

Housekeeping Reminders



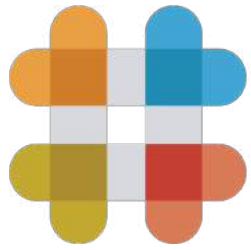
ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS

1. Up to 6 NAB, NCCAP, NCTRC and/or NCCDP CEU credits are available. To earn the credits, you need to attend the full session (as few as one session and as many as six sessions).
2. Please fill out the CEU survey no later than midnight on Friday, June 25th so that we can process your certificate of attendance, and issue up to 6 hours of NAB, NCCAP, NCCDP and/or NCTRC CEU credits.
3. Please note that due to the high number of attendees, certificates will be sent out via email throughout the week of June 28th and no later than Friday, July 2nd by the end of the day. If you have any questions you can email: webinars@linkedseior.com
4. This session is being recorded
5. Zoom & Facebook Live
6. Chat and Q&A features are enabled
7. To chat to everyone, select "Panelist & Attendees"

The "Bingo" word for this session is

Rule





ACTIVITIESSTRONG

FOR RESIDENT ENGAGEMENT PROFESSIONALS

#ActivitiesStrong Summit – June 22, 2021

Elevating the Senior Living Experience: Culture Change for Resident Engagement

Dr. Jennifer Stelter – Product Program Director - Linked Senior
Dr. Katy Abbott – Associate Professor of Gerontology – Miami University, Scripps Gerontology Center



NAB, NCCAP and NCCDP Approved, CEUs Available
This session content is CE Pre-Approved by NCTRC
© 2021, Linked Senior, Inc. All Rights Reserved



- ★ Katy Abbott, PhD, MGS, Associate Professor of Gerontology, Miami University, Research Fellow, Scripps Gerontology Center, Co-Founder, Preference Based Living
- ★ Jennifer Stelter, PsyD, CDP, CADDCT, CCTP, Director of Product Research at Linked Senior, CEO of the Resident Engagement Institute/Linked Senior, CEO of NeuroEssence, Adjunct Professor in Behavioral Sciences at Ivy Tech Community College, and Staff Psychologist at Allow Wellness



1. Outline the current state of resident engagement in senior living communities.
2. Understand both the challenges and opportunities that senior living organizations have when it comes to resident engagement.
3. Apply evidence-based practices and use proven benchmarks to improve the culture in their community when it comes to person-centered resident engagement.



58% track participation via paper; 24% use a computer program; 18% do not track participation (Feb-March 2021)

72% configure functioning level, however, it's not a standardized process - 21% use cognitive score alone, 43% use cognitive and physical function scores, 8% use another method (June 2021)

25% of communities track minutes of participation (June 2021)

72% say that staffing concerns are the reason why they cannot engage all their residents; 32% said resources and tools (April 2021)

