



COLLAGE

The Art & Science of Healthy Aging

An integrated assessment tool and person-centered process to advance healthy aging and improve outcomes

AN INVITATION TO JOIN
A UNIQUE GROUP OF AGING
SERVICE ORGANIZATIONS.

PROGRAM PROFILE • NOVEMBER 2009

Are you
committed to:

Targeting health and wellness programs to match resident needs? • Empowering your residents and staff to make aging in place decisions? • Benchmarking your community health and wellness data with data from your peer group? • Promoting efficiencies in the use of community resources? • Using data to inform resident service plan development?

COLLAGE, The Art & Science of Healthy Aging brings together pioneering organizations committed to being on the leading edge of introducing new standards of quality and technology.



COLLAGE actually embraces all of the principles of quality first that AAHSA has put out there over the past five years. It focuses on an evidence-base, collecting good information, using good data to make better decisions, and gathering data and sharing data across organizations so that people really understand where they are improving and where they still need to do the work. There is no way to get to quality without engaging in the kind of work that COLLAGE allows organizations to do.

Robyn Stone, Executive Director, Institute for the Future of Aging Services (IFAS) and Senior Vice President of Research, AAHSA, Washington, DC

..the COLLAGE reports contained key information in a visual format allowing us to easily identify the profile of our residents across our continuum of care...We now have access to information about our residents' health risks, and tapping into this offers us a treasure chest of data to guide decision making about the kinds of programs and services we ought to be developing. We are ecstatic about what the new reports will help us achieve.

Denise Dickinsen, Vice President of Planned Growth and Development, Lutheran Homes of South Carolina, Irmo, SC

The thing about programs like COLLAGE, it's built on continuous quality improvement and management principles which we've known now for two generations work....If I'm an organization and I want to improve, then I can take that data and say, 'We're doing pretty well here, but we've got a lot of work to do in this particular domain....' What we're looking for in our field is...how do you define quality of the service which means a healthy living culture and a continuous quality improvement management culture. That's what we're trying to achieve. A project like COLLAGE integrates those things.

Larry Minnix, President & CEO, American Association of Homes and Services for the Aging (AAHSA), Washington, DC

Data from the COLLAGE assessments validates the trends I'm seeing as we interview our residents. The data will serve as concrete evidence to show my administrator and team the need for a redistribution of resources and staffing. I'm excited to be able to develop targeted programs and resources that will best meet the needs that we've uncovered...My hat's off to you. COLLAGE is an incredible product with a dedicated team of professionals supporting it.

Kathryn Kelly, Wellness Coach, Orchard Cove, Canton, MA

WHAT is COLLAGE

The Art & Science of Healthy Aging?

COLLAGE, The Art & Science of Healthy Aging was created in 2005 as a joint venture between Kendal Outreach, LLC, a not-for-profit subsidiary of The Kendal Corporation, and the Institute for Aging Research at Hebrew SeniorLife, a not-for-profit organization affiliated with Harvard Medical School. COLLAGE is a customized suite of standardized and systematic assessment instruments that evaluate health and wellness in areas such as memory loss, nutrition, balance and mental well-being. The information is collected in a national repository and disseminated to a consortium network consisting of continuing care retirement communities (CCRCs), congregate senior housing sites, both market rate and subsidized, and senior service agencies. COLLAGE reports are provided to the COLLAGE membership on two platforms: individual resident assessment and organizational performance assessment of individual housing sites or service centers that seek effective interventions, preventive programs and focused services.



The collected and analyzed data provide a framework to incorporate ongoing, systematic, and integrated assessment practices combined with evidence-based interventions in order to improve:

- the ability of older adults to remain independent,
- the overall quality, consistency, and continuity of health services across all levels of care,
- the effectiveness of programs and services, and
- organizations' ability to plan for the changing needs of older adults.

