

# The Kollaborator

## PERSPECTIVES IN ELDER CARE

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## New video aims to ease transition to long-term care

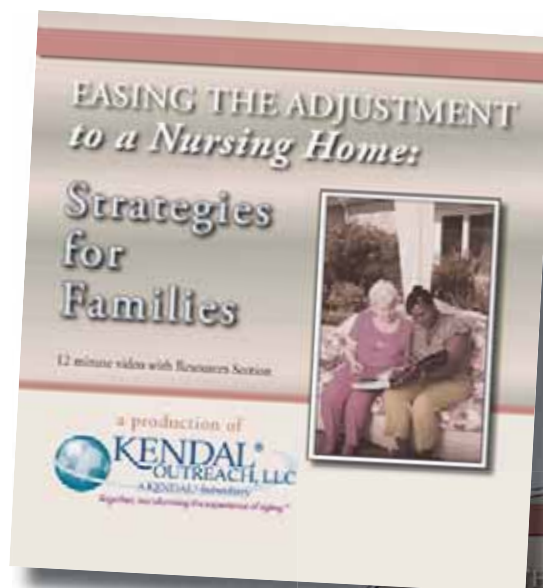
Helping an older loved one decide when it's time to move into assisted living or a nursing home can be an emotionally wrenching transition for all concerned. Now a new video helps guide families who have, or will have, loved ones in a nursing home or assisted living setting.

"Easing the Adjustment to a Nursing Home: Strategies for Families" offers realistic, compassionate and relevant information for those coping with the transition. Family members and health care staff share their experiences and provide practical advice about what to expect and how to help loved ones adjust to living in a new setting. The 12-minute DVD, which includes a resources section, was produced by Kendal Outreach, LLC.

"This video draws on the experiences of real families and the knowledge of professional caregivers to show how the autonomy and dignity of the elderly can be maintained in assisted living or a nursing home," says Karen Russell, Kendal Outreach Regional Director. "It addresses the normal feelings families encounter as they adjust to the transition and family members who have

already been on this journey share techniques for fostering positive communication with staff and their loved ones."

The DVD costs just \$10. Call 610-335-1280, e-mail [KNSmith@kcorp.kendal.org](mailto:KNSmith@kcorp.kendal.org) or order directly from the Kendal Online Store.



### Final issue of The Kollaborator

*After many years of publishing newsletters for both the Pennsylvania Restraint Reduction Initiative and the Untie the Elderly, which were later combined as The Kollaborator, this will be our last issue. However, we are restructuring our communications methods to better meet your needs and interests by providing you with more timely information. Stay tuned...we'll be coming your way again soon in a new, more interactive format.*

*—Beryl Goldman, Director for Kendal Outreach*

# PARRI awarded \$658,000 state grant

## Pressure ulcer prevention focus of new demonstration project

A demonstration project aimed at reducing the relatively high incidence of pressure ulcers among Pennsylvania nursing home residents and hospital patients has been funded by a new \$658,000 state grant awarded to the Pennsylvania Restraint Reduction Initiative (PARRI), a program of Kendal Outreach, LLC. The project is being undertaken at the request of the federal Centers for Medicare & Medicaid Services (CMS).

The rate of pressure ulcers in Pennsylvania stood at 8.5 percent as of Dec. 31, 2009, while the national average was 7.6 percent, according to a Government Accountability Office (GAO) report. Also known as bedsores, pressure ulcers are wounds caused by many factors—including unrelieved pressure, nutritional factors, moisture, and friction and shearing forces—especially over bony areas such as the hips, tailbone and heels.

“Nursing homes often blame hospitals for discharging residents to them with pressure ulcers and hospitals often blame long-term care facilities for lack of care that results in skin breakdown,” says Beryl Goldman, Director for Kendal Outreach. “Regardless of where pressure ulcers begin, the reality is that many frail nursing home residents are afflicted by pressure ulcers and can do little to improve their situations.”

The grant will allow PARRI to develop a demonstration project to improve communication among Pennsylvania long-term care and acute-care providers.

