







residential



trowers & hamlins

Leadership Seminar

Reframing Residential Care

Sharing experience from Australia

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From ordinary to extraordinary

Part 1



Why is Healthy Ageing and older people now an important conversation across the world?



Because....

- More of the same in aged care will not be good enough
- Outdated stereotypes no longer fit across the life course
- Retirement Ageist social construct that has little psychological basis





Because...

- The world is changing too decrease in size of families, women have more opportunities to work & more people are living longer into older age
- The economic imperative will aim to minimise the expenditure with an ageing population





These are the areas we will discuss in greater detail today, regarding

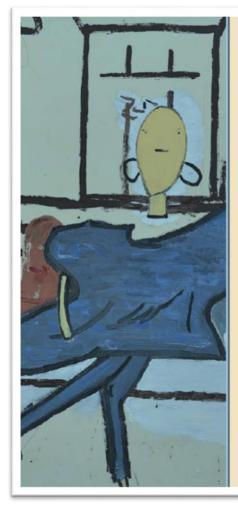
- The rights of older people to access quality health promoting, goods and services
- Aged care settings and services designed to promote optimal physical and social engagement – combat more sedentary lifestyles





- Need for new systems for health care that are more in tune with the needs of older people.
- Must transcend outdated ways of thinking
- Foster a major shift in how we understand ageing & health
- Strengthen the abilities of older people to thrive in their environment.

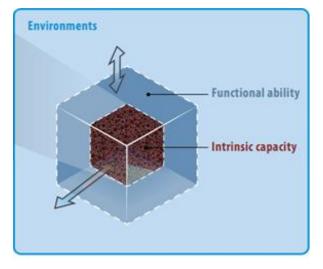






WORLD REPORT ON AGEING AND HEALTH



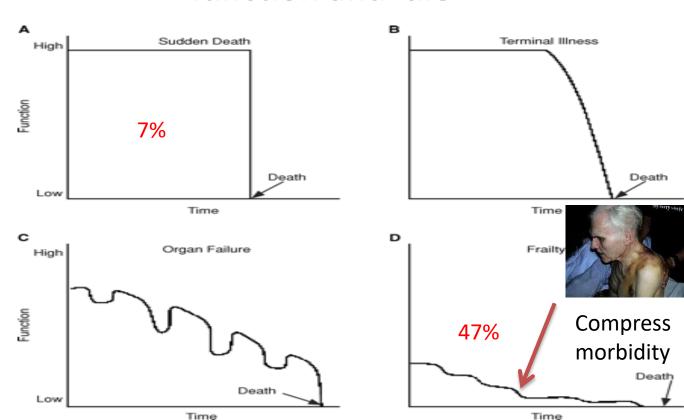


The World Report on Ageing and Health is asking health care providers to adopt 3 key strategies for creating Healthy Ageing (WHO 2015, p28)

- 1. Reduce the fitness gap,
- 2. Help individuals reach their potential
- 3. Prevent disability



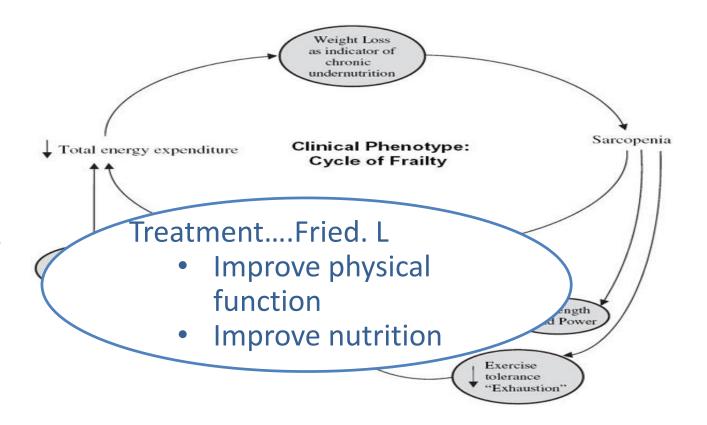
Fries. J. (1980) hypothesis on how we function and die





Often frailty will \(\ \) service need \(- \) this is where we can make a difference \(- \) treat \(\ \ \) reverse symptoms

- 2 symptoms
 - pre frail
- 3 symptoms
 - frail
- 4 5 symptoms
 - advanced frailty



LP Fried et al (2001)



'Making Healthy Normal'

Moving from an *old mindset.....to a new mindset*

Customers are passive Customers are active Inactivity reduces risk Inactivity increases risk Here to enable Here to help Decline is inevitable Decline is preventable Weakness is the focus Maintaining strength is the focus Care promoting Health promoting Medical model Quality of life model Dependency model Aspirational model Promoting well being Managing ill being



