



**FLORIDA ASSOCIATION OF HOMES FOR THE AGING**  
*The FAHSA Innovation Exchange*

*Submission Form*

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<b>Date of Submission:</b>	October 10, 2002
<b>Title of Innovation:</b>	Compassionate Care Program
<b>Topic for Submission:</b> (Please choose a topic from the list included in the attached submission guidelines which best describes the innovation you are submitting.)	Topic: Quality of Life
<b>Audience:</b> (Choose one or more, as appropriate.)	<input checked="" type="checkbox"/> HUD Housing Communities <input checked="" type="checkbox"/> Retirement Communities Assisted Living Facilities Nursing Homes

**Consent:**

The Florida Association of Homes for the Aging reserves the right to select a submission to *The FAHSA Innovation Exchange* based on the needs and mission of its members. By submitting a paper describing an innovation, idea or best practice to *The FAHSA Innovation Exchange*, you are giving permission to FAHSA to post the paper on the *FAHSA Members Only* Web site and to duplicate and distribute it to members upon request. You are also giving us the right to duplicate and distribute your submission at educational seminars and workshops sponsored by the Association. By your signature below, you are asserting that you are the author of the paper and that there are no copyright restrictions on its use. You are further acknowledging that acceptance of the innovation you are submitting does not imply endorsement by FAHSA. *The FAHSA Innovation Exchange* is strictly a service that allows members to share ideas and best practices and to learn from each other's experience.

*If you agree with these terms, please sign and date this form:*

Mary Lou Coleman, Director  
**Name/Title**

October 10, 2002  
**Date**

**Note:** This page must be **signed and mailed** to FAHSA, attention Bonnie Sniffen. If you have any questions, please contact Mary Ellen Early, FAHSA's Senior Vice President of Public Policy by phone (386/738-0503) or Email (meearly@totcon.com).



## *INNOVATION*

### **Introduction/Problem Assessment:**

*Describe why and when the innovation (innovative program or project, creative idea, helpful research, or promising practice) came about and why this issue is important to your organization:*

The original plan was for Oaks Village to offer three levels of care, including ‘assisted living’. As some of our older residents became more frail, other residents began to advocate for ‘assisted living’ to meet the perceived needs. We looked at several options for building a small facility, but with the insurance crisis and cost of operations for a facility to serve so few people, we needed to come up with a viable alternative. None of the residents involved required hands-on assistance. They also were comfortable and competent to manage their own medications. The real need was for a homemaker/companion program; a program designed to enhance the independent living experience and flexible enough to let each resident define his/her own needs.

At the same time we had a 51-year-old prospective resident who wanted to move into the Village, but needed to continue working. Although she was younger than our minimum stated age of 55 years, she very much wanted to move to Florida and live in a facility such as Oaks Village. Initially we offered her an apartment rent-free and her utilities in exchange for working in the Compassionate Care Program for 20 hours per week. She now averages 25+ hours per week and is paid for the hours over 20. She also teaches our aquatics classes twice weekly, does errands and special tasks when needed for the office and has covered the office when no one else was available.

Residents can pay a monthly fee (currently \$180/mo.) to include up to three hours each week of individual attention plus transportation and shopping or request services as needed for a fee of \$8 per hour. Services include activities, companionship, light housekeeping, chores, shopping, laundry and assistance with meals. Since the residents define the service they need, the caregiver has assisted with bill paying, organizing family history, sewing, set-up and serving when residents entertain, baking cookies, consulting on computer skills and writing Christmas cards.

Referrals are made through the Village office and relayed to the caregiver, who then contacts the resident to make arrangements. The caregiver provides a weekly report to the director indicating the residents participating that week, the number of days and hours worked and what support services were provided. There is also a place to indicate any additional needs identified and changes noted. A charge slip is then generated and the program is billed on the next monthly statement.

Arrangements have been made with a licensed home health agency to provide hands on care when needed, charging the minimum number of hours per visit to the facility rather than the client.

### **Innovation Development and Implementation:**



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**A. Development:**

*Identify who was involved in the idea/best practice development (residents, families, staff, consultants):*

Mary Lou Coleman with input from residents and staff at town meetings and through individual assessments of potential participants.

*Costs associated with idea innovation development:*

Staff time used to design and market the program. The biggest cost of development is in making the decision to give up an empty unit that could have been sold (long term lease) or rented.

