Much of the discussion regarding frailty among older adults focuses on how to prevent decline through more targeted assessment and biomedical interventions. This session will present perspectives from European literature on thriving among frail older adults as a means of enhancing outcomes for residents in PA/LTC. Eleanor McConnell, PhD, RN, will emphasize how a thriving perspective aligns with ongoing trends in health care, such as those emphasizing person-centered approaches and increased focus on social determinants of health. Challenges and opportunities faced by PA/LTC staff and their leaders seeking to promote resident thriving will be highlighted, such as balancing biomedical and person-centered approaches to care, and reconsidering quality indicators and leadership models.

Dr. McConnell is Associate Professor and Director of the Geriatric Nursing Center of Excellence in the School of Nursing at Duke University, a Senior Fellow of the Duke Center for the Study of Aging and Human Development, and a Core Investigator at the Department of Veterans Affairs Geriatric Research, Education and Clinical Center (GRECC) in Durham, NC. Her research and clinical scholarship focuses on improving quality of life among older adults with complex chronic illnesses, particularly among those who are frail, and those who suffer from major neurocognitive disorders. She has devoted her career to improving quality of life and quality of care among those residing in LTC, and her work has been recognized through the Ewald Busse Award from the NC Department of Health and Human Services for her impact on state-level LTC policy. Her work is published in leading medical and nursing journals, and is co-editor of the pioneering textbook “Matteson and McConnell's Gerontological Nursing: Concepts and Practice,” first published by Elsevier in 1988.

Learning Objectives
Define thriving as it pertains to frail older adults living PA/LTC settings.
Analyze how various long-term care staff members can affect core elements of thriving in their daily work.
Contrast quality indicators currently used in PA/LTC, and how they support or interfere with thriving.
Apply the adaptive leadership model to promoting thriving in PA/LTC.

Presenter(s): Eleanor McConnell, PhD, RN

Presenter(s) Disclosures: All speakers have reported they have no relevant financial relationships to disclose.
Thriving Among Frailty and Decline

Anne-Marie Filkin Lecture
AMDA: Society for Post Acute and Long-term Care
Eleanor S. McConnell PhD, RN, GCNS-BC
Duke University School of Nursing
Duke Center for the Study of Aging and Human Development
Department of Veterans Affairs, Geriatric Research, Education and Clinical Center (GRECC)
Durham, NC USA
March 25, 2018

Goal
Promote capacity among LTC staff to promote thriving among residents in their care.
- Reflect on personal capacity to shape care quality and outcomes that matter to older adults in long-term care
- Discuss leadership needed to shape quality indicators and care processes to promote thriving

Photo source: http://www.reginahuegli.com/galleries/drifting-identity/

Objectives
- Define thriving as it pertains to frail older adults living in PA/LTC settings.
- Contrast quality indicators currently used in PA/LTC, and how they support or interfere with thriving.
- Apply the Adaptive Leadership model to promoting thriving in PA/LTC.
- Analyze how various long-term care staff members can influence the core elements of thriving in their daily work.

Inspiration
“There is no such thing as a new idea. It is impossible. We simply take a lot of old ideas and put them into a sort of mental kaleidoscope.

We give them a turn, and they make new and curious combinations.

We keep on turning and making new combinations indefinitely, but they are the same old pieces of colored glass that have been in use through all the ages.”