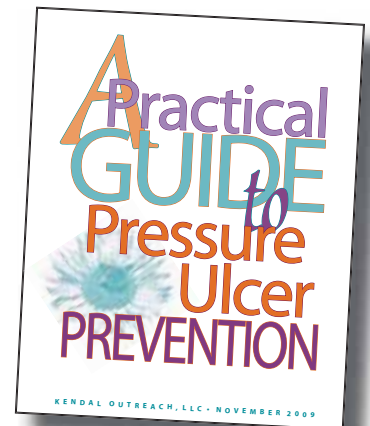
“One project site may include a large, urban hospital and surrounding long-term care facilities with high populations of residents receiving Medicaid funding. The other could be a partnership between long-term

care facilities within a smaller, suburban or rural region with a community hospital,” Goldman says. “Opening up such a dialogue across the care continuum can only serve residents or patients in a more coordinated manner and may lead to a reduction in the incidence of pressure ulcers.”

The grant also extends funding for PARRI into its 15th year, through June 2011. Begun in 1996 under a two-year pilot project grant to Kendal, the PARRI program has produced impressive results. When Kendal’s PARRI team began its work, restraint use in Pennsylvania stood at 29 percent. By the end of 2009, restraint usage had dropped to 2.2 percent statewide.

In April, Kendal Outreach published *A Practical Guide to Pressure Ulcer Prevention*.

The booklet and companion CD lay out straight-forward strategies for getting at root causes and provides ready-to-use tools for preventing pressure ulcers. *A Practical Guide to Pressure Ulcer Prevention* is available for purchase online at [www.kendaloutreach.org](http://www.kendaloutreach.org) for just \$45 for both the guide and CD. To order by phone, call 610-335-1288. For more information, e-mail Kashmira Narinesingh-Smith at [knsmith@kendaloutreach.org](mailto:knsmith@kendaloutreach.org).



## CAPStone presentation featured at PANPHA conference

CAPStone—Creative Approaches, Person-centered Solutions—a program developed by Kendal Outreach, LLC, helps caregivers to provide a person-centered approach to bathing.

The goals of the program are to provide resources, tools and education for long-term care staff to develop an ongoing program customized to an individual’s needs during the bath. In so doing, the process of bathing moves from being viewed as a “task” to a meaningful, person-centered, and pleasurable experience. The program uses evidence-based knowledge and interventions to address the emotional and physical needs of the person receiving assistance with bathing.

Mark Austin, certified nursing assistant at Crosslands, and Sally Huckabone, registered nurse at the Lutheran Home at Kane, along with Janet Davis and Ruth Bish of Kendal Outreach, presented their experiences with the CAPStone bathing program at PANPHA’s annual conference June 25th. Giving the provider point of view,

Mark and Sally talked about the barriers they overcame, how they put the program into place, and gave the audience ideas they could take home and try in their own facilities.

Along the way, Mark and Sally shared stories with the audience, both successes and lessons learned. They related positive outcomes, including:

- the reduction/elimination of psychotropic medication prior to bathing;
- a change in staff mindset to focus on resident needs;
- an improvement in staff ability to recognize triggers for behaviors;
- improved satisfaction of alert residents with bathing;
- fewer challenging behaviors in residents with dementia and
- more options available to staff for bathing.

For more information on the CAPStone bathing program, contact Janet Davis at [jdavis@kendaloutreach.org](mailto:jdavis@kendaloutreach.org) or Ruth Bish at [rbish@kendaloutreach.org](mailto:rbish@kendaloutreach.org).

# Early Onset Dementia

## *When it's not 'Old Timer's disease'*

By Sara Wright, MSN, APRN, BC

In my work with the Pennsylvania Restraint Reduction Initiative (PARRI), nursing staff will often contact me to discuss challenging clinical care or assessment issues that will benefit from a more objective analysis. When assisting facilities with behavioral issues, the most common underlying diagnosis is that of dementia. However, when attempting to assist staff to gear their assessment towards a more individualized perspective, some residents who seem to prove more problematic for staff are those that have a diagnosis of early or young onset dementia.



