Senior Companion Performance Measurement
Work Plan and Instruments

In Home Care Service Activity

This packet contains:

- Performance Measurement Work Plan (page 1)
- Instrument for measuring the outcomes and instructions for administration: Independent Living Assessment (page 3)
- Instructions for summarizing the results (page 10)

A Note about this Instrument
This instrument is a slightly modified version of the In Home Care optional common work plan posted in the Resource Center (http://www.nationalserviceresources.org/star/sc-workplan-optional). NY SCP Work Group recommends that the assessment be completed at the beginning and end of the year, and added one new question (#4) to the end-of-the-year version. The new question asks the respondent to describe any changes in the client’s abilities to perform instrumental activities of daily living.

Project STAR (800-548-3656) is available to assist projects with questions on the instruments, data collection, analysis and reporting.

Tell us about your experience using these materials. We hope to hear from you soon!

Revised by NY SCP Work Group
REV 10/15/10
IN-HOME CARE

Service Category: In-Home Care
Issue Area: Health/Nutrition

Community Need: Describe the problem at the state level (written for all):
The Administration on Aging projects that nationwide, the population of adults age 65 and over will grow from 40 million in 2010 to 55 million in 2020, this is a 36% projected increase (AoA, 2009). Approximately 15% of community residing adults over 65 reported difficulties in completing Instrumental Activities of Daily Living (IADLs) such as: preparing meals, shopping, managing money, using the telephone, doing house work, and taking medication (AoA, 2009). Nearly 80% of older adults who have limitations that prevent them from attending to the aforementioned needs live at home or in a community setting but do not receive the care they need due to factors like poverty and isolation (Center on Aging Society, 2005).

According to Family Caregiver Alliance New York State profile (2007) 17.4 % of New York State residents are 60 years of age and older. New York State Office for the Aging in 2009 reported that 36% of caregivers feel their loved one cannot be left alone; and 42% reported the loved one can be left alone for short periods of time, but need to be checked on several times daily. In addition, 73% of those caregivers reported that they are the sole source of assistance for their loved one.

Describe community need at project level (city, district, county) and client served (each project writes their own): Example: U.S. Census (2000) bureau reports, by 2015 there will be a 7.6% increase in the number of people age 60 and over living in Erie County. Census estimates also predict a 28% increase the number of people age 85 and over between 2000 and 2015.

Describe how the need will be addressed, the contribution of the project toward the effort (foreshadow the service activity) (each project writes their own): Example: These significant increases in the older adult population are strong indicators for continued need for appropriate and cost effective services that help people maintain their independence in the least restrictive settings.

What will change (end outcome) (written for all): Without these services, these populations of elders are at risk of premature institutionalization.

Additional information or details relating to community need in county/service area:
**Service Activity: Service description and beneficiaries**
Senior Companions will provide in-home services to chronic long-term care clients. Senior Companions will serve one-on-one with clients to build and maintain independent living skills. The assistance will focus on the client’s ability to perform instrumental activities of daily living (IADLs), including meal preparation, self-care, and medication compliance.

Addendum information or details relating to service activity in county/service area:

**Anticipated Inputs**
Serving in partnership with (enter a number) stations, (enter a number) Senior Companions will provide IADL support services a minimum of 4 hours per week for each of their clients, as a part of their 15 – 40 hours of Senior Companion service per week. Senior Companions will participate in forty hours of pre-service orientation and training. Each month, Senior Companions will receive an average of four hours of in-service training on aging issues including, but not limited to hospice, cancer, and hearing.

Additional information or details relating to inputs in county/service area:

**Anticipated Accomplishments/Outputs:**
Participating frail, chronic, long-term care clients will receive weekly, scheduled assistance from the Senior Companion volunteers.

**Indicator:** Number of clients who receive in-home care service for a minimum of 4 hours per week

**Target:** (Enter a number) clients will receive weekly in-home care services from Senior Companions throughout the year.

**How measured:** Volunteer Timesheet, Client Care Plan

**Anticipated Impact/Data Sources:**
**Intermediate Outcome**
Client will be able to manage IADLs with help from a Senior Companion.

**Indicator:** Percent of clients who are able to manage at least one IADL that they would not be able to manage otherwise, or would manage only with great difficulty, because of help from Senior Companion (Independent Living Skills Assessment, question 1)
Target: \textit{(Enter a percent)} of Senior Companion clients are able to manage one or more IADLs that would be unmanageable or barely manageable otherwise, as observed by their caseworker or supervisor.

