

## Selected Highlights about DAL\*

### The Study

- The ACCES research program involved over 2000 older adults residing in facilities with designated assistive/supportive spaces (DAL) and in long-term care facilities (LTC) throughout Alberta, their family members, and the facilities in which they lived.
- The objectives were: (1) to examine the health, social needs, and quality of care of older adults living in DAL and LTC facilities in Alberta; (2) to identify the services provided to these residents; and (3) to study outcomes after a one-year period.
- Assessments were completed with 1089 residents of 59 DAL facilities and interviews were conducted with 974 family/friend caregivers. Information was collected at baseline and then one year later.

### Characteristics of DAL Residents

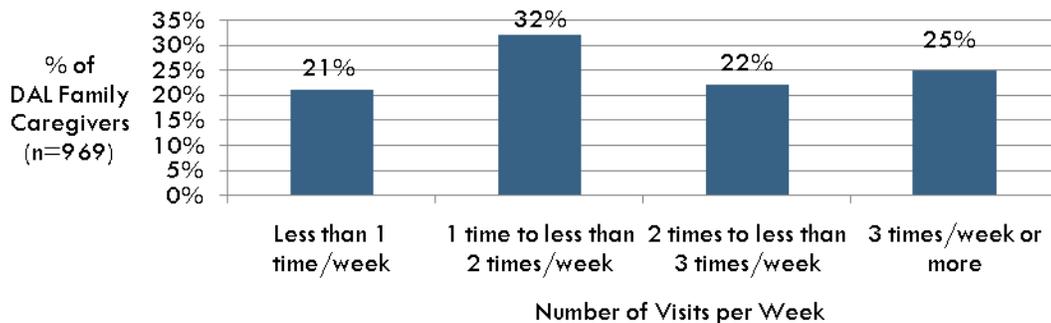
- 55% of the residents were aged 85+, with an average age of 84. The oldest resident was 103. 77% of the residents were female.
- Residents had an average of 4.6 diagnosed diseases. 58% had a diagnosis of dementia, 56% had been diagnosed with hypertension, and 54% had arthritis.
- Residents were taking an average of 8.3 regularly prescribed medications.
- 20% used wheelchairs/scooters while 59% walked with an assistive device.
- The majority of the residents received assistance with meal preparation, housework, and managing medications while almost all required some assistance with bathing. Over one-half needed some help with personal hygiene or dressing.
- Two-thirds of the residents exhibited some limitations in their cognitive skills for daily decision-making such as when to get up, which clothes to wear, or activities to do.
- 52% of the residents had not participated in a social activity of long-standing interest during the week prior to the assessment. 47% were assessed as spending, on average, little or no time involved in activities.
- In the 90 days prior to the assessment, 12% of the residents had at least one overnight inpatient acute hospital stay, 16% had at least one emergency room visit, and 63% had visited the physician at least once. Few residents had received physiotherapy (3%), occupational therapy (1%), or psychological therapy by a licensed mental health professional (1%) in the 7 days prior to the assessment.
- At the 1-year follow-up, 16% of the residents were living in long-term care (LTC) facilities. 16% of the residents had passed away by follow-up.

\* The term DAL is used here to encompass the different names used when the study began, including designated assisted living (DAL), enhanced designated assisted living (EDAL), designated supportive living (DSL), enhanced lodge (EL), and designated enhanced lodge (DEL).

