3 not-for-profit, research arm of the American Medical Directors Association.

In 2003, the Foundation expanded its activities, reach, and influence. Realizing the importance of establishing a centralized Institutional Review Board (IRB), the AMDA Foundation contracted with the Michigan State University IRB (URIHS). In 2004, in another initiative to strengthen grassroots participation, the AMDA Foundation began working with the Family Physicians Inquiries Network (FPIN) to be part of a broader network of practitioners posing research questions and conducting studies in long term care. In addition, the Foundation has completed the third year of a four-year AHRQ Long Term Care Quality Improvement Partnership study that examines the implementation of AMDA’s pressure ulcer and pain management clinical practice guidelines.
“The practitioners who volunteer their time and talents to the Foundation consistently are among the most visionary, energetic, and passionate people from the field of long term care. Their tireless efforts are responsible for enabling the Foundation to grow and to increase its scope of activities, influence, and resources every year.”

—Lorraine Tarnove
AMDA Executive Director and
Past Executive Director, AMDA Foundation

LEADERSHIP/STAFF
BUILDING PASSION AND COMMITMENT

FOUNDATION BOARD OF DIRECTORS

Jonathan Musher, MD, CMD, Chair
Rita Munley Gallagher, PhD, RN, Secretary/Treasurer
Jurgis Karuza, PhD
Julia Kocal, PsyD
Larry Lawhorne, MD, CMD, Director, Research Network
Leslie Libow, MD, CMD
Chris Patterson, MD, CMD
Cheryl Phillips, MD, CMD
Mary Tellis-Nayak, RN, MSN
David Polakoff, MD, CMD, Immediate Past Chair
Gwendolyn Maddox, MSM, Executive Director

RESEARCH NETWORK STEERING COMMITTEE

Larry Lawhorne, MD, CMD
Conn Foley, MD, CMD
Jurgis Karuza, PhD
Cari Levy, MD, CMD
Paul Katz, MD, CMD
Chris Patterson, MD, CMD
David Polakoff, MD, MSc, CMD
David Zimmerman, MD, CMD
Stefan Gravenstein, MD, MPH, CMD

FOUNDATION STAFF

Gwendolyn Maddox, MSM, Executive Director
Janet Pailet, JD, Director of Strategic Partnerships and Business Development
Barbara Calabrese, RN, BA, Director of Research
Erin Blume, BS, RHIA, Research Projects Coordinator
Patricia Parmalee, PhD, Long Term Care Research Network Methodologist
Christine Danihel, BA, Administrative Assistant
Building 10 Years of Research that Translates into Practice Excellence

The AMDA Foundation started out as a dream and a vision and has grown to be a visible and respected presence in the research and long term care community. This past year was a particularly exciting one for the organization, and we have made significant progress on many fronts. I wish to personally thank the AMDA Foundation Board; the AMDA Board; the AMDA membership; Gwendolyn Maddox, AMDA Foundation Executive Director; Lorraine Tarnove, AMDA Executive Director, and the Foundation and AMDA staff for continuing to make the Foundation dream a reality. It is an honor to serve as Chair of the AMDA Foundation during these times of tremendous growth and innovation.

In the past year, we have grown to a staff of six—the largest to date. We also named a new Executive Director, Gwendolyn Maddox, who made a smooth and effective transition into her position. Gwen comes to us with a wealth of nonprofit management and fundraising experience, and we are fortunate to have her. Of course, the Foundation still functions as a lean and efficient organization. Each staff member wears several hats, and there is more work to be done than ever. Nonetheless, our organization’s progress and the increasing demands on it clearly are reflected by our growing staff.

The Foundation continues to operate under fiscally sound principles and meet budget expectations. We continue to fund several ongoing research projects, as well as a few new ones. Our partnerships have grown in number and scope; and we continue to gain supporters, attention, and respect from a wide range of sources—both within and outside of the long term care community.

The Foundation has been very successful this year, none of which would have been possible without a network of passionate, committed, and talented volunteers. Many of these are AMDA members, but the Foundation also continues to attract leaders from other disciplines as well.

These individuals have made a number of triumphs possible in the past year, many of which are detailed in this, our first Annual Report. But to summarize, here are just a few of the Foundation’s recent accomplishments:

- The Research Network has established and continues to strengthen its IRB relationship with Michigan State University under the excellent leadership of Larry Lawhorne, MD, CMD, Research Network Director. The group’s tradition of regular meetings, sharing ideas and innovations, developing and submitting grants, and fostering studies perpetuates. In fact, the Network grows stronger, more skilled, more respected and gains more visibility every year.

