Innovative Solutions in Community Health Nursing for the Aging Population:

An Integrative Nurse Coach Model

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### Agenda

- Description of SASH (Support and Services at Home)
- Review of the SASH wellness nurse-coach training intervention
- Group activity, including case study review for person-centered planning
- Outcomes of the program to date
- Practical implications and clinical take-aways











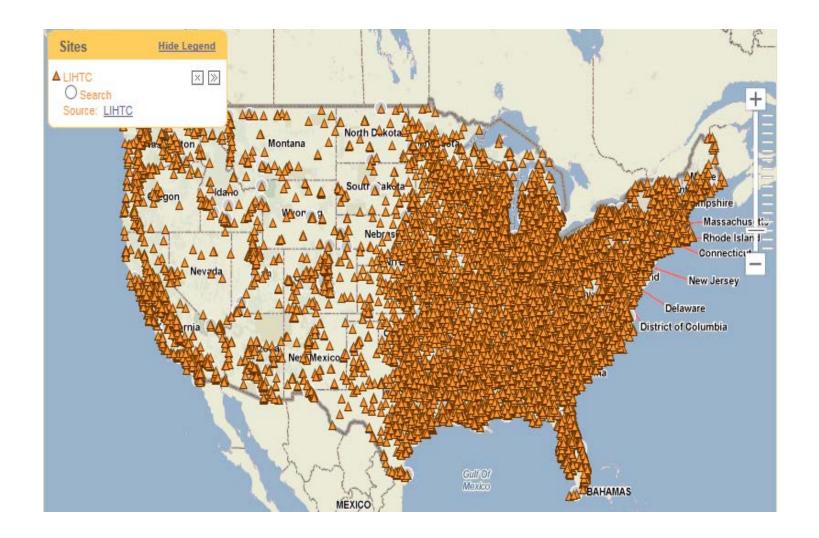






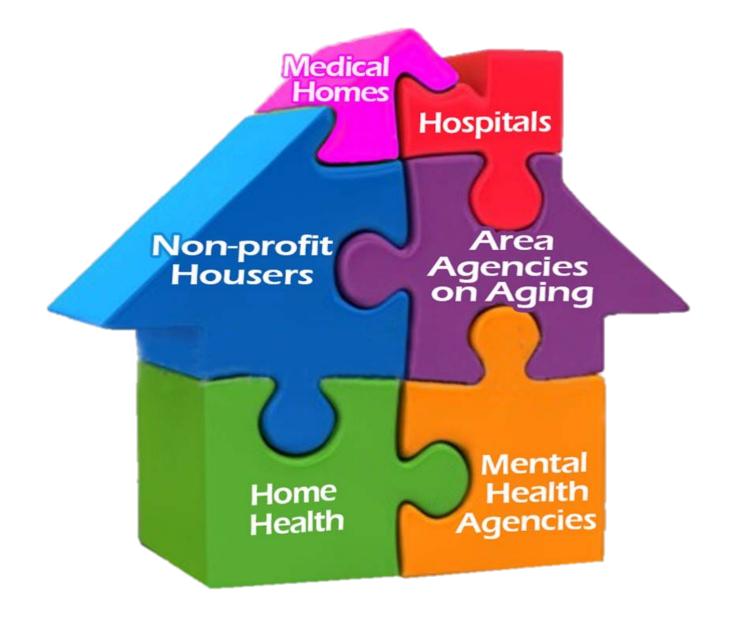








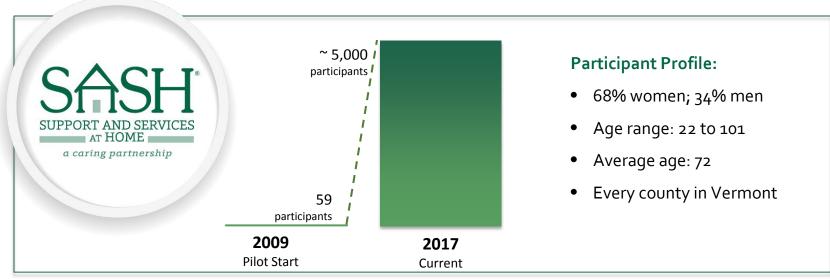




























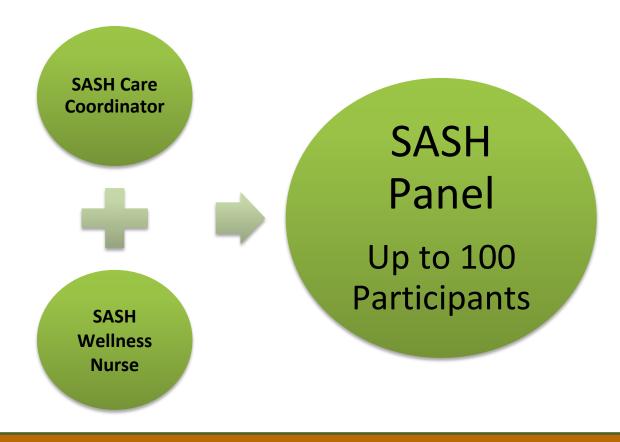
SASH's
Reach
in the
Green
Mountain
State







# Building the Platform for Population Health



**Housing Organization as Host** 





# SASH Keeps "Claire" in the Driver's Seat







# The SASH Model Focuses on the Three Components of Care Management

Integrative
Nurse
Coaching
woven into
all 3
components

- Coordinates with discharge staff, family and neighbors
- Personal visit to review discharge instructions
- Helps ensure a safe home transition
- Develops healthy living plan
- Provides reminders and in-person check-ins
- Organizes presentations and evidence-based programs
- Conducts wellness assessment
- Convenes SASH team
- Understands participants' needs and preferences
- Coordinates individual & community healthy living plans

Transitional Care

Self Management

Care Coordination





"No amount of medical knowledge will lessen the accountability for nurses to do what nurses do; that is, manage the environment to promote positive life processes."

– Florence Nightingale, 1860





### Integrative Nurse Coaches

...speak the languages of both medicine and healing