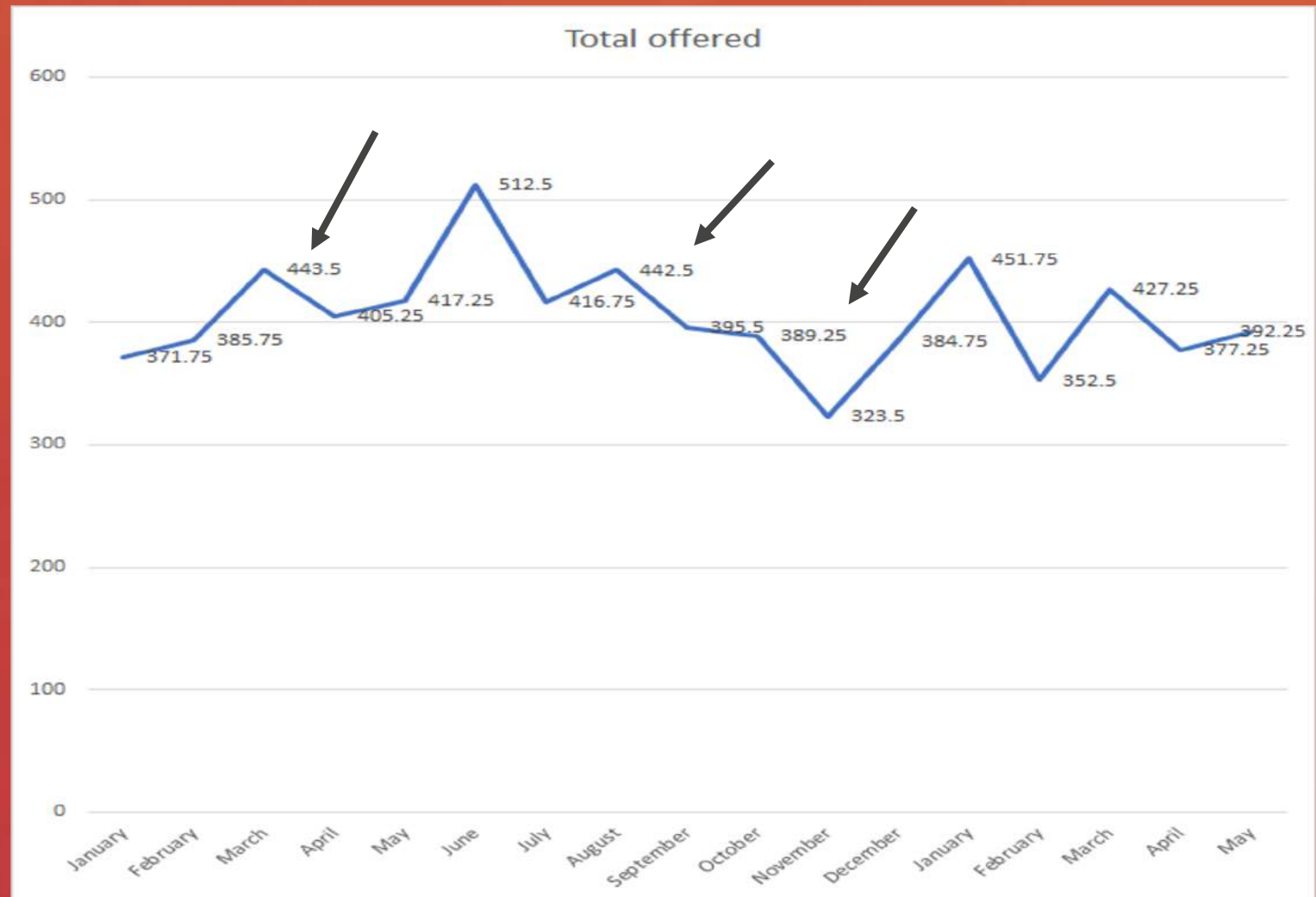
Impact of the Pandemic on Resident Engagement



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS



- ★ Pre-pandemic offered about 370 programs/month
- ★ Wave 1 - 9% decrease
- ★ Wave 2 - 11% decrease
- ★ Wave 3 - 17% decrease
- ★ Post-pandemic offering 392 programs/month
- ★ However, 106% more than previous