- The Futures Program continues to be one of the highlights of AMDA’s Annual Symposium, thanks in great part to our Futures Co-chairs Cheryl Phillips, MD, CMD, and Cari Levy, MD, CMD. We are also fortunate and grateful to have the ongoing support of Janssen Pharmaceutica to fund this important program.

- Pfizer continues to lend its generous support to the Quality Improvement Awards. We get more applicants for these awards every year, and the quality and utility of the research are consistently outstanding.

- The LTC-QI Partnership Project continues to make impressive inroads in its study about the use of AMDA clinical practice guidelines for pain and pressure ulcers in long term care facilities. Principal Investigator David Polakoff, MD, CMD, and his team have overcome many challenges—including natural disasters such as hurricanes—yet maintained the study’s momentum with their determination, creativity, and enthusiasm.

- We continue to meet with industry partners and strengthen our relationships with these organizations. In the past year, we have begun efforts to expand our partnerships and reach out to other areas of industry where we have mutual interests and can forge lasting and fruitful relationships. We have begun to develop more external and internal avenues for fundraising.

The future holds great promise for the Foundation and, subsequently, for the future of long term care research and its impact on quality patient care. Our first Annual Report documents our progress during a 12-month period. However, it can only hint at what we will accomplish in the years ahead. If our growth and successes during the past 10 years are an indication, the Foundation will continue to be a leader in long term care research well into this century.

Jonathan Musher, MD, CMD  
AMDA Foundation Chair
MESSAGE FROM AMDA EXECUTIVE DIRECTOR

LORRAINE TARNOVE

It is difficult for me to write about just this last year of the AMDA Foundation's existence and accomplishments. I was honored to be on the inaugural board of directors in 1996; I hired the first interim executive director, Janet Pailet, in 2000 and then served as Executive Director myself from 2003 to 2005. Just this past year, I recruited and hired the first full-time executive director, Gwendolyn Maddox.

The AMDA Foundation has been part of my everyday work life in some way for 10 years; and like all things AMDA, every step of its growth and development has been guided by integrity and by dedicated volunteer service and direction. The AMDA Foundation has a very unique vision and approach to research. It is not patterned on any type of traditional not-for-profit academic research entity. From day one, the AMDA Foundation has endeavored to ground practical, real research goals in the grassroots of long term care practitioners.

The mission of this unique organization is to meet their needs, to answer the questions that confound their practice and challenge care because they go unanswered. We also aim to apply existing science to long term care patients.

Starting with only a vision and a dream, the Research Network was envisioned to keep the AMDA Foundation grounded and to provide researchers a way to overcome barriers to conducting research in long term care such as recruitment and consent. The excitement at a Research Network conference—spring or fall—is palpable and validates the approach the founders took.

The Futures Program is of equal vision and uniqueness. Recognizing the dearth of long term care in training programs, Janssen Pharmaceuticals and the AMDA Foundation brought the inaugural group of 48 residents and fellows to the 2001 Annual Symposium in Atlanta. The excitement infused the entire meeting and led to a popular tradition that continues to grow and bring physicians to long term care practice.

As any manager knows, the job of the board and staff (only 1-2 for most of the AMDA Foundation's early years) is to provide the needed structure and resources to ensure that these programs are appropriately implemented and sustained. With Gwen's arrival as full-time executive director this year, an expansion of the AMDA Foundation board of directors, additional professional staff, and key strategic partnerships with Michigan State University's IRB and the national FPIN, I felt wholly comfortable in handing off a decade of care, nurturing, and worry about AMDA's fledgling Foundation. With a budget of over $1 million and a four-year AHRQ grant of over $1 million, I had to acknowledge that this is no longer a fledgling organization but one that is ready to soar and prosper. The needed tools and skills are there, the vision and mission are crystal clear, and the partnerships and alliances are strong and impressive. The stage is set for the future. Last summer, key staff and volunteers met for two days in Lansing, Michigan, under the expert leadership of Larry Lawhorne, MD, CMD, to outline a strategic plan for the AMDA Foundation Research Network. Gwen Maddox already has seized on the skeletal but clear plan and is working with her talented board to flesh out the details.