Part 2

The Healthy Ageing approach



Learnings from Southern Cross Care

Today, I will share with you how we addressed our service delivery gaps in relation to;

- access to health promoting activities
- early intervention
- critical thinking/case management
- health literacy and working with an individuals intrinsic values to assist with their recovery



Background: our customers were at risk of:

- not moving much
- weight loss (no appetite)
- increased social isolation
- receiving traditional 'comfort care' services
- not being offered opportunities for improved health outcomes – regardless of their age/health conditions

Our settings were at risk of unintentionally creating ill-being instead of wellbeing



StatusQuo





SCC has made a commitment to; (WHO, 2015)

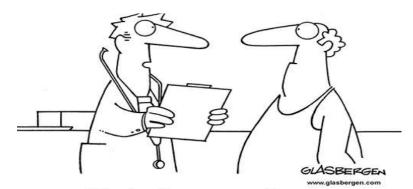
- better understand the implications of an ageing population and meeting older peoples needs
- healthy ageing across the life course
- empowering all people in the improvement of their healthrelated physical, mental, social well-being – focus on developing intrinsic capabilities

 NEW MINDSET
- health education, disease prevention and rehabilitation services



'Making healthy normal' at SCC

We now have a comprehensive, theoretical, health promoting approach to help 'make healthy normal' for our customers....



"The handle on your recliner does not qualify as an exercise machine."



The Quality of Life domains, The 5 standards for Health Promotion & a healthy settings approach now guide our thinking (WHO, 2003, 2004)







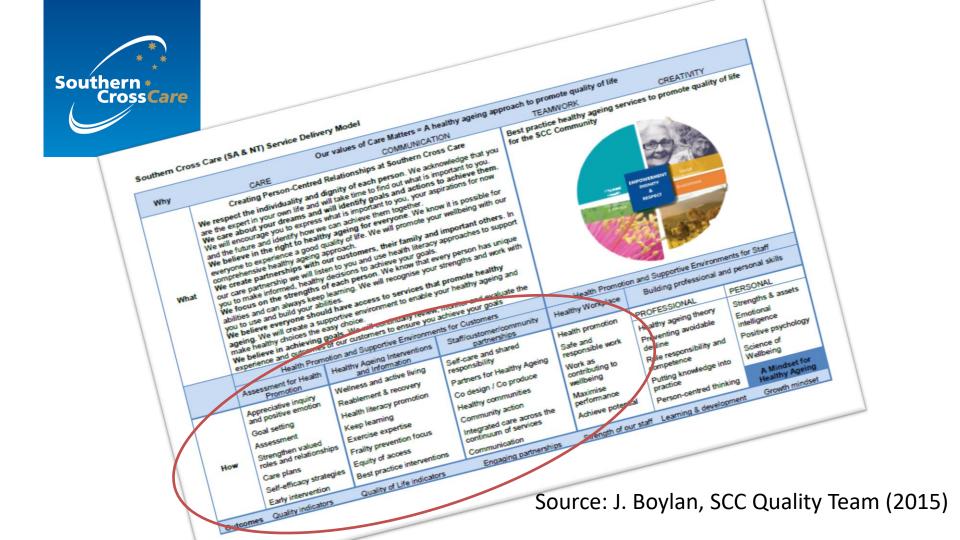


WHO (2015) definition for healthy ageing underpin our vision:

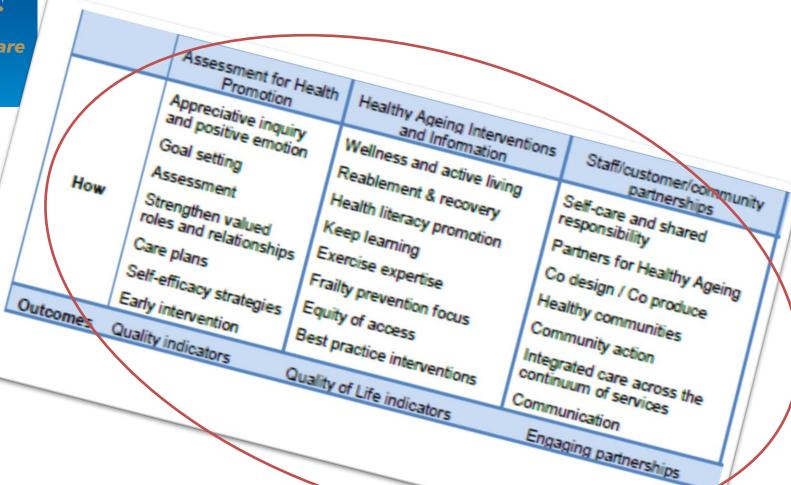
Healthy Ageing

"Healthy Ageing as the process of developing and maintaining the functional ability that enables well-being in older age" who 2015





