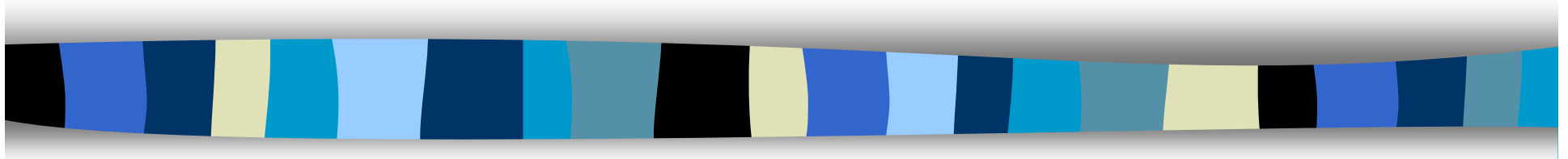


# COLLAGE Implementation Strategies



What Works and...  
...What Doesn't  
(at Carolina Meadows  
anyway!)

Roberta Gray, COO  
Kathy Hauser,  
Service Plan Coordinator  
Carolina Meadows



# Who We Are

- A 700-Resident CCRC in Chapel Hill, NC
- Culture characterized by high level of resident involvement in governance as well as resident autonomy
- Joined Collage as Pioneers – attended first meeting in Chicago in 2003



# Implementation: Round One

- Trained 9 staff members: three nurse practitioners, two clinic RNs, wellness director, three social workers
- Used residents who were in leadership roles as the test residents



# Promotion

- Attended Precinct Meetings with a one page handout
- Problems:
  - Concept of Kendal, Hebrew Senior living, etc. too complicated
  - Don't like the idea of their data going somewhere
  - Don't really care about big picture – care about what they get out of it



## A Year or So Later...

- Only 160 of 550 residents had participated
- Staff didn't really want to do it
- Varied backgrounds of staff was a problem
- Questions about the quality of the information
- Immediate feedback to residents was thin
- Accreditation concerns forefront
- Community focus on wellness continued to thrive



## The Plan: We Need To...

- ...have one person whose role it is to conduct interviews
- ...generate a written, individualized wellness plan from those interviews for immediate resident gratification
- ...use the information gathered to better monitor and care for IL residents BUT not threaten them with transition



# The “Collage Lady” Arrives

- RN (Kathy Hauser) with wellness background and interest
- Comprehensive orientation to campus
- Part of Wellness Department
- Creates structured approach to interview scheduling
- Attends PAR meetings to share information with staff but stresses her role in keeping people well/independent



## Where to start??

- Residents unknown to staff
- Residents never seen in clinic
- Residents referred by staff
- New residents 1 month after move in
- Contacted remaining residents





# Structured Method of Contact

## ■ Initial

- Intro letter, appointment request, business card
- Appointment card
- Reminder call day before appointment

## ■ 1 month later

- Have not heard from you letter; deferral



# Written plan for each resident

- Based on CHA identified risks and clinical judgment
- Takes into consideration resident goals, preferences, and concerns
- Plan is reviewed and approved by resident
- In resident mailbox same or next day



# Word of Mouth

- Do a good job!
- Resident feedback mostly good
- Some of my most negative turned into some of my biggest advocates
- Deferral list got smaller and smaller



## Spoke at Precinct Meetings

- These were smaller groups which allowed for more questions and discussion
- Interview process begun
- At least 1 resident present had been interviewed.



# Phone Deferrals and inquiries

- View as an opportunity
- Listen and address concerns
- Offer to stop at any time; I wouldn't be offended
- OK to defer, sign deferral and if you change your mind in the future, I will be happy to see you



## Take Away

- Expect some growing pains
- Understand where each resident is and go from there
- Try to find a morsel of truth in all feedback, be accountable and make changes before issues get too big