Re-imagining Long-term Residential Care: An International Study of Promising Practices

P.I. Pat Armstrong, York University

The Council on Aging of Ottawa

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In today’s presentation, we plan to:

• 1. Provide a brief description of the project;
• 2. Highlight some of the findings from our co-investigators’ research so far;
• 3. Describe some of the dilemmas we are facing and;
• 4. Ask you for feedback and input on our work, to assist us in identifying key absences and gaps as well as ways forward.
The Project

• 25 co-investigators from the U.K., Sweden, Norway, Germany, 6 Canadian provinces and 2 U.S. States.

• Inter-disciplinary researchers, including historians, sociologists, philosophers, doctors, nurses, social workers, architects and more.

• An emphasis on “fresh eyes” to help us identify what may be overlooked because it is familiar or taken-for-granted.

• Employee groups, an employer group, advocacy groups and others involved as partners, collaborators and/or supporters
Main Assumptions

1. Residential care will continue to be a place of residence and work for many members of society
2. The conditions of work are the conditions of care
3. Care is relational
4. Residential care serves as an indicator of the level of social justice and compassion in a society.
5. Residential care can be a viable and desirable option – both as a place to live and work.

“A society that treats its most vulnerable members with compassion is a more just and caring society for all.”
Our goal is to identify promising practices that treat both providers and residents with dignity and respect, that understand care as a relationship and that take differences and equity into account.
Four theme areas:

- Approaches to Care:
- Work Organization:
- Accountability:
- Financing and Ownership:

Group members switch in years 4 to 6
The Plan

- Yrs. 1-3. Mapping
- Yrs. 3-6 Case Studies
- Yr. 7 Wrap up

- We are now mid-way through Yr. 2.
What have we learned so far?

Care approaches are moving targets in many jurisdictions, but most are experiencing shifts due to perceptions of:

a) constrained public resources,

b) a focus on home as the preferred place for care and

c) market developments.
RESIDENTIAL LONG-TERM CARE FOR CANADIAN SENIORS: NONPROFIT, FOR-PROFIT OR DOES IT MATTER?
Policies in Canada are running counter to research findings

Main finding:
For-profit facilities as a group are likely to produce inferior outcomes regarding quality of care.
How do we assess quality?
The review found that:

• In both the U.S. and Canada, non-profit homes tended to have higher staffing levels but not always.

• Non-profits had lower levels of falls, pressure ulcers, infections, poly-pharmacy and anti-psychototropic drugs.

• More nursing hours in non-profit and public

• These findings were significant and consistent when looked at across long-term care systems in Canada and the U.S.
HEALTH AND THE CHANGING WELFARE STATE IN NORWAY: A FOCUS ON THE HEALTH OF THE ELDERLY SICK

Frode Jacobsen and Tone Elin Mekki
The Case of Norway and Long-term Residential Care

- Long-term residential care is a municipal responsibility
- Long-term care at home or in community is a right (1984)
- Residential care is funded by taxation and residents, who pay about 80% of their pension to make up 10% of residence budgets.
Conditions of Work and Care

- Highly formally qualified staff with more than 2x coverage of other OECD countries
- Largest percentage of beds per capita in OECD, more than 2x than any other European country
- Housing quality is relatively high
Challenges and Contradictions

• Increases in both “cheap” minimally trained workers and university trained nurses, with erosions for LVNs.
• More acute and severe sicknesses
• Related development of medically advanced nursing homes or “mini-hospitals”.
• Reform has aimed at single occupancy and small unit homes.
Privatization is happening

In the nursing home sector, as opposed to long-term residential care

Some small inroads into municipal long-term care sector, including home care

De-centralization to local levels has happened

For-profit experiments in Oslo
Assessing Care

• What are the most important factors to compare in different jurisdictions?