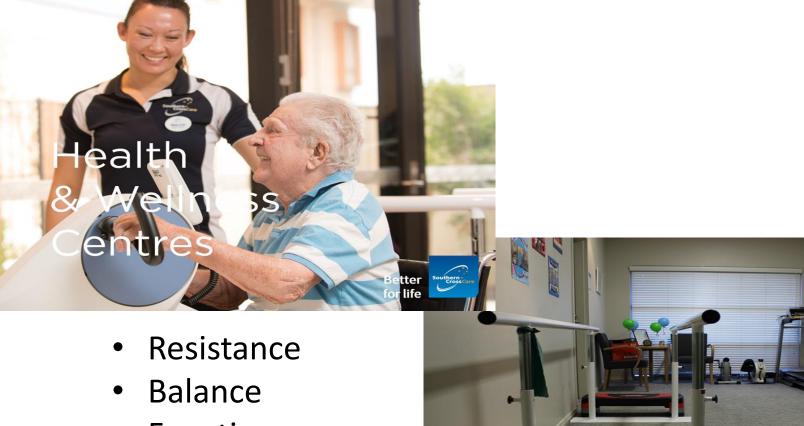






We created the position of a Health and Wellness Promoter to specifically support and promote each individuals function and overall quality of life.

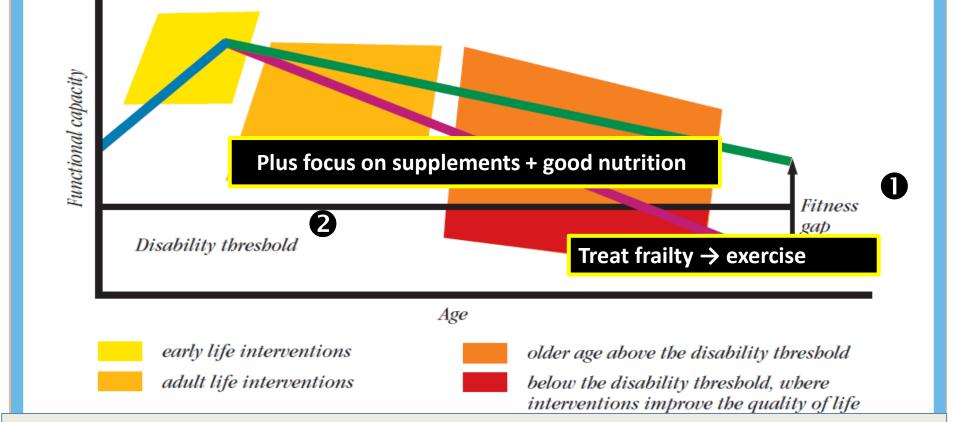




• Function

Steep decline in health, due to factors such as inactivity, can be reversed at any age. Our aim is to address the fitness gap of older people (see • below) by encouraging and supporting them to participate in exercise based activity.

Source: Kalache and Kickbusch, 1997.



Exercise based activity can assist older people to remain above the disability threshold (see 2).



From wheelchair to walking the parallel bars! Oh wow!!











Never confuse a single defeat with a final defeat.

- SCC implements Recovery Pathways for any customers that are identified as being at risk of decline either physically, emotionally, psychologically or socially.
- Multidisciplinary, EIP meetings are held fortnightly, to identify enablers and barriers to individuals recovery.



- Discuss the resident's suitability for Early Intervention
 - Engage in Root Cause Analysis for residents who are admitted to Early intervention



ASSESS

- Allied Health complete Berg, Walk & Wellbeing assessment within 2 weeks
- Health Promoters (fitness) provide Allied health with grip strength within 2 weeks
- Lifestyle provide Allied Health with activity participation within 2 weeks

AH complete Commencement Information in Early Intervention Record



- Recovery Pathway is finalised and implemented.
- CM / RSM direct RNs to update the Care Plan



- Monitor progress by considering any adverse events and adherence to the Recovery Pathway by staff / resident (including progress with fitness program and activity participation)
- Allied Health / Lifestyle record progress note in iCare after each meeting



- Monitor progress and discuss preparations for transitioning the resident to a Maintenance Pathway
- Allied Health / Lifestyle record progress note in iCare after meeting



- . Review progress and facilitate transition of the resident to a Maintenance Pathway
- CM / RSM to direct RNs to update Care Plan
- Allied Health / Lifestyle record progress note in iCare after meeting



