Fall 2009

Rehab Perspectives

Reforming Healthcare from the Inside

Wellness: Turning Sick Care into Well Care

Optimizing the Continuum: The Right Care in the Right Place

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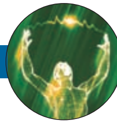

Staying Well

What does it mean to be well? The automatic response is that one is well when one is not sick. Some might say being well means having the energy to pursue our interests, to experience the life around us, to be able physically and mentally to accomplish our goals. Others may define it as simply the ability to rise above physical failings and enjoy each day and to connect with loved ones. For most people, being well simply means feeling healthy.

Yet so often in the aging process, wellness slips away, displaced by a catastrophic health episode, chronic disease, or merely the degenerative aches and pains that come with aging bodies. Healthcare providers are trained to care for seniors who face such physical challenges.

Unfortunately, until recently, healthcare has focused on the medical model of caring for the aging population. Yet vital and independent aging is really only possible when seniors are given an opportunity to continue to enrich their lives in a stimulating environment. Facilities that address wellness in terms of physical, social, emotional, intellectual, spiritual, and occupational areas are finding that seniors are happier and, yes, even healthier. Healthcare costs are reduced, census is more stable, and the facility gains a competitive edge.

There's no one answer to what a wellness program should be—each facility must define it for its own population. But the bottom line is to motivate seniors and engage them in life.

In this issue of *Rehab Perspectives*, we explore wellness, what it is, and how you can make it a part of your facility's culture. We also look at how moving patients through the care continuum—providing the right amount of care in the right place—can enhance wellness by optimizing outcomes and getting patients home more quickly.

As always, Aegis is proud to be your rehab resource.

Martha Schram

Martha Schram
President
Aegis Therapies

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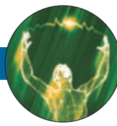


Turning Sick Care into Well Care

"An ounce of prevention is worth a pound of cure." – Ben Franklin

Even the United States government is finally getting the idea: promoting wellness is the flip side of caring for the sick. The healthcare reform fight has not been pretty, but no matter what side you are on, the truth is that our system of caring for the sick has cost too much and left too many people unwell.

"We currently do not have a healthcare system in the United States; we have a sick care system," declares Senator Tom Harkin of Iowa from his website. "It's all about patching things up after people develop serious illnesses and chronic conditions. We have an opportunity to recreate America as a genuine wellness society—a society that is focused on prevention, good nutrition, fitness, and public health. We are going to promote community and workplace wellness efforts."

Defining wellness

So wellness is the new word buzzing around healthcare circles and even along the halls of Congress. But what does wellness really mean? Is it simply the absence of illness? Is physical health the whole wellness story or only the beginning?

In 1948, the World Health Organization (WHO) defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." And yet in the six decades since that definition, western medicine and our healthcare reimbursement system has focused almost exclusively on the treatment of disease, intervening only after infection does its damage or chronic crises have begun. Disease prevention—and the maintenance of health on a variety of levels before disease can take hold—has received short shrift.

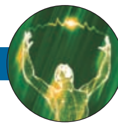
Fortunately, with the scrutiny on healthcare and its spiraling costs, the concept of wellness is getting a second look. The fact is, well people use fewer healthcare resources and are more productive. Seniors who remain well require less care and are able to age in place, helping to maintain census in senior living facilities. Most healthcare pundits postulate that government reimbursement will soon include some component to pay for wellness. "More reimbursement changes are on the horizon to strategically keep people healthier," predicts Bill Goulding, national director of outcomes and reimbursement for Aegis Therapies.

Suddenly it makes sense for post acute healthcare providers to offer wellness programs along with nursing and rehabilitation care.

So how do providers define and implement wellness in their facilities?

"Wellness is a dynamic process by which individuals become

Seniors who remain well need less assistance and are able to age in place with fewer challenges. That helps explain why more operators are embracing wellness programs for their residents.



conscious of, and make choices towards, a healthier lifestyle," says Mark Besch, vice president of clinical services for Aegis Therapies. "The objective of a wellness program is simply to provide an environment of activities, consultation, and education that allows individuals the opportunity to reach their health and well-being goals."

