Is Home Best for All?

Assessing intended and unintended consequences of aging in place policies

CAG Webinar Series
2019/2020

Dec 05, 2019

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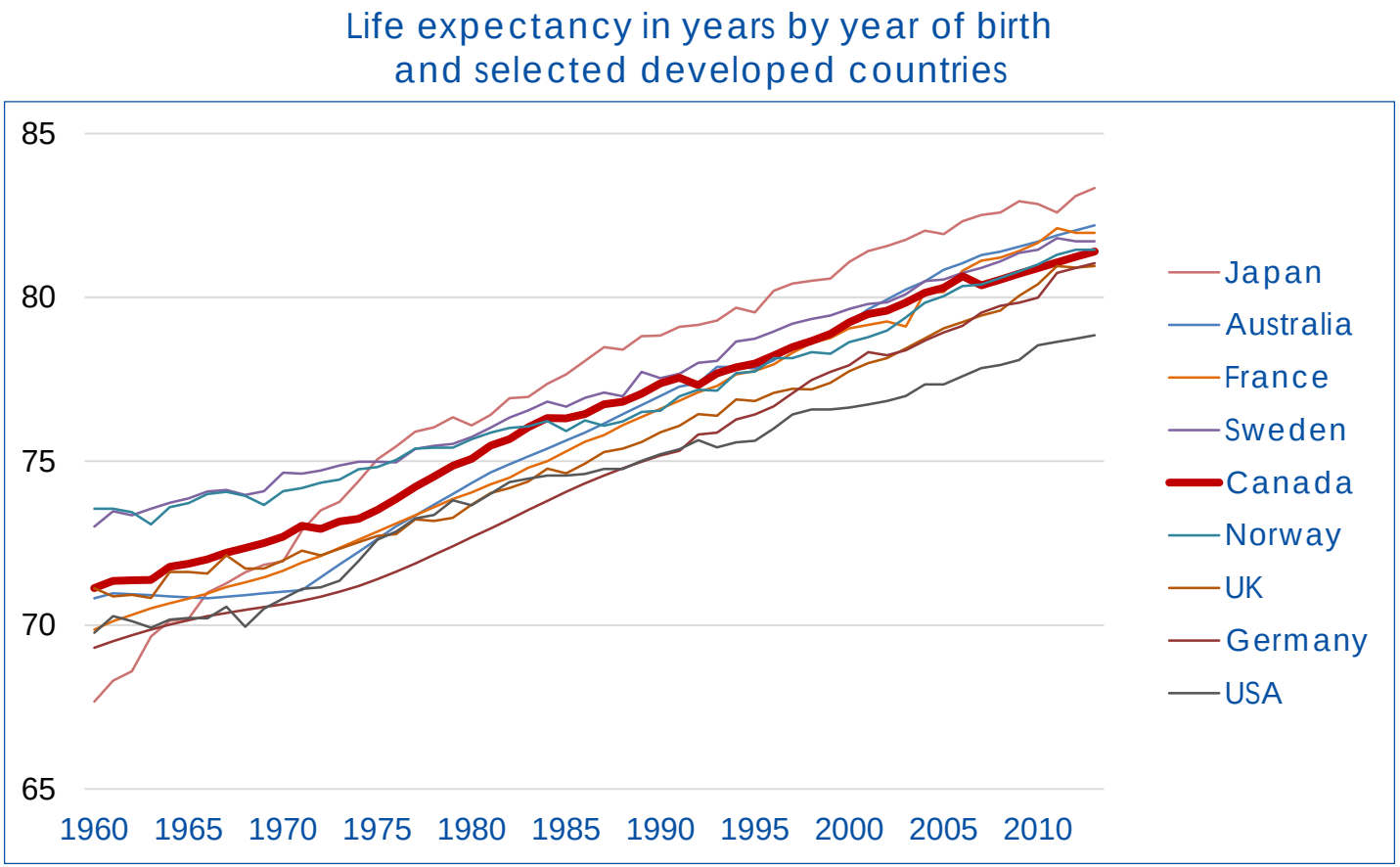
FACULTY OF NURSING

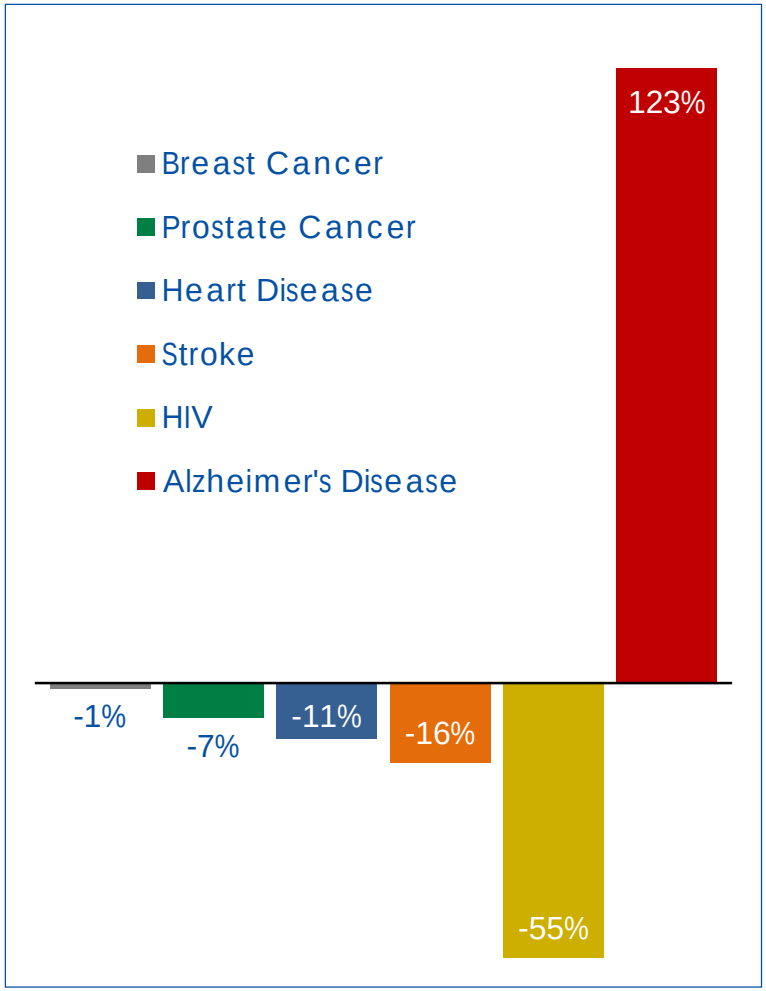
"uplifting the whole people"
— HENRY MARSHALL TORY, FOUNDING PRESIDENT, 1908

POPULATION AGING IN CANADA



The World Bank (2015)
(http://data.worldbank.org/indicator/SP.DYN.LE00.IN?cid=GPD_10)

Dementia on the Rise



2018 Alzheimer's Disease Facts and Figures

Some Facts

The Future Co$t of Long-Term Care in Canada
Bonnie-Jeanne MacDonald, PhD, FSA, ACIA, National Institute on Ageing, Ryerson University
Michael Wolfson, PhD, FCAHS, University of Ottawa
John P. Hirdes, PhD, FCAHS, School of Public Health and Health Systems, University of Waterloo
$
NIA NATIONAL INSTITUTE ON AGEING
October 2019

Some Facts

Canada is struggling to meet the needs of its aging population

- >400,000 Canadians recently report unmet home care needs
- >40,000 Canadians are waiting for NH admission, many of them in acute care
- 13%–22% of Canadians living in NHs have low care needs that could potentially be met in the community
- High rates of caregiver burden and unmet caregiver needs

