



Using the **COLLAGE** Assessment Tool with Assisted Living Residents in Canada:

Preliminary findings and implications for programming

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Outline

- **Background**
 - interRAI CHA
 - LHIN
 - Terminology
 - Ageing in place in Ontario
 - Ageing at Home Strategy
- **interRAI CHA Pilot Project**
 - Description
 - Preliminary results
- **Next Steps**
 - interRAI CHA
 - Continuum of Care



Background Information

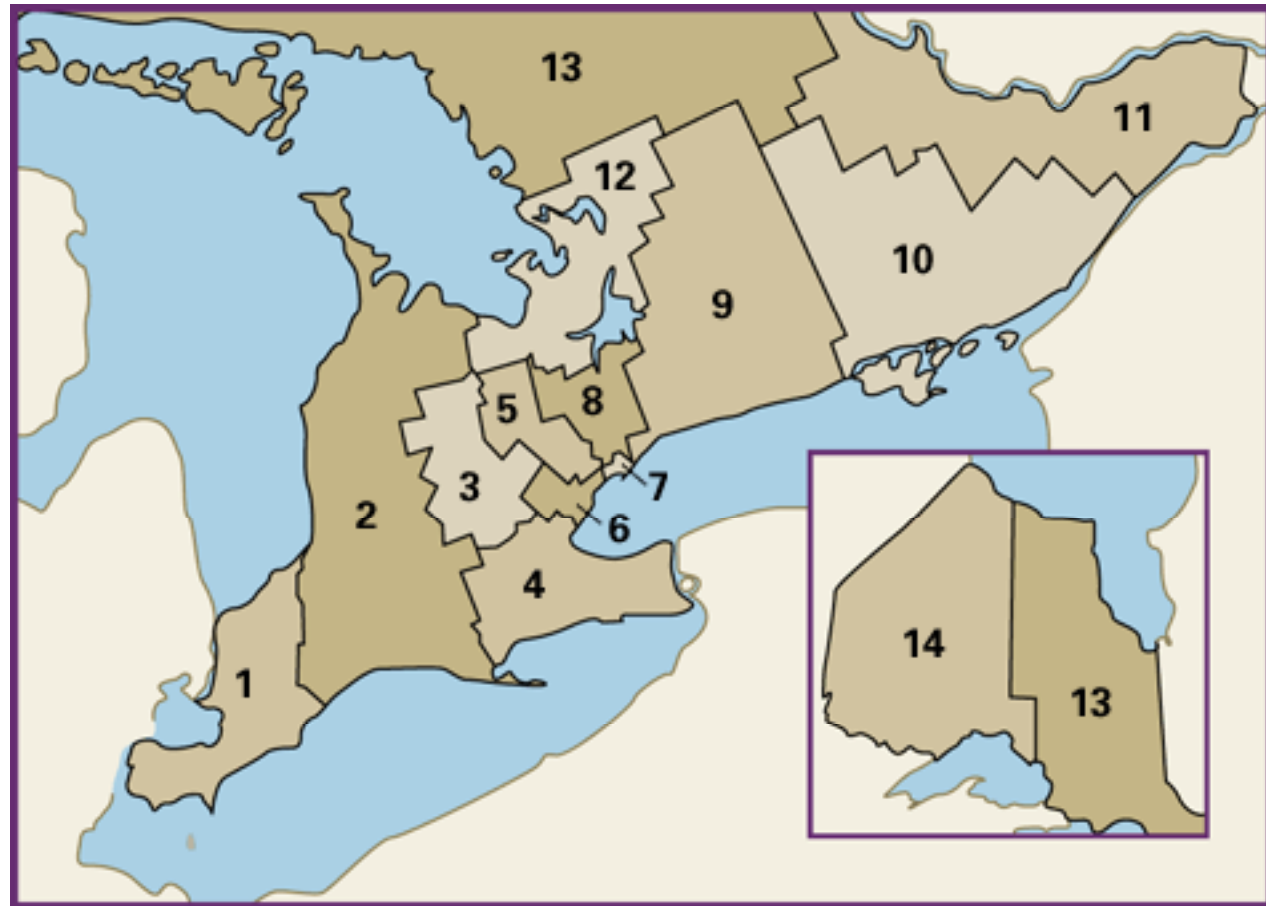
interRAI Community Health Assessment

Identification Information	Disease Diagnosis
Intake or Initial History	Health Conditions
Cognition	Nutritional Status
Communication and Vision	Medications
Mood	Treatments and Procedures
Psychosocial Well Being	Social Relationships
Functional Status	Environmental Assessment
Continence	