If, in a decade, the AMDA Foundation can go from ground zero to a budget, a staff, six studies published, a major national AHRQ grant, and ongoing national programs including the Futures Program and the Pfizer Quality Improvement Awards all while nurturing a vital, dynamic Research Network, not to mention capturing the heart and soul of AMDA with the Wall of Caring and adding on the AMDA Foundation's first ever Art Auction featuring art work by long term care residents—who knows what we can expect in the future. Some impatient AMDA members want more—more studies and more application of the current evidence-base. I truly believe all is aligned to begin satisfying even these lofty expectations.

I always picture AMDA as the little engine that could. AMDA ventured into this research arena as a novice with a unique vision. This wasn't the normal or even the traditional approach. However, the studies initiated thus far, along with the plans that are sure to materialize, convince me that the little blue train will make it over the hill. AMDA members can do much to assist in that future, from making an annual donation to participating in various events and/or becoming an active member of the Research Network. After all, part of the AMDA Foundation's mission is to open up the Ivory Tower of research to the rank and file AMDA member.

I am proud to have been a part of the AMDA Foundation's establishment and growth. I look forward to the next chapter in its impressive story.

Lorraine Tarnove, Executive Director
American Medical Directors Association
Executive Director’s Report

It is with great excitement that I compose my first message as the AMDA Foundation’s executive director. The past six months have been very exciting, and I have thoroughly enjoyed learning about this vital organization and working with the AMDA Foundation’s dedicated volunteers and staff.

As I present to you the AMDA Foundation’s first Annual Report, I think you will be pleased with the accomplishments of the organization. Though the Foundation is young, I believe that there is great potential to expand our research efforts, market the AMDA Foundation as a vital and exciting organization, and explore other ways for the organization to support AMDA members and other members of the long term care interdisciplinary team.

I believe that there is much to be proud of and this report details the many highlights of this past year. The Foundation completed the third year of the AHRQ grant, “Long Term Care Quality Improvement Partnership.” There were the expected and unexpected challenges in recruiting study sites; however, volunteers and staff quickly found an alternative method of recruitment that worked beautifully and kept this important study on track.

The Futures Program, in its fifth year, is still going strong with all 60 slots filled for the 2006 meeting. Cheryl Phillips, MD, CMD, and Cari Levy, MD, CMD, program co-chairs, have been dedicated to planning and presenting a very informative and educational program for attendees. The result is accolades from attendees and the beginnings of numerous careers in long term care.

The AMDA Foundation/Pfizer Quality Improvement Awards, also in their fifth year, continue to attract physicians who are interested in undertaking quality improvement research in our nation’s long term care facilities. Leslie Libow, MD, CMD, has done a wonderful job leading this award program that attracts more and better applicants every year.

The Research Network, led by Larry Lawhorne, MD, CMD has made tremendous strides. Michigan State University’s IRB has become the Network’s centralized IRB and will help the Foundation as it continues to participate in and fund research projects to improve the quality of life for our nation’s 1.6 million facility residents. I had the pleasure of participating in the Network’s fall research meeting and seeing first hand the commitment and hard work of medical directors who are designing and participating in research projects that will directly help long term care facility patients.

I would be remiss if I did not thank AMDA Executive Director and Foundation Former Executive Director Lorraine Tarnove, whose knowledge, support, and guidance have made the mid-year transition a very smooth one. In addition, I would like to thank the board for its hard work and dedication. The Foundation volunteers have been some of the most compassionate and dedicated people with whom I have worked. Finally, I would like to thank the Foundation staff, whose commitment and dedication to doing the best job possible—even through the year’s transitions—is to be admired. I thank them for their assistance in helping me learn about the Foundation and all its many projects.

I believe the next few years will be a challenge for the organization as it has been for many non-profits. Support for programs from companies and Foundations continues to be a challenge. However, I believe that the Foundation is poised for continued growth and that AMDA members and the general public will be pleased with our progress.

As we enter fiscal year 2006, many new and exciting programs are being planned. Our continued hard work will make a difference to improving the quality of care and life for long term care facility residents. I look forward to working with our members, corporate partners, volunteers, and staff to promote the mission of the Foundation and to explore new avenues to meet our goals.

Respectfully Submitted,

Gwendolyn D. Maddox, MSM
Executive Director
“A newer generation of administrators has more appreciation for research, especially if these facility leaders have informed medical directors.”

—Marcia Yesko, RN, MA, NHA
LTC-QI Partnership
Project State Nurse Coordinator
Pennsylvania

LTC-QI Partnership Begins Data Collection

During 2005, the Long Term Care-Quality Improvement Partnership moved its project forward by completing recruitment and training and beginning to collect data in its efforts to examine the implementation of AMDA pressure ulcer and pain management clinical practice guidelines. David Polakoff, MD, CMD, the study’s principal investigator, and his team overcame a number of challenges and barriers, which they discussed at a meeting of the National Long Term Care Quality Coalition. At this event, leaders and stakeholders in the AMDA Foundation-Agency for Healthcare Research and Quality (AHRQ) study addressed the barriers to facility recruitment, data collection challenges, and lessons learned as the research project progressed.

