

## Selected Highlights about LTC

### The Study

- The ACCES research program involved over 2000 older adults residing in long-term care facilities (LTC) and in facilities with designated assistive/supportive spaces (DAL) 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 LTC and DAL 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 1000 residents of 54 LTC facilities and interviews were conducted with 917 family/friend caregivers. Information was collected at baseline and then one year later.

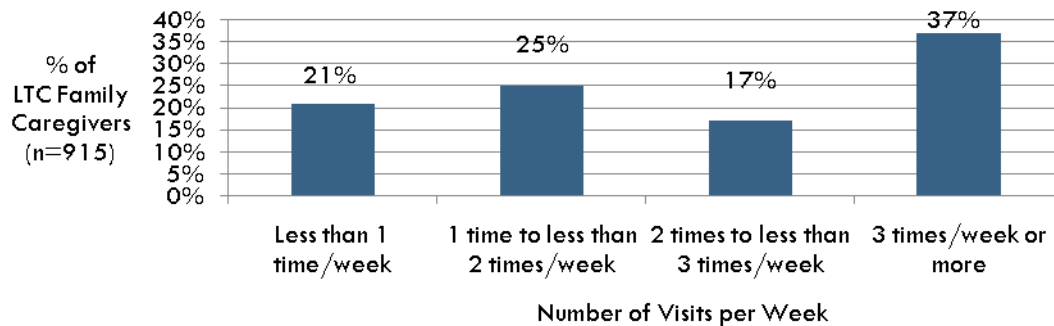
### Characteristics of LTC Residents

- 56% of the residents were aged 85+, with an average age of 85. The oldest resident was 104.
- 66% of the residents were female. 59% were widowed and 25% were married.
- Residents had an average of 5.2 diagnosed diseases. 71% had a diagnosis of dementia, 59% had been diagnosed with hypertension, and 52% had arthritis.
- Residents were taking an average of 7.9 regularly prescribed medications.
- 69% used wheelchairs/scooters while 21% walked with an assistive device.
- Generally, the residents received extensive assistance or were dependent with daily activities such as bathing, dressing, and toilet use.
- 9 out of 10 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.
- Some residents were reported to be verbally abusive (34%), socially inappropriate (28%), physically abusive (22%), or wandered (23%) in the 3 days prior to the assessment.
- 58% of the residents had not participated in a social activity of long-standing interest during the week prior to the assessment. 56% were assessed as spending, on average, little or no time involved in activities.
- In the 90 days prior to the assessment, 5% of the residents had at least one overnight inpatient acute hospital stay, 6% had at least one emergency room visit, and 90% had seen the physician at least once.
- In the 7 days prior to the assessment, 28% of the residents had physiotherapy, 9% had occupational therapy, and only 1% had received psychological therapy by a licensed mental health professional.
- 31% of the residents had passed away by the 1-year follow-up.

## Characteristics of LTC Caregivers

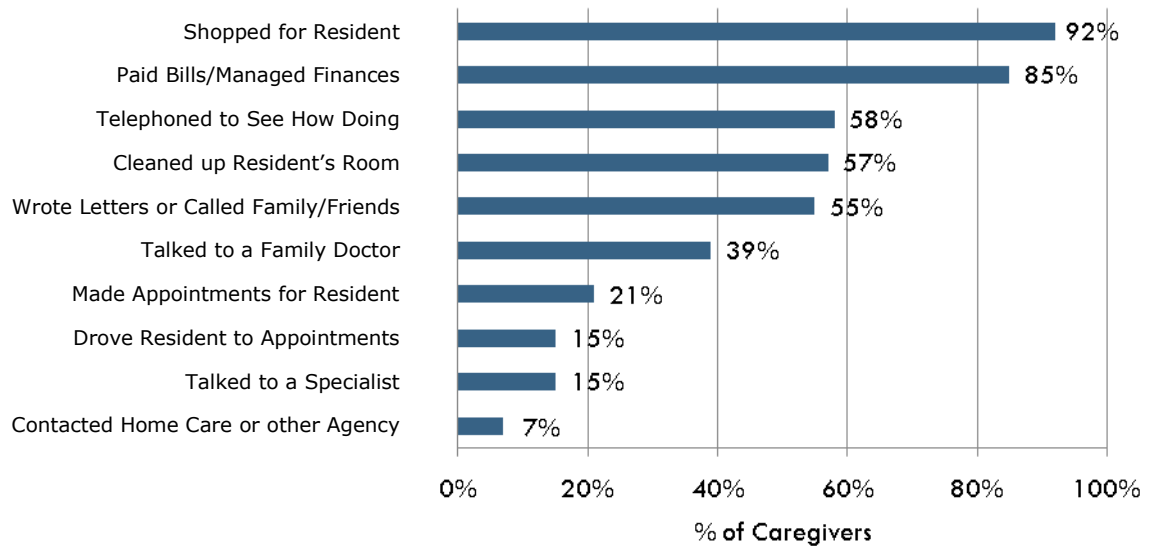
- Caregivers ranged in age from 24 to 95, with an average age of 62. 69% were female. The caregivers were most likely to be daughters (40%), sons (19%), or spouses (19%).
- Caregivers resided varying distances from the resident; 51% lived less than 15 kilometers away. One caregiver lived in the same facility as the resident.
- 37% 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**



