

Train the Trainer Series

Improving Health Outcomes Activities

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NOTE: All of the activities included in each section are brief and simple and can be done in-person or virtually.

SPECIFIC COURSE ACTIVITIES: HOS Measure Composites

These activities are quick and easy to implement during or after a HOS Measure Composite is presented. Here are activities that can be done either virtually or on-site:

1. MONITORING PHYSICAL HEALTH

Activity #1: Physical Activities for Seniors (virtual or on-site)

If you have time, share with your staff the following video: **YouTube Link: 93-year-old woman loves exercise class! – Daily Mail** at <https://www.youtube.com/watch?v=H8oSONuVZMA>

Play video clip and afterwards, speak to what the audience saw:

- What are their feeling towards the idea that seniors can find a way to exercise at any age?
- Reiterate the fact that physical activity is important at any age, and all ability levels.

Activity #2: Demonstrate Exercises (virtual via zoom or on-site)

From the slide deck regarding different types of exercises, have the staff try to perform one or two of those “senior approved” exercises:

- Walking in place
- Gardening
- Chair exercises
- Senior exercise classes
- Fall prevention classes
- Tai chi

Discuss types of physical activities that you see seniors doing that you might recommend to your patients.

Talk about different levels of activity to meet the needs of patients at various stages of health and age.

2. IMPROVING AND MAINTAINING PHYSICAL HEALTH

Activity #1: Pain Meter

The Pain Meter slide is not only a good tool to use to evaluate the patient’s level of pain but it can be used as a quick activity with the staff. Send a copy of the slide titled Pain Meter to the staff, the ask the following question:

- If you (staff member) were asked, “How would you rate your pain level today?”
- Then discuss how your staff members felt and what type of pain are they experiencing today.

Activity #2: Long and Short Term Exercise Goals (virtually or on-site)

Have your staff members, either in teams of 2 or individually, work on designing long and short term goals regarding improving exercising for our patients...develop an activity profile.

For example:

Long Term Goals: Walk 4 times a week for 30 minutes; go to the gym 2 times a week for strengthening exercises, etc.

Short Term Goals: Start a program of 15 minutes of walking every day, 5 days a week. This is achievable and not overwhelming.

Print out Age Page on Physical Activity for your patients:

<https://order.nia.nih.gov/sites/default/files/2019-06/AgePage-exercise-physical-activity.pdf>

3. REDUCING THE RISK OF FALLS

Activity #1: Every Second an Older Adult Falls (virtually via zoom or on-site)

- Ask your staff to make a fist, then as you count, 1,2,3,4,5... 5 second countdown...you open your fingers until the hand is completely open.
- Then looking at the hand, you explain that in that amount of time, 5 older adults just fell.

Activity #2: Identifying Our Patients (virtually or on-site)

- Ask the attendees to think of some of their patients and what you know about their conditions and lives and what could lead them to falling or what led them to fall.
- What types of factors have you personally seen that have led to falls in your patients or other persons you may know?

Activity #3: The Balancing Act (can be done virtually but more effective if done on-site)

Have the staff demonstrate the 4-Stage Balance Test – you can find this test on the CDC website at https://www.cdc.gov/steady/pdf/4-Stage_Balance_Test-print.pdf

Instructions to the patient:

- *I'm going to show you four positions.*
- *Try to stand in each position for 10 seconds.*
- *You can hold your arms out, or move your body to help keep your balance, but don't move your feet.*
- *For each position I will say, "Ready, begin." Then, I will start timing. After 10 seconds, I will say, "Stop."*

Also, demonstrate how to correctly use DMEs (Durable Medical Equipment) like canes, walkers, or wheelchairs to improve mobility and balance. (on-site activity)

Activity #4: Home Safety Checklist (virtually via zoom or on-site)

"Let's fix Mrs. Arrow's home. Mrs. Arrow is an 80-year-old with diabetic neuropathy in her feet. She went to the ER 2 nights ago because she tripped and fell in her entry way.