Nurses are in a unique position to become leaders in the emerging integrative health-care paradigm.



https://inursecoach.com/





Nurse-patient relationship

Focus on self-care and goal attainment

Based on mutual respect and the patient's frame of reference







# "Very few people understand how much work goes into making sure nothing happens."

The Vermont SASH Wellness Nurse Team







#### The Crucial Role of the SASH Wellness Nurse

#### Nurse activities during home visits:

- ► Chronic disease self-management & education
- Health assessment
- Medication reconciliation and education
- Assessment of participant's self-management of medications
- Care coordination with other health providers
- Navigation of the medical system
- End-of-life advance care planning
- Pre-procedure education (including surgery, tests) / Post-procedure education
- Integrative nurse coaching
- Supportive counseling
- Transitions visit

Group Health Education and Coaching Program

**Blood Pressure Clinics** 







# Why Integrative Nurse Coaching?

"As the most trusted profession, nurses easily develop therapeutic relationships with clients/patients. Not only do they know how to work with an interdisciplinary team, but they are also accustomed to caring for the whole patient, family and community."

D. McElligott, American Holistic
 Nurses Association, Beginnings, August
 2014



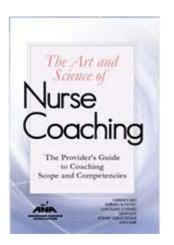




#### What is Integrative Nurse Coaching?

"An integrative nurse coach views clients/patients as integrated whole beings, honoring and emphasizing each person's unique history, culture, beliefs, and story...recognizes each person's health and well being as influenced by her/his internal and external environments."

