CARE TRANSITIONS ASSESSMENT

A Community Tool for Assessing Care Concerns

Developed by

AVILA INSTITUTE of GERONTOLOGY, Inc.

REVISED FEB 2024

Welcome Community Member —

We are pleased to offer you this Care Transition Assessment Tool. Supported by the National Religious Retirement Office (NRRO), the tool was developed by the Avila Institute of Gerontology to help communities of all sizes to identify current and future issues related to care and transition. Knowing that each community will have their own unique set of goals and challenges during transition, we organized the material in sections to be used when needed for specific situations.

Please know that all comments, questions and concerns are welcome. We are available to discuss the tool with you and how it can be a working document for you as we together accept the many transitions we are all facing.

Be assured of my prayers,
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Contents

Introduction

Completing the Care Transitions Assessment will help the community manage care for all members. For the purposes of this Assessment, the term community refers to all the members of a Religious Congregation no matter where they reside. The goal of the Care Transitions Assessment is to identify issues that affect the overall health of the community. It helps identify care needs and aids in determining the availability of resources within or outside a community.

PURPOSE

The purpose of these guidelines is to enhance the care the community provides for its aging members by using a holistic approach. This tool provides a series of assessments which identify and guide you to appropriate goals and resolutions.

By conducting a Care Transitions Assessment, Leadership can begin to answer key questions such as:

- What data is necessary to facilitate transitions?
- What are the strengths in the community?
- What health concerns do community members have?
- What resources are available to address these concerns?
- What additional resources are needed to address these concerns?
- What are the future care needs within your community?
- What transition protocols are currently in place?
- What education will enhance care?

THE ASSESSMENT TEAM

In the Care Transitions Assessment, the tools are designed so a team process is used to complete its elements.

The Assessment Team may include members with one or more of the following disciplines: social worker, nurse, environmental service, administrator etc.

The Chairperson is responsible for overseeing the assessment process, which includes assigning a team or an individual to complete a section of the tool based on particular areas of knowledge and expertise.

The Assessment Team will report their findings to Leadership.

HELPFUL HINTS

1. During the assessment, it is important to constantly collaborate on all phases and sections, including planning and reporting. The contributions of all team members are valuable. The team ensures sufficient information is gathered and conclusions shared and reported.
2. **Chairperson duties can include:**
   - ensuring that all team members understand the assessment plan,
   - reaffirming the responsibilities of the team,
   - assigning sections of the assessment (reassign if needed),
   - chairing the entry and exit meetings,
   - communicating regularly with Leadership,
   - ensuring any concerns or needs for further information are communicated to Leadership,
   - ensuring that the specified time frame is adhered to and submit the findings of the assessment to Leadership.

COMPLETING THE ASSESSMENT

The assessment contains the following individual sections:

- A Community Demographics
- B Health Concerns
- C Level of Care
- D Support Services
- E Funding Concerns
- F Physical Space
- G Emergency Procedures
- H Education
- I Summary & Next Steps

Each of the sections contain instructions for completion and concludes with a summation of the information gathered. This process aides in developing a strategic action plan including next steps to take.

A Community Demographics

Completed by: _____

Title: _____

Date Started: _____ Date Completed: _____

PURPOSE
To provide insight into existing levels of need and future needs of the community.

DIRECTIONS
Include all members for whom you are responsible.

1. What is the total number of members in your Community ?					
2. Age range of community members: List the number of members in your community within the following age ranges as of (date):					
a.	20-29:	30-39:	40-49:	50-59:	60-69:
b.	70-79:	80-89:	90 +:		
3. Do you employ lay staff to assist with your daily operations or your ministry?					No
4. Do you orient or train your lay staff in your Mission and Values?					Not Applicable

In the table on the next page:

- List all the locations where your community members reside.
- Specify the type of living establishment (i.e., an apartment, private house, convent, parish house, or provincial house). (Second column)
- Indicate the number of community members at each location. (Third column)
- Indicate the level of care that can be provided. The type of care can be independent living, assisted living, skilled care or infirmary. If the location does not offer any care, you can leave the column blank or write non-applicable (NA). (Fourth column)

Level of Care Definitions

1. Independent Living
Individual can meet his or her needs with some assistance from others to help with ADL's; can live independently.

2. Assisted Living
Individual needs some assistance to meet his or her needs. It is important to know if your community can provide the needed assistance for this individual to live safely in his or her current residence. If the answer is no, than other arrangements need to be explored.

3. Skilled Care
Individual requires professional assistance 24/7 to meet his/her needs.

4. Infirmary
A house or portion of a building where care for the sick or injured is provided. Care in an infirmary can be minimal or independent care through skilled care.

5. Other
List other types of care areas you may have.

A — COMMUNITY DEMOGRAPHICS

Location	Establishment	Alone	2-8	9-20	21 +	Care Level

B Health Concerns

Completed by: _____

Title: _____

Date Started: _____ Date Completed: _____

PURPOSE

To identify information on the most pressing chronic health concerns of your community and summarize why these health concerns are a challenge to the community.

PART 1: Identifying Health Concerns

Use the tables below to identify which diagnoses present the greatest challenge to your community.

For the purpose of this worksheet, challenging is defined as that which is the most demanding within your community, or requires the most amount of care and services.

Circle the number that corresponds to the challenge of each diagnosis.

Circle: 0 = no challenge;
1 = minimal challenge;
2 = moderate challenge;
3 = high challenge.

The higher the percentage indicates a diagnostic category that presents a greater challenge to your community.

Mental Illness	No Challenge	Minimal Challenge	Moderate Challenge	High Challenge
Depression	◯ 0	◯ 1	◯ 2	◯ 3
Anxiety disorder	◯ 0	◯ 1	◯ 2	◯ 3
Bipolar disease	◯ 0	◯ 1	◯ 2	◯ 3
Other:	◯ 0	◯ 1	◯ 2	◯ 3
			Total Score =	
			Divide the total score by 12 =	
			Mental Illness Total Percentage = *Multiply above number by 100*	%

Neurological	No Challenge	Minimal Challenge	Moderate Challenge	High Challenge
Dementia *(e.g. Alzheimer's disease; dementia with Lewy bodies; Vascular dementia; frontal temporal dementia; etc.)*	◯ 0	◯ 1	◯ 2	◯ 3
Memory loss that interferes with daily life	◯ 0	◯ 1	◯ 2	◯ 3
Multiple sclerosis	◯ 0	◯ 1	◯ 2	◯ 3
Seizure disorder	◯ 0	◯ 1	◯ 2	◯ 3
Parkinson's disease	◯ 0	◯ 1	◯ 2	◯ 3
Other:	◯ 0	◯ 1	◯ 2	◯ 3
			Total Score =	
			Divide the total score by 18 =	
			Neurological Total Percentage = *Multiply above number by 100*	%

Orthopedic	No Challenge	Minimal Challenge	Moderate Challenge	High Challenge
Arthritis	◯ 0	◯ 1	◯ 2	◯ 3
Osteoporosis	◯ 0	◯ 1	◯ 2	◯ 3
Spine issues	◯ 0	◯ 1	◯ 2	◯ 3
Other:	◯ 0	◯ 1	◯ 2	◯ 3
			Total Score =	
			Divide the total score by 12 =	
			Orthopedic Total Percentage = *Multiply above number by 100*	%

Skin Issues/ Disorders	No Challenge	Minimal Challenge	Moderate Challenge	High Challenge
Pressure ulcers (bed sores), Leg ulcers	◯ 0	◯ 1	◯ 2	◯ 3
Other:	◯ 0	◯ 1	◯ 2	◯ 3
			Total Score =	
			Divide the total score by 6 =	
			Skin Total Percentage = *Multiply above number by 100*	%

Renal	No Challenge	Minimal Challenge	Moderate Challenge	High Challenge
Renal failure	◯ 0	◯ 1	◯ 2	◯ 3
Urinary incontinence	◯ 0	◯ 1	◯ 2	◯ 3
Other:	◯ 0	◯ 1	◯ 2	◯ 3
			Total Score =	
			Divide the total score by 9 =	
			Renal Total Percentage = *Multiply above number by 100*	%

Endocrine (Hormones)	No Challenge	Minimal Challenge	Moderate Challenge	High Challenge
Diabetes	◯ 0	◯ 1	◯ 2	◯ 3
Thyroid disease	◯ 0	◯ 1	◯ 2	◯ 3
Other:	◯ 0	◯ 1	◯ 2	◯ 3
			Total Score =	
			Divide the total score by 9 =	
			Endocrine Total Percentage = *Multiply above number by 100*	%

Cardiovascular	No Challenge	Minimal Challenge	Moderate Challenge	High Challenge
Congestive heart failure	◯ 0	◯ 1	◯ 2	◯ 3
Coronary artery disease	◯ 0	◯ 1	◯ 2	◯ 3
High blood pressure/ high cholesterol	◯ 0	◯ 1	◯ 2	◯ 3
Cardiac arrhythmias	◯ 0	◯ 1	◯ 2	◯ 3
Peripheral vascular disease	◯ 0	◯ 1	◯ 2	◯ 3
Other:	◯ 0	◯ 1	◯ 2	◯ 3
			Total Score =	
			Divide the total score by 18 =	
			Cardiovascular Total Percentage = *Multiply above number by 100*	%

Pulmonary (Lungs)	No Challenge	Minimal Challenge	Moderate Challenge	High Challenge
Asthma	◯ 0	◯ 1	◯ 2	◯ 3
Emphysema	◯ 0	◯ 1	◯ 2	◯ 3
Chronic obstructive pulmonary disease	◯ 0	◯ 1	◯ 2	◯ 3
Other:	◯ 0	◯ 1	◯ 2	◯ 3
			Total Score =	
			Divide the total score by 12 =	
			Pulmonary Total Percentage = *Multiply above number by 100*	%

