

A photograph of three elderly individuals sitting at a table, laughing heartily. On the left is a Black man with glasses and a beard, wearing a blue and red checkered shirt. In the center is a white woman with short hair, wearing a white lace cardigan over a light blue shirt. On the right is an Asian woman with glasses and a floral patterned top. They are all smiling and laughing, creating a warm and joyful atmosphere. The background is slightly blurred, showing what appears to be an indoor setting with large windows.

The Future is Now

Data Driven, Therapeutic, Person-Centered
Engagement

October 5, 2017



Meaghan McMahon, MSW,
Research Director
Linked Senior



Charles de Vilmorin
Founder & CEO
Linked Senior, Inc.

Learning Objectives

- Understand current engagement model in senior care and its limitations
- Review evidence-based technology and best practices that are low cost and high reward
- Learn how to consider, evaluate and successfully implement up to date resident engagement methods

Agenda

1. What is engagement for supportive living?
2. Which are the best evidence-based engagement tools?
3. How can engagement be operationalized?



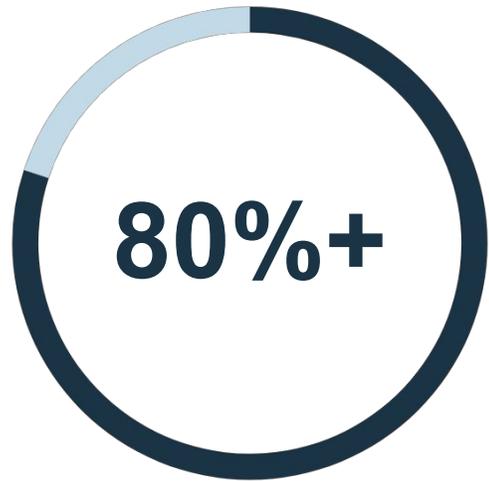
**What is Engagement
for**

Supportive Living?

A photograph of three elderly individuals in a well-lit room, overlaid with a semi-transparent blue filter. One woman stands in the center background, wearing a dark jacket and a pearl necklace. To her left, a man sits in the foreground wearing glasses and a patterned shirt. To her right, another woman sits in the foreground wearing a dark top. The room features a wall-mounted light fixture, a framed picture, and a wreath. The text is centered over the image.

The three plagues of **loneliness**, **helplessness**, and **boredom** account for the bulk of suffering in senior care