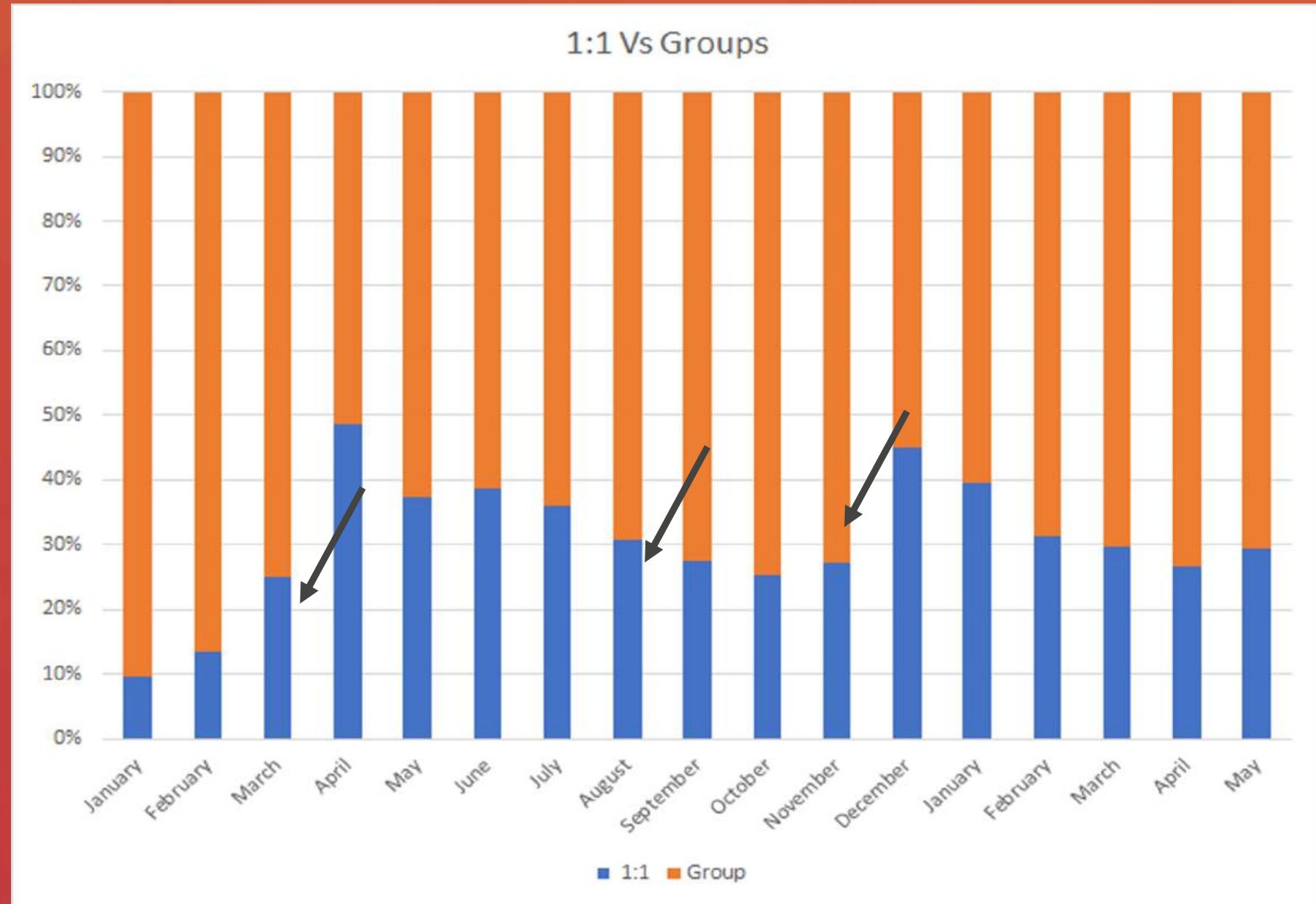


Sample of Communities' Data 2020-2021: 1:1s



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS

- ★ Wave 1 - Increased 111%
- ★ Wave 2 - Decreased 19%
- ★ Wave 3 - Increase 98%
- ★ 1:1s increased to 326% across the pandemic

