

# Innovative Title III Senior Healthcare Program: Year 1 Implementation Lessons Learned and Early Outcomes

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## PROGRAM BACKGROUND

In 2019, CHEER, an organization which provides a full range of services for mature adults, including meals on wheels and congregate meals as part of the Older American's Act (OAA) Title III Nutrition project, was awarded a grant from the Administration for Community Living to develop a wellness benefit program for home delivered meal recipients. The grant-funded innovation program titled "Innovative Title III Senior Healthcare Program" represents a partnership between CHEER, Education, Health, & Research International (EHRI), the Delaware Division of Services for the Aged and Adults with Physical Disabilities (DSAAPD), LaRed Health Center (a federally qualified health center), Highmark Delaware, and the University of Delaware. The initiative was/is to leverage the great work of Title III home meal providers to serve as a critical mechanism for understanding and responding to the health needs of home-bound senior citizens aged 60 years or more. Through the use of CHEER's front-line support for seniors via a volunteer training program, volunteer meal deliverers and data management infrastructure and EHRI's WeCare program as a nurse administered health service delivery program, the ACL funded initiative examines how trained meal providers are positioned as critical link-makers to skilled nursing care coordination, and, subsequently, to an accountable and networked system of health care. The goal of the initiative mirrors the goal of the OAA and ACL: to help seniors age in place gracefully and healthfully, avoiding unnecessary hospitalization and staving off institutionalization for as long as possible.

This report seeks to describe and assess the process of the roll out of the partnership between meal service provider, and WeCare, including the implementation approach, program strategy successes and needs, as well as early data to describe the extent to which early objectives were met, including maintenance or improvement of wellness of the seniors served. The data for this report is generated from multiple sources including: 1) interviews with key staff (6 staff), 2) review of care coordinator client notes and, 3) data collected at baseline across multiple sources (care coordinator intake, CHEER Meals on Wheels driver data including Change of Condition Observations).

## DESCRIPTION OF YEAR 1 IMPLEMENTATION APPROACH

In the first year of the program, the project initially hired all staff, established contracts, and worked to coalesce around training materials, an implementation strategy and documentation approaches, including the evaluation which would incorporate both process and outcome metrics. Documents to outline partner and volunteer roles and responsibilities, timeline, data collection methods and to create a data management system were also established collectively and in relation to specific program needs.

Plans began in a way that was very closely aligned with the initial vision of the grant, however, over time it became clear that certain elements would need to be modified in order to successfully implement the program with volunteers, and in such a way that data sharing and coordinated services could be easily facilitated. The outbreak of COVID-19 also presented considerable challenges, particularly in recruitment efforts and for visually assessing Changes of Condition (discussed in more detail later in this document) among existing participants. Due to normal program implementation roll out considerations, and mid-course correction considerations as well as issues due to COVID-19, several key program processes were refined in the first year in order to maximize program efficiency and collaboration. These program strategy processes largely included recruitment approaches, data sharing protocols and research data collection and data management practices.

## PROGRAM STRATEGY PROCESSES

The following section provides an overview of the core processes used in the development and operation of the program. These include recruitment for volunteers and clients, data collection and management, as well as partner roles and the establishment of a process to implement services.

### RECRUITMENT: MEALS ON WHEELS VOLUNTEERS

The program includes two major recruitment efforts:

- 1) Volunteer recruitment from the Meals on Wheels program and,

## 2) Client recruitment and participation.

One focus of the first year process was on understanding the ways in which volunteers could best be selected. Program partners considered the implications that consistency in volunteering has for program implementation and learned quickly that recruiting and training a core cadre of skilled recruitment volunteers was a best practice approach. The alternative, a wide reaching, and potentially less systematic approach of volunteer implementation for all volunteers across the agency was less feasible and the risk of inconsistency in volunteers, particularly at the early phase of the program, was avoided.

Ultimately volunteer recruitment, and by extension, client participation, was organized by delivery routes such that volunteers were trained by route to ensure consistency and fidelity to the approach. Typically Meals on Wheels volunteers are assigned to a specific route and set of clients. In order to help maintain consistency in outreach to clients and reliability in their assessment of changes in their condition, delivery routes became the centerpiece of volunteer recruitment.

*“How to set up routes is very important. Routes need to be with someone who consistently sees the people on a regular basis and are dependable. Training is important too and needs to be conducted with dependable volunteers.” – We Care Staff*

The program sought to empower Meals on Wheels volunteers to be the “eyes on the ground.” These volunteers were initially identified by the Meals on Wheels Program Director. Criteria for selection varied, but largely these were individuals identified because they were consistent, dependable volunteers, and tended to be nested together on a specific route. Further consideration was given to volunteers if they had been involved in the program for a long enough period time that meal recipients would consider them as a familiar face.

In total in the first year 10 volunteers and two paid food van drivers were trained and worked with clients and the care coordinator to identify needs. The initial group of volunteers had each delivered meals for 2-3 years and were in their early 60’s. Examples of consistent volunteers included a husband and wife who deliver every Friday and a neighbor who delivers on Wednesday and is also a substitute should the couple not be available on a given Friday.

### **VOLUNTEER TRAINING**

Volunteers were trained on a variety of strategies and data collection protocols, including how to identify and log a Change of Condition observation, a key mechanism for informing the Nurse Advocate that a client needs attention (see Change in Condition Observations, below). The home delivered meals provider (CHEER) developed a manual which provided a step by step process for the volunteers to understand the entire We Care Program. This manual included the background of the program, roles of the various partners in the program, the recruitment process, the weekly monitoring and reporting processes. In addition, the manual described the procedures for Meals on Wheels delivery. Specifically, the topics described in the manual included:

- A) We Care mission and objectives
- B) Process for home delivered meals
- C) Process for wellness checks
- D) Overview of staff resources
- E) How to place an observation and information pertaining to the use of the meal delivery app.

Volunteers were informed as to how to download the app and input data. This process activated an alert for the We Care Nurse Advocate that additional contact with the client was needed. In addition, the volunteers were trained on the Change of Condition phone app and how the communication chain would be implemented.

## DATA COLLECTION PROTOCOLS: HUMAN SUBJECTS CITI TRAINING AND INSTITUTIONAL REVIEW BOARD (IRB)

First, consenting participants in a research context requires that those volunteers have completed a relatively complex training module through the CITI program, related to Human Subjects Procedures. In research, those that are involved in data collection and recruitment require CITI certification, a day long self-study on the history and law related to human subjects research. Initially, the program supposed that all of the individuals involved would be able to complete the human subjects CITI training, enabling wide-scale recruitment and data collection. Pursuant to that aim, one of the investigators from the University of Delaware conducted an overview of the key elements of the training, including login details and a detailed review of key documents and policies guiding the ethics of human subject research. Despite numerous questions, and connectivity challenges which created some challenges in completion initially, after about one week all CITI training was documented as complete for the initial group of trainees and protocols were submitted for review by the IRB of the University of Delaware which approved the study within several weeks of protocol submission in December 2019. The initial CITI completion group included the Program Director, the CHEER CEO, the CHEER Volunteer Program Director, the CHEER COO, a CHEER Outreach Worker, and the first cohort of Meals on Wheels volunteers and van drivers.

While leadership was able to complete the training in a timely way, overall this task proved more difficult than expected for most volunteers to complete, even with substantial support and training. While initially the program anticipated that the Meals on Wheels volunteers would be responsible for recruitment and outreach services, it quickly became apparent that having volunteers involved in recruitment when research data would be collected would be challenging.

Because of the timeframe for completion and the complexity of the educational modules, leadership at CHEER re-evaluated the approach and decided to have the Program Director assume responsibility of recruiting clients. As a result, the University of Delaware shifted protocols for recruitment and data use and analysis to conform to a more limited set of individuals having completed human subjects training (CITI). This would allow those involved directly in the program to continue to facilitate the program using the forms and permissions that they had implemented while the evaluators were able to put forth a process which met the standards of Human Subjects Protection through the University of Delaware.

### PROGRAM PARTICIPANT RECRUITMENT

Year 1 program participants were recruited based on six different Meals on Wheels routes identified by the CHEER Program Director. Volunteer reliability among these six routes was a significant factor in determining the current client service areas from which to recruit. Initially, the Meals on Wheels volunteers verbally asked the client on these MOW routes if they would like to be part of the program and provided them with a glossy, color brochure about the program. In addition to recruiting among three routes with reliable volunteer meal deliverers, another important recruitment strategy for CHEER was to have the We Care Director accompany the meal delivery volunteers so that they could personally explain the program to the meal recipients.

The initial contact and follow up proved key to early program success.

*“Getting in contact with [seniors to explain the program] was more difficult than anticipated. The potential We Care participants do not answer their phones and do not call back.”* – We Care Project Staff

As a result, CHEER re-calibrated its approach and the program Director went with volunteers to engage with clients/potential participants. Having a trusted volunteer as part of the initial recruitment and intake process was thought to improve the participation for the We Care Program.