Sara Wright

### What it is

Early onset dementia (EOD)—also called younger onset dementia (YOD)—is dementia that has onset prior to age 65. In general, the age range cited in the articles read for this review ranged from the 30s to 50s. A 2006 report by the Alzheimer's Association estimates that approximately 220,000 to 640,000 persons in the U.S. have early onset dementia. Considering that most persons with dementia are admitted to a nursing home when they are in a more advanced stage of their disease, the 65-year-old "resident" with a dementia diagnosis was likely initially diagnosed when they were 50-something, or younger.

### Causes, signs and symptoms

Not surprisingly, there is a genetic or familial component to the etiology of some cases of early onset dementia. Hodges et al<sup>1</sup> report that Alzheimer's disease has been identified as the most common cause of early onset dementia, accounting for approximately 30%. The second most common type of EOD/YOD is frontotemporal dementia or FTD. The 2006 report by the Alzheimer's Association states, "several studies indicate that early onset dementia is more likely than later onset dementia to be caused by diseases and conditions other than Alzheimer's disease,"<sup>2</sup> such as vascular, Parkinson's disease or Multiple Sclerosis to name but a few.

Although the symptoms are the same for both early and late onset dementias, the diagnosis is often missed or delayed in EOD/YOD. Health care providers are simply not thinking about a possible underlying dementia as the cause of memory difficulties, changes in mood or personality and the other symptoms that may present in this type of dementia. Keep in mind that the symptoms of FTD largely involve changes in personality and behavior and/or loss of language and speech skills.

### Unique perspectives

The "typical" nursing home is structured to meet the needs of much older persons who have a variety of comorbidities, of which dementia may be one. The resident with EOD/YOD can physically present as "hale and hearty" and thus can be intimidating—to both frail fellow residents, *(continued on page 4)*

## My Father's Beard

### *In caring for those with dementia, it is the little things that count*

Over the many years and across a variety of care settings in which I have worked, I've come to realize that the smallest acts by the care staff are the ones usually most appreciated by families. This seems especially true when a loved one has dementia. Just shy of his 93rd birthday, my father passed away from dementia. His care needs surpassed what my brother was able to provide over dad's last two years of life. Distance prevented me from stepping in for the daily care he required.

Like most of us, Dad had his quirks. The best way I can describe him is to imagine a "white collar" Archie Bunker. He had his favorite chair; that 1950s mealtime pattern of 8 a.m.-noon-5 p.m. and favorite foods such as the ham sandwich with oleo on white bread and unadorned meatloaf, peas and mashed potatoes. He had that set sense of what is right and what is wrong, those "Archie-ism" certainties. The "who" that he had been all his life made it—to put it mildly—difficult for staff to

provide him the personal care he needed throughout his day.

Families can gauge the "quality" of care for their loved one with dementia by their observations of these "little things." They notice if mom has her hair styled or combed as she has always had it, rather than a short, "practical" cut that makes care easier. Fingernails—trimmed, neat and without remnants of what the person ate at their last meal. Seems like such a small thing, but much appreciated by a family member having difficulty facing the reality that a parent or spouse with dementia can no longer use a fork to eat and simply picks up the food with their fingers. Answers to a family's questions that don't stop at "I wasn't here the weekend," but continue on with "but I did hear \_\_\_\_ had some changes you were concerned about. How can I help today?"

When I went to visit my father, I could always tell *(continued on page 4)*

## *(Early Onset Dementia, continued from page 3)*

as well as care staff. As most persons with dementia seem to be more sensitive to non-verbal behaviors, the unease of those around the person with EOD/YOD may provoke a reactive distrust and unease within that person with EOD/YOD.

Persons with EOD/YOD are more likely to be someone who was an established businessperson or trades-person, who ran an established business, juggled a caseload or work schedule or maintained a farm of 400 acres or 200 dairy cows when initially diagnosed. Within that role context, it's unlikely bingo, scrap booking, art projects or other similar leisure activities had yet been developed. "Leisure" time was most probably scarce during that highly productive time of this person's life. Perhaps it's easier to "see" that a resident with EOD/YOD makes repeated attempts to elope because they feel they don't "belong;" they can see outside the window that they can "help" those people cutting the grass or raking the leaves...

