Collaborative care is important in a retirement community. “A retirement home, simply explained, is any privately owned facility designed to accommodate individuals in their senior years” (Thomas, 2017, para. 5). According to the Agency for Healthcare Research and Quality (2011, para. 1): “Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient’s care to achieve safer and more effective care.” The Institute for Healthcare Improvement (2018) also places emphasis on the value of developing care models that meet the “Triple Aim” objectives: improving patient experience of care, improving the health of populations, and reducing the per capita cost of health care.

Imagine a fictitious scenario: The receptionist at a retirement community takes a telephone call from a family member who lets the receptionist know that her mother, Mrs. Jones (pseudonym), has fallen inside her apartment. Mrs. Jones is a new independent living resident at this community and is still adjusting to her new home. She has not signed up for any care and support services available at the community. The receptionist asks nursing staff to go to Mrs. Jones’ apartment. Nursing staff assess the resident and determine it is safe to help her up using a lifting chair. Further investigation into the cause of the fall reveals several findings: Mrs. Jones appears disoriented, her cat seems thirsty, and she does not seem to know what medications she has taken. After a discussion with dining and nursing staff, it is discovered that Mrs. Jones has not been going to the dining room for meals and has not been seen at any recent social activities. Having gathered this information, the nurse phones Mrs. Jones’ daughter and primary care physician (PCP) and tells them about the incident as well as Mrs. Jones’ care needs. The PCP orders physical and occupational therapy. The PCP also looks into the cause of disorientation. It is determined that Mrs. Jones’ disorientation is due to delirium from hyponatremia (i.e., low blood sodium). Using the Mini Mental Status Examination (MMSE), the PCP conducted an examination to differentiate between neurological and psychiatric conditions (Norris, Clarke, & Shipley, 2016). With an MMSE score of 26, the PCP had no cause for concern in regard to cognitive impairment. The nurse puts in a referral for a social worker to evaluate Mrs. Jones for signs and symptoms of depression. Mrs. Jones’ neighbor invites her to “happy hour,” and Mrs. Jones’ housekeeper is told to monitor whether the cat is being fed.
and given water. Mrs. Jones appreciates and accepts these efforts in regard to her care needs and is now on her way to a healthier and safer life due to her “village” and the coordination of care within it.

In this scenario, each individual played an important part in the collaborative care of Mrs. Jones: her daughter, the front desk receptionist, resident assistant and nurse, dining team, housekeeper, activities staff, and Mrs. Jones herself. The lifting chair was supplied by a medical equipment vendor, whereas outpatient physical and occupational therapists visited Mrs. Jones for several weeks to provide care until she regained her strength and confidence and was able to perform self-care activities and take care of her cat. This care would not have been possible without Mrs. Jones’ consent and recognition that she needed and wanted help. More individuals will enter Mrs. Jones’ world as her story and collaboration of care continue.

Four links are represented in this chain of collaborative care: skilled employees, fellow residents, family members, and care providers outside of the retirement community. Retirement communities employ a variety of individuals with differing levels of education and skills. Together they address and fulfill residents’ needs. Each individual, based on his/her role and experiences, will have different relationships and perspectives of residents. A dining room server will be able to tell you a resident’s favorite food, what time he/she comes to the dining room, and the quantity of food usually eaten. A nurse is going to know what medications a resident receives and when. According to the Mayo Clinic (2017), ensuring older adults are able to read directions on the prescription label is important to the safe administration of medications. In this case, the nurse will observe for signs and symptoms of improper medication use, including overdose, and responsiveness of family members in providing additional support. Physical and occupational therapists will work one-on-one with residents to improve balance, strength, and mobility. An activity staff member will phone to remind residents to attend an exercise class. The beauty of the retirement community is that all of these skilled players work together and talk frequently about changes or challenges they see in residents.

Other players in the collaborative care village are residents. When an individual becomes part of a group, there is a sense of community and group identification. Residents, as members of the village, watch out for each other and strive to comfort and help one another. With the group being of a similar generation, many have experienced comparable situations. For example, residents can gather around a new widow with the empathy that only a fellow widow can provide. This close friendship and group identification often comes quickly when living in close proximity. Residents also hold one another accountable for social needs. One is more likely to go to an activity if a friend attends, picking one up on the way to the event.

The final links in collaborative care are players who are not situated in the village but are still contributors to the health and well-being of residents, such as PCPs and nurse practitioners. In Mrs. Jones’ case, she was seen by her PCP because of a fall. According to the Centers for Disease Control and Prevention (2015), falls in older adults alone account for more than $50 billion in costs annually and are a common reason why older adults seek medical services.

Older adult villages may also involve all or some of the following institutions and individuals: hospitals, PCPs, specialty providers, skilled nursing facilities, retirement facilities, home health care, family members, geriatric case managers, and transportation services. Laboratory and other diagnostic services, pharmacy services, and primary caregivers (e.g., certified nursing assistants) are among critical members of the older adult village. Members of these institutions need to understand their role and coordinate care in such a manner that will help meet older adults’ functional and health care needs.

In conclusion, there are many links in the chain of collaborative care. Every link adds value and can impact final outcomes in terms of cost, quality of care, and timeliness of care. It is hoped that health care workers embrace the “it takes a village” concept in delivering quality care to older adults.

REFERENCES

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