## Characteristics of DAL Caregivers

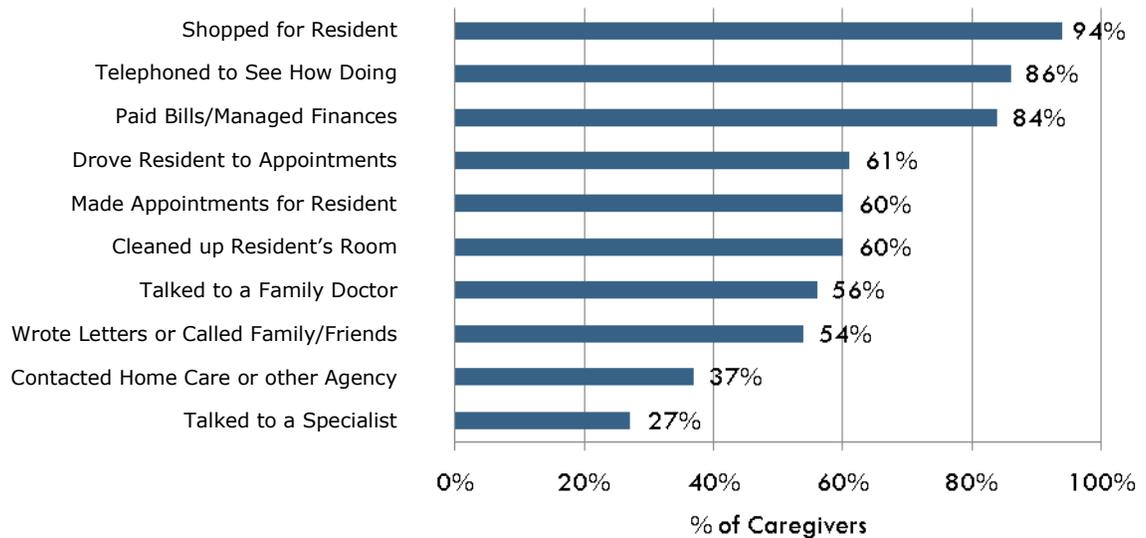
- Caregivers ranged in age from 22 to 91, with an average age of 58. 70% were female. The caregivers were most likely to be daughters (51%) or sons (23%).
- Caregivers resided varying distances from the resident; 49% lived less than 15 kilometers away. Four caregivers lived in the same facility as the resident.
- 25% of the caregivers reported that they visited at least 3 times per week while 21% visited less than once a week (Figure 1).

**FIGURE 1. FREQUENCY OF VISITING**



- Caregivers were involved in a variety of ways in the lives of residents (Figure 2).

**FIGURE 2. CAREGIVING TASKS**



- 65% of the 570 employed caregivers indicated that they had to leave work for the resident's appointments with doctors. 46% needed to leave work suddenly because of caring for the resident. 43% had missed work due to caregiving responsibilities while 25% had come late to work.
- Several caregivers agreed or strongly agreed that their activities were centered around caring for the resident (34%), they had eliminated things from their schedule since caring for the resident (33%), or have had to stop in the middle of work (31%).
- 82% indicated that they felt privileged to care for the resident, while 85% agreed or strongly agreed with the statement "*I really want to care for the resident*". Caring for the resident often made caregivers feel good (85%) or was viewed as important to the caregiver (96%).

