# COLLAGE Annual Meeting 2012

USING COLLAGE IN MULTIPLE SETTINGS – WHAT HAS BEEN LEARNED (PART 1)

DIANA COX, KENDAL AT HANOVER
DIANA DELGADO, EATON SENIOR COMMUNITIES
JOAN KRUEGER, LONGWOOD AT HOME
ELLEN O'CONNOR, FAIRPORT BAPTIST HOMES

# **KENDAL**<sup>®</sup> at Hanover

Together, transforming the experience of aging.®

#### **COLLAGE Annual Meeting 2012**



Diana Cox, RN, MSN, NHA
Director of Resident Healthcare Services

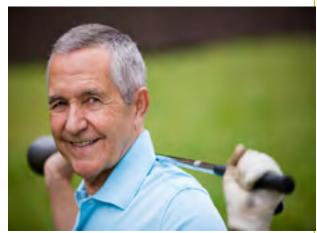


#### KENDAL® at Hanover

Together, transforming the experience of aging.®

# COLLAGE The Journey and the Outcomes







# KENDAL® at Hanover

Together, transforming the experience of aging.®

- Continuing Care Retirement Community in Hanover, NH
- Founded in 1991 with Values and Practices based on the Religious Society of Friends
- Affiliated with Dartmouth Centers of Health and Aging
- Onsite Dartmouth Hitchcock at Kendal Resident Care Clinic

# KENDAL® at Hanover

Together, transforming the experience of aging.®

- 250 Independent Apartments
- Assisted Living Unit
- Assisted Living for the Cognitively Impaired
- Skilled Nursing Unit
- Home Care Program



# **COLLAGE Adoption**

- Began COLLAGE in 2005
- At that time we completed the Community Health Assessment (CHA) on residents in Assisted Living, those receiving Home Care Services; residents deemed "at risk" in Independent Living and prospective residents to the Kendal community



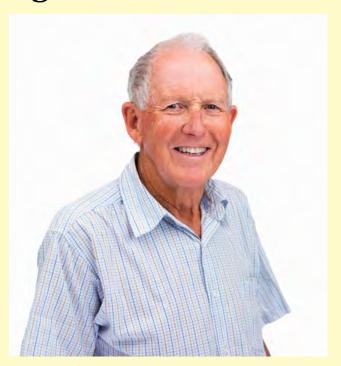
# **Changing the Process**

- We found the program had no "champion"
- We met as a healthcare team to devise a planconnected COLLAGE to healthcare team goals and compensation
- Trained 12 staff members who complete the CHA and Wellness tools for assigned residents



# **Current Program**

- Complete Core/Wellness Assessments every 12 months on the following residents:
  - ☐ Independent residents
  - Residents "at risk"
  - □ Prospective residents



#### "At Risk Residents"

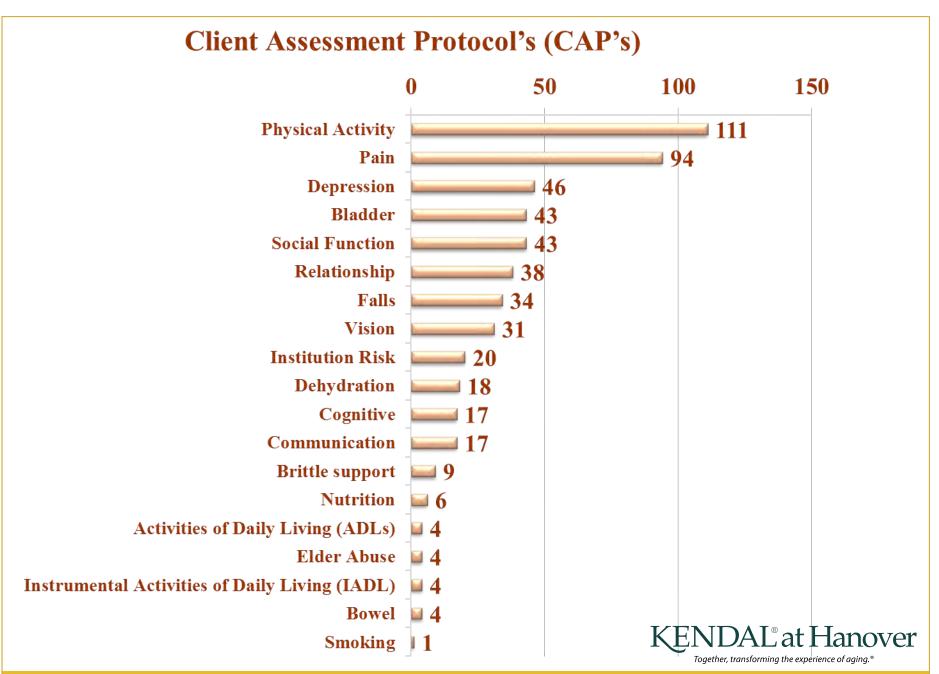
- Felt it to be important to complete COLLAGE on this population so we could trend change over time
- Assessment also ensures we are providing residents support to maintain independence



