



The changing face of long-term care

With improved community support, many seniors with or without disability can live out their lives

in their own homes. But with increasing age and/or illness, some seniors may eventually need to move into long-term care facilities. In the best of worlds, that transition should be little more than a residential change.

But some care facilities, as often shown by the media, do not offer their residents the smooth transition and enhanced quality of life they are due. While there are serious issues of concern in long-term care in Canada (see insert), this issue of *Expression* focuses on the best models of care available.

The best facilities in Canada do more than just acknowledge the increasingly independent

and diverse group of seniors approaching long-term care. They **respond** by offering their residents a quality living environment that is more home-like than institutionally-gearred; they are culturally-sensitive and provide additional support systems for minority groups; they are innovative and constantly adding specialty services; and they are community-oriented so that their residents can continue to be active participants in society – while having access to optimal medical care.

NACA applauds their efforts and supports improvements in regulations and standards that will embed these principles in all long-term care facilities in Canada.



Robert Dobie,
NACA member





NACA

The National Advisory Council on Aging consists of up to 18 members from all parts of Canada and all walks of life. The members bring to Council a variety of experience and expertise to advise the federal Minister of Health, his colleagues and the public on the situation of seniors and the measures needed to respond to the aging of the Canadian population. Current NACA members are:

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■ What is a long-term care facility?

Basically, a long-term care (LTC) facility is one that provides room and board, on-site health services, and hospitality. Generally, round-the-clock professional nursing services are available for matters such as controlling medications, taking care of physical ailments and monitoring residents who use ventilated breathing devices. Assistants help with personal care to ensure that residents are eating, dressed, clean and getting the help they need with other activities of daily living. Other health professionals, such as dietitians, physiotherapists, psychologists, and respiratory therapists, are similarly accessible. Each resident also has an attending physician – either the resident's own family physician, or a doctor who is associated with the facility.

Many people call long-term care facilities 'nursing homes,' but the official terms vary from province to province. Other terms used for long-term care facilities include residential care facilities, continuing care centres, special care homes, and, in Nunavut, 'group living environments for dependent seniors.'

Facilities that don't offer nursing care – such as retirement homes, rest homes, or supportive housing – belong to other categories of lifestyle support.

■ Who resides in LTC facilities?

Long-term care facilities serve a range of ages, but the largest group is the most elderly, people over 85 years of age. According to the 2001 Census, fewer seniors are living in long-term care facilities than before. Among people aged 75 and over, only 14 percent were in such institutions, down from 17 percent in 1981. The decrease is attributed to the improved health enjoyed by seniors today, and to the care that is available in the community.

The group of older seniors, however, is growing quickly. Today, there are 430,000 Canadians over 85 years old, more than twice as many as in 1981 and 20 times the number of



1921. These numbers will swell even more in the coming decades as life expectancy continues to increase, and baby boomers begin to enter their senior years in 2011.

With the average age of Canada's population increasing, there is likely to be an increase in demand for long-term care facilities. It may not be proportionate, however. Cast your eye around any bowling alley or swimming pool and you'll notice that people are aging better nowadays thanks to improved nutrition, exercise and medical treatment. And when they become less able to look after themselves, they can often get the care they need in the community. This means that those who do enter long-term care facilities in the coming years will probably be more fragile than the average resident is today.

That said, the average senior will have more years of health and relative independence ahead – and will be looking for ways to enjoy continued quality of life for a much longer period of time.



■ Trends for change

There are lots of reasons, beyond their health and numbers, to suggest that tomorrow's seniors are going to have a lot of oomph. They will be better educated and have higher incomes. Theirs is the generation of youth that led a revolution in social values in the 'Sixties.' Theirs will no doubt be a generation of seniors who will respond to health information and supplements, and redefine the nature of retirement, aging, and care.

But they are still human, and with time, they may become subject to falls, incontinence, dementia, and other effects of age. Many will have to go into institutions. But they will not accept being 'institutionalized.' They will demand dignity, privacy and autonomy – values that the best long-term care facilities are emphasizing already.

The ranks of tomorrow's seniors will include a broader range of ethnic groups than we have seen before. Immigration greatly increased in Canada since the 1970s and many of these new Canadians are now reaching their senior years. Cultural and religious sensitivities will have to be respected – an easier task when a private facility is dedicated, for example, to the Jewish or the Ukrainian communities, but harder, though no less necessary, for a more public facility.



■ Beacons for the future

Despite problems and issues (see insert), there are some exemplary long-term care facilities in Canada – true beacons for the future direction of this sector.

A quality living environment

The **Résidence Yvon-Brunet** in Montréal stresses, above everything else, that each resident is a full person, with the same rights and preferences they had before entering long-term care. The residence is considered a ‘home,’ and not just an institution – a place to maintain interest in life, not just to maintain life.

