Proactively moving ahead with quality assurance in assisted living

By Gail Sheridan, chair, Quality Council

Over the past decade there has been a significant increase in the breadth and depth of home and community-based service options for seniors who are no longer able to live independently in their family home, but who may not need the intense level of services provided in skilled nursing facility settings. Minnesota developed a unique model for these service needs — a separation of the “housing” or rent from the service needs of the individual, with the belief that this structure allowed for the greatest amount of flexibility and choice. Historically the regulatory expectations and government oversight of assisted living/housing with services has been minimal and the questions about quality were answered by the primarily private paying market choosing to move into the settings they believed best met their quality expectations.

This “hands off” perspective of the government has changed during the past few years for several reasons:

1. An increasing number of individuals qualify for government assistance for their long-term care services and supports with the downturn in the economy;
2. The demographic wave — there are more seniors needing services;
3. The perception that as seniors live longer they will be spending all of their private funds and become dependent on government funding; and
4. Public officials have had personal experiences with assisted living settings, and these experiences drive some policy concerns.

So, as the state becomes a greater payer for home and community-based services, questions have surfaced from the administration, media and legislators about different aspects of housing with services. These questions, changing expectations, and media coverage have led us to the conclusion that now is the time for us to be proactive in developing quality assurance expectations for assisted living, and in developing policy proposals supported by reliable data.

So, what are we doing??

- First, we have supported, and will continue to support, additional resources for the Minnesota Department of Health so there can be consistent surveys of home care services — we need to be sure we help “raise all boats” to avoid negative consequences.
- Second, we are involved in two state agency initiatives — one with the Ombudsman for Long-Term Care, who is concerned about transfers/eviction issues; and the other with the Continuing Care Division at the Department of Human Services, which is interested in looking at payment gaps and performance incentives.
- Third, we surveyed our members to find out answers to some key data questions — we are “data poor” when it comes to our housing members. There are currently no data reports that can describe the range of assisted living settings, the various operational practices that are under question, and the mix of public/private pay. We are hoping to build off of that survey to help us develop our advocacy positions.
- Fourth, the Quality Council has been working on a toolkit for our assisted living members — a combination dashboard for key measures and best practices. We are hoping to release this by year’s end.
- Finally, we will be talking with members at our Region Meetings and at our Housing and Community-Based Services Cabinet meetings to prioritize a rather lengthy list of issues and questions about disaster planning, physical plant issues, disclosures, dementia care, staffing and survey expectations.

Gail Sheridan, senior vice president of clinical services, Tealwood Care Centers, Inc.
chair, Quality Council

Revisiting the success of our inaugural Quality Symposium
By Patti Cullen, CAE

The 100+ attendees at the first annual Quality Symposium universally responded positively about their April 18 experience. When our Quality Council met several days after the Symposium, those who attended praised the event and called out as positive items:

- Event format;
- Content of breakouts;
- Bookending the breakouts with keynotes — and both keynote speakers were excellent; and
- Best Practices Panel session.

The Council also looked ahead to 2013 to offer suggestions for topics/approaches for the second symposium including:

- American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Initiative — how are we measuring against the goals?
- Role of medical staff in quality initiatives — especially physicians.
- Conduct a "best practices" mock Quality Council meeting to show what to do with data being collected and how to make those meetings meaningful.
- Quality leadership — what does it mean?

Before jumping ahead into 2013, here are a few highlights from some of the presentations at the 2012 inaugural Quality Symposium:

1. Opening keynote: What — Quality Again? What is this all about and why should it matter to me? Gary Floss talked about the costs of poor quality, essential underlying principles around "Big Q" quality, and how to work both in and on the process.

2. Howie Groff, currently serving as vice chair of the AHCA/NCAL Quality Cabinet, walked through the why, what, and how of the AHCA/NCAL Quality Initiative and talked about how the initiatives do not need to be additive to the activities currently underway in organizations.

3. Quality Assurance and Performance Improvement (QAPI) is being tested right now in five nursing facilities in Minnesota before any formal national program is rolled out. One of the breakout sessions included Stratis Health, a contractor for this federal grant program, as well as the experiences of two member facilities who are participating in this demonstration.