\textit{How Measured: Independent Living Skills Assessment}, or Client Care Plan to be completed by Supervisor and/or Caseworker semi-annually.

\textbf{End Outcome}
Clients will be able to remain in their own homes, in part, due to the service provided by the Senior Companion Program.

\textit{Indicator:} Percent of clients that supervisors and/or case workers report are able to remain in their own homes due, in part, to the service provided by the Senior Companions Program \textit{(Independent Living Skills Assessment, question 3)}

Target: Supervisors and Caseworkers will report that \textit{(enter a percent)} of the clients are able to remain in their own homes due, in part, to the service provided by the Senior Companions Program.

\textit{How Measured: Independent Living Skills Assessment}, or Client Care Plan to be completed by Supervisor and/or Caseworker semi-annually.
Why can’t I just ask “yes/no” questions?
The Independent Living Skills Assessment asks supervisors/caseworkers to describe the extent to which the client is able to manage activities of instrumental activities of daily living (IADLs) with help from a Senior Companion. Since this varies from client to client, and activity to activity, scaled response choices rather than a simple “yes/no” option are used. This allows respondents to better express their answers.

Data to address the outcome targets come from question 1 (intermediate outcome target) and question 3 (end outcome target), respectively. Question 1 is broken into several categories to provide more information about ways in which the Senior Companion assists the client, and to cover individual clients’ different needs.

Why can’t I ask the volunteer or client to complete the assessment?
The expected outcomes have to do with the clients’ ability to manage activities of daily living and should be determined by a third person in a supervisory or oversight role. The instrument should ONLY be completed by someone who is overseeing the volunteer-client match.
INDEPENDENT LIVING SKILLS ASSESSMENT

Instrument and Instructions

Performance Measurement INTERMEDIATE OUTCOME: Clients will be able to manage IADLs with help from a Senior Companion volunteer.

Performance Measurement END OUTCOME: Clients will be able to remain in their own homes, in part, due to the service provided by the Senior Companion program.

Service Activity: Senior Companions will provide in-home services to chronic long-term care clients. Senior Companions will serve one-on-one with clients to build and maintain independent living skills. The assistance will focus on client’s ability to perform activities of instrumental activities of daily living (IADLs), including meal preparation, self-care, and medication compliance.

Independent Living Skills Assessment
Purpose, Preparation, Administration

<table>
<thead>
<tr>
<th>Who should complete this instrument</th>
<th>Supervisor or Caseworker.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of Instrument</td>
<td>To determine the extent to which Senior Companion in-home care service has provided assistance to the client.</td>
</tr>
<tr>
<td>Data Source</td>
<td>Supervisor and/or Caseworker</td>
</tr>
<tr>
<td>Training for person administering this instrument</td>
<td>Provide informal verbal instructions to the supervisor and/or caseworker about how to complete the instrument, when to turn it in, and to whom.</td>
</tr>
<tr>
<td>When to complete this instrument</td>
<td>Assessment will be distributed semi-annually (enter the two semi-annual dates for completion here) to supervisor and/or caseworker with first-hand knowledge of the client served by the Senior Companion’s in-home care service. It is recommended that the assessment be administered at the beginning of the year and again at the end. The end of year assessment has one additional question (#4).</td>
</tr>
<tr>
<td>Other instructions and issues to consider</td>
<td>Before distributing the assessment, enter the name of the person completing the assessment and client name in the spaces provided. If confidentiality is an issue, consider omitting the “names” on the assessment and track who has/has not completed the assessment using codes. If assessment is mailed to respondent, enclose a cover letter with a brief introduction and instructions and a stamped, pre-addressed envelope to facilitate completion and return.</td>
</tr>
</tbody>
</table>

Revised by NY SCP Work Group
REV 10/15/10
Independent Living Skills Assessment (Beginning of Year)

The purpose of this assessment is to collect information about the client’s in-home care. This assessment should be completed by a supervisor or caseworker with first-hand knowledge of the client and returned by (insert date). Your answers will remain confidential. Thank you!