Once recruited, We Care participant information was provided to the We Care Nurse Advocate, a registered nurse who would then serve as a primary point of contact for participants thereafter. The recruitment process was further refined when the team learned that when the program Director provided the clients with the phone number of the Nurse Advocate, the home-bound senior was much more likely to accept the follow up

call from the Nurse Advocate when the unfamiliar call was identified as such on their caller ID. Again, seniors are leery of answering the phone if they don't recognize the number, and this process of informing the senior in advance of what number the nurse would be calling from proved invaluable. Similarly, if the Nurse Advocate was trying to get in touch with the participant and they were not answering the phone, the Program Director began to put notes in the food bags indicating that "the nurse is trying to get a hold of you. She is calling from (XXX-XXXX)... This worked so well that the first day it was tried, three participants called her that afternoon."

## PARTNER ROLES AND THE ESTABLISHMENT OF A PROCESS TO IMPLEMENT SERVICES

Once recruitment processes were established and protocols were reviewed, Meals on Wheels clients living within one of the meal delivery routes were consented to participate in the We Care program. Facilitation of the program included obtaining consent, collecting/reviewing/updating baseline data available about program participants, and maintaining available data through a centralized data collection software system. One volunteer summed up the process with these words:

*"Have patience. These individuals are not in a hurry to sign up for anything. And for the volunteer, at the same time we are working to talk to participants, we also need to deliver meals while they are warm. It's a balance. As a volunteer I need to be able to deliver the meals, yet need to also ask questions of the participants."* – Meals on Wheels Volunteer

## CONSENT AND "ONBOARDING" PROCESS

An initial consent form was created to obtain formal written confirmation and "registration" of interested program participants. An updated consent was developed after the initial consent was created to allow for the Nurse Advocate to have sufficient permissions to speak with participants' primary medical providers, and obtain needed medical information, if applicable.

Several lessons were learned from the early phases of the consent process. First, the project realized that the data and permissions that the Nurse Advocate needed in order to coordinate services with providers would require significant permissions and extended beyond the scope of typical Meals on Wheels program operation data consent procedures. The Nurse Advocate needed clarity on, for example, who to call in a medical emergency (not just a meal delivery issue), and an understanding if there was permission to share medical information with that individual should an issue arise. Meals on Wheels, as a program, does keep an emergency contact on file, however the team realized that in several cases this was a neighbor who could receive food or check in, but was not the person with whom medical information should be shared. As a result, a second consent needed to be administered, or added, enabling the Nurse Advocate to fully engage with the medical information and support needed. This additional process however took time, both in terms of establishing the new consent form document, as well as the procedure to review the form with participants.

## BASELINE DATA COLLECTION EFFORTS

Data collection efforts evolved over the course of the first six months of the program, and included information already obtained from CHEER as part of the homebound meal service eligibility and sign up process. CHEER's Meals on Wheels program and participation information is maintained by SERVTracker, a cloud-based, HIPAA compliant software system designed to replace manual filing for more efficient client tracking and operation of service delivery. Baseline homebound participant information able to be tracked by CHEER staff in SERVTracker includes ADL and IADL information collected during a Meals on Wheels eligibility and assessment process, as well as nutritional risk assessment scores, mobility and home environment issues, emergency contacts, medical providers, current medications and food security information. Given the baseline information that CHEER indicated was already available, the organization determined that SERVTracker would also track and maintain We Care participation, information



collected/recorded by meal volunteers, and any Change of Condition Observations reported and addressed by the Nurse Advocate.

## CHANGE IN CONDITION OBSERVATIONS

A number of possible approaches to maintain regular check-in data between the volunteer and the care coordinator were initially considered. These included a checklist document, which evolved to become a simple Change in Condition Observation also at times referred to as a Change in Condition Alert.

The proposal framework called for volunteers to ask a series of wellness-related questions of the client and relay that information, as needed, to the team. After considerable discussion and review of tools and options, CHEER laid out an efficient way to connect with homebound seniors. The process, as is outlined in the program manual, requires that the Meals on Wheels volunteers connect with clients weekly or more often, and in so doing complete, a Change of Condition Observation, if needed, based on observation rather than formal questions. The Change of Condition Observation, became the primary mechanism that volunteers alerted the care coordinator of a need for intervention.

Utilizing an existing SERVTracker app, the volunteers were provided with a quick link on their phones to record a Change of Condition Observations. As such, the approach utilized the expertise that volunteers have in connecting with local seniors during meal delivery to provide an important weekly observation. The observation was essentially a check off (yes/no) for each of the following categories (Health, Physical and Mental, Self-Care/Personal Safety, Mobility, Nutrition, Home Environment, Social Isolation/Loneliness.) Protocols for emergencies were also developed.

Table 1: Change of Condition Framework

Wellness Indicators and Examples of Corresponding Observations						
Health (Physical and Mental)	Self-Care/ Personal Safety	Mobility	Nutrition	Home Environment	Social Isolation/ Loneliness	Emergency
<ul style="list-style-type: none"> <li>* Unusual breathing</li> <li>* New bruises</li> <li>* Fatigue</li> <li>* Facial droop</li> <li>* Swelling</li> <li>* Apparent change in mood or behavior</li> <li>* Muscle weakness</li> <li>* Change in skin color</li> <li>* Confusion</li> <li>* New communication problem</li> </ul>	<ul style="list-style-type: none"> <li>* Smells badly</li> <li>* Disheveled appearance</li> <li>* Suspected signs of neglect or abuse</li> </ul>	<ul style="list-style-type: none"> <li>* New limp</li> <li>* Takes longer than usual to answer door</li> <li>* Unsteady on feet</li> <li>* Less mobile than usual</li> </ul>	<ul style="list-style-type: none"> <li>* Visible weight loss or gain</li> <li>* Loss of appetite</li> <li>* Ill-fitting or lost dentures</li> <li>* Concerns about fluid intake</li> <li>* Uneaten meals</li> <li>* New dental problem</li> </ul>	<ul style="list-style-type: none"> <li>* Home looks unsafe</li> <li>* Dirtier and/or more cluttered than usual</li> <li>* Difficulty managing home maintenance</li> <li>* Heating/cooling problem</li> <li>* Unsafe electrical, carpet or other walking surface</li> </ul>	<ul style="list-style-type: none"> <li>* Reported loss of friend, family or pet</li> <li>* Change in participation in usual social or religious activities</li> <li>* Loss or change in support from care giver, family or social network</li> </ul>	<ul style="list-style-type: none"> <li>* Call 911</li> <li>* Call the office</li> </ul> <p>USE OF THIS EMERGENCY ALERT IS FOR TRACKING PURPOSES ONLY.</p>

## THE NURSE ADVOCATE APPROACH

As the program evolved, so did the need to better delineate the ways in which the Nurse Advocate would connect with and remain attuned to the needs of participants. While certainly the volunteers' ears on the



ground and point of entry approach was conceptually ideal, volunteers also had to deliver meals and, during COVID-19 had limited contact with seniors.

For the Nurse Advocate, considerable time was spent with each client in the initial phases of recruitment and intake assessment. “At first I went out and saw the clients and I thought the face-to-face would be good, but it is so time consuming and labor intensive as compared to working with them on the phone.”

The early successes also led to the need for clarification of procedures, and the need to bolster back end and data collection systems. As one team member noted, “One lady I helped her get her medical home, which was a really important outcome,” “but it necessitated clarification on additional procedural documentation which needed to be developed and procedures discussed.”

Further, once a Change of Condition Observation was documented, considerable follow-up including documentation of actions taken, was needed. The Nurse Advocate did undertake such follow up, and logged issues as they arose, however much of this information, at least initially, was not easily documented in the SERVTracker system which needed to be enhanced for program purposes. Changes in Condition or other medical related needed were separately maintained as case management notes compiled by the Nurse Advocate and was maintained independent of meal delivery volunteer information obtained.

## ONGOING DATA COLLECTION & MANAGEMENT

The combined meal volunteer and Nurse Advocate approach was intended to provide a comprehensive method for ongoing check ins with clients in an effort to manage risks, prevent health emergencies, and facilitate appropriate and timely responses to needs and issues of homebound participants. Regular meal delivery volunteers were intended to serve as an ongoing conduit to other, more imperative services that could be made available resulting from Change of Condition Observations as well as changes identified in baseline client data.

In the first year, the role of the Nurse Advocate, evolved and clearly became a core backbone of program operations. Her ability to work with clients, obtain needed medical home information and ascertain gaps to develop care plans was essential.

Her early assessment revealed that:

*“We have a lot of people with no annual wellness visits and there is a big gap as a result in seniors not having advanced directives and preventive screenings. I hear often from clients ‘I go to the MD a lot’ but when I contact the doctor to see if they have had an annual wellness visit, they say no, they have not been here or for a preventive screening since 2017. Getting them in to see the MD for those kinds of visits are also really important, they don’t know the extent of their benefits or what to ask for many times.”*

As the number of clients enrolled in the program continued to grow and reached around 25 in early March (approximately three months after the start of recruitment for the program) it was suggested that acuity levels and designations would help track the status of individual We Care participants and help guide a timeline for follow ups and check-ins by the Nurse Advocate. The goal with the acuity level designations was to help prioritize clients that likely needed more contact. While a preliminary acuity designation process and schedule was conceptually developed (a ranking of 1, 2, and 3), this information and process was never fully adopted by CHEER staff and the Nurse Advocate. Additionally, shortly thereafter this process was suggested and developed, COVID-19 disrupted program progress and operations.