4. Cindy Mason, vice president of provider services, Providigm, LLC provided an introduction to a hospital readmission reduction program, detailing how the rates are calculated, how both nursing homes and hospitals are being measured against the federal data, and, most importantly, shared some strategies for reducing avoidable hospitalizations.

5. Strategic planning: Charting a Course for Excellence was another of the breakout sessions presented by one of our collaborating partners, Beth Neu, membership director, Minnesota Council for Quality. The highlight of this session was the practice session — after learning about a planning process for strategy implementation, the group used some real-life examples to get to action plans.

6. Closing keynote: Achieving Excellence in Long-Term Care: Technical vs. Adaptive Change was a high-energy and at times interactive session presented by Dr. David Gifford, senior vice president of quality and regulatory affairs for AHCA/NCAL. Dr. Gifford provided many hands-on tips, especially in the area of how to retain key staff. Let’s leave you with just a few initial ideas that were part of this closing session — enough to tide you over until spring of 2013 and our next Quality Symposium:

   a. Walk rounds. During rounds ask one staff person how it is going:

      - Ask what frustrates them about their job.
      - Ask what they need to make their job easier.
      - Conduct these rounds at off-hours or on weekends at least one time per week.

   b. Take time to leisurely observe:
Have meal in the dining area with a resident.
Sit at a nurse's station or in the hallway with a resident for 15 minutes.

c. Give positive feedback:

- Remember, silence = negative feedback.
- Mail handwritten thank you cards to staff at home.

Patti Cullen, CAE
952.851.2487 · pcullen@careproviders.org

Update from our quality partner: Minnesota Council for Quality

By Brian Lassiter, president

The Minnesota Council for Quality recently expanded its LinkedIn group (MN Council for Quality) and Brian Lassiter, Council president, has created a Twitter account (@LassiterBrian). We invite you to join/follow the Council and benefit from our growing online community.

"Many have said that social media is a method to build community — to create groups that share an affinity and can therefore relate and interact," says Brian Lassiter in his newsletter column last month. "I would assert that it’s the exact opposite: social media ENABLES communities that already share an affinity to better relate and interact. Subtle but very, very different."

The Council already has a very pronounced community:

- We serve over 300 members, representing about 150,000 employees in Minnesota, South Dakota, North Dakota and beyond;
- We leverage a fully volunteer workforce of nearly 150 leaders and professionals in the Upper Midwest;
- We hosted monthly breakfast discussions attended by nearly 2500 leaders and professionals in 2011;
- We hosted workshops and programs attended by nearly 750 leaders and professionals in 2011.

Council members already share, learn, benchmark, and network with each other heavily. And now we have ways to connect using technology — to expand our virtual community and to deepen the relationships already present in our network.

Please consider joining:

- Our LinkedIn group: visit [www.linkedin.com](http://www.linkedin.com), search for the "MN Council for Quality" group, and click "request to join" (or view the group here).
- Our Twitter feed: visit [http://twitter.com/#!/LassiterBrian](http://twitter.com/#!/LassiterBrian), and click "follow."
- Our blog: visit [http://yoursinimprovement.blogspot.com/](http://yoursinimprovement.blogspot.com/) to read this month’s lead newsletter column and respond to the discussion.

Brian Lassiter, president
Minnesota Council for Quality

DHS publishes Spring 2012 Quarterly Update for the Minnesota Nursing Facility Performance-based Incentive Payment Program

By Todd Bergstrom

The Minnesota Department of Human Services (DHS) has published the Spring 2012 edition of the Quarterly Update for the Minnesota Nursing Facility Performance-Based Incentive Payment Program (PIPP). The Quarterly Update contains articles on:
A feature on Care Providers of Minnesota member Minnesota Masonic Home Care Center's falls reduction project.

2012 Minnesota Health Services Conference presentation on PIPP.

The PIPP project by Greenbush Manor that implemented a complementary and alternative medicine program.

A feature on the Lac Qui Parle Pain Project.

Download the PIPP Quarterly Update Spring 2012 (PDF) here.