Some Facts

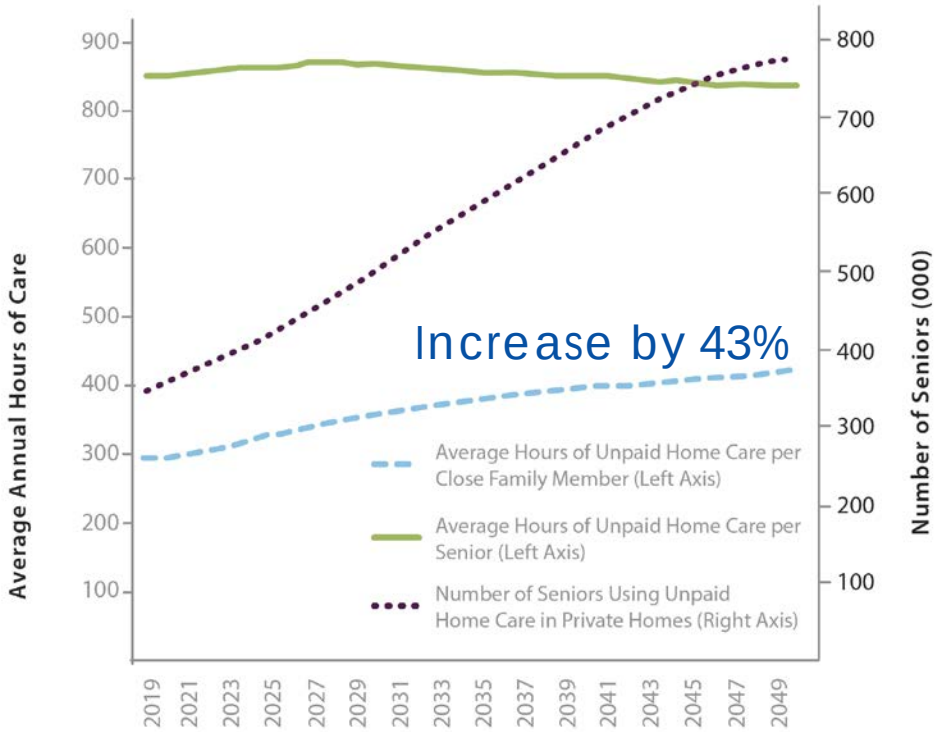
2019

763,735 to 1,256,575
Canadians age 65+
(13%-21%) receive LTC

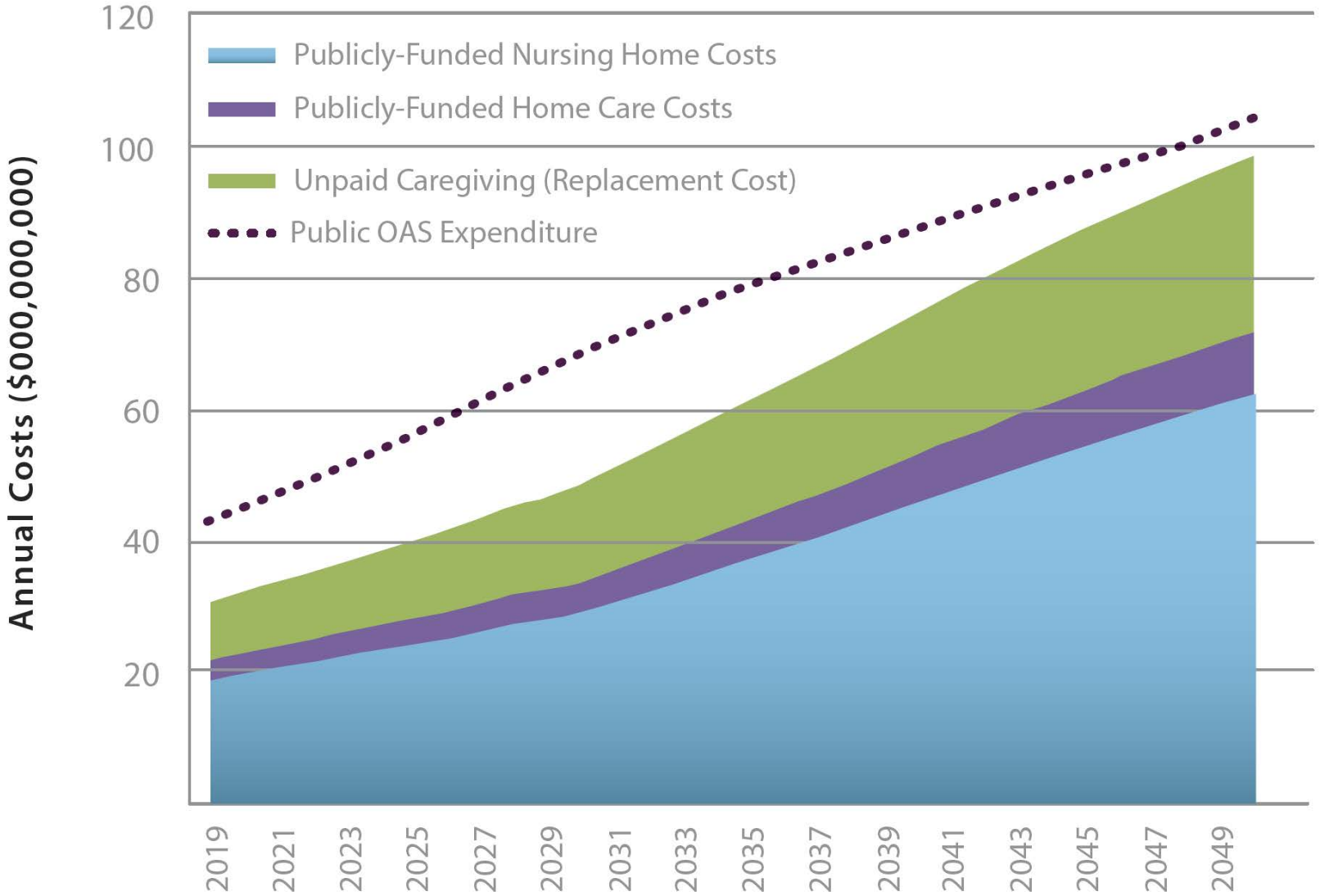
2050

Will increase by 75%

Decrease in potential family/friend caregivers (fewer adult children, higher divorce & separation rates, lower marriage rates)



Some Facts


Annual Costs ($000,000,000)
120
100
80
60
40
20
Publicly-Funded Nursing Home Costs
Publicly-Funded Home Care Costs
Unpaid Caregiving (Replacement Cost)
Public OAS Expenditure
2019
2021
2023
2025
2027
2029
2031
2033
2035
2037
2039
2041
2043
2045
2047
2049

SHIFT FROM NH CARE TO COMMUNITY CARE

Nursing home care

Increasing care needs
Increasing costs

Restrict access to people with most complex care needs

Community based ('home-like') facility care
(supportive housing/assisted living)