Demonstrated BENEFITS

Initial success in using data to drive good decisions has been demonstrated within many of the communities participating in COLLAGE. As an example, Alexian Village of Milwaukee embraced the concept of using empirical data to support “doing the right things.” Initial analysis encouraged the organization to focus on memory loss, pain, and depression in their residents. Ensuing adjustments and interventions resulted in increased resident satisfaction, and a significant reduction in healthcare services and the attendant costs.

Consortium members have shown that COLLAGE:

- Improves continuity and planning across the continuum of services;
- Provides individual residents with customized information and a wellness roadmap to manage their own health;
- Identifies needed services to maximize abilities and functions in older adults;
- Evaluates and influences the systems of services and care;
- Helps an organization emphasize health promotion and adaptation;
- Facilitates informed data-based choices about risk and service decisions;
- Improves individualized service plans and organizational performance through data;
- Captures health and social information of an older population in aggregate housing to evaluate the effects of “aging in place.”

We think this tool is very special in terms of its ability to get at unmet needs, to assess them in a way that people can understand and really help them to live more successfully... COLLAGE is going to be an instrument that allows us to provide that linkage between health care and housing in a way that really makes a big difference in seniors lives. There are some incredible stories coming out of our experience of using COLLAGE.

Tom Slemmer, President and CEO, National Church Residences, Columbus, OH, and AAHSA Board Chair

DATA TO TARGET PROGRAM AND SERVICE DEVELOPMENT

For Individuals

Health and wellness information is gathered from clients through a voluntary one-on-one conversation with a qualified staff person using the computerized COLLAGE assessment tool. Questions focus on residents' interests, needs, experiences, preferences and challenges. If the staff person and resident identify an area or theme that is particularly challenging—such as nutrition, sleep, exercise or preventive health maintenance—together they develop an individualized plan for addressing it. The COLLAGE conversation offers an opportunity to collaborate with clients and better plan for their future, potentially enriching their lives, both within and outside the community. Information gathered during the assessment conversation is entered into the COLLAGE software by staff, either as the conversation proceeds, or at its conclusion.

At a Glance Health Aging Plan
Prepared on 8/19/2009
by Neil Beresin

My Health Aging Plan has identified the following areas where improvement might be possible. I will work with my health care professionals in the coming year to look for ways to improve those areas that have been marked "Yes."

Possible Areas for Improvement	Yes	No	Comments
Falls and Balance	✓		Will refer to P.T for a Balance Master evaluation Handout on falls prevention. MOB class

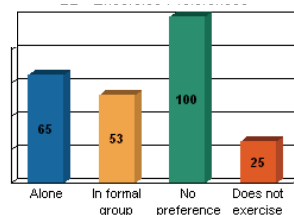
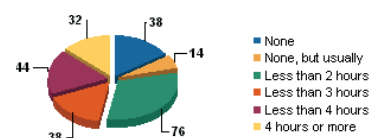
You have not had the following preventive procedures and treatments within the recommended time period

Preventive Treatments and Procedures	Yes	No	Comments
Hearing exam in last year	✓		Schedule with Audiologist at next Kendal visit

Clinical Assessment Protocols (CAPs)	Yes	No	Comments
Physical activity promotion	✓		Will talk to Ann after Wellness form completed
Social relationships	✓		Talk with Social Service team to find a caregivers support group

Other	Yes	No	Comments
Bladder issues	✓		Handout on incontinence. Bladder issues seminar
Insomnia	✓		Handout on Insomnia. Talk with CNP
Low Fluid intake	✓		Handout on Dehydration