Read more information about PIPP on the DHS PIPP website here.

Please contact Todd Bergstrom at the Association office if you have questions about the PIPP program.

Todd Bergstrom
952.851.2486 · tbergstrom@careproviders.org

Moving ahead with MAPS activity

By Patti Cullen, CAE

Care Providers of Minnesota has recently become a member of the Minnesota Alliance for Patient Safety (MAPS) and will be providing information to members regularly on MAPS activity. You may also want to consider becoming a member of MAPS as well, for a few of the reasons the Association has decided to make a three-year commitment to membership:

- **MAPS is "patient" safety focused.** MAPS is an alliance of health care organizations working together for patient safety. Founded in 2000 as a public/private partnership, the mission is to utilize a diverse stakeholder coalition to work collaboratively to ensure that care is safe from harm in hospitals, clinics, surgery centers, nursing facilities and assisted living; safe and coordinated transitions across all health care settings occur; patients are knowledgeable and active participants in their care; and health care is provided in a transparent and safe culture.

- **MAPS is seeing success.** MAPS has raised awareness and elevated patient safety as a top priority among stakeholders throughout Minnesota. MAPS has broad based stakeholder involvement with over fifty health care organizations representing providers and associations, regulators, accreditors, purchasers, consumers, academia, and insurers. These stakeholders see the change precipitated by MAPS efforts within their own organizations and for Minnesota.

- **MAPS is growing.** MAPS's activities will advance more quickly, expand in scope, and reach across health care settings. MAPS will take the lead in patient safety by developing and disseminating best practices for establishing a safety culture in various settings. Care Providers of Minnesota's representation on the newly-formed Board of Directors will ensure that new activities will be inclusive of long-term care settings (and language!). Watch for updates on their website at http://www.mnpatientsafety.org/.

Whether your organization becomes a member independently, or gains benefit from the membership of your Association, there are opportunities that will be available for your organization to engage in MAPS efforts including:

- **Operations Committee:** MAPS Operations Committee helps the executive director carry out the operational aspects of the MAPS strategic plan, including developing and overseeing MAPS's activity timelines, scope, and goals. There are specific workgroups under this committee that work on specific projects, and we will be recruiting participants as the topics dictate.

- **Key stakeholder forums:** This summer MAPS will host a series of sessions with key stakeholders groups from across the health care continuum. These sessions will be opportunities to share and discuss with your colleagues successes and barriers regarding patient safety and promising models, tools and
other resources. Look for more details in June 2012.

- **MAPS 2012 Conference**: In October the MAPS annual conference will be held in Brooklyn Park. From October 24–26 attendees learn about successful efforts to improve the safety and quality of care, hear from nationally prominent speakers, and attend more than a dozen informative and thought-provoking breakout sessions and seminars.

  
Patti Cullen, CAE  
952-851-2487 · pcullen@careproviders.org

### Annual conference held for Minnesota PIPP

*By Todd Bergstrom*

On May 17, 2012, over 250 people attended the Annual Conference for the Minnesota Nursing Facility Performance-Based Incentive Payment Program (PIPP). The full day program focused on the successes and challenges faced by a number of projects.

While there were a number of informative presentations, here are a few highlights.

- Dr. Thomas Inui, Indiana University School of Medicine, presented the keynote address, *Warriors for Organizational Change — PIPP Masters of the Art*. The presentation interwove the philosophy of the 16th century samurai Miyamoto Musashi with the actual interview comments from nursing facility employees involved in PIPP projects.
- Sue Ann Guilderman, MA, RN, and Cindy Morris, BS, MBA, LNHA of Empira presented on the basics of sleep, and their PIPP project on improving the nightly sleep of their residents.
- Kristin Ziemeke, MT-BC, NMT, music therapist, the Thro Company, presented on the Thro Company’s music therapy program. The presentation did a great job of demonstrating how music therapy, when combined with other treatments, will help restore function and quality of life for a resident.
- Dr. Arif Nazir moderated a panel discussion on INTERACT. In addition to his funny overview of how doctors and nursing facility staff often erroneously communicate with each other, other highlights included Amanda Johnson’s (Tealwood Care Centers) presentation on integrating INTERACT into clinical practices.