To help her, we are going to do a home safety check. Let's see what is ok, what needs to be fixed, and what needs to change completely. Be mindful that too much change can make the patient very upset and unwilling to agree with the recommendations."

Break the staff into teams. Make a list of home areas and items that need to be addressed. Then the ask the teams to evaluate the home situation and see who can safety proof Mrs. Arrow's home the best.

Examples of items to discuss:

- Stairs are old and slippery and the wood regarding the first step is cracked. There are 3 steps to get to the front door.
- Handrails in the house are "shaky."
- The floors are even.
- There are 2 throw rugs: one by the kitchen and one inside the bathroom.
- Mrs. Arrow loves to read and magazines and books are piled everywhere.
- Her granddaughter bought her a computer and it is located by her reclining chair so that she can answer emails quickly. The cords are on top of the carpet in direct line to the hallway and to the restroom.
- The front window has a crack and lets the AC leak air out of the room.
- All the lights in the house are working.

- One electrical plug has 4 items piggybacked into the plug.
- The fire alarms were last checked 5 years ago.

NOW the staff has to figure out what to do to make Mrs. Arrow's home safe so there will be no further visits to the ER because of falling.

4. IMPROVING BLADDER CONTROL

Activity #1: A Discussion with Our Patients (can be done virtually in a zoom chat room or on-site)

Because Urinary Incontinence is a sensitive and embarrassing topic, decrease the uncomfortableness of UI by introducing it as an everyday type of question so as not to place a "spotlight" on the topic.

One preference is to use other topics as a way to introduce the subject.

For example: Talking to the patient about a simple and non-threatening topic like dealing with "problems sleeping."

Have the staff practice these questions with each other relating to sleep and see how they can segue into the topic of UI gently and smoothly.

Here are sample questions:

- Do you have trouble sleeping through the night?
- Do you get up in the middle of the night to use the restroom?
- Have you ever had a problem getting to the restroom?
- Have you ever had an accident?
- Have you ever had an accident in the day? If so, how often?
- Has this affected or interfered with your daily activities?

5. IMPROVING OR MAINTAINING MENTAL HEALTH

Activity #1: The PHQ2/PHQ9 Questionnaires (virtual or on-site)

The PHQ 9 is a validated questionnaire that reviews the 9 key symptoms of depression based on the DSM (Diagnostic and Statistical Manual of Mental Health) diagnostic criteria for major depression.

The PHQ 2 is the first 2 questions in the PHQ 9: lack of interest in activities and depressed mood. This has been shown to be effective in screening for depression. It is important not to paraphrase the questions.

First start by asking about the presence of a symptom, then determine the persistence (2 weeks or more), then determine the severity of symptoms.

Example: *"I am going to ask you a series of questions about your mood. Some of these may sound different or even extreme, but these are standard questions we ask all individuals. Please answer them as best as you can. Please indicate in the last 2 weeks if you have felt this: not at all, several days, more than half the days or nearly every day."*

Here are the PHQ questions, send these to your staff prior to the training and have them fill them out. Then have your staff practice on each other to get a feel for what information the questionnaire is seeking from a patient:

- PHQ2: In the last 2 weeks...
 - Have you had little interest or pleasure in doing things?
 - Have you been feeling down, depressed or hopeless?
- PHQ9: In the last 2 weeks...
 - Have you had little interest or pleasure in doing things?
 - Have you been feeling down, depressed or hopeless?

- Have you had trouble falling or staying asleep or sleeping too much?
- Have you been feeling tired or have little energy?
- Have you had a poor appetite or have been overeating?
- Have you been feeling bad about yourself, or that you are a failure or have let yourself or family down?
- Have you had trouble concentrating on things, such as reading the newspaper or watching TV?
- Have you been speaking or moving so slowly that other people could have noticed? Or the opposite – have you been so fidgety or restless that you have been moving around a lot more than usual?
- Have you had thoughts that you would be better off dead, or of hurting yourself in some way?