Gastrointestinal	No Challenge	Minimal Challenge	Moderate Challenge	High Challenge
Stomach ulcers	◯ 0	◯ 1	◯ 2	◯ 3
GERD (Gastric esophageal reflux disorder)	◯ 0	◯ 1	◯ 2	◯ 3
Chronic constipation/ Bowel incontinence	◯ 0	◯ 1	◯ 2	◯ 3
Obesity	◯ 0	◯ 1	◯ 2	◯ 3
Malnourishment	◯ 0	◯ 1	◯ 2	◯ 3
Inflammatory bowel disease	◯ 0	◯ 1	◯ 2	◯ 3
Other:	◯ 0	◯ 1	◯ 2	◯ 3
			Total Score =	
			Divide the total score by 21 =	
			Gastrointestinal Total Percentage = *Multiply above number by 100*	%

Sensory Loss	No Challenge	Minimal Challenge	Moderate Challenge	High Challenge
Vision loss/ Blindness	◯ 0	◯ 1	◯ 2	◯ 3
Hearing loss/ Deaf	◯ 0	◯ 1	◯ 2	◯ 3
Other:	◯ 0	◯ 1	◯ 2	◯ 3
			Total Score =	
			Divide the total score by 9 =	
			Sensory Total Percentage = *Multiply above number by 100*	%

Other	No Challenge	Minimal Challenge	Moderate Challenge	High Challenge
Chronic pain	◯ 0	◯ 1	◯ 2	◯ 3
Drug /Alcohol/ Tobacco Use	◯ 0	◯ 1	◯ 2	◯ 3
Blood disease (HIV/AIDS)	◯ 0	◯ 1	◯ 2	◯ 3
Other:	◯ 0	◯ 1	◯ 2	◯ 3
			Total Score =	
			Divide the total score by 12 =	
			Other Total Percentage = *Multiply above number by 100*	%

Use the table below and list the results of each diagnostic category. The results listed in this table are the conditions that present challenges to your community. The higher the percentage the greater the challenge for meeting the needs of individuals within this diagnostic category.

Diagnostic Category	Percentage	Is it a Challenge to the Community?	If Yes, Why?
Mental Illness	%	◯ Yes ◯ No	
Neurological	%	◯ Yes ◯ No	
Orthopedic	%	◯ Yes ◯ No	
Skin	%	◯ Yes ◯ No	
Renal	%	◯ Yes ◯ No	
Endocrine	%	◯ Yes ◯ No	
Cardiovascular	%	◯ Yes ◯ No	
Pulmonary	%	◯ Yes ◯ No	
Gastrointestinal	%	◯ Yes ◯ No	
Sensory	%	◯ Yes ◯ No	
Other:	%	◯ Yes ◯ No	

PART 2: Defining Challenges

Using the summary table below "Common Chronic Conditions" as a reference, circle (up to 15) the most challenging common chronic conditions within your community. For the purpose of this assessment, define challenging as that which is the most demanding within your community, or requires the most care and services.

HELPFUL HINT

Sometimes a condition perceived as a challenge to the community may not be perceived as a challenge to the individual. Evaluate the condition from both perspectives.

Common Chronic Conditions

- Alcohol / Drug/Tobacco misuse
- Anxiety disorder
- Arthritis
- Asthma
- Bi-polar disease
- Bowel incontinence
- Cardiac arrhythmias
- Chronic pain
- Chronic constipation
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure
- Coronary artery disease
- Dementia (e.g. Alzheimer's disease, dementia with Lewy bodies, vascular dementia, frontal temporal dementia, etc.)
- Depression
- Diabetes
- Emphysema
- GERD (gastric esophageal reflux disorder)
- Hearing loss/ deaf
- High blood pressure/ high cholesterol
- HIV/AIDS
- Hoarding
- Inflammatory bowel disease
- Malnutrition
- Memory loss that affects independence
- Multiple sclerosis
- Obesity
- Osteoporosis
- Parkinson's disease
- Pressure ulcers/ bed sores
- Peripheral vascular disease
- Renal failure
- Seizure disorder
- Spine issues/ back issues
- Stomach ulcers
- Thyroid disorder
- Vision loss/ Blindness
- Urinary incontinence

The most common reasons why conditions are a challenge:

- need additional help/caregivers to provide care (i.e. assistance with daily activities such as dressing, eating, bathing etc.)
- do not know enough about the disease and its symptoms to provide care (e.g. Dementia and resulting behaviors).
- do not have the funds or resources to hire additional caregivers/professional services to provide care (e.g. home health aides).
- if you cannot safely provide the care required by members with chronic conditions another living arrangement should be considered. The physical living space may need to be modified to make it accessible and safe. (Section F)

B — HEALTH CONCERNS

When filling out the table be certain to address why you feel certain conditions are pressing challenges within your Community. Consider whether or not this is a challenge for the person as well as the Community. This is important as it identifies the beginnings of a resolution.

Most Challenging Chronic Conditions	Why is this condition a challenge to your community?
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Most Challenging Chronic Conditions	Why is this condition a challenge to your community?
11.	
12.	
13.	
14.	
15.	

INTERPRETING THE FINDINGS

This list identifies information on the most pressing health concerns of your community and helps to explore the possible solution.

List any common trends:

NOTES/COMMENTS

Use the space below to identify any additional concerns not included in the assessment.

C Level of Care

Individual being Assessed: _____

Age: _____

Completed by: _____

Title: _____

Date Started: _____ Date Completed: _____

Determined Level of Care: -

PURPOSE

To evaluate one member of the community who may need additional care and assistance and to determine the optimal living arrangement for the member evaluated.

DIRECTIONS

Read the scoring definition for each assessment area then score the community member based on the definition that best describes his or her ability today. Enter the score for the assessment area in the far right column.

After completing the assessment, total the score. That score will help identify an appropriate level of care needed to provide the resources to keep the person at optimal function and safety.

SCORING GUIDELINES

There are four categories that members may score under. Please note that there are two options for scores between 0-18.

HELPFUL HINT

Have each community member complete his/her own assessment and compare this with the information gathered by the assessment team. What may be a challenge for the community may not be for the person and vice versa.

DEFINITIONS

Instrumental Activities of Daily Living or IADLs
Include use of telephone, shopping, food preparation, housekeeping, laundry, transportation, medication administration, and personal finances

Activities of Daily Living or ADLs
Include bathing, dressing, toileting, transferring, mobility (ambulation or via wheelchair), and continence.

The ability to perform IADL and ADL tasks independently or with assistance will determine the type of living arrangement that ensures the provision of resources needed to keep the individual at optimal function.

CODING KEY

0 = Independent, no assistance, manages circumstances independently.

1 = Supervision or set-up only, guidance, stand-by assistance.

2 = Requires physical assistance, member participates.

3 = Total dependence or no participation.

Medications being used currently:	Diagnosis / Reason for Use (Required):
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	

* IADL Assessment Area	0	1	2	3	Score
Use of Telephone	Independently looks up numbers, dials numbers and initiates calls	Independently dials familiar numbers	Answers telephone but cannot dial	Does not use telephone at all	
Shopping	Independently takes care of all shopping needs	Independently can make small purchases	Needs to be accompanied for any shopping	Unable to shop	
Food Preparation (score 0 if not applicable for this individual)	Independently plans, prepares and serves adequate meals	Prepares adequate meals if supplied with ingredients	Heats, serves and prepares meals but does not maintain adequate diet	Needs to have meals prepared and served to maintain adequate nutrition and hydration	
House-keeping	Maintains living space alone or with occasional assistance for heavy domestic work	Performs light daily tasks such as dish washing and bed making	Performs light daily tasks but cannot maintain acceptable level of cleanliness	Does not participate in any housekeeping tasks	
Laundry	Independently does personal laundry completely	Independently launders some small items such as socks or underwear	Launders some small items such as socks or underwear with assistance	All laundry done by others	
Transportation	Travels independently on public transportation or drives own car	Arranges own travel via car service; travels on public transportation when accompanied	Travel limited to taxi, van or automobile with assistance of another	Does not travel at all	
Medication Administration	Independently orders, prepares and takes medications in correct dose at correct time	Independently takes all medications that are set up daily or weekly by another	Can self administer prepared oral meds, but assistance needed all other medications	Incapable to taking own medications	
Finances (score 0 if not applicable for this individual)	Independently handles all personal finances	Manages day to day finances independently	Manages day to day purchases but needs help with banking and major purchases	Incapable of handling financial matters	
				Page 1 Total Score:	0

+ ADL Assessment Area	0	1	2	3	Score
Bathing	Independently bathes self completely	Needs minimal assistance with single part of body such as, back, genital area or disabled extremity	Assistance needed bathing more than one part of body; getting in or out of tub or shower	Requires total assistance with bathing	
Dressing	Independently selects and obtains and puts on clothing	Assistance with selecting or obtaining clothes; can dress self	Participates but needs some assistance removing and putting on clothing	Needs to be dressed by other	
Toileting	Independently goes to toilet; gets on and off toilet, adjusts clothes, cleans genital area without help	Requires some assistance getting onto or off toilet; otherwise independent	Needs reminders to toilet; needs cuing to complete toileting routine	Dependent on others to transfer to toilet (bedpan or commode) or use urinal, clean genital area, and adjust clothing	
Continence	Exercises complete control over urination and defecation	Incontinent of urination or defecation less than once a week	Incontinent of urination or defecation less than once a day	Totally incontinent of bowel and bladder	
Transferring	Independently moves in and out of bed or chair with or without assistive devices	Moves in and out of bed or chair independently, but there are safety concerns	Requires assistance of one to transfer safely in and out of bed or chair	Requires total assistance to transfer safely in or out of bed or chair	
Feeding	Independently feeds self	If food is cut up and containers opened by another, can get food from plate to mouth without assistance	Some hands on assistance required to get food to mouth or cuing required	Requires total assistance with feeding or requires intravenous or tube feeding	
Mobility (ambulation or wheelchair)	Independently and safely can mobilize self to desired destination with or without an assistive device	Requires standby assistance to assure safe movement from room to room	Requires hands on assistance of one to safely move from room to room	Requires assistance of another to mobilize from room to room	
				Page 2 Total Score:	0

Other Assessment Areas	0	1	2	3	Score
Behavior	Interact within acceptable social standards	Interacts appropriately after cued	Unsafe without supervision: responds to redirection, may be resistive related to disorientation, hallucinations, obsessive compulsive disorder, wandering, or withdrawal	Unsafe without supervision: staff intervention required related to verbal or physical abuse to self or others, destruction of property, resistive to redirection	
Case (Care) Management	Independently can manage own care needs	Nurse or case manager needed monthly to process MD orders, laboratory results or assessments	Nurse or case manager needed weekly to process MD orders, laboratory results or assessments	Nurse needed more than weekly to process MD orders, lab results or assessments; dressing changes, injections, vital signs	
General Health Status	Stable	Stable condition with less than monthly exacerbation	More than monthly exacerbations	Hospice or terminal condition	
				Page 3 Total Score:	0

INTERPRETING THE FINDINGS

Add the scores from each page to find the individual's total score. Use the scoring guidelines on the next page to determine the individual's level of care.

