LSS Healthy Transitions Service

Lutheran Social Service of Minnesota



Lutheran Social Service of MN

Lutheran Social Service of Minnesota (LSS) provides services for children, youth and families, older adults and people with disabilities.

With over 2,000 employees, Lutheran Social Service serves 1 in 65 Minnesotans in more than 300 communities.

We believe that all people deserve the opportunity to live and work in community with full and abundant lives.



LSS Older Adult Services

We believe Minnesota's older adults should have choice in their services and opportunities to contribute to community.

Our services are designed so that older adults:

- Have services that support their independence, well-being and relationships.
- > Are choosing the design and delivery of their services.
- > Are contributing time and resources to their community.





LSS Healthy Transitions Service

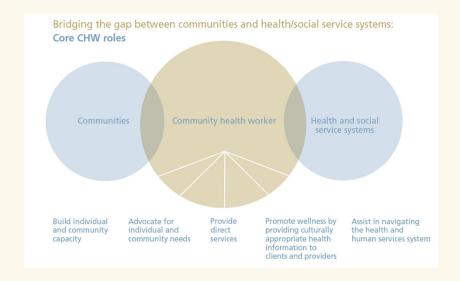
- > Readmission Prevention Benefit
 - Supplemental benefit available to qualified Minnesota Senior Health Options (MSHO) members
- > In-home support following a hospital stay
 - > Targeting older adults living independently with frequent hospital admissions/emergency room visits
- > Service provided by a trained staff
 - Certified Community Health Worker (CHW)
- Complementary to work of Care Coordinators and any other services that are already in place for members

Who are Community Health Workers?

• "A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy."

Community Health Workers

- > 500 certified CHWs in Minnesota Certified CHWs:
 - Complete CHW curriculum through certificate program at an accredited post-secondary institution
 - Receive on-the-job training
 - > Complete continuing education
- CHWS serve in many settings, from in-home to hospitals and clinics



Source: MN Community Health Worker Alliance



Successful Transitions from Hospital to Home

In-home support during the first 30 days after hospital discharge is critical



Visits will begin within 72 hours upon notification of discharge



Community Health Worker's schedule all visits and provide ongoing communication to Care Coordinators throughout 30 days

4 weekly visits:

- •Visit #1 In-home visit (2 hours)
- Visit #2 Phone call (60 minutes)
- Visit #3 In-home visit (2 hours)
- Visit #4 Phone call (60 minutes)

Services Provided

- Personal Health Record (PHR)
- > Home safety assessment
- Nutrition review
- > LSS home delivered meals
- > Community resources
- Communication with Care Coordinator following each visit and as needed through case notes, emails and phone calls





Personal Health Record (PHR)

- Completed with Community Health Worker during
 Visit #1
- Medication Review/Inventory
 - > Review of discharge orders
 - > Medication questions
- > Upcoming appointments
- > Transportation
- > Health-related goals and concerns
- > PHR is left with member at end of visit





Home Safety Assessment

- Completed with Community HealthWorker during Visit #1
- CDC STEADI (Stopping Elderly Accidents, Deaths, and Injuries) Check for Safety
- Checklist to identify potential safety hazards in the home:

Stairs and steps, floors, kitchen, bathrooms, bedroom

Check for Safety is left with member at end of visit Use this checklist to find and fix hazards in your home. FLOORS STAIRS & STEPS (INDOORS & OUTDOORS) Is the light near the bed hard to reach? When you walk through a room, do you have to walk around furniture? Place a lamp close to the bed where Is the path from your bed to the bathroom dark? Do you have throw rugs on the floor? Put in a nightlight so you can see where you're walking. Some nightlight: go on by themselves after dark. Check for Safety A Home Fall Prevention Checklist for Older Adults Have a friend or family member change the light bulb. ☐ Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs. Are the things you use often on high shelves? ☐ Fix loose handrails, or put in new ones



Nutrition review

- > Ensure the following:
 - Member has access to nutritional foods
 - > Member is eating regularly
 - Member is satisfied with their nutritional situation
 - Connect to resources as necessary

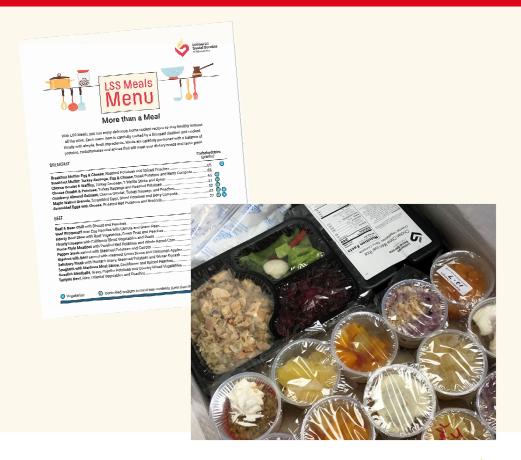






LSS Meals to go

- Meals are provided by LSS Meals
 - LSS CHW staff coordinate orders
- > 28 frozen shipped meals
 - Available for all benefit-eligible members
 - Low-sodium, low-sugar and vegetarian options
- In development culturally specific meals





Community Resources

- Dependent on member's location and needs
- Provide Senior Linkage Line information, Blue ride transportation, Aunt Bertha community resource link
- Community Health Worker will discuss potential resources with Care Coordinator







Success Stories & Healthcare Highlights

How can a Community Health Workers help?

Testimonials from members that completed service:

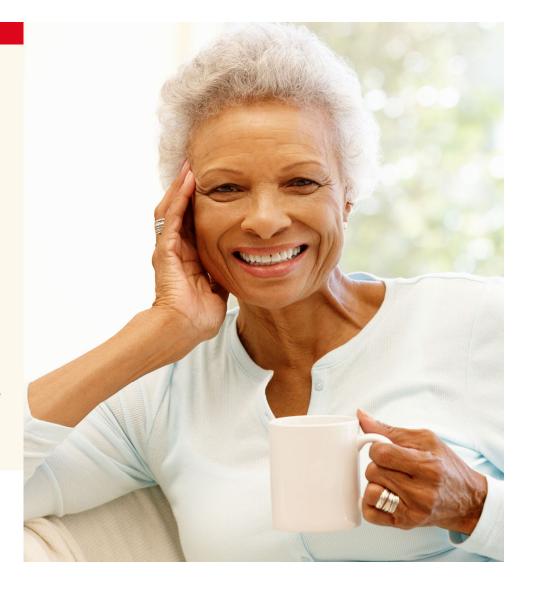
"It was nice to have additional support. I felt like she understood what I was going through—not just the heart attack, but with my diet and just my life. The ladies were lovely, and I would recommend this to anyone struggling with their health."

"She made sure I had everything I need."

"Any questions I might have had were definitely answered. I was also given helpful suggestions regarding how to proceed both with my health and with other things in life. It was really a win-win. I appreciated the chance to have these visits."

Healthcare Highlights:

One partner health plan tracked data on 113 members that received service, and <u>0</u> readmitted to the hospital within 30-60 days.



Our Goals

- Reducing hospital readmissions and empowering members to stay healthy and independent
- Being a source of extra coaching and support during the transition from hospital to home
- Are to be a resource for the member by providing additional in-home care by supporting your work!





Contact information:

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