[Read more information about PIPP on the DHS PIPP website.](#)

Please contact Todd Bergstrom at the Association office if you have questions about the PIPP program.

  
  Todd Bergstrom  
  952-851-2486 · tbergstrom@careproviders.org

### Teamwork and technology create a resident’s therapy breakthrough

*By Bill Webb, director of therapeutic arts and recreation*

*Reprinted with permission from The Good News, Good Samaritan Society – University Specialty Center*

There are times when all the pieces to the puzzle fit together and you can see a much larger picture. It can happen spontaneously or when you have tools prepared to make something happen. One afternoon, I was hoping for something to happen during a joint music therapy and physical therapy session.

The music therapy staff members recently received a nursing home technological pilot grant for $8,000 from the state of Minnesota, which was used to purchase a Soundbeam music and movement device. The machine creates sounds from a motion-detecting beam that captures physical movements.
We were exploring ways to use it when one of our music therapists was asked to help in a physical therapy session. The resident had had a stroke and was having trouble raising and rotating her arm.

We brought all the hardware, wires, percussion instruments, keyboard and the Soundbeam to the therapy room. The physical therapist tried to help the resident with exercises, but nothing was working.

We decided to do some initial music making with percussion instruments and keyboard. We assessed the resident's abilities and determined where to aim the beam, what speed to set the sounds and what musical style would be appropriate.

The resident, who had some difficulties with speech, began to hum and sing with us. She was starting to feel the rhythms.

The physical therapist led rhythmic movements, while we played percussion, worked with the Soundbeam, played the keyboard and sang. At one highly rhythmic point during the song, the resident exclaimed a loud, "Yeah!"

She moved her arm in time with the music and realized she was the one creating sounds with the Soundbeam reflecting her movements. She discovered she was part of the whole ensemble. We kept playing for an entire physical therapy session with a variety of songs, sounds and movements.

We were all thrilled with the results. The resident was "beaming" and quite pleased with herself. A connection had been made. A very real sense of teamwork, creativity and positive efforts brought together a unique community of care.

All the pieces had come together in one big, "Yeah!"

By Bill Webb, director of therapeutic arts and recreation
Good Samaritan Society – University Specialty Center

93 into 15

By Lisa Foss Olson

Videos, one attached to a package of microwave popcorn; handmade cards; and a letter from a state senator were some of the supporting documents that accompanied the award nominations for Care Providers of Minnesota's 2012 Awards Program.

We received 93 nominations, and because there are only 15 awards there's a difficult task ahead for Care Providers of Minnesota's Recognition Committee as they begin to read, score, and provide feedback for each nomination.

Each year Care Providers of Minnesota is honored to recognize a number of recipients at our annual convention. Award recipients are acknowledged in our Convention book; their photos are featured on the Association website and in subsequent ACTION articles; and of course, they are recognized in front of Care Providers of Minnesota members at our annual Convention, as they walk up on stage to accept their well-deserved award.

Yet for the significant number of nominees that don’t make the award walk, the nomination process is not wasted; in fact, the process itself is a major part of the whole program. Not to get too Zen-like, but for the 78 amazing people not getting an award, it means that someone — and more likely a group of people — sat around and determined who from their place of work should be held up as remarkable. And then they wrote about that person ... and got even more people to agree that this was a special person (i.e., they submitted supporting documents).

As one nominator stated, "We all are so truly blessed to be surrounded by such wonderful folks in our industry. I thank my lucky stars every day for the caregivers I have the privilege of working with. Sometimes I think we just forget to tell them."
Thank you to the many, many individuals who took the time to send in nominations for a Care Providers of Minnesota award. Official winners will be posted in the December issue of Quality In Action; as for the 78 unofficial ‘winners’ — if you find out the identity of any of them, remember to tell them “thank you” too.

Lisa Foss Olson
952.851.2483 · lolson@careproviders.org

Quality award applicants await decision — bronze announced

By Doug Beardsley

Each year dozens of Minnesota nursing facilities and housing with services locations apply for the AHCA/NCAL Quality Awards at either the bronze, silver, or gold level. Bronze applications were due in February, while silver and gold applications were due in March.