(Dossey, Luck and Schaub, 2015)













# The Shift: Adding Integrative Coaching to the Nursing Process

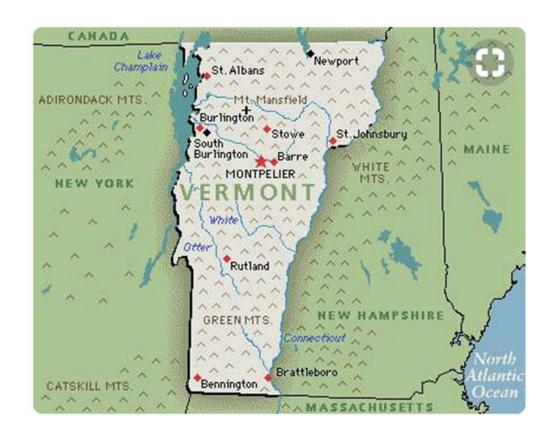
SASH Wellness Nurse	SASH Wellness Nurse Coach Adds
Assessment	Client's goals and readiness to change
Diagnosis	Social determinants of health ("My heart is broken.")
Outcomes identification	Client-centered goals, mutually agreed upon ("I want to walk to the community center.)
Planning	Facilitates self-management, empowerment, confidence, motivation
Implementation	Nurse as supporter, Client as actor
Evaluation	How did it go for you?

Dossey, B.M., Luck, S., and Gulino Schaub, B. (2015) *Nurse Coaching: Integrative Approaches for Health and Wellbeing*. North Miami, FL: International Nurse Coach Association





# A Closer Look: Four Winds Panel, St. Albans



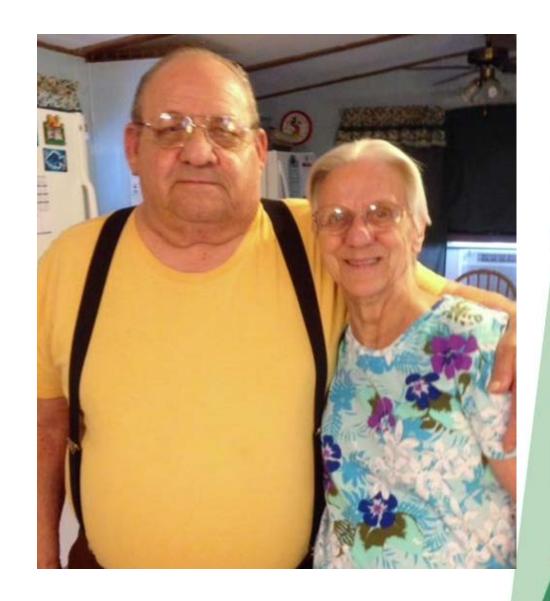






### Participants First: Meet Guy

- Lives in St. Albans with his wife, Teresa
- Served by Four Winds panel
- 78 years old
- Easy going person, drives and social.
- Wears portable oxygen most days.







#### Participants First: Meet Guy

What 2 or 3 things would you most like to know from Guy?

What do you think is most likely to prevent Guy from continuing to stay in his home for as long as he would like?





# Listening with HEART

Healing

**Energy** 

**A**wareness

Resiliency

**Transformation** 

Dossey. B. The Theory of Integrative Nurse Coaching. In Nurse Coaching: Integrative Approaches for Health and Wellbeing (2015) by B. M. Dossey, S. Luck, & B. G. Schaub





# The Person-Centered Interview (PCI)







# Motivational Interviewing as a Tool for PCI



Use 'OARS'

Open-ended Questions: Prompts residents to give more than "yes" "no" answers.

**Affirming:** Build a resident's feelings of empowerment and self-efficacy.

**Reflective Listening:** A simple restatement of what the resident is sharing. This can be a form of empathy.

**Summarizing:** Wrap up what a resident has been saying & feeling to offer reflection and sometimes steps for moving forward.





### Motivational Interviewing as a Tool for PCI



Follow the 'RULE'

**Resist:** Resist the "righting reflex."

<u>Understand:</u> Show genuine interest in a resident's concerns, values and motivations

**Listen:** Listen with presence, acceptance, curiosity, all of your senses. (WAIT)

**Empower:** Residents become your consultants on their own lives and how best to accomplish behavior change. Your role is to support their hope that change is possible.





#### Practice Session: The Person-Centered Interview

- Break into pairs.
- One person will start as the interviewer.
- The person conducting the PCI should select one interview template to try.
- ► The person being interviewed should not "play" a resident; they should be themselves. This makes the experience much more real.
- You will have 5 minutes to practice, then switch roles for another 5 minutes.
- We will then regroup and discuss how things went.