#### **Resident Response to COLLAGE**

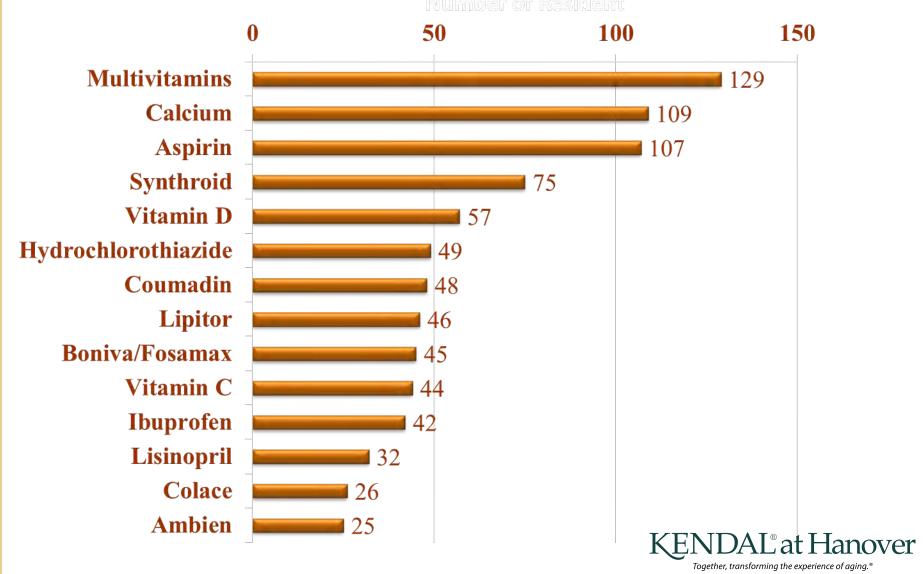
- Residents are excited to be part of COLLAGE
- We have educated our residents to the program over time and subsequently to the results
- After 3 full years of completing COLLAGE throughout the community we have a acceptance rate of > 80%