Page 1 Score:	0
Page 2 Score:	0
Page 3 Score:	0
Total Score:	0

Level of Care:

-

Level of Care Scoring Guidelines

Score	Level of Care
Between **0 — 18**	**Independent Living** These individuals are capable of taking care of their own activities of daily living, are competent in decision making, and are able to carry out the normal problem-solving activities of daily life.
Between **0 — 18**	**Independent with Services** These are individuals who are capable of taking care of the majority of their own activities of daily living, but may require assistance with meal preparation, housekeeping, laundry services, transportation, etc. Many of these individuals would be likely to live with others.
Between **19 — 36**	**Assisted Living** Care is provided for individuals who require some assistance in the activities of daily living. Examples of assisted living services are meal preparation, housekeeping and laundry services, assistance with bathing, monitoring and distributing medications, and assistance with scheduling of physician appointments. Many of these individuals would be likely to live in larger, congregate settings. This care level may eventually lead to Skilled Care in settings where nursing care is provided.
Greater than **36**	**Skilled Care** Care is provided for individuals with long-term illnesses or disabilities whose needs are met by appropriate health care personnel under the direction of a registered nurse. These individuals would normally be found in a nursing home setting.

Sources

* IADL Assessment adapted from the Lawton-Brody Instrumental Activities of Daily Living Scale: Source: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, www.hartfordign.org.

+ ADL Assessment adapted from Katz Index for Independence in Activities of Daily Living: Source: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, www.hartfordign.org.

The Avila Institute of Gerontology, Inc. would like to thank the School Sisters of Notre Dame of Wilton, CT and the Carmelite Siters for the Aged and Infirm for allowing the use and adaptation of their Level of Care tool.

NOTES/COMMENTS

Use the space below to identify any additional concerns not included in the assessment. Add paper if needed.

D Support Services

Completed by: _____

Title: _____

Date Started: _____ Date Completed: _____

PURPOSE

To identify the professional support services that are available within your local area.

DIRECTIONS

The table below contains a list of readily available services. Indicate yes or no if you are currently utilizing any of these services. If you are not using a service or are unsure of the type of service that are available, we have included a list of services and their definitions on pages 23-24.

Helpful Hint

Support services can be vital to a community that has aging members and is in need of additional caregivers. There might be services that you have not considered using such as home health aides or veterans services. Many of these services are crucial for those who do not yet need the full care of skilled nursing.

Support Services	Yes	No	Is this a needed service? (Yes or No)	How is this service provided?
Counseling	○	○	No	
Elder Care	○	○	No	
Home Health Aid	○	○	No	
Home Maker / Companion	○	○	No	
Hospice / End of Life Care	○	○	No	
Medication Management	○	○	No	
Nursing Care	○	○	No	
Nutritional Services	○	○	No	
PACE (Program of All-inclusive Care for the Elderly)	○	○	No	
Palliative Care	○	○	No	
Psychiatric Services	○	○	No	
Respite Care	○	○	No	
Senior Services	○	○	No	
Social Work	○	○	No	

Support Services	Yes	No	Is this a needed service? (Yes or No)	How is this service provided?
Therapy (Occupational, Physical, Speech, Respiratory)	◯	◯	No	
Transportation	◯	◯	No	
Veteran's Affairs (VA)	◯	◯	No	
Volunteer Services	◯	◯	No	
Other:	◯	◯	No	
Other:	◯	◯	No	

INTERPRETING THE FINDINGS

The additional resource section of this manual includes a brief description and contact information, for each of these support services. The website **www.benefitscheckup.org** is an excellent resource to explore what services are available in your area. If you face any barriers to accessing these services and would like assistance please contact us.

NOTES/COMMENTS

Use the space below to identify any additional concerns not included in the assessment.

DEFINITIONS

Counseling: a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (www.counseling.org, 20/20 Consensus Definition of Counseling, American Counseling Association, 2013).

Eldercare: care that maintains or improves wellness and quality of life for the aged; care to meet the physical, social, mental, emotional and spiritual needs of the aged.

Home Health Aid: person trained to provide individualized care in a home or healthcare setting at the direction of a healthcare professional; care includes but not limited to services provided by a homemaker/ companion, as well as personal care such as bathing, dressing, feeding, transfers from one surface to another (example bed to chair), toileting, ambulation assistance, simple dressing changes, and monitoring and reporting changes in health status.

Home maker/ companion: person trained to provide socialization, light housekeeping, simple but nutritious meal preparation, transportation to and from medical appointments or shopping, and help with pet care.

Hospice care: physical, social, mental, emotional and spiritual care provided by a team of professionals that focus on the palliation of a terminally ill or seriously ill individual's symptoms.

Medication management: overall management of obtaining, preparing, and taking all prescribed medications in the correct dose, via the correct route of administration and at the correct time.

Nursing Care: provide support services to your loved ones by assisting them in maintaining their independence and quality of life in the comfort of their own home or life care community.

PACE: The Program of All-Inclusive Care for the Elderly: Provides comprehensive long term services and supports to Medicaid and Medicare enrollees. An interdisciplinary team of health professionals provides individuals with coordinated care. For most participants, the comprehensive service package enables them to receive care at home rather than receive care in a nursing home.

Palliative care: is a philosophy of care and an organized highly structured system for delivering care.

Psychiatric services: a clinical program staffed by psychiatrists (physicians specializing in the diagnosis and treatment of mental health problems).
Psychiatric services: services provided by a psychiatrist, psychologist, master prepared social worker, or psychiatric nurse practitioner that provide psychotherapy, research, assessment, diagnosis, treatment, and prevention of mental illnesses.

Respite care: temporary institutional care of a dependent elderly, ill, or handicapped individual, providing relief for the usual caregivers.

Senior services: a program dedicated to providing low-cost, high-quality services and programs to older adults.

Social work: service provided or coordinated by a social worker to an individual, family, community, or organization; services include obtaining needed resources or services, facilitating interactions among an individual or group and the living environment, and problem solving resource management.

Therapy (Occupational, Physical, Speech, Respiratory): literally means "curing, healing" and is the attempted remediation of a health problem, usually following a diagnosis.

Physical Therapy: a health profession that uses specific exercises and equipment to assess and treat individuals who have experienced physical decline due to a medical problem (such as following a stroke, congenital defect, injury), surgical intervention (such as knee replacement, hip replacement, etc), or lack of use.

Occupational Therapy: a health profession that uses treatments to develop, recover, or maintain the daily living and work skill of individuals with a physical, mental or developmental condition.

Respiratory Therapy: the treatment or management of acute and chronic breathing disorders through the use of respirators or the administration of medication in aerosol form.

Transportation services: travel to or from community services and resources, health and medical care, shopping, social activities, or other activities.

Veteran's Affairs (VA)/ US Department of Veterans Affairs: provides patient care and federal benefits to veterans and their dependents; eligibility for most VA benefits is based upon honorable discharge from active military service; certain benefits require service during wartime.

Volunteer services: any type of work or service provided free of charge.

E Funding Concerns

Completed by: _____

Title: _____

Date Started: _____ Date Completed: _____

PURPOSE

To determine if there are any sources of funding that your community is not using, that might be available.

HELPFUL HINT

Government and faith-based grants are available to provide supplemental funding if warranted.

DIRECTIONS

In the table below, indicate which sources of funding you are using within your community. A description of each category is included below and on the next page. For the services you are not currently using, indicate if your community has tried to access some of these services.

Funding Source	Yes	No	Don't Know	Not Applicable
Medicaid	○	○	○	○
Medicare	○	○	○	○
Self Insured/Private (Insurance or funding)	○	○	○	○
Tri-Care	○	○	○	○
VA Services	○	○	○	○
Managed Medicare/Advantage plan	○	○	○	○
Grants (for projects or care)	○	○	○	○
Waiver programs (PACE)/ State based supplemental programs (OPWDD)	○	○	○	○

Medicaid is a government funded insurance program for underfunded individuals and families. Medicaid is an assistance program. Medical bills are paid from federal, state and local tax funds. It serves low-income people of every age. Patients usually pay no part of costs for covered medical expenses. A small co-payment is sometimes required. Medicaid is a federal-state program. It varies from state to state. It is run by state and local governments within federal guidelines.

Medicare is an insurance program. Medical bills are paid from trust funds which those covered have paid into. It serves people over 65 primarily, whatever their income; and serves younger disabled people and dialysis patients. Patients pay part of costs through deductibles for hospital and other costs. Small monthly premiums are required for non-hospital coverage. Medicare is a federal program. It is basically the same everywhere in the United States and is run by the Centers for Medicare & Medicaid Services, an agency of the federal government.

Self-insured group health plan (or a 'self-funded' plan as it is also called) is one in which the employer assumes the financial risk for providing health care benefits to its employees. In practical terms, self-insured employers pay for each out of pocket claim as they are incurred instead of paying a fixed premium to an insurance carrier, which is known as a fully-insured plan.

TRICARE is a program provided by the Department of Defense for coverage for medical services, medications, and dental care for military families and retirees and their survivors.

Veterans of the United States armed forces may be eligible for a broad range of programs and services provided by the Veteran's Administration (VA). Eligibility for most VA benefits is based upon discharge from active military service conditions under other than dishonorable conditions; certain benefits require service during wartime.

Managed Medicare, also known as Medicare Advantage, is an alternative to the traditional Medicare, which is received straight from the federal government. Medicare Advantage (MA) plans are private health plans. These private heath plans have contracted with Medicare to provide beneficiaries the benefits they need.

