

### Using Data to Advance Healthy Aging - BeWell

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# South Carolina Care Continuum



- **§** Active Lifestyle
- **§** Assisted Living
- § Skilled Nursing & Rehabilitation
- **§** Memory Support Care
  - Assisted & Skilled
- § End of Life Care
- § Non-medical In-home Services



# **Operational Goals**



**§***Achieve strategic plan goals for mission critical activities and operational objectives:* 

**§The Wellness Initiative** 

- § Improve process for resident entry and transition within CCRC by utilizing standardized scientific assessment tools
- § Maintain status as premier provider of with innovative wellness programming
- § Enhance care delivery systems

# Where We are Going

- § Person-centered vs. Programmed
- § Wellness vs. Illness
- § Social Model vs. Medical Model
- § Custom vs. Institutional
- § Personal Services vs. "Private Duty"





An innovative program by Lutheran Homes of South Carolina



# **Conceptual Framework**

### PREVENT

Avoid disease & disability MAINTAIN High physical & mental functioning **ENGAGE** Continue to engage with life *The MacArthur Foundation Study of* Successful Aging





# **Conceptual Framework**



National Wellness Institute's Six Dimensions of Wellness





### *National Wellness Institute Six Dimensions of Wellness*

### 1. Intellectual

• Promotes expansion of knowledge through resources and cultural activities

### 2. Social

- Fosters creation and maintenance of healthy relationships
- Fosters positive interaction within the CCRC to improve the welfare of residents

### 3. Emotional

- Emphasizes awareness and acceptance of one's feelings.
- Reflects the degree to which persons feel positive and enthusiastic about life





# Six Dimensions of Wellness

### 4. Vocational

• Encourages development of new skills through meaningful activities

### 5.. Spiritual

- Involves development of personal values and ethics.
- Promotes the seeking of meaning and purpose in human experience.
- This area is self-determined

### 6.. Physical

- Promotes activities to increase
  - Ø muscular strengthening
  - Ø cardiovascular endurance
  - Ø flexibility
- Encourages healthy lifestyle habits







# Wellness: The Collage Definition

## § Wellness-

The active process of becoming more aware of, and making choices toward, a higher level of well-being.

§ Wellness

exists in the presence of disability, illness, frailty and cognitive limitations at any level of service, and involves adaptation along the health and wellness continuum.



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# **Getting Started**

- **§** Activate the membership
- **§** Top Priority
  - Strategic plan
- § Training, Training & more Training
- § Encouragement vs Mandatory Resident Participation
- § Assessment due dates



# **Share and Share Alike**



# Can We Talk?



Framework for *"listening"* 

§ 700+ conversations • Getting to know you **§** Record information **§** Initiate collaborative goal setting

# **The COLLAGE Assessment Suite**

- 1. Well Elderly independent living
- 2. Home Care
- 3. Assisted Living
  - ...and more
- **§** Community Heath Assessment aka CHA
  - Ø identifies health risks & services needed
  - Ø facilitates appropriate entry & transition within CCRC



## **Domains in the Community Health Assessment (CHA) and Supplements**

- **§** Cognition
- **§** Communication
- **§** Vision
- **§** Mood and behavior
- **§** Social functioning
- **§** ADLs/IADL function
- **§** Continence
- **§** Current disease diagnoses
- **§** Health Conditions

- **§** *Preventive health measures*
- **§** Nutrition and hydration
- § Oral/dental status
- **§** Skin condition
- § Informal social support
- **§** Environmental/home safety
- **§** Service utilization
- § Medications
- § Socio-demographics

# What are CAPs?

- § Clinical Assessment Protocols
- **§** *Identify possible needs for additional assessment or intervention*
- **§** Cover issues that are common to older adults or pose a severe risk
- **§** Help both clinicians and participants to focus on key issues
- **§** Not intended to automate service planning!