Level of Participation and Preferences in Fitness and Exercise Programs

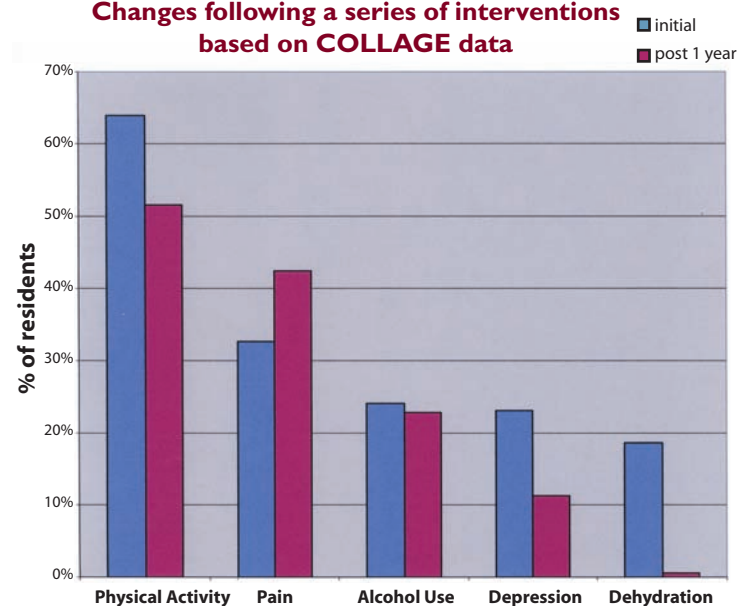


Exercise and physical fitness, aggregate data. Information for a single community about residents' involvement in fitness informs the development of targeted programs and improved outcomes.

For Organizations

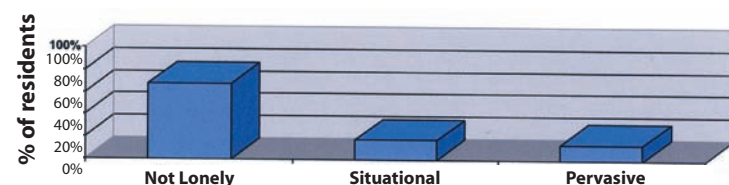
For a campus or community, COLLAGE helps identify residents who need assistance in areas such as medication and pain management; health screening and making appointments; shower safety; vision or hearing testing; loneliness, depression and memory loss; nutrition; managing housework; and chronic fatigue. With a deeper knowledge of clients' needs and interests in the aggregate, communities are better positioned to develop programs and services to improve quality of life on a larger scale.

Changes following a series of interventions based on COLLAGE data



This graph represents the percentage of residents triggering on lack of physical activity, pain, alcohol use, depression, and dehydration in one COLLAGE community over two years (n = 361). With reference to pain, the community felt that they raised the level of awareness that residents should not have to live with inadequately controlled pain. Hence, more residents felt safe to come forward.

Levels of loneliness based on COLLAGE national consortium data



This graph represents levels of loneliness from COLLAGE consortium data (n = 1,974). In summary, most COLLAGE residents are not lonely (68%), however, about one third are lonely—18% experience situational loneliness and 14% experience pervasive loneliness. Levels of loneliness by site are also available to consortium members for benchmarking and quality improvement.