Waiver services (in New York State) operated by the Office for People With Developmental Disabilities (OPWDD) is a program of supports and services that enables adults and children with developmental disabilities to live in the community as an alternative to Intermediate Care Facilities (ICFs). OPWDD is the primary funding mechanism for supporting individuals in the community by providing a variety of services and supports that are uniquely tailored and individualized to meet each person's needs. These services can include habilitation services, respite care, service coordination, and adaptive technologies. Services are provided either by OPWDD's Developmental Disabilities Services Office (DDSO) staff or through voluntary not-for-profit agencies who have been authorized to provide waiver services by OPWDD or the New York State Department of Health (DOH).

Using the information provided above, and the resources in Appendix I, begin exploring some of the external funding options.

Check with your state's Department of Regulation regarding Waiver Services.

NOTES/COMMENTS

Use the space below to identify any additional concerns not included in the assessment.

F Physical Space
(Accessibility Standards for Independent Living)

Location: _____

Completed by: _____

Title: _____

Date Started: _____ Date Completed: _____

PURPOSE
To examine the living space within each community, focusing on the safety and comfort of common areas.

DIRECTIONS
Check the yes column for standards that are met and the no column for standards that are not met within your community living and work space.

HELPFUL HINT
Assistive devices are frequently needed in both communal spaces and private rooms. The following considerations enable elder community members to retain their independence as long as possible. These considerations pertain to the living space of all community members. These standards are applicable to work space as well as living spaces.

Common Space	Yes	No
1. Flooring transitions between surfaces ½ inch max height variance	○	○
2. Elevator between floors easily operated from wheelchair	○	○
3. Adequate lighting (soft & non-glare)	○	○
4. Night-lights available and functional	○	○
5. Walking surfaces are flat	○	○
6. No slip and trip hazards (e.g. no scatter rugs, no unattended slippery floor surfaces)	○	○
7. Adequate space for those navigating with wheelchair or walker, specifically at least 32" door opening and 5' turning radius	○	○
8. Rest areas (seating) if hallways are long.	○	○
9. Doors can be operated from a walker or wheelchair	○	○

Hallways	Yes	No
1. Handrails or grab bars: 33-36' above floor	○	○
2. Flooring: transitions between surfaces 1/2" max height variance	○	○
3. No scatter rugs	○	○
4. "Walking paths" unobstructed (no slip or trip hazards)	○	○
5. Ramps for transitions greater than 1/2" variance	○	○
6. Elevator(s) available and easily operated from wheelchair	○	○
7. Ramp(s) meet standards to access building and outside space	○	○
8. Rest areas - seating available in long halls	○	○
9. Adequate lighting - soft and non-glare	○	○
10. Stairs are clearly marked	○	○
11. Width of halls 32" minimum unobstructed; every 200' need 60" wide passing space	○	○

Common Toilet Room	Yes	No
1. Toilet seat 17-19" from floor	○	○
2. Grab bar behind toilet	○	○
3. Grab bar on wall beside toilet	○	○
4. Sink - wall mounted 34" above the floor	○	○
5. Lever handled faucets and door handles	○	○
6. Insulation (lav-guards) on exposed pipe under sink	○	○
7. Mirror - mounted so reflection is seen from seated position (tilt mirror works well)	○	○
8. Compartment - Minimum unobstructed turning radius 60"	○	○
9. Door swing out of toilet compartment if space only meets minimum size	○	○
10. Compartment doorway opening: 32"	○	○
11. Miscellaneous - hooks, shelves, towel bars, soap dispenser mounted 40-48" from floor	○	○
12. Lighting - soft and non-glare, adequate	○	○
13. Light switch 40-48" from floor	○	○
14. Emergency call light	○	○

Common Room or Office	Yes	No
1. Compartment considerations - adequate space for those navigating with wheel chair or walker	○	○
2. "Walking paths" clear and unobstructed	○	○
3. No slip and trip hazards	○	○
4. With self-serve-table, heights 40-48" from floor	○	○
5. Table or desk accommodates wheelchair: knee clearance 27" from floor, 25" deep, 30" wide minimum	○	○
6. Lighting - soft, non-glare and adequate	○	○
7. Light switch 40-48" from floor	○	○
8. Emergency call light	○	○

Ramps	Yes	No
1. Changes in flooring level greater than 1/2" are ramped	○	○
2. Ramp width is 36" minimum	○	○
3. Ramps that change direction have a 60" by 60" minimum landing	○	○
4. Maximum slope of a ramp in new construction is 1:12 or one foot of ramp for each inch of rise. For example a 20" rise ADA requires a 20' ramp	○	○
5. The maximum rise for any run is 30" (ramp sections may be up to 30' long)	○	○
6. Ramp surfaces shall be stable, firm and slip resistant	○	○
7. All ramps have level landings at bottom and top of each ramp and each ramp run	○	○
8. Landing is at least as wide as the ramp run leading to it.	○	○
9. The landing length is a minimum of 5' in length (4' wide ramps require a 4' x 5' landing)	○	○
10. Ramps change direction at landings, the minimum landing size shall be 5' x 5' (left and right turns need a 5' x 5' landing, u-turns require a 5' x 8' landing)	○	○
11. Landings subject to wet conditions are designed to prevent the accumulation of water	○	○
12. Handrails - ramp run has a rise greater than 6" requiring handrails	○	○
13. Ramps are longer than 6' have handrails on both sides	○	○
14. Handrails should be 34-38" in height and run the entire length of the ramp	○	○
15. Edge Protection - ramps and landings with drop-offs shall have curbs, walls, railings or projecting surfaces that prevent people from slipping off the ramp. Curbs shall be a minimum of 2" high.	○	○
16. The landing length is a minimum of 5' in length; 5' wide ramp requires a 5' by 5' landing; 4' wide ramp requires a 4' by 5' landing.	○	○

Other	Yes	No
1. Handicap accessible bedrooms	○	○
2. Handicap accessible common areas	○	○
3. Dining room handicap accessible (wheelchair fits under table)	○	○
4. Kitchen handicap accessible (if needed)	○	○
5. Sitting room/library handicap accessible	○	○
6. Outside space accessible with a walker or wheelchair	○	○
7. Adaptive equipment available (reachers/walkers/wheelchairs)	○	○
8. Handrails secure and available in all hallways	○	○

For community members with memory loss, poor vision or poor safety awareness	Yes	No
1. The following items are stored in a secure area and inaccessible to unsupervised community members:		
• Cleaning supplies (i.e. bleach, disinfectants etc.)	○	○
• Prescription and over the counter medications	○	○
• Treatment supplies	○	○
• Kitchen appliances	○	○
• Sharp utensils (knives)	○	○
• Maintenance supplies (fertilizers, herbicides etc.)	○	○
• Poisonous personal care item (i.e. denture cleaning tablets)	○	○
2. Doors and windows are secured to prevent elopement, independent exits and injury	○	○
3. Stairwells are secured to prevent independent elopement and injury	○	○
4. Bedroom doors easily identified by community member	○	○
5. Alarm system in place if community member wanders away from secure area unsupervised	○	○
6. Stairways, elevators and exit doors are not freely accessible to unsupervised community members	○	○

Information on accessibility compliance standards are available at:
www.ada.gov/assets/_pdfs/2010-design-standards.pdf

INTERPRETING THE FINDINGS

This tool is meant to be used as a reference for determining whether making changes to your environment will help promote the independence of your members who wish to live within the community as long as possible.

G Emergency Procedures

Location: _____

Completed by: _____

Title: _____

Date Started: _____ Date Completed: _____

PURPOSE

To assess if the appropriate emergency procedures are in place.

DIRECTIONS

Check the "yes" column if effective emergency procedures are in place and the "no" column if effective emergency procedures are not in place for the following situations. Check the "Drill Completed" column if a drill has been completed (within the past 12 months) for the specified situation.

Situation	Yes	No	Drill Completed
1. Fire	○	○	☐
2. Power failure – Hot weather	○	○	☐
3. Power failure – Cold weather	○	○	☐
4. Flooding	○	○	☐
5. Hurricane	○	○	☐
6. Tornado	○	○	☐
7. Earthquake	○	○	☐
8. Snowstorm	○	○	☐
9. Response for multiple scenarios (flooding and power failure/ fire, communication failure)	○	○	☐
10. Evacuation	○	○	☐
11. Transportation failure (lack of public transportation/roads closed/ lack of fuel etc.)	○	○	☐
12. Community member transferred elsewhere during an emergent event	○	○	☐
13. Accepting outside community members during an emergency	○	○	☐
14. Lock down/Armed invasion	○	○	☐
15. Medical emergency	○	○	☐
16. Elopement/Lost member	○	○	☐
17. Other:	○	○	☐

CRITERIA

At a minimum, your emergency action plan must include the following:

- A preferred method for reporting fires and other emergencies;
- An evacuation policy and procedure;
- Emergency escape procedures and route assignments, such as floor plans, workplace maps, and safe or refuge areas.

Your emergency action plan should include:

- Names, titles, departments, and telephone numbers of individ-uals both within and outside your community to contact for additional information or explanation of duties and responsi-bilities under the emergency plan;
- Procedures for community members and staff who remain to perform or shut down critical plant operations, operate fire extinguishers, or perform other essential services that cannot be shut down for every emergency alarm before evacuating; and
- Rescue and medical duties for any members designated to perform them.

You also may want to consider designating an assembly location and procedures to account for all community members after an evacuation.

These criteria have been adapted from materials provided to the Avila Institute of Gerontology from Russell Phillips & Associates. Inc.

HELPFUL HINTS

Guidelines to consider when developing or evaluating an emergency protocol:

- train all members to participate in the Fire Safety Plan,
- medical equipment is available for use, functioning properly, and tested regularly,
- an alternative power supply is maintained and tested on a regular basis,
- a plan is in place should building evacuation be necessary.

Periodic inspections of the living areas to check for potential hazards, (e.g. sharp and broken furniture that could injure, locations where there is no escape from fire) along with emergency drills are essential to maintaining safety and emergency procedures. These periodic inspections should be documented and will help Leadership to plan and carry out improvements and to plan for longer-term building upgrading or replacement. By understanding the risks present in the community's physical facility, Leadership can develop a proactive plan to reduce these risks for community members.