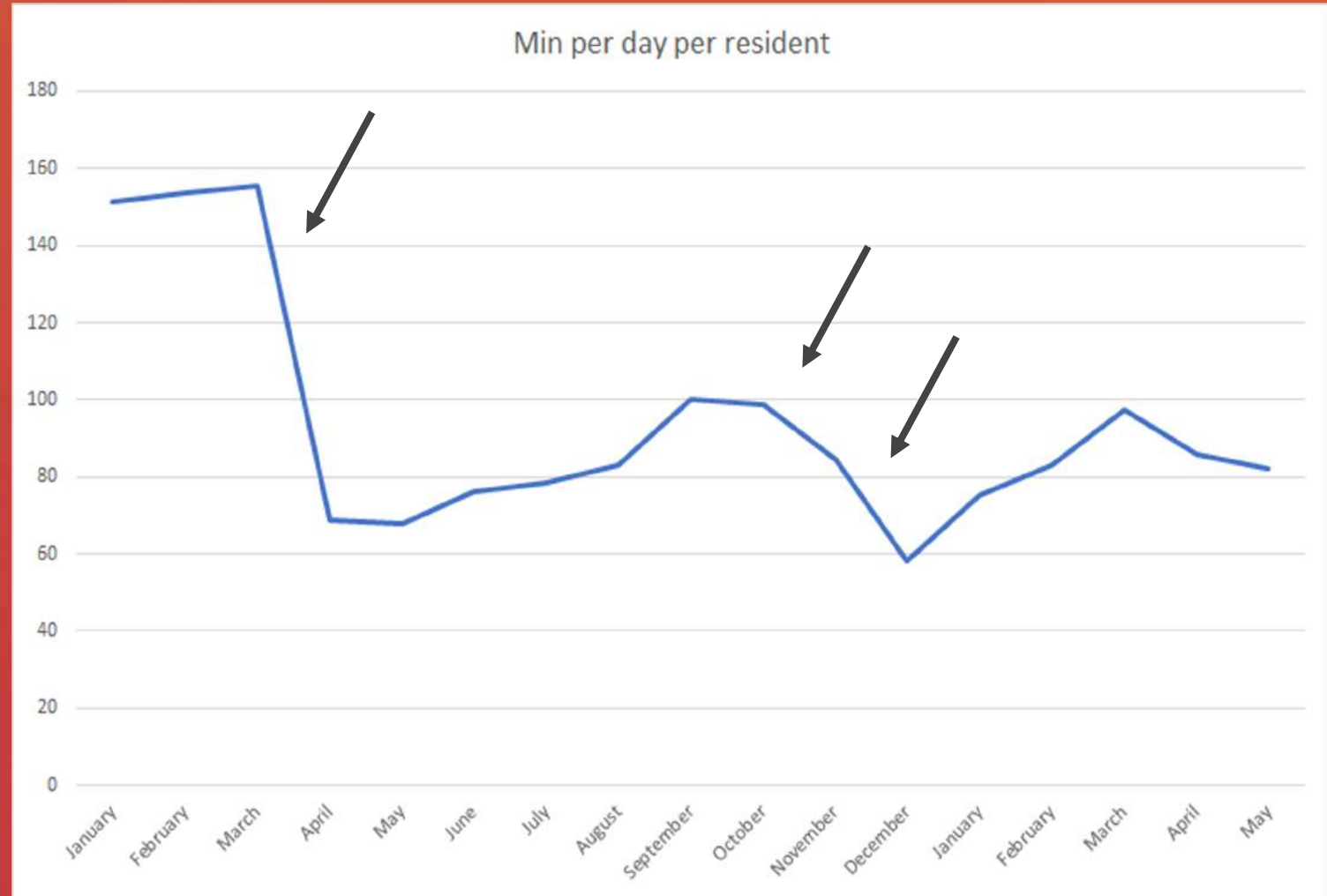


Sample of Communities' Data 2020-2021: Minutes per Resident per Day (MRD)



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS

- ★ 151 MRD pre-pandemic
- ★ Wave 1 - 56% decrease
- ★ Wave 2 - ~Maintained
- ★ Wave 3 - 42% decrease
- ★ 82 MRD today
- ★ 54% decrease in MRD