### **Implications for providers**

EOD/YOD presents providers across all settings and at all levels with the opportunity to critically evaluate if current care processes meet the needs of all people being served. Caring for the person with EOD/YOD demands that an individualized, person-centered approach be used to develop the plan of care. Interventions aimed at dealing with impulsive behaviors in a 68 year-old will most likely vary drastically from those aimed at the same type of behaviors in an 88 year-old.

A great place to start is with staff education. All staff in nursing settings can benefit from in-service programs that provide insight and provoke thoughts into the special needs of those persons with EOD/YOD. Role-playing or having staff imagine that they have just been given

**Role-playing or having staff imagine that they have just been given a diagnosis of dementia can facilitate lively, interactive educational sessions.**

a diagnosis of dementia can facilitate lively, interactive educational sessions. Inviting guest speakers such as licensed psychiatric social workers or clinical psychologists can help the staff develop appropriate communication techniques, strategies and behavioral management plans. Not only will a person with EOD/YOD benefit, but all residents with a diagnosis of dementia.

A community that cares for those with dementia may find that a maintenance staff member, an administrative assistant, or a volunteer with the right training might play a significant role in assisting to provide an appropriate activity plan for an individual with EOD/YOD. Family involvement may be a significant factor and providing appropriate family support might include addressing the needs of teenage—or younger—children.

Although Alzheimer's is often thought of as "Old Timer's" disease, there are exceptions. Early or young onset dementia, with its unique challenges, provides all health care providers the opportunity to grow their knowledge and tap into their creative skills to help improve the quality of life for those with the diagnosis and their caregivers.

### **Endnotes**

1. Hodges, JR, Gregory, C, McKinnon, C, Kelso, W, Mioshi, E, and Piguet, O. (2009). Quality Dementia Care Series: Younger Onset Dementia, a practical guide. Alzheimer's Australia, FRONTIER- Frontotemporal Dementia Research Group Prince of Wales Medical Research Institute accessed at <http://www.alzheimers.org.au/content.cfm?infopageid=5484> March 30, 2010.
2. Alzheimer's Association (2006). Early onset dementia: A national challenge, a future crisis. Accessed at [http://www.alz.org/national/documents/report\\_earlyonset\\_full.pdf](http://www.alz.org/national/documents/report_earlyonset_full.pdf), March 30, 2010.

## *(My Father's Beard, continued from page 3)*

when he had a caregiver that was able to truly connect with him that day. It was simple—I needed to only look at his face. He was a man who was a fanatic about shaving every day. In fact, there was only one time in my life that I ever saw him with anything close to a beard or his hair not combed and creamed into his classic style.

I was a very young child and he was in the hospital after having his gallbladder removed. My mother took me in to visit. I knew by seeing him for that brief five minutes that he was very sick. Paradoxically, as his dementia progressed, shaving, along with his whole morning "routine," caused the most amount of trouble for the staff. He was always clean and had no skin breakdown. But he frequently had several days' growth

of a beard and mustache. Yes, he would yell, and yes, he could hit when he didn't want something done. On the days he was clean-shaven or had little stubble, I knew someone had taken the time and been successful in connecting "with" him. That caregiver—just like myself, who almost always started my visit with shaving him—had taken the time, talked him through the task, stopped when his voice got louder, restarted when he calmed and enabled my father to greet me with the face I knew so well. I could search her out, I could say, "Thank you, for so much more than I can express." I could start my visit by being a daughter.

Don't ever underestimate the "little things"—they indeed make a big difference.

# Life Histories and Memory Books

## *Tools for Person-centered Care*

**T**ake a moment and think about your life. What are the important things about your own life that, if you woke up tomorrow and could no longer communicate, you would want or need others to know?

It might be something about your daily routine—such as the importance of that first cup of coffee in the morning—or a professional or personal accomplishments of which you are most proud. Most likely, there would be a multitude of important personal facts or accomplishments that make you tick as an individual. A person's life represents an accumulation of a wealth of experiences and each person's memories are unique to that individual.