In many institutions, clients feel more like inmates than residents. At Yvon-Brunet, there has been a revolution on this issue – and a document with a ringing title guaranteeing that the revolution continues: ‘The Charter of Rights and Freedoms of the Elderly’ lists 31 rights that are held sacred in those corridors. To ensure that rights are respected, Yvon-Brunet has created an ombudsman’s position called the Living Environment Advisor, who reports directly to the director general. The advisor ensures that quality of life is stressed over staff routines and that residents’ rights are reflected in all decisions.

At Yvon-Brunet, residents get up when they choose and make whatever breakfast they want. They can demand to be present when their rooms are cleaned. They can have their own room key (though general pass keys can be used in emergencies). There’s

a ‘Main Street’ in the basement, complete with daycare, bakery, café, convenience store, tavern, travel agency, and bank – a real neighbourhood street, where men meet for a beer, women congregate over coffee, and social life unfurls as it did in midlife. Yvon-Brunet has done all this because you can’t have, as the director general says, “two categories of elderly people – those who live in an institution, and those who are free!”

Cultural support and ‘aging in place’

The **Simon K.Y. Lee Seniors Care Home** in Vancouver was created to meet the needs of Vancouver’s thriving Chinese community. Opened four years ago, the home has met the demand for a home where Chinese is spoken and cultural sensitivities are taken into account. The Lee Home provides multi-level care, which means that residents, as their physical and mental status changes, can ‘age in place,’ without the need to move to another facility.





At the core of the Lee Home's approach to care is a philosophy called the 'Eden Alternative,' that offers a new paradigm for helping seniors flourish in what are fundamentally institutional environments. The care home, according to the Eden Alternative, must be seen as a habitat for human beings, rather than as a facility for the frail and very old. Like all human beings, seniors benefit from close and continuing contact with plants, animals and children. They need as much control over decisions affecting their lives as possible.

Cutting edge of innovation

The Eden Alternative is flourishing in Saskatoon, as well, where the **Sherbrooke Community Centre** was the first facility in Western Canada to register as an Eden Alternative home. Children, plants and animals are a natural part of Sherbrooke's everyday emphasis on helping residents live full and abundant lives.

The Sherbrooke Centre has always been open to innovation. In 2002, it opened Saskatchewan's first radio station in a long-term care facility. That same year, it opened the province's first long-term facility-based aviary – and now residents can enjoy the serenades of budgies, lovebirds, cockatiels, parakeets, and canaries. However, Sherbrooke's main innovation dates back to 1999, when it opened the 'Village,' a group of special care homes that each house nine or 10 residents. Living in the Village is like living on any residential street except that the 'street' is inside a larger facility, protected from the

elements. There are street signs, house fronts with peaked roofs, front porches with benches, and mailboxes and numbers for each house.

Residents, who can decorate their rooms and the common areas as they wish, can quickly ensure that there is no place like home. The kitchen has every kind of appliance. Families and guests can be welcomed to meals at the oak dining table in the dining room. Most homes have some kind of pet – a dog, cat, or bird.

In the 11 homes, residents with all kinds of frailties, disabilities and care requirements can be supported. Some homes, for example, are focused on providing support to those living with Alzheimer Disease. As much as possible, everything is made to seem like 'normal' life on the outside. And since normal life doesn't include a lot of specialized assistants running around, the staff are trained to have multiple tasks. Any of the 'daily living assistants,' as they are called, can provide personal care, cook meals, maintain an infection-free environment, and even play the odd game of cards.

Combining research and care

A gold standard for care of seniors in long-term care facilities is no doubt set by the **Baycrest Centre** in Toronto. Baycrest is famous, not just in Canada, but around the world for its leading-edge research.

Residents live in small, home-like units, each with its own kitchenette, dining room and grooming centre. On the main floor, a real neighbourhood feeling is created, with courtyards, stores, restaurants, and an activity centre.



Baycrest is a pioneer in dealing with special considerations for treating the aged. In 1959, it established Canada's first daycare program for seniors. Seven years later, it opened the Jewish Home for the Aged, considered at the time to be the apex of ultramodern care. In 2000, Baycrest built the Apotex Centre and The Louis and Leah Posluns Centre for Stroke and Cognition, a combined facility that offers care to 372 residents with progressive dementia and 100 residents with vascular dementia.

Residents' treatment reflect the findings of the most current research – much of it done in Baycrest's own Rotman Research Institute, which attracts top brain researchers from around the world.