Please return this form to: (Insert the program name and address, email or fax number)

Date: ____________________  Client’s Name: _______________________________________
Person Completing Assessment: ________________________________________________
Are You: ☐ Caseworker ☐ Supervisor Title: ______________________________________

1a. Check the areas (instrumental activities of daily living) for which the client usually receives help from the Senior Companion.
   b. For those activities checked, indicate how the client is able to manage in that area.

<table>
<thead>
<tr>
<th>Instrumental Activities of Daily Living may include (but are not limited to):</th>
<th>1b. For those activities checked, how is the client able to manage?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixing own meal</td>
<td>Client could manage without the help.</td>
</tr>
<tr>
<td>Feeding self</td>
<td>Client could manage, but with some difficulty.</td>
</tr>
<tr>
<td>Dressing self</td>
<td>Client might manage, but with a great deal of difficulty.</td>
</tr>
<tr>
<td>Running errands/shopping for self</td>
<td>Client would not be able to manage without the help.</td>
</tr>
<tr>
<td>Attending to personal hygiene</td>
<td></td>
</tr>
<tr>
<td>Maintaining light household chores</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Utilizing personal care devices (includes items like hearing aids, glasses, prosthetics, or adaptive equipment).</td>
<td></td>
</tr>
</tbody>
</table>

1c. Is there another important area (not listed above) where the Senior Companion provides needed assistance to this client? If yes, describe: ______________________________________

__________________________________________________________________________

Senior Companion Program

Revised by NY SCP Work Group
REV 10/15/10
2. Please share a specific example of how the Senior Companion helps this client live independently.

3. Due, in part, to services provided by the Senior Companion, the client is able to remain in own home.

☐ Strongly disagree  ☐ Disagree  ☐ Agree  ☐ Strongly agree

4. We welcome any additional comments or suggestions about the program.

THANK YOU!
Independent Living Skills Assessment (End of Year)

The purpose of this assessment is to collect information about the client’s in-home care. This assessment should be completed by a supervisor or caseworker with first-hand knowledge of the client and returned by (insert date). Your answers will remain confidential. Thank you!

Please return this form to: (Insert the program name and address, email or fax number)

Date: ____________________ Client’s Name: ____________________________________________

Person Completing Assessment: ___________________________________________________

Are You: ☐ Caseworker ☐ Supervisor Title: ________________________________

1a. Check the areas (instrumental activities of daily living) for which the client usually receives help from the Senior Companion.

b. For those activities checked, indicate how the client is able to manage in that area.

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</tr>
<tr>
<td>☐ Utilizing personal care devices (includes items like hearing aids, glasses, prosthetics, or adaptive equipment).</td>
<td></td>
</tr>
</tbody>
</table>

1c. Is there another important area (not listed above) where the Senior Companion provides needed assistance to this client? If yes, describe: ____________________________________________
2. Please share a specific example of how the Senior Companion helps this client live independently.

3. Due, in part, to services provided by the Senior Companion, the client is able to remain in own home.
   □ Strongly disagree □ Disagree □ Agree □ Strongly agree

4. Please describe any changes that have taken place in this client’s ability to complete instrumental activities of daily living since working with a Senior Companion.

5. We welcome any additional comments or suggestions about the program.

THANK YOU!
INDEPENDENT LIVING SKILLS ASSESSMENT

Instructions for Summarizing Results

Below are step-by-step instructions for aggregating and analyzing information collected with the Independent Living Skills Assessment. To do this, you will need the completed assessment forms and your performance measurement work plan stating the targets for the intermediate outcome and end outcome. You may also want a calculator and a blank assessment form for reference and to note total responses checked under each option.

Step 1. Look through the completed assessment forms and set aside the ones that do not have at least questions #1 and #2 answered. Count the number of completed assessments remaining (that do have questions #1 and #2 answered) and note that number. These are the completed assessments you will analyze and report on.

Steps 2 through 5 address the intermediate outcome target and steps 6 through 9 address the end outcome target.

SUMMARIZING RESULTS FOR INTERMEDIATE OUTCOME (Steps 2-5)

Step 2. The intermediate outcome in the work plan is: Clients will be able to manage (one or more) IADLs with help from a Senior Companion. Question #1 on the Independent Living Skills Assessment provides the data for this target. Look through each assessment and separate them into three piles:

Pile 1: Assessments that have at least one of the items in #1a checked and its corresponding response in #1b marked either “Client might manage, but with a great deal of difficulty” or “Client would not be able to manage without the help” (one of the last two columns). See the “Pile 1” illustration on the next page.