Life experiences also form the habits, memories and fears that determine how a person interacts with his/her environment. For example, a resident who had a near-drowning experience as a child may be resistant to bathing, and may become physically aggressive toward staff during this process.

What if you were admitted to the long-term care community where you are currently working? Think about how your life would be if the staff did not know any of your personal information that is so important to you. How do you think this might affect your behavior? Probably not in a positive way—you might actually be labeled as having “challenging behaviors.”

Residents with dementia experience a sense of distress and anxiety as they feel their identities slip away. That is why it is so important to hold their life narrative for them.

A 2006 study by Cohen-Mansfield, Parpura-Gill and Golander (2006) revealed the startling fact that one-third of nursing home staff were unaware of their residents' previous occupations.<sup>1</sup>

It should be no surprise that an earlier study found that caregivers maintained control over the content and dynamics of morning care conversation by initiating 75% of all interactions, and guiding the direction of the conversation 81% of the time to the task at hand.<sup>2</sup>

These findings demonstrate that too often staff is focused on the “task” and not the “person”, because of lack of pertinent information about “WHO” the person was before becoming a long-term care resident. There are many studies indicating that the psychosocial well-being of an individual is just as important their physical well-being.

Dawn Brooker wrote, “As dementia progresses, it becomes more difficult to hold on to the histories of one's life and to be able to tell others of the defining moments that shaped our identity. One of the jobs of caring for someone with dementia is to learn these key histories and hold this narrative for them.”<sup>3</sup>

Life history or memory books can aid the staff in learning “WHO” the person is, and enable the staff to help the resident hold onto to their identity even as dementia is slowing chipping away at it.

A life history book is a detailed account of the person's

past life experiences. It is a planned, purposeful gathering of relevant life information. The book is used for purposes of reminiscence. The book may include photographs, written accounts in a person's own words of special meaningful events, or any materials or objects relating to a person's life and life history. It is typically a larger book, photo album or scrapbook size, intended for use primarily in the resident's room, as it may be too large for the resident to carry with them. You might want to consider organizing the life history book in chronological order starting with one's early memories of their childhood.

A memory book is often times a smaller, 3 x 5 inch wallet size that allows the resident to carry the memory book with him or her, or it can be attached to the person's wheelchair or walker. Ideally, each page should have a picture that is clearly represented by a written statement describing the picture. For example, a picture of the resident's parents would include a statement saying “My parents were John and Sally Smith.” The written statements should be concise.

When making a memory book, its size, format and number of pages should be determined by each resident's specific needs. The information chosen for the memory book must be facts that are important to the resident, what he or she likes to talk about, or what he or she may often get confused about. Pages in the memory book may also address specific care giving concerns of the CNAs. It can be used to help the resident understand what care activity is about to occur, or to help distract the resident during the activity by discussing some personal information depicted in the memory book. This type of book is most valuable as a memory cue tool. For example, if a resident repeatedly asks when it is time for lunch, a memory book page could include a picture of the resident sitting with his/her tablemates, with the caption reading “Lunch is at 12 noon.”

The benefits of using life history/memory books for residents, staff and families are numerous. First for the resident, listening to a person's life history is a powerful way to show that he or she is valued as an individual. It is also an opportunity to increase social interaction through the sharing of life experiences, creating feelings of belonging.

For staff, life histories can help to explain patterns of behavior; to remind caregivers that residents with dementia who cannot communicate verbally still have something to say. Research has demonstrated that the use of life histories has a positive effect on the attitudes of staff toward the residents they care for. Those using life histories described residents as more autonomous and personally acceptable than those who did not. These books can help the staff see the resident with dementia as a unique person; “seeing that person beyond the disease.”<sup>4</sup>

From the family's perspective, they will most likely

*(continued on page 6)*

# Kendal Outreach and NCCNHR form unique partnership

Kendal Outreach has joined with NCCNHR, The National Consumer Voice for Quality Long Term Care (formerly the National Citizens' Coalition for Nursing Home Reform), in support of a project that will facilitate a series of educational teleconferences for nursing home residents across the United States.