Maintaining links to the community

Northwood, in Halifax, is the largest long-term care facility in Eastern Canada. It offers a wide range of living options, depending on the level of care required. Some clients are still quite independent but need help with the activities of daily living. Others may need constant care, with assistance for getting out of bed, walking, eating, and catheter care. Several floors are devoted to people with Alzheimer Disease and other forms of dementia. Northwood was the first nursing home in Canada to offer full support to deaf seniors. There are visual fire alarms in the areas that serve the deaf,

Finding the right long-term care facility

If a family member needs long-term care, visit as many facilities as possible. These are some of the questions your visit should answer:

- Do you feel welcome?
- Do the staff seem compassionate?
- Is their attitude with residents caring?
- Is the home clean? Does it smell fresh?
- What recreational programs are available?
- What are the visiting hours?
- What procedures are required if you wish to take a resident for outings?
- How are disturbing behaviors (such as aggressiveness) modified? Are physical restraints used? Does the facility frequently use medication to control behavior?
- Is there a charter of rights? How does staff ensure that a resident's rights are respected?
- If you can, visit the assisted-eating dining room. Notice whether residents are given all the help they need. Is at least half of their food eaten?
- Staff levels are often highest in the morning. If possible, make a second visit in the evening or on weekends. Are services and care good at all times?
- Is the facility close to your home so you can easily visit? (But don't let proximity override other factors.)
- Finally, is the facility accredited? While lacking accreditation is no proof that a facility is efficient, it does suggest a strong desire to deliver the best care possible.



doorbells that flash lights, closed captioned television, text teletype phones, and other special appliances.

Like other frontline facilities, Northwood aims to avoid an institutional tone. There is a pharmacy and beauty salon on the premises, and for more than a quarter century, there has been a licenced bar and lounge, the first in Eastern Canada. There's also the Northwood Broadcasting Club, which is run by seniors and broadcasts over a local community television channel.

Northwood's residents-come-first philosophy is borne out in the establishment of a Resident Advocate position. The Advocate represents any resident who feels he or she cannot resolve a concern through normal channels.

Benefits of accreditation

- An accredited facility does its best, not because it has to, but because it wants to. Seeking accreditation shows a desire to achieve excellence – a wish to be 'quality minded.' No better attitude can be brought to the care of the aged and frail.
- An accredited facility has shown that it meets a set of national standards set by the Canadian Council on Health Services Accreditation. While many good facilities are not accredited, an accredited facility is almost certain to deliver satisfactory care.
- Because accreditation must be regularly renewed, it keeps facilities on their toes. It also offers them benchmark scores against which they can measure the growth of their delivery of excellence.

■ The best for all

Some of Canada's establishments have demonstrated that excellent, home-like, compassionate long-term care is possible.

There should be no second-class facilities for Canada's seniors. The principles, environment and care provided in Canada's best establishments should be the norm.





For more information...

The Council on Aging of Ottawa-Carleton. *Guide for Selecting a Long-Term Care Facility*, Ottawa: 2004. (613) 232-3577.

Alzheimer Society of Canada. *Alzheimer Disease: a Handbook for Care*, Toronto: 1991.

The Eden Alternative. *Life Worth Living: How Someone You Love Can Still Enjoy Life in a Nursing Home*. Order from: www.edenalt.com/getting3.htm

Canadian Broadcasting Corporation. *Rage Against the Darkness: Time for Mum to go Into a Home – Not if She Can Help It* (a documentary video). Order from: McNabb and Connolly, 60 Briarwood Ave., Mississauga, ON, L6G 3N6. (866) 722-1522.

Web sites:

Canadian Healthcare Association:
www.cha.ca

Canadian Council on Health
Services Accreditation:
www.cchsa.ca

The Eden Alternative:
www.edenalt.com

Alzheimer Society of Canada:
www.alzheimer.ca

Baycrest Centre for Geriatric Care:
www.baycrest.org

Care Planning Partners Inc.:
www.thecareguide.com
(comprehensive guide to seniors'
housing and care services)



Robert Dobie was an educator in Montréal for over 30 years, occupying a wide range of positions from teacher to Department Head and leading an active community life.

He has been a volunteer director of Caritas, a summer camp for Youth; of the Social services committee of Catholic Community Services and its United Way campaign; of the Canadian Teachers' Federation; of the Ville Emard CLSC; and of the Yvon-Brunet residence. He is the founder and current president of the Holy Cross Residence (a residential complex for seniors) and also serves on the Board of the *Société d'habitation et de développement de Montréal*.

Mr. Dobie was appointed to NACA on May 18, 2005, for a three-year term.

Recent NACA releases

“Seniors on the margins” series:

Aging in poverty in Canada, 33 pages.

Seniors from ethnocultural minorities, 25 pages.

Aging with a developmental disability, 17 pages.

