SPECIAL  SECTION

AUTONOMY AND CARE FOR THE FRAIL ELDERLY

A One-Year Project Identifies Effective Interventions For Congregate Housing Residents

BY PEGGY A. SZWABO, RN, & JOHN J. STRETCH, PhD

As the number of elderly persons needing assisted living services grows, so does the importance of knowing which services most effectively enable the elderly to age in place. In 1989 the St. Louis–based Cardinal Ritter Institute (CRI), a multiservice gerontological agency, conducted a demonstration project to determine which of its interventions were accomplishing their purposes and where it might change or extend services to improve its effectiveness.

Health Promotion Demonstration Project

For the past 12 years, CRI has addressed the health and wellness needs of older persons living in congregate housing. Although the agency has updated and expanded its services during this period, until recently its health promotion staff relied primarily on personal observation to determine necessary changes in services. But as the number of persons over 85 served by the institute grew, so did the typical client's health problems. It became clear that CRI staff needed an objective way to identify residents at risk of losing their independence and determine whether their observations of these residents' needs were accurate and their interventions effective.

To test the effectiveness of their interventions, CRI health promotion staff studied randomly selected residents at a senior congregate housing facility to which the institute provided services. Each participant had at least one of four diseases–hypertension, arthritis, diabetes, or heart disease.

Objectives Conducted for one year, the Health Promotion Demonstration Project had three major objectives:

- To identify wellness factors in order to more precisely determine program effects
- To test the effectiveness of need-specific health promotional interventions and their cost savings
- To develop a working model for other organizations committed to enhancing the health of

Summary In 1989 the St. Louis–based Cardinal Ritter Institute (CRI) conducted a demonstration project to determine how effective its interventions were in enabling the elderly to age in place. Preliminary screenings of persons at a congregate living site for the elderly revealed four major areas of concern:

- Deficient knowledge of medication regimens, side effects, and purposes.
- Need for basic social interaction
- Depression–related primarily to loneliness and isolation
- Insufficient knowledge of community resources

A multifaceted program developed by CRI staff helped alleviate many of these problems. The program's success shows that early identification of frail elderly at risk for losing their independence can guide interventions that allow them to age in place.

Ms. Szwabo is an instructor, Department of Psychiatry and Human Behavior, Saint Louis University School of Medicine; and Dr. Stretch is professor, School of Social Services, Saint Louis University, St. Louis.

frail elderly in congregate housing

Interviews and Screenings In the summer of 1989 CRI interviewed 102 randomly selected residents at the demonstration project site. Quantitative and qualitative data from these interviews were analyzed and served as the needs assessment.

The screenings consisted of a multifaceted battery of tests to determine participants' physical and mental health. These included Activities of Daily Living, Physical Health Scale, General Depression Scale, Mini-Mental State Examination Scale, and Mental Health Scale. A health history developed by CRI staff, which included data regarding residents' utilization of various health-care services, was also part of the screening.

CRI's health promotion staff used the results of the study to:

- Design support services that allow frail elderly to remain in their current residence
- Train staff to identify elderly residents at risk of losing their independence
- Determine if the health promotion team approach helped meet the frail elderly's health and wellness needs

Identifying Concerns The interviews revealed four primary areas of concern:

- Deficient knowledge of medication regimens, side effects, and purposes
- Need for basic social interaction
- Depression—related primarily to loneliness and isolation
- Insufficient knowledge of community resources

Program Interventions

To respond to some of these needs, CRI developed three specific interventions: a medication teaching program, a loneliness intervention group, and services for the memory impaired. Program interventions were geared to the most acute needs among project participants. The health promotion team consisted of two registered nurses, a social worker, two paraprofessional respite aides, a university-based gerontological consultant, and an evaluation consultant.

Medication Teaching Program Data collected revealed that participants' median medication amount was 10 medicines a day, with up to 40 doses per day. Analysis of medication ordered revealed a strong possibility, in many cases, of unwanted drug interactions and side effects. Interviews with residents revealed that many did not understand how to take their medicine, why it was important to take it, or which side effects they should report. Frequent inability to read and comprehend written material contributed to the problem.

To help residents better manage their medications, the care team developed specialized educational tools and information sheets tailored to residents' level of education, attention span, and visual acuity. The team also created small-group educational sessions on each of the 14 floors at the facility. Staff kept logs on all program participants, documenting their response to the program. Participants also kept records of medications they were currently using, which they took with them on visits to physicians.

As a result of the medication program interventions, residents became more familiar with the names and purposes of their medications. They also contacted the on-site health promotion nurse more frequently for information and advice about their medications. Clinical observations and medical records indicated that residents served by this program improved their ability to comply with the medication regimens.