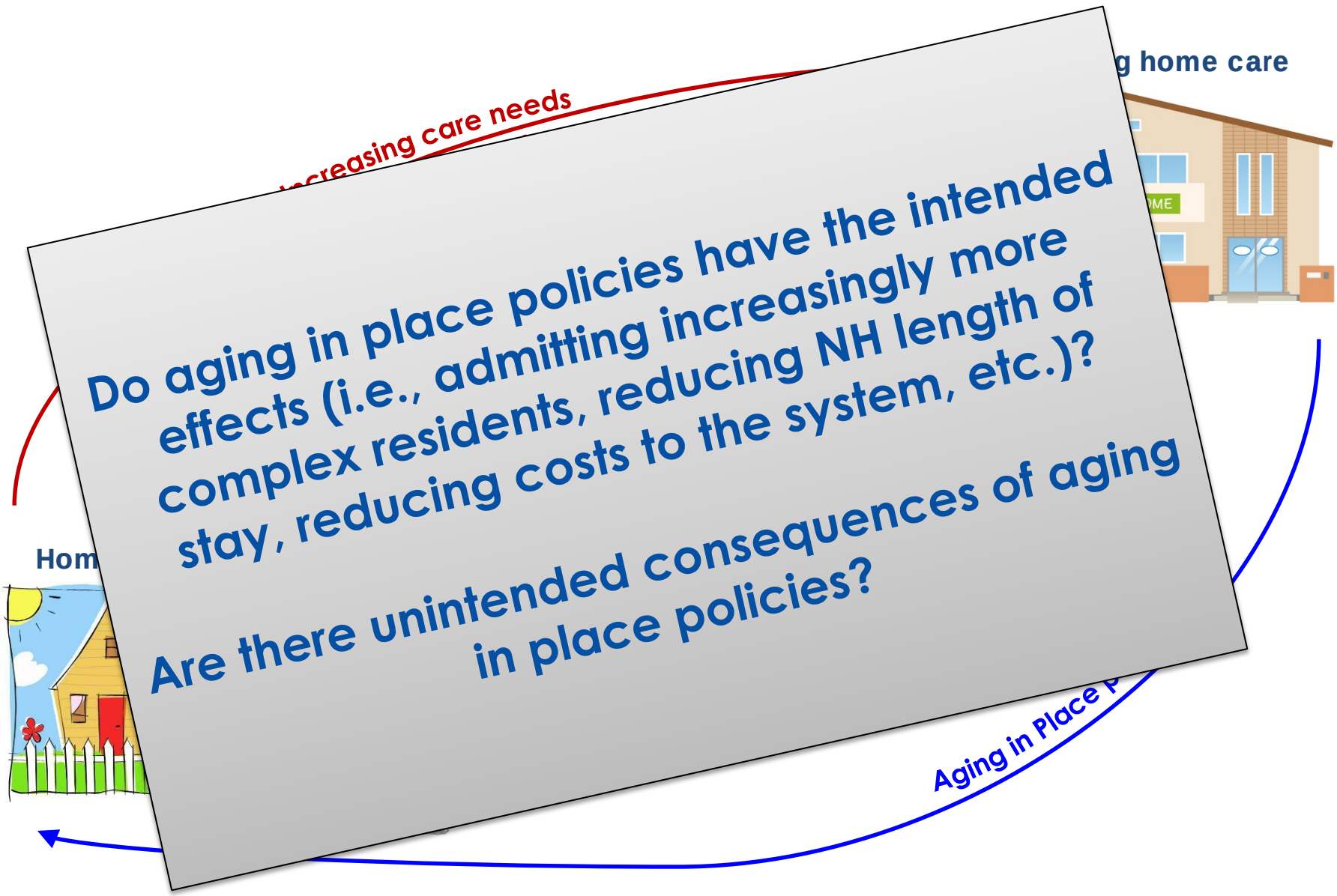
Home care

Preferred place of care

Increase funding and capacity

Aging in Place policies

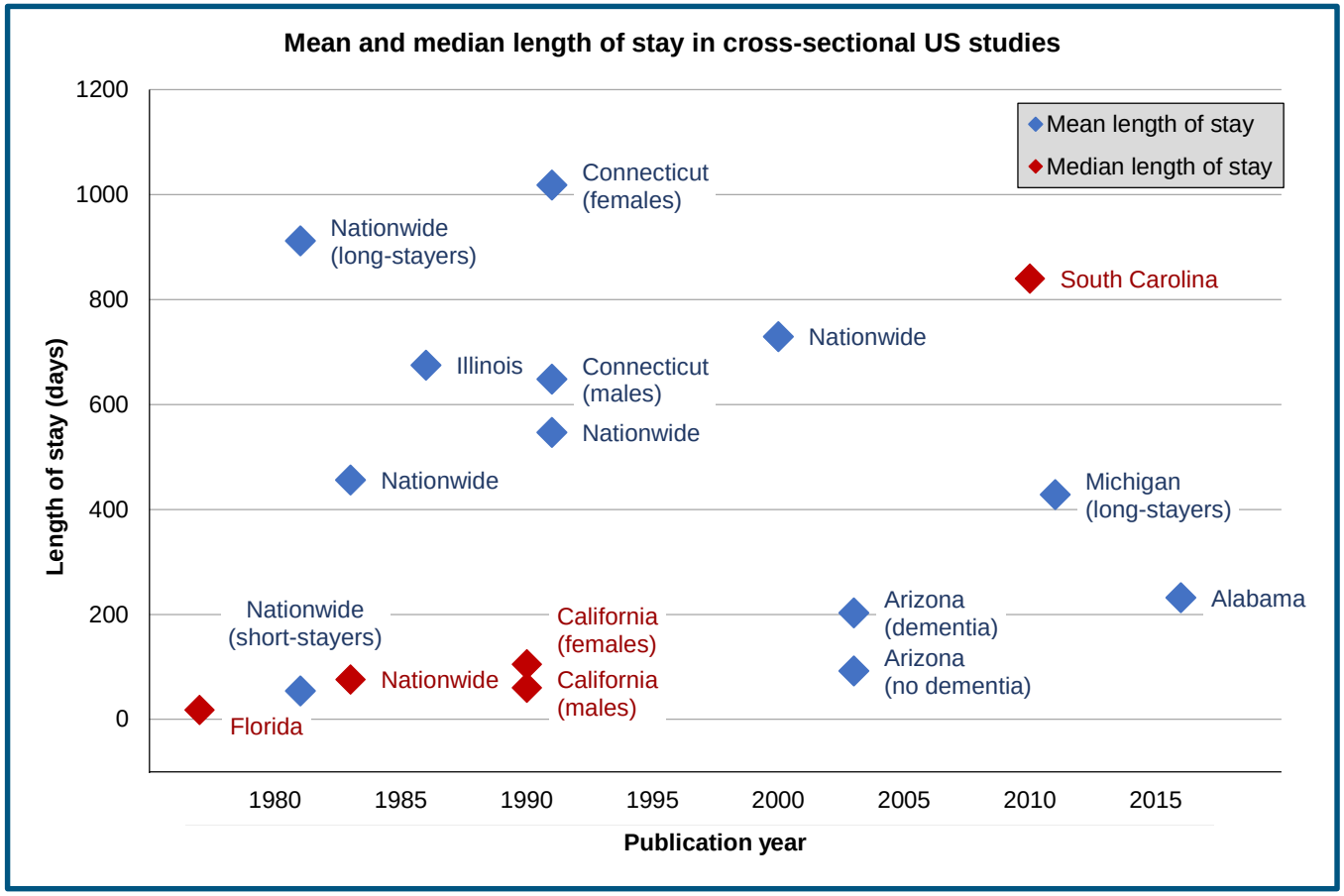
Shift From NH Care to Community Care



Do aging in place policies have the intended effects (i.e., admitting increasingly more complex residents, reducing NH length of stay, reducing costs to the system, etc.)?