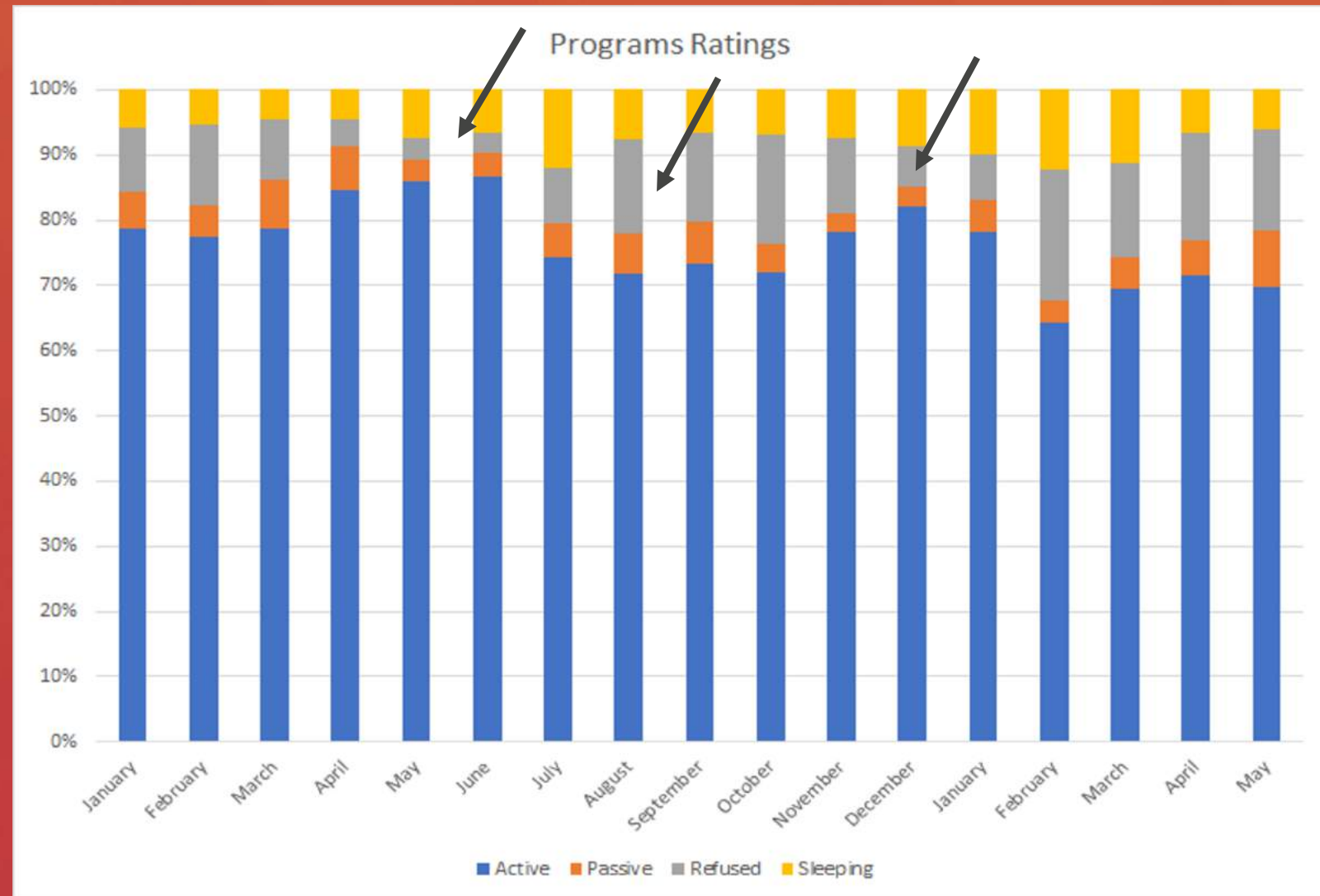


Sample of Communities' Data 2020-2021: Declines



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS

- ★ Pre-pandemic decline rate at 10%
- ★ Wave 1 decline rate at 9%
- ★ Wave 2 decline rate at 16%
- ★ Wave 3 decline rate at 7%
- ★ Current decline rate at 17%





1. There are no benchmarks, trends analyses nor publications on senior living resident engagement -> This makes resident engagement “Nice to have” and “Fun”, but not viewed often as necessary outside of regulatory requirements, health impacting, and a contributor to return on investment, as it’s not being measured & used as a business driver.
2. Post-pandemic, more programs offered, likely groups, with the assumption of trying to get back to ‘normal’ but there is an increase in declines and less engagement. Are residents wanting more 1 on 1 time but departments don’t have the staff to do it?
3. Most operators, large and small, are struggling financially to make ends meet causing budget cuts, usually within activity and life enrichment departments, leaving little room for staffing and resources.