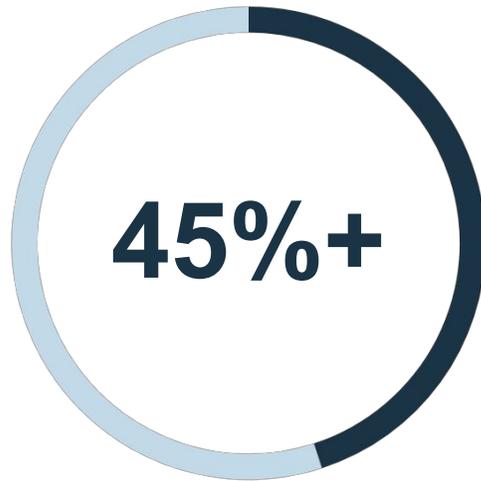
Engagement is challenging



80%+



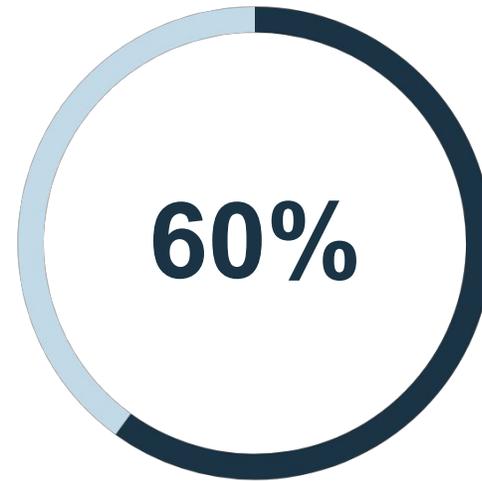
Suffer cognitive impairment or dementia



45%+



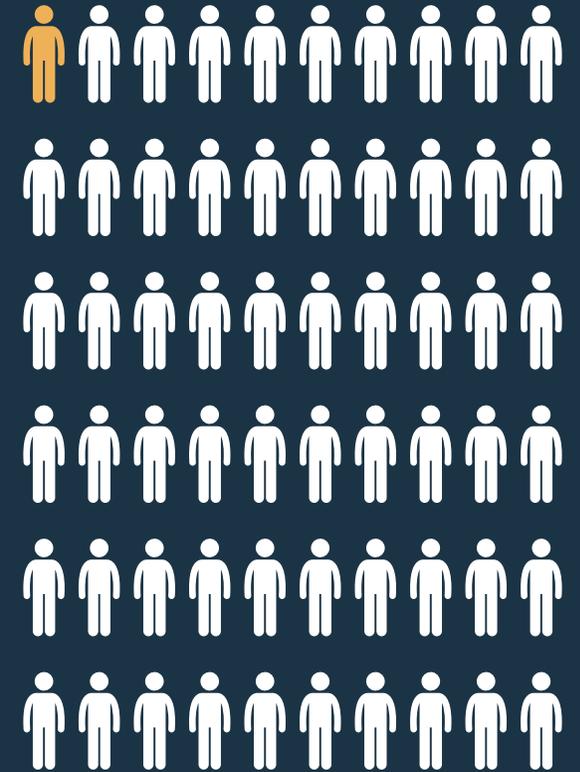
Struggle with depression



60%

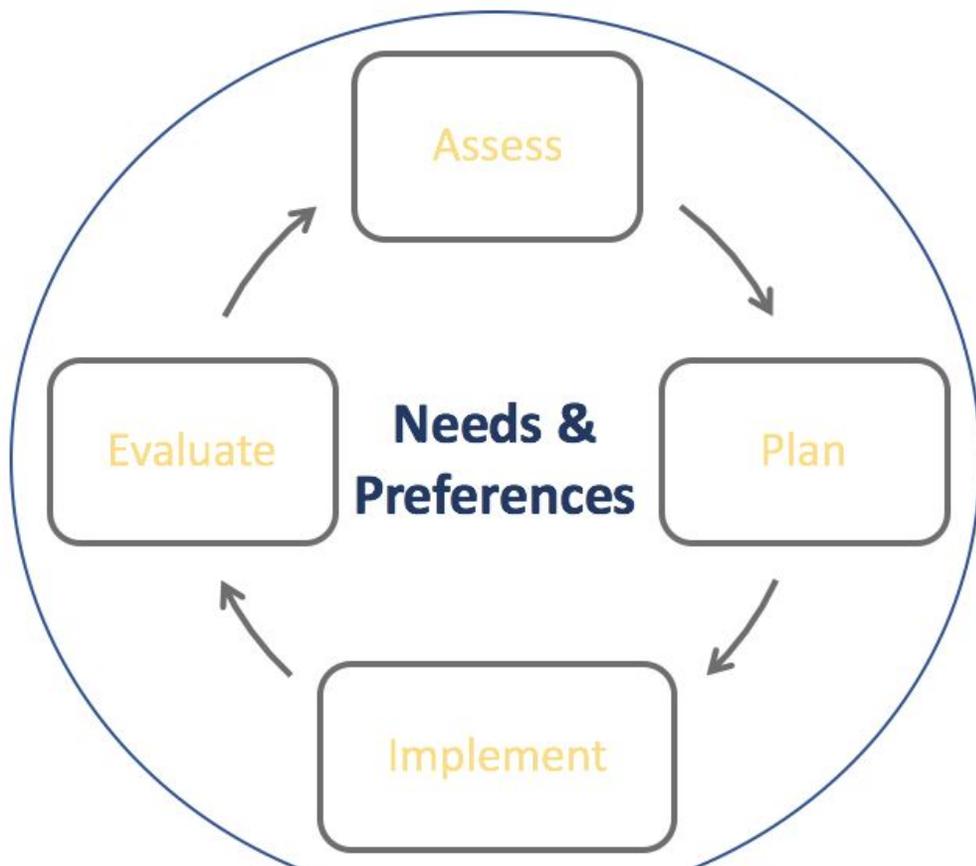


Receive no outside visitors in a year



1 Engagement Staff Person for every 60 older adults

Meeting Needs and Desires



APIE is a systematic process used by health care providers in recreation therapy settings. The client's physical, mental, social, emotional, and spiritual domains are included in this process.

Is done by Paper...

Why is engagement important?