Source: Mark Twain’s Own Autobiography: The Chapters from the North American Review

The Colored Glass of Long-term Care

Roadmap
- Personal Reflection
- Define Thriving and Relate to Person-Centered Care
- Recognize Signposts: Scientific-Clinical-Political
- Consider Adaptive Leadership Model
- Your Personal Reflections
PERSONAL EXPERIENCE: ONE SOURCE OF COLORED GLASS

The British Invasion

<table>
<thead>
<tr>
<th>Care Innovation</th>
<th>Year in UK</th>
<th>Year in US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formalized Nurse Training</td>
<td>1860</td>
<td>1873</td>
</tr>
<tr>
<td>Meals on Wheels</td>
<td>1940s</td>
<td>1950s</td>
</tr>
<tr>
<td>Integration of LTC into health care financing</td>
<td>1946</td>
<td>1965</td>
</tr>
<tr>
<td>First Academic Chair in Geriatrics</td>
<td>1965</td>
<td>1977</td>
</tr>
<tr>
<td>Hospice and Palliative Care</td>
<td>1967</td>
<td>1977</td>
</tr>
</tbody>
</table>

SCIENTIFIC COLORED GLASS: FOCUS ON OUTCOMES THAT MATTER

Thriving

- Meaning in residents’ daily experience
- Congruence between their needs and their care environment
- Quality of care and caregivers

Source: Edvardsson et al., 2017


A Delicate Balance

Nursing Home and Post-Acute Care
Research Origins

- Failure of children to develop in institutional settings despite excellent clinical care (Spitz, 1940s)
- Importance of attachment to warm, sensitive caregivers (Bowlby, 1950s)
- Bio-psycho-social model (Engel, 1960s)

How Relationships Affect Thriving

Source: Feeny and Collins, 2014

Clinical Translational Research Meeting

Domains of Well-Being

Eden Alternative Task Force
Fox et al., 2005; 2012

ICE-CAP: Measures of Wellbeing

- Single-item indicators of well-being in multiple domains
  - Attachment (love and friendship)
  - Security (thinking about the future without concern)
  - Role (doing things that make you feel valued)
  - Enjoyment (enjoyment and pleasure)
  - Control (independence)
- Suite of measures: Older adults, caregivers, younger adults, End of Life measure

The Network’s Wellbeing Matters!
Domains of Well-Being

Senses Framework
1. Security – to feel safe within relationships
2. Belonging – to feel a ‘part’ of things
3. Continuity – to experience links and consistency
4. Purpose – to have a personally valuable goal or goals
5. Achievement – to make progress towards a desired goal or goals
6. Significance – to feel that ‘you’ matter

Nolan, 2001, 2006

Having a sense of security

To feel safe within relationships

Staff:
- Freedom from physical harm, including rebuke
- Secure conditions of employment
- Emotional demands of job are recognized

Person Living in PA-LTC:
- Attention to basic needs
- Freedom from threat, harm, pain, discomfort

Family:
- Confident in knowledge to provide good care without detriment to personal wellbeing

Having a sense of belonging

To feel a ‘part’ of things

Staff:
- To feel part of a team with a recognized and valued contribution, to belong to a peer group, a community of gerontological practitioners

Person Living in PA-LTC:
- Opportunities to maintain and/or form meaningful and reciprocal relationships, to feel part of a community or group as desired

Family:
- To be able to maintain/improve valued relationships, to be able to confide in trusted individuals to feel that you are not ‘in this alone’

Having a sense of continuity

To experience links and consistency

Staff:
- Positive experience of work with older people from an early stage of career, exposure to good role models and environments of care.
- Expectations and standards of care communicated clearly and consistently

Person Living in PA-LTC:
- Recognition and value of personal biography
- Skillful use of knowledge of the past to help contextualize present and future
- Seamless, consistent care delivered within an established relationship by known people

Family:
- To maintain shared pleasures/pursuits with the care recipient

Thriving: Multi-center Trial: NCT-02714452

Setting:
- Nursing homes: 3 countries

Design:
- Cluster randomized trial

Participants: 836 enrolled

Intervention: 12-months interactive teaching and coaching around:
1) Doing a little extra
2) Developing a caring environment
3) Assessing and meeting highly prioritized psychosocial needs

WE-THRIVE Research Consortium

Worldwide Elements To Harmonize Research In long-term care lVing Environments

Purpose: Identify common data elements that have international applicability for LTC research from a person-centered, strengths-based ethos, to advance thriving among residents, staff, and family members.