- Discharge resident if progress is stable and only when the Care Plan has been updated (progress not in iCare)
- If Care Plan is note updated, CM / RSM are to ensure that RNs complete this by the next meeting to allow discharge to occur (progress will need to be reassessed at the next meeting)



- Allied Health complete Berg, Walk & Wellbeing assessment within 2 weeks
- Health Promoters (fitness) provide Allied Health with grip strength within 2 weeks
- Lifestyle provide Allied Health with activity participation within 2 weeks

ICare
AH complete discharge
Information in Early
Intervention Record

Earlier maintenance / discharge

- Residents can be moved to a Maintenance Pathway and Discharged before 14 weeks if progress is good and they have achieved their goals
- EIWP should consider if the goals were challenging enough and consider revising the goals and Recovery Pathway and reassessing at 10-12 weeks

Residents not on maintenance by 14 weeks

- Residents who cannot be moved to a Maintenance Pathway at 14 weeks should continue have their progress monitored at each meeting
- Suitability for a Maintenance Pathway should be revisited monthly (i.e., every second meeting)



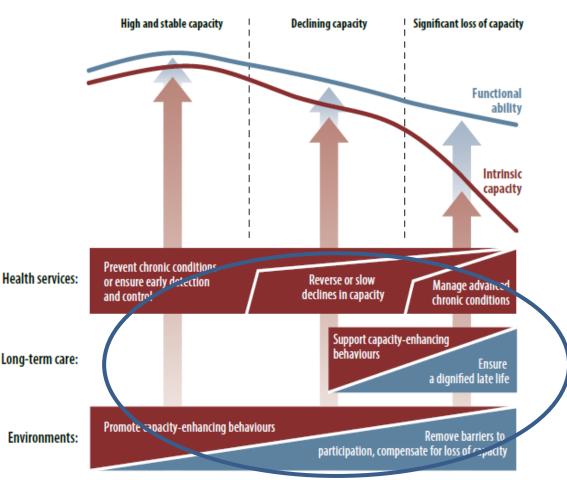
Recovery Pathway

Goal/s: Aim / Goal Wednesday Thursday Friday Saturday Sunday / / 2014 / 2014 / / 2014 / / 2014 / /2014 / / 2014 / / 2014 Walking Program Shift Time Sign - Completed by PCWs AM AM AM AM AM AM AM xxx needs to go for x AM AM AM AM AM AM AM purposeful walks daily -in AM AM AM AM AM AM AM addition to toileting / walking PM PM PM PM PM PM PM to dining room PM Daily Exercises Sit to Stands - Completed by PCWs Yes Yes Yes Yes Yes Yes Yes xxx needs to do x sit to stands No No No No No No No and x ROM (PROM/AAROM/ ROM ROM ROM ROM ROM ROM ROM AROM/SOOB) exercises each Yes Yes Yes Ves Ves Yes Yes day No No No No No No No Comment: Comment: Comment: Comment: Comment: Comment: Comment: Fitness Program Yes Yes Yes Yes - PCWs record when residents No No No No No No No are taken to fitness activities - Fitness staff record in-room Comment: Comment: Comment: Comment: Comment: Comment: Comment: xxx will actively participate in x weekly group or 1:1 exercise in gvm or own room Daily Verification (EN / RN) Shift EN / RN sign - Walking, daily exercises and AM AM AM AM fitness only PM PM PM PM PM PM PM Lifestyle Activities Activities to promote social Number of Activities: engagement x times per week Sensory Activities (OT/Lifestyle) Activities to promote sensory Number of Sessions: engagement x times per week Other Allied Health Sessions xxx is to have x sessions each Number of Sessions: week (in addition to sensory activities) Weekly Evaluation of Recovery Interventions



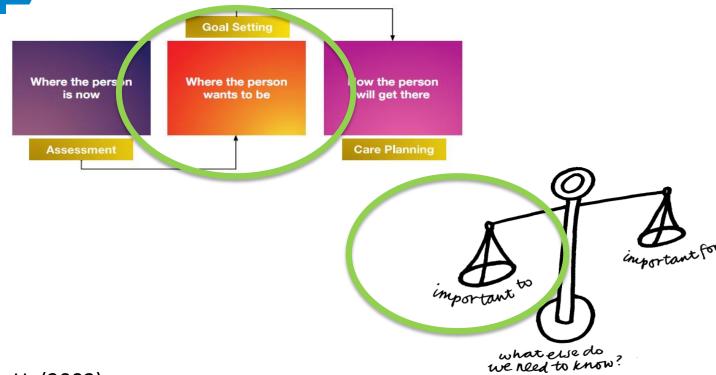
Fig. 2. A public-health framework for *Healthy Ageing*: opportunities for public-health action across the life course

