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Healthy Aging in the Community Initiative

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Problem: Ultimate goal or envision for the CNL role would be, being implemented as a pioneering leader in any health care setting who applies the nursing process at the point of care through careful deliberate assessment with related diagnosis, and intervention which includes evaluation of the unit as a whole to provide deliberate efforts for efficient yet, safe improvements for best possible outcome (Reid, Dennison, 2011). In ever-changing healthcare needs of the 21st century along with the implementation of the new healthcare policies, there will be a need to change the current health care delivery system, and models. The current system will need be replaced with a more efficient system where positive patient outcomes are increased within the limits of the budgets provided by the institutions and focus should be on more preventive care rather than tertiary care specifically for older adults.

Context: In 2016 the Sequoia Health Care partnering with Peninsula Family Services developed a non-profit and free program called 70 Strong. It is a personal resource guide for the 60 and above client base for activities and services from Redwood City to Foster City to encourage independence amongst the older population. It includes a wide array of categories, such as fitness and social activities, volunteer opportunities, transportation, enrichment and support groups. This is not an acute healthcare provider; however, it is a primary prevention effort by Sequoia Healthcare District to increase wellness among the older population in the county. The purpose and mission of 70 Strong to improve quality of life and increase positive outcomes amongst the older adults living independently in the community and to make sure these individuals remain independent as long as possible

Intervention: Nature of the project would be increase client base by providing educational presentations about different primary prevention strategies to the community of older adults at

different senior centers. These educational presentations will include different topics such as fall prevention, emergency preparedness, multiple pharmacies and medication education, etc. While providing important health education CNL will introduce 70 Strong and its mission to the community to increase participation. Based on the data provided, the need for intervention was identified and proposal was made to the Sequoia Healthcare District for a quality improvement project.

Measures: CNL utilized the Institute for Healthcare Improvement's Model of Improvement using Plan-Do-Study-Act (PDSA) cycle, along with Kotter's eight steps for successful change and literature review to design and implement a successful quality improvement project.

Results: Data collected via analytics platform stated that during the trial implementation of the quality improvement project substantial increase in the website and resources utilization were observed. Specifically, there were increase of 241% in the active users and 143% increase in the number of individuals who viewed the services.

Conclusion: The data collected from the analytics strongly suggested that the presentations not only increase the older adult population's knowledge of currently available resources for healthier and independent living in the community. Also, provides significant educational tools to the older adult populations as part of primary prevention efforts.

Introduction

After completing a microsystem assessment of 70 Strong, comprehensive effort to introduce this program into the community found to be necessary in order for this program to be successful. Therefore, the focus and quality improvement are placed on spreading the awareness of this program to ensure support by the Sequoia Health Care District. 70 Strong is a referral service for the elderly living independently in the community includes a wide array of categories, such as fitness and social activities, volunteer opportunities, transportation, enrichment, support groups and referral to home health agencies. This is not an acute healthcare provider per se; however, it is a primary prevention effort to increase wellness among the older population in the county.

PICO Statement

Following PICO statement was used to find literature to support this quality improvement project. Patient population is defined as, older adult 60 or over in the Sequoia Health Care District. Intervention is to identify gaps and needs to improve healthy living and to provide educational presentations to improve and close the gaps in the primary prevention efforts in the community. Comparison of data collected from the Google Analytics and Periscope Data before and after the presentations started. Outcome is defined as increased participation and use of resources provided by 70 Strong website within the six-month period. PICO Statement was extremely useful in data collection and finding, specifically identifying the need for this project as in the data presented below.

As Americans live longer, growth in the number of older adults is unprecedented. In 2014, 14.5% (46.3 million) of the US population were 65 or older and was projected to reach 23.5% (98 million) by 2060(Office of Disease Prevention and Health Promotion, 2018). The Healthy People 2020 has set one of the objectives as an increased proportion of older adults who are up to date on a core set of clinical preventive services (Office of Disease Prevention and Health Promotion, 2018). Moreover, to increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities (Office of Disease Prevention and Health Promotion, 2018). With these unprecedently growing numbers of older adults, the promotion of independence in the community along with proper primary prevention services and proper referrals is needed. 70 Strong can provide a specific type of support services and referrals that older adult population needs to lead healthy lives in the community.