To see a full copy of a PHQ2/PHQ9 (Depression Screen) Questionnaire, go to the following link:
<https://www.uclahealth.org/geriatrics/workfiles/education/clinical-skills/handouts/Depression-Screen.pdf>

Activity #2: Validation (virtual or on-site)

When speaking of issues regarding mental health, it helps to see the positive, healthy side of good mental health and how we can help each.

The following video, called Validation, is a great video to share with your staff on how simple “validating” comments can make a difference in a person’s life. It is long but the **first 4 minutes** is all you need to show to make a point. Go to the following link:

<https://www.youtube.com/watch?v=Cbk980jV7Ao>

Activity #3: Emotion Meter (virtual or on-site)

Emotion Meter: How are you feeling today?

This Emotion Meter slide is not only a good tool to use to evaluate the patient’s current emotional state but it can be used as a quick activity with the staff. Send a copy of the slide titled Emotion Meter to the staff, then ask the following question:

- If you (staff member) were asked, “How would you rate your emotion state today?”
- Then discuss how your staff members felt and what type of emotions were they experiencing today.

Generic Activities: Brainstorming Activity

Instructions: Brainstorming

Purpose: Encourage new ideas, new ways of doing things, and being creative or thinking “outside of the box”.

1. Facilitator Role

- Define your problem, issue or challenge
- Give a time limit or idea limit
- Encourage everyone to participate
- Record ideas
 - Be brief, but try to use participant’s words
 - Put a check mark when ideas are repeated

2. Brainstorming Rules

- Shout out ideas quickly
- Think fast; reflect later.
 - Keep ideas short and simple
 - The more ideas, the more potential solutions
- No discussion during brainstorm ... ideas only
 - No criticizing, arguing, agreeing or evaluating.... No discussion
- Hitchhiking – build on other ideas for inspiration to create new ideas

3. Concluding the Brainstorm

- Facilitator:
 - Reads the list of ideas
 - Ask if there are any additions or corrections
- Group:
 - Chooses the top 3 – 5 ideas
- Facilitator:
 - Make sure everyone participates
 - Circles the top ideas

Generic Activities: Discussion Groups

Instructions: Discussion Groups

1. Be inclusive
 - Allow individual introductions
 - Share objectives, expectations or intentions of the discussion
 - Get clarification, if needed, on participant questions or comments.
 - Treat participants with respect and consideration.
 - Give time for participants to gather their thoughts and contribute to discussions.
 - Provide opportunities for participants to pair-share.
2. Discussions should be constructive and positive
 - Establish ground rules
 - Try to keep the group on task without rushing them
 - If the group starts to veer in the direction of negativity and/or pointless venting, ask them how they would like to address this
 - Step back when a group is functional/functioning – help participants become independent learners; take control of their learning
3. Encourage participation
 - Capture participants' comments on a whiteboard
 - Ask follow-up questions, and paraphrase comments for all to think about
 - Incorporate previous contributions into the conversation
 - Encouraging others to add their reactions or ideas to build on someone's comment.
 - It's okay if you don't know – invite others to provide resources
 - Discomfort and silence are ok; it allows participants time to think

Generic Activities: Case Study

Instructions for drafting a Case Study:

1. Introduction
 - Identify the key problems and issues in the case study.
 - Formulate and include a thesis statement, summarizing the outcome of your analysis in 1–2 sentences.
2. Background
 - Set the scene: background information, relevant facts, and the most important issues.
 - Demonstrate that you have researched the problems in this case study.
3. Alternatives
 - Outline possible alternatives (not necessarily all of them)
 - Explain why alternatives were rejected
 - Constraints/reasons
 - Why are alternatives not possible at this time?
4. Proposed Solution
 - Provide one specific and realistic solution
 - Explain why this solution was chosen
 - Support this solution with solid evidence
 - Concepts from class (text readings, discussions, lectures)
 - Outside research
 - Personal experience (anecdotes)
5. Recommendations
 - Determine and discuss specific strategies for accomplishing the proposed solution.
 - If applicable, recommend further action to resolve some of the issues
 - What should be done and who should do it?