

1-2020

Helping Continuing Care Retirement Communities Determine the Best Level of Care for Each Patient

Nicholas Safian

Thomas Jefferson University, nicholas.safian@jefferson.edu

Grant Schultheis

Thomas Jefferson University, william.schultheis@jefferson.edu

Sopuru Ezeonu

Thomas Jefferson University, sopuruchukw.ezeonu@jefferson.edu

Austin Klein

Thomas Jefferson University, austin.klein@jefferson.edu

Danielle Snyderman, MD

Thomas Jefferson University, danielle.snyderman@jefferson.edu

Follow this and additional works at: https://jdc.jefferson.edu/si_des_2022_phase1



Part of the [Geriatrics Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

Safian, Nicholas; Schultheis, Grant; Ezeonu, Sopuru; Klein, Austin; and Snyderman, MD, Danielle, "Helping Continuing Care Retirement Communities Determine the Best Level of Care for Each Patient" (2020). *Phase 1*. Paper 6.

https://jdc.jefferson.edu/si_des_2022_phase1/6

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

SI/DES ABSTRACT

Project Title: Helping Continuing Care Retirement Communities Determine the Best Level of Care for Each Patient

Author(s): Nicholas Safian**, Grant Schultheis**, Sopuru Ezeonu**, Austin Klein**, Danielle Snyderman, MD*

Background: Continuing Care Retirement Communities (CCRC's) are long-term care facilities for senior adults where residents can live in different "levels of care" (LOC)—Independent, Assisted, Nursing—depending on their needs. It is beneficial for the CCRC administration to have residents in the appropriate LOC for their given needs. However, the current process for determining which LOC is appropriate for a given resident lacks structure and provides a challenge for administrators. This project seeks to provide CCRC administrators an efficient, structured way for determining which level of care is most appropriate based on the needs of the resident and the resources available from the CCRC.

Methods: User-centered research began Summer 2019 at a CCRC called The Hill at Whitmarsh. Workflows of employees were observed. Interviews of administrators, employees, and patients were conducted. Preliminary LOC tools (checklists and questionnaires) were piloted at The Hill's biweekly LOC meetings. Ultimately a final LOC tool was produced.

Results: Administrators expressed lack of standardization of LOC discussions made these discussions inefficient. They also recognized each decision should be made on a resident-by-resident basis. A list of questions that will guide their discussion while not forcing them to follow a certain formula for each patient was the preferred LOC tool because administrators felt it balanced standardization with resident individuality.

SI/DES ABSTRACT

Conclusions: This tool provides CCRC administrators with a means of guiding LOC decisions while maintaining the uniqueness of each resident situation. Qualitative data shows that CCRC administrators feel the tool increases efficiency of their discussions. A limitation of this study is the lack of quantitative data validating the utility of the tool. A logical next step would be to analyze more quantitatively (perhaps with pre- and post-surveys) administrator satisfaction and even resident outcomes before and after using the LOC tool.

Word Count: 296