Reduces unwanted events

Loneliness
Behavior expressions
Falls
Use of anti psychotic drugs
Use of other types of drugs
Depression

Improves desired events

Well being
Sleep
Appetite
Socialization

Business Indicators

Increase length of stay
Increase satisfaction
Lowers cost of care
Lowers compliance risk
Reduces unwanted hospitalization and rehospitalization

A black and white close-up photograph of a person's face. The person's eyes are visible through a mask made of thick, fibrous, and somewhat chaotic-looking material that covers their forehead and the bridge of their nose. The person's expression is neutral, and they are looking directly at the camera. The lighting is dramatic, highlighting the textures of the skin and the mask.

**What are the Best
Evidence-Based
Engagement Tools?**

APIE – Tools that Support Better Engagement

Assess:

- My Life Story
- Resident Profile
- Saint Louis University Mental Status Exam (SLUMS)
- Global Deterioration Scale (GDS)
- Depression Scales (Hamilton and Cornell)
- Allen Cognitive Disabilities Model
- Level of Care in ALF MDS in SNF

Plan:

- Demographic Analysis
- GDS with Program Staging Guidelines

Implement:

- Holistic – domain of wellness
- Music therapy
- Reminiscing therapy
- Cognitive games
- Signature programs & interventions: programming library

Evaluate:

- Attendance and engagement
- Linked Senior or other technology evaluation process
- EHR audits and reports to analyze data

My Life Story



Schools
Traditions
Honors
Struggles
GreatGrandchildren
Church
Ethnicity
Colleges
Illness
Skills
Pets
Hobbies
Friends
Weddings
Desires
Family Traits
Clubs
Challenges
Wishes
Anniversaries
Mountaintop Moments
Community Involvement
Religion
Memories
Careers
Grandchildren
Hopes
Heirlooms

SLUMS GDS and Depression Screens

60-80% Living with Dementia!

- Must deeply understand level of cognition to determine group program setting, length of program and content adaptations.
 - Saint Louis University Mental Status (SLUMS)
- Must deeply understand stage of dementia for adaptation of program to natural groupings of residents and ensure engagement and life enrichment.
 - Global Deterioration Scale (GDS)

45+% Living with Depression!

- Hamilton Scale for Depression
- Cornell Scale for Depression in Dementia



**How Can
Engagement be
Operationalized?**

Demographic Assessment of Resident Population

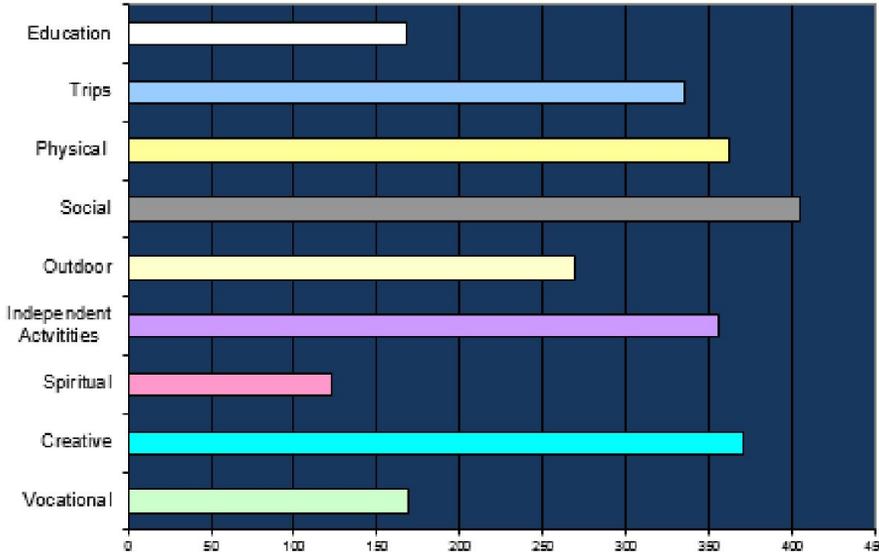
- A Demographic Assessment Tool is utilized to analyze the collected data from EHR ADT and UDAs for all residents
- The analysis of this data drives the development of calendars and programming within the Connections (Recreation) Department