The national associations involved in the Partnership include AMDA, the American Health Quality Association (which represents all national health care Quality Improvement Organizations), national nursing home trade organizations (including American Health Care Association and the American Association of Homes and Services for the Aging), representatives from key national long term care professional associations (including American Hospice and Palliative Care Organization and National Conference of Gerontological Nurse Practitioners), nursing home chains (including Mariner and Beverly Healthcare), patient advocacy groups (including National Citizens Coalition for Nursing Home Reform and American Association of Retired Persons), and others.

During 2005, a total of 55 facilities in six states were recruited for participation, and 48 enrolled in the study. Currently, 43 are actively implementing the pain management or pressure ulcer CPG’s and participating in the 9-month and 15-month data collection. States that are involved in the study include: Pennsylvania, Florida, Indiana, Texas, California, and Ohio.

“The QI Partnership represents a significant milestone for the AMDA Foundation and all of its partners. We continue to work toward the final results of the study. But in the meantime, we have learned important lessons about partnerships and the conduct of research in long term care.”

—David Polakoff, MD, CMD
Principal Investigator
LTC-QI Partnership
“Medical training is a critical time to expose young physicians to the rewards of caring for nursing home patients and medical directorship. As a geriatric fellow, I was fortunate to be an AMDA Foundation Futures participant and credit my involvement in the program to my continued pursuit of providing care and performing research in the long term care environment. This will be my fourth year to be involved with some aspect of the Futures Program and every year I look forward to seeing the eager faces of participants light up as they hear about opportunities in long term care. The program is a unique and vital part of the AMDA Foundation mission.”

—Cari Levy, MD, CMD
Co-Chair, 2005 Futures Program
2002 Futures Participant

FUTURES PROGRAM INFLUENCES
CAREERS, TOMORROW’S LEADERS

The Futures Program, held during AMDA’s Annual Symposium, is a unique opportunity for residents and fellows with an interest in geriatrics and long term care medicine to learn about the numerous opportunities in long term care. Over the past five years, more than 300 primary care residents and geriatric fellows have participated in this program; and for many, including Cari Levy, MD, CMD, it has marked the beginning of their long term care careers. In 2005, 60 residents and fellows took advantage of this program.

All PGY II or III Internal Medicine or Family Physician residents and PGY IV or V Geriatric Medicine Fellows are eligible. Participants receive:

- Admission to the Futures Program
- Complimentary registration for the subsequent year’s AMDA Annual Symposium
- Air transportation to and from the Annual Symposium
- Lodging while at the Annual Symposium (shared with another Futures participant)
- AMDA membership for one year

Futures Co-chairs Cheryl Phillips, MD, CMD and Dr. Levy have developed strong agendas and brought powerful speakers to the program that bring the practice of long term care medicine to life for participants.

Since its inception in 2001, 295 residents and fellows have participated in the program.

2005 Futures participants.
“I’d like my presentation to bring about a discussion about the approval processes to access this vulnerable population, and I’d like to have the opportunity to hear from others who are interested in medication use in long term care.”

—Rollin Wright, MD, 2005 AMDA Foundation/Pfizer Quality Improvement Award Recipient

AMDA Foundation/Pfizer Quality Improvement Awards
Building Opportunities to Promote Quality Care

The AMDA Foundation and Pfizer have partnered to sponsor the Quality Improvement Awards, a program designed to encourage the development of innovative projects that will help to make a distinct impact on the quality of long term care. The 2005 QI Award recipients presented posters of their studies at the AMDA Annual Symposium, and they had an opportunity to discuss with colleagues from across the country the potential impact of their research on the practice of long term care medicine.

All projects must be conducted in a long term care setting, such as a nursing facility, assisted living facility, continuing care retirement community, home care, or hospice. The projects must fit into one of four categories:

1. Education: Proposals in this category focus on facility staff education and/or training programs.

2. Quality Improvement Programs: Proposals focus on training and mentoring facilities or organizations in continuous quality improvement (CQI) or specific QI projects covering areas of interest to the Foundation.