### Our Visit with Guy

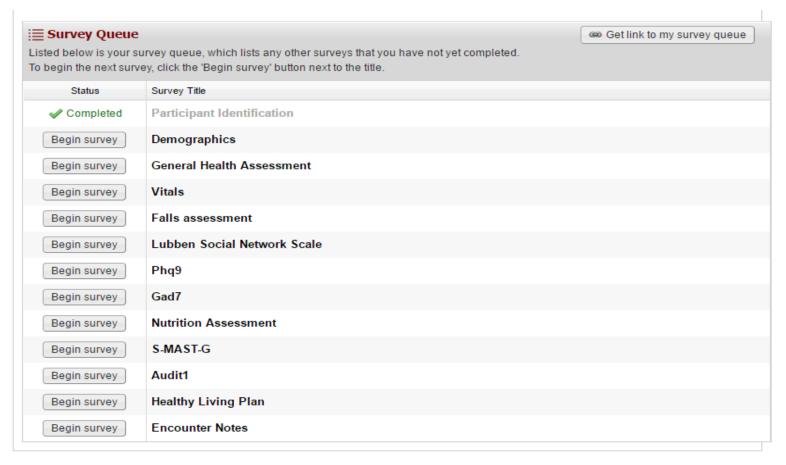
After conducting a person-centered interview with Guy, we now know a bit more about him..

- ▶ He and Teresa have lived in St. Albans their entire life, have been married 59 years.
- Raised 4 kids, has 10 grandchildren and 13 great-grandchildren.
- Worked in automotive field most of his life.
- ▶ Highlight of his days are when he and Teresa volunteer as Foster Grandparents at local elementary school. He does not want his health to jeopardize that activity.
- Strong family history of cancer.
- Loves to work with his hands.





# SASH Wellness Nurse Assessment: Key to Integrating Coordinated Care







#### Medication Reconciliation...Value Add Example

Collecting and sharing actual medication information from the home with the physician office. Vital to integrated care.









### What We Learned from Guy's Assessment

- ► He takes more than 10 medications and over-thecounter medications.
- He suffers from multiple chronic conditions.
- Of all his conditions, the lymphedema in his legs causes him the most distress physically, disrupting his daily living.
- Screening indicates moderate nutritional risk and high BMI.





# Healthy Living Plans







# Set SMARTER Goals: Specific, Measurable, Attainable, Relevant, Timely

 State exactly what you want to be able to do Specific Quantify exactly what you're going to achieve. Measurable Is this goal reasonable enough to be accomplished? Attainable Make sure the goal is not out of reach. Does it fit with the rest of your goals and is it a Relevant worthwhile task to pursue? When will goal be completed? Goals are more likely to Timely be achieved if there is a time-frame tied to the goal. Do things which really compel you and to which you're Exciting truly committed. What support do you need to increase the likelihood Resources that you will meet your goal?





# Domains of Care Planning: Opportunities for Health Coaching

Addiction Advance Directive/ End-of-Life Planning Advocacy & Activism Chronic Disease Management **Education & Employment** Connection Establish Insurance Establish Provider Family, Personal, Peer Support





#### Practice Session: A Brief Action Plan

- Break into the same pairs as previously.
- Using what you learned from the Person Centered Interview, work with your partner to create a Brief Action Plan (BAP).
- Using the BAP template, the interviewer will help their partner develop a goal they would like to work on.
- The person being interviewed is not playing a resident, this is a goal for you.
- Remember to set SMARTER goals.
- You will have 5 minutes to practice, then switch roles for another 5 minutes.
- We will then regroup and discuss how things went.