Quality award senior and master examiners reviewed the applications in April and May, and will meet together in Florida in June to review Silver and Gold award applications and vote on the results of team reviews.

Five organizations in Minnesota received notification from the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) that they were recipients of the 2012 Bronze – Commitment to Quality award:

- Chandler Place Assisted Living, St. Anthony
- Golden LivingCenter – Greeley, Stillwater
- Good Samaritan Society – Waterville, Waterville
- Parkinson’s Specialty Care, Edina
- Providence Place, Minneapolis

Other Quality award applicants will be informed of their award status on the following dates:

- Silver applicant notification: June 29, 2012
- Gold applicant notification: July 16, 2012
- Silver and Gold feedback report distribution: September 28, 2012

All award recipients will be recognized at the AHCA/NCAL Annual Convention & Expo on October 7–10, 2012 in Tampa, FL.

Doug Beardsley
952.851.2489 · dbeardsl@careproviders.org

An essay contest for CNAs

By Lisa Foss Olson

With a grand cash prize of $200, a Celebration of Caring dinner ticket (a $65 value) and publication in Quality in Action and the ACTION newsletter, direct caregivers* are invited to write about "human moments" they've experienced in caring for residents.

As a direct caregiver, you interact with residents, their family, staff, and volunteers on a daily basis. Along the way, we hope there have been many of these "human moments" that have made an impact on you. Now, you have the opportunity to put these moments on paper and share them with the long-term care community through Care Providers of Minnesota’s first essay contest, especially for direct caregivers (CNAs, HHAs, TMAs, unlicensed home care staff, and universal workers).

The essay should be between 300–500 words; deadline is Friday, September 21, 2012. A grand prize and a runner-up prize will be awarded.
Find complete details on the essay contest here, including ideas to get you starting to write.

* Only CNAs, HHAs, TMAs, unlicensed home care staff, and universal workers in nursing facilities, assisted living, housing with services, home care, and home-health agencies with current membership in Care Providers of Minnesota are eligible to participate.

Lisa Foss Olson
952.851.2483 · lolson@careproviders.org

Resources readily available to implement quality initiative goals

By Patti Cullen, CAE

The Quality Initiative, initiated by the American Health Care Association/Center for Assisted Living (AHCA/NCAL), is an effort that builds upon existing work the long-term and post-acute care field is doing by setting specific, measurable targets to further improve quality of care in America’s skilled nursing centers and assisted living communities. AHCA/NCAL members are encouraged to reach defined, concrete goals over the next three years, in four core areas.

Safely reduce hospital readmissions: By March 2015, reduce the number of hospital readmissions within 30 days during a skilled nursing facility stay by 15 percent.

Increase staff stability: By March 2015, reduce turnover among nursing staff (RN, LPN/LVN, CNA) by 15 percent.

Increase customer satisfaction: By March 2015, increase the number of customers who would recommend the facility to others up to 90 percent.

Safely reduce the off-label use of antipsychotics: By December 2012, reduce the off-label use of antipsychotic drugs by 15 percent.

There are many resources available to members who are working on these four core areas. As part of the Quality Initiative, AHCA/NCAL has developed a resource webpage with sets of tools that facilities can use now to achieve the four core goals. Check this page frequently for more resources as they are identified.

Key sections for both nursing facility and assisted living members to explore on the resource page are Cross-Cutting Strategies (access resources by strategy, such as consistent assignment, leadership development, and more) and resources By Goal (find resources specifically tailored to each of the four goals). For example, if you look at the goal to reduce the off-label use of antipsychotics, there are linked resources from the Iowa Geriatric Education Center on how to manage problem behaviors and psychosis in people with dementia using evidence-based approaches. This link does require a login and password; however, there is no fee or restriction for accessing the toolkit, videos, and reference guides.

Patti Cullen, CAE
952.851.2487 · pcullen@careproviders.org

LTC Trend Tracker and other sources of Minnesota nursing facility quality data

By Todd Bergstrom

Minnesota nursing facilities have a number of data resources available for them to measure their performance.