3. Research Projects: Research projects are approximately one year in length and conducted in a single facility. Results must be generalizable. Examples could include an investigation into the characteristics of residents in the long term care setting whose weight loss is unavoidable, or a study looking at critical factors with hearing aid use.

4. Health Literacy: Proposals should focus on ways to enhance improving health care communications between long term care patients and their family/caregivers/surrogates. Devising such systems are particularly important given the diminished literacy skills, cognitive capacity, and communication skills of many long term care residents, especially those with dementia.

Awards of up to $7,000 were made to eight recipients in 2005 to support their projects. These awards are intended to cover salary support, consultant fees, materials, and travel to the AMDA Annual Symposium for the presentation of their findings.

A total of more than $180,000 has been awarded for research in the Quality Improvement Award program.
2005 Award Recipients

The Development of a Sleep Enhancement Program Within Residential Aged Care
Michael Browning,
RN, B, App Sc Ma Nsg
Royal Freemasons’ Homes of Victoria
Melbourne, Victoria, Australia

Effects of Natural Light Therapy on Sleep in the Elderly
Julie Gammack, MD
St. Louis University
St. Louis, MO

Improving Telephone Medicine in Long Term Care—QI
Susan Hastings, MD
Duke University & Durham VA Medical Center
Durham, NC

Improving Clinical Information Exchange Between Acute Care and SNF Settings
Charles Pu, MD, CMD
North End Rehabilitation and Nursing Center
Boston, MA

Missing in Action: Lack of Resident Perspective in Quality Improvement
Rollin Wright, MD
Brown University Center for Gerontology and Healthcare Research
Providence, RI

CALM Bathing Protocol for Agitated Residents with Dementia
Wendy Stein, MD, CMD, MA, NHA
San Diego Hospice/UCSD
San Diego, CA

A Memory Enhancement Intervention for LTC Residents at Risk for Dementia
Chaim Tarshish, BA, ABD
Jewish Home & Hospital Lifecare System
New York, NY

Effectiveness of an Advanced Directives Communication Protocol During Hospital Transfers
William Zafran, MD
Summa Health System
Akron, OH

2002

Evaluation of PDA’s as Data Collection Tools in Long Term Care
William J. Moriarty, MD, MTS
St. Catherine’s Residence
North Bend, Oregon

Improving Pain Management in Nursing Homes through Continuous Quality Improvement Teams
David Gifford, MD, MPH
Rhode Island Quality Partners
Providence, Rhode Island

Implementing a Comprehensive Vaccination Program in the Long Term Care Setting
David A. Nace, MD, MPH
University of Pittsburgh
Pittsburgh, Pennsylvania

2003

Behavior Modification Training in Nursing Assistants
Regina Harrell, MD
Baylor College of Medicine
Houston, Texas

Expecting Death in the Nursing Home
Howard Tuch, MD, CMD
Genesis ElderCare
Tampa, Florida

Quality Improvement Initiative for Chronic Pain Management in LTC
Gwendolyn Buhr, MD
Croasdale Village Retirement Community
Durham, North Carolina

Validation of an Educational Program for Improved Heart Failure Care at a Subacute SNF Unit
John J. Voytas, MD, CMD
Woodward Hills Nursing Center
Bloomfield, Michigan

Prophylaxis for Elderly Pneumonia with Intranasal Xylitol: The PEP-XN Study
Glendo Tangarorang, MD
Gardner Heights
Shelton, Connecticut

2004

Improving Oral Anticoagulant Therapy in Long Term Care
Daniel A. Bluestein, MD, MS, CMD
Westminster-Canterbury
Virginia Beach, Virginia

Accuracy of Point of Care INR Testing in Long Term Care
Cynthia Brantley, BSN, CMD
Givens Estates United Methodist Retirement Community
Asheville, North Carolina

Importance of Specificity in Advance Directives in the Long Term Care Setting
Conn Foley, MD, CMD
Parker Jewish Institute for Health Care and Rehabilitation
New Hyde Park, New York

Knowledge/Attitudes toward Palliative Care in a Skilled Nursing Home
Kathleen Reeve, DrPH, RN, APRN, BC, ANP, AOCN, CMD
Vosswood Nursing Center
Houston, Texas

Medication Trials for Agitated Behavior in Residents with Dementia
Kenneth Boockvar, MD, MS, CMD
The Jewish Home and Hospital
New York, New York

Nonpharmacologic behavioral interventions in cognitively impaired LTC residents
Leon S. Kraybill, MD, CMD
The Mennonite Home
Lancaster, Pennsylvania

Medication Error Reporting in Long Term Care
Steven M. Handler, MD, CMD
University of Pittsburgh
Pittsburgh, Pennsylvania

Do Not Resuscitate: A Proxy for Additional Treatment Limitations!
Cari Levy, MD, CMD
Manor Care HCR
Denver, Colorado

Past Award Recipients
“Studies that translate research into practice and improve patient care are incredibly important. That is why the work of organizations such as your Research Network is so valuable.”