1. Redefine and create a new era of resident engagement
2. Create benchmarks and standards derived from empirical research and clinical expertise
3. Move from “Nice to have” and “Fun” to “Clinically Necessary” and a “Return on Investment” shown in improvement in clinical and quality outcomes
4. Create social prescription to include number of minutes per day per resident and preference data at your fingertips
5. Prove the need for resident engagement leading to staff retention and potentially an increase in staff



Linked Senior's mission is to provide a platform to engage residents in a way that provides them the highest quality of life.

This is accomplished by improving the care provided.

Quality care is possible by running a smarter business.

Let the APIE process do this for you.



Staff duties are handled efficiently with protocols and time management

Effective treatment measured by clinical outcomes

Exemplar satisfaction surveys

Census management

Staff retention

These can define your return on investment (ROI)



A = ASSESS

P = PLAN

I = IMPLEMENT

E = EVALUATE



- APIE is a standard of practice model.
- Allows for a structured treatment process to take place
- APIE process within the Linked Senior platform allows for this standard of practice to be more efficient and effective
- This makes for a smarter business



★ Goals

- Asking key questions to provide the assessor with pertinent information that will help understand with what the resident is challenged and symptomology.
- To gather and better understand individual's needs and preferences (i.e., what matters to them; what's meaningful to them).
- An opportunity for the assessor to get to know and understand the resident.
- Being able to define what the strengths are of the resident.
- What has worked in the past and what hasn't worked.



★ How

- Custom assessment information will help define key metrics to measure, such as demographic information, needs and preferences, and cognitive and physical function.

★ Result

- This information then allows for the development of the PLAN of care, including determining level of functioning and developing a prescriptive engagement plan.

Why do preferences matter to Residents?



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS

- Fosters engagement and improves quality of life and wellbeing by living everyday life in a way that is meaningful and purposeful.
- Enhances autonomy and ability to have a voice in directing care and services
- Creates a care environment of trust and respect.
- Promotes closer relationships with care team members that are attuned to needs and can respond appropriately.



- Care team members are more comfortable caring for people they know and can form a strong partnership with residents and their families.
- Care partners who know a person's preferences can anticipate their needs and adapt accordingly.
- Care team members are highly valued in person-centered care organizations, work more efficiently, and can devote time where it is needed most.



- Providers have better quality outcomes due to the ability of care team members to identify and respond appropriately to changes in a resident's condition.
- Providers gain referrals from people who have a good experience and recommend the nursing home to others as a place for care.
- Providers have better team member retention due to strong relationships between care partners and residents.

Care Preference Assessment of Satisfaction (ComPASS-16)



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS

- Do we measure what we treasure or treasure what we measure?
- Supports streamlined interview that elicits key information about each person's important preferences and lays the groundwork to customize care
- PAL Card generator built into ComPASS-16 to assist with communicating important preferences across departments and shifts
- Satisfaction questions assist with understanding how satisfied individuals are with the way their important preferences are fulfilled.
- Reports track satisfaction over time and pinpoint opportunities to enhance the delivery of preference-based, person-centered care.
- Using ComPASS-16 will assist your community in meeting regulatory mandates and shows surveyors your progress in providing preference-based, person-centered care.
- Access ComPASS
 - <https://compass.linkedsenior.com/page/faq>



- ★ Goal: To take the assessment information and determine a prescriptive/recommended engagement plan to
 - meet the goals that will assist the resident in minimizing or eliminating their challenges and symptoms.
 - provide programming to meet their needs and preferences in a meaningful way.
 - ensure their needs and preferences are being upheld.



- ★ How: Functioning level will be configured and a prescriptive engagement PLAN will be recommended (e.g., engage Gus for 35 minutes per day with groups and independent activities daily). Additionally, information will be available to group residents into preference-type activities (e.g., identifying which residents like fishing).
- ★ Result: These will help the customer plan out how long the resident should be engaged each day, which programs may be most beneficial to the resident, i.e., groups, 1:1s, and/or independent, what type of groups and 1:1's would benefit the resident, and which residents have the same interests. Additionally, it can compute how many staff you need on your team to make this possible!



- ★ Goal: Delivering the programming outlined in the PLAN as the prescription/recommendation reads.