Specific Project Aim

Every quality improvement project requires of the project would be to increase the client base to 70 Strong Program by providing educational presentations about different primary prevention strategies to the community of older adults at different senior centers. These educational presentations will include different topics such as fall prevention, emergency preparedness, multiple pharmacies, and medication education, etc. While providing important health education, we will introduce 70 Strong to the community and increase the client base with the goal to keep the grant funding for the program within the six-month time frame.

Microsystem Assessment

The IHI Model for improvement was used as a framework for this improvement project. However, prior to using the model strong microsystem assessment needed to be completed. Following are the results of the Microsystem assessment. 70 Strong is a relatively new program, there is only one navigator and one nursing student to help the client base. The existing navigator is a licensed social worker with extensive knowledge in care with the older adult population. Currently, there is a comprehensive marketing effort to introduce this program into the community; therefore, the focus is placed on spreading the awareness to this program to ensure support and funding. Frequent, outreach efforts are seen around the county at different senior centers to make sure they reach different clients from different communities with different needs. When a client contacts 70 Strong, the navigator first identifies the immediate needs of the client and appropriate referrals are made. These referrals are charted in the database system, and system identifies each month the most requested services each month to figure out the needs and gaps in the community amongst the older adults. Then the patterns are established to give a better perspective to improve upon those gaps and needs. The purpose and mission of 70 Strong to improve quality of life and increase positive outcomes amongst the older adults living independently in the community and to make sure these individuals remain independent as long as possible. As stated above the client base is individuals who are 60 or above living independently in the community. Demographic seen mostly Spanish speaking population with both male and female gender equally. Also, many children of older adults are also reaching out on behalf of their parents to see what kind of resources are available for them.

This is a unique and individualized program where personalized service is provided to each individual who contacts 70 Strong. While it is a great learning opportunity regarding older

adult population, it's also delight and pleasure to help all individuals who need help through this program. However, it is sometimes a challenge due to clients' limited knowledge of English. Learning a second language especially Spanish is almost a must working in 70 Strong.

Methods and Theories

For this particular project, Kotter's eight steps for successful change along with Institute for Healthcare Improvement's Model of Improvement using Plan-Do-Study-Act (PDSA) cycle. Furthermore, SWOT analysis is used to analyze the organization's strengths, weaknesses, opportunities, and threats (see Appendix B).

PDSA cycle is a powerful tool that is used in a quality improvement project to accelerate by testing the aim of the project set forth (U.S. Department of Health and Human Services, 2013) (see Appendix A). In the planning stage of the cycle. Data were collected by reviewing different analytics to observe the number of individuals who are utilizing the website. Moreover, these analytics also provided information regarding what type of inquiries were done by the searching parties. Also, based on the analytics the gaps in the services were identified to develop the delivery method of the quality improvement project. This first stage provided important information regarding the type of educational tools to be provided in the presentations. In the second "Do" stage different places were chosen on a small scale to test the presentations prepared based on the information collected during the first stage of the project. Survey sheets were distributed among the audience and feedback was collected after the presentation was completed. In the "Study" stage analytics for the website were studied after the trial period of presentations were completed and results were compared to before and after dates. At the last stage of the cycle, the presentations were modified to include feedback from the audience. At the

last stage of the cycle the presentations were modified to include feedback from the audience (see Appendix A).

Kotter's eight step process for organizational change is utilized for this quality improvement project (See Appendix C). This particular theory will help system wide change in the organization and will help improve the nature of the program There are eight particular steps to Kotter's change theory. The first step includes "create a sense of urgency" (Kotter International, n.d.). During this step, the clear message of urgency is created, and need for quality improvement is communicated based on existing data in hand among the staff members (Finkelman, 2016). As part of the first step process proposed quality improvement was presented to program director.

The second step is, "building a guiding coalition" (Kotter International, n.d). During this phase, it is important to build a team with an effective leader to facilitate, coordinate and positively influence healthcare organization to bring about the change (See Appendix C) (Finkelman, 2016).

The third step is, "forming strategic vision and initiatives" (Kotter International, n.d.). The vision provides guidance and helps team members to focus on the end goal. However, the vision needs to be realistic and simple. Moreover, it needs to be meaningful for everyone to create high participation by the staff members (See Appendix C) (Finkelman, 2016).