Cognitive Impairment Program Scores from the Mini-Mental survey of research and control group members revealed varying levels of cognitive impairment and memory loss. These results led the CRI care team to initiate a program of intervention to improve residents' cognitive abilities.

In 1990 CRI interviewed 70 tenants at the demonstration site for inclusion in the program. CRI conducted a pilot project—which included planning, orientation, and program organization—from January to June 1990. Fifty residents participated in the program.

A registered nurse, social worker, and two respite aides made up the team. The nurse or social worker visited each selected tenant at least once a month, and aides visited each tenant at least four times. The nurse prepared a care plan for each tenant, stipulating the number of visits the team would make each week and the type of interventions they would provide.

The project design called for frequent, intense interventions early, with reduced professional and paraprofessional involvement as the resident developed competencies. Team members received orientation and training for the project, which included visits to area adult day care centers. The team provided a broad range of services, including meal preparation, reality orientation, shopping, personal care assistance, help with household chores and finances, and reminders to take medications. They also organized activities designed to promote residents' independence.

Evaluations of the program indicated that it improved quality of life for individuals served. Housing managers, maintenance personnel, nursing staff, other residents, neighbors, and family reported that the program enhanced participants' ability to care for themselves. They also indicated that the services enabled many who were at risk

Continued on page 64

The cognitive impairment program called for frequent, intense interventions early, with reduced professional and paraprofessional involvement as the resident developed competencies.

Coming in the Next Issue of

Health Progress

Nursing in Transition

As the healthcare delivery system changes, so do the roles and functions performed by nurses. June's special section explores the new skills they need to empower patients, resolve conflicts, and work as team members with physicians and other professionals—both within the hospital and beyond. A photo essay spotlights nurses in new roles. And a nurse educator suggests ways to ensure nurses are able to translate Gospel values into active practice.

The Patient as Citizen

Leonard J. Weber analyzes what it means to make individual treatment decisions in recognition of the patient as citizen—as an individual in community. He suggests a community-based ethic as a framework for treatment decision making to balance the emphasis on patient desires.

MARKETING

Continued from page 63

A health education speakers bureau serves area groups.

cal center. "Everything from discussions of healthcare career opportunities to a close-up of our Life Flight operations is available," says Wilson. "In fact, we even offer our conference facilities and dietary services at no charge to area groups looking for meeting locations." Speakers bureau tours are typically booked several months in advance.

Persons at Risk for Cardiac Disease One of the most recent additions to Celebrating Health is a cardiac risk factor screening program. St. Vincent hopes to enroll 25,000 area residents in a five-year program to educate them about cardiac risk factors and encourage them to modify their health habits.

"This is a natural extension of our health screening activities," said Wilson. "And it allows us to extend our heart center diagnostic, treatment, and rehabilitation expertise into the prevention area." St. Vincent will work with many of its current partners in the healthcare and business community to make this new program a success.

A Winning Strategy

Wilson believes that, by targeting health-promotion and education activities at well-defined groups, hospitals can perform a critical service to their communities and at the same time improve their own fiscal health. "Marketing activities that draw on this strategy," she said, "will increase market share, sustain the hospital's positive image, and position it as an institution committed to improving the health of the community." □

AUTONOMY AND CARE

Continued from page 51

for institutionalization to remain in congregate housing.

Loneliness Program CRI also formed a group to address problems of isolation and loneliness for residents with high scores on the Geriatric Depression Scale. An intern from the graduate program at Saint Louis University's School of Social Work developed a project to improve social interactions for residents at the congregate housing site.

Sixteen residents from the original survey group, who had been identified as isolated or depressed, were invited to participate. On average, 6 to 10 residents participated weekly.

The project was not presented as a therapy group, but as a *kaffeklatch.* The goal was to provide participants an opportunity to get out of their apartments, meet new people, and share stories about old times. Rules were established regarding confidentiality, cross-talk, and criticism. Participants looked back on significant events in their lives with the aim of integrating and resolving unexamined or troubling issues.

Their discussions focused on such topics as persons who had meant a lot to them when they were young, how they had felt about themselves when young and how those perceptions affected them in the present, and the meaning of religion in their lives. Participants shared mementos and photos with the group. Their interactions usually left the group with good feelings that promoted positive conversations in the future and encouraged more socialization.

Early Identification and Implementation

The project's success shows that early identification of frail elderly at risk for losing their independence can guide interventions that allow them to age in place.

The project also validated the care team's original observations about effective interventions for the frail elderly. Overall, the findings suggest that such a program may be beneficially pursued by other groups that deal directly with the congregate living needs of the frail elderly. □