

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FYTD
Number of Clients	118	99	140	137	95	92	97	104	106	114	110	160	506
Number of Visits	195	182	209	212	158	160	159	169	189	186	176	290	2285
Patient Education	81	98	105	109	67	97	87	95	120	139	117	133	1248
Number of Referrals	17	27	36	30	12	7	20	21	34	34	39	22	299
Number of Services	291	328	325	302	278	280	267	273	296	297	301	405	3865
Client Demographics	118	99	140	137	95	92	97	104	106	114	110	160	506
Race													
White	92	80	110	112	77	79	75	91	91	92	95	135	416
Asian	6	2	6	5	1	1	1	1	1	3	2	4	18
AA	6	6	7	6	6	4	6	4	6	8	5	7	20
Amer.Ind/AK Native	2	1	1	1	2	1	2	1	1	2	1	2	3
Native HI / Pac Island	1	0	1	1	0	1	1	0	0	1	0	0	1
Hispanic	11	10	14	12	9	6	12	7	7	8	7	10	45
UNKNOWN	0	0	1	0	0	0	0	0	0	0	0	2	3
Age													
<50	3	2	1	10	1	1	1	2	1	1	1	7	18
51-60	4	4	6	6	6	6	3	1	1	2	4	11	30
61-70	38	33	53	44	30	25	34	39	40	48	37	46	163
71-80	27	22	39	41	24	26	35	32	33	39	41	50	141
81+	23	24	21	25	30	25	18	26	20	19	20	30	75
UNKNOWN	23	14	20	11	4	9	6	4	11	5	7	16	79
Sex / Gender													
Male	55	44	62	61	48	43	50	46	53	64	53	81	225
Female	63	55	78	76	47	49	47	58	53	50	57	79	281
Visits by Site	195	182	209	212	158	160	159	169	189	186	176	290	2285
HOME VISIT	39	55	48	35	50	37	39	37	32	32	33	38	475
NEIL RD	12	6	6	7	7	8	9	9	3	5	7	8	87
9TH ST	94	78	69	100	46	64	59	64	100	87	68	111	940
COLD SPRING	8	8	10	8	9	9	8	10	7	4	7	7	95
GERLACH	22	5	0	9	9	13	7	9	11	10	8	21	124
SUN VALLEY	4	10	13	11	8	6	7	8	6	14	18	10	115
SPARKS	9	10	23	15	9	9	12	14	14	16	14	20	165
Phone / Hospital / Other	7	10	40	27	20	14	18	18	16	18	21	75	284
Education Topics	81	98	105	109	67	97	87	95	120	139	117	133	1248
Hypertension related	23	22	14	18	9	27	16	17	38	37	21	26	268
HOPES	1	4	5	3	3	2	1	5	5	6	8	1	44
Senior Services	0	10	15	25	11	11	13	16	13	28	20	21	183
Fall Prevention / Safety Related	13	4	6	12	13	14	15	12	4	3	8	5	109
Medication Related	19	19	10	11	6	12	14	23	14	16	12	8	164
Diabetes Related	5	1	12	5	3	4	3	5	12	5	7	12	74
Smoking Cessation	2	0	6	2	0	3	0	0	0	0	0	2	15
Nutrition Related	11	12	6	15	6	9	13	8	16	19	20	39	174
Other	7	26	31	18	16	15	12	9	18	25	21	19	217
Services Provided	291	328	325	302	278	280	267	273	296	297	301	405	3865
ADH = Med adherence	41	56	46	40	49	38	40	34	33	31	30	36	483
MCM = Med Case Management	0	0	0	0	2	6	2	5	5	1	0	13	46
CoC= Coordination of Care	50	67	58	54	68	60	66	56	54	53	63	99	761
NAV = Navigation of Public Svcs	1	16	13	20	11	5	9	19	22	35	30	27	205
CMO = Discuss pt w/ Hopes CMO	0	2	4	1	0	0	0	0	0	0	16	19	202
RNA = Rn Assessment	191	170	190	182	136	147	139	149	171	167	154	205	2009
Rx / LAB / Other	8	17	14	5	12	24	11	10	11	10	8	6	159

Outreach—Blood Pressure clinics at each congregate meal site Currently 6 sites and also at various community health fairs. Seniors are assisted not only with their blood pressure, but in obtaining primary care and/or insurance as applicable, navigating the healthcare system and locating any needed resources. Education on many health care topics is provided both in a group setting and on an individualized basis based on the seniors' needs. Scheduling of blood pressure clinics is adjusted as needed in attempt to reach the most seniors possible; changes are coordinated with facilities director and then communicated to seniors via flyers and newsletter announcement.

Held 2nd annual Gerlach Health Fair in June 2016 during which over half of the population were served; 25 vendors came to Gerlach to provide a wide array of services, and new services like home health were offered to these rural residents for the first time ever as a result of the health fair. The event is planned to recur the 3rd Friday of each June.

Foot Care In-services were held at every congregate meal site throughout the last year—half hour focused education clinic about foot issues specific to seniors. Foot care education continues during each BP clinic and Nurse is willing to provide further topic specific educational in-services based on senior need.

Medication management for homebound seniors—Nurse provides weekly visits or less frequently depending on client needs and independence level to 15 homebound seniors. Also includes intensive case management working with Senior Services, social workers, families, and many community agencies. Clients are very complex and many have some dementia and/or psychiatric comorbidities. Have had a wait list for over a year (had to limit number of clients due to client complexity and for nurse to provide safe care). Nurse works closely with clients to develop individualized goals and supports the seniors in having the highest level of independence possible.

Success stories—

A blind diabetic amputee who is insulin dependent is living independently in his own apartment; much collaboration with therapists and social workers, caregivers, community agencies enabled this to occur.

A homebound senior female with depression and COPD who was a “frequent flyer” at the hospital celebrated 2 ½ years with no hospitalizations. She is very compliant with her meds and has been demonstrating greater independence and good decision making with regards to her health care issues. When she recently had a hospitalization, it was due to an infectious process unrelated to her COPD and client was able to heal quickly and return to all previous activities and high level of independence.

A bilateral amputee diabetic client who had a history of having a stroke lives independently and has excellent control of his diabetes. He is now even preparing his own meals, with assistance of his caregiver, and continues to demonstrate greater independence with managing his health care.

A few seniors have moved on to a higher level of care like group home, long term care facility, or hospice and nurse helped coordinate this and assisted the senior and families with this difficult transition.

Many clients encountered through BP clinics with very high BP and no primary care provider have now obtained care through HOPES or privately, and are managing their hypertension with medication compliance and ongoing education obtained at the BP clinics.