Can a person-centered and thriving promoting care model increase:
- Residents’ thriving, and have a positive impact on residents’ perception of the caring environment?
- Relatives’ satisfaction with care, and have a positive impact on their experience of visiting their relative, and perception of the caring environment?
- Staff’s job satisfaction, decrease stress of conscience, and have a positive impact on their perception of the caring environment and person-centered care?

Most quality measurement approaches focus on clinician behaviors or absence of symptoms.

**COLORED GLASS: CURRENT QUALITY MEASURES**

- Delay cognitive decline
- Attain and maintain personal function
- Decrease severity of symptoms
- Promote patient and caregiver decision-making
- Reduce caregiver stress and burden
- Enhance caregiver engagement

**Care Processes and Outcomes:**
- American Academy of Neurology 2009; 2016
- Outcomes for People with Dementia
- NQF Person-centered approach
  - Maximize Quality of Life, Minimize Distress

**Population at Risk**

<table>
<thead>
<tr>
<th>Symptom Awareness</th>
<th>Care, Treatment and Support</th>
<th>End of Life/Bereavement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
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<tr>
<td>Severe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Experience of the person with Dementia: Cognition, Behavior, Function, Environment**

- Education—Health—Support—Experience of Care
- Engagement—Quality of life
- Experience of the caregiver

**Care Processes for People with Dementia**
- Safety
- Neuro-behavioral
- Symptom Management
- Caregiver Education and Support
- Palliative Care Counselling

**Outcomes for People with Dementia**
- Promote patient and caregiver decision-making
- Reduce caregiver stress and burden
- Enhance caregiver engagement

**Contrast this with Quality Indicators in Post-Acute Care**

### Percentage of Short-stay residents who...

- Improved in their ability to move around on their own
- Were re-hospitalized after a nursing home admission
- Had an outpatient ED visit
- Were successfully discharged to community
- Have moderate to severe pain
- Pressure ulcers new or worsened
- Got flu shot during flu season
- Got pneumonia vaccine if they needed it
- Antipsychotic medicine for the first time

### Contrast this with Quality Indicators in Long-Term Care

- One or more falls with major injury
- A urinary tract infection
- Moderate to severe pain
- High risk and developed Pressure ulcers
- Lost control of their bowels or bladder
- Catheter inserted and left in their bladder
- Physical restraints
- Ability to move independently worsened
- Need for ADL assistance has increased
- Lost too much weight
- Have symptoms of depression
- Anxiety or hypnotic medicine
- Antipsychotic medication
- Flu shot

**Domains of Well-Being**

- Eden Alternative Domains of Well-Being
- Senses Framework
  1. Security – to feel safe within relationships
  2. Belonging – to feel a ‘part’ of things
  3. Continuity – to experience links and consistency
  4. Purpose – to have a personally valuable goal or goals
  5. Achievement – to make progress towards a desired goal or goals
  6. Significance – to feel that ‘you’ matter

- Eden Alternative Task Force
- Fox et al., 2005, 2012
**ICECAP Measures**

<table>
<thead>
<tr>
<th>No.</th>
<th>Item from ICECAP-O</th>
<th>Item from ICECAP-CES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I can have all the love and</td>
<td>You mostly get on with the person</td>
</tr>
<tr>
<td></td>
<td>friendship that I want</td>
<td>you care for</td>
</tr>
<tr>
<td>2</td>
<td>I can think about the future</td>
<td>You get a lot of support from family and friends and your organisation</td>
</tr>
<tr>
<td></td>
<td>without any concern</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I am able to do all the things</td>
<td>You can do most of the things you want to do outside of caring</td>
</tr>
<tr>
<td></td>
<td>that make me feel valued</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I can have all the enjoyment</td>
<td>You find caring fulfilling</td>
</tr>
<tr>
<td></td>
<td>and pleasure that I want</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I am able to be completely</td>
<td>You are in control of most aspects of caring</td>
</tr>
<tr>
<td></td>
<td>independent</td>
<td></td>
</tr>
</tbody>
</table>

**Let’s say the evidence is in…..**

- Let’s say we can reliably measure patient and family experience and thriving in LTC.
- How do we integrate a thriving focus into our existing from a biomedical/safety focus?