Demographic Assessment of Resident Population

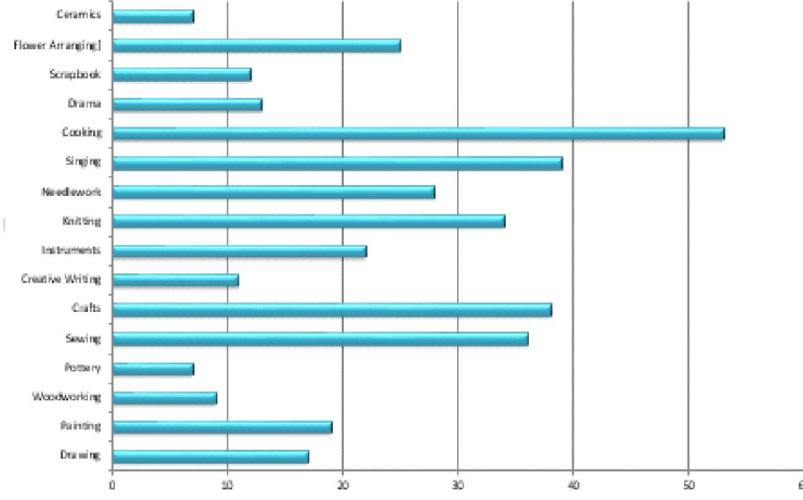
Resident Name	Birth-date	VA Status	Ethnicity	SLUMS (1-30) AL Only	GDS (1-7) AL Only	Past Occupation	Favorite Music	Creative												
								Drawing	Painting	Woodworking	Pottery	Sewing	Crafts	Creative Writing	Instruments	Knitting	Needlework	Singing	Cooking	
Lady Gaga	11/26/27	Airforce	Czech	29	1	Singer	50's			p										
Mr. Ed	05/22/25	No	German	18	4	Horse Racing	Western													p
The Flying Nun	08/20/22	Vet	German	27	1	Clergy	Religious					c	c					c		p
Mr. Rodgers	11/25/18	Vet	European	5	6	TV Spokesperson	Jazz					p	p							p
Marge Simpson	05/16/39	No	Caucasian	15	5	Housewife	Big Band					p	c					c	c	p
Lassie	04/15/38	Army	Russian	30	1	Vet	Big Band	p												
Murphy Brown	01/21/42	No	Czech	25	2	TV Spokesperson	Country	w					c		p				c	p
Frank Sinatra	10/10/22	No	Italian	12	6	Singer	Big Band						c		p	p			p	p
Mrs. Robinson	05/18/22	No	Irish	22	3	Housewife	Early Rock											p	c	p

Demographic Assessment of Resident Population

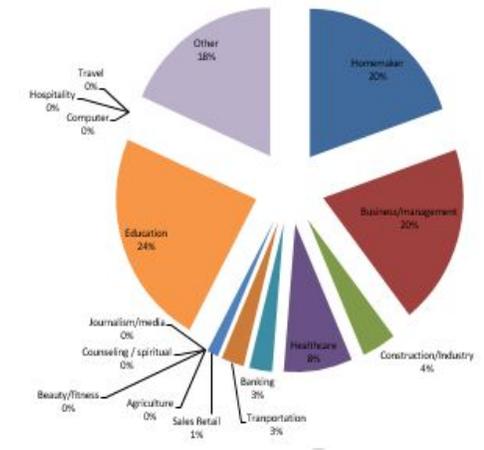
Type of Activity (Total)



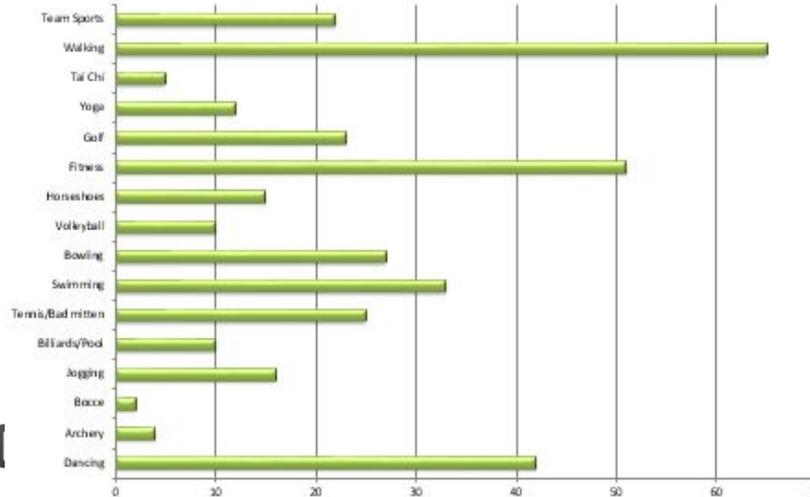
Creative Interests (Total)