First, the American Health Care Association’s (AHCA) Long-Term Care (LTC) Trend Tracker contains many quality, utilization, and cost measures. In addition to now having a user dashboard and emailing users scheduled reports, LTC Trend Tracker offers access to the following data (and more):
Find additional information on the LTC Trend Tracker here or contact Peggy Connorton, AHCA staff, at:

Peggy Connorton, MS, LNFA  
Manager, LTC Trend Tracker  
American Health Care Association  
202-898-2833 (office)  
pconnorton@ahca.org

Second, the Minnesota Department of Human Services (DHS) has created a lot of helpful quality related reports at the nursing facility provider portal here. If you have questions about the satisfaction survey, MN quality indicators, and resident quality of life ratings reports found at the provider portal, please contact Teresa Lewis, DHS, at teresa.lewis@state.mn.us or 651-431-4208.

Finally, DHS continues to post Excel spreadsheets here on the Minnesota quality indicators. Teresa Lewis, DHS, is also the contact if you wish to utilize these files.

Please contact Todd Bergstrom at the Association office if you have any questions.

Todd Bergstrom  
952.851.2486 · tbergstrom@careproviders.org

Culture Care Connection resources updated to reflect census

By Patti Cullen, CAE

Culture Care Connection is an online learning and resource center developed by Stratis Health. It is aimed at supporting health care providers, staff, and administrators in their ongoing efforts to provide culturally-competent care in Minnesota.

(Cultural competence is having the capacity to function effectively within the context of the cultural beliefs, behaviors, and needs of consumers and their communities (Office of Minority Health).)

Check out the newly updated diversity information sheets on over fifteen racial and ethnic groups living in Minnesota today at http://www.culturecareconnection.org/. The profiles have been updated with data from the 2010 U.S. census.

Patti Cullen, CAE  
952.851.2487 · pcullen@careproviders.org

Stratis Health publishes report on Medicare in Minnesota

By Todd Bergstrom

The Stratis Health Profile of Medicare in Minnesota gathers in one place information and resources about the Medicare program in the state. It provides a picture of who is receiving medical services through Medicare, what the 65-and-older population in Minnesota looks like, health status and quality of care information, and information on the major types of Medicare health care providers in Minnesota.
An example of the data in the report is the map on the number of Medicare beneficiaries by Minnesota county:

<table>
<thead>
<tr>
<th>Rural - Urban Distribution of Minnesota Medicare Beneficiaries</th>
<th>&lt;18</th>
<th>18-64</th>
<th>65-74</th>
<th>75-84</th>
<th>85+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>15</td>
<td>141,372</td>
<td>42,792</td>
<td>92,576</td>
<td>45,146</td>
<td>321,901</td>
</tr>
<tr>
<td>Urban</td>
<td>21</td>
<td>211,469</td>
<td>71,268</td>
<td>124,848</td>
<td>59,306</td>
<td>466,912</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>322,841</td>
<td>213,060</td>
<td>217,424</td>
<td>104,452</td>
<td>788,813</td>
</tr>
</tbody>
</table>

Source: Medicare Enrollment Database (2010)

Number of Medicare Beneficiaries by Minnesota County

Other excerpts from the report include:

- Medicare enrollment in Minnesota parallels overall enrollment in the U.S., at 15 percent of the population, or a total of 789,263 Medicare beneficiaries in Minnesota.
- In Minnesota, 44.4 percent of Medicare beneficiaries are enrolled in Medicare Advantage programs, substantially higher than the national average of 25.6 percent. Minnesota's high level of Medicare managed care has a number of implications for the state.
- While 30 percent of the state's total population lives in rural Minnesota, 41 percent of Medicare beneficiaries age 65 and older live in rural areas.

Download Profile of Medicare in Minnesota (26-page PDF) at http://www.stratishealth.org/documents/MedicareProfile.pdf.