**Adaptive Leadership**

Addresses oversimplification of problems that lead to poor health outcomes and wasted resources.

Distinguishes between 2 types of challenges:
- **Technical**: Solution is known
- **Adaptive**: Solution must be discovered by engaging with those who do the work

Adaptive Leaders:
- Notice and name challenges
- Engage stakeholders in the adaptive work

Heifetz, 2009; Thygesson et al., 2010; Anderson et al. 2015; Corazzini, 2015

**Adaptive Leadership Applied to Care of Frail Elders & Thriving**

- Acknowledge that there are as many, if not more, adaptive challenges than technical challenges
- Recognize the dual role of clinicians:
  - Technical expert
  - Adaptive leader to facilitate work of resident and those in their social networks

Skills of adaptive leaders:
- Comfortable not knowing all the answers
- Skillful in engaging many to help develop solutions
- Recognize that co-production of care is the new normal

**Describe these pictures**

Photo credit: [http://brainden.com/face-illusions.html](http://brainden.com/face-illusions.html)
How might an Adaptive Leader Promote Thriving?

- Identify technical challenges and implement evidence-based technical solutions
  - Immunize!
  - Practice guidelines: Falls, CHF, other common syndromes
- Personal outcomes approach
  - Shift from “checklist manifesto” to open-ended questions
  - Exchange model of assessment
    - Grow the pool of information
    - Tie quality metrics to achievement of outcomes that matter to the person living in post-acute or long-term care

Personal Outcomes Approach

- Engaging with individuals using services and caregivers about:
  - what is important to them in life
  - why these things are important (outcomes)
  - how to go about achieving these things
  - who will be involved, including the person, other people in their life and community, and services
  - when and where etc.
  - extent to which their personal outcomes are being achieved, what helps and hinders
- Recording of information on outcomes:
  - Qualitatively in a language meaningful to the person – the personal outcomes story
  - And that may then be summarized using personal outcomes scales
- Using information for decision making including:
  - Individual actions, care and support
  - Service delivery and improvement
  - Planning and commissioning
  - Enriching performance monitoring

Source: https://personaloutcomescollaboration.org/personal-outcomes-approach/

Personal Outcomes Approach: Resources

- https://personaloutcomes.files.wordpress.com/2015/05/iriss_leading_for_outcomes_dementia.pdf

Reflect on the colored glass of our past and present and...envision our future as it relates to Thriving

1900-1986
66 years: From Almshouse to Hospital

1987-2018
31 years: Research & Culture Change
An era of Thriving

2018 and beyond

3/26/2018

Acknowledgements
Questions and Comments

Thank you!

References and Resources

- Personal Outcomes Approach
SU3b- General Session III - Closing Keynote -- The Future is Not What it Used to Be! Innovating for an Unpredictable Tomorrow

Sunday, March 25
8:30 AM- 11:00 AM

Session Description
Successful innovation requires leadership’s commitment to a culture of rapid experimentation, failure, and iteration. In the words of Louis Gerstner, the iconic retired IBM CEO, “culture isn’t just one aspect of the game – it is the game.” Health care organizations that have historically excelled in now outdated physician-centric culture, are faced with the challenge of implementing technological solutions for patient-centered care delivery. Are we, the members of the PA/LTC community, ready to embrace a new culture? Arif Nazir, MD, CMD, relied on innovation to address a real challenge in his facility. Confronted by a dissatisfied patient who described the health care system as worse than the local burger joint, his team transformed the traditional care-delivery model to a new approach: Patients as the CEO of their health. The success of this approach convinced Dr. Nazir of the value of inventive problem solving, not only at work but also in daily life. Dr. Nazir will highlight his experiences that shaped his perspectives on the power of innovation. As the Chair of the Innovations Platform Advisory Council for the Society, he will share his vision to transform the Society culture to lead meaningful health care innovations.