# CAPs in the CHA

### § Functional Performance

- ADL rehab potential
- IADLs
- Health promotion
- Institutional risk

### § Sensory Performance

- Communication disorders
- Visual function

### § Continence

- Bladder management
- Urinary incontinence

### § Mental Health

- Alcohol dependence, hazardous drinking
- Cognition
- Behavior
- Depression and anxiety
- Elder abuse
- Social function



# CAPs in the CHA

# § Health problems & syndromes

- Cardio-respiratory
- Dehydration
- Falls
- Nutrition
- Oral health
- Pain
- Pressure ulcers
- Skin and foot conditions

### § Service oversight

- Adherence
- Brittle support systems
- Medication management
- Palliative care
- Preventive health measures
- Psychotropic drugs
- Reduction in formal services
- Environmental assessment

# Wellness Assessment



Looks at wellness from the perspective of the person being assessed

- **§** *Pilot, in 1st revision*
- **§** Good candidate for selfassessment
- **§** Will add CAPS and further correlate with the CHA



### **Domains in the Wellness Assessment**

- § Exercise
- **§** Recreation
- **§** Practices
- **§** Nutrition
- § Sleep
- § Relationships
- § Emotional
- § Memory
- **§** Spiritual
- § Wellness Goals





# Do the Cha Cha Cha

**§** Review data

**§** *Identity opportunities for programming* 

**§** Creative minds, compassionate hearts, and skilled hands





### Aggregate Report - CHA Medications (Based on 321 current asses



### § Individual

§ Aggregate or group

### **§** *Group comparative*

My Heathy Aging Plan has identified the following areas where improvement might be possible. I will work with my health care professionals in the coming year to look for ways to improve those areas that have been marked "Yes".

Possible Areas for Improveme	Comments	
Hearing	Yes No	
Vision	Yes No	
Falls and Balance	Yes No	
Pain Symptoms and Control	Yes No	
lobacco	Yes No	
Alcohol	Yes No	
Bladder Continence	Yes No	
Preventative Treatments and Proc	edures	
You have not had the following preventative (	procedures and	
treatments within the recommended tim	re period.	Comments
Blood pressure measurement in last year	Yes No	
Colonoscopy test in last 5 years	Yes No	
Dontal examinilast year	Yes No	
Lye examin last year	Yes No	
Hearing exam in fast 2 years	Yes No	
Influenza vaccine in last year	Yes No	
Manimogram or breast exam in last 2 years	Yes No	
Encumovax vaccine in last 5 years	Yes No	
Clinical Assessment Protocols (C	Comments	
Physical activity promotion	Yes No	
Mood	Yes No	
Social relationships	Yes No	
Dehydrahon	Yes No	
		-

HEALTH/MENTAL HEALTH STATUS								
ltem	Member	Consortium	Comparison					
Health Promotion/Maintenance								
Blood Pressure measured in last year	93%	97%	92%					
Colonoscopy Exam in last 5 years	61	67	59					
Dental Exam in last year	85	88	78					
Eye Exam in last year	79	85	77					
Influenza Vaccine in last year	85	91	72					
Mammogram in last year (for women)	46	48	18					
Pneumovax Vaccine in last 5 years	65	69	52					
Health Issues								
Falls: two or more in last 90 days.	13%	14%	31%					
Pain: one or more periods of pain each day over last three days.	15	23	51					
Weight Loss: either 5% unintended weight loss in last 30 days or 10% in last 180 days.	5	4	9					
Bladder Incontinence: daily episodes of incontinence with some control, e.g., during the day, or								
always incontinent.	7	7	18					
Indicators of Depression								
Where behavior was exhibited at leas	t once in last thir	ty days prior to as	sessment					
Feeling Sad or Depressed	8%	9%	20%					
Persistent Anger	4	5	9					
Repetitive Complaints	2	3	8					

# National Repository

Rich source of information for learning about outcomes

§

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- Client assessment information automatically transmitted
- § Semi-annual group comparative reports generated for members
- **§** Housed at Institute for Aging Research

# **CHA Disease**

CHA Diseases	Bar Chart Report ( New ) - Based on 654 Assessment(s)	
CHA DISeases	11 15 17 18 51 34 11 14 13 24 10 17.1) 23 16 24 17.1) 250.00) 60 21 17.1) 250.00) 60 21 17.1) 23 24 250.00) 80 21 23 24 250.00) 250.00) 26 27 23 26 26 27 28 29 20 20 20 20 20 20 20 20 20 20	<ul> <li>Hypertension related</li> <li>High cholesterol</li> <li>Osteoporosis</li> <li>Arthritis</li> </ul>
	Percent 10 20 30 40 50 60 70 80	

