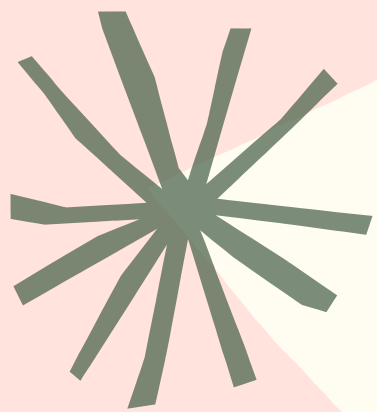




WELLNESS MONITORING PROGRAM

Promoting and Supporting Health and Wellness in our Community



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Program History

In January 2019, the WMP was established to support Physicians and Nurse Practitioners.

Client Demography

Client are those who do not require CHS or MHSU but are at risk of requiring a higher level of support.

Age ranges from 24 to 94 years old

12 males and 91 females

Half of the clients live on their own





How do you make a referral?

By contacting the Physician Connector Line @ 250-519-5282

What can you and your clients expect?

- Wellness Mentors communicate with clients to book an initial assessment within two weeks of receiving a referral
- Initial assessments are generally in person however phone and virtual options are possible
- A copy of the initial assessment is shared with the client's PCP via Powerchart (provider note)
- Wellness check calls or virtual visits (frequency is dependent on clients' needs) and long-term support is provided
- Clients are referred to community resources/programs and are provided with appropriate education/recommendations
- Changes in client status is communicated to the PCP via Powerchart and/or phone call
- WMP is a team based program

Outcomes

- Clients feel heard, listened to and supported
- Clients are reassured that someone is checking up on them regularly and monitoring their health as they age
- Clients feel accountable for their goals and plan because they know that they will be receiving ongoing wellness checks and support

Client feedback

"Feeling more confident and encouraged to be more who I am after our chats."

"That is nice, no one checks up on me on a regular basis."

"I really needed to hear that." (conversation about how strong client is and how she will not be discharged from program unless she needs CHS)

"Thanks for caring about me!"

"I find the service valuable. It's like cognitive therapy; suggestions are made and I make the choices. It gives me motivation and I can see the potential benefits."

"I like the fact that I know I can call you any time and the monthly wellness checks are good to keep me moving along."

Case Study

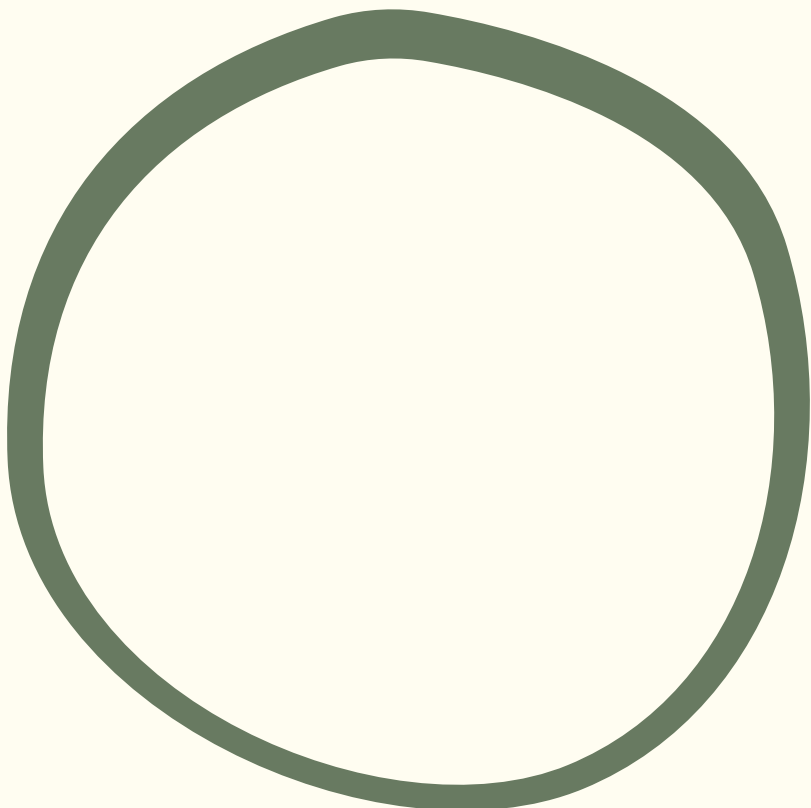
- 60 year old woman who lives alone
- Referral reasons: anxiety, high blood pressure, denied long term disability, stress and anxiety, isolation
- Difficulty managing:
 1. Finances (2019) due to ongoing health issues preventing her to work
 2. GRW (2020) since LTD was denied
 3. Grief - loss of 2 family members by suicide (2020)
 4. LTD claim process which heightened client's stress and anxiety (2021)
 5. Family dynamics
 6. Increased isolation and loneliness due to the pandemic and being immune compromised

- WMP client since May 2019
- The following resources were shared as per client's needs:
 1. Shelbourne Community Kitchen for food security and volunteer opportunities (2019)
 2. Vancouver Island Art School for creative expression (2020)
 3. Affordable housing options
 4. Bridges for Women for trauma counselling
 5. Bereavement Counselling
 6. BCCDC COVID-19 updates
 7. Building an Emotional Rescue Kit
- In person visits have decreased to monthly in person visits since client's general health and wellness is stable
- ACT resources are shared as required
- Ongoing communication with FP and MHSU worker for updates and status changes
- Active listening and coaching
- Client has regular feedback with a Wellness Mentor to stay on track and to continue to improve/maintain health and wellness



Case Study

- 74 year old male who lives alone
- Referral reasons: Anxiety disorder, panic disorder, arthritis, depression, isolation
- Difficulty managing:
 1. Loneliness
 2. Motivation
 3. Stress
 4. Grief (recent loss of friends)



- WMP client since January 2021
- The following resources were shared as per client's needs:
 1. Volunteer Victoria to explore opportunities
 2. Bereavement Counselling
 3. Meet Ups in Victoria
 4. Physiotherapist and Massage Therapist
- Wellness check calls have decreased to once a month since client feels confident in the support provided that is provided
- Ongoing communication with FP for updates and status changes
- Active listening and coaching
- Client has regular feedback with a Wellness Mentor to stay on track and to continue to improve/maintain health and wellness

Primary Care Provider Feedback

"Thanks for providing such a helpful and needed service! I hope this program continues to get funding!"

"I liked the intake assessments: enough depth, good assessment of needs, clear outline of plan."

"Patient with multiple complex chronic diseases and social isolation/depression also appreciates the regular check-ins and felt supported enough that she felt she could cope with a referral to an endocrinologist for the first time in years. She actually feels she might be able to follow through on managing her diseases."

"I appreciate the support and the expertise you bring."





Future plans???

Questions?

Thank you!