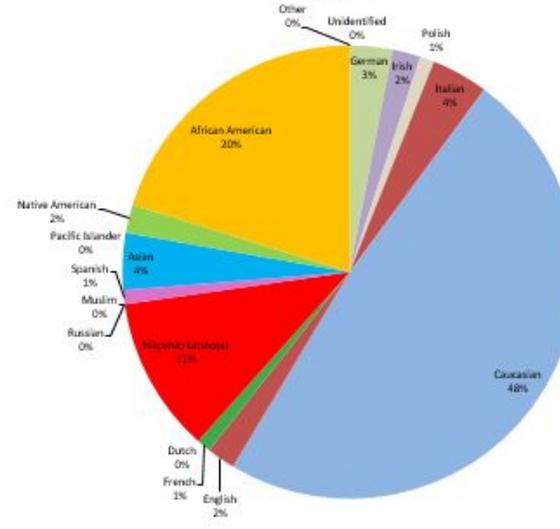
Occupation/Industry (percent of total resident population)



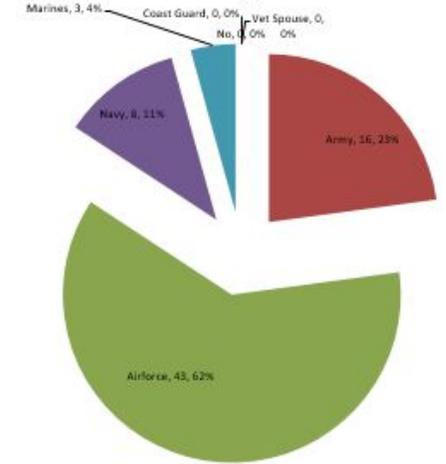
Physical Interests (Total)



Ethnicity



Military Affiliation Status



Linked Senior Resident Page and Programs



Residents / Leanna Bellamy



(edit photo)

Language	English
Religion	Christian
Race	White
Birthday	Dec 03, 1922

Program Sessions Attended

4

The total number of program sessions the resident attended in September, 2016.

Total Minutes

123

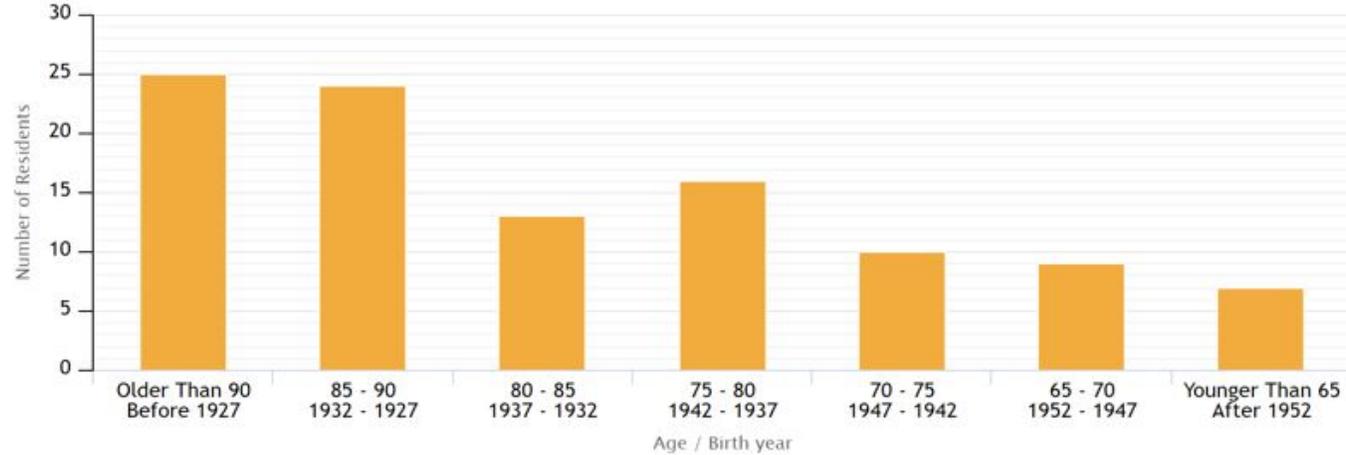
Total minutes of engagement in September, 2016.