## OPERATIONS IN COVID

Approximately, three months from inception of the We Care program, the COVID-19 pandemic created a state emergency in Delaware. Community-based services statewide were halted or significantly limited. This

included the programs and activities of CHEER and other senior service organizations in Delaware. While congregate meals and other programs were shut down, homebound meal delivery was considered an essential service and continued without a lapse in service to the clients.

However, due to social distancing restrictions, CHEER's homebound meal delivery volunteers were no longer able to enter homes to observe program participants' environment, general appearance, and/or mobility. The volunteers were initially guided to continue using the mobile app to record the meal delivery and any Change in Condition Observations able to be witnessed when dropping off meals at We Care participants' doorsteps.

Beginning in May, volunteer observations were supplemented with weekly wellness calls to participants regarding their health, mobility, food and medication supply, and COVID-19 concerns or questions. Volunteer support and assistance was limited during this time, since, according to CHEER, many volunteers themselves are older adults themselves and were concerned over their health and safety. Recruitment of new program participants was attempted by phone but became challenging.

## EARLY OUTCOME DATA - SNAPSHOT OF FIRST-YEAR WE CARE PARTICIPANTS

A total of 28 We Care participants were recruited in the first year of the program. This cohort includes mostly white females living in and around the Georgetown, Delaware area (representing the 19947 zip code) a relatively rural area of Sussex County, Delaware. Participants living in this area as well as those from the other zip codes represented are all current Meals on Wheels clients of CHEER (geographic areas/zip codes of participants represent six Meals on Wheels routes). Other demographic characteristics of program participants include:

- 29% of the program participants are reported as black or Hispanic.
- The average participant age is 71 years.
- Almost half of the current participants are reported to be at or significantly below the federal poverty rate.
  - These client characteristics are relatively consistent with [national demographic profiles of nutrition program participants](#), and support the need for linking additional community-based and healthcare resources to vulnerable older adults in these areas.

Beyond basic demographic and geographic information on Program participants (available due to CHEER's outreach and assessment of homebound meal eligibility), other client baseline data derived from SERVTracker was varied and difficult to quantify and analyze. This includes ADL and IADL scores, nutritional risk assessment scores, reported mobility and home environment issues, emergency contacts, medical providers, current medications and food security information that should have been readily available as a result of determining individuals' homebound meal eligibility. While some of this information is populated in SERVTracker, the scoring methods and data that was available could not be systemically paired or analyzed. This includes 6 and 12 month reassessment scores as well as qualitative information about clients' home environment, Changes in Condition, etc. Some gaps in information may be attributed to turnover rates experienced by CHEER in their paid Nutrition Outreach staff who collected much of the initial nutrition program intake information and additional challenges were experienced by volunteers in collecting, recording, and disseminating program participant intake information. In part, some of these data inconsistencies were attributed to timing in the recruitment effort as compared to the timing of the database and protocol development.

Case notes developed and maintained by the Nurse Advocates provide relevant information about individual clients, their life circumstances, and how ongoing connections with a qualified medical provider might offer important health prevention interventions. While this information is not necessarily quantifiable, it offers important perspectives and themes derived about the overall needs and issues of this initial client base. It also

sheds light on the importance of facilitating an ongoing and systematic feedback loop and data collection process among all program staff, volunteers, and participants. Without this systems approach, it will continue to be difficult to identify measurable process- and outcome-based results that are consistent with the goals and objectives of the grant. Several case note summaries developed by one of the Nurse Advocates help illustrate the support and resources provided to program participants who live alone, have mobility and/or transportation challenges, and have medical issues that make them more vulnerable to emergency situations without regular check ins and ongoing support.

While processes were being refined, and recruitment pushed forward, several notable successes were achieved. Two vignettes provided below describe two clients, and the ways in which the program supported their medical needs.

**CLIENT 1 SUCCESS EXAMPLE:** A 95 year old female in the program experienced a loss of medical home when her neighbor who provided transportation to her doctor was no longer able to drive on or cross busy roads. In particular, crossing a busy road was a significant limitation. As a result, the client was no longer able to see her physician. After enrolling in the program however, the Nurse Advocate identified this gap, and arranged for her to see a doctor that was more accessible to her. That process however also required that the patient transfer medical records, which she needed help to successfully complete. The Nurse Advocate was able to achieve both a transfer of records, as well as the establishment of a new medical home for this client.

**CLIENT 2 SUCCESS EXAMPLE:** In February, shortly after joining the program, a 67 year old female living with a disabled family member called the Nurse Advocate to let her know that the connections made with (La Red – Federally Funded Medical Services Provider) enabled her to get a much needed, and overdue medical appointment, and a new medical home. The nurse had spent considerable time building a relationship with the client and learned early on of her COPD. The client also describe that she was at times short of breath but had a broken nebulizer. She also did not have any transportation and received a note in the mail which she did not understand but seemed to say to her that she could not see her doctor anymore. The Nurse Advocate intervened and explained in lay terms that the letter was mailed to inform her that the doctor went concierge and would no longer accept her insurance. The Nurse Advocate was also able to help explain a transportation solution since the client also did not know she had transportation benefits with her Medicaid.

With those two foundations to build on, the Nurse Advocate then called the patient's insurance provider to find out who was in network and obtain a provider list for primary care. Again a challenge was met. The list was old, and not one of the five on the list was reachable and the list further included an ER. After several more calls, the program enabled an appointment to be made at La Red. Within a few days, she had a new nebulizer machine delivered to her home, enabling her to breathe better and reducing her risk for emergency visits.

Other examples include a 63 year old female living alone is at moderate risk for falls. In this case, We Care connected her with interventions and helped to link emergency contact information to a response system that might help improve safety and ability to remain independent in her home. The program also provided a point of contact for additional resources and support.

## **WHAT WE LEARNED: LESSONS FROM YEAR 1 IMPLEMENTATION**

The following is a reflection on the Year 1 data and processes interpreted as lessons learned. In total eight lessons are articulated, in no particular order.

### **LESSON 1: TEAM BUILDING IS KEY**

One of the specific lessons learned from the first year evaluation was the importance of team building as a key for success.

The program was developed with several organizations who each brought a different perspective to the successful operation of this program. With multiple partner organizations involved in a project, regular team meetings, which occurred and were generated from CHEER became an important platform for the start of a

team building process. However, team members also needed substantial time at the partner organizations, getting to know processes and building relationships across organizations. In retrospect it was important to spend time to gain an understanding of the various roles and tasks to be completed by each organization.

Partners noted that the organizational culture is different between healthcare and non-profit organizations, and even the language can include unique or new terms. Approaches to addressing needs can take time to build understanding of who does what and how. It may be worthwhile to have a flowchart with tasks and a face to face meeting with all entities so they gain an understanding of the various roles besides their own. An overall systems approach needed to be established at the forefront and before implementation

## **LESSON 2: TECHNOLOGY INFRASTRUCTURE AND TEAM PROCESSES ARE BEST BUILT EARLY, BUT IDEALLY NOT BEFORE STAFF WHO WILL USE THEM ARE HIRED**

It was also discovered that the development of systems and technology and processes are best built with staff that will be implementing them. It is much harder to understand the system when staff is hired later in the process, especially when coordinator is in place. It appears that 30-90 days at minimum are needed for the We Care Nurse Advocate to know systems in both organizations, needs, processes, data collection protocols and who to call when a question arises.

As the program expands and evolves, maintaining a strong team will be key to the program's success. Future efforts may want to consider spending time on the team building aspect of the work, particularly during COVID when face-to-face contact is limited. This may possibly include more frequent touch bases between organizational partners (just one-on-one meetings as opposed to large group meetings), and eventually shared office space or client visits together. It may be beneficial to help the various organizations understand who does what, gain familiarity with systems and terminology and get to really know the people involved in the overall program through mini shadowing activities. These kinds of relationship and process orientation efforts may take up to six months prior to the actual beginning of the program.

Processes and roles within processes lay the foundation for effective program delivery.

## **LESSON 3: RECRUITMENT IS TIME CONSUMING AND THE INITIAL ASSESSMENT A CRITICAL COMPONENT OF THE EFFORT.**

There are several lessons learned from the initial pilot of the program over Year 1 with regard to recruitment of both clients and volunteers. Clearly drivers have been delivering meals and are familiar with that routine however, while initially some volunteers were willing and able to expand their roles to include the recruitment of clients into the We Care Program, logistical realities made this additional role for the volunteers difficult. Challenges included the completion of the CITI/IRB certificate, and the realities of needing adequate time to engage with participants, and as such, volunteers who are with the program may need a lighter meal delivery stop schedule. In order to spare the time to do the effort. In response, the program elected to have the Program Director do the recruiting and relationship building alongside the meal delivery volunteers. The recruitment process however was not a "one time" effort and required considerable communication with potential participants. In response the time needed, including the number of visits to potential participants, or on the routes, was more substantial than initially recognized.

As noted, from the participant perspective, many of the Meals on Wheels participants are not in a hurry to sign up for something new. It takes time and patience to recruit the participants and it may take several attempts to explain and recruit the potential participants into the We Care Program.