The Health and Wellness Promoter work with each person to optimise their intrinsic capcity; 'enabling them to do more of the things that give meaning, purpose & wellbeing'





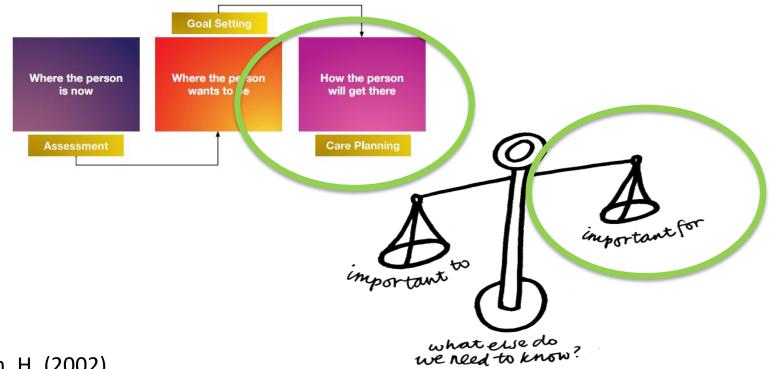
What's important to you



Sanderson, H. (2002)



What's important for you



Sanderson, H. (2002)



Quality of Life Database Wellbeing Plan and Resident's Goals

Martin Chris (Coldplay)

Resident's Goal	Current Goals	/ Due Date
What's important to me? (172/256)		1000 0000000000000000000000000000000000
I would like to be more independent and feel confident when walking around the home.		
My Goal (205/256)		
To walk to and from the activity room twice a week.		
What actions I will take? (180/256)		
I will ask staff to walk with me to the activity room so I can attend bingo.		
What others will do to support me? (162/256)	Achieved Goa	ls / Completion on
Staff will walk with me to begin with and encourage me to keep up my walking so I can improve. When and how often? Wednesday and Saturday at 3pm Goal Type Goal Within Domain Goal Achieved		
Ongoing (reviewed every 6 months) Timed To be achieved by: 30/04/2017 □ Physical Health □ Social Relationship □ Psychological & Spiritual		
Notes (optional) (512/512) Environment 29/11/2016	Edit	Print Current Plan
Goal Achieved	New Goal	Save to PDF
	Submit	Close



Physical Social Health Relationships QoL **Empowerment** Environment **Psychological** & Spiritual

Quality of life

We also evaluated (measured) the overall quality of life of each resident across their social relationships, psychological wellbeing, physical health and within their environment.

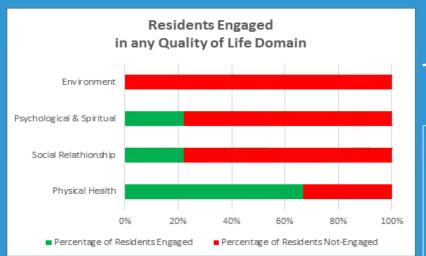


To understand the QoL outcomes for each individual, Health and Wellness Promoters could obtain;

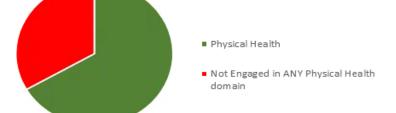
engaged in QoL activities



*Personalised activity reports which provides information about the activities each resident is engaged in *Attendance alerts to identify residents who are at risk of disengaging from activities that support their QoL *Overall percentage of residents



Percentage of Residents Engaged in ANY Physical Health Domain Activity



Quality of Life Database

Activity Engagement

Site Name: Lourdes Valley

Number of Residents: 9

Number of Residents	Percentage of engaged
2	22.22%
6	66.67%
2	22.22%
	2

Category	Number of Residents	Percentage of engaged
Physical Health Domain	6	66.67%
Not Engaged in ANY activity in Physical Health Domain	3	33.33%



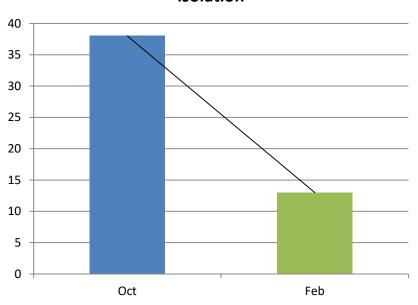
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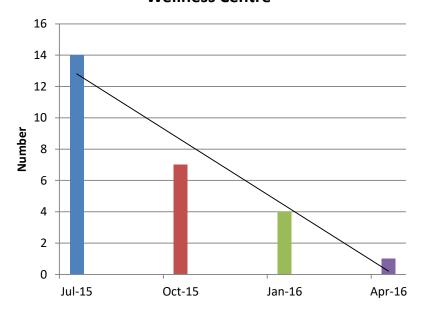