#### **Brief Action Plans**

#### Taking Care of My Health or Well-Being

16 Mar 2015

Today's Date:

My health or well-being goal is:

my nearth of wen being goal								
Make an action plan: Is there anything you'd like to isn't anything you'd like to do consider this again in the futuapply. Try to be as specific as	for your heal ire. If yes, fill i	th or we	l-being r	right r	now, yo	u mig	ht w	ant to
My Action Plan	My Answers				Comments			
What would you like to do?								
Where?								
When and how often? (What time of day will you do this? If it happens more than once—how often will it happen?): How long or how much? (minutes, servings, etc.)  When will you start?  2) Review your plan								
2a) How sure or confident are	you that you	will be a	ble to a	ccom	olish yo	ur pla	ın?	
Not sure at all 0 1 2	3 4	5	6	7	8	9	10	Very sure
*Note: If you chose 6 or lowe 2b) How might you change yo								-
3) Check how you are doing  ☐ I will do this myself  ☐ I will check with someone Who is that person?	else (a family	member	or a hea	ilthca	re team	n men	nber)	)
How and when would you like	e to check in (	i.e. in a v	veek or a	day,	by pho	ne or	in pe	erson)





Adjust your plan as needed. Remember to celebrate things that went well!



# Debrief





# Action Planning with Guy

**Mobility:** Lymphedema is biggest impediment to independence.

**Keep Foster-Grandparenting!** 





#### Plan in Action







# Plan in Action (continued)









Guy & Teresa





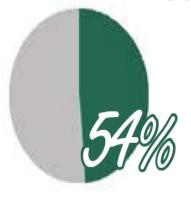
# What About the Other 89 Participants?







#### **Proactive Measures**





#### **Participants with Arthritis**

**Activities offered:** Walking group, Walk and Rock, Bone Builders

#### Participants with hypertension

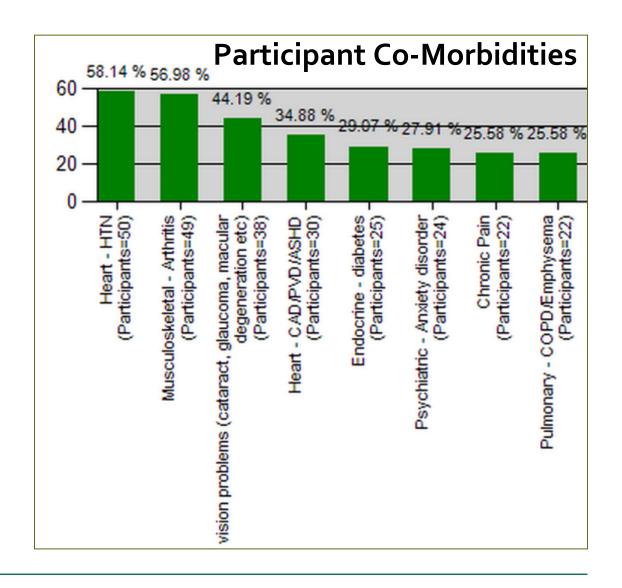
Services offered: Educational program with Wellness Nurse, blood pressure checks with SASH Cordinator and Wellness Nurse, "Eat This Not That" program and To Juice or Not to Juice demonstration





# Population Reporting

- Use the data collected
- Inform choices in evidence-based programming
  - Group and Individual
- Inform Care Planning







# The Community Healthy-Living Plan

	Physical Activity	Nutrition	Mental Health/Social Engagement	Other services/Presentations	
July	Bone Builders 1x week Walking Group 2x week Senior Swim Arobics	CVAA Mealsite 2 x per week, Commodoties, Gardening Group Appreciation Luncheon	Gardening Group, Music Therapy with Bob, Bingo	Footcare Clinic, Vergennes 4th of July Fireworks	
August	Senior Swim Arobics, Bone Builders 1x week Walking Group 2x week  All SASH Catered Barbeque entertainment, CVAA Meals per week,Commodotie		Senior Swim Arobics, Gardening Group, Bingo	Footcare Clinic, Yack Yack Group (SASH Participants share their creations and talk with other creative people)	
September	Bone Builders 2x week Walking Group 2x week	CVAA Mealsite 2 X per week, Commodoties, Souper Soup Event	Gardening Group Blood Pressure Clinic, Bingo	Footcare Clinic, Stay Steady VT Falls Prevention Workshop and Personal Falls Assessments by PT's	
October	Bone Builders 2x week Walking Group 2x week	CVAA Mealsite 2 X per week, Commodoties, Souper Soup Event	Blood Pressure Clinic, Living With Loss Workshop, Bingo	Footcare Clinic Safe Driver Class	
November	November  Bone Builders 2x week  Walk-N- Rock Group 2x week		Thanksgiving Social Blood Pressure Clinic, Bingo	Footcare clinic Holiday Dinner	
December  Bone Builders 2x week Walk-N- Rock Group 2x week		CVAA Mealsite 2 X per week,Commodoties, Holiday Meal	Blood Pressure Clinic, Bingo	Footcare clinic Christmas "Isn't just for kids" Event	