Further, lessons learned in the first year revealed that the initial assessment is extremely important both as a data collection tool, but also as a way to develop rapport and trust with clients. If there's an unskilled needs assessment conducted, then it becomes a quick, unit-based (quantified) approach which doesn't allow time to develop trusting relationship, or the level of information that is needed for medical action. In our model this required two intakes, one for the initial enrollment in the program and a second, more detailed data collection

effort undertaken by the Nurse Advocate specific to medical condition content in order to ask probing questions which can connect dots between conditions, medical risks, and needs.

#### **LESSON 4: CLIENT CAREGIVERS ARE CRITICAL PROGRAM ALLIES AND OUTREACH AND CONNECTION TO THEM IS NEEDED**

Another potential partner to include in this program are the caregiver/care providers for the participants. These individuals may be able to help explain the potential value of the program to meal recipients to become part of the program to assist with communication and recruitment. This however is not easy to do. Clients are often receiving meals because caregiving is limited.

#### **LESSON 5: SERVTRACKER OFFERS A UNIVERSAL PLATFORM FOR DATA REPORTING, HOWEVER CONSIDERABLE FUNCTIONALITY AND DATA UPDATES WERE NEEDED TO BE ADDED FOR THE PROGRAM PURPOSE.**

Lessons were learned regarding the process of both data collection and entry for the We Care project. Enabling seamless data entry and summary data reporting takes time, especially given the shared nature of the data. In this case, the data system that was chosen was SERVTracker, a nationally utilized platform for Meals on Wheels delivery programs including the CHEER staff for home meal delivery data collection. SERVTracker tool has functions available to build off and expand existing areas used by CHEER to track homebound participants.

#### **LESSON 6: WHEN USING A PRE-EXISTING DATA COLLECTION SYSTEM, CONSIDERABLE TIME MUST BE SPENT TO UPDATE ALL INFORMATION INCLUDING PATIENT MD, MEDICINES AS WELL AS EMERGENCY CONTACTS, AND BASELINE FOOD INSECURITY, ADL AND IADL SCORES ETC.**

There was considerable discussion early on about the best approach, and ultimately it was deemed that supplemental data collection efforts considered in the early stages of the program were unnecessary, and that it would be best to build upon this existing system for continuity, expansion and sustainability reasons. That said, the platform required considerable training for prior non-users and needed to have many new fields added, some of which did not have a reporting mechanism as a back end. Further, data collected on clients from much earlier dates (several years ago perhaps) was not easy to distinguish from data collected at the start of the program. As a team, members recognize that it is important to develop data collection systems early, before recruitment is fully underway and in close connection with the evaluation arm of the effort.

#### **LESSON 7: NURSE ADVOCATE IS CRITICAL FOR UNDERSTANDING CLIENT ISSUES AND ESTABLISHING TRUST. THE ROLE OPERATES AS A HUB BETWEEN MEAL DELIVERY VOLUNTEERS, HEALTHCARE AND CLIENT.**

The role of the Nurse Advocate is perhaps the most critical role in the program. The individual is a hub of information both from the volunteers, administrative team leaders and the medical community. Integrating this person fully into the team requires that the Nurse Advocate spends time developing relationships with the volunteers and their leadership, and having some type of communication channel with them, having some introduction to the We Care clients by which they can provide their contact information to the clients as well as a strong understanding of data collection mechanisms. A strong program operation would also enable a two-way communication with clients, volunteers and the Nurse Advocates where each is empowered to reach out directly to one another if they had an issue or problem and could therefore expedite the process to link the client to the appropriate services. *"It is important to be proactive with clients and not reactive."*

#### **LESSON 8: RECRUITMENT IS STILL POSSIBLE DURING COVID-19, BUT SLOWER AND MORE PHONE CHECK-INS ARE NEEDED TO SUPPLEMENT LACK OF CHANGE OF CONDITION OBSERVATIONS.**

With COVID-19, several adjustments were made to the protocol. The clients still needed meals and the volunteers continued to deliver the meals. Some of the feedback from the volunteers collected from interviews also revealed that they felt the program could still continue in the same manner as previous to

COVID 19. The volunteers could still safely complete the weekly screener while being masked and over six feet away from the clients although it was unclear if the level of detail and nuance observed was the same. As a result, CHEER also undertook regular phone calls to all clients, and began to check-in to make sure an additional contact was made.

## **CONCLUSIONS**

The program made considerable progress toward achieving objectives in the first year. It established procedures for enrollment and data collection systems which enabled data sharing across volunteer and medical Nurse Advocate needs. It created a procedural manual which included training information for volunteers, as well as team member roles, and was directly responsible for enrolling 28 participants. Further, it documented the process of helping three low income, medically fragile participants to find medical homes and receive preventive services for their conditions. Last, a series of lessons learned were identified in order to help the program grow in subsequent years. Having a strong documentation of the first year, and lessons learned, is particularly relevant now given that the first year Meals on Wheels provider will be rotating out of the program and a new provider will begin to partner to provide services. Further COVID-19 continues to provide a new set of challenges and opportunities. Health needs have only increased during this time, both physical and mental, and program efforts are likely needed more now than ever.

## APPENDIX 1: HOME DELIVERED MEAL DRIVER TRAINING & REFERENCE GUIDE





FEBRUARY 2020 EDITION



# ***We Care Program***

## **Home-Delivered Meal Driver *Training & Reference Guide***



EHRI

Education Health and  
Research International, Inc.





EHRI

Education Health and  
Research International, Inc.

# ***We Care Program***

## **Home-Delivered Meal Driver *Training & Reference Guide***

**FEBRUARY 2020 EDITION**

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# Welcome to CHEER and the We Care Program

On behalf of all of us at CHEER and most especially on behalf of the hundreds of Sussex County senior citizens who depend on us to help serve their nutritional needs, we welcome you to the CHEER Homebound Meal Delivery program and also the **We Care** Program. Without the commitment and dedication of volunteers helping to serve the needs of others in our community, CHEER would not be able to reach so many people who depend on us to help them continue to live their lives independently in their own homes. You and the efforts of many other CHEER volunteers is what makes that possible.

Thank you for your care and commitment. You make a difference for CHEER and the people whose lives we touch through the services you make possible.

## CHEER Mission and the We Care Program

It is the mission of CHEER to promote and maintain the highest quality of life and independence by developing and providing services that meet the continuing needs of senior citizens 50 and over. Since 1971, CHEER has been an essential part of our Sussex County community. For decades, CHEER programs and services have expanded and diversified to respond to our ever-growing mature customer population. Generations of Sussex County senior citizens, along with their friends and families, rely on CHEER's dedicated staff and volunteers to promote healthy and active lifestyles.

The **We Care** Program is an innovative program initiated in 2020 to add an additional level of service for our CHEER Homebound Meal clients. **We Care** is a logical extension of our homebound meal program. It provides a free wellness benefit for those home-delivered meal recipients who wish to voluntarily participate. The **We Care** Program offers home-delivered meal clients the opportunity to have brief wellness checks conducted as part of their meal delivery program. Through a partnership between CHEER and Education Health and Research International, Inc. (EHRI), **We Care** wellness check information collected by CHEER volunteers is monitored by trained medical professionals locally at EHRI. The EHRI medical staff identifies any potential changes in an individual's condition which may be an indicator of a developing medical condition. EHRI's medical review team may contact the individual and/or their caregiver to help facilitate and coordinate follow-up medical services that the individual may want and as may be appropriate.

## Objectives

The objectives of the **We Care** Program include:

- A. Strengthening the local care coordination of services for seniors who are aging in place in their own private homes.
- B. Addressing medical and life-compromising crises before they occur and thus preventing or minimizing medical and/or adverse health events.
- C. Ensuring that every **We Care** participant has a designated health care advocate, proxy or Care Coordinator.

## Description

Since 1971, CHEER has been providing home-delivered meal services for Sussex County's mature population. CHEER meals are locally prepared from specialized menus and each recipe is reviewed and approved by a registered dietitian to ensure that ingredients in each meal are appropriate and nutritionally balanced for each meal recipient.

CHEER meals are prepared daily (Monday through Friday) in a central kitchen in Georgetown and the food is transported, in bulk, in temperature-controlled containers to CHEER activity centers throughout Sussex County. Portion-controlled meals are packaged at each CHEER center where volunteers then take these meals and deliver them to the individual homebound clients. Meal delivery routes are developed in each CHEER center for services Monday through Friday. In addition to the fresh daily meals, locally prepared frozen meals are also often delivered for individuals who may need these meals over a weekend, holiday or when daily meal delivery service is not provided.

Volunteers are a vital link in the CHEER home-delivery meal program. CHEER volunteers deliver hundreds of meals daily to individual homes throughout Sussex County. Without the dedication and support of volunteers, CHEER would not be able to serve the many individuals who rely on these home-delivered meals. Additional information about volunteering and volunteer services is available in the CHEER Volunteer Handbook.

The **We Care** Program is a value-added service offered to our homebound meal clients on a voluntary basis. There is no additional cost for the **We Care** Program and individuals may participate and/or withdraw at any time.