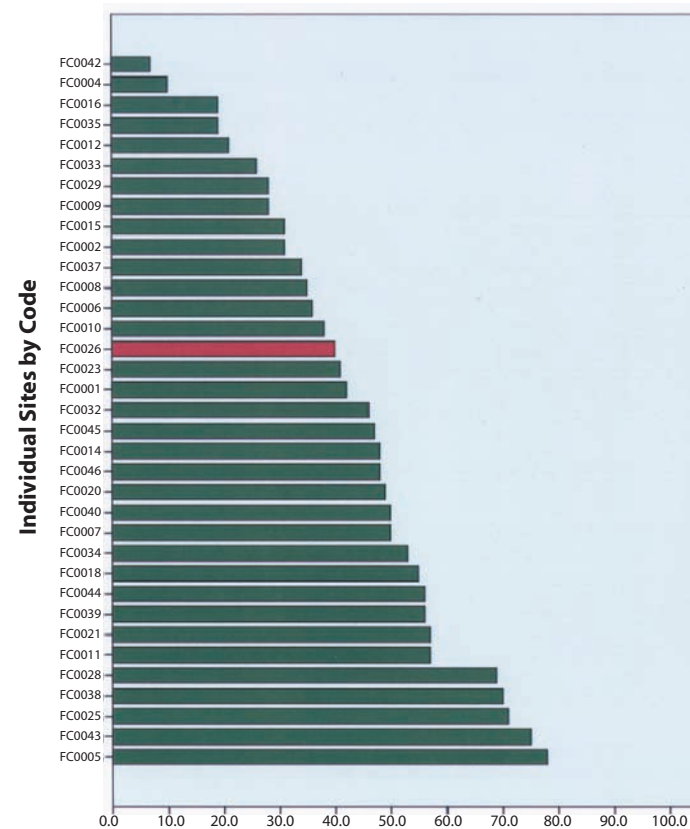
National Data Repository

Assessment information is transmitted to the COLLAGE national data repository housed at the Institute for Aging Research at Hebrew SeniorLife in Boston. Repository reports, based on the assessment data, are provided to all consortium members and offer aggregate comparisons:

- consortium member-to-member,
- campus-to-campus or residence-to-residence within a multi-site organization, and
- member-to-comparison group (data sets of persons living in the general community).

The repository is another window into performance, benchmarking, and quality improvement.

Levels of exercise based on COLLAGE national consortium data



This graph represents the percentage of residents who exercise more than 2 hours across consortium member communities. Data like this is used by member sites for targeted program development and benchmarking.

Comparative—health promotion and health issues from COLLAGE national repository data

HEALTH/MENTAL HEALTH STATUS			
Item	Member	Consortium	Comparison
Health Promotion/Maintenance			
Blood Pressure measured in last year	93%	97%	92%
Colonoscopy Exam in last 5 years	61	67	59
Dental Exam in last year	85	88	78
Eye Exam in last year	79	85	77
Influenza Vaccine in last year	85	91	72
Mammogram in last year (for women)	46	48	18
Pneumovax Vaccine in last 5 years	65	69	52
Health Issues			
Falls: two or more in last 90 days.	13%	14%	31%
Pain: one or more periods of pain each day over last three days.	15	23	51
Weight Loss: either 5% unintended weight loss in last 30 days or 10% in last 180 days.	5	4	9
Bladder Incontinence: daily episodes of incontinence with some control, e.g., during the day, or always incontinent.	7	7	18

The two tables (above and below) are some of the sample data available to all COLLAGE consortium members. The "member" column represents all the residents in the aggregate from one particular community. The "consortium" column represents residents living in all COLLAGE consortium sites; the "comparison" column is either residents living in all sites of one organization's (if the organization has more than one site participating in COLLAGE) OR a large sample of home care clients not participating in COLLAGE.

Comparative—prior service use and pain scale from COLLAGE national repository

PRIOR SERVICE USE			
Item	Member	Consortium	Comparison
Hospital Admissions: any overnight hospitalization in last 90 days.	6%	8%	6%
Emergency Room Visits: any ER use without an overnight stay in last 90 days.	6	7	5
Physician Visits: any visits in last 90 days.	89	80	80
SUMMARY STATUS MEASURES			
Pain Scale			
<i>The Pain Scale is used to examine prevalence of pain. The scale is derived from the pain items in the Minimum Data Set (MDS). It has been validated against the Visual Analogue Scale (VAS). The pain scale examines the frequency & intensity of pain shown by an individual.</i>			
No Pain (0.1 VAS)	75%	60%	65%
Mild Pain (1.4 VAS)	15	19	17
Moderate Pain (3.8 VAS)	10	17	17
Severe Pain (5.0 VAS)	0	4	2

The Future of COLLAGE

COLLAGE now seeks to expand the current 92 site membership platform to 500 community participants including a diverse mixture of CCRCs, affordable housing, and HUD housing sites. The significant membership expansion will be the foundation for achieving the project aims:

1. Scalability: utilize web-based technology and support systems

Create a scalable web-based technology structure for program training, implementation and data collection to improve programmatic efficiency and access. AAHSA realizes the benefits of the COLLAGE report system through its own member agencies that are already a part of COLLAGE.