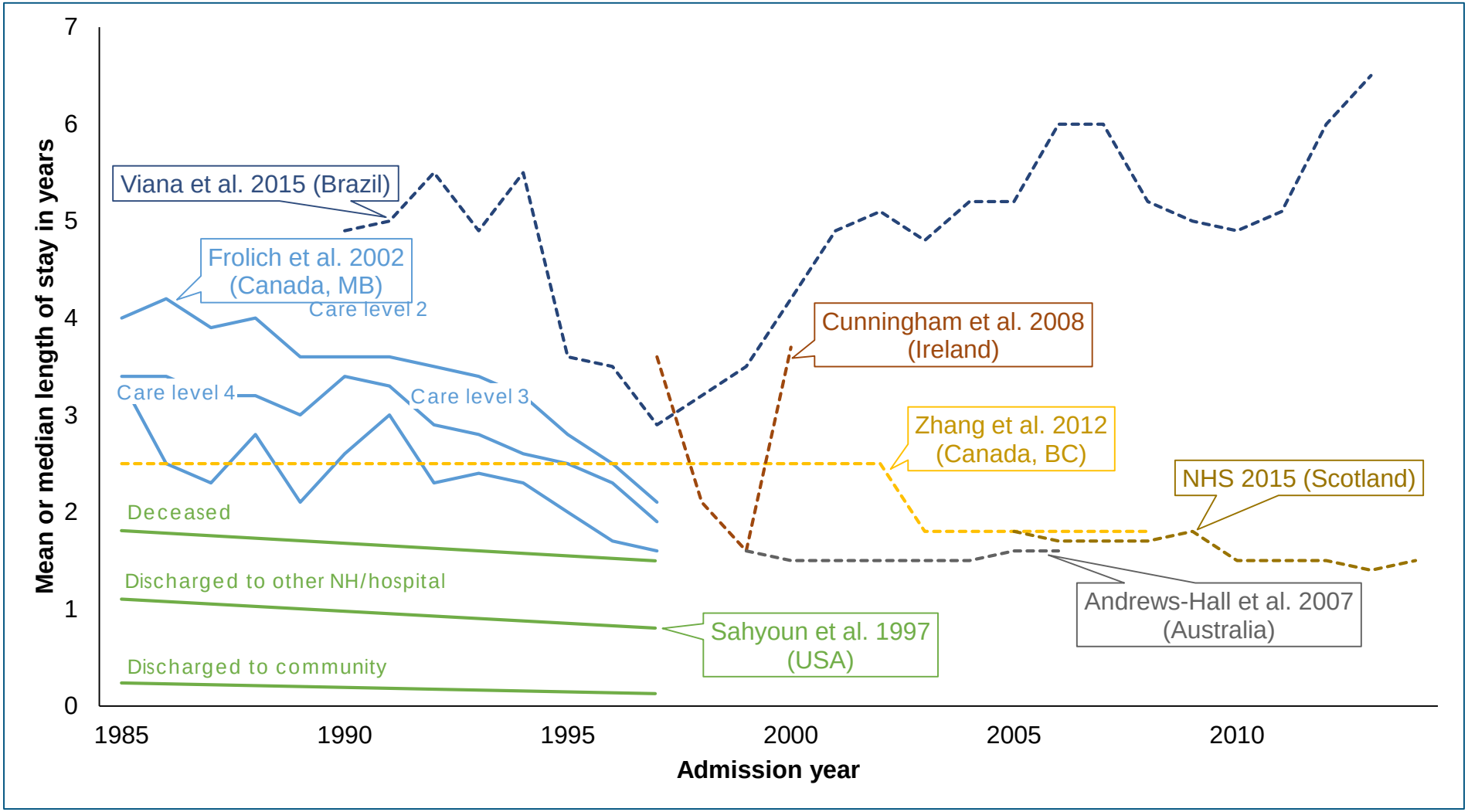
Are there unintended consequences of aging in place policies?

International Literature on Nursing Home Length of Stay (LoS) Limited



- Found 166 international references (61 from the US, 6 from Canada) reporting on either LoS or mortality rates in NHs
- Rates are all over the place
- Mostly cross-sectional studies
- Definitions of LoS and methods used vary widely

Longitudinal Studies Don't Allow Clear Conclusions Either



Solid lines = Average LoS; dashed lines = median LoS

Research Objectives

- Assess change in NH LoS over time (i.e., by residents' year of admission) and by health region (Calgary, Edmonton, Winnipeg)
- Identify resident admission characteristics that – controlling for facility characteristics – are associated with LoS
- Compare resident admission characteristics by health region and year of admission

TRANSLATING RESEARCH IN ELDER CARE

TREC's aims:

To develop practical, evidence informed solutions that contribute to sustainable improvements in quality of care, quality of life, quality of end of life for frail, vulnerable nursing home residents, and quality of work life for the staff who care for them in nursing homes