Still, beyond providing fitness, delivering wellness can be like jumping into a murky pool. "One of the biggest barriers to implementing a program is that providers often don't really know what wellness means in terms of their specific population," says Brian Boekhout, PT, regional director of clinical services for Aegis Therapies. "They don't know what it could be for their facility or even their greater community. There is no right or wrong, but providers must define it for their own residents. It's a change in the culture of their organization."

Facilities are already gearing up. According to Colin Milner, CEO of the International Council on Active Aging (ICAA), his members, which include CCRCs, active adult communities, assisted living, long term care, and skilled nursing facilities (SNFs), are already implementing wellness. "In 2007, 73% of our members offered some type of wellness program, and by 2008 the number was up to 88%," he notes. "Ninety eight per cent say they plan to add more wellness activities in the next two years."

The six dimensions of wellness

The National Wellness Institute has developed a model called The Six Dimensions of Wellness designed to encompass a whole-life approach to getting the most out of living. It includes the following categories:

1. Physical
2. Social
3. Intellectual
4. Spiritual
5. Emotional
6. Vocational/Occupational

"Most people separate those realms," says Barb Christensen, OTR, regional director of clinical services for Aegis Therapies. "But a true wellness lifestyle incorporates all six realms. A real program should be holistic."

Examples of programming for the Six Dimensions of Wellness

Physical – classes in exercise, strengthening, cardio-vascular, nutrition, sleep, disease management, balance skills, urinary incontinence, aquatics, yoga, tai-chi

Social – special interest classes, clubs, dancing, outings, cooking, group activities

Intellectual – seminars and guest speakers, cognitive and memory classes, journaling, arts and crafts, workshops, current event conversations

Spiritual – faith-based dialogues, personal meditation, reflection, mindful exercises

Emotional – peer counseling, stress management, humor workshops.

Vocational/Occupational – activities of daily living, safe dog walking, safe driving, paid work, volunteerism, skill-based classes

How to approach a wellness program

Incorporating wellness into any senior living campus may not be as daunting as it seems at first glance. "You can start wellness on as small or as large a scale as you wish," says Boekhout. "A facility needn't begin with a full-blown program. It can begin with a few classes—say in arthritis management, brain games, or even yoga."

The first step is to identify need. Ask yourself what kinds of programs or classes would benefit your population—or better yet, ask your population. In a CCRC, for example, where people are fairly independent, classes in tai-chi or safe driving might be helpful. In a SNF, where patients are experiencing falls, a class in balance skills and beginner strength training could make a difference.

The crucial factor in wellness programs, however, is engagement. "People can attend a class but not be engaged in that class," notes ICAA's Milner. "We define engagement as providing an experience that captures the imagination and active participation of both participants and staff, so all other elements of life at that exact point in time seem less important."

Models of wellness

Wellness programs can be structured in many different ways but should incorporate three main components: 1) enrichment of the lives of residents, 2) opportunity for expandability to the greater community to enhance the facility image, and 3) extension of goals after discharge from therapy.

Programs can be customized to fit each facility's needs. For example, a facility may choose to hire a consultant to set up a wellness program or simply want educational materials to be made available to residents. It may seek individual one-on-one teaching or it may want planned group activities. "We can offer something as simple as a strengthening class three times a week," says Boekhout. "Or, for chain of homes that has a single wellness coordinator, we can do a train-the-trainer program. On the other end, we can take charge of the whole program—recruit and hire the people, train them, provide a variety of classes, maintain the program, and market it."

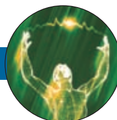
The following are three basic models of wellness programs.

• The provider establishes an in-house wellness coordinator

The coordinator, often with the help of a resident committee, creates a roster of classes, hires experts to lead the individual classes, markets the program, and maintains staff. "Eight years ago when ICAA first started, we called communities all over the country and asked for the wellness director. Nine times out of ten we would get a nurse, the person who was handing out medication," recalls ICAA's Milner. "Today 40% of the communities that responded to our questionnaire have a designated wellness director, 33% have an activities director who runs the program, and 27% have a fitness director that runs it."