2. Cost: reduce costs to members

New web-based technology will eliminate the current installation fees and create a single annual fee structure that, in conjunction with additional members, will result in a more affordable product. Current members will be converted to the web platform without any additional fees.

3. Infrastructure: create even more effective methods of data collection

The Community Health Assessment (CHA), the current core assessment tool of COLLAGE, has been programmed into a state-of-the-art software program that can be installed on a freestanding computer, a computer connected to a network, or a tablet PC. COLLAGE has established a number of alternative assessment strategies to ensure that communities are able to easily gather accurate, complete data. The alternatives will include assessment by trained staff or volunteers, resident response within a free-standing computer kiosk, and resident response in a paper format.

Establishing a reliable collection method to implement the core assessment tool in low-income housing communities is an essential research component of the expansion. A key question is: how can low income sites effectively collect information with very limited staff or technology resources? In addition, the expansion will investigate, create, and test how to secure internal and external resources to implement the identified interventions and programs needed.



4. Research: from anecdotal evidence to empirical data

a) A significantly larger data set that reflects all models of housing can be made available to national research investigators. The longitudinal data will provide a benchmark to measure outcomes across multiple and diverse settings.

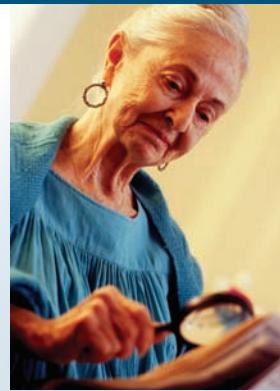
b) Determine if the COLLAGE program can collect reliable data in affordable senior housing with limited resources, and if services can be provided from the greater outside community to address identified health issues for older people.

c) Investigate what type of independent congregate housing services, support systems and interventions provide the most effective impact for prevention and management of aging health and wellness.

Selected examples of prevention strategies for disease, falls, mood, pain, and fatigue will be measured on an empirical versus anecdotal basis. The reports, as they relate to, for example, blood pressure screening, colonoscopy, dental, eye and hearing examines, flu vaccine, mammograms, pneumovax vaccines, can address how many elders are complying with recommended directives. And, when the elders do not comply, investigators can examine what explains their non-compliance and how this affects their subsequent clinical status and life course. Research information can illuminate predictors that lead to transitions from independent living to institutional settings.

SURVEY—we want to know

Please return in enclosed envelope or fax to 610-335-1288, Attn: COLLAGE. Thank you!



1. Are you looking for a more systematic method to collect accurate & reliable health and wellness data?

Yes

No

2. If you answered “yes” to question one, what system or process are you currently using?

3. With reference to health and wellness of your independent residents, what types of information would be valuable for your organization to access?

4. What, if any, are some of your organizational barriers to participating in COLLAGE at this time?

5. Additional comments welcome here:

An Invitation to Participate in the 2010 COLLAGE

____ YES, I’m interested in participating in the 2010 COLLAGE web-based version. I understand that the first 50 non-profit AAHSA members to sign up will receive a significant discount on their membership fees.

____ YES, I’m interested in COLLAGE but will not be participating in the 2010 COLLAGE web-based version. Please keep me in the communication loop until further notice.

____ NO, I’m not interested in COLLAGE at this time.

____ OTHER:

Name _____

Address _____

E-mail _____



What we found with COLLAGE is the efficiencies that it creates. It has standardized a critical function for us—the assessment, the data gathering, and the ability to turn that into good decisions. We were an organization that had 18 different assessment tools in our home care agency—now we have one.

David Gehm, President and CEO
Lutheran Homes of Michigan
Saginaw, MI

Our acute care statistics speak for themselves: since utilizing COLLAGE, hospitalizations dropped from 173 in 2004 to 137 in 2006; pain as a reason for hospital admission dropped from 11 in 2004 to 4 in 2006. This is very significant.