CHEER home-delivered meal recipient and/or their caregiver will be informed of the **We Care** Program by a trained CHEER staff member and each meal recipient will be given the opportunity to participate in the program. CHEER also provides a brochure describing the **We Care** Program. There is no penalty if the person chooses not to participate in the **We Care** Program and this does not affect anyone's eligibility to receive home-delivered meal service or any other CHEER programs and services.

To participate in the **We Care** Program, an individual or their caregiver will be required to sign a one-page **We Care** Participation Consent Form (ATTACHMENT #1). Once that is signed, the customer will have the **We Care** Change of Condition observation conducted one time each week along with their regularly scheduled meal delivery.

At the time the meal is delivered, the volunteer delivering that meal will conduct a brief **We Care** observation. The observation consists of seven wellness indicators: Health (physical/mental), Self-Care/Personal Safety, Mobility, Nutrition, Home Environment, Social Isolation/Loneliness, and Emergency/9-1-1. This observation is structured to identify possible changes in a meal recipient's health, safety, or well-being. Non-skilled medical information will be observed by the meal delivery volunteer and discussed with the client. There is not any physical examination activity associated with this observation-based survey. The observations and information obtained through conversation are recorded by a single tap on the screen of a smartphone that has been preloaded with the meal recipient's ID number and each wellness indicator. Information is automatically and securely transmitted to EHRI's **We Care** Coordinator who will evaluate the information. The **We Care** Coordinator may also review health-related information which CHEER may have collected through its nutrition screening, membership application, Personal Assistance Services or other information CHEER may have collected as part of its service eligibility or service delivery process. Based upon the information available, the **We Care** Coordinator may contact the meal recipient or their caregiver directly if warranted to conduct any follow-up. Again, the objectives of the **We Care** Program are to:

- A. Strengthen the local care coordination of care/services for seniors who are aging in place.
- B. Address medical and life-compromising crises before they happen and thus seek, prevent, or minimize medical or adverse health events.
- C. Ensure that every participant has a designated health care advocate, proxy or Care Coordinator.



# Guidance

## General Orientation

The CHEER Volunteer Handbook contains information about volunteer opportunities and participation with CHEER. Each CHEER volunteer must complete a volunteer services application contained in the CHEER Volunteer Services Handbook. A copy of the volunteer application is included as ATTACHMENT #2. The following guidance is provided for volunteers specifically serving in CHEER's Home-Delivered Meal Program and the *We Care* Program.

## Home-Delivered Meal Program

- A. An initial general orientation will be provided for each new volunteer to the CHEER organization. That orientation will include:
  - ▶ An overview of the CHEER organization and the services offered by CHEER.
  - ▶ A description of the home-delivered meal program including:
    - ▼ How meals are prepared and packaged for delivery along with delivery handling procedures.
    - ▼ How delivery routes are developed including scheduling Route Sheet Example (ATTACHMENT #3).
    - ▼ The home-delivery meal process instructions and helpful tips.
    - ▼ What to do if meal recipient is not home.
    - ▼ Reporting of services delivered and related paperwork.
  - ▶ A two-occurrence ride-along observation program for a new volunteer to observe how the meal delivery service is conducted by an experienced volunteer.
  - ▶ Solo home-delivered meal operation for new volunteer delivering independently.
  - ▶ Service review with the new volunteer by the CHEER Center Director after the solo delivery to address any questions the new volunteer may have.
- B. Additional suggested items volunteers should have available to simplify and improve the home-delivered meals delivery process:
  - ▶ Clipboard with extra paper and pencils. A clipboard can help keep your route sheets handy along with related paperwork and pencils for making notes/reminders on route sheets.
  - ▶ Supply of door hanger cards to leave as notification at homes where meal recipient was not at home at the time of delivery.

- ▶ Cell phone and car charger to contact Center Directors with any questions or problems you may encounter and also for navigation.
- ▶ Two coolers (one hot and one cold) to help maintain temperatures of food on-board your vehicle while delivering.
- ▶ Rain coat or umbrella in the event of adverse weather.

## **We Care Wellness Check**

- A. Each meal delivery volunteer will receive additional training specific to the **We Care** Program. Training will consist of instruction in:
  - ▶ Basis and purpose for the **We Care** Program.
  - ▶ Overview of the **We Care** Change of Condition Cheat Sheet (ATTACHMENT #4) including an explanation of observations and engaging clients in conversation to bring other concerns to light.
  - ▶ Orientation to the smartphone application with the **We Care** Change of Condition Checklist including the means for recording and transmitting information. Hands-on demonstrations using the Change of Condition application will be conducted.
  - ▶ Overview of healthcare ethics and the need for maintaining participant confidentiality.
- B. The **We Care** Change of Condition Checklist is only to be administered to the individuals identified on your Home-Delivered Meal Route Sheet as participants in the **We Care** Program. The observation is not to be done for any non-participant home-delivered meal recipients. Information gathered should only be accepted from the meal recipient/**We Care** participant and not from any other persons who may be present in the home.
- C. Indications of a possible change in condition are based upon the volunteer's observation of the meal recipient from the previous delivery time until the current delivery. Volunteers are not to solicit or attempt to record any additional information from the home-delivered meal client. Guidelines for assessing Change of Condition are listed in ATTACHMENT #4.
- D. Once a customer has begun participation in the **We Care** Program, every effort should be made to perform the observation one time each week and preferably on the same day of the week if possible.

If at any time you observe a CHEER home-delivered meal client in what you perceive to be a medical distress situation, please call 9-1-1 immediately and inform the emergency dispatcher of the client's name, address, and your observation of the situation. If possible, remain on site until emergency response personnel arrive to take charge of the situation. Once emergency response personnel have taken charge of the situation, immediately call the CHEER Center Director and make them aware of the emergency event.

### Assistance and Staff Resources

CHEER **We Care** Program Manager – Ms. Nancy Elliott directs the daily operation of the **We Care** Program and administration of the Change of Condition checks. If you should have any questions regarding any aspect of the **We Care** Program, you may contact Ms. Elliott at: (302) 515-3041, [nelliott@cheerde.com](mailto:nelliott@cheerde.com)

CHEER Volunteer Coordinator – Ms. Elizabeth Walls directs volunteer recruitment, orientation, and recognition for the CHEER organization. If you should have any questions regarding CHEER's volunteer program or any of CHEER's volunteer services and opportunities, you may contact Ms. Walls at: (302) 515-3061, [ewalls@cheerde.com](mailto:ewalls@cheerde.com)

All CHEER staff members are available to assist you in any way possible to make your volunteer experience fulfilling and rewarding.

### CHEER Could Not Deliver CHEER Without Our Volunteers

CHEER Activity Center Directors can be reached at the following locations throughout Delaware:

- ▶ Georgetown – (302) 515-3042
- ▶ Greenwood – (302) 349-5237
- ▶ Lewes – (302) 645-9239
- ▶ Long Neck – (302) 945-3551
- ▶ Milton – (302) 684-4819
- ▶ Roxana – (302) 732-3662
- ▶ Ocean View – (302) 539-2671

### Attachments

1. Consent to Participate
2. Volunteer Application
3. Meal Delivery Route Sheet Sample
4. **We Care** Change of Condition Cheat Sheet
5. Confidentiality of Information
6. Receipt of Equipment Form
7. Training Sign-off
8. Sexual Harassment Policy

## Overview

During a meal delivery, have you encountered a client who might benefit from additional help to support their health, safety and well-being? In addition to your friendly, familiar face and the warm meal you deliver, you also provide a stable source of support for CHEER Meals on Wheels clients on your route.

As many of your clients' only point of contact each day, you're in a unique position to identify and report any concerns or changes in their lives that may threaten their independence. Thanks for making an even bigger difference in the lives of your clients than you already do by helping to connect those in need of additional assistance to the **We Care** Coordinator. You will now have the ability to place electronic "wellness alerts" using a mobile device (smartphone) when you notice a change in a client's condition or have a concern about a client's health, safety, or well-being. Wellness alerts will be received by the **We Care** Coordinator who is trained to help connect clients with care and support to stay happy, safe and healthy in their homes.

## Wellness Alerts

As the eyes and ears of CHEER Meals on Wheels, you already alert us to clients who may have additional needs and help to ensure their wellness. Wellness Alerts can now be placed electronically using the "Change in Condition" feature within the SERVTracker Mobile Meals application on your mobile device.

When you notice an issue or change in your client's condition, simply select from the following seven Wellness Indicators and hit "Submit"!

### **Wellness Indicators (select all that apply):**

1. Health (Physical/Mental)
2. Self-Care/Personal Safety
3. Mobility
4. Nutrition
5. Home Environment
6. Social Isolation/Loneliness
7. Emergency/9-1-1\*\* (for tracking purposes only)

When placing a Change of Condition Alert, just use your best judgment when selecting the appropriate Wellness Indicator, there is no need to worry about making the perfect choice. The important thing is that by placing an alert, you've communicated the need for support to the **We Care** Coordinator, who will then follow up with the client directly.

Please note that you are able to select more than one Wellness Indicator for a given encounter with a client. You can also refer to the Change of Condition Checklist (ATTACHMENT #4) for examples of issues you may encounter that correspond to each Wellness Indicator category.