Program Participation

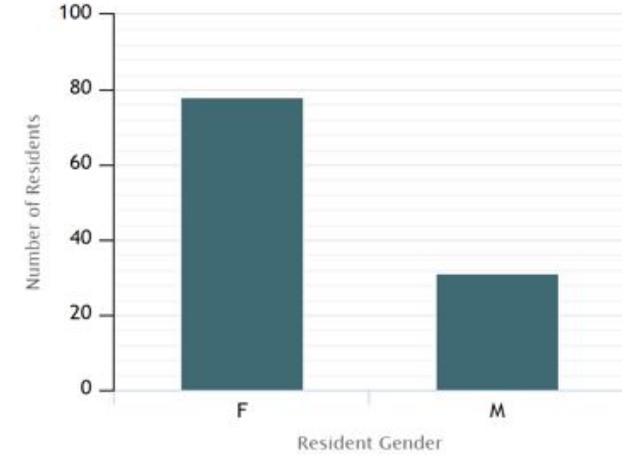
Program	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016
Audio/Benny Goodman - Carnegie Hall Concert	0	0	0	0	1	0
Audio/Benny Goodman Best Of	0	0	0	0	0	< 1
Audio/Man Who Knew Too Much, The	0	0	0	0	< 1	0
Games/Chalked Words	0	0	2	0	0	0
Games/Jeopardy	< 1	0	0	0	< 1	0
Magazine/Daily Chronicle	0	0	< 1	0	0	0
Magazine/Fact or Fiction	0	0	< 1	0	0	0

Linked Senior Population Tab

Population Age



Gender

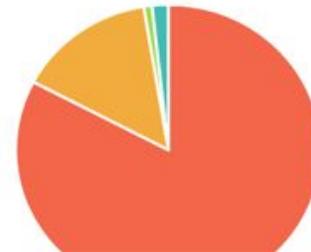


Religion



Religion	Residents
Baptist	14
Catholic	16
Christian	6
Episcopalian	2
Greek Orthodox	3
Jewish	3

Language



Language	Residents
English	96
Not specified	17
Other	1
Spanish	2

Global Deterioration Scale (GDS)

Stage	Signs and Symptoms	Group Size and Techniques
Stage 1: No Cognitive Decline or Dementia	No problems in daily living	Large Group Activities
Stage 2: Very Mild Cognitive Decline with no Dementia	Forgets names and locations. May have word finding difficulty	Large Group Activities. Orientation cues and lists
Stage 3: Mild Cognitive Decline with no Dementia	Has difficulty handling problems at work	Large Group Activities. Orientation, verbal and environmental cueing
Stage 4: Moderate Cognitive Decline with Early-stage Dementia	Has difficulty with complex tasks	Large to Moderate Group Activities. Segmented tasks and reminiscence
Stage 5: Moderately Severe Cognitive Decline with Mid-stage Dementia	Needs prompting with bathing, grooming and medications	Moderate to Small Group Activities. Reminiscence, validation and exercise
Stage 6: Severe Cognitive Decline with Mid-stage Dementia	Needs assistance with bathing. Has difficulty with incontinence	Small Group to 1:1 Activities. Validation, routine and social activities
Stage 7: Very Severe Cognitive Decline with Late-stage Dementia	Losses ability to speak, sit, walk. Requires assistance with eating	1:1 Activities. Sensory cues and environmental props

Signature Program Designed to Foster Engagement

- Whole Person Wellness Focused with 8 Domains of Leisure Activity and Contentment: vocational, creative, spiritual/emotional, physical, social, education, outdoor, independent pursuits
- Monthly and quarterly themes
- Comprehensive library of programming ideas in toolkits that address all domains of leisure, necessary adaptations and ideas for program execution

9. Firefighter



< Play Show > Quit Show

The laptop screen shows a home screen with a sidebar on the left containing: Daily Chronicle, Quote of the Day, Fact or Fiction, Joke of the Day, and Horoscope. The main area features a weather widget (85° Hi 89° Lo 81° Palm Beach Gardens, FL) and a grid of icons: Video, Music & Audio, Games, Trivia, Slideshow, Remember When, Sensory, and Suggestions.

The tablet screen shows a home screen with a sidebar on the left containing: Daily Chronicle, Quote of the Day, Fact or Fiction, Joke of the Day, and Horoscope. The main area features a weather widget (85° Hi 89° Lo 81° Palm Beach Gardens, FL) and a grid of icons: Video, Music & Audio, Games, Trivia, Slideshow, Remember When, Sensory, and Suggestions.