—Elaine K. Gallin, PhD
Doris Duke Foundation Program Director for Medical Research

AMDA FOUNDATION LONG TERM CARE RESEARCH NETWORK
BUILDING RESEARCH THAT TRANSLATES INTO PRACTICE EXCELLENCE AND IMPROVED QUALITY CARE

The AMDA Foundation Long Term Care Research Network, established in 1999, provides a mechanism to meet the needs of both community-based medical directors and established investigators, to link these two groups for mutual benefit, to advance the research agenda for long term care and provide a way to recruit patients and nursing facilities for LTC research projects. To date, more than 300 long term care practitioners—physicians, pharmacists, nurses, and others—from 38 states have joined the Network, which is committed to facilitating research that translates study results into quality long term care medical practice.

In 2005, the Research Network grew to new levels of influence and activity. Among the highlights:

• When Research Network members gathered for the Network’s Fall Conference in Chicago, November 11-13, 2005, they spoke about studies in progress, planned and proposed research projects, and shared ideas for resolving the challenges and barriers facing long term care researchers. In welcoming the 60-plus researchers to the meeting, Research Network Director Larry Lawhorne, MD, CMD, discussed the tremendous progress the Network has made since its inception in 1999. This includes several ongoing research projects, completed and published studies on topics such as diabetes, the involvement of the Network as the long term care arm of a national practice-based research network (the FPIN), and the establishment of Michigan State University as the Network’s centralized institutional review board (IRB). The meeting included general sessions addressing topics such as informed consent, decision-making capacity and how to best make use of the centralized IRB and updates of ongoing studies.

• During the Spring Research Network meeting, 20 members volunteered to participate in the start up of the geriatric panel of the Family Physicians Inquiries Network (FPIN). The FPIN is a national, non-profit consortium dedicated to using evidence and information technology to improve health care. Larry Lawhorne MD, CMD, Cari Levy MD, CMD, and Marissa C. Galicia-Castillo, MD, CMD, FACP, have agreed to be question editors for the panel. Since then, 80 additional members have signed up to serve on the panel. These physicians and other Research Network members will have the opportunity to take a leadership role in determining what research questions the organization tackles and to be on the cutting edge of seeking answers. They will be asked to provide research questions and vote on what questions they think should be pursued. They can also volunteer to conduct peer reviews, write clinical commentaries, and author articles for the “Clinical Inquiries Series” published in American Family Physician or JAMDA.
• Research Network members conducted a survey of Research Network members and other physicians that provided insights into how practitioners address diabetes management in their long term care facilities. “We found that physicians tailored or varied the intensity of diabetes management depending on patient status,” said Naushira Pandya, MD, CMD, one of the physicians involved in the study. The survey stemmed from the work of the Network’s diabetes workgroup. An article describing study results was published in the November-December 2005 issue of The Journal of the American Medical Directors Association.

2001 Member Survey Results

The Research Network conducted a member survey in 2001 to determine the makeup of the group. Nearly 100% of members responded, and the survey yielded interesting results. For example:

• The typical Network member is a part-time medical director who has been in practice for 10-15 years and has had some research experience.

• Most members have not had formal research training, although nearly 25% have served as principal investigator in at least one research study within the past five years.

• 17% of members currently are involved in Foundation studies.

• Research Network members set up computer kiosks at meetings of AMDA, and the National Association of Directors of Nursing—Long Term Care (NADONA), and distributed paper surveys at the National Association of Geriatric Nursing Assistants (NAGNA) annual meeting to survey practitioners and caregivers as part of a study, “Perceptions about the Effect of Geriatric Syndromes on Nursing Facility Residents.” Additionally, Research Network members conducted an online electronic survey prior to the American College of Geriatric Nurse Practitioners annual meeting.
Reasons for Hospitalization & the Outcomes for Patients with “Do Not Hospitalize” (DNH) Orders Who Are Hospitalized

**PROJECT LEADERS:** John W. Culberson, MD; Cari Levy, MD, CMD

**AIM:** An online study was conducted in the summer of 2003 to identify reasons why some patients are hospitalized against “do not hospitalize” orders. The survey was limited to the members of the Research Network. A total of 119 surveys were returned for a response rate of 32%.