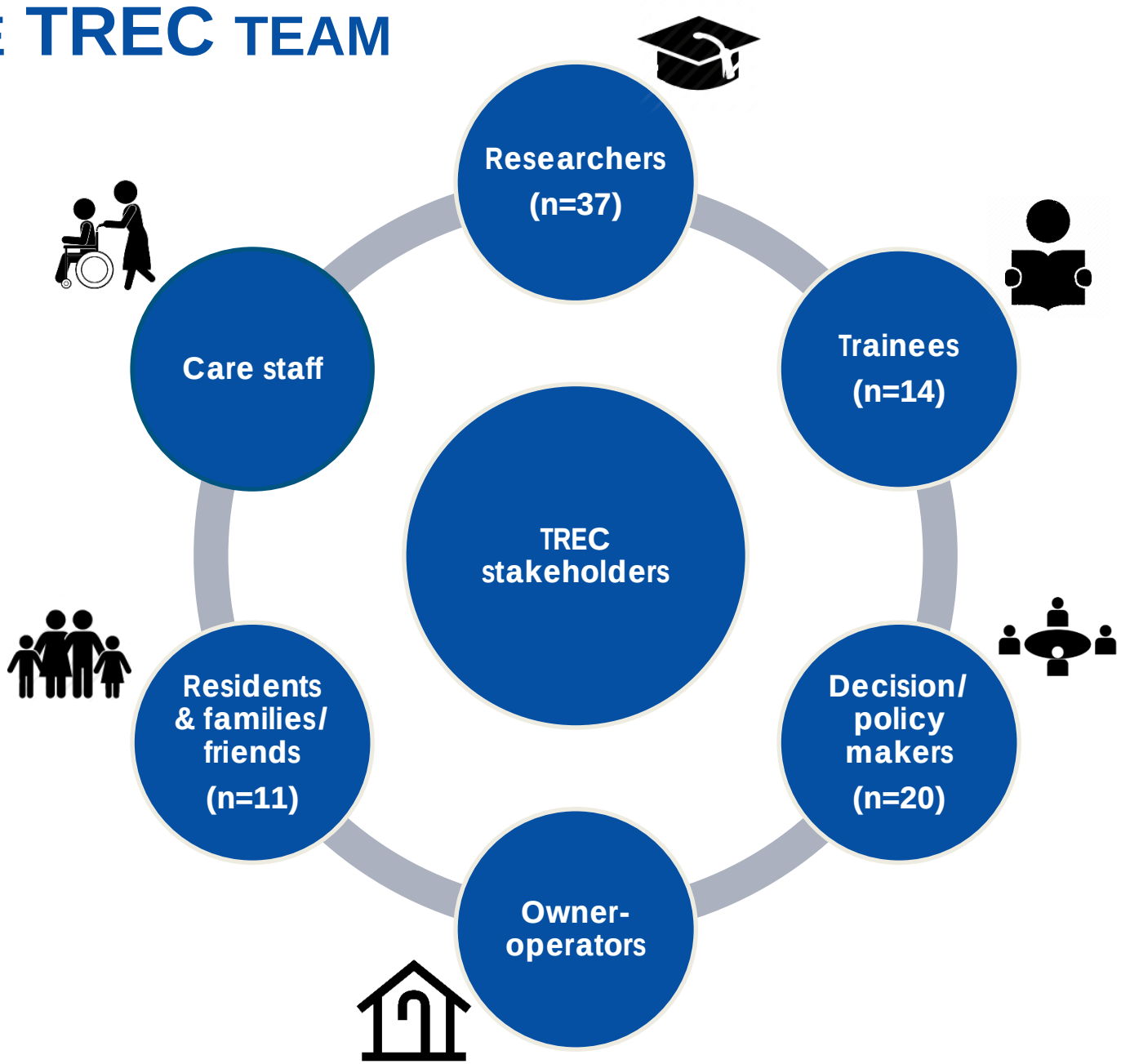
TREC
Translating Research in Elder Care

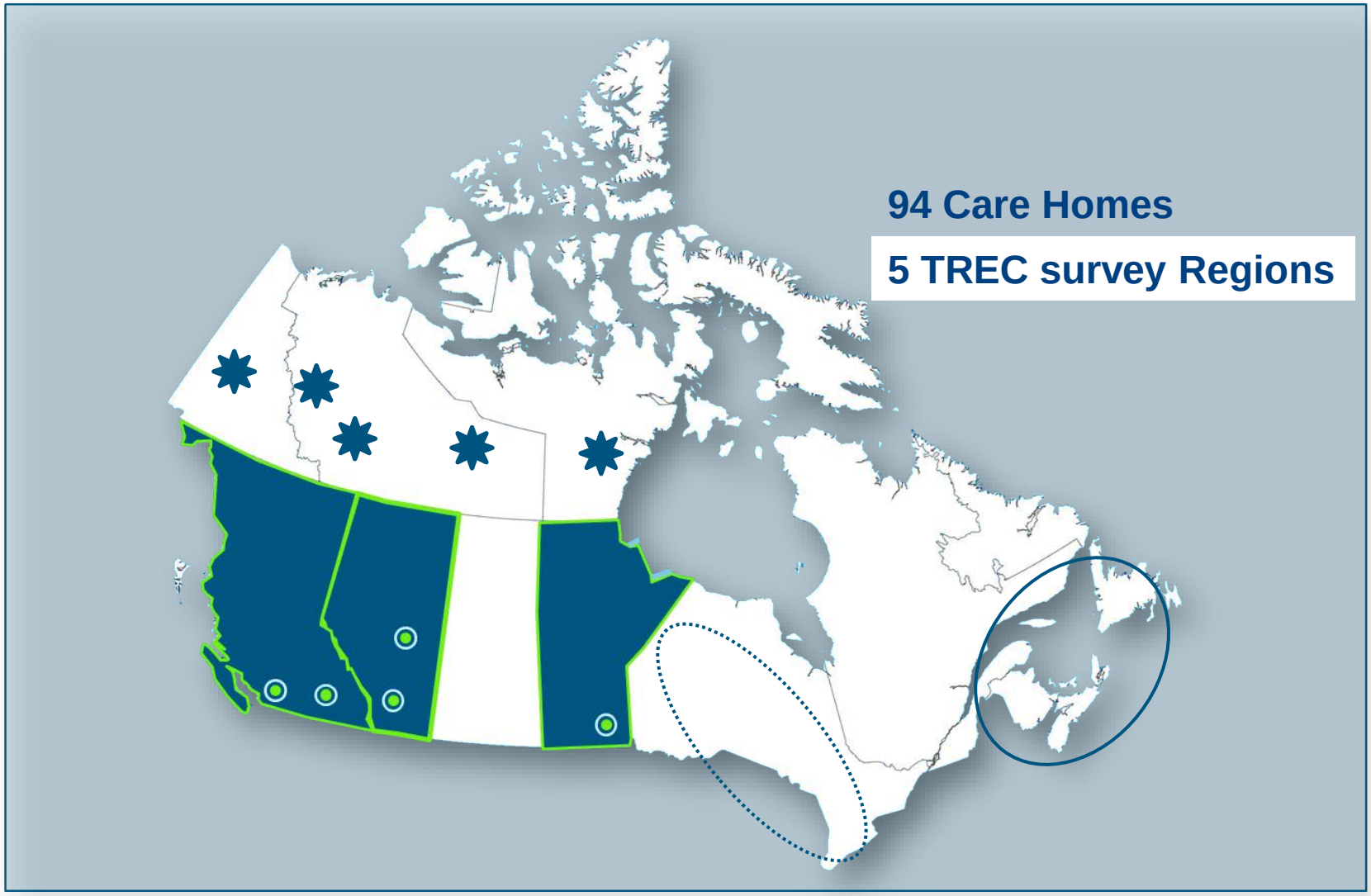
The TREC Scientific Director

Carole A. Estabrooks, *CM, PhD, RN, FCHAS, FAAN is the Scientific Director (SD) of TREC. She is Professor, Faculty of Nursing, at the University of Alberta, Edmonton, Alberta, Canada, and holds a Tier 1 Canada Research Chair in Knowledge Translation.*

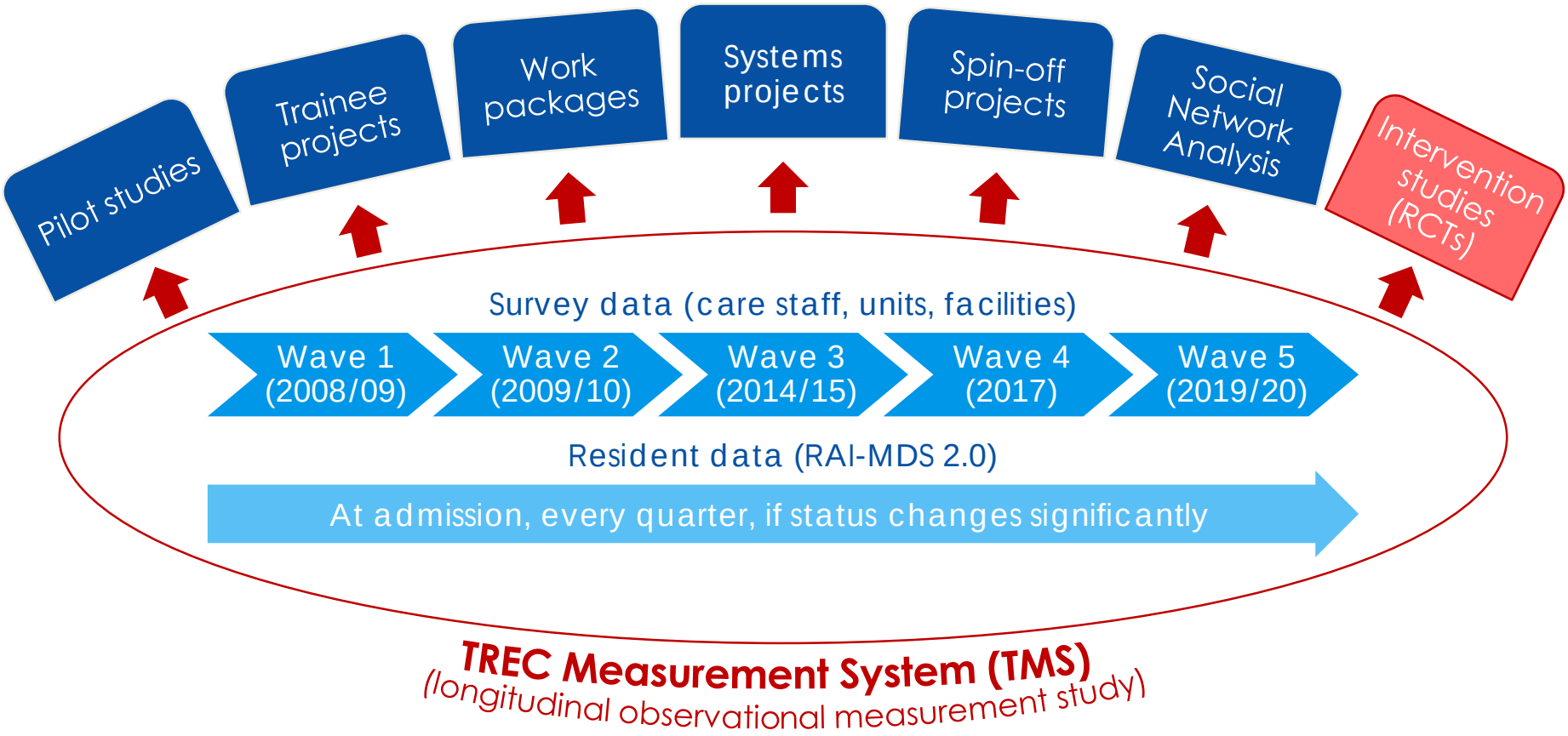
Dr Estabrooks' program of research focuses on knowledge translation in the health sciences; she studies the influence of organizations on research implementation and quality improvement initiatives and the effect of those on patient/resident, care provider and system outcomes. Her work is situated primarily in residential long term care settings.