• The provider hires a contractor to make available a library of templates for wellness offerings

The contractor supplies a complete template, from defining the activity, how long it takes, what equipment it takes, who should lead it, and the actual script for leading it. The provider can pick and choose among activities offered by the contractor. "Therapists can be helpful in creating classes for patients discharged from therapy, such as arthritis self-help or leading a class on basic bal-



Wellness programs can be customized to fit the unique needs and advantages of each community. The key requirement is that they help residents feel better.

ance exercise," notes Aegis' Christensen. The provider is responsible for finding staff to conduct the class.

• The provider contracts for a complete wellness program. A complete wellness program delivered by a contractor could be the most cost effective alternative, depending upon circumstances. The contractor is responsible for designing the program, recruiting and maintaining staff, and marketing the program throughout the community. "Trying to find and keep the right person to make a wellness program work is difficult," says ICAA's Milner. "If someone else has done the work, why not benefit from that? Using a contractor makes it easier for the provider to run a program."

Milner says that a significant number of ICAA's members are looking for comprehensive guidance before they plunge into the wellness pool. "Fifty-eight percent of our members pay for services of independent contractors," he notes. "Twenty-two percent are looking to hire consultants in the next two years to set up their business strategies around wellness, and twenty-three percent are looking for wellness development consultants."

Wellness in the SNF

While wellness seems a natural fit for independent and assisted living facilities, it is no less effective in a skilled facility. "A lot of people don't think a SNF is a candidate for a wellness program," says Christensen. "That's a barrier that needs to be busted. Just because a 95-year old has had a stroke doesn't mean he doesn't want to have fun, to be social, to learn, and to have his spiritual needs addressed. We need to educate our activities personnel around the concept of wellness so we can expend already existing programs. For example, instead of just reading the morning newspaper, residents might be encouraged to discuss articles."

There is a vital connection, too, between wellness and skilled rehab in the SNF. Patients discharged from therapy can continue on their path of rehab and maintenance in a wellness program.

Questions to Ask before Creating a Wellness Program

What are the needs for your population? Ask your residents what they would like. A CCRC might include classes in tai-chi, home safety, or relaxation and stress management. A SNF might offer pain management, balance classes, and urinary incontinence.

What community resources are available? Look for experts in the community who can provide programs. Research free community activities that you can make available. Seek out third party payors that are willing to pay for wellness.

Is there a partner who can facilitate your program? Look for a partner at whatever level is feasible for your facility to provide services, whether consultative, educational, or implementation of a full-blown wellness program.

Individuals in a wellness program who need more attention can be referred to therapy.

Paying for wellness

The good news is that adding a wellness program to a facility doesn't necessarily require a huge capital investment. "A lot of programs are designed to use existing multi-purpose space with small, portable equipment," notes Boekhout. "So financial resources don't have to be a big concern."

There is also the cost saving that comes with wellness: when residents remain healthy, they can age in place, reducing turnover and maintaining census. "I've heard it takes three months rent to get back the expense of losing a resident," says Boekhout. "So there's definitely a cost benefit to providing these kinds of programs."

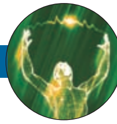
A facility can finance its wellness program in several ways. Some facilities charge per class, others have a special fund for wellness programs, and still others change their subscription price, making it a value-added service to their residents.

Wellness programming in action

Wellness programming has worked very well for the American Baptist Homes of the West (ABHOW). "We have wellness programs throughout the continuum in our 10 CCRCs," says Mark Steele, vice president of regional operations for ABHOW. It started with fitness. Several years ago ABHOW discovered that interest in its workout rooms was lagging. "When we hired a part time exercise physiologist and invested in more updated equipment, we had dramatically increased participation. Many residents were able to abandon their canes or walkers and could remain in their residential apartment longer."

From fitness to other wellness programs wasn't a big leap. "It's an awareness and commitment to understanding that you can improve your residents' lives," says Steele. ABHOW has implemented everything from lectures by visiting university professors, followed up by appropriate field trips, to dramatics with local community theatre groups, to aquatics at free city programs. "It's broadened our understanding of the different aspects of wellness," he notes. "For example, in our weekly and monthly calendars, we use icons to identify activities as intellectual, fitness, healthy eating, emotional, etc. The resident's love it."

