

Using Collage Data for Effective Health/Wellness Strategic Planning

Moving Forward on Memory
Pain and Depression

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ALEXIAN
BROTHERS
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Developing a Health and Wellness Program

- What we knew
- What initial programs we needed to create
- How do we assess success
- How do we fine tune and take next steps
- Development of a more focused approach

What we knew

- High incidence of falls ending with institutional needs
- Medical profession accepted ailments related to age as inevitable
- This cohort just accommodated their issues
- Feet and teeth were ignored



What we knew

- Large percentage of diagnosed and undiagnosed depression and isolation
- Medication Mis-management
- Alcohol abuse



Wellness and Interventions

- 'Wellness by Design' Assessment
- Individualized wellness plans based on 3 primary risks of institutionalization
- Generalized programs to fit total campus needs
- Outcomes measurements

Wellness and Interventions

- 'Wellness by Design' Assessment



Wellness and Interventions

- Individualized wellness plans based on 3 primary risks of institutionalization



Wellness and Interventions

- Generalized programs to fit total campus needs



Wellness and Interventions

- Outcomes measurements



How Do We Assess Success

Reduced Healthcare Utilization
Satisfied Residents



How to Fine Tune

- Joined Collage
- Accomplished Assessment of all residents
- Reviewed how we compared to other campus aggregate data
- Assessed our campus aggregate data for our most opportune areas of improvement
- Compared this data with wellness staff to determine which areas would most likely interfere with independence

Focus Areas

- Memory
- Pain
- Depression



Memory

Cognitive Performance Scale

The Cognitive Performance Scale (CPS) is a hierarchical index used to rate a resident's cognitive status. The CPS has been validated against the Mini Mental State Examination (MMSE). The nursing home CPS scale uses comatose to identify the most impaired group. Because these types of persons are rarely seen in community settings, we use a modified CPS based on four assessment items: memory, cognitive skills for daily decision making, expressive communication, and eating.

		Alexian	Consortium	Community
■ Intact (average MMSE of 25)		83%	74%	51%
■ Borderline Intact (average MMSE of 22)		7	17	16
■ Mild Impairment (average MMSE of 19)		8	6	19
■ Moderate Impairment (average MMSE of 15)	2	2	7	
■ Mod. Severe Impairment (average MMSE of 7)		0	0	1
■ Severe Impairment (average MMSE of 5)	0	0	4	
■ Very Severe Impairment (average MMSE of 1)	0	0	1	

Pain

Pain Scale

- *The pain scale is used to examine prevalence of pain. The instrument is derived from the pain items in the Minimum Data Set (MDS). It has been validated against the Visual Analogue Scale (VAS). The pain scale examines the frequency and intensity of pain shown by an individual.*

	<i>Alexian</i>	<i>Consort.</i>	<i>Comm.</i>
■ No Pain (0.1 VAS)	50%	61%	36%
■ Mild Pain (1.4 VAS)	24	20	21
■ Moderate Pain (3.8 VAS)	21	16	29
■ Severe Pain (5.0 VAS)	5	3	14

Depression

Depression Rating Scale

- *The Depression Rating Scale (DRS) is a scale used to screen depression. The instrument is derived from mood and behavioral items in the Minimum Data Set (MDS). It has been validated against the Hamilton Depression Rating Scale and the Cornell Scale for Depression, both of which have been tested and validated in geriatric populations in nursing homes.*

	Alexian	Consort.	Comm.
■ No Depression (DRS=0)	92%	87%	65%
■ Mild Depression (DRS=1,2)	6	10	22
■ High Depression (DRS=3+)	2	3	13

Action Plan for Memory

- Memory Assessment and Treatment Center
- Covered Bridge Club
- Brain Joggers
- Mature Musicians
- Singing Seniors



Created a Memory Assessment Center

Assumptions

- We would attract early diagnosis interest
- We would find incorrect diagnosis
- A personalized plan would be required
- (All were incorrect)

Brain Joggers

Weekly group that participates in interactive memory games to enhance memory skills—
Average weekly attendance of 35



Covered Bridge

- Twice weekly lunch and learn activities for memory enhancement
- This was a group of the highest risk to lose their independence
- Minimum Ads-Cog score increase of 20%
- Only 2 of 25 have required institutional care in 2 years



Mature Musicians

- Study group with no measurable memory loss
- Never play musical instrument or played only in youth
- Minimum of 200% improvement in 16 weeks
- 45 Participants



Singing Seniors

- Moderate levels of memory loss
- Minimum improvement of 20% in 16 weeks
- 30 Participants



Pain

- Assumption that no pain would be considered untreatable
- Pain Support Group
- E-Stim
- Massage
- Lymphodema



Pain

- 100 Residents went for additional pain assessment
- 60 residents have been assessed and treated for Lymphodema successfully in the last 2 years
- Average of 50 Massages/Month
- 75 active members in the Pain Support Group



Alexian Village's
"Fit for Life" graduates

Depression

- Recognizing that Feeling Healthy isn't measured by absence of disease-It is a state of mind
- Dealing with Chronic Pain-Overlap with our Pain activities
- Medication
- Exercise—75 active “Fit for Life” members
- Healthy Thinking Club-25 members

Assessment of Success and Next Steps

- Alexian Village continues to experience far less institutional needs than actuarially projected
- We will continue to assess our aggregate data from Collage
- We monitor all hospitalizations for root cause
- We monitor all SNF and A/L admissions for root cause
- We will add new initiatives as we determine new priorities of opportunity

As the Collage Data Grows
We Will Improve our Quality of Life
Generation by Generation