+ Mental Health Supplement

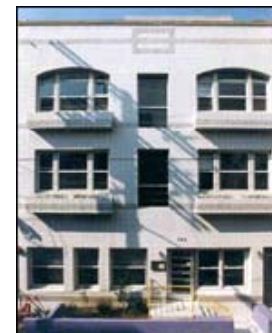
+ Functional Supplement

Local Health Integration Networks



What is Supportive Housing in Ontario?

- “housing that helps people in their daily living through the provision of a physical environment that is safe secure, enabling and homelike” (CMHC, 2007)
- Apartments/condos rented or owned
- Government subsidized rent
- Services typically provided
 - Meals
 - Bathing Assistance
 - Light Housekeeping
 - Case management
 - Security checks
 - Recreational programs



Ageing in Place in Ontario

Ageing
in Place

Home

Home with Support Services

Supportive Housing

Institutionalization

HEALTH

Ageing at Home Strategy

- August '07: 700 million dollars to help Ontario's seniors lead healthy and independent lives in the community.
- LHINs responsibility for allocating funds in their region
- 20% of the funds to innovative projects
- University of Waterloo project: Dec '07 – Aug '08

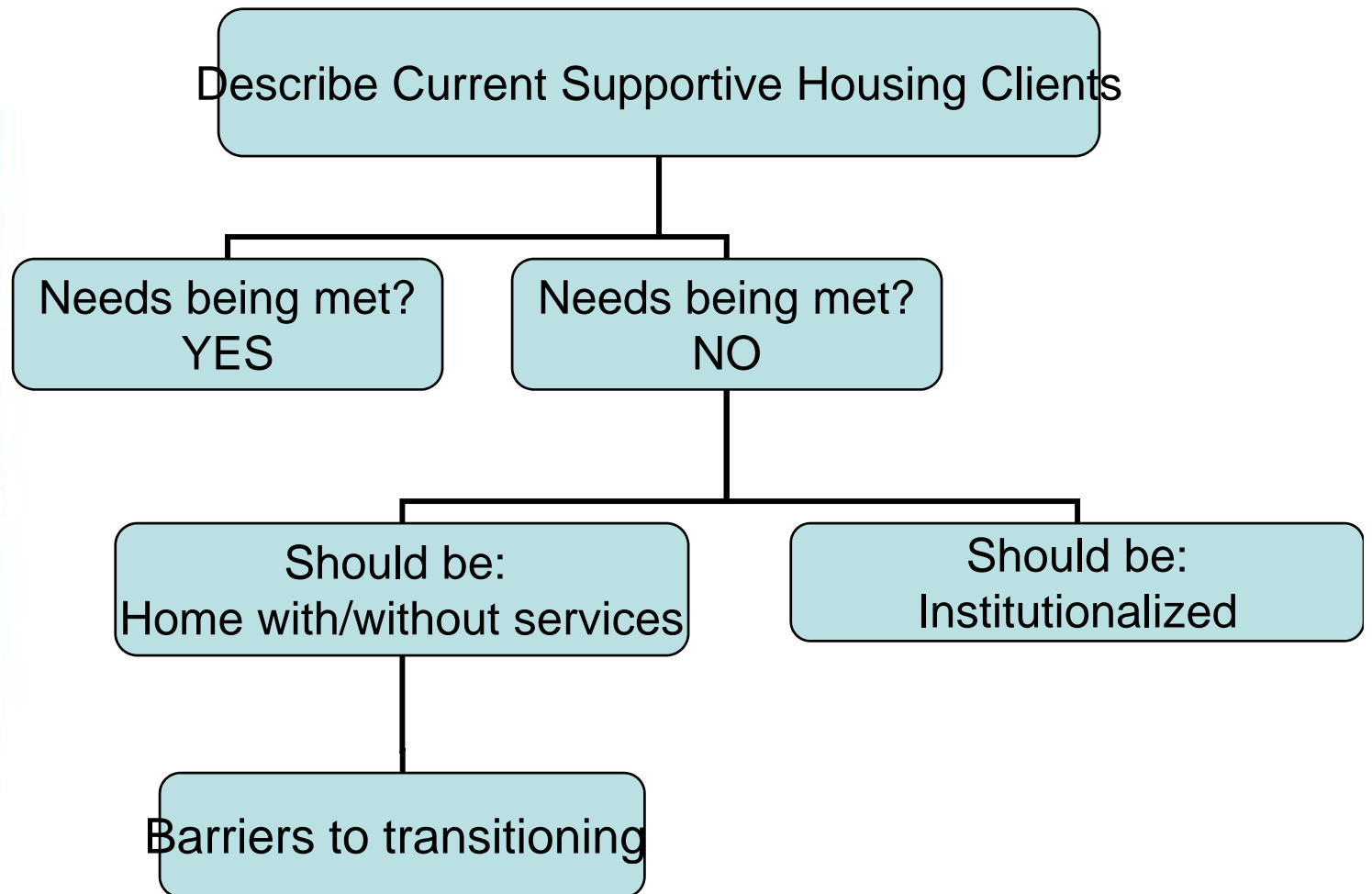
Key aspects of this strategy:

- matching needs of seniors with appropriate support services
- expand existing community support services
- avoiding premature admission to LTC
- overall sustainability of the health care system



Current Project

Objectives



Staff Rating Form

1. Would you admit this person in his/her condition to his/her present care setting?
2. What is the least intensive care setting that could appropriately meet this clients needs today (30 days from now, 6 months from now)?
3. What barriers exist to making a transition to a less intensive care setting?

Preliminary Results

interRAI CHA Descriptives

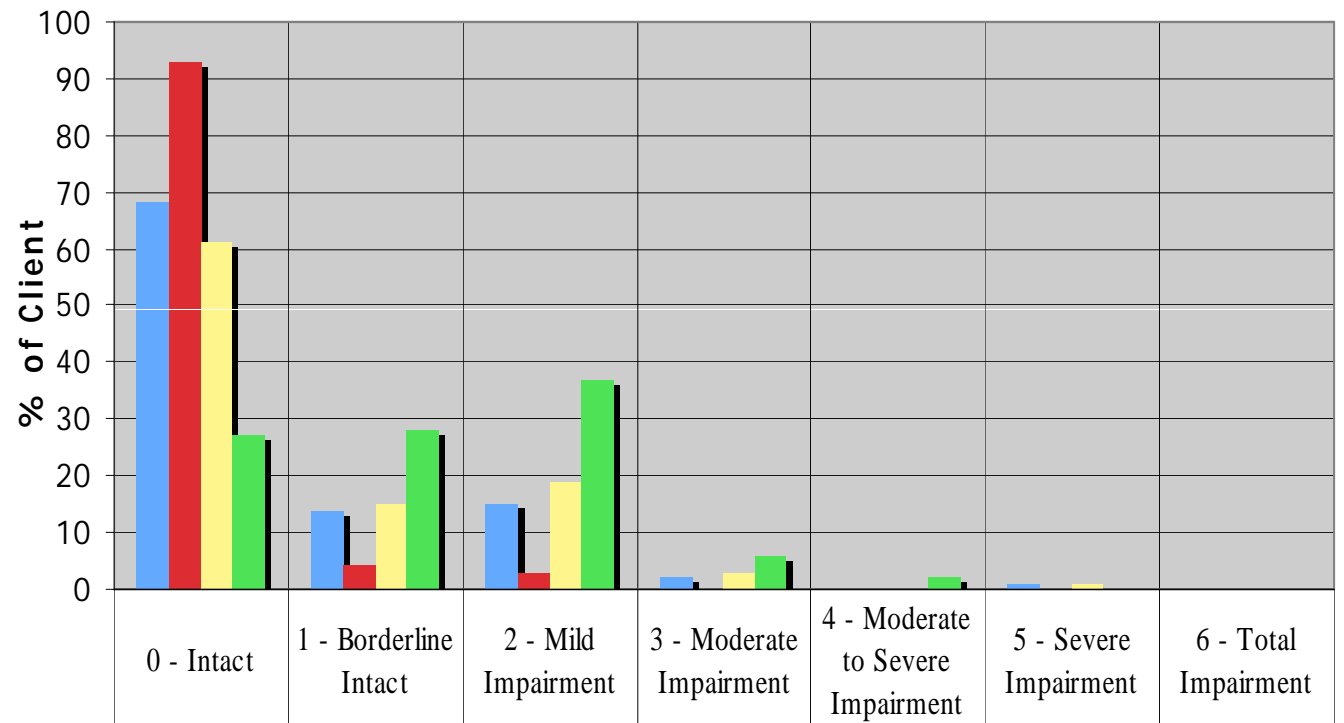
CHA All: N=367
 CHA only: N=108
 CHA Func:
 N=255
 CHA MH: N=49