Evaluate



Report Filters

Start Date

September 01, 2016



End Date

September 30, 2016



Update clear filters

Linked Senior Community

September 01, 2016 to September 30, 2016

Total Minutes

3219.2

Total minutes of engagement for all residents

Compliance Score

100%

The percentage of residents who participated in at least one program.

Program Sessions Offered

0

1 on 1's

12

Group

7

Interventions

1

Therapy Sessions

Program Ratings

98.9%

Active

0.1%

Passive

0.7%

Refused

0.4%

Sleeping

Resident Stats

1.5

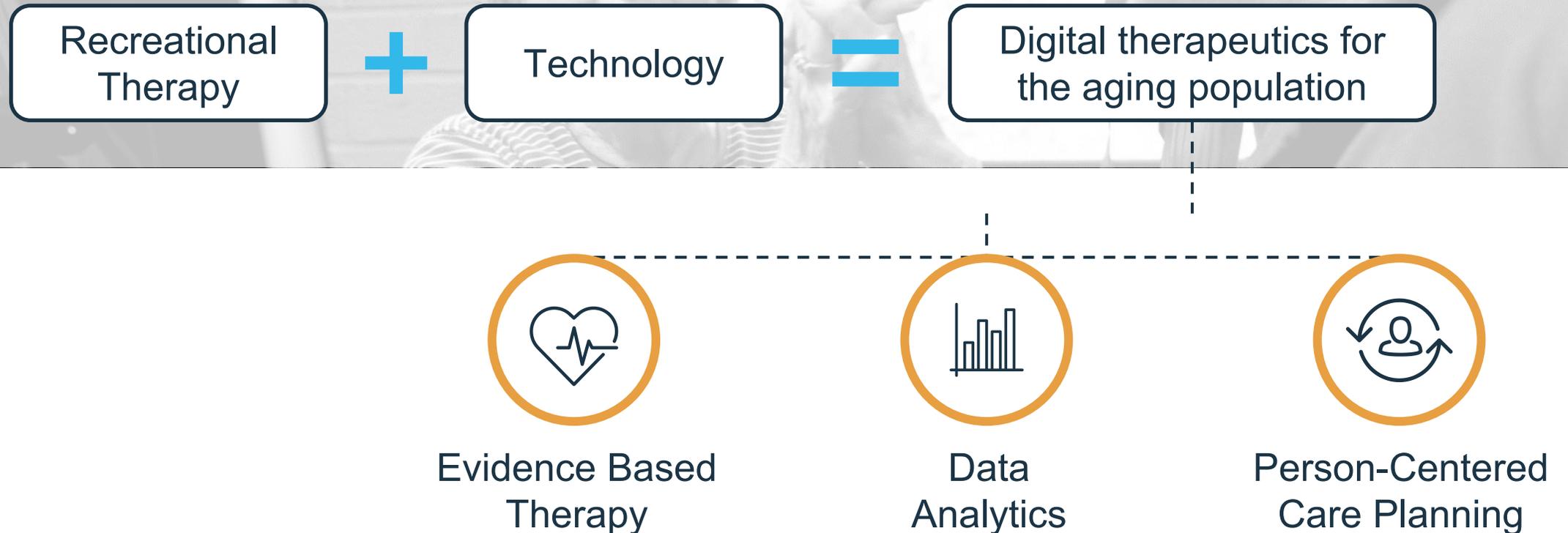
Avg Engagement

3.3

Avg Residents per Program

What does the future hold?

Engagement needs technology to be operationalized & scale



What happens when you scale Recreation Therapy?

Business Outcomes

QOL & Clinical Outcomes



3x
Staff Efficiency

2x
lead
conversion



60%
Behavior
mitigation success

0%
Use anti-psychotic
medications

Linked Senior Upcoming Research

- *Do we see better outcomes among those who use Linked Senior compared to those who do not?*
- Research conducted over 1 year at Responsive Health Management in Canada
 - 3 sites (Cedarvale Terrace, Vermont Square and O'Neill Centre)
- Research support through Western Oregon University



Linked Senior Upcoming Research

- 2 sites will be “treatment” groups. The third site will have ½ of residents as “treatment” the other ½ as a “control” not receiving Linked Senior

Data to be Collected

RAI-MDS – Index of Social Engagement (ISE)

Cohen- Mansfield Agitation Inventory – Short Form (CMAI-SF)

RAI-MDS – Depression Rating Scale (DRS)

RAI- MDS – Aggressive Behavior Scale (ABS)

RAI- MDS – Cognitive Performance

QOLS – Quality of Life Scale

Pre – and Post- Test for Clinical Survey of Staff (perception scale)



Questions?