The fourth step is "enlisting a volunteer army" (Kotter International, n.d). The effective change within the healthcare organization can only happen when the staff are actively involved and participate in all phases of the action plan. According to Finkelman, empowerment is the key to the maximum involvement by the staff. "When the staff feels empowered, they are then more committed to the change" (See Appendix C) (Finkelman, 2016).

The fifth step in the process would be "enable action by removing barriers" (Kotter International, n.d). During this step, the barriers should be identified and efficiently work towards reducing or removing the identified barriers. Moreover, it is important for early identification of barriers during the initial proposal for change (See Appendix C) (Finkelman, 2016).

The sixth step is to "generate short-term wins" (Kotter International, n.d). The team can get exhausted and lose track when they focus on the long-term goals. However, if these goals can be broken into small milestones, the team can measure the outcomes of each step and effectively work towards the end vision (See Appendix C) (Finkelman, 2016).

The seventh step is to "sustain acceleration" (Kotter International, n.d). It may be harder to keep focus after the short-term wins and the team may feel that the work may be completed at this point. It is important to recognize that there is a risk of slowing down and not reaching the end goal. The staff members should be reminded that the important changes may take some time (See Appendix C) (Finkelman, 2016).

Eight and final step in the process is to "institute change" (Kotter International, n.d). This step is a crucial stage in the development of the change. At this point, the milestone successes should be evaluated and make any adjustments as necessary. We also have to remember that the changes implemented are not permanent. The healthcare organization is a complex, dynamic environment where the new changes and implementations should be evaluated periodically to test for their efficacy (See Appendix C) (Finkelman, 2016).

The final phase of the process would be to implement the new standard of practice as a pilot program in a healthcare setting based on the results of the last three stages of the project. During this phase, the evaluation becomes very important. The pilot program was implemented

for a short amount of time During December 2018 - January 2019. Throughout the pilot program, the team had looked at the review they received from both the clients in the community and the staff to see what type of additional improvements need to be made to the educational presentations used as a tool.

Additionally, the SWOT analysis was used to further identify strengths, weaknesses, opportunities, and threats within the organization (See Appendix B). As a result of this analysis the strengths were identified as uniqueness of this project, it is easy to implement, and it is part of established facility community along with strong available resources by Sequoia Healthcare District. However, the weaknesses were identified as lack of available staff to perform the presentations around the community and health care district being a small coverage area. Furthermore, the opportunities were identified for this quality improvement initiative were, possible partnerships with diverse groups in the community and increasing population of older adults in the healthcare district. Finally, the main threats identified were possible defunding of the project due lack of participation within the community.

Results

As result of the methods used above, data collected via analytics platform stated that during the trial implementation of the quality improvement project. During the week of December 31st, 2018 active users of the website were 146 and 207 individuals viewed the programs offered by 70 Strong. The trial period started on Week of January 7th, 2019 thru Week of January 28th. During this time there were 8 presentations completed in different senior centers and independent senior living facilities (See Appendix D). As a result, the average number of active users increased to 498 and individuals who viewed the programs increased to 504, which represents an increase of 241% and 143% respectively (See Appendix D).

Since there were no randomized trials were done, the individuals were not subjected to any ethical implications of the quality improvement project. All of the trial presentations were done during the outreach efforts to the senior centers and retirement communities in the county. During the presentation the 70 Strong's name was mentioned and educational material was distributed to the audience.

Summary

Based on the microsystem assessment and needs identified quality improvement initiative was proposed. With the further evaluation and analysis performed primary prevention efforts performed in the community. Based on the presentations completed and data collected at the end of the trial the increase of 241% in the active users and 143% increase in the number of individuals who viewed the services that were part of 70 Strong. Key finding of the project was that with diligent work and preparation the presentations provide helpful information to the older adults living in the community. However, the challenge of dedicated staff member seems to be an obstacle for the project. With the ever-growing number of older adult population providing key resources and education is a valuable primary prevention effort. Furthermore, it provides an important tool to keep older population longer, healthier and happier lives independently in the community.