Variable	CHA ALL	CHA ONLY	CHA FUNC.	CHA MH
Average Age	65	79	60	62
Lives Alone	74	93	68	73
Withdrawal from activities of interest	17	9	16	51
Supportive Family Relationship	88	88	89	76
Requires help with bathing	71	22	93	65
Requires help managing meds	40	21	48	55
Drove in last 90 days	9	9	8	0
Diabetes	22	25	20	27
Alzheimer's	7	4	11	24
Cancer	11	16	10	18
1+ Falls in last 90 days	24	20	26	20
Daily Pain	31	30	31	39
Poor Self-Rated Health	14	10	15	18
1+ Hospital Admits	15	10	17	12

Cognitive Performance Scale

Short-term memory
Cognitive skills for
daily decision
making

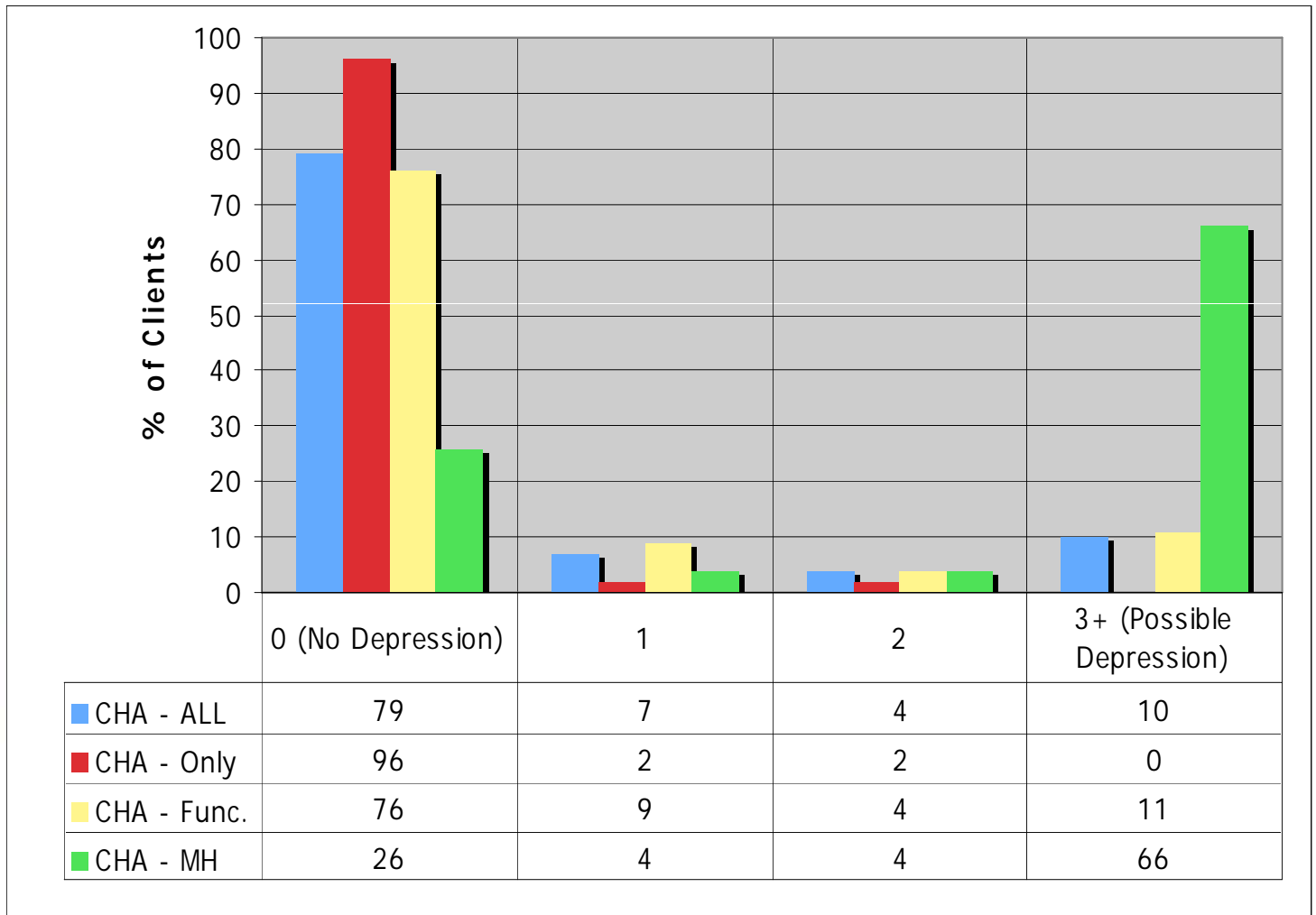
Expressive
communication



CHA - ALL	68	14	15	2	0	1	0
CHA - Only	93	4	3	0	0	0	0
CHA - Func.	61	15	19	3	0	1	0
CHA - MH	27	28	37	6	2	0	0

Depression Rating Scale

Negative statements
 Persistent anger
 Expressions of unrealistic fears
 Repetitive health complaints
 Repetitive anxious complaints
 Sad, pained, worried facial expression
 Tearfulness