# CHA CAPS

CHA CAPs		Bar (	Chart R	eport (	New)-	Based (	on 718 A	Assessr	nent(s)
	0								
L Adherence	1								
L Adis	17								
Behavior	7								
Bladder	16								
Bowel	9								
Brittle Support	13								
└ Cognitive	35								
Communication	7		_						
Dehydration	118								
🛏 Delirium	3								
Depression	144								
🛏 Discharge	8		_						
L Drinking	119								
Elder Abuse	0		_						
Environment	0								
🖵 Falls	95								
Feeding Tube	0								
🖵 ladi	15								
linst Risk	24								
L Nutrition	7								
L Oral	8								
L Pain	157								
Phys Activity	472								
Pressure Ulcer	1								
Prevention	393								
Relationships	1								
Restraint	0								
Skin Care	0								
Smoking	21								
Social Function	112								
└ Vision	185								
	Percent	10	20	30	40	50	60	70	80

718 assessments
472 Physical Activity
393 Prevention
185 Vision
157 Pain
144 Depression
118 Dehydration



### **PREVENT** Chronic Disease

- **§** *Putting Prevention into* **§** *Screening Clinics* **Practice**
- **§** Credible Referral and **Program Development**

Sources

The Guide to Clinical Preventive Services

2005 Recommendations of the

U.S. Preventive Services Task Force



**§** Health Guides **§** *Preventative* **Prescriptions** 



# <u>Chronic Disease Self-</u> <u>Management Program</u>



Collage data chronic conditions such as hypertension (49%), heart disease (10%), diabetes (5%), and arthritis (8%).

at Stanford University School of Medicine

•2 ½ hr weekly workshop,•six weeks

- **§** Participants learn proven techniques for self-management of chronic conditions:
- **§** techniques to deal with problems such as frustration, fatigue, pain and isolation;
- **§** appropriate exercise for maintaining and improving strength, flexibility, and endurance;
- **§** appropriate use of medications
- **§** communicating effectively
- **§** nutrition
- **§** evaluating Rx



# It's a Matter of Balance



Collage data indicates that falls are a health risk concern for 13%

- § Program based upon research conducted by Roybal Center for Enhancement of Late Life Function at Boston University
- **§** Reduce the fear of falling
- § Increase activity levels
- § 18 trainers certified
  - Bi-annual classes for six
  - weeks.

# Healthy Aging Plan

My Healthy Aging Plan has identified the following areas where improvement might be possible. Twill work with my health care professionals in the coming year to look for ways to improve those areas that have been marked "Yes":

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Eye exam in last year	Yes No	
Hearing exam in last 2 years	Yes No	
Influenza vaccine in last year	Yes No	
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Clinical Assessment Protocols (	Comments	
Physical activity promotion	Yes No	
Mood	Yes No	
Social relationships	Yes No	
Dehydration	Yes No	

- **§** *Customized wellness plan with personal interventions*
- **§** Tool to guide physician visits
- § Personal goal setting
  - Aha moment
  - Residents didn't have wellness goals
  - Staff did not know how to write them

# MAINTAIN High Physical & Cognitive Function

# BeWell Educated

- § Wellness Wednesdays
  - BeWell Lecture Series

### § BeWell Aware

- Newsletter
- Monthly Wellness Pamp
- Calendar

§ Annual BeWell Resource Fair

§ 1:1 Wellness Nurse Counseling

§

BeWell Connected Resource Kiosks



# **Computer Classes**



- **§** Computer 101 classes
  - Grant funding
  - University partnership







# Wellness – Hypertension



- § Blood pressure clinics
- **§** *BeWell blood pressure fact cards*
- § No added salt on menu
- § Low salt entrees
- **§** Nutritional counseling by Registered Dietician



# **Wellness - Section E3 – Nutrition**



### Number of Glasses of fluid per day



Residents were dehydrated!

Water Campaigns



# Wellness - Nutrition



- E4 Are you on a special diet
- E5 Are you eating a healthy diet
- E6 Interested in improving diet





# **BeWell Healthy Nutritional Choices**



Food Service Directors are the secret ingredient!