- 51% of the 434 employed caregivers indicated that they had to leave work for the resident's appointments with doctors. 43% needed to leave work suddenly because of caring for the resident. 39% had missed work due to caregiving responsibilities while 24% had come late to work.
- Several caregivers agreed or strongly agreed that their activities were centered around caring for the resident (42%), they had eliminated things from their schedule since caring for the resident (34%), or have had to stop in the middle of work (19%).
- 84% indicated that they felt privileged to care for the resident, while 89% agreed or strongly agreed with the statement "*I really want to care for the resident*". Caring for the resident often made caregivers feel good (87%) or was viewed as important to the caregiver (98%).

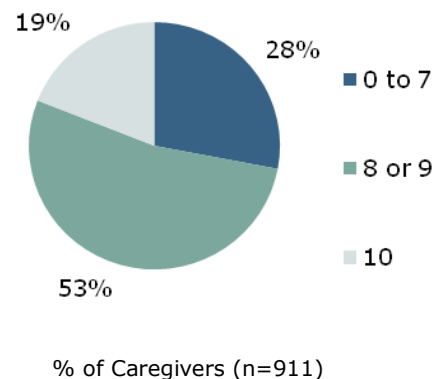
## Characteristics of LTC Facilities

- The owners/operators of the facilities included non-profit organizations (44%), for-profit organizations (26%), and the health region (30%).
- 41% of the facilities were multi-level facilities that offered LTC and other levels of care such as DAL, lodge, private assisted living, and acute care.
- Facilities were likely to admit individuals with mobility restrictions, continence issues, and a need for assistance with feeding. There was some variation in the likelihood of admitting individuals with behavioural issues such as physical aggression, reflecting concern for the safety of the individual and other residents as well as the availability and training of staff.
- On site staff tended to be personal care attendants (PCAs) and registered nurses (RNs). All facilities had PCA coverage and 98% had RN coverage on site 24 hours a day, 7 days a week. Some facilities also had licensed practical nurses (LPNs) on staff. All but one of the facilities had a GP formally affiliated with the facility.
- All facilities provided assistance with personal care, oral care, nursing care, administration of medications, incontinence supplies, physical or occupational therapies, and social work/clergy counseling. Personal laundry was provided or arranged at an extra cost by all facilities.
- 11% of the facilities had private rooms only, 82% had private and semi-private (2-person) rooms, and 8% had a mix of private, semi-private, and 3- or 4-person rooms.
- Monthly base fees ranged from \$1287 to \$1542 per month. This variation reflects rates for private, semi-private, and 3- or 4-person rooms.

## Caregivers' Ratings of Facilities

- Caregivers were asked to assess the facility and the care/support provided.
- The assessment of staff was generally positive although staff shortages and staff turnover were noted as concerns.
- In terms of specific services, bathing received the lowest satisfaction rating. Many caregivers spoke about the limitation of only one bath per week. Toileting also received relatively low ratings, with some caregivers expressing concerns about the length of time the resident had to wait for assistance and a lingering smell of urine.
- Less than 50% of the caregivers were very satisfied with the meals/food. When asked to rate the cleanliness of the facility, only 20% of the caregivers gave the facility a 10 out of 10.
- 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. 19% of the 911 caregivers who answered this question gave their facility a score of 10 (average=8.1) (Figure 3).
- In response to the question "Would you recommend this facility to others?", 71% of the 916 caregivers answered "definitely yes". Only 7% of caregivers responded "probably no" or "definitely no". The remainder said "probably yes".

**FIGURE 3. OVERALL RATING OF FACILITY**



## Comparisons of LTC to DAL

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

## 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.
- Bathing, meals/food, toileting, and oral care emerged as areas requiring attention. Other areas for improvement included medication administration, housekeeping/cleaning, personal laundry, and opportunities for social/recreational activities.
- Improved communication is needed. For example, better information about the expectations regarding the involvement of the family would be helpful to some caregivers. In some facilities, staff need to better communicate with each other, with residents, and with caregivers. 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.

Funding for ACCES was provided through grants from Alberta Innovates: Health Solutions (Alberta Heritage Foundation for Medical Research #200400893), the Canadian Institutes of Health Research's Institute of Aging and the Rural and Northern Health Research Initiative (HAS-63179), the Canadian Institutes of Health Research (MOP 81216), and Alberta Health Services and Alberta Seniors and Community Supports as part of the Collaborative Research Grant Initiative: Mental Wellness in Seniors and Persons with Disabilities. A similar report on DAL is available upon request.

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