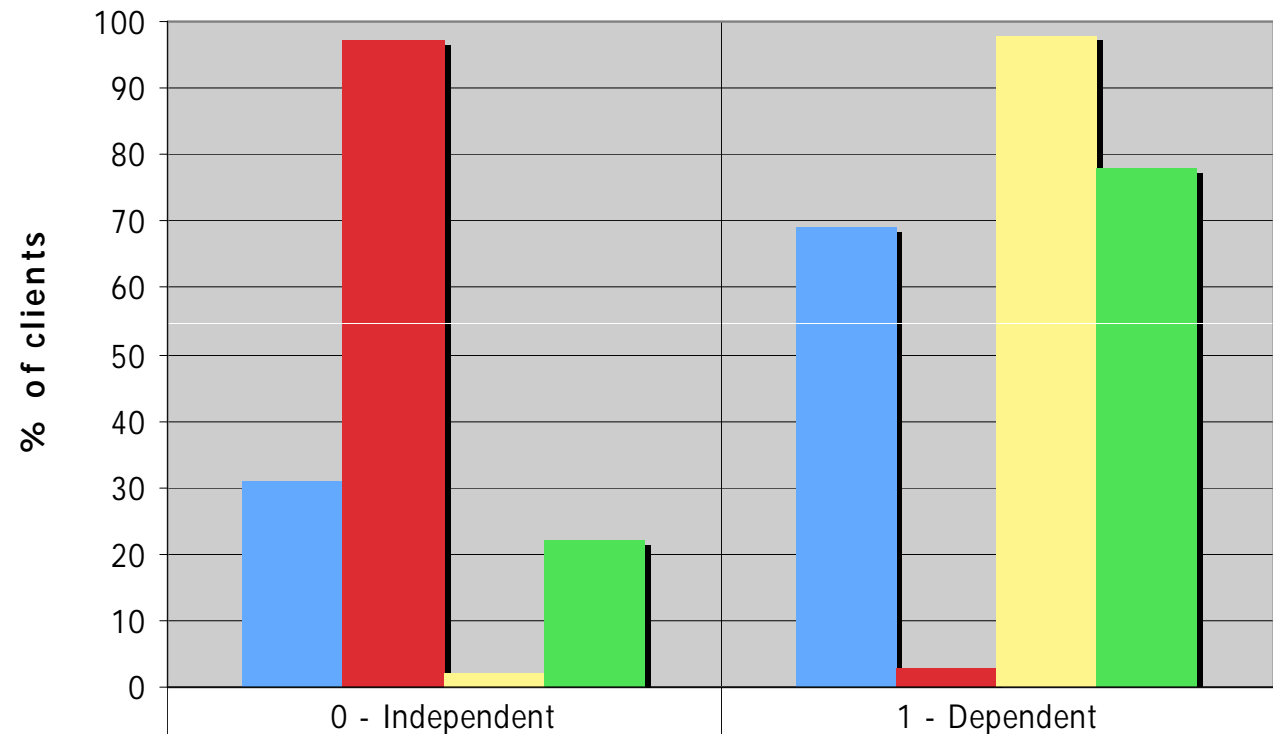
Self Reliance Index

Bathing

Personal hygiene

Walking

Cognitive skills for
daily decision
making



	0 - Independent	1 - Dependent
CHA - ALL	31	69
CHA - Only	97	3
CHA - Func.	2	98
CHA - MH	22	78

