



**THE
QUALITY
AGING
MATRIX**

Acknowledgments

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COLLABORATIVE APPROACH

Southeast Michigan Senior Regional Collaborative

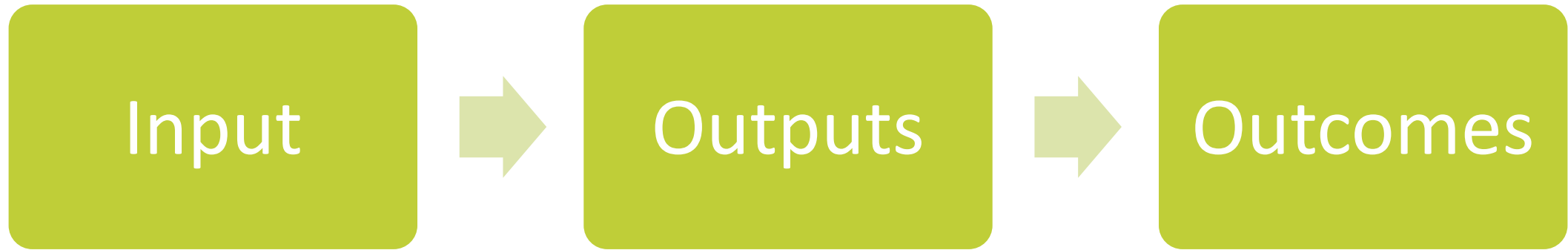


Our mission is to enhance the quality of life for all older adults residing in Southeast Michigan

Our purpose is to develop a regional framework for advocacy, awareness, and action in support of issues affecting the safety and quality of life of older adults in our area.



WHY MEASURE OUTCOMES?



- Outcomes....

- Lend meaning to our work
- Affect human lives
- How we judge success
- Why we do what we do

SELF SUFFICIENCY MATRIX

Why a New Measure was Needed



- Self sufficiency is a worthy goal for working-age people without disabilities
- Not appropriate for older and disabled population
- Metrics based on unrealistic goals will show lack of progress
- SSM applied to clients who are in later life or who live with a disability will make services appear ineffective
- **Our goal:** Find an outcome matrix more appropriate to our programs, services, and clients

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Collaborative Development

Extensive research was undertaken to find a better tool



Consultation with researchers, providers, quality improvement organizations



Collaborative outcome tool development was necessary



Recently completed our version 2 revision of the QAM based on feedback from users



Stages of development, testing, piloting, user review, revision involved dozens of people over more than 4 years



SEMISRC Data Committee began work in 2013



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AGING
MATRIX**

The concept

Quality of life

Quality aging



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*Categories within
each domain*

In Crisis

Vulnerable

Stable

Safe

Thriving

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Collaborative Development



- Selected domains to be measured
 - Daily functioning
 - Physical health
 - Nutrition
 - Informal supports
 - Social connections
 - Mental health
 - Substance abuse
 - Access to health care
 - *Financial resources*
 - *Access to services*
 - *Housing*
 - *Safety*
 - *Transportation*
 - *Legal Status*
 - *Caregiver supports*
- Developed specific definitions for each of five levels of each domain
- Branching logic schema devised for each domain scale
 - Series of yes/no questions that result in proper coding of each domain based on definitions

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Example Domain: Nutrition

Definitions:

Level 0 N/A	Not applicable/refused/don't know.
Level 1 In Crisis	No food or means to prepare it.
Level 2 Vulnerable	Temporary and/or limited food supply, not enough to ensure long-term basic needs.
Level 3 Stable	Can meet basic food needs.
Level 4 Safe	Can meet food needs within nutritional and dietary guidelines (calories, healthy eating) with limited choices.
Level 5 Thriving	Can choose to purchase any food household desires and maintains healthy nutritional variety.

Scoring Logic:

		Yes	No
A	Does the individual currently have a supply of food and the means/ability or assistance in place to prepare it?	Go to B ←	✓ Score = 1
B	Does the individual have consistent access to a reliable source of food?	Go to C ←	✓ Score = 2
C	Does the individual have a regular appropriate diet that meets their nutritional and dietary needs?	Go to D ←	✓ Score = 3
D	Does the individual have the means and ability to choose a healthy and enjoyable variety of food?	✓ Score = 5	✓ Score = 4

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Example Domain: Physical Health

Definitions:

Level 0 N/A	Not applicable/refused/don't know.
Level 1 In Crisis	Very poor physical health. Currently bedridden, in hospital, or in rehab or nursing home.
Level 2 Vulnerable	Unstable physical health. Recently hospitalized. Health problems significantly impede daily functioning.
Level 3 Stable	Fair physical health. Multiple chronic diseases, but somewhat able to manage health. Health impedes functioning only occasionally.
Level 4 Safe	Good physical health. May have chronic disease, but it is well managed. Health does not impede functioning.
Level 5 Thriving	Excellent physical health supported by positive health habits such as a balanced diet, regular physical activity, sufficient sleep, etc.

Scoring Logic:

		Yes	No
A	Does the individual have significant physical health problems or chronic disease that affects his or her functioning?	Go to B ←	Go to D ←
B	Is the individual currently bedridden, in the hospital, or in a rehab or long term care facility?	✓ Score = 1	Go to C ←
C	Is the individual's physical health or chronic disease serious enough to impede daily functioning or cause frequent hospitalizations?	✓ Score = 2	Go to D ←
D	Is the individual's physical health generally good and well managed with no significant health-related functional impairments?	Go to E ←	✓ Score = 3
E	Does the individual practice positive health habits such as a balanced diet, regular physical activity, sufficient sleep, etc.?	✓ Score = 5	✓ Score = 4

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Cost

- Yes, there are costs associated with using the QAM:
 - Staff time for training and incorporating QAM record-keeping into case management process
 - Interface and database hosting (currently free for SRC members)

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Benefit

- We believe the benefits outweigh the costs:

Data to track the global well-being of individual clients

Data to assess the needs of your client population

Data to evaluate the effectiveness of programs

Data to convince funders of program effectiveness

User-friendly, efficient, and convenient data collection method that allows for use by individual agencies as well as the demonstration of collective impact

Thank you!
Questions?