- ★ How: The customer will be able to use the engagement programming and interventions offered in Linked Senior's platform and track participation.
- ★ Result: This allows resident data to be at the customer's fingertips with real-time information. It can also indicate to the customer if they are on track with meeting the residents' goals. Also, it can allow engagement to go beyond the activity staff and be used in personal care, therapy, family visits, and more.
 - This tracking assists the customer with data for compliance and regulatory standards, but more importantly to track the progress of the resident as it relates to their prescription plan.



- ★ Goals: A re-evaluation to see if their challenges and/or symptoms have been reduced, needs have been met, and preferences/meaningful engagement upheld.
 - Compare to past data.
 - Have goals been met.
 - Ensure the prescription/recommendation that is being followed is working for that resident, review what is not working, and adjust PLAN accordingly.



- ★ How: Customer's can see the data at a snapshot and see if goals have been met, and they can run more in depth reports to see trends and patterns.
- ★ Result: These will provide real-time information about the residents' individuals goals compared to the community's goal, participation percentage, most attended programs and types, progress in clinical areas, and satisfaction of both residents and staff.
 - Running reports to share this information with staff, families, and government agencies.
 - Additionally, communities can look at their progress as a whole, by region, by level of care, etc.

01 ASSESS

Who are your residents and what are their needs?



CeloContext
Demographics
Diagnosis



ComPASS 16
16 MDS Section F



Custom Assessments
Move-in, MDS, etc.

Give each resident an engagement plan that meets their needs

PLAN 02



CeloContext
Demographics
Diagnosis



#ActivitiesStrong
Program Library



ComPASS
Important Preferences

04 EVALUATE

Determine if the engagement plan was success in meeting all needs



CeloContext
MRD, Scorecard



ComPASS
Satisfaction Reports

Meet, communicate and document all resident engagement needs

IMPLEMENT 03



CeloContext
Non Linked Senior programs



CeloEngage
Linked Senior Content



ComPASS
PAL Cards



1. Minutes per resident per day (MRD)- person-centered care focuses on individualized treatment, not community-focused goals. Defining MRD sets a benchmark of how much each resident should be engaged that has shown in clinical research to be effective for healthy aging.
2. Preference-based care - looking at the quality of activities provided as measured by satisfaction
3. Clinical outcomes - as MRD is being achieved, are clinical outcomes improving. Clinical outcomes that can be looked at are:
 - a. Reduction in falls
 - b. Stabilization or improvement in cognitive and functional status
 - c. Reduction in use of psychotropic medication
 - d. Improvement in depression score
 - e. Increase in Index of social engagement
 - f. Lower rates for Return to Hospitalization (RTH)
 - g. Length of Stay (LOS)



4. Census - increase in census drives an increase in revenue
5. Staff retention - as APIE is delivered through the Linked Senior platform, do staff feel more confident, competent, effective, and efficient at their jobs resulting in staff retention.



Comparison of clinical data:

- LS Communities' Data from 10/2019 - 35.09
- REIS Study - 45
- Clinical research regarding physical and cognitive activities - 30
- Proposed MRD (average of i-iii) = 36.70

MRD = 35



Scaled-version of MRD based on level of functioning:

Functioning Level/Archetype	MRD	Programming Recommendations
High	35	group and independent activities
Moderate	28	group activities
Low	21	1:1s/3 days week and group activities
High Dementia	21	1:1s/3 days week and group activities
Moderate Dementia	14	1:1s/1x daily and group activities
Low Dementia	7	1:1s/ 2xs daily

EXAMPLE: Joy, an 85 year old, female resident with advanced dementia in skilled nursing



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS

ASSESS

Joy is ASSESSEd by her treatment team using the MDS 3.0 (Section F) in ComPASS for preferences and needs and information is pulled from Celo Context for demographics and diagnoses. Recommendations for the PLAN are then provided to the team for activity programming.

Dx: Dementia

Demographics: English speaking, Caucasian, Catholic female

Preferences: Cooking and baking, sewing, and cats

Functioning level: Low

Communication Style (Behavioral Symptoms): Repetitive behavior of yelling out

EXAMPLE: Joy, an 85 year old, female resident with advanced dementia in skilled nursing



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS

PLAN

The team then uses the prescriptive plan recommended, the #ActivitiesStrong Program Library, ComPASS Preference data, and Dementia Cue Cards to develop Joy's programming plan to engage and improve her quality of life.