Also, see Page 13 for more detailed information on how to place a Wellness Alert using the SERVTracker Change of Condition feature.

Generating an alert for Emergency/9-1-1 is for tracking purposes only. Placing this alert will NOT generate a call to 9-1-1.

Please follow standard procedures for all emergency situations as indicated in the CHEER Meals on Wheels Handbook (see excerpt below).

### *In an Emergency*

If a client is in need of immediate medical attention, please call 9-1-1 first and then call the CHEER Center Director. If someone has fallen, DO NOT MOVE the person but try to make him or her as comfortable as possible.

Please stay until help arrives. Please call the CHEER Center Director so the necessary client contacts can be made.

## Care Coordination

So what happens once you place a Change of Condition Alert?

Once a Change of Condition Alert is placed, the information is sent electronically to the **We Care** Coordinator who is trained to receive and respond to the alerts. The **We Care** Coordinator contacts the client, references the alert, and offers assistance to help address client issues and concerns. See Figure 1 below for a description of the Wellness Alert and response process.

The **We Care** Coordinator can answer questions about help that is available in Sussex County and can connect your clients to programs and services that they want and need.

## *Services and Programs May Include (but are not limited to):*

- ▶ Care Management
- ▶ Caregiver Support
- ▶ CHEER Adult Day Program
- ▶ CHEER Caregiver Support
- ▶ CHEER Memory Care
- ▶ CHEER Personal Assistance Services
- ▶ CHEER Senior Activity Centers
- ▶ Food Assistance
- ▶ Health Care Services (non-emergency)
- ▶ Health Care Maintenance
- ▶ Home Repairs and Modifications
- ▶ Homemaker or Personal Care Assistance
- ▶ Housing
- ▶ Insurance/Benefits Counseling
- ▶ Legal and Financial Assistance
- ▶ Medical Equipment and Supplies
- ▶ Prescriptions
- ▶ Transportation
- ▶ Veterans' Services
- ▶ Volunteer and Socialization Opportunities
- ▶ Utility Assistance

The **We Care** Program Director is available Monday through Friday, 8 a.m. to 4 p.m. If you need to contact the **We Care** Program Director, please call Nancy Elliott at CHEER, (302) 515-3041.

# How to Place A Change of Condition Alert

Using SERVTracker mobile meals “Change in Condition” feature

Electronic Change of Condition Alerts can be placed using a feature located within SERVTracker’s Mobile Meals application (‘app’) on your smartphone. The Mobile Meals application is designed to allow you to use GPS (Global Positioning Service) to efficiently navigate your delivery route, see meal delivery instructions, and to communicate delivery status (delivered/not delivered) to CHEER Meals on Wheels staff. In turn, CHEER Meals on Wheels staff is able to see where on the route you are at a given time, and may communicate this information back to your clients as needed.

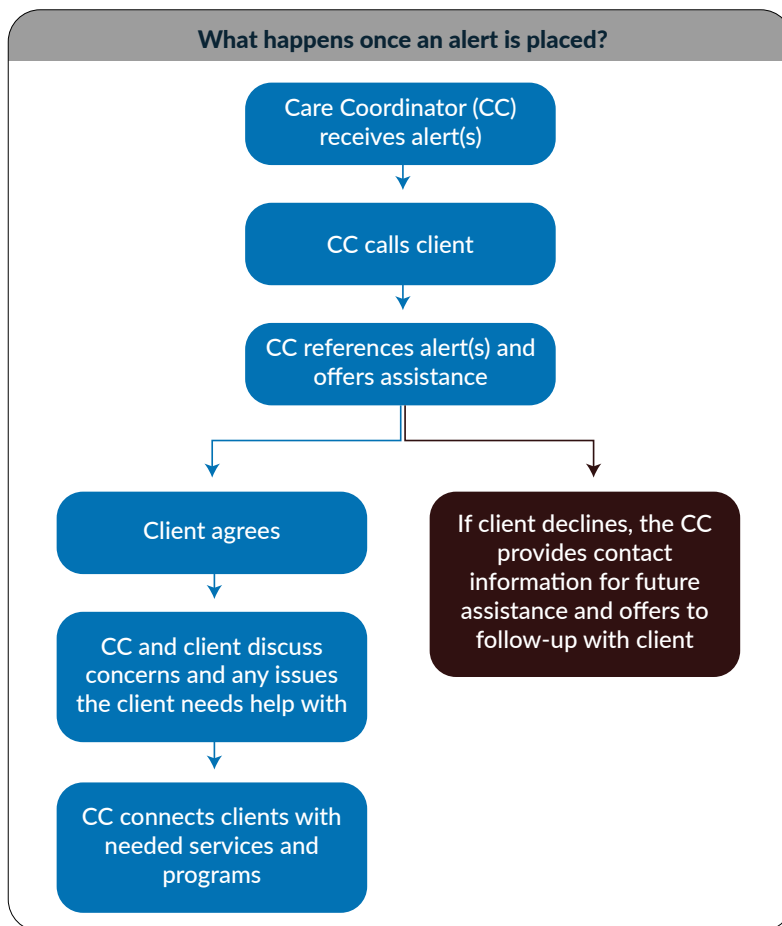
The Change in Condition feature appears as a pop-up window after delivery status is indicated as “delivered,” and allows you to place an Alert by selecting a Change of Condition Indicator(s). Doing so will communicate any concerns around a client’s status back to the **We Care** Coordinator.

## There are Four Main Steps Involved:

1. Log-in to the SERVTracker Mobile Meals “App”.
2. Provide confirmation of client meal delivery.
3. Place a wellness alert using the “Change in Condition” feature.
4. Complete your route and log out.

*(Images and instructions were modified from the accessible solutions SERVTracker Mobile Meals App Reference Guide. Images do not contain real client/driver information.)*

**Figure 1. Change of Condition Alert and Response Process**





## Let's Get Started!

Below are step-by-step instructions to get you started using the Mobile Meals application and Change in Condition feature on your smartphone (note that all images are as they appear on a smartphone).

You will receive log-in information from your **We Care** Program Director. **For security purposes, the pass key changes daily, and no client information will be stored on the device.**

### 1. Receive your route-assigned smartphone from your Center Director, and log into SERVTracker Mobile Meals Application.

- A. Click on the “Mobile Meals” icon on your smartphone to open the application.
- B. Enter log-in information: Driver Password: Default = (driverpass)
- C. Select “Check-in” to log in

### 2. Provide confirmation of meal delivery.

- A. Once you have “checked-in,” you will see a route list of clients (Figure 3). These are the clients you will be delivering to on the selected route for the day. **Please note: Clients you are “skipping” will not appear on the delivery list.**
- B. You can use this route list to get mapping directions as well as check off completed deliveries by selecting each client individually.

Figure 2. Mobile Meals Application Log-in Screen

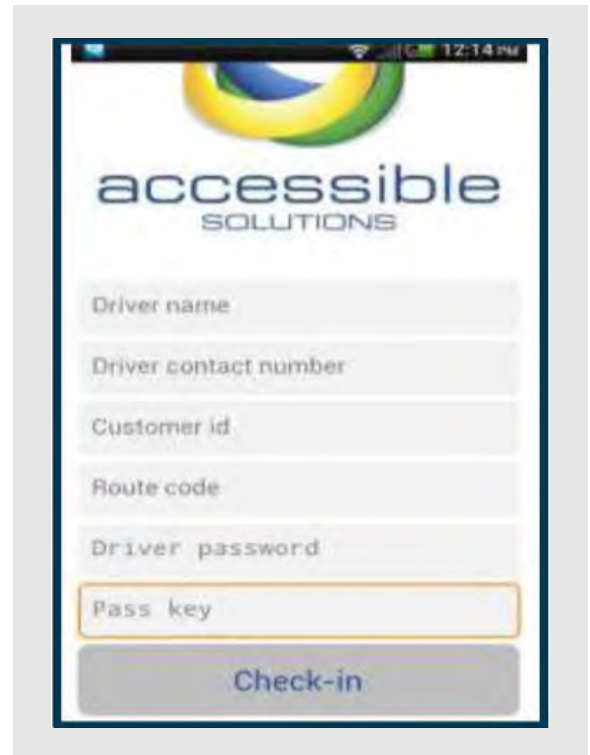
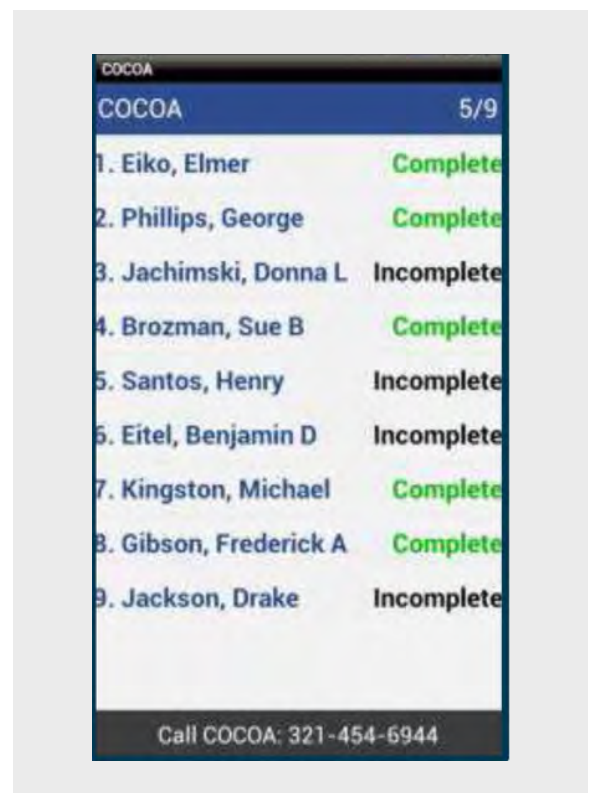


Figure 3. Client Route List



- C. The top header displays the route name and the total number of items delivered/total items.
- D. Each client is listed below the header in sequence order of the delivery. **Please note: Meals do not have to be delivered in the supplied sequence. You can manually select from the route list which client you want to deliver to next.**
- E. Each client is listed as “Incomplete” if not yet delivered and as “Complete” when delivery is completed.
- F. When you select a client, it will bring up the “Delivery Details” with client information, delivery details, and any special instructions (Figure 4).
- G. The delivery details form allows you to map directions, add comments, and check “delivered” or “not delivered.” If “not delivered,” you can select “why” from a list of reasons.