**MAJOR FINDINGS:** DNH Mean = 18% (95% CI 14, 22), Prevalence decreased with size of facility. Most facilities reported DNH prevalence <10% (national average in SNFs <4%). Two thirds of facilities had a written DNH policy. Rural facilities were more likely to have a written DNH policy. Facilities located in the Northeast were more likely to have a written policy. Facilities with a hospice contract or teaching role were more likely to have a DNH policy. Chain facilities were half as likely to have a DNH policy. Regardless of having a written policy, physicians are writing DNH orders. The majority of medical directors believed DNH orders were not written often enough. Barriers to writing more DNH orders include time constraints, legal concerns and unrealistic care goals.

**STATUS:** The Journal of the American Medical Directors Association published the manuscript in January-February 2005.

Assessing Physician Practices that Influence End of Life Care in the Nursing Home

**PROJECT LEADERS:** Janet Lieto, DO, CMD; Andrew Dentino, MD, CMD

**AIM:** The aim of the study was to describe and clarify physicians’ roles and their levels of involvement surrounding end of life issues in the nursing home setting. The study sought to determine the frequency of a number of interventions in the last weeks of life; the availability and use of hospice; the extent of physicians’ involvement in discussions concerning end of life issues with the resident/family; and physician awareness of the resident’s spiritual needs.

**METHODOLOGY:** This project was a prospective card study/questionnaire filled out by Research Network participants over a two-month period for each of their patients dying in a nursing home.

**STATUS:** The study was reported on at the fall 2004 Research Network meeting.

Hospital-Nursing Home Interface: Transfer Documentation

**PROJECT LEADERS:** Paul Katz, MD, CMD; Rekha Sharma, MD, CMD

**AIM:** Determine type, quality and appropriateness of information accompanying patients who are transferred from the hospital to the nursing home.

**METHODOLOGY:** A prospective card study for two consecutive hospital to nursing home transfer patients who are being admitted to the nursing facility for the first time. The study was conducted among Research Network members. The goal of the study was to develop a process that requires certain items of information to accompany patients at the time of their transfer from a hospital to a long-term care facility. This card study was completed by admitting staff or physicians in nursing homes. Through the card survey, attempts were made to identify 10 items felt to be most important by the medical
directors in the study sites. A review of 10 sequential admissions in each study was used to determine whether these items are in fact being included in transfer documentation.

**STATUS:** Results were presented at the 2005 Fall RN meeting.

### Profile of Medical Directors and Their Practice

**PROJECT LEADERS:** David Zimmerman, PhD; Jurgis Karuza, PhD

**AIM:** The aim of the study was to define the characteristics of medical directors and their practice patterns in nursing homes. Developing detailed profiles of medical directors and their practice will lead to future systematic studies of the relationship between medical direction and quality of care.

**METHODOLOGY:** A survey of the AMDA membership was conducted at the March 2004 Annual Symposia. The survey focused on demographic characteristics of the medical director, facility characteristics, electronic data capabilities, and patterns of medical director practice, including interaction patterns among the medical director, attending physicians, nursing and administration.

**STATUS:** Data from the study was reported at the 2004 Fall Research Network Conference.

#### Assessment of and treatment approaches for behavioral disturbances associated with dementia: Utilization of non-pharmacologic treatments and barriers to their use

**PRINCIPAL INVESTIGATOR:** Jiska Cohen-Mansfield, Ph.D., ABPP

**GOALS:** The goals of the study are as follows:

1. Ascertain how physicians treat agitation
2. Clarify the decision-making process in treating agitation
3. Elucidate the physicians’ perceptions about (a) The nature of non-pharmacologic interventions; (b) Attitudes toward non-pharmacologic interventions; (c) Perceptions of what would facilitate the use of non-pharmacologic interventions in the facility; (d) Current culture of care; (e) Perceptions about how the culture of care might be changed in the institution.

**CURRENT STATUS:** The online survey will be open to AMDA members until February 21, 2006. It will then be reopened to an international sample of health professionals. Dr Cohen-Mansfield will be reporting on the AMDA results at the 2006 AMDA Annual Symposium Translating Research Into Practice (TRIP) session.

### Published Studies


“For the patients I have cared for and who have left us in the past year.”

“In honor of geriatric residents and fellows: Thank you for your commitment to the frail elderly. We have lit the torch—please keep it blazing!”

“A tribute to all of you who have dedicated your lives caring for the most fragile population.”