NOTES/COMMENTS

Use the space below to identify any additional concerns not included in the assessment.

H Education

Location: _____

Completed by: _____

Title: _____

Date Started: _____ Date Completed: _____

PURPOSE

To determine the educational needs of your community.

DIRECTIONS

Please indicate in the table below any educational topics that would be helpful to your community. Select the boxes based on your priority or most pressing concerns within your community.

Check: 0 = not needed;
1 = low priority;
2 = moderate priority;
3 = high priority

Topics	Not Needed	Low	Moderate	High
1. Aging Issues/ Assessing Needs of the Elderly	0 ☐	1 ☐	2 ☐	3 ☐
2. Cost effective environmental changes	0 ☐	1 ☐	2 ☐	3 ☐
3. Dementia Care/ Memory Loss/ Behavior Management	0 ☐	1 ☐	2 ☐	3 ☐
4. Drug/ Alcohol/ Tobacco misuse/ Addictions	0 ☐	1 ☐	2 ☐	3 ☐
5. Emergency Planning	0 ☐	1 ☐	2 ☐	3 ☐
6. Ethical Concerns	0 ☐	1 ☐	2 ☐	3 ☐
7. Human Resources/ Staff Orientation	0 ☐	1 ☐	2 ☐	3 ☐
8. Financial Planning	0 ☐	1 ☐	2 ☐	3 ☐
9. Managing Medications	0 ☐	1 ☐	2 ☐	3 ☐
10. Medical/ Clinical (i.e. cardiovascular disease, orthopedic etc.) List specifics on lines provided below	0 ☐	1 ☐	2 ☐	3 ☐
11. Mental illness (anxiety/ bipolar disorders/ depression)	0 ☐	1 ☐	2 ☐	3 ☐
12. Palliative Care/ End of Life/ Comfort Care/ Grieving & Loss/ Theology of Suffering	0 ☐	1 ☐	2 ☐	3 ☐
13. Planning for future care needs	0 ☐	1 ☐	2 ☐	3 ☐
14. Spirituality	0 ☐	1 ☐	2 ☐	3 ☐
15. State and Federal Regulation for licensure	0 ☐	1 ☐	2 ☐	3 ☐
16. Transitions (Independent to dependent living, change of home/ members on restriction etc...)	0 ☐	1 ☐	2 ☐	3 ☐

INTERPRETING THE FINDINGS

Appendix I contains a list of recommended Education Resources and Geriatric Healthcare Educational Resources. These resources will be vital to your community and will aid in your caring for your aging community members.

NOTES/COMMENTS

Use the space below to identify any additional concerns not included in the assessment.

I Summary & Next Steps

Completed by: _____

Title: _____

Date Started: _____ Date Completed: _____

PURPOSE

After completing the Care Transitions Assessment complete the following table to help assist in creating an action plan.

DIRECTIONS

The following tables are meant to help consolidate the data gathered in each individual assessment. It provides an overview or snapshot of the pressing health and care concerns within your community. It is designed to allow the assessment team to designate the priority level for each concern. The summary table includes space to indicate action to be taken to resolve the concerns identified in each section of the assessment.

THE NEXT STEPS

The first step toward addressing concerns is to develop an action plan. In some cases, this can be very straightforward. Other solutions may be less clear and you may need to collect more information in order to fully understand the needs and concerns.

Some issues that arise may be difficult to resolve and require a specialist or a consultant (altering living space to meet needs of those with dementia). In other instances, there may well be internal resistance to change (e.g. relating to new policies or working practices such as behavior intervention protocols) and will require sustained Leadership support.

HELPFUL HINTS

A good action plan should include:

- **Who needs the information?**
  List all the individuals or groups that need the information, e.g. Leadership, clinical staff, risk management team, etc.
- **What information is needed?**
  Each group has a different need for the information. For example: the dietary department needs to know that certain members are diabetic and how to prepare meals, where as the activities department only know that they are diabetic in the event of a medical emergency.
- **How will the information be delivered?**
  The method that best suits the target group should be used. A simple/brief report may be given to the activities department, but dietary may need more detailed information in the form of a formal/clinical report.
- **Who will convey the information?**
  The person selected for delivering the information must be an appropriate authoriative figure (e.g. member of Leadership).
- **When will the information be given?**
  Specific dates need to be assigned so the program can be monitored.

Primary Concern identified in Sections A - H	What is the Priority Level of each concern				Ideal Solution	Appendix I Additional Resources
	High	Mod	Low	None		
A Demographics			X			
B Health Concerns	X				Renovate bathrooms so they are more accessible for those with walkers	
C Level of Care	X				Toileting and mobility a challenge	
D Support Services			X			
E Funding Concerns			X			
F Physical Space	X				Renovate bathrooms to be more accessible	
G Emergency Procedures		X			Develop an emergency response plan	
H Education			X			

Primary Concern identified in Sections A - H	What is the Priority Level of each concern				Ideal Solution	Appendix I Additional Resources
	High	Mod	Low	None		
A Demographics	☐	☐	☐	☐		
B Health Concerns	☐	☐	☐	☐		
C Level of Care	☐	☐	☐	☐		
D Support Services	☐	☐	☐	☐		
E Funding Concerns	☐	☐	☐	☐		
F Physical Space	☐	☐	☐	☐		
G Emergency Procedures	☐	☐	☐	☐		
H Education	☐	☐	☐	☐		

Action Plan Sample Forms

DIRECTIONS
Use these samples as-is or modify to create your own Action Plan.

SAMPLE 1

Areas for Improvement	Proposed Actions to be Taken	Resources Required	Target Date of Implementation	Desired Outcomes
Bathroom	Install grab bars Change faucets	Materials Contractor	March 20	Safer bathroom more independance for Sr. Mary

SAMPLE 2

Goals *(what needs to be done)*	Tasks *(to be completed to achieve goal)*	Assigned to *(who will work on task?)*	Time Frame *(date to complete task)*	Resources *(resources needed for each task)*
Make Bathroom safe	Purchase materials Hire Contractor	Sr. Mark Sr. Therese	April 28th	fundraise /get donations for materials construction loan for contractor

SAMPLE 3

Goal #1: Adapt first floor bathroom- make it safer & accessible with walker

Task/activity needed to meet goal	Person(s) Responsible	Due Date
1. Change sink faucet handles to levers	Maintenance to purchase & install	Jan 15
2. Install grab bars in shower	Maintenance to purchase & install	Jan 30
3.		

Goal #2: Partner with local Nursing home for Skilled Care

Task/activity needed to meet goal	Person(s) Responsible	Due Date
1.Review local nursing homes via internet	Sr. Therese	Feb 5
2. Check and compare ratings on www. Medicare.gov	Mary	Feb 20
3. Schedule tour at selected nursing home	Mary	March 1

Goal #3: Establish Emergency Preparedness Plan

Task/activity needed to meet goal	Person(s) Responsible	Due Date
1. Review current policies and procedures	Br. Hank	April 26
2. Determine needs for plan	Br. John	May 4
3. Establish schedule for drills	Br. Mark	May 15

Goal #1:

Task/activity needed to meet goal	Person(s) Responsible	Due Date

Goal #2:

Task/activity needed to meet goal	Person(s) Responsible	Due Date

Goal #3:

Task/activity needed to meet goal	Person(s) Responsible	Due Date

Appendix I: Additional Resources

ADVOCACY

AARP
Political position papers, member discounts, demographic research, online versions of its bulletin, and magazine and consumer advice. www.aarp.org

Center for Medicare Advocacy
Detailed information about what Medicare covers, how to enroll and, if necessary, appeal denial of claims. www.medicareadvocacy.org

Medicare Rights Center
A similar tutorial on how this government health care program for the elderly works. A link to the Kaiser Family Foundation's "Medicare 101" and a hotline for questions and complaints. www.medicarerights.org

National Association of Area Agencies on Aging
Articles on caregiving, policy reports, and links to eldercare service agencies. www.n4a.org

The National Council on Aging (NCOA)
A nonprofit service and advocacy organization headquartered in Washington, DC. We are a national voice for older Americans and the community organizations that serve them. We bring together nonprofit organizations, businesses, and government to develop creative solutions that improve the lives of all older adults. www.ncoa.org/about-ncoa

CAREGIVING

Family Caregiver Alliance
Offers tips on a wide range of topics, including how to hire help, hold a family meeting, balance work and caregiving, find important papers, and decide whether parents should move in with an adult child. www.caregiver.org

National Family Caregiver Support Program
The National Family Caregiver Support Program (NFCSP), established in 2000, provides grants to States and Territories, based on their share of the population aged 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. www.aoa.gov/AoA_programs/HCLTC/Caregiver/index.aspx

EDUCATION SERVICES

The Avila Institute of Gerontology
The educational arm of the Carmelite Sisters for the Aged and Infirm provides quality education programs on gerontology. www.avilainstitute.org

The Pioneer Network
Pioneer Network advocates for culture change in eldercare models from long-term nursing home care to short-term transitional care to community-based care to create homes that are consumer-driven and resident-directed. www.pioneernetwork.net

EMERGENCY OPERATIONS

Russell Phillips & Associates
Russell Phillips & Associates provides fire and emergency management consultation, services and technology solutions to over 1,300 healthcare facilities, representing more than 2,200 locations, throughout North America. www.phillipsllc.com

Examples of emergency operations manuals can be found at the websites listed below:

Florida Health Association www.mymanatee.org/emergency-management/healthcare./Disaster

END OF LIFE

The National Hospice and Palliative Care Organization
An excellent search tool for finding a hospice, as well as guides on issues related to palliative care, including Medicare coverage and techniques for communicating end-of-life wishes. www.nhpco.org

Hospice Foundation of America
Information on end-of-life issues, such as pain management. One section called "Caregivers Corner" has links, reading lists and a self-assessment tool for caregivers to analyze their own strengths and weaknesses. www.hospicefoundation.org

FUNDING SERVICES

Medicaid
A government funded insurance program for under-funded individuals and families. Medicaid is an assistance program. www.medicaid.gov

Medicare
An insurance program. Medical bills are paid from trust funds which those covered have paid into. **www.medicare.gov**

Managed Medicare
Also known as Medicare Advantage, is an alternative to the traditional Medicare, which is received straight from the federal government. Medicare Advantage (MA) plans are private health plans. These private health plans have contracted with Medicare to provide beneficiaries the benefits they need. www.medicare.gov

TRICARE
A program provided by the Department of Defense for coverage for medical services, medications, and dental care for military families and retirees and their and survivors. www.tricare.mil

Veterans of the United States Services
Veterans of the United States armed forces may be eligible for a broad range of programs and services provided by the (VA). Eligibility for most VA benefits is based upon discharge from active military service under conditions other than dishonorable, and certain benefits require service during wartime. www.va.gov/landing2_vetsrv.htm

Waiver Services
A program of supports and services that enables adults and children with developmental disabilities to live in the community as an alternative to Intermediate Care Facilities (ICFs). Waiver Services is operated by the Office for People With Developmental Disabilities (OPWDD). OPWDD's primary funding mechanism for supporting individuals in the community by providing a variety of services and supports that are uniquely tailored and individualized to meet each person's needs. www.opwdd.ny.gov

Check with your state's Department of Regulation regarding Waiver Services.