THE TREC TEAM




94 Care Homes
5 TREC survey Regions

THE TREC PROGRAM



TREC 1 (2007–2012)	TREC 2 (2012–2018)	Transition period (2018-2020)	TREC 3 (TBD)
36 facilities (AB, MB, SK)	91 facilities (wave 3) 94 facilities (wave 4) (AB, BC, MB)		

TMS Data Sources

Facility level

Facility Profile Form

(current facilities = 94)

Unit level

- Unit Profile Form
- Unit Reconciliation **(microsystem structure)**

(Current units = 300+)

Aggregation

Care provider level

TREC Survey (versions for **care aides**, nurses, allied health providers, clinical specialists, managers)

- **Alberta Context Tool**
- Best practice use
- Staff health (SF-8)
- Staff wellbeing (e.g., job satisfaction, burnout, engagement, empowerment, etc.)
- Demographics

Resident level

Resident Assessment Instrument – Minimum Data Set 2.0

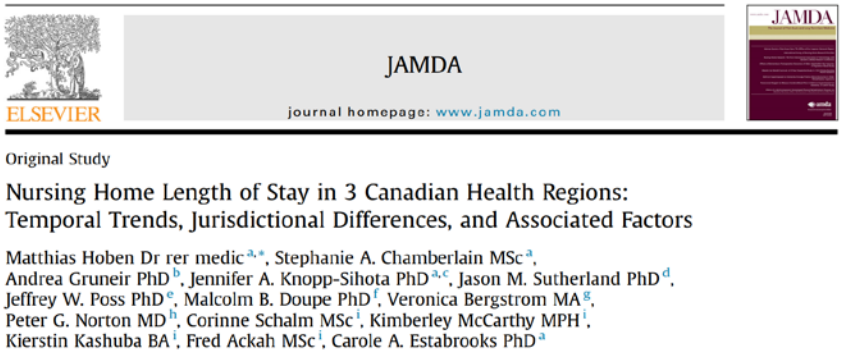
(Including care unit identifier!)

TREC Data Holdings to Date

	Waves 1 & 2 (2008–2010)	Wave 3 (2014/15)	Wave 4 (2017)
Facility/Care Unit Surveys			
Facility	36	91	94
Care unit	103	336	339
Care Staff Surveys			
Care aide	2,995	4,065	4,158
Nurse	585	767	948
Allied health provider	264	338	569
Clinical specialist	45	57	80
Manager	124	168	193
Physician	25	—	—
Resident Data (RAI-MDS 2.0)			
Records (with unit identifier)	> 500,000 across all waves		
Residents	> 55,000 across all waves		

Research Methods

- Stable cohort of 18 NHs that participated in TREC since 2007
- Residents admitted between 01/2008 and 12/2015
- Admission assessment available within 28 days of admission
- Date of first admission to NH sector known
- Long stay admissions (i.e. not respite care)


JAMDA

journal homepage: www.jamda.com

Original Study

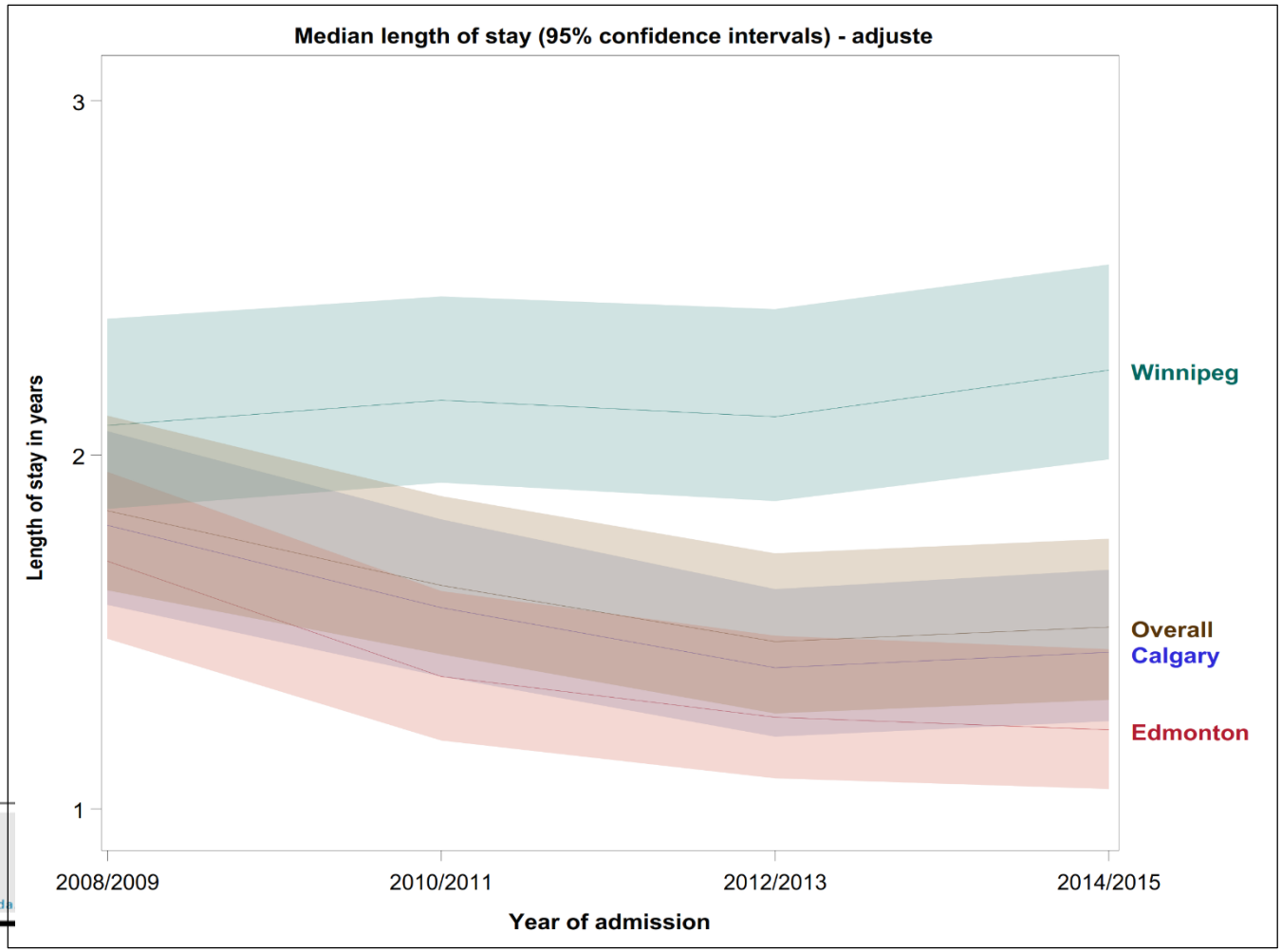
Nursing Home Length of Stay in 3 Canadian Health Regions: Temporal Trends, Jurisdictional Differences, and Associated Factors

Matthias Hoben Dr rer medic[a,*], Stephanie A. Chamberlain MSc[a], Andrea Gruneir PhD[b], Jennifer A. Knopp-Sihota PhD[a,c], Jason M. Sutherland PhD[d], Jeffrey W. Poss PhD[e], Malcolm B. Doupe PhD[f], Veronica Bergstrom MA[g], Peter G. Norton MD[h], Corinne Schalm MSc[i], Kimberley McCarthy MPH[i], Kierstin Kashuba BA[i], Fred Ackah MSc[i], Carole A. Estabrooks PhD[a]

7,817 residents from the Edmonton and Calgary Health Zones and from the Winnipeg Regional Health Authority

Unadjusted LoS (Kaplan Meier analyses) → Predictors of LoS (Cox reg.) → Adjusted LoS (Cox reg.) → Change in admission charac-teristics (run charts)

Decreasing Length of Stay in Health Authorities With Rigorous Aging in Place Initiatives