- **§** 183 interested in improving their diet
- § 87 High cholesterol
- § BeWell educated
  - Monthly heart healthy recipe calendar
  - Table tent facts
  - Heart healthy menu items
  - Nutritional counseling
## Wellness -Emotional



330 enjoy well-being from volunteering

## § ENGAGE

- Creating civic engagement opportunities
  Ø On & off campus
- Volunteer Fair
- SERVE seniors eager to respond to volunteer endeavors
- Formalizing Volunteer Programs



## Wellness - Section B - Exercise and Physical Fitness

B3 - Are you satisfied with your fitness level

- B4 Interested in improving fitness level
- B5a Obstacles Functional limitiations
- B5b Obstacles Lack of knowledge
- B5c Obstacles Lack of motivation
- B5d Obstacles Pain
- B5e Obstacles Physical restrictions





## **BeWell Educated & Be Well Fit**



EXERCISE... A little is all it takes

More pumple varily overreadinate the annual of exceedes that's required to get to sharp. They easily the second second second second interview of the second second second second tenders, the second second second second bracks. Here we see and spin second second



## Wellness - Section B - Exercise and Physical Fitness





## So You Think You Can Dance?



# Dancing through the Ages

- •line dancing classes
- •big band dances

# Over 300 want to dance



## Hike, Walk, and Run



Over 400 prefer hiking, walking and/or running

**§** Walking is by far the most common form of exercise among adults age 50 and over

§ Walking is great, but doesn't stretch or strengthen many parts of the body







LifeTrail<sup>TM</sup> is designed to provide age appropriate physical activity to maintain and enhance

- endurance
- flexibility
- strength
- Balance

#### Collage data assisted with grant funding

- 1. Installation
- 2. Walking path

#### Walking Club Development



## The Healing Art of Tai Chi



#### 250+ interested in Pliates, Yoga, Tai Chi

- **§** Partnered with Carolina Arthritis Foundation
- **§** Certified 22 staff & 2 resident program leaders
- **§** Flexible adapted program for wheelchairs, walkers
- **§** In the hall and by the pond

## Into the Swim of Things



Over 200 want to swim

- **§** Create SPLASH
- § Expand existing programs
- § Find a pool
  - local hotel
  - YMCA, fitness center

**§** Adding a full service aquatics center with indoor pool & spa



## Off the Couch and On to the Wii

- § Social interactive gaming network
- **§** Virtual sports
  - Tennis
  - Bowling
  - Golf

# **§** Counseling for weekend athletes





## Wellness - Section D - Practices Affecting Health and Well Being



- § Massage & therapeutic touch
  - 93 preferred, not used
  - 81 preferred, used



## **Wellness Intervention**



### § Added therapeutic massage services

- On site spa suites
- Table to go
- Home services menu
- Gift cards
- Bonus- staff appreciation



## Wellness Section 3 - Recreation





## **ENGAGE - BeWell Connected**

## § Life Enrichment Programs



#### § Participant Volunteer Program



§ Community BeWell<sup>(sm)</sup> Committee

§ BeWell Clubs



## **COLLAGE Creates**

§ A more integrated, standardized and sophisticated information system

**§** A method and vision for improving healthy outcomes



## **COLLAGE Creates**

- § A climate where evidence matters, and decisions are based on solid data
- **§** An environment for residents and staff
  - to partner in planning for the future and
  - developing an organization dedicated to successful aging





## **BeWell Participant Goals**

- **§** *Prevent, reduce the risk and provide early detection of chronic disease*
- **§** *Prevent and manage debilitating effects of chronic disease*



**§** *Maintain the highest practice physical and cognitive functioning* 



## **BeWell Participant Goals**

- **§** Self-reliance to monitor and manage own health
- **§** Enhance quality of life of each participant by providing participants with a sense of wellbeing



§ Enhance social support networks among participants



## How COLLAGE Helps



- § Identify health risks
- **§** Improve abilities to plan for the changing needs of older adults
- **§** Enable older adults to enjoy an active lifestyle
- **§** Support older adults to live independently for as long as possible

## **Looking Forward**



- **§** Continue to assess individual community and aggregate Collage data
- § Add new programs and initiatives as we determine new priorities of opportunity
- § Support program development via grant-funding and research initiatives

# **Looking Forward**

- **§** *Develop consortium intervention protocols to address data findings* 
  - Falls
  - Depression
  - Continence
- **§** *Develop community and company intervention protocols to address data findings*
- § BeWell program satisfaction evaluation
- **§** *Kiosk and web based versions?*



## **Looking to the Future**



The COLLAGE reports prove to be a valuable resource... to best understand our residents health risks. The application if such information will be influential...

we are ecstatic about what the new reports will help us achieve

Denise Dickinsen