Arif Nazir, MD, CMD, is a Geriatrician and an Associate Professor of Clinical Medicine in University of Louisville. In his current role as the Chief Medical Officer for Signature HealthCare he oversees delivery of innovative clinical programs in more than 125 skilled facilities across ten states. Among many other previous roles, Dr. Nazir provided leadership as the medical director of a unique CMS Innovations project, OPTIMISTIC, that significantly reduced the avoidable hospitalizations of long-stay nursing home patients in 19 Indiana facilities. Dr. Nazir is the Vice President of the Society and also Chairs the Innovation Platform Advisory Committee for the Society.

Learning Objectives
- Recognize the importance of a culture of innovation for organizations.
- Describe key innovations that are re-strategize on how they can promote innovative thinking in their work environments.
- Envision Society’s future promotion of innovation in the PA/LTC setting.
- Defining healthcare delivery.

Presenter(s): Arif Nazir, MD, CMD

Presenter(s) Disclosures: Arif Nazir, MD, CMD: Has a financial disclosure; Signature HealthCARE: CMO Full time Employment; SHC Medical Partners: President
The Future is Not What it Used to Be! Innovating for an Unpredictable Tomorrow

Arif Nazir MD CMD FACP AGSF
Associate Professor,
Department of Family Medicine & Geriatrics
University of Louisville

Chief Medical Officer,
Signature HealthCARE

Speaker Disclosures

Dr. Arif Nazir is:

- Full-time CMO for Signature HealthCARE
- Co-founder and CMO of CareAscend

Summer 2013

Five skills from The Innovator’s DNA

- Accepting
- Questioning
- Disciplined
- Empowering

Cayton Christmas

Same Old Thinking, Same Old Results
Future is Not What it Used to Be!

Session Objectives

Examples across Settings

AMDA Innovation Mission

Why Innovate NOW?

“creative destruction and Irrelevance”

“In 10 years over 40% of the Fortune 500 will no longer be here”

“Why Innovate NOW?”

Session Objectives

Innovation is the Answer

Examples across Settings

AMDA Innovation Mission

Growth of World Population and the History of Technology

“creative destruction and Irrelevance”

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Growth of World Population and the History of Technology

“creative destruction and Irrelevance”

“Why Innovate NOW?”

“why Innovate NOW?”
Role of AMDA

“Those hoping to launch the world’s next great innovation hub would be better off looking to an older, even more remarkable genius cluster:

Renaissance

http://www.cnbc.com/2014/06/04/15-years-to-extinction-500-companies.html
The Skills of an Innovator: The Job Letter

Defining Innovation

Problem
New Solution
Adopted
Value for Everyone
Ooho Edible Water Orbs

Granny Pods
By Med Cottage

“His genius came from being wildly imaginative, quirkily curious and willfully observant.”

“I was going to teach myself to procrastinate, but I decided to put it off and do it later.

“procrastination gives you time to consider divergent ideas, to think in nonlinear ways, to make unexpected leaps.”
“I honestly, if there was a virtual prostate exam, don’t you think I’d want to be the first to know?”

“I have 10,000 won’t, I’ve just don’t worry = be = CRAPPY

“Restaurant Service, Health Care Style

Innovation is Everyone’s Responsibility
Finding Penelope

Potential trumps experience

Culture of Innovation (SHC Examples)

Talent needs patronage

Seek out and appropriate funds

Disaster creates opportunities

Embrace competition
“(Innovators) push the human race forward, and while some may see them as the crazy ones, we see genius, because the ones who are crazy enough to think that they can change the world, are the ones who do!”

THANK YOU

anazir@shccs.com