.....Some further impact

Number of residents at risk of social isolation



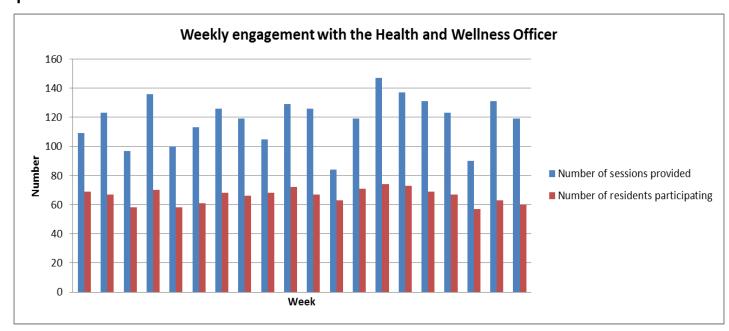
Behaviour incidents since opening of the Wellness Centre





Residents want and can participate in exercise

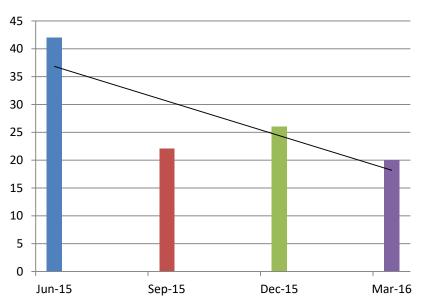
90 residents access the Health and Wellness service, over 60% of residents. 120 exercise sessions a week are provided for 66 individuals.



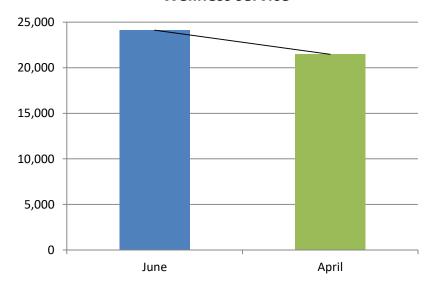


......Some further impact

Falls incidents since opening of the Wellness Centre



In June 15-April 2016 - Decrease in all call bells since introduction of Health and Wellness service





Southern Cross Care story – The healthy Ageing Model 15 Health and Wellness Centres have commenced

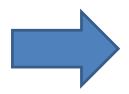




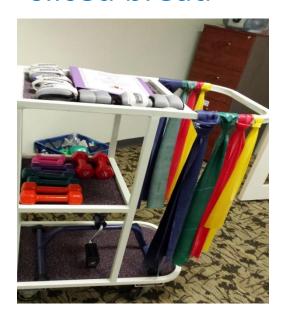
Personal story 1

"the best thing since sliced bread"





- Past state rowing & bowls champion
- 23 falls in 7 months
- Low confidence, depression, increase in pain





Important to: Family

Important for: Strong legs to walk, balance & get in car

- ✓ Attends gym 5 days per week
- √ Walks every day
- ✓ Improved mood
- ✓ His outlook on life is positive now

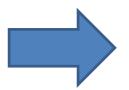




Personal Story 2

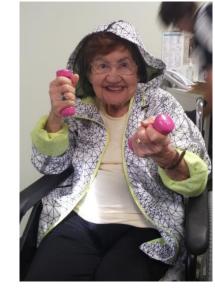
"Life is what you make it"

- 19 falls in 5 months
- Low confidence
- Kept to herself in her room
- Feeling socially isolated.





- ✓ Participates in lots of activities
- ✓ Promotes the benefits of exercise to anybody who will listen





Personal story 3

- Gait speed Unable to walk
- Grip Strength Poor
- Mobility Full sling lifter and wheelchair only





NOW

Walking with a frame

Gait Speed

Exercise Bike

NuStep

Grip strength

4m

level 7

level 7

R) 22kg

L) 19kg





Biggest drivers for improved Qol are associated with intrinsic and functional capacity

Weights Say Fit Raises Standing Increased Stronger Place Mobility Feet Getting Completing Able Fitter Walking Little Improved Breathing Exercise Enjoy Bike Progressing NuStep Fun Going Think Body Energy



'Take home messages'

Making healthy normal in aged care is now a priority for the world.