ELSEVIER
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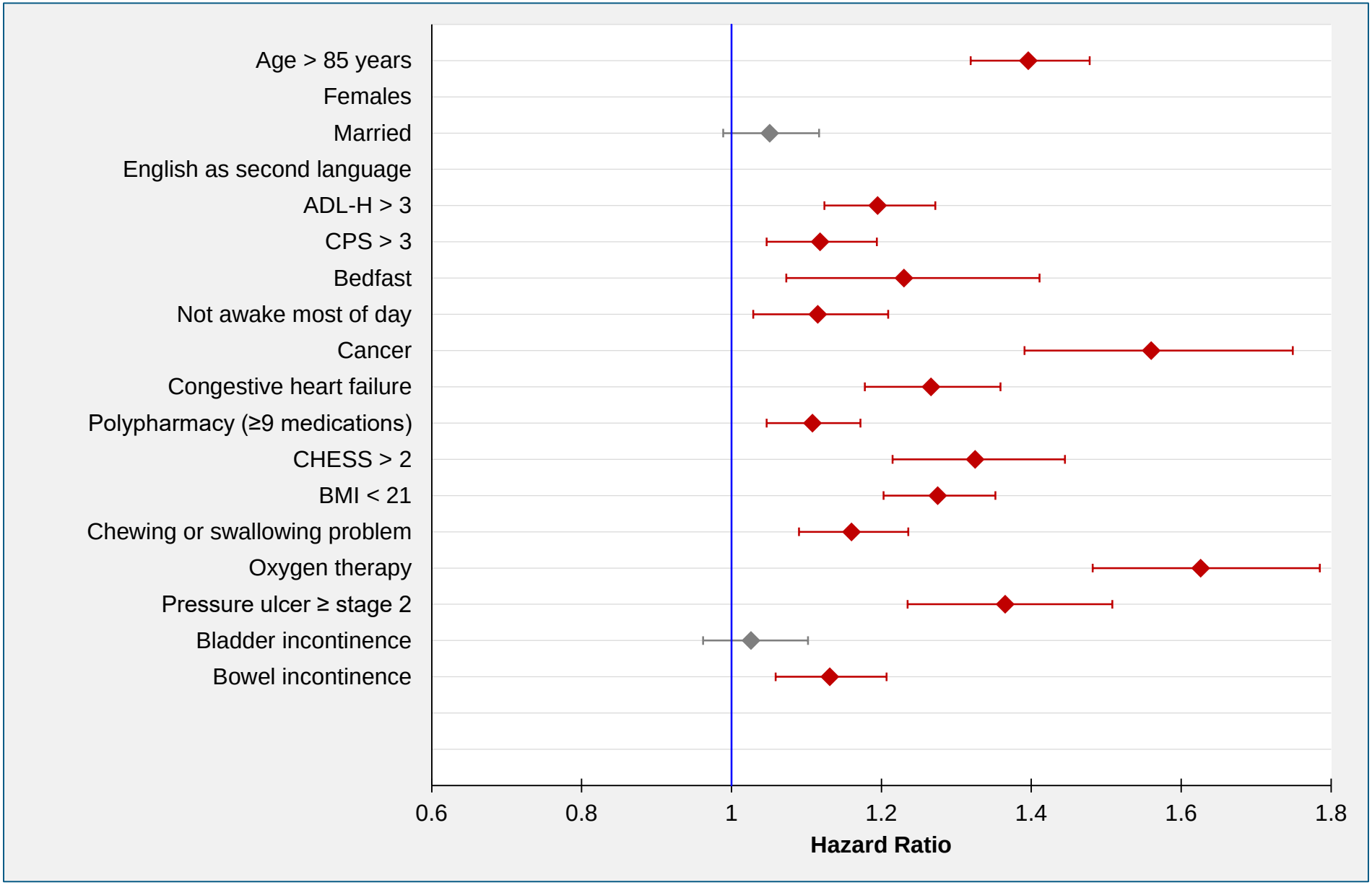
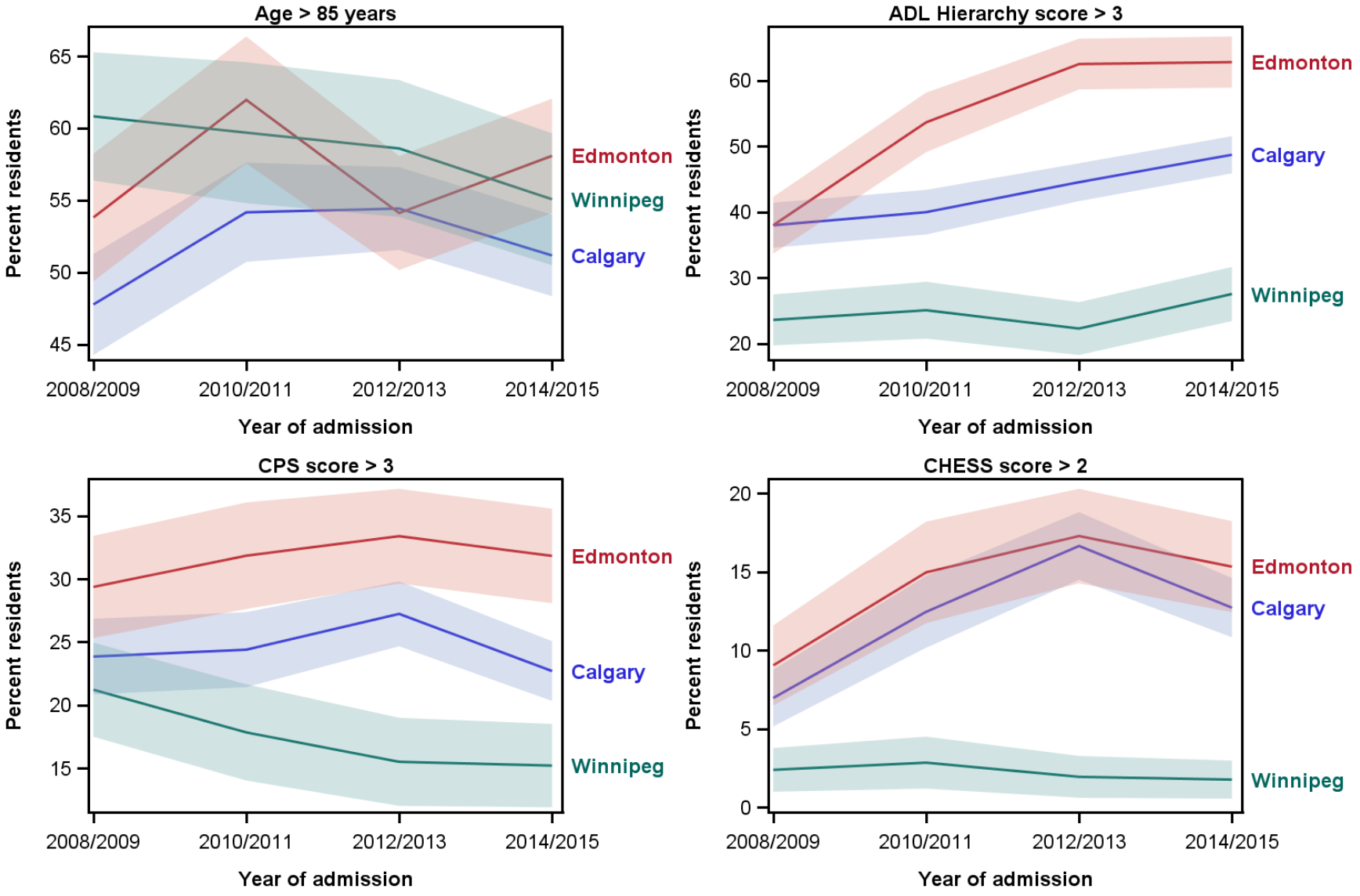
Results: Factors associated with LoS



Changing Resident Characteristics at Admission



IMPACT ON LONG TERM CARE?

"Yesterday you said your shift was boring. Well, today will be a little different."