## Additional Delivery Details

- ▶ **Directions** - Brings up the driver’s default mapping software to map directions to the client’s residence.
- ▶ **Route List**—Returns the driver to the “Route List” form.
- ▶ **Delivered**—Updates the client’s meal as “Delivered” and moves to the next sequential client.
- ▶ **Not Delivered**—Brings up the “Delivery Failure: Reasons” form.
- ▶ If the delivery update is successful, the following “Update sent!” message (Figure 5) is displayed before moving to the next sequential client.
- ▶ Remember to use the speaker and turn up the volume on your device to hear driving directions!

Figure 4. Delivery Details



Figure 5. Pop-up Screen for Delivery Update Status

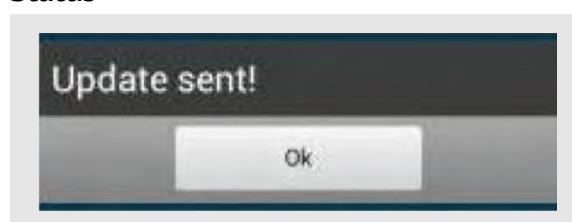
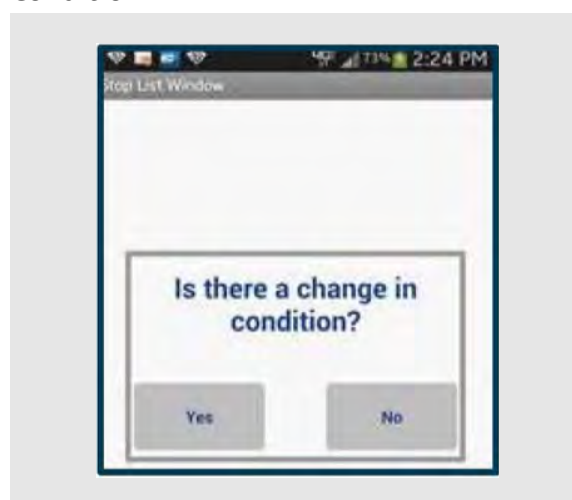


Figure 6. Pop-up Screen for “Change in Condition”



### 3. Place an electronic Change of Condition Alert using the “Change in Condition” feature.

- After you confirm the delivery of a meal to a client, you will receive a prompt asking you if there “Is a Change of Condition” for any **We Care** participating client (Figure 6).
- If you say NO to this question, you will be prompted to continue on to your next client delivery.
- If you say YES to this question, you will then be presented with a screen that displays the list of Change of Condition Indicators to select from (Figure 7). Remember, you can select more than one Wellness Indicator. Also, Emergency/9-1-1 is for tracking purposes only.
- When you are finished making your selections, just hit “Submit”!

### 4. Complete your route and log out.

- When the route is completed, please check to confirm that all stops have been visited and logged in the application, then sign your name and select “Done.” (Figure 8)
- Once you have signed the confirmation page, the application will ask you if you want to close the application (Figure 9). Click “YES”.
- Be sure to return your route-assigned smartphone to CHEER at the end of each day, if using a device from your Meals on Wheels program. **DO NOT TAKE YOUR DEVICE HOME!**

Figure 7. Change of Condition Indicators

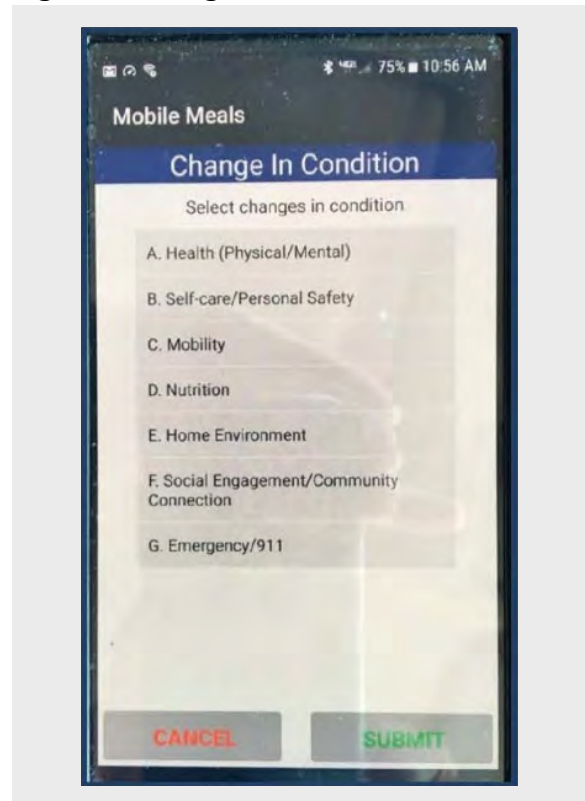


Figure 8. Delivery Signature Confirmation

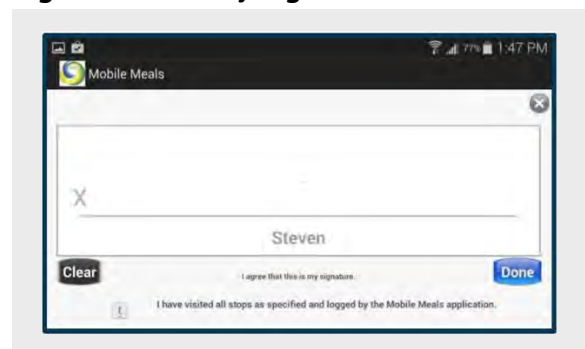
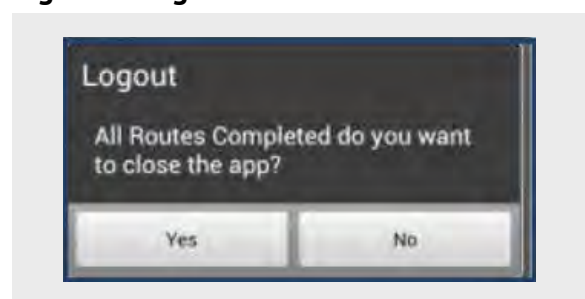


Figure 9. Log-out Screen



Congratulations! You have successfully completed “How to Place Electronic Change of Condition Alerts” using the SERVTracker Mobile Meals App. You are well on your way to helping your clients stay happy, safe, and healthy in their homes!

## **Acknowledgements**

CHEER wishes to acknowledge the substantial contributions made to this project by Meals on Wheels America and Meals on Wheels San Diego. Their efforts have streamlined and advanced our efforts to establish the **We Care** Program in Delaware.

The **We Care** Program is made possible through grants and support provided by:

- ▶ The Administration for Community Living
- ▶ Highmark Blue Cross/Blue Shield of Delaware
- ▶ Division of Services for Aging and Adults with Disabilities/State of Delaware



## **We Care Program Participant Individual Consent Form**

I understand that the **We Care** Program is being offered at no cost to me to help me maintain my health and independence in cooperation with my home-delivered meals program through CHEER, Inc. This program is being offered by CHEER working in partnership with Education Health and Research International, Inc. (EHRI) that may be providing health advisory services. None of these services or offerings are mandatory and I am under no obligation to engage in any other programs or services as a result of my participation in the **We Care** Program.

I also understand that this is a health advocacy and care coordination service. It is not a medical service and should not replace any medical program, medical service provider or medical protocols I am engaged with.

I understand that the **We Care** Program is to help me:

1. Make sure that I maintain an effective "Medical Home" with my own physician
2. and /or medical treatment program.
3. Have an annual Medicare Wellness Visit in conjunction with my Medical Home.
4. Have access to a personal health advocate and coordinator provided through EHRI.
5. Work with the CHEER staff and/or volunteer who delivery my home-delivered meals to complete a brief periodic "Wellness Checklist."

I further understand that the **We Care** Program is voluntary and free of charge. Participation in the **We Care** Program in no way effects my eligibility to receive meals through the CHEER Home-Delivered Meals program (Meals on Wheels.)