Based in Washington, DC, NCCNHR has played an important role in major decisions affecting the lives of all people living in the nation's nursing homes. NCCNHR and Kendal have been committed to improving people's lives by advocating for elimination of physical restraints, serving on the Food and Drug Administration's Hospital Safety Workgroup; and educating and engaging providers, ombudsmen, and consumers on issues related to quality improvement.

In 2009, NCCNHR was able to acquire multiple, individual contributions that funded the first series of three 75-minute teleconferences. Following the recommendations of a six-person resident advisory committee, NCCNHR conducted sessions on the following topics: Resident Involvement in Culture Change, Residents and the Complaint Process, and Resident Involvement in Care Planning. The sessions were jointly presented by both residents and professionals. NCCNHR staff was unsure how this pilot program was going to be received, and they were pleasantly surprised at the response.

Hundreds of residents called in, either on their own phones or in groups within various facilities. Nonresidents registered too, however they were not permitted to

participate. These teleconferences were designed solely for the purpose of educating residents about topics they chose, in an atmosphere that promoted an honest exchange of information and eliminated fear of reprisal for any comments made. The sessions also provided those participating with an opportunity to network with others around the country facing similar issues and concerns.

Based on the success of the 2009 pilot project, NCCNHR made the decision to provide another teleconference series

for 2010. Jessica Brill, program manager at NCCNHR contacted Beryl Goldman, Director for Kendal Outreach, LLC, to discuss the possibility of a partnership that

supports this important endeavor. The Kendal Corporation recognized the value of this program and the decision was made to deliver the financial

support to sustain the venture. The funding provided by Kendal will cover the cost of scholarships for resident registrations and participation in the teleconferences.

Knowing that NCCNHR is a leading agency that gives voice to people living in nursing homes in the U.S., Kendal sees this as a unique opportunity to advocate for those most affected by the care provided across the country and to support self-advocacy for those who can speak for themselves and others who receive services.

For further information regarding registering residents and for information on the teleconference series topics go to: [www.nccnhr.org](http://www.nccnhr.org) and [www.kendaloutreach.org](http://www.kendaloutreach.org)



## *(Life Histories, continued from page 5)*

appreciate the fact that staff are taking a personal interest in their loved one. Involving the families in the information gathering not only includes them as an active part of the care giving team, but also can be a meaningful intergenerational project.

By entering the terms, "life history" and "dementia" into a Web browser you will find a multitude of resources on this topic, many outlining specific questions that can be used to develop life histories. A simple way to begin is by asking the person what they feel most proud of in their life and what they would want other people to know about them.

*This topic is also available in a webinar entitled "Person-centered Care: Life Histories and Memory Books", available at [www.kendaloutreach.org](http://www.kendaloutreach.org). Or can be purchased by contacting Kendal Outreach at 610-335-1280.*

## References

1. Cohen-Mansfield, J., Parpura-Gill, A., Golander, H.(2006). Utilization of self-identity roles for designing interventions for persons with dementia. *The Journal of Gerontology*, 61B(4), 202-212.
2. Iwasiw, C.L., & Olson, J.K. (1995). Content analysis of nonprofessional caregiver-patient interactions in long-term care facilities. *Clinical Nursing Research*,4,411-424.
3. Brooker, D. (2007). *Person-centered dementia care: Making services better*. London: Jessica Kingsley Publishers. P58.
4. Independent Production Fund, Producer. *Everyone Wins! Quality Care Without Restraints*. 1995

## Web-based assessment tool to advance healthy aging for affordable housing residents

COLLAGE, The Art & Science of Healthy Aging ([www.collageaging.org](http://www.collageaging.org)), a consortium of aging services organizations using an automated assessment system to advance healthy aging, has selected 20 sites nationally to participate in an affordable housing demonstration laboratory beginning October 2010. The chosen sites will use the COLLAGE new Web-based comprehensive assessment tools to advance healthy aging for housing residents and improve community outcomes.