Prescriptive plan that meets 7 MRD:

1:1 engagement 2x's daily @ 3-4 minute intervals with a focus on tactile stimulation utilizing cooking, baking, sewing, pet therapy, and spiritual activities as tolerated

EXAMPLE: Joy, an 85 year old, female resident with dementia in skilled nursing



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS

IMPLEMENT

The team IMPLEMENTs and tracks Joy's PLAN by using Celo Context (non-Linked Senior Programs) and Celo Engage (Linked Senior Programs), the ComPASS Pal Cards, and Dementia Cue Cards (behavioral management).

Tracking engagement on 1:1s both Linked Senior and Non-Linked Senior Programs, utilizing Pal Cards to uphold preferences, and using the Dementia Cue Cards to intervene and track events of yelling out noting successful interventions.

EXAMPLE: Joy, an 85 year old, female resident with dementia in skilled nursing



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS

EVALUATE

At Joy's quarterly review, the team then uses Celo Context (MRD and the Scorecard), ComPASS's customer satisfaction survey, and behavioral data to EVALUATE the progress made with the PLAN. The team can adjust the PLAN to continue to meet Joy's goals.

MRD is being met 90% of the time according to the Scorecard. Joy's average participation is at 85%.

Joy's family and staff rate high on the ComPASS customer satisfaction survey (score = 93%).

Her yelling out communication style has decreased by 60% and psychotropic use has decreased by 70%.

Her cognitive and physical function scores have stabilized, and her depression score is now at 0 (reduction of 100%).

Her Index of Social Engagement score was raised by 1 level!

Joy's fall rate has decreased by 90%, and she has had only 1 hospitalization in the last 90 days (reduction of 90%).

Continue PLAN for another 90 days.

EXAMPLE: Joy, an 85 year old, female resident with dementia in skilled nursing



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS

STAFF

Joy's regular caregivers are provided a satisfaction survey. Items measured include:

- Competency
- Confidence
- Effectiveness
- Efficiency
- Overall

Staff rate at (examples/yet to be defined)

- Feeling competent = 92%
- Feeling confident = 97%
- Feeling effective = 95%
- Feeling efficient = 89%
- Overall = 93.25% satisfaction



Using the APIE process within the Linked Senior program allows the customer to focus on quality care in a more efficient manner.

- Data from the built-in ASSESSments helps create the PLAN
- The PLAN is carried out by the customer and IMPLEMENTed and tracked
- After IMPLEMENTing the PLAN, the customer can EVALUATE using the data produced from the tracking.
- From there the customer can adjust the PLAN.

The customer can do more in a shorter amount of time. That's a smart business model.



- The APIE process is a standard of practice in healthcare.
- When captured in the Linked Senior Program, it allows the customer be more efficient and effective with providing quality treatment.
- This lends to a smarter business.

Announcing the Resident Engagement Institute!



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS



RESIDENT ENGAGEMENT
INSTITUTE



Powered by Linked Senior

Vision: Making social prescription the standard for senior living resident engagement

Mission: To empower senior living activity and life enrichment care partners with education, tools & support to elevate resident engagement for all Elders.

Objective: Defining a new era in resident engagement by establishing tools, benchmarks and strategies that are implementable for senior living operators and the staff that engage residents every day. The work of the institute will be measurable and quantifiable on satisfaction, health and wellbeing outcomes. It will be rooted in research, exclusive data sets from the Linked Senior published studies, faculties' and clients' initiatives and the #ActivitiesStrong initiative.

Thank you!



ACTIVITIESSTRONG
FOR RESIDENT ENGAGEMENT PROFESSIONALS

Katy Abbott, PhD

Email: Abbottkm@miamioh.edu

Website: <https://www.preferencebasedliving.com/>

Email: jstelter@linkedsenior.com

Subscribe to our monthly newsletter on our website

Facebook: Preference Based Living

Twitter: @PrefBasedLiving