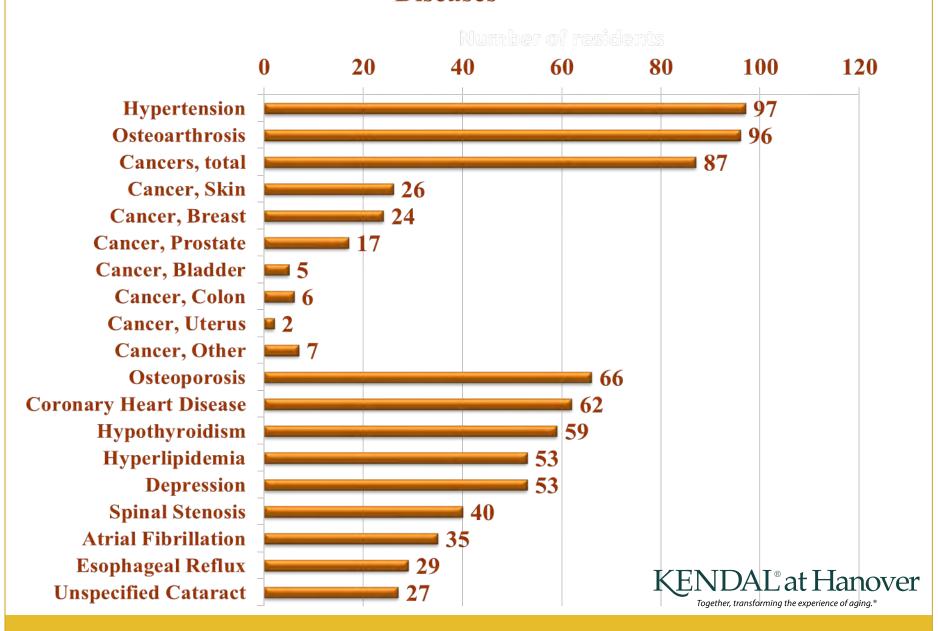


#### **Medications**

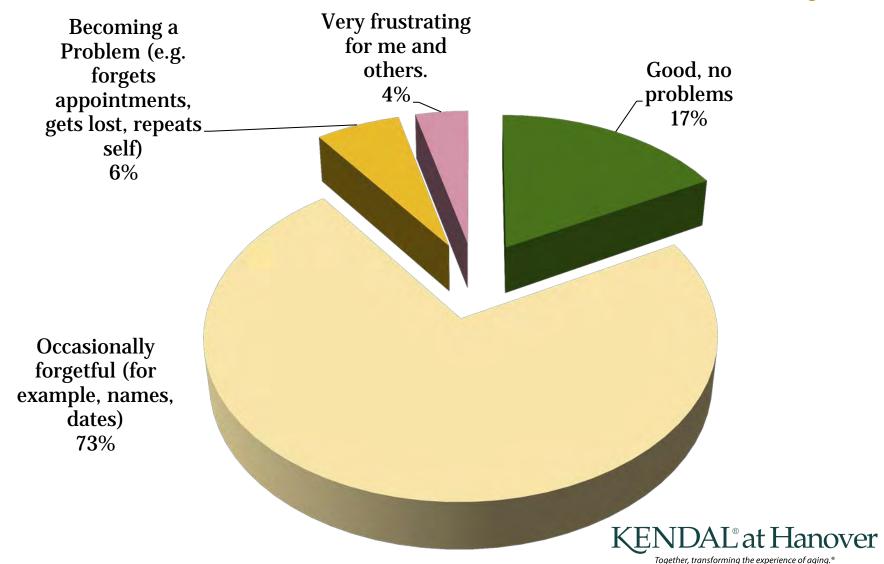


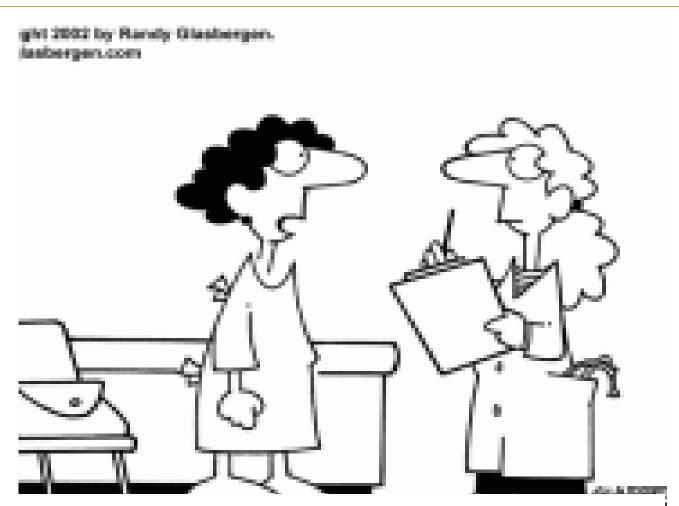


#### **Diseases**



#### **How Would You Rate Your Memory?**





"I'd like to take Ginkgo to improve my memory but I'm still trying to forget the Disco years."