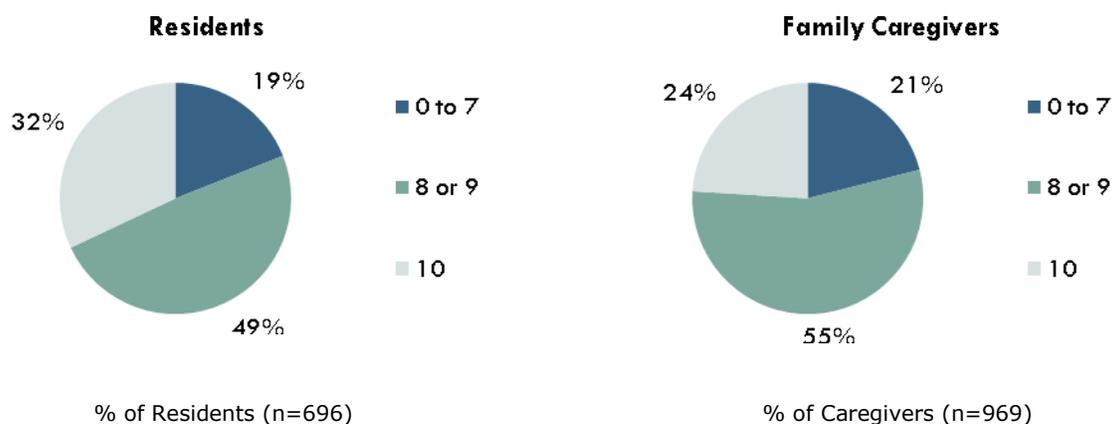
## Characteristics of DAL Facilities

- The owners/operators of the facilities included non-profit organizations (59%), for-profit organizations (36%), and the health region (5%).
- 90% of the facilities were multi-level facilities that offered DAL and other levels of care such as long-term care, lodge, and private assisted living.
- Facilities were likely to admit individuals with limited mobility restrictions and those with bladder or bowel problems that could be managed by the resident. Some facilities were able to accommodate individuals with cognitive or behavioural issues.
- Most facilities would need to discharge residents who were bedfast, needed a 2-person or mechanical lift, required help with feeding, and/or had cognitive/behavioural issues like physical aggression.
- On site staff tended to be personal care attendants (PCAs), with 93% of the facilities having PCA coverage on site 24 hours a day, 7 days a week. 46% of facilities had licensed practical nurses on site 24/7. 92% of facilities had registered nurses (RNs) on call but not on site, while 7% had RNs on site 24/7. One-third of the facilities had a GP formally affiliated with the facility.
- The services provided included assistance with personal care, meals, housekeeping, and some type of exercise/health program. Less likely was the provision of incontinence supplies, therapies in the facility, and transportation to appointments.
- 78% of facilities had private rooms only.
- Monthly base fees ranged from \$800 to \$2650 per month. This variation reflects different room designs/sizes and services.

## Residents' and Caregivers' Ratings of Facilities

- Residents and caregivers were asked "Overall, what number would you use to rate this facility?", with 0 being the worst possible and 10 being the best possible. 32% of the 696 residents who answered this question gave their facility a score of 10 (average=8.4) (Figure 3). In comparison, 24% of the 969 caregivers scored the facility as a 10 (average=8.3).

**FIGURE 3. OVERALL RATING OF FACILITY: DAL RESIDENTS AND CAREGIVERS**



- In response to the question "Would you recommend this facility to others?", 70% of the 695 residents and 76% of the 972 caregivers answered "definitely yes". Only 5% of residents and 4% of caregivers responded "probably no" or "definitely no". The remainder said "probably yes".

## Comparisons of DAL to LTC

- Differences emerged in the physical and cognitive functioning of DAL and LTC residents, with LTC residents tending to have more impaired functioning.
- DAL residents were more likely than LTC residents to have had an acute care hospital stay and an emergency room visit in the 90 days prior to assessment, and less likely to have visited their physician, reflecting, in part, the greater availability of nursing care and other services within LTC.
- DAL caregivers were much more likely than LTC caregivers to report that they or the resident had incurred costs associated with prescription medications, incontinence supplies, and over-the-counter medications.
- DAL caregivers were more likely to report involvement in caregiving tasks than LTC caregivers. This is due, in part, to the expectation of DAL that caregivers provide some assistance to residents.
- DAL and LTC caregivers gave similar ratings of the facility, with an average score of 8.3 out of 10 in DAL and 8.1 in LTC.
- The monthly base fees tended to be higher in DAL than in LTC. There was also more variation in fees in DAL than in LTC.

## Issues and Challenges

- Meeting the complex and changing needs of residents represents a major challenge. Dealing with dementia and mental health needs such as depression, aggressive behaviours, and wandering is a growing issue facing caregivers and facility staff.
- Staffing was often identified by caregivers as a concern and an explanation for why the resident did not always receive the services needed. Facility representatives also spoke at length of the staffing issues they faced, such as recruiting and retaining staff.
- Opportunities for social/recreational activities emerged as an area requiring attention. Other areas for improvement included housekeeping/cleaning, meals/food, personal laundry, bathing, oral care, toileting, and medication administration.
- Improved communication is needed. For example, better information about the expectations regarding the involvement of the family would be helpful to some caregivers as would information about when a resident has to move from the facility. Clarification of the roles of facility staff and Home Care/Supportive Living is required. In order to ensure that residents receive the best care possible, strategies to improve communication among all involved would be useful.

We would like to thank the residents and caregivers who willingly answered our many questions and the staff members who assisted in ensuring the success of the study.

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