Pile 2: Assessments where all of the responses for items #1b (i.e. all IADLs) are not checked, or checked “Client could manage without the help” or “Client could manage, but with some difficulty” (the first two columns under #1b).

Pile 3: All other assessments.
**Pile 1:** Assessments should have at least one of the items in #1a checked and its corresponding response in #1b marked either “Client might manage, but with a great deal of difficulty” or “Client would not be able to manage without the help” (one of the last two columns).

<table>
<thead>
<tr>
<th>1a. Check the box ✔ if the client received help from the Senior Companion. Instrumental Activities of Daily Living may include (but are not limited to):</th>
<th>1b. For those activities checked, how is the client able to manage?</th>
</tr>
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**Step 3.** Count the number of assessments in Pile 1 and note that number. These are the assessments that met the intermediate outcome target.

**Example:** Of the 50 assessments collected from caseworkers and supervisors, 35 met the target (i.e., 35 clients were able to manage one or more IADLs that would be unmanageable or barely manageable without the help).

**Step 4.** Determine the percentage of assessments that met the target. Divide the number that met the target (in Step 3) by the total number of completed assessments (noted in Step 1).

**Example:** Of the 50 assessments collected, 35 met the target. Divide 35 by 50: 35 / 50 = 70 (or 70%)
Step 5. Compare the percentage of assessments that met the target with the anticipated target statement in your work plan. Did you meet the anticipated target? Write a target statement using the actual percentage.

Example: Let’s say the anticipated target was set at 55% (Fifty-five percent of Senior Companion clients are able to manage one or more IADLs that would be unmanageable or barely manageable otherwise, as observed by their caseworker or supervisor). Compare the actual percentage of assessments that met the target to the anticipated target and write a statement.

Actual Target Statement: Seventy percent (or 35) of Senior Companion clients were able to manage one or more IADLs that would be unmanageable or barely manageable otherwise, as observed by their caseworker or supervisor. We exceeded our anticipated outcome target of 55%.

NOTE: If you did have assessments in “Pile 2” (Step 2), where all of the items in #1b were not checked, or were checked “Client could manage without the help” or “Client could manage, but with some difficulty”, remember to mention this in your report. If the number is more than a few, you should explain why this is the case.

SUMMARIZING RESULTS FOR END OUTCOME (Steps 6-9)

Step 6. The end outcome in the work plan is: Clients will be able to remain in their own homes, in part, due to the service provided by the Senior Companion Program. Question #3 on the Independent Living Assessment provides the data for this target. Look through each assessment and separate them into two piles:

Pile 1: Assessments that are checked “strongly agree” or “agree” in question #3.
Pile 2: All other assessments.

Step 7. Count the number of assessments in Pile 1 and note that number. These are the assessments that met the end outcome target.

Example: Of the 50 assessments collected from caseworkers and supervisors, 28 met the target (i.e., answered “strongly agree” or “agree” to question #2).

Step 8. Determine the percentage of assessments that met the target. Divide the number that met the target (in Step 7) by the total number of completed assessments (noted in Step 1).

Example: Of the 50 assessments collected from caseworkers and supervisors, 28 met the target. Divide 28 by 50: 28 / 50 = .56 (or 56%)

Step 9. Compare the percentage of assessments that met the target with the anticipated target statement in your work plan. Did you meet the anticipated target? Write a target statement using the actual percentage.

Example: Let’s say the anticipated target was set at 55% (Fifty-five percent of clients will be able to remain in their own homes due, in part, to the service provided by the
Senior Companion Program). Compare the actual percentage of assessments that met the target to the anticipated target and write a statement.

Actual Target Statement: Fifty-six percent (or 28) of the 50 caseworkers and supervisors who completed an assessment agreed that clients will be able to remain in their own homes due, in part, to the services provided by the Senior Companion Program. We met our anticipated end outcome target of 55%.

NOTE: If you are not on track to meet your target, try to explain why.

When you report results, remember to include a brief description of how you collected the data:

- What instruments did you use?
- Who administered the instruments?
- When and how often were the instruments administered?
- For how many individuals were instruments completed?
- If data were not collected the way you anticipated, explain why.