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#### **Data Use**

- Use COLLAGE assessment in monthly "at risk" meeting with clinic providers to review residents who may benefit from Home Care services or need to move along the continuum
- Team member completing COLLAGE will encourage resident to make a clinic appointment for health issues such as depression, incontinence and other physical complaints



#### **Data Use**

- Team member will encourage resident to seek out members of the interdisciplinary team for issues related to:
  - × Nutrition......Registered Dietician
  - ▼ Functional Ability.....Rehab (PT, OT)
  - ➤ Psychosocial Wellbeing......Social Work or Resident Care Clinic
  - **▼** Activities of Daily Living......Home Care Program



# **Outcomes of COLLAGE Programs**

- □ Full Time Wellness Coordinator
- Focus includes Yoga/Joint Freeing, Better Balance, Back Basics, Stretch and Strength
- □ 15-30 residents per class
- □ Residents are requesting more classes
- ☐ Additional contracted fitness classes





" IT'S AN EXERCISE SIMULATOR ! "

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# **Psychosocial**

- COLLAGE data from 2009 cited issues with psychosocial wellbeing
- Staff became concerned with increased rates of depression, social isolation and cognitive changes
- Social Work offered 1:1 meeting time with residents, a conversational series and continued the group work of "Transitions and Loss."
- Recruitment of full-time MSW to work in the independent community



# **Continued COLLAGE Journey**

- Started utilizing Core Assessment, Wellness Assessment in August 2012
- Provide residents with their Personal Wellness Profile
- Review their PWP and encourage resident to consider makes changes in their lives
- Function as their coach and "check-in" with them on a periodic basis



#### **Resident Care Clinic**

- Clinic providers have adopted "new" Medicare Wellness Visit
- Visit substitutes for annual physical
- Focus is function, ADL's/IADL's, social history, safety, physical (height, weight,BMI, BP), hearing, cognitive and depression screen





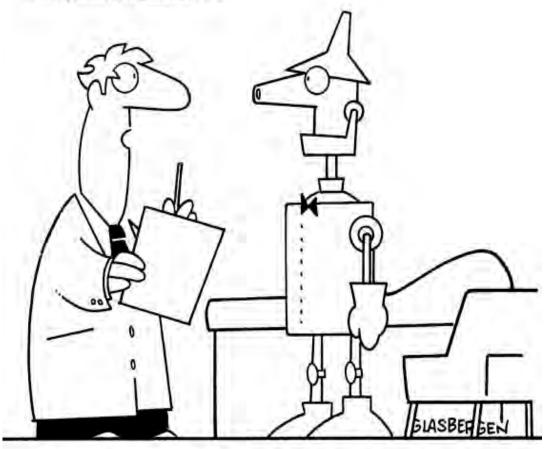
#### **Clinic and COLLAGE**



- Resident Care Clinic plans to review Core/Wellness data
- In conjunction with resident annual Wellness visit
- Data will better assist clinic in seeing any changes in residents over time



@ Randy Glasbergen / glasborgun.com



"I want you to switch from motor oil to omega-3 fish oil."

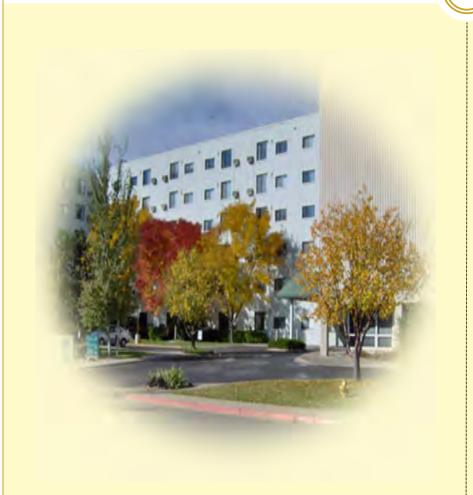
# Eaton Senior Communities, Inc.

**COLLAGE Annual Meeting 2012** 

Diana Delgado, MSHSA, CASP Chief Operating Officer



#### Eaton Senior Communities, Inc.



- Mission: To provide affordable housing in a service-rich environment that enables all to live to their fullest potential
- 161-HUD units
- 66-assisted living units



# **COLLAGE®** in Affordable Housing

- Advance healthy aging and improve outcomes – "aging well"
- Tailor wellness programming specifically to resident needs
- Affordable housing = reliance on government funding
- Grant funding





#### What We Have Learned

- One person in the organization needs to lead the COLLAGE® effort
- Independent Living
  - ☐ Initial assessments are completed during the opening of service coordination once a resident has moved in
  - Annual reassessments are completed upon HUD recertification
- Assisted Living
- Utilize student interns as Wellness Coaches