CHES Scale

Vomiting

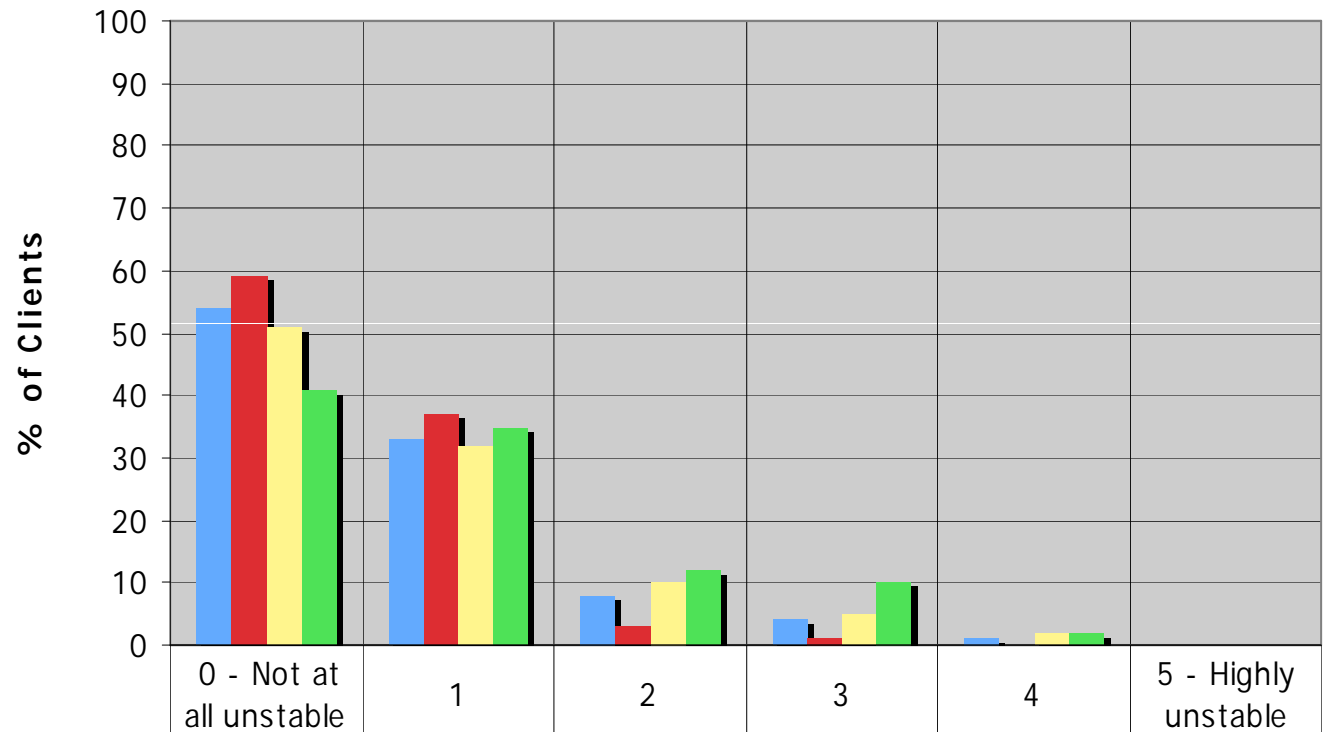
Dehydration

Weight loss

Shortness of breath

Decline in decision making

Decline in ADL status



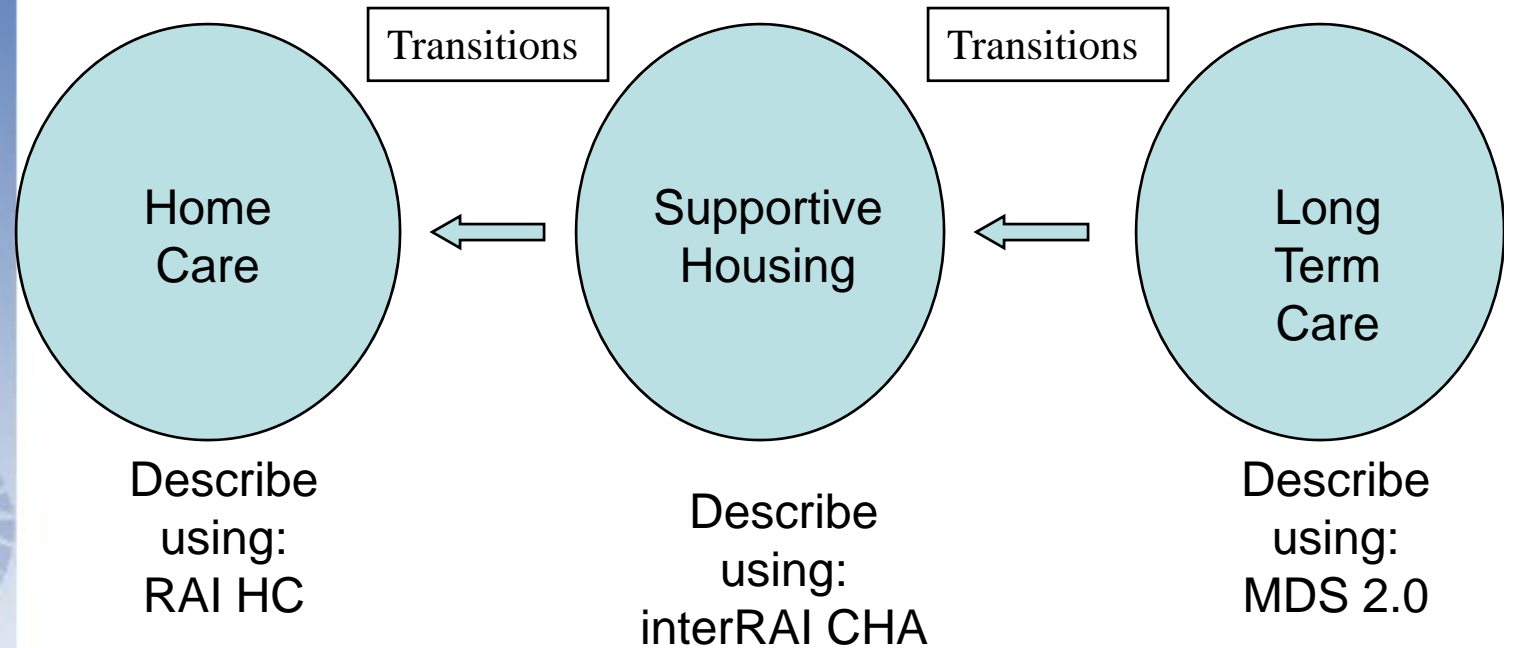
Staff Rating of Appropriateness

- 79% in the correct care setting
- 15% should be in their own home with support services
- 5% should be in their own home without services
- 1% should be in Long Term Care
- Barrier to moving to less intensive care setting:
 - No home to move back to (59%)
 - Lack of adequate informal support (49%)
 - Lack of adequate support services (36%)

Next Steps: interRAI CHA

- Match interRAI CHA clinical data with the Staff Rating Form data
- Determine the clinical characteristics of those 20% of clients that staff indicated could return to their own homes with or without services.

Next Steps: Coninuum of Care



- Develop: Appropriate level of care decision support algorithm

Acknowledgements

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