Karri Sears
Director of Wellness
Alexian Village of Milwaukee, WI

It has been rewarding for me to see the renewed interest that residents have in owning their individual health and wellness as a direct result of participating in COLLAGE. It’s also been especially gratifying to see residents realize their own goals in areas they may not have focused on otherwise.

Melissa Markey
Wellness Coach
Westminster Canterbury,
Richmond
Richmond, VA



COLLAGE Members

CALIFORNIA

Front Porch Communities and Services: Villa Gardens

CONNECTICUT

Whitney Center

MARYLAND

Broadmead
Carroll Lutheran Village

MASSACHUSETTS

Hebrew Senior-Life: Center
Communities of Brookline I, II, and III; Jack Satter House; Orchard Cove;
Simon C. Fireman Community

MICHIGAN

Lutheran Homes of Michigan:
McBrite, Shattuck,
Lutheran Home Care, Monroe,
Frankenmuth, Creekside Village,
Livonia

NEW HAMPSHIRE

Kendal at Hanover

NEW YORK

Kendal on Hudson
Kendal at Ithaca

NORTH CAROLINA

Carolina Meadows
Deerfield Episcopal Retirement
Community

OHIO

Kendal at Granville
Kendal at Home
Kendal at Oberlin
National Church Residences:
The Glade
Bristol Village
Hopeton Terrace
Hopeton Village
Bristol Court
Argus Court
Argus Green
Woodview Court
Cherry Blossum
Chestnut Grove
Chestnut House
Chimes Terrace
Grand Haven Commons
Hilltop Senior Village 1
Hilltop Senior Village 2
Lincoln Gardens
Meadowview Village Apartments
Ravines at Central College
Ravines at Central College 2
Restoration Plaza 1
Restoration Plaza 2
Restoration Plaza 3
Stafford Court

Stafford Village
Stoneridge Court
Stygler Commons
Stygler Village
Upper Arlington Community
Woods at Central College
Country Ridge
Walnut Creek Village
Walnut Grove
Woods on Country Club Road
Heritage Livingston
Heritage Karl Road
Heritage Broad Street
Heritage Delaware
Oakhurst Place
Greenfield Place
Groewood Place I
Little Brook
Village Place
Pleasant View Place
Mt. Pleasant Place
Griggs Village Apartments
Melanie Manor
Castleton Gardens
Eastland Manor
The Seniors at Hegemon
Chandler Arms Apartments
Bollinger Towers
Jenkins Terrace
Worley Terrace

MaplewoodHeights
North Community Place
Otterbein Retirement Living
Communities: Otterbein Lebanon

PENNSYLVANIA

Albright Care Services: Normandie
Ridge; RiverWoods
Crosslands
Dock Woods Community
Kendal at Longwood
Longwood at Home, Presbyterian
SeniorCare
Moravian Hall Square Retirement
Community

SOUTH CAROLINA

Lutheran Homes of South Carolina:
Benzie T. Rice Home;
The Lowman Home; Franke at
Seaside; Trinity Lutheran Home;
RoseCrest; BeWell Home Services

TEXAS

C.C. Young

VIRGINIA

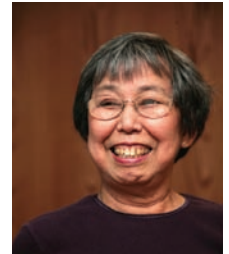
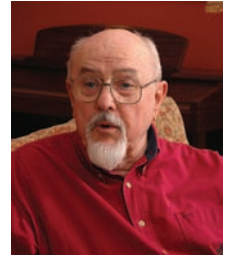
Westminster Canterbury Richmond

WISCONSIN

Alexian Brothers Health System:
Alexian Village of Milwaukee

I am very excited about COLLAGE and am able to see immediate responses of residents working on their goals. The word is spreading and residents are asking to participate. Yeah!!!!.

Melissa Batten, Wellness Nurse, Carroll Lutheran Village, Westminster, MD



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