# The Community Healthy-Living Plan

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			Bone Builders 1x week	CVAA Mealsite 2 x per week,	Gardening Group,		Footcare Clinic, Vergennes 4th of			
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The Rockin' Walkers







### Working One on One

Education & Coaching with Wellness Nurses







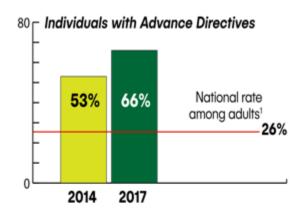
# SASH Evaluation: Health Outcomes & Health Care Costs

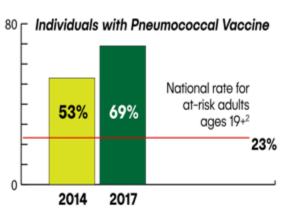


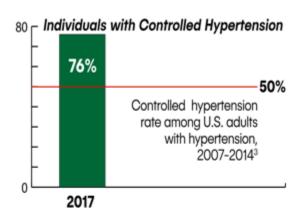


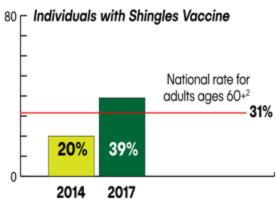


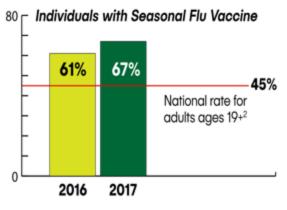
#### **Outcomes**

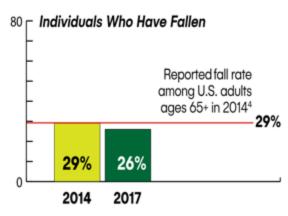












- 1) www.ajpmonline.org/article/50749-3797(13)00521-7/abstract 2) https://www.cdc.gov/mmwr/volumes/66/ss/pdfs/ss6611.pdf
- 3) https://www.cdc.gov/mmwr/volumes/66/wr/mm6632a3.htm#F1\_down\_4) https://www.cdc.gov/mmwr/volumes/65/wr/mm6537a2.htm

<sup>5)</sup> Highlights of the First Four Years of SASH (summary of four-year evaluation), U.S. Department of Health & Human Services, Assistant Secretary for Planning and Evaluation: https://aspe.hhs.gov/pdf-report/support-and-services-home-sash-evaluation-highlights-first-four-years-research-summary 6) JAMA. 2011 Oct 5; 306(13):1447-53. doi: 10.1001/jama.2011.1410. Regional variation in the association between advance directives and end-of-life Medicare expenditures. Nicholas LH, Langa KM, Iwashyna TJ, Weir DR.





#### Health Care Savings

Independent
evaluation found
statistically
significant
Medicare
savings

of \$1,227 per person per year.



"SASH participants and wellness nurses were able to identify health issues early before those issues progressed to more serious incidents."

—RTI/Leading Age Four-Year SASH Evaluation (Summary), March 2017





Better Medication Management

"...SASH staff help identify participants' potential medication problems early and prevent medication mismanagement."