The selected housing sites include:

- Bristol Court, National Church Residence, Columbus, OH ([www.ncr.org/home/index.asp](http://www.ncr.org/home/index.asp))
- Campbell-Stone Sandy Springs, Atlanta, GA ([www.campbellstone.org](http://www.campbellstone.org))
- Delaney Terrace, Chelmsford Housing Authority, Chelmsford, MA ([www.chelmsfordha.com](http://www.chelmsfordha.com))
- Eaton Terrace, Eaton Senior Programs, Lakewood, CO ([www.eatonseniorprograms.org](http://www.eatonseniorprograms.org))
- Eaton Terrace II, Eaton Senior Programs, Lakewood, CO ([www.eatonseniorprograms.org](http://www.eatonseniorprograms.org))
- Fairport Apartments, Fairport Baptist Homes Community Ministries, Fairport, NY ([www.fairportbaptisthomes.org](http://www.fairportbaptisthomes.org))
- Four Winds Senior Housing, Cathedral Square Corporation, Burlington, VT ([www.cathedralsquare.org](http://www.cathedralsquare.org))
- InCare Suites, National Church Residence, Columbus, OH ([www.ncr.org/home/index.asp](http://www.ncr.org/home/index.asp))
- Monroe Terrace, Dartmouth Housing Authority, Dartmouth, MA
- Neighborhood Naturally Occurring Retirement Community, Fairport Baptist Homes Community Ministries, Fairport, NY ([www.fairportbaptisthomes.org](http://www.fairportbaptisthomes.org))
- Northaven I, Seattle, WA ([www.northaven.com](http://www.northaven.com))
- Northaven II, Seattle, WA ([www.northaven.com](http://www.northaven.com))
- North Village, Chelmsford Housing Authority, Chelmsford, MA ([www.chelmsfordha.com](http://www.chelmsfordha.com))
- River Grove Retirement Community, Porter Hills, Grand Rapids, MI ([www.porterhills.org](http://www.porterhills.org))
- Rose Hill House, Lutheran Senior Services, Kirkwood, MO ([www.lssliving.org/affordablehousing/rose-hill-house](http://www.lssliving.org/affordablehousing/rose-hill-house))
- Seven Oaks of Florence, Omaha, NE ([www.sevenoaksofflorence.org](http://www.sevenoaksofflorence.org))
- Sol-E-Mar Lane, Dartmouth Housing Authority, Dartmouth, MA
- The Park Danforth, Portland, ME ([www.parkdanforth.com](http://www.parkdanforth.com))
- Umphress Terrace, CC Young, Dallas, TX ([www.ccyoung.org/home.asp](http://www.ccyoung.org/home.asp))
- Walker Memorial Retirement Community, Porter Hills, Grand Rapids, MI ([www.porterhills.org](http://www.porterhills.org))

Ellen O'Connor, Coordinator and Resource Specialist with Fairport Baptist Homes Community Ministries, commented, "In an environment where it is more critical than ever to make programming and spending decisions based on data, COLLAGE is an essential tool. It will be useful in outcome measurement especially in aging services, an area where outcome measurement is in its infancy. It has been a goal of the Senior Options for Independence program of the Fairport Baptist Homes Community Ministries to use COLLAGE since 2008. I am convinced the program has application to community-based programming and I'm grateful for the opportunity to participate."

Beryl Goldman, Director of Kendal Outreach, LLC, commented, "This is a tremendous opportunity for affordable housing to improve healthy aging on a larger scale. We've been so impressed with our early work with the selected sites that will launch COLLAGE. Their energy, caring spirit, and determination to use the tool to improve outcomes has been nothing less than stellar. It's a tribute to their leadership and staff, and we feel grateful to be working with them."

Many subsidized housing sites have very limited staff and technology resources. The key questions are: How do subsidized housing sites effectively collect assessment information despite very limited staff or technology resources? How do sites best secure internal and external resources to implement the identified interventions and programs needed by residents? The goal is to test different assessment data collection methods and identify the most effective and viable ones.

COLLAGE offers a customized suite of standardized and systematic assessment instruments that evaluate health *(continued on page 8)*

Aging services organizations have historically relied on intuition, anecdote, and precedent to make critical health and wellness decisions about their residents and clients. The challenge is that quality services can only be developed and delivered when the paradigm shifts—when providers understand the value, power and necessity for good data to drive program development, organizational benchmarking, quality improvement and good decision making.