**B. Implementation:**

*Date Program was Implemented:* October 12, 2001

*Identify who was involved in the implementation (residents, families, staff, consultants):*

The Village Director and Compassionate Caregiver.

*Describe the process and time frame for implementing the innovation:*

The idea originated in September 2001. Assessments were made on five residents staff felt could benefit from the program. Of these two signed on as regular participants at \$180/month. After six months we had identified a need for a van, which was purchased in April- we now offer a regular shopping run, transport and escort to doctor's offices etc. and provide airport service to Orlando. Charges are user based and vary depending on the time and number of passengers involved. In September of this year requests were made for a meal program. After a survey of residents it was determined nine people would be interested in one meal three days a week. Meals are prepared by a local assisted living facility. They are catered in our clubhouse by our Compassionate Caregiver.

*Costs associated with innovation implementation:*

The rental value of the unit along with utilities and some miscellaneous costs for the first year was \$7,765. Since several of our residents no longer drive, transportation is a major component of the program. When we were unable to get insurance for the caregiver to use her own vehicle for residents, we purchased a used van. The purchase price was \$12,300. The annual operating costs including insurance, tags and gas is \$2,680. The total for operating the program and the van for the first year is \$10,445. Revenue for the same period has been \$5,138.00. It should be noted that the program is self sufficient except for one 97-year old resident who is being subsidized by 70% of the actual cost of her care. She is a long time missionary with our organization and this is a service they choose to provide for her.



## **Outcomes and Evaluation:**

*Describe positive results from the innovation:*

1. Participating residents are more comfortable with the idea of remaining in their own homes because they know someone is there to assist them as needed and really cares about their well-being. Real needs are being met in terms of nutrition, housekeeping, socialization and transportation.
2. Having a staff person in the home of our most frail residents has helped monitor their needs and ensure that medical care is received when needed, broken glasses are repaired, and necessary medical support equipment (such as shower chairs) is available
3. It has become an excellent marketing tool- prospective residents like the idea of having care in their own homes for as long as possible. They are impressed with the flexibility of the program.
4. The residents who were advocating for a formal 'assisted living' facility, now see that the needs they were most concerned about can be met in the less restricted atmosphere of the home and they no longer have to feel burdened with being 'their brothers keeper' because someone else is there to cheerfully take on this role.

*Describe the tools/process for evaluating the innovation:*

Weekly reports track the activities of the Caregiver and the progress of the participating residents. I also meet at least weekly with the Caregiver to discuss issues, positive and/or negative outcomes and approaches to resolving problems. The milestone of success is the satisfaction of the residents and their families.

*Describe any negative outcomes and how you overcame them:*

The only negative outcome is the feeling of some residents that they cannot afford or will not pay for the services. They see \$8/hour as too high and some refuse to use the van or call for service even when it is very much needed. I have held one meeting where I presented a comparison study to show the costs for the same services if provided by an outside agency and shared actual costs with them and how the fees were determined. I have tried to educate those who most need the service that failure to take advantage of the preventative care available now could necessitate moving into an assisted living facility sooner at a much higher cost.

*Identify and describe cost savings resulting from the innovation:*

The program itself does not incur any cost savings to us, but in the long run it will help us keep units occupied longer. Prior to starting the meal program, we lost a couple to assisted living when the only service they needed or wanted was one meal a day. If we can get to the point where these support services are available on our own campus, then



we will benefit financially from the stability that will result.

*Is this innovation currently used in your facility/organization?*

Yes

*If yes, how long?*

One year since October 12, 2001

**Sustainability:**

*Was the innovation time-limited? (Yes/No)* No

*If the innovation is ongoing, describe how it is maintained?*

Procedures are in place and the program is marketed to both current and future residents. The Caregiver has become an integral member of our staff and because she lives on campus is also much loved as a neighbor and friend.

**Replication:**

*Detail the process to be used for replication at another site:*

- a. Identify residents who are aging in place and need support services.
- b. Discuss idea with residents to gain support for the program.
- c. Make a unit available for Car-giver to live on campus or in your building.
- d. Find a person who has a heart for care giving and would be a good match for your resident population.
- e. Contact Oaks Village for sample job description and forms which can be redesigned to meet your individual needs.
- f. Maintain flexibility- as time goes on you will have to constantly revise your expectations as you learn more about your residents and their perceptions.