GERIATRIC HEALTH CARE EDUCATIONAL RESOURCES

Alzheimer's Foundation of America (AFA)
Provides care and support to individuals with Alzheimer's disease and related dementias, and their caregivers. AFA's breadth of services and programs, through our headquarters and our member organizations across the country, reflect the philosophy that individuals with Alzheimer's disease and related illnesses have the right to maintain their dignity, and that knowledge and support will ease the burden of this heartbreaking brain disorder on individuals with the disease and their families. www.alzfdn.org

Avila Institute of Gerontology
The Avila Institute of Gerontology, a not for profit organization provides high quality, affordable educational programs on Gerontology. Regional seminars throughout the United States and Ireland bring experts speakers to present self-improvement, innovative programs and the latest studies in the geriatric field. www.avilainstitute.org

Catholic Health Association of America
Meeting individual's needs through all the seasons of life is part of the mission of Catholic health care. Serving the elderly and those who are chronically ill is an essential part of our ministry. Catholic-sponsored health organizations provide a broad spectrum of professional services, including acute and primary care, nursing home, medical and social day care, home health, senior housing and assisted living, counseling and case management. www.chausa.org

LeadingAge
is an association of 6,000 not-for-profit organizations dedicated to making America a better place to grow old. We advance policies, conduct research, and promote practices that support, enable and empower people to live fully as they age. Our promise: Inspire. Serve. Advocate. www.leadingage.org

National Association of Catholic Chaplains
advocates for the profession of spiritual care and educates, certifies, and supports chaplains, clinical pastoral educators, and all members who continue the healing ministry of Jesus in the name of the Church. www.nacc.org/aboutnacc/default.aspx

National Religious Retirement Office (NRRO)
The annual national appeal for the Retirement Fund for Religious and distributes financial assistance for retirement needs to eligible religious institutes. NRRO presents workshops for various groups, including families of religious institutes, regions of the Conferences of Religious Treasurers or Major Superiors and (arch) diocesan gatherings of religious. www.usccb.org/about/national-religious-retirement-office/index.cfm

Pioneer Network
is a center for all stakeholders in the field of aging and long term care whose focus is on providing home and community for elders. We believe that the quality of life and living for America's elders is rooted in a supportive community and cemented by relationships that respect each of us as individuals regardless of age, medical condition or limitations. www.pioneernetwork.net

SOAR
Support Our Aging Religious raises funds and provides grants to help Catholic religious congregations in the United States care for their aging members. These grants address needs such as renovations for accessibility, automatic doors, hospital beds and assistive devices. In addition to safety improvements, our funding priorities are for projects that address quality of life for retired, aging members of religious congregations. This assistance ensures the safety, peace of mind, and dignity of aging Sisters, Brothers and Priests. www.soar-usa.org

HOUSING AND SERVICES

Eldercare
Throughout the country, States and Territories receive grants through the National Family Caregiver Support Program (NFCSP) to fund services that assist family and informal caregivers to care for their loved ones at home for as long as possible.
www.eldercare.gov

Hopkins ElderPlus (also called PACE: Program of All-inclusive Care for the Elderly)
Older adults can continue to live in their homes while receiving medical care and quality of life services from the Johns Hopkins Division of Geriatric Medicine and Gerontology. www.hopkinsmedicine.org

Home Health Care
Home health care is a wide range of health care services that can be given in your home. Home health care is usually less expensive, more convenient, and just as effective as care you get in a hospital or skilled nursing facility. This service is provided through a branch of Medicare.
www.medicare.gov/homehealthcompare

National Adult Day Services Association
A part of the National Council on the Aging, this organization focuses on adult day care. Its Web site includes a Guide to Selecting an Adult Day Center and a partial directory of centers through the United States.
www.nadsa.org

Shepherd's Centers of America
Begun in Kansas City in 1972, more than 90 Shepherd's Centers have been established so far in 26 states. These community senior centers enable people of all faiths to work together to enrich their later years. They offer seniors opportunities for personal growth such as an Adventures in Education program, volunteer work, self-expression and close friendships. An equally important goal is to help older adults remain independent in their own living situation as long as they choose. www.shepherdcenters.org

American Association of Home and Services for the Aging
Consumer information on senior housing from an association of non-profit nursing homes, assisted living centers, continuing care retirement communities, adult day care centers and the like.
www.leadingage.org

National Center for Assisted Living
Provides a more elaborate "facility finder" that factors in cost, method of payment, mobility, dietary needs, activities and amenities. www.ahcancal.org

National Association of Professional Geriatric Care Managers
Search for a geriatric care manager by location.
www.caremanager.org

Visiting Nurse Associations of America
Search for home health services nationwide. Includes suggested questions to ask service providers.
www.vnaa.org

HOSPICE

National Hospice & Palliative Care Organization
NHPCO is a membership organization dedicated to promoting and maintaining quality care for the terminally ill and their families, and to promoting hospice as an integral part of the U.S. health care system. www.nhpco.org

American Academy of Hospice and Palliative
Medicine is a palliative care physician membership organization that hosts conferences and provides guidance to assist health care professionals in treating patients. www.aahpm.org

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO)
A national consumer and community engagement initiative to improve care at the end of life. www.caringinfo.org

Center to Advance Palliative Care
A national organization dedicated to increasing the availability of quality palliative care services for people facing serious, complex illness. The website provides health care professionals with tools, training and technical assistance to start and maintain palliative care programs. www.capc.org

Get Palliative Care
An educational website designed to define and promote palliative care, and to provide a nationwide directory of palliative care programs. www.getpalliativecare.org

Hospice and Palliative Nurses Association
A membership organization for nurses working in the fields of hospice and palliative medicine. www.hpna.org

Hospice Foundation of America
HFA creates programs for professional development, public education and information, promotes research, produces publications and monitors health policy issues. www.hospicefoundation.org

International Association for Hospice and Palliative Care
The mission of IAHPC is to advance hospice and palliative care programs, education, research, and policies around the world. www.hospicecare.com

LEGAL AND FINANCIAL

Benefits checkup.org
Helps you find state, federal, and private benefits programs available where you live. These benefits programs can help pay for prescriptions, health care, food, utilities, and more. You can also get help with tax relief, transportation, legal issues, or finding work. www.benefitscheckup.org

Senior Law (New York State)
Advice from a New York law firm on the legal and financial issues facing the elderly. State forms for powers of attorney, health care proxies and living wills. www.seniorlaw.com

Check online for local law firms that specialize in elder care.

American Bar Association Aging Tool Kit
Offers a 10-step process for making end-of-life decisions with worksheets, suggestions and links. www.americanbar.org/groups/law_aging

The National Senior Citizens Law Center
A non-profit organization whose principal mission is to protect the rights of low-income older adults. Through advocacy, litigation, and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources, and access to the courts for all. www.nsclc.org

Administration on Aging (AOA)
Each year, Congress appropriates funds for use by AoA and the other Federal Agencies in carrying out their mission. AoA provides grant funding to States and territories, recognized Native American Tribes and Hawaiian Americans, as well as nonprofit organizations, including faith-based and academic institutions. Individuals are not eligible to apply for AoA funding. For those new to the AoA grants management environment, the Overview section on website provides a brief profile of the types of grant instruments we use to fund our programs, the procedures applicants must follow in applying for these grants and the reporting which is required of recipients. www.aoa.gov

LICENSED BEDS

Some communities have considered changing care areas to licensed beds. Licensed beds are categorized by the type of care a resident needs, and are eligible for reimbursement. This process is lengthy and costly. A list of the types of beds available is included below should you wish to explore this option.

Adult home: (Adult care /advanced adult care homes) residence for aged and disabled adults who may require 24-hour supervision and assistance with personal care needs.

Assisted living/ Intermediate living: a level of care provided in a residential setting for an individual who is fairly independent but needs some assistance in completing the instrumental activities of daily living and/ or activities of daily living; does not provide 24/7 on site nursing care that a nursing home or skilled nursing facility would provide.

Board / Care: small family home in a residential neighborhood licensed to provide care to four to six individuals providing custodial care, meals, and activities by live-in staff.

Chronic disease hospital: long-term care hospital having facilities, medical staff and all necessary personnel for the diagnosis, care and treatment of a wide range of chronic diseases.

Congregate living: provides individual with a private living accommodation, common dining area, and area for social and recreational activities; furnishes at least one daily meal, housekeeping services and a variety of social and recreational activities included in the monthly fee.

Care center: a residential setting that provides care 24/7, meals, and assistance with instrumental activities of daily living and activities of daily living, as well as social and recreational offerings; generally individuals living in a care center require 24/7 assistance to maintain well being.

Nursing facility/ nursing home: a residential setting that provides skilled nursing care 24/7, meals, and assistance with instrumental activities of daily living and activities of daily living, as well as social and recreational offerings; generally individuals living in a nursing home require 24/7 assistance to maintain well being; 24/7 short term skilled nursing care provided to those rehabilitating following an illness or surgery; certified to participate in, and be reimbursed by Medicare; all services supervised by a licensed nurse.