### **COLLAGE, The Art & Science of Healthy Aging**

An integrated assessment tool and person-centered process to advance healthy aging and improve outcomes. Go to [www.collageaging.org](http://www.collageaging.org) to learn more about membership, features, benefits, webcasts and demos. Or, contact COLLAGE at [nberesin@collageaging.org](mailto:nberesin@collageaging.org) or 610-335-1283.

## KENDAL OUTREACH, LLC • *Regional Programs*

*The CAPStone (Creative Approaches, Person-Centered Solutions) Approach to Bathing Residents with Dementia*  
Registration for all programs is from 7:30 a.m. to 8:00 a.m.

October 20, 2010  
The Inn at Brookline  
1930 Cliffside Drive  
State College, PA 16801

October 21, 2010  
Westmoreland Manor  
2480 South Grande Boulevard  
Greensburg, PA 15601

October 27, 2010  
Wesley Village  
Irene Rader Building (Brooks Estate)  
209 Roberts Road  
Pittston, PA 18640

October 28, 2010  
Manatawny Manor  
Rte 724 & Old Schuylkill  
Road  
Pottstown, PA 19465

Contact Janet Davis by phone at 610-932-8002 or by e-mail at [jdavis@kendaloutreach.org](mailto:jdavis@kendaloutreach.org)

*(COLLAGE, continued from page 7)*

and wellness in areas such as memory loss, nutrition, balance, mental well-being and social connectedness. The system is used by a consortium network consisting of continuing care retirement communities (CCRCs), congregate senior housing sites (both market rate and subsidized), and senior service agencies. As a unique aspect of COLLAGE, information is forwarded to a national repository, which disseminates reports allowing members to compare and benchmark resident assessment data with their peers.

COLLAGE 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. The collected and analyzed assessment data provide a framework for applying evidence-based interventions to improve:

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

Using the COLLAGE assessment information tool to capture essential health and wellness information has great potential to help resource-limited subsidized housing sites help older adults live and age more successfully. Similarly, aging services organizations that offer affordable housing are looking for ways to improve their ability to advise their clients on matters of health, wellness and successful aging; improve their management of risk; and more successfully link their clients to targeted community programs and services that facilitate independence and reduce the risk of premature institutionalization.

## Saint Joseph Villa becomes PARRI's newest training site

Kendal Outreach, under the Pennsylvania Restraint Reduction Initiative, welcomes Saint Joseph Villa as its newest Prevention of Pressure Ulcer Training Site. Saint Joseph Villa, located north of Philadelphia in Flourtown, will offer its first Training Day later this fall.

By attending Training Day, long-term care providers can learn how to decrease or eliminate facility-acquired pressure ulcers through a systematic team approach and learn what steps Saint Joseph Villa took to accomplish this.

For more information, contact Sabita Balgobin at [sbalgobin@kendaloutreach.org](mailto:sbalgobin@kendaloutreach.org).



*Saint Joseph Villa staff members (from left): Mike McLane, Caroline Farrell, Lynne Bohrman, Pat Hunter, Ellen Huberty, Kathleen Korczakowski, Meryl Kern, Linda Ward and Mary Moran. Not pictured are Sister Dorothy Apprich, Administrator, Kathy McKenzie, Director of Nursing, and Kelly Bemelmans, Activity Director.*

**ABOUT KENDAL OUTREACH:** Kendal, the pioneer of restraint-free care, has 35 years of management and operational experience in the development and execution of comprehensive approaches to safe, individualized care practices that have led to successful outcomes for many organizations. Whether exploring programs to improve existing practices or addressing challenges, our consultants offer guidance and processes specific to organizational needs across the continuum. Kendal consultants have over 100 years combined LTC experience; they currently serve as educators with the Pennsylvania Restraint Reduction Initiative and formerly served as educators with the Pennsylvania Nursing Care Facilities Best Practices project. The long-standing value of maintaining the autonomy and dignity of the frail, elderly person through resident-centered care underlies Kendal's dedication to promoting the well-being and quality of life of those served.