#### **Barriers to Implementing an Assessment Tool**



- Time it takes to complete assessments
- Trust level of residents will we think they aren't "independent" enough?
- Personal goal development
- Participation is voluntary



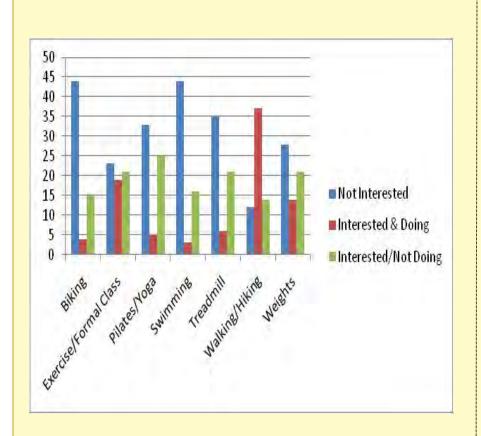
# Strategies to Address Barriers

- Core Assessment, Personal Wellness Profile & Healthy Aging Plan
- Support aging in place
- Confidential information
- Personal testimonials
- Incentives to participate





#### Data - What Does It Mean?



- Using Aggregate Reports to find out interests of residents
- Implementing community partnerships to give residents more wellness activity choices
- Data = drives goal development in the Healthy Aging Plan



#### **Future Plans for Wellness Programming**

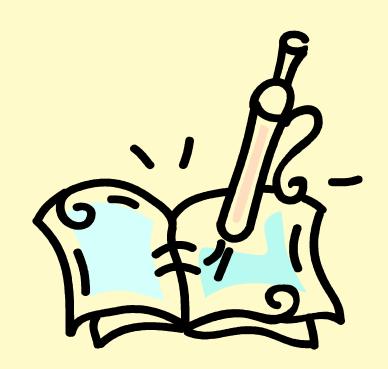
- Mobile dentistry
- Expand exercise class choices (Zumba)
- Acupuncture
- Chronic disease management
- Balance program





# **Benefits of Participation**

- Healthy Aging Plan goals
- Support from wellness coach
- Overall improved health and wellness







**COLLAGE Annual Meeting 2012** 

Joan Krueger, MSW, LCSW Director of Longwood at Home





### WHO IS LONGWOOD AT HOME?

- First and only "at Home" Continuing Care Retirement Community in Western PA
- Not-for-profit, Faith-based organization
- Licensed by Pennsylvania Department of Insurance as a CCRC in November 2002
- Guarantees life-long commitment to provide services in home or facility, no matter how health needs change
- Enrolled 285 Members to date
- Currently 233 active members
- Affiliate of Presbyterian Senior Care



#### SERVICES PROVIDED IN THE HOME

- Nursing
- Home Health Aides
- Homemakers/Companions
- Emergency Response System
- Meals
- Adult Day Programs
- Transportation
- Biennial Home Inspection
- Portability After One Year



\*\* Longwood at Home
Positively Living

#### **MORE SERVICES PROVIDED**



- Personal Care
- Nursing center
- Dementia care
- Referral services
- Social, Education and Wellness activities
  - ☐ Wellness expo
  - Quarterly Member Meetings
  - New Member Tea
  - Seminars

\*\* Longwood at Home
Positively Living



- Average age at Enrollment 77
- Average age of Members 84
- Age Range 62 − 99
- 29 % Male 71% Female
- 107 single members; 63 couples
- 11 consultative care

#### PERSONAL CARE COORDINATION

- Conducts assessments using COLLAGE
- Ongoing communication
- On-call 24-hours/7days a week
- Gets to know member and member's family
- Develops care plan
- Coordinates services
- Schedules caregivers
- Is member's personal advocate



# **ASSESSMENT FREQUENCY**

- Members receive first COLLAGE assessment at the time of their enrollment in Longwood at Home
- They are reassessed on an annual basis
- Participation in the program is mandatory



# Longwood at Home
Positively Living

#### **ASSESSMENT REVIEW**

 Care Coordinators have a minimum of a quarterly contact with members and the goals are reviewed at that time



# COLLAGE & PERSONAL CARE COORDINATOR SUCCESS

In the 9-year history of Longwood at Home, only 8 members have had to leave home on a permanent basis.