Very Limited Evidence on Effects of Aging in Place Policies

Evidence of what works to support and sustain care at home for people with dementia: a literature review with a systematic approach

Alison Dawson, Alison Bowes, Fiona Kelly, Kari Velzke & Richard Ward

BMC Geriatrics **15**, Article number: 59 (2015) | Cite this article

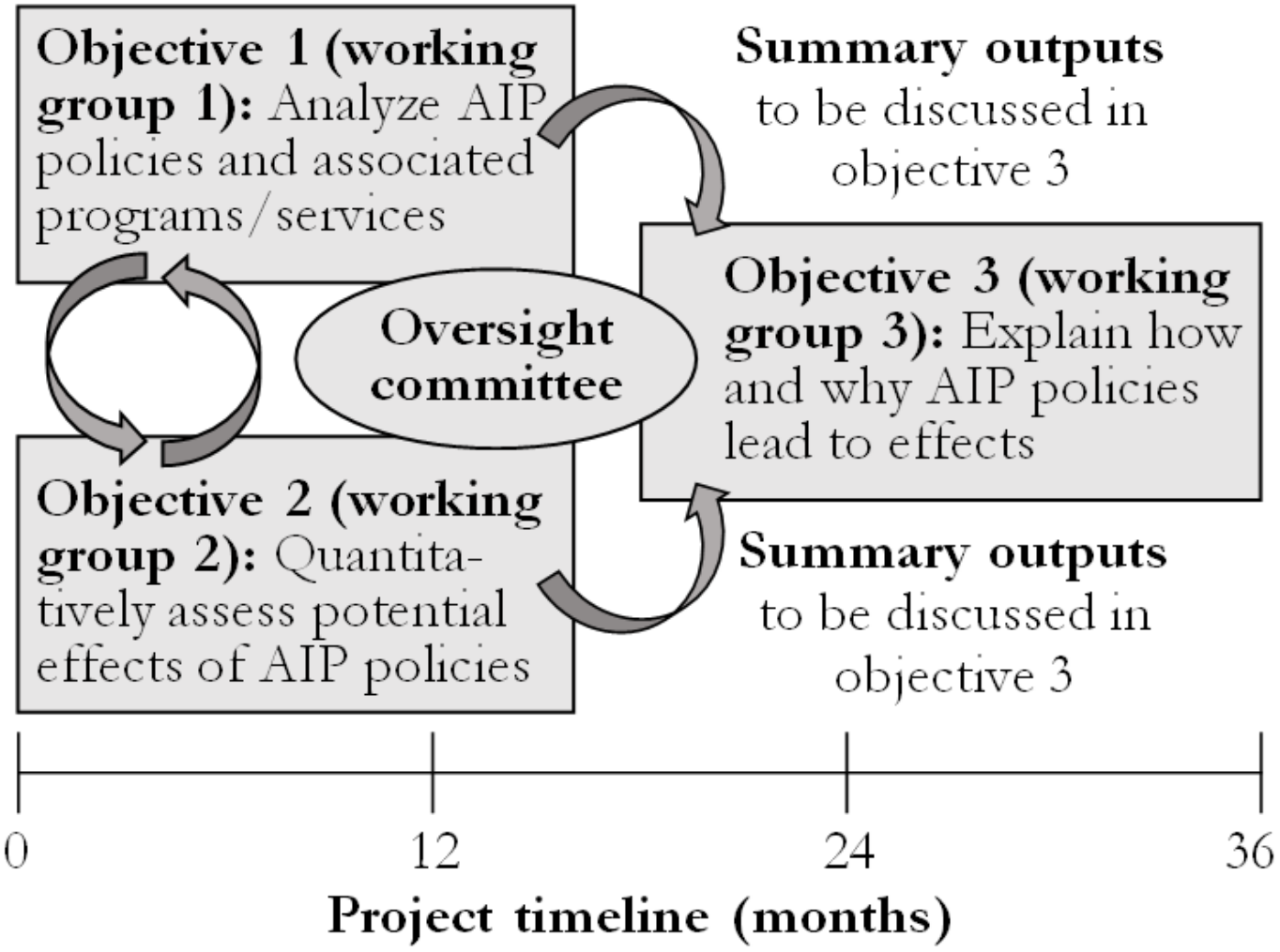
- Poorly designed and overly narrowly focused studies
- Variability and uncertainty in outcome measurement
- Lack of focus on the perspectives of people with dementia and supporters
- Failure to understanding the complexities of living with dementia, and of the kinds of multifactorial interventions needed to provide holistic and effective support
- Limited evidence policy and practice can use to make decisions

- No effect of single focused interventions
- Complex interventions reduced the risk for NH admission in people with dementia
- Only included RCTs
- No linkage to policies

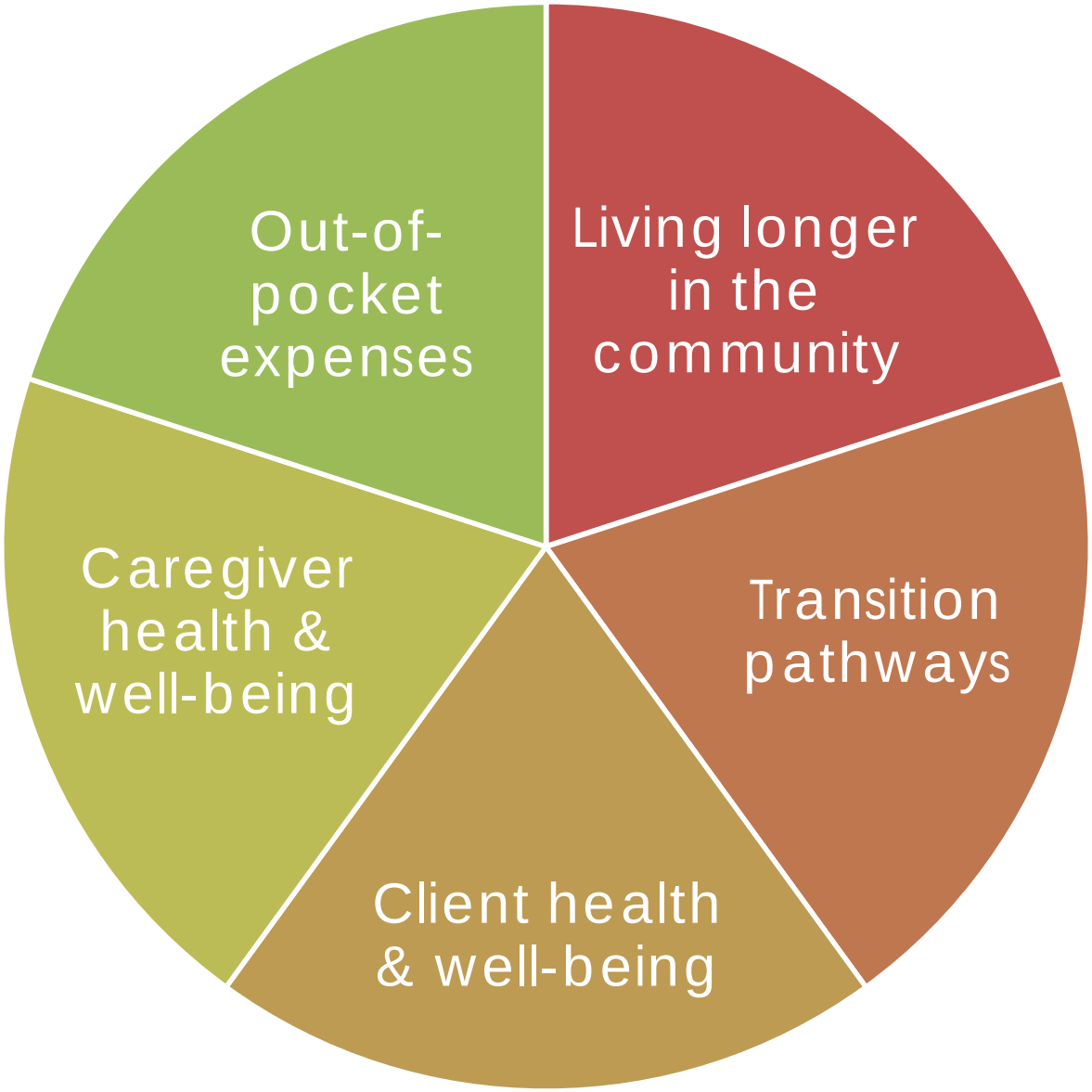
The evidence for services to avoid or delay residential aged care admission: a systematic review

Julie A. Luker, Anthea Worley, Mandy Stanley, Jeric Uy, Amber M. Watt & Susan L. Hillier

Proposed Future Research



Priority Areas to Focus on



THANK YOU

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