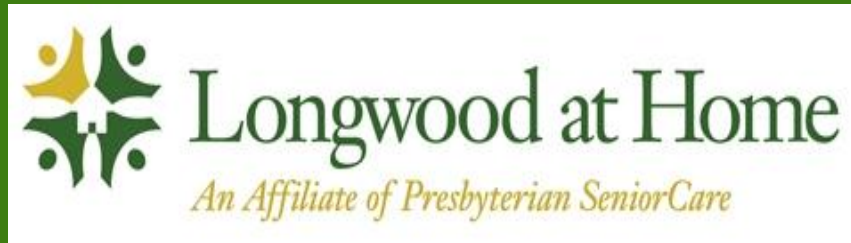


COLLAGE



Joan Krueger
Longwood at Home
Director

David Zientarski
Kendal at Home
Director of Care Coordination



VALUE OF COLLAGE IN NON-RESIDENTIAL SETTINGS

Helps “at home community” members to age in place in their own residences

- ❑ Pre-enrollment assessment
- ❑ Annual assessment or significant change in health status
- ❑ Clinical Assessment Protocols

VALUE OF COLLAGE

Consistency



- *Inter-rater reliability*
- *Assessment*
- *Data*

COLLAGE becomes the primary assessment tool

**KENDAL at Home
Geriatric Depression Scale (Short Form)**

(Choose the BEST answer for how you felt over the LAST WEEK)

	YES	NO
1. Are you basically satisfied with your life?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have you dropped many of your activities and interests?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do you feel that your life is empty?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Do you often get bored?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are you in good spirits most of the time?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are you afraid that something bad is going to happen to you?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Do you feel happy most of the time?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Do you often feel helpless?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Do you prefer to stay at home rather than going out and doing new things?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Do you feel you have more problems with your memory than most?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Do you think it is wonderful to be alive?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Do you feel pretty worthless the way you are now?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Do you feel full of energy?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Do you feel that your situation is hopeless?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Do you think that most people are better off than you are?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Negative response from questions 1, 5, 7, 11, and 13 indicate depression.

The remainder of positive responses indicates depression.

Member: John Doe

Date: 1/1/11

Score: 0

TRIGGERS LIST

Section E: Mood	
Indicators of possible depressed, anxious, or sad mood	Not present
Persistent anger with self or others - e.g., easily annoyed, anger at care received	Present but not exhibited in last 3 days
Expressions, including non-verbal, of what appear to be unrealistic fears, e.g., fear of being abandoned, being left alone, being with others,; intense fear of specific objects or situations	Not present
Repetitive health complaints - e.g., persistently seeks medical attention incessant concern with body functions	Not present
Repetitive anxious complaints/concerns (non-health related) - e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationships	Not present
Sad, pained, or worried facial expressions - e.g., furrowed brow, constant frowning	Exhibited on 1-2 days of last 3 days
Crying, tearfulness	Not present
Withdrawal from activities of interest - e.g., long-standing activities, being with family and friends	Not present
Reduced social interactions	Not present
Self-reported mood	
• Little interest or pleasure in things you normally enjoy?	Daily in last 3 days
• Anxious, restless, or uneasy?	Not in last 3 days
• Sad, depressed, or hopeless?	In 1-2 days of last 3 days

TRIGGERS LIST

Section F: Psychosocial Well-Being	
• Participation in social activities of long-standing interest	4 to 7 days ago
• Visit with long-standing social relation or family member	4 to 7 days ago
• Other interaction with long-standing social relation or family member - e.g., telephone, e-mail	In last 3 days
• Openly expresses conflict or anger with family or friends:	Never
• Fearful of a family member or close acquaintance:	Never
• Neglected, abused, or mistreated :	Never
• Lonely - says or indicates that he/she feels lonely	Yes
• Change in social activities in last 90 days (or since last assessment if less than 90 days ago)	Not present
Decline in level of participation in social, religious, occupational or other preferred activities	No decline
Length of time alone during the day (morning and afternoon):	More than 2 hours but less than 8 hours
Major life stressors in last 90 days - e.g., episode of severe personal illness; death or severe illness of close family member or friend; loss of home; major loss of income/assets; victim of a crime such as robbery or assault; loss of driving license/car	No

BENEFITS

- Person-centered approach with individualized service plans
- Healthy Aging Plan

EMOTIONAL WELLNESS

Assessment Indicators

- Mood CAP: Triggered - low risk Depression Rating Scale = 2 (range 0-14); Persistent anger. Sad, worried facial expressions.
- Mood Scale: Moderate
- Stress Wellness Preference: Could not be calculated

Topics Discussed: Although John states he is not actually depressed. He states he feels very apathetic about everything. He has no emotion at all. He has a big trip planned that he has wanted to go on for a lifetime but now doesn't care if he goes or not. I informed him that he appears to be angry and he states he cannot explain what is going on but is feeling that way. He does not know why. We reviewed his medications and he explained that he took himself off of his antidepressant almost 8 months ago. He felt it contributed to his vertigo.

Action Steps Planned: John will talk to his doctor about his apathy and anger and alert her to the fact that he is off of his antidepressant due to vertigo.



Wellness Checklist for Resident: John Doe Plan Date: 7/31/2011



Action steps in your Healthy Aging Plan. Use this checklist to record your progress.

EMOTIONAL WELLNESS

Action Steps:

John will talk to his doctor about his apathy and anger and alert her to the fact that he is off of his antidepressant due to vertigo.



Notes

PHYSICAL WELLNESS - FITNESS

Action Steps:

John will discuss this with his doctor in regards to the apathy. John needed some education that he had heard if he takes too much Motrin his liver will fail. Therefore he takes it only when pain is terrible. He states his pain is only mild and blames his lack of exercise on laziness more than anything else. He is going to discuss his joint pain with his physician whom he has an appt. with in two days.



Notes

PROGRAM OUTCOMES

Identifies the specific needs of
the community and directs
programming

PROGRAM OUTCOMES (cont')

- Self management programs
- Evidence-based programs
- Support groups
- Wellness tips in newsletters

REDUCES DISCREPENCIES

- Comparative Reports
- Medication and Diagnosis Lists
- Assessment Indicators Report
- Clinical Assessment Protocols (CAPs) Report
- Ad Hoc Reporting

BENEFITS

1. Better outcomes, quality of life and independence
2. Financial benefit
3. Supports healthy aging
4. Promotes independence
5. Facilitates aging in place

BENEFITS WEAVE INTO FABRIC OF PROGRAM