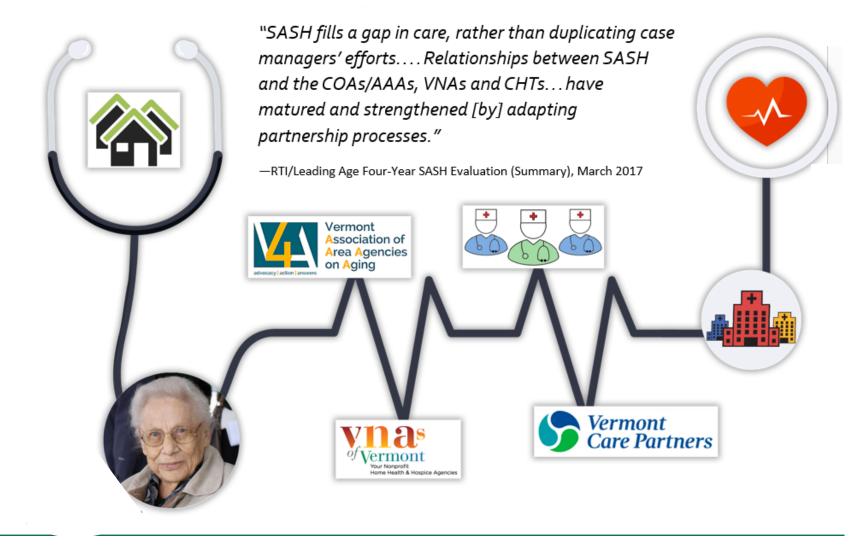
—RTI/Leading Age Four-Year SASH Evaluation (Summary), March 2017







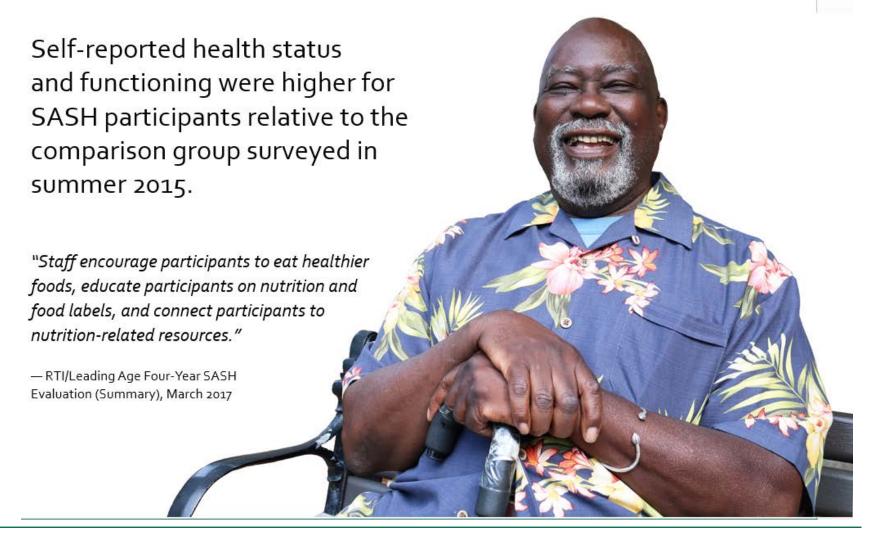
#### Formal Statewide Partnerships







# Better Health Status & Functioning







#### Better Health Status & Functioning

"I've lost 30 pounds since last year...
and that's due a lot to the exercise programs they've
offered here...."

"The whole gamut of things you can do through SASH really helps your mental health. I've found that my mood improves by going to [SASH] things.

"Before I moved here and got into SASH, I didn't think I'd make it much longer. Tused two canes and couldn't even make it down the hall. Now I walk regularly every day, and I keep my canes in the corner as a reminder."

"This community would be hurting without SASH."





### Take-Away Messages

#### **Practical Implications:**

We can save money and improve clinical outcomes in frail elderly with a model based on social determinants of health and integrative nurse coaching.

#### **Clinical Take-Aways:**

- This cost-efficient model can be funded by third-party payers
- Develop a system of interagency and interdisciplinary cooperation in the context of community
- Employ wellness nurses with integrative coaching skills
- Wellness is not limited by biology and genetics alone.
- Accessing the wisdom of the client leads to improved outcomes, including cost savings.





### Questions?







#### **Contact Information:**

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