What's not to like about a stimulating environment that promotes well-being? ■



Optimizing the Continuum

The Right Care in the Right Place

Specialty units offer a level of care that often surpasses what is normally available at a skilled nursing facility. They also tend to generate quicker recovery times—and help facilities lower their caregiving costs.

When Esther got out of the hospital after her second knee replacement, she knew exactly where she wanted to go to recover. Her goal was to get well as fast as possible, and she had been so pleased with the care she received for her first knee replacement at the Orthopedic Center of Excellence (OCE) at Golden Living Center Fresno that there was no question that she was going to return.

"She had a good outcome last time," says Gail Gallaway, RN, BS, OCE program director at Fresno's Golden Living. "During this second stay she had some minor complications, but our nurse practitioner sees our patients every day and our medical director makes rounds each week, so we were able to address all the issues and fine tune her care from day to day. She zoomed through her therapy was able to go home in a timely fashion."

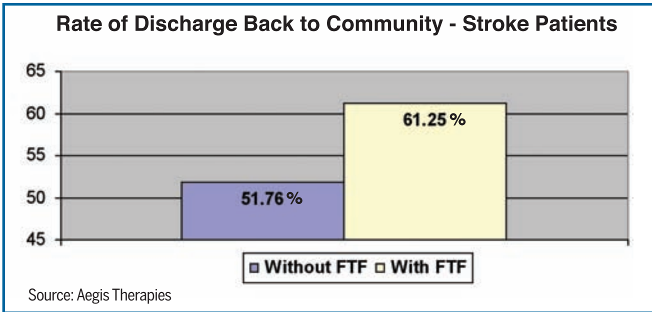
Gallaway says that had Esther been treated in a traditional skilled unit, her complications might not have been addressed as quickly and effectively. Not that the SNF staff would be less competent, but they might not be as attuned to her special needs. "In a traditional skilled facility, she perhaps might have stayed two or three weeks longer than she did in our unit," says Gallaway.

Esther's care is typical of a patient receiving the right care in the right place. The specialty unit, which provides care to a targeted population, can maximize care and minimize cost as patients move through the healthcare continuum. "To get the right amount of care, you want to reach your expected benefit without paying a nickel more than you need to in order to get there," says Bill Goulding, national director of outcomes and reimbursement for Aegis Therapies. "That's what the payor is looking for and what the regulators are looking for."

According to Gallaway, it's all about focus. "The therapy itself is probably the same as to what a PT would do in a skilled unit," she says. "But because of our narrow focus, we are able to obtain results more quickly." She compares it to the hospital practice of clustering patients with similar diagnoses on the same floor. "The skill level of nurses is raised because they deal with similar patients, medications, complications, and physician preferences. Acute nursing has used this model for a long time."

Delivering outcomes

Outcomes, of course, are the ultimate litmus test of the success of care. "Skilled facilities and other post acute settings have a real chance to shine with this kind of targeted care," says Goulding. "As long as you are measuring outcomes, if can you get to the



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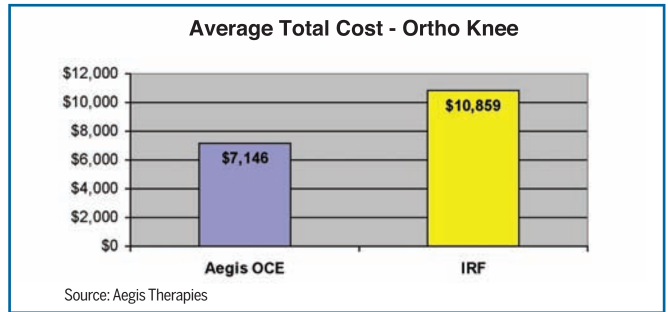