That is less than 3%!

Anna Scott, care coordinator, with Drs. Lawrence & Betty Howard

\*\* Longwood at Home
Positively Living



#### **VALUE of COLLAGE**



#### Consistency

- Inter-rater reliability
- Consistency of Assessment
- Data

COLLAGE becomes the primary assessment tool

The detail of COLLAGE allows care coordinators to remember the subtleties of their 65 members over a period of time



#### **COLLAGE BENEFITS FOR MEMBERS**

- Person-centered approach
- Better outcomes for member quality of life and independence
- Supports healthy aging
- Facilitates aging in place
- Promotes a partnership with care coordinator
- Relieves awkwardness with sensitive questions



## USES OF COLLAGE DATA

#### Data drives wellness programming for members

- Self-management programs exercise, nutrition
- Evidence-Based Programs address triggers
- Support Groups single women luncheons
- Wellness tips in Newsletters and at Member Meetings
- Tailor wellness programs to members' needs – Five wishes program, Healthy Heart month, Maintain your brain, Matter of Balance
- Medication recalls and alerts Fosamax



#### **CHALLENGES**

#### Challenges

- All of our assessments are done in the member's homes
- Length of time for the assessment
- Training of staff
- Resistance of experienced staff due to time constraints
- Anxiety of members



# Fairport Baptist Homes

#### **COLLAGE Annual Meeting 2012**

Ellen O'Connor NNORC Coordinator & Resource Specialist



# FBH FAIRPORT APARTMENTS COLLAGE Site #1

- Built in 1972
- 13 buildings with 8 apartments each
- HUD subsidized senior housing – section 236 renovated and converted to tax credit 2012
- Regulated by NYS







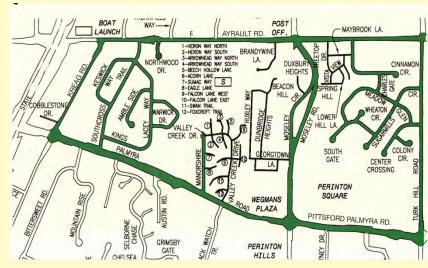
# Fairport Apts. Evolving Characteristics

- Residents are older
- Income is lower
- Higher incidence of mental health diagnosis
- Higher incidence of addictions



#### FBH NNORC COLLAGE Site #2

- Neighborhood Naturally Occurring Retirement Community
- A community not originally built for seniors, now home to a significant proportion of older residents
- 1,281 households; 46.9% have 60+ resident; 796 residents are 60+



1.6 miles across





# NNORC Characteristics

- NNORC mission is to support aging in place
- NNORC programming is customized to meet the unique needs of the community
- No senior specific housing in the area
- Wide range of incomes
- Follows typical trends of the graying of America

## Our Program Goals...

- Empower people to take charge of their wellness and become aware of services available
- Develop support systems to meet individual needs
- Support caregivers
- Affirm value of the individual
- Build community through volunteer activity
- Improve quality of life by connecting with available safety net programs

...all well-supported by COLLAGE



# Why COLLAGE?

- Corresponds to our mission, philosophy and values
- Standardizes our assessment
- Supports the growth in numbers of seniors served
- Continues our focus on person-centered care
- Provides a basis of outcome measures



#### **Our COLLAGE Experience**



- Care managers appreciate the depth of information gathered
- New information obtained even from people who are previously well-known
- Promotes a deeper relationship between residents and care managers
- Strengthens the partnership between residents and care managers
- Good entry tool for new relationships



## **Participants' Comments**

- "This conversation has validated my membership in this community"
- "COLLAGE has given me a voice"
- "The goal setting is empowering and helps me see how I can still contribute even after the health changes I have experienced"
- "This experience has deepened my relationship with my care manager"



# What COLLAGE Helps Us Do

- Empower seniors
- Focus on wellness

- Allow data-driven decisions and planning
- Provide a methodology for outcome measures



#### **Contact Information**

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# **QUESTIONS?**