I understand that all information which I may provide will be maintained in a confidential and secure manner which is compliant with all applicable health care regulations.

I also understand that I have the right to discontinue participation in the **We Care** Program at any time I may desire with no risk of penalty to me.

---

**Printed Customer Name**

---

**Customer Signature**

---

**Printed Name of CHEER Staff Member**

---

**Date**

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## Volunteer Services Application

Name					Date of Birth		
Street/ Mailing Address							
City				State		Zip Code	
Home Phone				Cell Phone			
Email Address							
Do you have your own transportation?					Yes		No
If Yes, do you have four-wheel drive transportation for use in inclement weather?					Yes		No
<b>When would you be available/like to volunteer?</b>							
Available Volunteer Times							
	Monday	Tuesday	Wednesday	Thursday	Friday	Start Time	End Time
Week Days							
Weekday Evenings							
	Saturday		Sunday			Start Time	End Time
Weekend Days							
Weekend Evenings							
<b>Service Programs You Would Be Interested in Volunteering for</b>							
	Homebound Meal Deliver				CHEER Mobile Grocery Deliver		
	Non-Emergency Medical Transportation				Phone-a-Friend Telephone Contact		
	CHEER Newspaper Delivery				CHEER-a-Pets Visitation		
	Receptionist at CHEER Center				Fitness Center Assistant		
	Data Entry				Special Events Staffing		
	Fundraising				Glee Club Singer		
	Kitchen Worker				Other		
Other Talents You Would Like to Volunteer:							
Personnel References	Name					Phone #	
	Address						
	Name					Phone #	
	Address						

I authorize CHEER, Inc. to check references in this application for the purposes of being assigned a volunteer position. I agree to abide by the rules and regulations set forth by CHEER, Inc. and understand that all information and clients served by this organization is to remain confidential. I have read the CHEER Volunteer Policy and Procedures Handbook, have signed the Volunteer Disclaimer, understand and accept its contents in accordance with this volunteer position.

Signature

Date



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Driver Name

End Mile

Home-Delivered Meals

W/C		Diet	Regular		Dietetic		Emergency	Milk	Notes
			Fresh	Frozen	Fresh	Frozen			
ID #	Name	Address	Regular/ DTC				Meal		

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## Change of Condition Cheat Sheet

Wellness Indicators and Examples of Corresponding Observations

Health (Physical and Mental)	Self-Care/ Personal Safety	Mobility	Nutrition	Home Environment	Social Isolation/ Loneliness	Emergency
<ul style="list-style-type: none"> <li>Unusual breathing</li> <li>New bruises</li> <li>Swelling</li> <li>Muscle weakness</li> <li>Fatigue</li> <li>Facial droop</li> <li>Change in skin color</li> <li>Confusion</li> <li>New communication problem</li> <li>Apparent change in mood or behavior</li> </ul>	<ul style="list-style-type: none"> <li>Suspected signs of neglect or abuse</li> <li>Smells badly</li> <li>Disheveled appearance</li> </ul>	<ul style="list-style-type: none"> <li>New limp</li> <li>Takes longer than usual to answer door</li> <li>Unsteady on feet</li> <li>Less mobile than usual</li> </ul>	<ul style="list-style-type: none"> <li>Visible weight loss or gain</li> <li>Loss of appetite</li> <li>Concerns about fluid intake</li> <li>Uneaten meals</li> <li>Ill-fitting or lost dentures</li> <li>New dental problem</li> </ul>	<ul style="list-style-type: none"> <li>Home looks unsafe</li> <li>Dirtier and/ or more cluttered than usual</li> <li>Difficulty managing home maintenance</li> <li>Heating/ cooling problem</li> <li>Unsafe electrical, carpet, or other walking surfaces</li> </ul>	<ul style="list-style-type: none"> <li>Reported loss of friend, family, or pet</li> <li>Loss or change in support from caregiver, family, or social network</li> <li>Change in participation in usual social or religious activities-</li> </ul>	<ul style="list-style-type: none"> <li>Call 911</li> <li>Call the office</li> <li>Use of this emergency alert is for tracking purposes only</li> </ul>

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## Confidentiality of Information

The information you will collect as part of the **We Care** Program is essential to help our clients remain in their home by providing help with needs that may arise causing a change in their condition.

No information obtained for this program shall be disclosed or otherwise revealed except to appropriate **We Care** staff members. Volunteers shall not disclose any information to any other volunteer, member, or individual within or outside of the **We Care** Program.

**We Care** client information shall be kept and maintained in a secure manner with access limited only to those **We Care** staff members who have a need to access that information as part of their legitimate duties with the **We Care** Program.

Volunteers shall not copy and/disseminate any information which they may have access to as a result of their volunteer duties with the **We Care** Program.

By signing below, I have read and agree to the information provided above.

---

**Signature**

---

**Date**

---

**Printed Name**

---

**Witness**

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## CHEER Equipment Assignment Agreement

\_\_\_\_\_  
**Volunteer Name**

By signing this form, I understand that the equipment listed below is the property of CHEER, Inc. It must be returned to CHEER upon request or upon cession of my volunteer services to CHEER. I agree to reimburse CHEER, Inc. for the current value should I fail to return the listed equipment.

Equipment Description	Equipment Cell Phone # & Serial #	Inventory #	Value
Cell Phone			\$200
Cell Phone Protective Case			\$10
Cell Phone Charger			\$20
Other			

\_\_\_\_\_  
**CHEER Employee Issuing Equipment**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Volunteer Signature**



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## Volunteer Training Record



The following named CHEER Volunteer \_\_\_\_\_ has received instruction from a qualified CHEER staff member in each of the areas listed below.

The CHEER staff member providing the instruction shall sign and date the line next to each respective training topic indicating that instruction was provided.

The Volunteer shall sign and date the line next to each respective training topic acknowledging that the instruction is understood.

TRAINING TOPIC	INSTRUCTOR		TRAINEE	
	Signature	Date	Signature	Date
Orientation To CHEER				
Home-Delivered Meal Procedures				
<b>We Care</b> Wellness Check Procedures				
Confidentiality of Information				
Sexual Harassment				
Equipment Sign-out Procedures				

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## **Physical or Mental Abuse and Sexual Abuse and Sexual Molestation Prevention Policy**

**CHEER, Inc.** does not permit actual or threatened acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct (“prohibited conduct”) to occur in the workplace or at any activity sponsored by or related to it. In order to make this “zero—tolerance” policy clear to all employees, volunteers and staff members, CHEER has adopted mandatory procedures that employees, volunteers, family members, board members, individuals and clients must follow when they reasonably suspect, learn of or witness prohibited conduct.

Abuse or molestation means each, every, and all actual, threatened or alleged acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct performed by one person or by two or more persons acting together.

### **Reporting Procedure**

All staff members who learn of, or have a reasonable suspicion of prohibited conduct, must immediately report it to **CHEER’s Director of Support Services**. A formal investigation will immediately be initiated by CHEER and any associate of CHEER alleged to be involved in prohibited conduct may immediately be removed from all Client contact pending the outcome of the investigation. CHEER may involve and / or inform the Delaware Division of Services for Aging and Adults with Physical Disabilities, Adult Protective Services and any law enforcement and / or regulatory agencies as CHEER may deem appropriate.

### **Investigation & Follow Up**

CHEER takes allegations of prohibited conduct seriously. Once the allegation is reported CHEER will promptly, thoroughly and impartially initiate an investigation to determine whether there is a reasonable basis to believe that the prohibited conduct has occurred and that it was committed by the subject(s) of the investigation. The investigation may be undertaken by an internal team comprised of fellow employees or CHEER may hire an independent third party. CHEER will cooperate fully with any investigation conducted by law enforcement or regulatory agencies and CHEER may refer the complaint and the result of our investigation to those agencies. CHEER reserves the right to place the subject(s) of the investigation on an involuntary leave of absence or reassign that person to responsibilities that do not involve personal contact with individuals or clients. To the fullest extent possible, but consistent with CHEER’s legal obligation to report suspected prohibited conduct to appropriate authorities, CHEER will endeavor to keep the identity (ies) of the subject(s) and the alleged victim(s) confidential.

If the investigation substantiates the allegation, CHEER policy provides for disciplinary penalties, including but not limited to termination of the subject’s relationship with our organization.

**Retaliation Prohibited**

CHEER prohibits retaliation against anyone, including an employee, volunteer, board member, client or individual, who in good faith reports prohibited conduct. Retaliation against a participant in the investigation is also prohibited.

Anyone who retaliates against someone who has made a good faith allegation of prohibited conduct or intentionally provides false information to that effect will be subject to discipline, up to and including termination of all association with CHEER.

**ACKNOWLEDGMENT OF RECEIPT OF PHYSICAL or MENTAL ABUSE or SEXUAL ABUSE, SEXUAL MISCONDUCT and MOLESTATION POLICY**

I, \_\_\_\_\_, acknowledge that I have received and read the physical or mental abuse and sexual abuse, sexual misconduct and sexual molestation policy immediately preceding my signature below. I understand that I am bound to follow the policy and understand the consequences in the event that I fail to do so.

---

**Dated**

---

**Print Name of Volunteer/ Signature**





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