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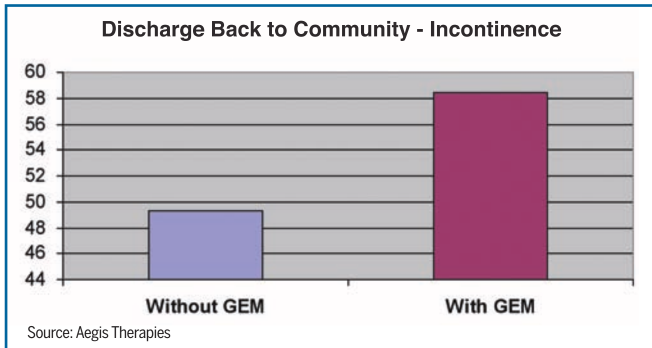

Source: Aegis Therapies

same finish line in a shorter period of time, you almost always are going to win."

Kari Tripp, MPT, has found that to be true at the OCE unit at Golden Living Center Hillcreek in Louisville, KY. "We have been able to show that our patients get better faster and go home more quickly compared to the same diagnosis in a general SNF population," says Tripp, the senior program director of clinical operations. "We are optimizing our outcomes and getting the most bang for our healthcare bucks. Patients here eat, breathe, and live orthopedic recovery versus staying in a facility where they receive a little nursing care and then wait for their therapy session."

Tripp also notes the mental recovery that comes when patients with similar diagnoses work side by side in therapy sessions. Not only does it create a little competition, but patients feel encouraged when they see others make progress and go home. "Every aspect related to their recovery improves," she notes.

Outcomes from specialty units can be impressive. "It's the aggressive nature of the program," says Tripp. "Patients are given intense multiple therapy sessions throughout the day, including the weekends. Nursing follows through in the evening with some of the therapeutic techniques we've used during the day in therapy."

In addition, the staff of the specialty unit is trained to be on the lookout for anything abnormal.

Even if the facility doesn't have a specialty unit, specialty programs can also deliver ramped up outcomes. "Providing the right care means having the right tools at our disposal," says Barb Christensen, OTR, regional director of clinical services for Aegis Therapies." She cites two examples: Aegis' Freedom Through Functionality (FTF) program and its Geriatric Enhanced Modalities (GEM) program. "Those two specialty programs allow me to do more with a patient more quickly than I could without them," she notes.

Aegis rehab outcomes show that Medicare stroke patients treated in facilities with the FTF strengthening program during 2008 experienced much greater recovery of their ability to transfer, balance, walk, and climb stairs than patients treated without the program. As a result of these superior gains, FTF patients were also much more likely to be discharged back home after treatment.

Similarly, patients treated for incontinence with Aegis' Geriatric Enhanced Modalities (GEM) program experienced over 12% greater recovery of bladder control as compared to patients who were treated without the benefit of the GEM program.

Cost advantage

"The specialty unit can provide a level of intensive services, similar to more costly settings, that results in virtually the same benefits but at much lower cost," says Goulding. He cites the example of an in-patient rehab facility (IRF), which must staff up and gather equipment and supplies to treat a variety of patient diagnoses. "That makes it an expensive place to do therapy," he says. "The specialty unit can concentrate on one particular type of patient and minimize extraneous costs. We have found that the cost for treatment in an Aegis OCE was about 34% less than treatment in an IRF."

In addition, the specialty unit often is able to stanch the flow of patients back into the hospital. "For orthopedic surgical site infections, the return rate to the hospital is something like 30% within the first 30 days," notes Gallaway. "In a facility like ours, if patients have infection at the wound site, dehydration, or electrolyte imbalance, we are able to catch it early enough and treat it here so they don't't have to go back to acute care."

Based upon efficacy and the trend in reimbursement toward rewarding outcomes, specialty units seem to have a place in the future of healthcare. "I think we'll see shorter hospital stays and patients discharged to more specialty units," says Gallaway. Already Alzheimer and neuro units are becoming popular. "I would foresee other specialties, such as post cardiac surgery and maybe pulmonary units," says Gallaway. "Shortened recovery times and lower costs will win the day." ■

Regardless of the wellness program that is put in place, it's essential that residents enjoy doing it. Otherwise, they are unlikely to stay interested.

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