Todd Bergstrom
952.851.2486 · tbergstrom@careproviders.org

RARE Campaign reducing readmissions to hospitals!
By Todd Bergstrom

On May 8, the Minnesota Hospital Association released its quarterly Potentially Preventable Readmissions (PPR) report. For the calendar year 2011, RARE Campaign organizations had 1,915 fewer avoidable hospital readmissions compared to the baseline. This means 7,660 more nights of sleep at home rather than in a hospital bed for Minnesota residents.

The following chart — Potentially Preventable Readmissions in Minnesota, 2009–2011 — illustrates this trend.

Potentially Preventable Readmissions in Minnesota, 2009 - 2011

Background

The RARE Campaign — for Reducing Avoidable Readmissions Effectively — is engaging hospitals and care providers in Minnesota across the continuum of care to prevent 4,000 avoidable hospital readmissions within 30 days of hospital discharge between July 1, 2011 and December 31, 2012. Achieving this goal would reduce Minnesota’s overall hospital readmission rate by 20%, from its 2009 baseline, as measured by the Minnesota Hospital Association’s Potentially Preventable Readmissions (PPR) data. For more information, visit the RARE Campaign website at http://www.rarereadmissions.org/.

Todd Bergstrom
952.851.2486 · tbergstrom@careproviders.org

LivingWell@Home

By Nancy Vogel

The Evangelical Lutheran Good Samaritan Society, the nation’s largest not-for-profit provider of rehabilitation/skilled care and senior services, is offering a suite of technologies designed to help seniors live more independently and remain longer in the places they choose to call home. The Good Samaritan Society LivingWell@Home program will begin deploying in its assisted living and home care communities in July 2012. LivingWell@Home is designed to enhance care and service delivery through the use of WellAWARE sensor technology, telehealth, and central data monitoring services.

With the help of an $8.1 million grant from The Leona M. and Harry B. Helmsley Charitable Trust in June 2010, the Society was able to launch a research project designed to study the effectiveness of using sensor technology, personal emergency response systems and telehealth services to help seniors maintain wellness. The three-year research study is conducted by the University of Minnesota’s School of Public Health and involves 1,600 seniors in North Dakota, South Dakota, Minnesota, Nebraska and Iowa communities where the
Good Samaritan Society has a presence.

In addition to evaluating how sensor technology, telehealth and personal emergency response systems can help seniors, the LivingWell@Home research also will examine cost savings associated with these services. The Good Samaritan Society believes the research results will not only demonstrate how these tools might play a role in curbing the overall cost of health care, but also persuade public and private insurers to provide reimbursement for the technology so more seniors can afford it.

**The technology**

WellAWARE sensor technology services will be provided to residents living in assisted living communities to help identify variations in routine that may indicate a health concern or risk. WellAWARE was built in collaboration with senior living providers to focus on improving safety and quality of care for seniors by using connective technology. WellAWARE provides caregivers a directional guide to proactively identify changes in key wellness indicators such as sleep quality, activity level and bathroom visits. Identifying problems in these areas can significantly improve health-related outcomes.

Telehealth allows residents to monitor their vitals regularly. This provides the ability for early detection and trending changes in pertinent vital signs.

The Good Samaritan Society LivingWell Center will analyze the non-invasive sensor and telehealth data remotely to identify concerns or trends. LivingWell Center staff will notify assisted living staff members of any issues. Assisted living staff members will then follow up on those concerns according to normal care and services procedures and protocols.

"As the worlds of technology and health care continue to intersect, more and more solutions to quality health care and well-being will be developed," said David Horazdovsky, president and chief executive officer of the Good Samaritan Society. "The Society is well positioned to lead this significant change and provide solutions for well-being."

**About the Good Samaritan Society**

With more than 240 locations in 24 states, The Evangelical Lutheran Good Samaritan Society is the nation's largest not-for-profit provider of rehabilitation/skilled care and senior services. Founded in 1922, the Good Samaritan Society’s mission is to share God’s love in word and deed by providing shelter and supportive services to older persons and others in need, believing that "In Christ’s Love, Everyone Is Someone." For more information about the Good Samaritan Society, visit [www.good-sam.com](http://www.good-sam.com).

Nancy Vogel, director of nursing
Good Samaritan Society – Home Care