NUTRITIONAL SERVICES

Meals on Wheels Association of America

Organization that represents and supports member Meals on Wheels programs with training and professional development, publications, grants and more. Some programs serve meals at congregate locations like senior centers, some programs deliver meals directly to the homes of seniors whose mobility is limited, and many programs provide both services. www.mealsonwheelsamerica.org

National Association of Nutrition and Aging Services Programs

Is a National membership organization for persons across the country working to provide older adults healthful food and nutrition through community-based services.
www.nanasp.org

American Dietetic Association

Established in 1975, Dietetics in Health Care Communities (DHCC), formerly CD-HCF, represents nearly 3,800 members of the Academy of Nutrition and Dietetics working in wide-ranging areas of the health care arena.
www.eatright.org

TRANSPORTATION SERVICES

Care Pathways

Transportation services vary in communities depending upon where you live. Types of transportation that may be available for the elderly, is individual door-to-door service, fixed route with scheduled services, or ride sharing with volunteer drivers.
www.carepathways.com/TRANSx.cfm

Appendix II: Glossary of Terms

Adult Home: (Adult care /advanced adult care homes) are residences for aged and disabled adults who may require 24-hour supervision and assistance with personal care needs.

Aging in place: is a senior living philosophy that values the elderly person's opportunity to remain in his preferred environment, with increasing support services or adaptations, until the end of his life.

Ambulate: to move from place to place; to walk about.

Anxiety disorder: a blanket term covering several different forms of a type of common psychiatric disorder characterized by excessive rumination, worrying, uneasiness, apprehension and fear about future uncertainties either based on real or imagined events, which may affect both physical and psychological health.

Arthritis: is inflammation of one or more joints. A joint is the area where two bones meet. There are over 100 different types of arthritis.

Assessment: a systematic set of procedures undertaken for the purpose of setting priorities and making decisions about community or organizational improvement and the allocation of resources.

Assisted Living: Assisted living facilities are establishments that provide permanent housing to senior citizens who need some help with activities of daily living, but that do not need the round-the-clock nursing care provided in a nursing home.

Assistive Devices: are tools, products or types of equipment that help you perform tasks and activities. They may help you move around, see, communicate, eat or get dressed. Some are high-tech tools, such as computers. Others are much simpler, like a "reacher" - a tool that helps you grab an object you can't reach.

Asthma: is a disorder that causes the airways of the lungs to swell and narrow, leading to wheezing, shortness of breath, chest tightness, and coughing.

Auditory: An adjective used to describe the process of hearing, or the organs responsible for hearing.

Automated external defibrillators: An automated external defibrillator is used in cases of life threatening cardiac arrhythmias which lead to cardiac arrest.

Barriers: anything that obstructs pathways or progress.

Bipolar disease: Bipolar disorder or bipolar affective disorder (historically known as manic–depressive disorder or manic depression) is a psychiatric diagnosis for a mood disorder in which people experience disruptive mood swings.

Bowel incontinence: is the loss of bowel control, leading to an involuntary passage of stool.

Cancer: a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems.

Cardiac Arrhythmias: is the condition in which the heart's normal rhythm is disrupted.

Cardiovascular: is a class of diseases that involve the heart or blood vessels (arteries and veins).

Catheterize: introduce a catheter into a body cavity,

Challenging: (for this manual) that which is the most demanding within your community, or requires the most care and services.

Chronic condition: is a human health condition or disease that is persistent or otherwise long-lasting in its effect.

Chronic Disease Hospital: long-term hospital having facilities, medical staff and all necessary personnel for the diagnosis, care and treatment of a wide range of chronic diseases.

Chronic obstructive pulmonary disease (COPD): is one of the most common lung diseases. It makes it difficult to breathe.

Congestive heart failure: is a condition in which the heart cannot pump enough blood to the rest of the body.

Cognitive Impairment: refers to any loss of cognitive ability beyond what is expected as a part of the regular aging process. Dementia and Alzheimer's disease are common causes of cognitive impairment in the aging population.

Congregate Living: provides residents with private living accommodations, moderate supportive services, common areas of dining, and social and recreational activities. These communities furnish at least one daily meal, which is usually included in the monthly fee, housekeeping services and a variety of social and recreational activities.

Coronary artery disease (CHD): is a narrowing of the small blood vessels that supply blood and oxygen to the heart. CHD is also called coronary artery disease.

Dementia: a loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior.

Demographics: are current statistical characteristics of a population or group.

Dependent Care: Healthcare provided for person, particularly elderly individuals, who are dependent on others for all or part of the activities of daily living.

Depression: may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. True clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or longer.

Diabetes: is usually a lifelong (chronic) disease in which there are high levels of sugar in the blood.

Disorientation: to cause to lose the sense of time, place, or identity.

Elder Care: is the fulfillment of the special needs and requirements that are unique to senior citizens. This broad term encompasses such services as assisted living, adult day care, long term care, nursing homes, hospice care, and home care.

Elopement: merely means to leave and to not come back to the point of origination. For elders with memory impairment it can mean that they left and don't know how to return. Unattended wandering that goes out of bounds.

Emphysema: is a long-term, progressive disease of the lungs that primarily causes shortness of breath.

Endocrine: is the system of glands, each of which secretes a type of hormone directly into the bloodstream to regulate the body.

Endowments: is a transfer of money and/or property donated to an institution.

Exacerbation: to make more violent, bitter, or severe.

Flooring Transition: space or junction where flooring types change or meet, such as doorways, halls, elevators etc.).

Gastrointestinal: is the stomach and intestine.

GERD (gastric esophageal reflux disorder): is a chronic digestive disease that occurs when stomach acid or, occasionally, bile flows back (refluxes) into your food pipe (esophagus).

HIV/AIDS: Human immunodeficiency virus infection / acquired immunodeficiency syndrome is a disease of the human immune system caused by the human immunodeficiency virus (HIV).

Holistic: relating to or concerned with wholes or with the complete system.

Home Health Aid: Provide routine individualized healthcare such as changing bandages and dressing wounds, and applying topical medications to the elderly, convalescents, or persons with disabilities at the patient's home or in a care facility. Monitor or report changes in health status. May also provide personal care such as bathing, dressing and grooming.

Home Maker/ Companion: provide a trusted companion to help with a broad range of activities. These tasks can be as simple as visiting with your loved one and providing some companionship, to housekeeping and cooking meals. Companions can take your loved ones to doctor's appointments and shopping. They can even help with pet care.

Hospice: is a type of care and a philosophy of care that focuses on the palliation of a terminally ill or seriously ill patient's symptoms.

Independent Care: This type of care allows members to be mostly independent but provides some assistance with Activities of Daily Living (ADLs) such as laundry, cooking, cleaning, etc.

Infirmary: a house or portion of a building where care for the sick or injured is provided. Care in an infirmary can be minimal or independent care through dependent care.

Inflammatory bowel disease: is a group of inflammatory conditions of the colon and small intestine (e.g. Crohn's disease and Ulcerative colitis).

Interpersonal: describing participants who are dependent upon one another. This association or dependence may be based on inference, love, solidarity, regular business interactions, or some other type of social commitment.

Intermediate Living: is a level of senior care that is often provided at nursing homes, but does not utilize all of the help available in these medical environments.

Licensed Bed: licensure or classification given to beds within a care facility (Nursing, hospital etc.) types of licensing effects the amount of government funding a care facility is able to receive.

Malnutrition: is the condition that occurs when your body does not get enough nutrients.

Managed Medicare: also known as Medicare Advantage, is an alternative to the traditional Medicare, which is received straight from the federal government.

Medicaid: is a government funded insurance program for underfunded individuals and families. Medicaid is an assistance program.

Medicare: is an insurance program. Medical bills are paid from trust funds which those covered have paid into.

Medication Management: is monitoring the medications patients take to make sure they are taking the medication properly.

Memory impairment: defined as inability to remember bits of information or behavioral skills.

Mental illness: are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning.

Multiple Sclerosis: is an autoimmune disease that affects the brain and spinal cord (central nervous system).

Neurological: any disorder of the body's nervous system. Structural, biochemical or electrical abnormalities in the brain, spinal cord or other nerves can result in a range of symptoms.

Nursing Care: provide support services to your loved ones by assisting them in maintaining their independence and quality of life in the comfort of their own home or life care community.

Nursing Facility: A nursing facility or nursing home is residence facility that provides a room, meals, and help with activities of daily living and recreation. Generally, nursing home residents have physical or mental problems that keep them from living on their own. They usually require daily assistance. The distinction is based primarily on whether skilled medical or nursing care or rehabilitation is required.

Obesity: means having too much body fat. It is not the same as being overweight, which means weighing too much. A person may be overweight from extra muscle, bone, or water, as well as from having too much fat.

Olfactory: is the sensory system used for olfaction, or the sense of smell.

Orthopedic: conditions involving the musculoskeletal system.

Osteoporosis: is a disease of bones that leads to an increased risk of fracture.

Oversight: a group or process of regulatory supervision.

PACE: The Program of All-Inclusive Care for the Elderly: Provides comprehensive long term services and supports to Medicaid and Medicare enrollees. An interdisciplinary team of health professionals provides individuals with coordinated care. For most participants, the comprehensive service package enables them to receive care at home rather than receive care in a nursing home.

Palliative care: is a philosophy of care and an organized highly structural system for delivering care.

Parkinson's disease: is a disorder of the brain that leads to shaking (tremors) and difficulty with walking, movement and coordination.

Pedi-care: care for the feet including muscular, skeletal and dermis.

Peripheral Vascular disease: is a condition of the blood vessels that leads to narrowing and hardening of the arteries that supply the legs and feet.

Pressure Ulcers/ bed sores: are injuries to skin and underlying tissues that result from prolonged pressure on the skin. Bedsores most often develop on skin that covers bony areas of the body, such as the heel, ankles, hips or buttocks.

Protocol: a detailed plan of a scientific or medical experiment, treatment, or procedure.

Provision of care: policies and process for providing care within a healthcare facility in accordance to mandated regulations.