“To all the hardworking and caring folks who work in the nursing homes who are underappreciated and/or unrecognized—for all they do.”

“We care—for those departed, for those who are with us, and for those yet to come. Let our research and service bring new levels of hope and life to our extended families.”

—Tributes Posted on the 2005 Wall of Caring
The Foundation could not move forward, fund its numerous studies and programs, or have an impact on long term care practice and research without the support of individuals and organizations that share our vision. In 2005, our development efforts benefited from two important elements:

- **Wall of Caring**: AMDA members built the 2005 Wall of Caring taller and stronger than ever before. Individual and group contributions, plus a generous $20,000 grant from Ortho Biotech, enabled the Foundation to raise a record $55,471 during the 2005 Wall of Caring campaign in New Orleans. Several state chapters gave generous gifts; however, most donations were personal contributions from AMDA members. The Wall of Caring was established in 2002 as a fundraising event at the AMDA Annual Symposium. Inspired by the AIDS quilt project and the Vietnam Veterans Memorial, the Wall gives contributors to the Foundation an opportunity to pay tribute to patients, colleagues, mentors, and family members who have inspired their work in long term care.

- **Fall Campaign**: Each year the Foundation sends an end-of-year appeal to all AMDA members. This campaign provides them with an opportunity to donate, particularly those who have not had an opportunity to contribute at the Annual Symposium or other times during the year. Members are also encouraged to join the AMDA Foundation when they renew their AMDA dues or sign up for an AMDA meeting.

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**CREATIVE SHARING**

In 2005, there were several unique and noteworthy contributions from many caring members and families including:

- David Brechtelsbauer, MD, CMD, announced that he would donate all proceeds from his fee for writing a regular column in *Caring to the Ages* to the AMDA Foundation. “I feel there is a critical need for long term care-based research,” he said, explaining, “So many studies have results that are not generalizable to the frail elderly and, therefore, not very useful to me in my long term care work. I’m hopeful that the Foundation-sponsored studies will help fill that gap in knowledge.”

- The family of a patient who received exceptional care from AMDA member Peter Jaggard, MD, made a generous donation to the AMDA Foundation in his honor. “Dr. Jaggard was good and kind. From the first moment, he was accessible and understanding,” said Michael Smolens. “We were amazed at the time Dr. Jaggard dedicated to talking with us about our mother’s care,” Smolens noted, adding, “He did a brilliant job of managing her care.”
“From day one of the AMDA Foundation, each Chair, Dr. Keith Krein, Dr. David Polakoff, and now Dr. Jonathan Musher, have worked to build needed infrastructure and build the financial infrastructure crucial to success and growth.”

—Lorraine Tarnove
Executive Director, AMDA

FUNDING STRUCTURE / SOURCES
BUILDING A SOUND FOUNDATION

Support for the AMDA Foundation comes from a variety of sources, including the AMDA membership, federal grants, and pharmaceutical industry grants to support research. Thanks to generous funding by grant makers, the Foundation was able to continue much needed long term care research. This funding is crucial to our mission of advancing excellence in patient care practice.

Also integral to the Foundation’s funding structure are donations from AMDA members and other individuals. In addition, our volunteers donate hundreds of hours of their time each year to support the Foundation’s mission. Our relationship with these individuals and companies is crucial to building a sound Foundation; and it represents an opportunity to expand our organization’s reach.

LEGACY DONORS

The Foundation is pleased to acknowledge and thank our two Legacy donors, Keith Krein, MD, CMD and Keith Rapp, MD, CMD. Legacy donors are individuals who have contributed $10,000 or more to the Foundation.
“I believe the Foundation will increase its base of support, not only from corporate and government sources but from practitioners in long term care, residents, and family members. This will enable the Foundation to expand its exceptional history of advancing excellence in patient care through research and its translation into long term care practice.”

—Rita Munley Gallagher, PhD, RN
AMDA Foundation Secretary/Treasurer

**Financials**

**Building a Sound Infrastructure**

The AMDA Foundation’s operating revenue in 2005 totaled $1,165,381. Contributions were received from AMDA members, federal agencies, foundations and our corporate partners.

The AMDA Foundation faced many challenges during 2005 with pharmaceutical companies following more stringent guidelines on how they support organizations and projects and the country’s reactions to an uncertain economy. However, the organization was able to move forward with programs and made adjustments where necessary.

The Foundation’s leadership continues to explore opportunities to increase revenue through a variety of avenues that will continue to make the organization stronger with each year.
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