Your positive action will

- prevent or delay avoidable decline, regardless of age or illness
- give access to interventions that promote health and wellbeing, with every interaction
- identify frailty early and reverse it through a dedicated recovery plan
- support people to 'walk until they die'
- enable people to 'do the things they love most'

'A healthy life brings with it opportunities, not only for older people and their families, but also for society as a whole'

(World Health Organisation, Health and Ageing Report, 2015)



Building our leadership capabilities for healthy ageing

Part 3





Leading the paradigm shift

- big goals, big aspirations, clear plan
- relentless in pursuing those goals
- high level of accountability & self-discipline
- ownership of continuous self development
- proactive, not reactive

Focus x Expertise x Passion

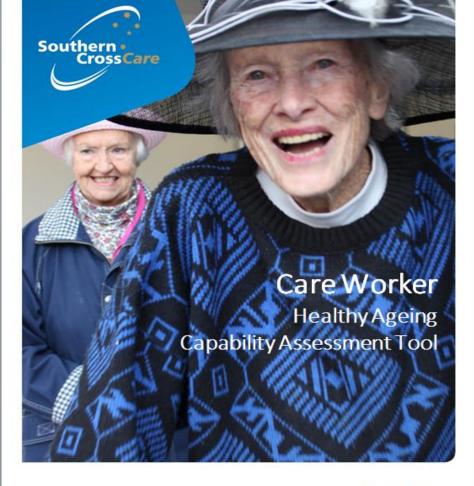


"Operational Manual for healthy ageing" Key Performance Areas

For each Key Performance Area:

- ACTIONS needed
- CAPABILITY to deliver
 - o skills
 - o tools
- Priorities [pareto]
- Enablers







Better for life

Introduction

A Healthy Ageing approach at Southern Cross Care

At Southern Cross Care (SOC) we believe that older people can **flourish** while living in their home or in one of our residential homes. SOC have an integrated health promotion approach to help our customers and staff live active, engaged and connected lives.

The concept of Healthy Ageing may seem like a contradiction for people who are already frail and receiving support; however our SOC aged care settings and services have significant potential to improve the wellbeing and quality of life of adults in their later years, by focusing on keeping them as functional and engaged in life as possible.

Understanding this potential to improve wellbeing and quality of life, SCC is reorienting their services away from traditional care models, towards holistic, inclusive approaches that promote healthy ageing. This includes embedding health promotion as our core business.

Rather than accepting older people as passive recipients of aged care services, we view older adults, their families or representatives as active partners who can make informed decisions about services to improve their health and wellbeing. This shift in thinking is vital in the delivery of a person-centred and healthy ageing approach. To support a healthy ageing approach we have developed a service delivery model that aims to create a health promoting environment for SCC customers, staff and volunteers. This is how we create a healthy ageing service:



This booklet is one education strategy to support our staff to understand and practise healthy ageing and person centred care at SCC.

Date	Revised:		
Date	for Review:	March	2018



Staff Member's Nar					🛘 Proba	ation 🗆 /	Annual 🗆 C	Other	
Manager/Supervisor'	's assessme	nt of staff m	ember's wo	rk performar	ice:				
[Staff performance is ass									
Key Performance	Healthy Ageing focus	Interaction with peers	Interaction with residents	Healthy workplace	Professional development	Ability to follow direction	Support best practice	Overall work performance	Score:
Areas	Comment	Ensure	D-	Contribute	Attend	Mark in	Contribute to		
→	Support each individuals overall holistic & health	respect/ team work/ optimistic outlook/ adherence to code of	Be respectful/ supportive, promote and enable healthy	to own health and wellbeing outcomes, and promote healthy	mandatory training and ensure transfer of Healthy ageing	Work in responsible and accountable manner with customers/	continuous improvement/ OHS/Infection Control and follow policies and		/32
	promotion needs	conduct	lifestyle choices	community	knowledge into practice	families as central focus	procedures		
1□ = does not meet requirements	1 🗆	1 🗆	1 🗆	1 🗆	1□	1 🗆	1 🗖	1 🗆	
2□ = minimal requirements	2 🗖	2 🗖	2 🗖	2 🗖	2 🗖	2 🗖	2 🗖	2 🗖	Needs to undertake
met 3□ = meets requirements	3 🗖	3 🗖	3 🗖	3 🗖	3 🗖	3 🗆	3 🗖	3 🗖	competency
4□ = exceeds requirements	4 🗖	4 🗖	4 🗖	4 🗖	4 🗆	4 🗆	4 🗖	4 🗖	program / reflective practice
· ·									practice
Manager / Superviso Staff Assessment of				Healthy		Ability to	Summari basi	Overall work	
	Ageing	with peers	with	workplace	Professional development	follow	Support best practice	performance	
Key Performance	focus	With pools	residents		dovelopinon	direction	practice	porronnance	Score:
Areas	0	Ensure		Contribute	Attend		Contribute to		
→ Aleas	Support each	respect/ team work/	Be respectful/	to own health and wellbeing	mandatory training and	Work in responsible	continuous improvement/		/32
7	individuals	optimistic	supportive,	outcomes,	ensure	and	OHS/Infection		
	overall	outlook/	promote	and	transfer of	accountable	Control and		
	holistic &	adherence	and enable	promote	Healthy	manner with	follow		
	health promotion	to code of conduct	healthy lifestyle	healthy community	ageing knowledge	customers/ families as	policies and procedures		
	needs	554461	choices	- Community	into practice	central focus	p. ccoddi co		
1□ = does not meet									
requirements	1 🗆	1 🗆	1 🗆	1 🗆	1 🗆	1 🗆	1 🗆	1 🗆	
2□ = minimal requirements met	2 🗖	2 🗖	2 🗖	2 🗖	2 🗖	2 🗆	2 🗖	2 🗖	
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☐ If the Manager / S	Suporvieor!e ec	are in below (2	41 1 1-						





