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

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SI/DES ABSTRACT

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

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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 Whitemarsh. 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.

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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.

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