These can also be viewed on the NACA Web site at www.naca.ca

The National Advisory Council on Aging demands improvements to Canada's long-term care institutions

There are in Canada many exemplary models of long-term care institutions. Yet, as many Canadians are only all too-aware, there are serious issues and problems in facility-based long-term care. Further, great variation exists between jurisdictions in the delivery of institutional long-term care, resulting in significant disparities across the country.

The **Canadian Healthcare Association (CHA)**, in its 2004 Policy Brief, *Stitching the Patchwork Quilt Together: Facility-Based Long-Term Care within Continuing Care – Realities and Recommendations*, describes in detail some of the problems facing long-term care facilities in Canada. The CHA proposes a policy framework aimed at addressing these problems so that long-term care systems across Canada can be flexible enough to meet regional realities, while delivering comparable services. **The National Advisory Council on Aging (NACA) supports the CHA analysis and its recommendations to improve the lives of seniors living in long-term care facilities.**

What follows is a brief description of some of the major inadequacies in facility-based long-term care in Canada as identified by the CHA, together with some proposed remedies.

Lack of public funding and affordability in institutional long-term care

Facility-based long-term care is not a publicly insured service under the *Canada Health Act*. As such, it encompasses different services

(at widely varying rates) in each province and territory of Canada. Inadequate public funding of facility-based long-term care means that seniors are less likely to access quality, affordable and comparable facility-based long-term care. Out-of-pocket costs vary widely, depending on where one lives: for example, they average \$18.00 per day in the Yukon (2004); \$74.00 per day in Nova Scotia (2005); and \$137.00 per day in New Brunswick (2005). New Brunswick conducts an income and asset test in order to determine the resident's out-of-pocket expenses. The New Brunswick income/asset definition – the most severe in the country – can result in the family of a resident being depleted of almost all their assets in order to pay out-of-pocket expenses for a family member in long-term care facility: the principal residence, a vehicle, \$500.00 personal allowance, registered education funds and pre-paid funeral expenses are the only exemptions when determining what assets can be depleted.

CHA proposals

- *The federal government should introduce federal funding for long-term care institutions, linked to pan-Canadian principles (e.g., similar to those contained in the Canada Health Act) and developed in collaboration with federal, provincial and territorial governments.*
- *Health services (personal care and health care services) in long-term care facilities should be publicly funded.*

Lack of quality care in institutions and accountability by care providers

Quality is the foremost issue in the minds of Canadians. Poor quality care may mean settings are too ‘institutional,’ staff are inadequately trained or do not have sufficient time to devote to each resident.

CHA proposals

- *Improve collection of information on staffing ratios, level of care being delivered, admission waiting lists, discharges, deaths, health of residents and quality of care. Better information makes it easier to compare facilities and pinpoint problems.*
- *Conduct research and education within long-term care facilities to evaluate and improve care.*
- *Widely implement practices that have been shown to result in high quality care.*
- *Develop and promote minimum standards of care through accreditation and appropriate licensing of long-term care facilities. Accreditation means that facilities have to meet certain standards for environment, programming and developing home-like atmospheres. Licensing will help protect vulnerable citizens from receiving care in unregulated facilities and prevent cases of abuse/neglect.*

Lack of dignity and choice

Long-term care facilities are often ‘institutional’ in nature and residents are often offered little choice in their daily schedules. Privacy (e.g., entering a resident’s room without permission) is often not respected and autonomy – control over one’s daily life decisions – is often removed arbitrarily. End-of-life care needs to be provided more consistently so that residents do not experience a disruptive move to hospital prior to death.

CHA proposals

- *Facilities should be required to be home-like (e.g., allow personal belongings, plants, furniture, etc.). Dignity and self-determination of residents (e.g., privacy, autonomy, flexibility, managing one’s own levels of risk) should be fundamental values.*
- *Provide appropriate and consistent end-of-life care in the facility to residents who have life-threatening conditions or who are terminally ill.*

Respect volunteers and families

There are many community members who want to volunteer. Involvement of family members and friends can improve residents’ quality of life. Yet, too often, volunteers are used to do the work of paid staff; sometimes family members end up feeding or providing basic care to relatives rather than being able to provide support and companionship.

CHA proposals

- *Determine the optimal use of volunteers by recognizing their talents and interests without using them to replace paid staff.*
- *Allow for families and friends to be involved in the lives of residents as they choose (e.g., family activities, companionship).*

NACA Endorsement

The National Advisory Council on Aging (NACA) fully endorses the findings and policy recommendations contained in the Canadian Healthcare Association’s Policy Brief *Stitching the Patchwork Quilt Together: Facility-Based Long-term Care within Continuing Care – Realities and Recommendations*.