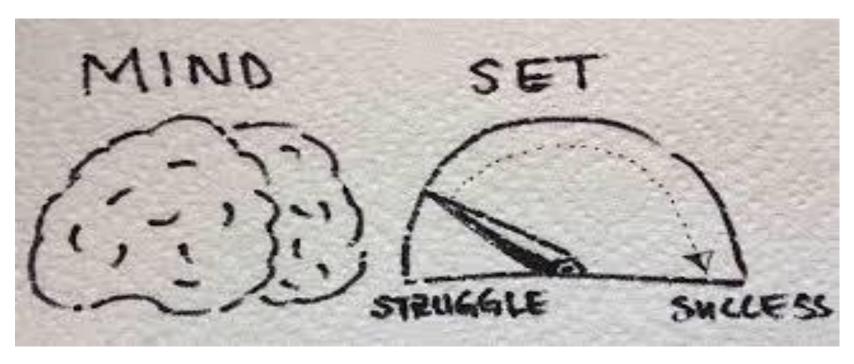
A stronger focus on:

Turning data into useful information and knowledge KNOWLEDGE Appropriate analysis and interpretation INFORMATION Appropriate collation and presentation DATA



CREATING THE NEW NORMAL

New mindset = New results





Moving toward a Growth Mindset

Fixed Mindset		Growth Mindset
InnateUnchanging	SKILLS	Result of hard work Can always improve
Something to avoidWill reveal lack of skillOverwhelm	CHALLENGES	EmbraceOpportunity to changeCalls for perseverance
 Not necessary Linked to being not good enough 	EFFORT	Essential Leads to mastery
Produces defensivenessPersonalized	FEEDBACK	Useful and positiveWelcomedIdentify areas to improve
Blame others, not my faultEasily discouraging	SETBACKS	Opportunities to learn from Focus on making changes CoachChern



Progress of our Healthy ageing work

- Health literacy
- Recovery pathways
- Meaningful goal setting
- Customer directed approach

Workforce & systems



- Education & Training for Healthy ageing / case management
- Early Intervention Program
- Appreciative Inquiry Techniques

Customer



Environment

Access to fitness - gyms, exercise classes, walking trails





04 Module One Overview of Healthy Ageing 21 Module Two Health Promoting Environment 47 Module Three Mindset for Healthy Ageing Module Five 90 Customer Focused Planning & Early Intervention Module Six 103 Communication for Healthy Ageing Appendix 1 129 Health Literacy Appendix 2 129 Facilitator's Guide



Health Literacy

High health literacy

The key to wellbeing;

Being informed helps prevent future health conditions

- Health literacy
 empowers consumers † capacity to process &
 understand information
- to make decisions and take action to manage their health and health care



Self-efficacy

"People's beliefs about their abilities have a profound effect on those abilities. Ability is not a fixed property; there is a huge variability in how you perform. People who have a sense of self-efficacy bounce back from failures; they approach things in terms of how to handle them rather than worrying about what can go wrong."

-Albert Bandura



Appreciative Inquiry – Cooperrider, D. (1999) A positive revolution in change

Inquiry: Appreciate: oerson of exploration covery. centred peop juestions; pen to seeing new strer thinking tials and poter oilities. ite + Inquiry give we (nearth, vitality, excellence) to living systems.

"is the study and **exploration** of what gives **life** to human systems when they function at their best.

This half of the year we have many students to come and help embed our healthy ageing approach

- 26 Registered Nurse Students
- 17 Health Promotion Physiotherapy Students
- 15 Exercise Physiology Students
- 15 Human Movement Students
- 1 Physiotherapy final year Student
- 5 OT final year Students
- 8 Social Work Students
- 3 Health Science Students
- 25 Personal Care Work Students
- 17 Enrolled Nurses







"I really am enjoying this role and seeing the residents so happy and achieving so much more than I ever thought they would be capable of"