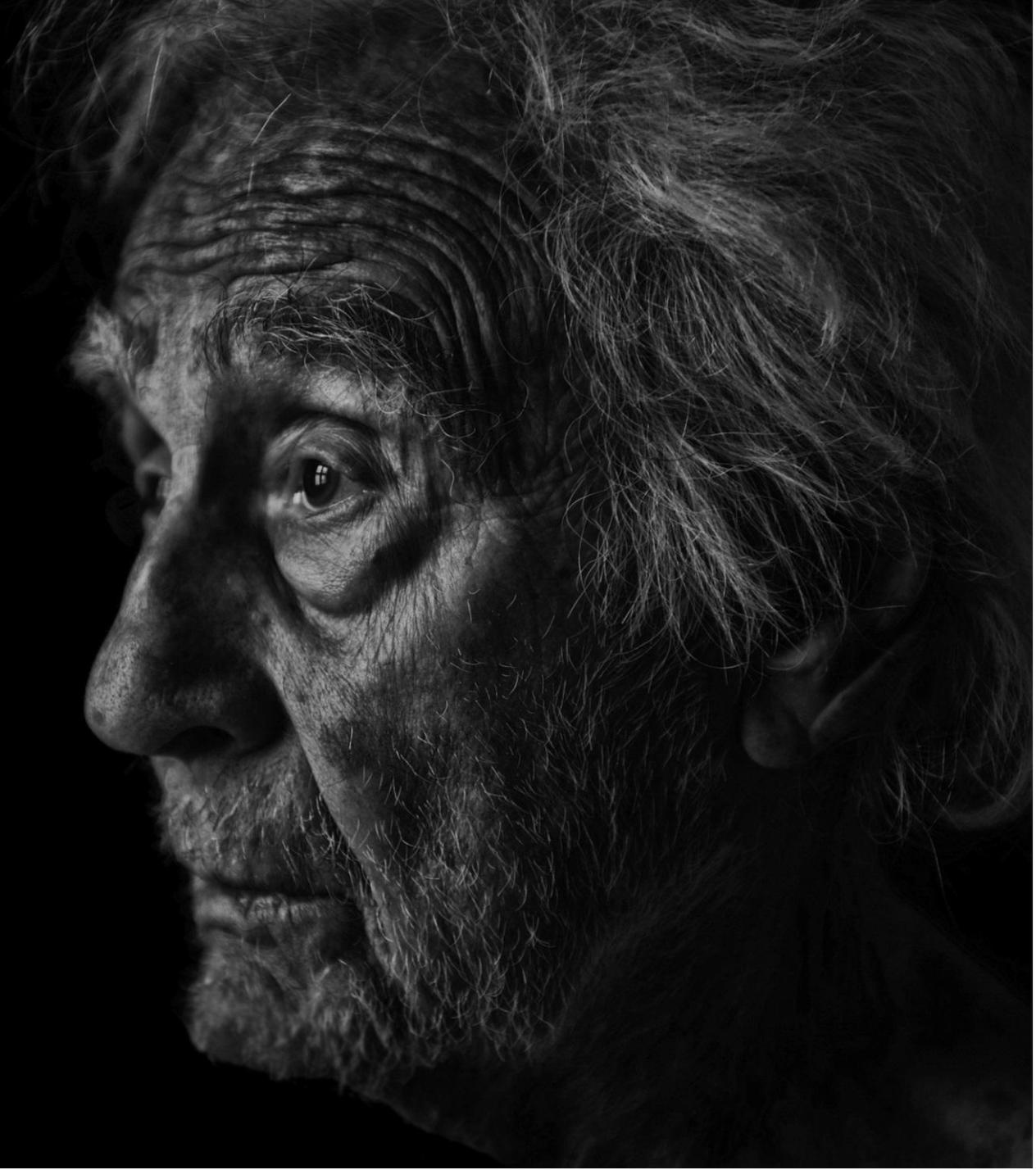
Charles de Vilmorin, CEO & Founder, Linked Senior

cdevilmorin@linkedsenior.com

Meaghan McMahon, Director of Research

mmcmahon@linkedsenior.com

**WE THINK
THERE'S
NO LIFE
IN AGING,
THESE DAYS.**





**OLD
PEOPLE
ARE
COOL**