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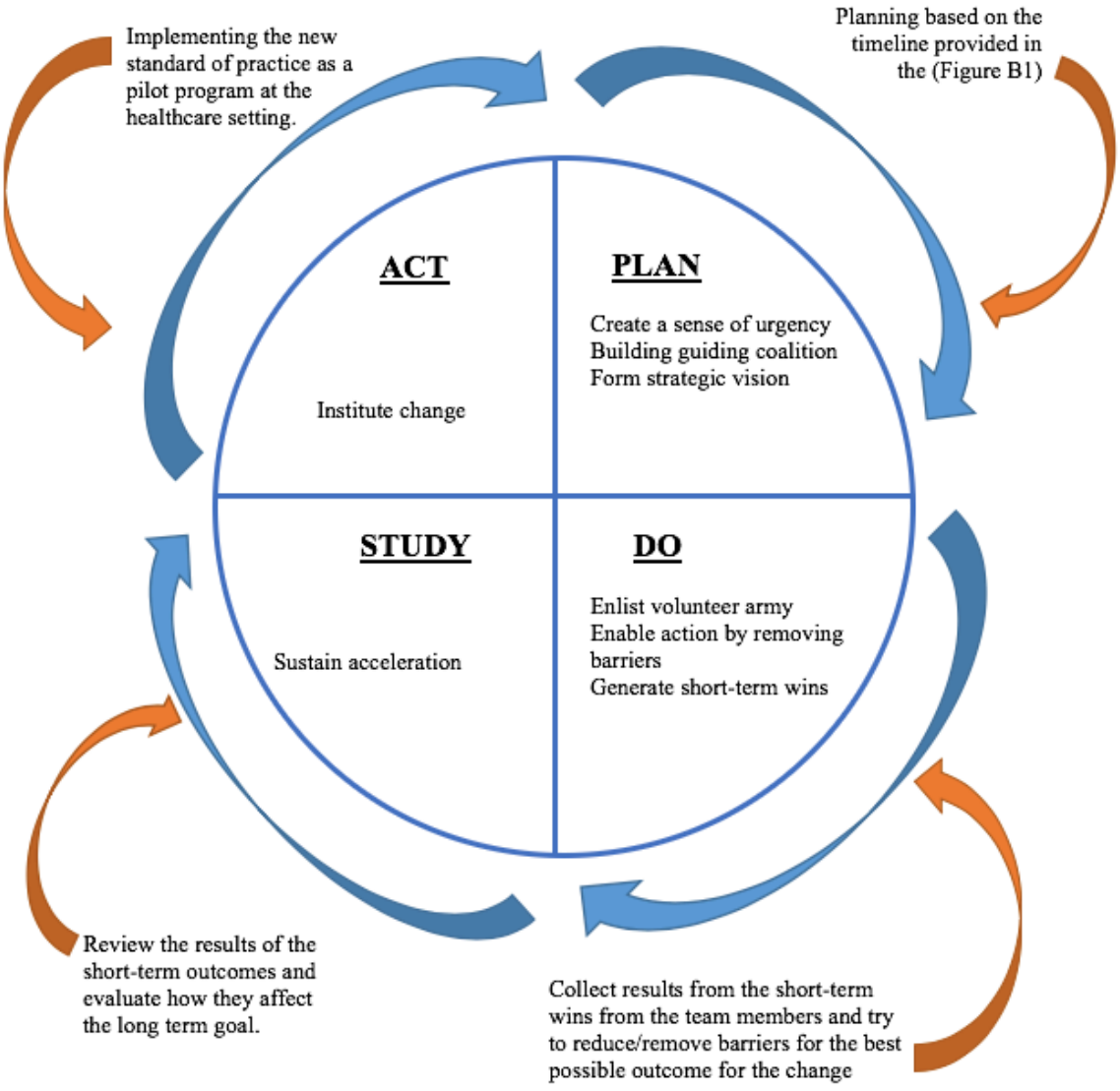
Appendix A

Figure A1 – PDSA Cycle for the quality improvement



Appendix B

Figure B1 – SWOT Analysis

Appendix C

Figure C1 – Kotter's eight step theory of change

Appendix D

Figure D1 – Activity on the website during the pilot implementation of the quality improvement project.