Psychiatric services: a clinical program staffed by psychiatrists (physicians specializing in the diagnosis and treatment of mental health problems).

Pulmonary: includes the lungs and the muscles of breathing, such as the diaphragm, which pump air into and out of the lungs.

Redirection: to change the course or direction of.

Renal: consists of all the organs involved in the formation and release of urine. It includes the kidneys, ureters, bladder and urethra.

Renal Failure: is the rapid loss your kidneys' ability to remove waste and help balance fluids and electrolytes in your body.

Self-insured group health plan (or a 'self-funded' plan as it is also called): is one in which the employer assumes the financial risk for providing health care benefits to its employees.

Seizure disorder: is a brain disorder in which a person has repeated seizures (convulsions) over time.

Senior Services: is a program dedicated to providing low-cost, high-quality services and programs to older adults and the aging.

Skilled Nursing: Skilled Nursing care includes rehabilitation and various medical or nursing procedures. Services such as IV fluids, medication, dressings, etc. are provided by a registered nurse.

Skilled Nursing Facility (SNF): is a nursing home certified to participate in, and be reimbursed by Medicare. All services are supervised by a licensed nurse.

Social Work: is a professional and academic discipline that seeks to improve the quality of life and wellbeing of an individual, group or community.

Stomach ulcers: ulcer (also called a peptic ulcer or a gastric ulcer) is a small erosion (hole) in the gastrointestinal tract.

Therapy (Occupational, Physical, Speech, Respiratory): literally means "curing, healing" and is the attempted remediation of a health problem, usually following a diagnosis.

Thyroid disorder: includes hyperthyroidism (abnormally increased activity), hypothyroidism abnormally decreased activity) and thyroid nodules, which are generally benign thyroid neoplasms, but may be thyroid cancers.

Transitions: the period of time during a change from one situation to another.

TRICARE: is a program provided by the Department of Defense for coverage for medical services, medications, and dental care for military families and retirees and their and survivors.

Urinary incontinence: involuntary urination, or enuresis is any involuntary leakage of urine.

Veteran's Affairs (VA): Eligibility for most VA benefits is based upon discharge from active military service under conditions other than dishonorable, and certain benefits require service during wartime.

Waiver services operated by the Office for People with Developmental Disabilities (OPWDD) is a program of supports and services that enables adults and children with developmental disabilities to live in the community.

Wandering: moving from place to place without a fixed plan due to forgetfulness, and a need for stimulation.

List of Acronyms

ADA: Americans with Disabilities Act

AED: Automated external defibrillators

ADL's: Activities of Daily Living

AIG: The Avila Institute of Gerontology

CEU: Continuing Education Credit.

IADL's: Instrumental Activities of Daily Living.

IL: Independent Living

MDS: Minimum Data Set

OCD: Obsessive Compulsive Disorder

OTC: Over the Counter

SNF: Skilled Nursing Facility

Development

The development of this manual was through the collaboration of professionals associated with the Avila Institute of Gerontology, who have extensive experience in the fields of geriatric care, nursing care, quality assurance, nursing facility administration, elder safety, dementia care and spiritual care.

AVILA INSTITUTE OF GERONTOLOGY

The Avila Institute of Gerontology (AIG), is a not for profit organization incorporated in 1988, is the educational arm of the Carmelite Sisters for the Aged and Infirm.

The workshops presented by the Avila Institute address the most current issues facing geriatric healthcare providers. Custom designed and innovative programming brings qualified speakers who are experts in their field to present interesting and innovative studies in the geriatric field. Behavior Management, palliative care, ethics and person centered care are among the topics presented.

Goals of the Avila Institute of Gerontology:

- To advance the field of Gerontology through high quality educational programs
- To create opportunities for individuals to share experiences and knowledge regarding their work with the aged and infirm.
- To provide a diverse group of healthcare professionals with educational programs which meet the criteria for continuing education.
- To disseminate information of philosophy, values and innovation in the care of elders to the larger community of caregivers.
- To meet the unique needs of the long-term care professionals: Administrators, Social Workers, Nurses, Recreational Therapists, Dietitians, Spiritual Care Associates and Health Care Professionals.

To learn more about our educational programs and services please visit our website www.avilainstitute.org

DEVELOPMENT TEAM

Sister M. Peter Lillian Di Maria, O. Carm., BA, LNHA, Director / Project Coordinator

Sr. M. Peter Lillian, has over 35 years' experience in the continuum care ministry as a Carmelite Sister for the Aged and Infirm. Sr. Peter Lillian is presently the Director of the Avila Institute of Gerontology in Germantown, New York since January 1997. The Avila Institute is the educational arm of the Carmelite Sisters for the Aged and Infirm. Sr. Peter Lillian has served her community in many administrative positions and has lectured many times on Alzheimer's Disease, Palliative Care, Geriatric Spiritual Care, Family Care Issues, Stress Reduction, Leadership Development, and Team Building. Sr. Peter has developed successful Dementia Care Programs, Dementia Care Curriculums and assisted in developing a Palliative Care Resource Manual that is specific for Geriatric Care.

Sister Therese Mary Bukowski, O.Carm., LNHA

Sr. Therese is an Board Certified Administrator in long term care. She has more than 40 years of experience caring for the elderly in the long-term care setting. Her expertise is a valuable contribution to the Avila Institute of Gerontology and the communities it serves.

Ann Spenard, MSN, RN, C

VP for Operations, Qualidigm

Ann Spenard, MSN, RN, C, has 25-years of experience as a Long Term Care and Geriatrics Specialist. She has served as Clinical Coordinator to the National Nursing Home Quality Initiative and senior clinician and manager of the data verification project for the MDS, otherwise known as, DAVE2, for Qualidigm. Ann served as a Surveyor for The Joint - Commission on Accreditation of Health Organizations in Illinois for the past seven years. Ann surveyed under the Hospital and Long Term Care manuals. In her nursing career Ann spent many years in the Emergency Department, then as a compliance coordinator in Long Term Care and as a Director of Nursing.

Carole M. Stathis, MS, RN
Nurse Educator

Carole received a BS in Nursing from Columbia University, and a Masters in Nursing with a concentration in education and gerontology from College of New Rochelle. She has worked in acute care, long term care and home care specifically working with the elderly and their care givers. Carole has developed and taught curricula targeting both professional and family caregivers to enhance the care of the elderly as well as persons with memory impairments. Much of her work includes designing and evaluating spaces that are safe for persons with memory impairment while encouraging optimal function and independence.

Michelle Pandolfi, MSW, LNHA
Director, Consulting Services, Qualidigm

Ms. Pandolfi has fourteen years experience in the long term care industry and is a licensed nursing home administrator in the state of Connecticut. She is a director with nine years experience managing the national nursing home quality improvement project, patient safety and care transitions projects at Qualidigm. Michelle helped create the Connecticut's Culture Change Coalition in 2006 and maintains an active leadership role. She has spoken nationally about culture change and person-centered care in nursing homes. Some previous work of Michelle's includes managing Alzheimer/Dementia Units in nursing homes in Connecticut and Rhode Island and she worked for the Alzheimer's Association-Connecticut Chapter, for many years as a volunteer support group facilitator and as Director of Client and Family Services.

She holds a Masters degree in Social Work Administration and is currently pursuing her Masters in Business Administration, concentrating in healthcare administration and international marketing.

Connie McCrory
Early Childhood Specialist, Archdiocese of New York City

Connie McCrory is a dedicated proponent of excellence in Early Childhood Education, Actively involved in varied aspects of learning and instruction and program development throughout New York State. Prior to her current position she served as the Assistant Director of Early Childhood Literacy for the Archdiocese of New York. In addition to her work in Catholic Schools, she has taught at Early Childhood Education at Horace Mann, a private school in Riverdale, as well as early Childhood Special education for the Scarsdale public School District. She has a Bachelor's of Fine Arts from Marymount University, and is pursuing post graduate/doctoral studies in Education Psychology and Early Childhood Special Education at Fordham University.

Beth Selig, MA
Past Coordinator of Educational Programs

Beth has a Master's Degree in Liberal Arts and Education Studies. She has more than twelve years experience in project research and development. Her graduate school training provided opportunities to develop both secondary education and collegiate educational curricula and in classroom instruction.

Erin Pietrak
Graphic Designer

Erin has assisted the Avila Institute for over ten years designing brochures, newsletters, manuals and more. She has a Bachelor's degree in Visual Arts from SUNY New Paltz.

Acknowledgements

The Avila Institute of Gerontology, Inc. would like to thank the National Religious Retirement Office (NRRO) for their support.

THE NATIONAL RELIGIOUS RETIREMENT OFFICE

The National Religious Retirement Office coordinates the annual national appeal for the Retirement Fund for Religious and distributes financial assistance for retirement needs to eligible religious institutes. The National Religious Retirement Office and the Retirement Fund for Religious are sponsored by the Conference of Major Superiors of Men, Council of Major Superiors of Women Religious, Leadership Conference of Women Religious, and United States Conference of Catholic Bishops. NRRO strives to support, educate and assist religious institutes in the United States to care for their elderly and frail members now and in the future.

NRRO aims to raise funds for retired religious; help religious institutes realistically assess their current retirement needs and implement planning; educate religious institutes to allocate assets realistically; and develop educational tools, programs, services and resource materials that enable religious institutes to address retirement wisely.

PARTICIPATING COMMUNITIES

The Avila Institute of Gerontology would like to acknowledge the following communities who have helped us in developing this tool, as well as being part of the pilot study.

- The Sisters of the Humility of Mary, Villa Marie, PA
- The Daughters of St. Paul, Jamaica Plain, MA
- Brothers of the Sacred Heart, Pascoag, RI
- The Oblate Sisters of Providence, Baltimore, MD
- Sisters of Charity of Our Lady Mother of the Church, Baltic, CT
- Brothers of Christian Instruction, Alfred, ME
- Order of Friars Capuchin, Beacon, NY
- Trappists, St. Joseph's Abbey, Spencer, MA
- Sisters of St. Joseph Carondolet, Latham, NY
- Discalced Carmelites, Beacon, NY
- Sisters of the Good Shepherd, St. Louis, MO
- The Carmelite Sisters for the Aged and Infirm, Germantown, NY

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