EDITORIAL – OCTOBER 17, 2022

ARE HOSPITALS A RISK TO PEOPLE WITH DEMENTIA?

Older adults living with dementia are 6 times more likely to be institutionalized in a long-term care facility if their initial assessments to determine their eligibility are done in a hospital than if they are assessed somewhere else. 61% of older adults with dementia live at home (Canadian Institute for Health Information (CIHI), 2022).

That number could increase greatly if Canada and especially Ontario had a comprehensive system of in-home, direct funding, and community-based residential care options (CIHI, 2022).

The Family Managed Care program continues not to include people with dementia as one of the groups for which this direct funding program was designed (Home and Community Care Support Services (HCCSS), 2022).

Why?

With dementia placing people at great risk of institutionalization, why would the Ontario government not design this program specifically to allow caregivers to receive funding "to purchase home care services or employ care providers" (HCCSS, 2022), thereby taking the pressure off them and giving them some choices?

The government claims to want to fund the right care at the right time in the right place (Ontario Government, 2020). So why not empower those who know people with dementia best – their caregivers – to obtain the supports and services they require how, when, and where they require them? Why empower hospital placement coordinators rather than service recipients themselves when it has been shown that hospital-based assessment increases people with dementia's risk of institutionalization?

Community-based Assessments are Safer for Elders with Dementia

The best way to explain what is meant by community-based assessment for those living with dementia is to provide an example.

The Brock Geriatric Assessment Program serves elders in Brock Township and is a partnership between the Brock Community Health Centre and the Regional Geriatric Program of Toronto, collaborating with the Seniors Care Network. It is available to elderly people living in the community who can refer themselves, be referred by a family member, or by a family physician, nurse practitioner or other health practitioner. Assessments are collaborative in nature and are done by an interdisciplinary team with a nurse practitioner and registered practical nurse on site. Video conferencing technology allows access to specialized geriatric consultation services and

expertise. Assessments result in individualized care plans (Brock Community Health Centre, 2022).

A bit different than assessments completed by placement coordinators located in hospitals where there is pressure to empty the beds through any means necessary, including long-term care placement without consent.

Elders with Dementia are Better Off at Home

75% of elders with dementia receiving care at home do not exhibit "responsive" behaviors (CIHI, 2022). This should not surprise anyone. At home they follow familiar routines, in a place well known to them, and are among friends, neighbors, and family. They are without the stress of being taken care of by strangers, and are not subjected to institutional routines. Home is soothing. An institution is not, irrespective of whether or not there are attempts to make it more palatable through Eden Alternative or Butterfly programs. These are band aid solutions that do not address the real issue – unjustifiable institutionalization in the absence of consumer-directed in-home and community-based residential alternatives. Residents are still segregated and excluded from their home communities.

Elders with dementia score the same on the CHESS Scale (Changes in Health, End-Stage Disease and Signs and Symptoms) and have fewer hospital admissions than people without dementia (CIHI, 2022). Their risk of institutionalization, as is true for those who do not have dementia, increases with age. About one third of individuals with dementia aged 65-79 live in long-term care institutions. 42% are 80 and older. Those who live alone instead of with a primary caregiver are twice as likely to end up institutionalized. The same is true of those whose caregiver is burning out and no longer able to provide care. Predictably those with higher levels of cognitive disability and physical disabilities are also more likely to be institutionalized (CIHI, 2022).

The solutions are obvious.

- Prevent caregiver burnout by establishing in and out of home supports to assist with activities of daily living, supervision, nighttime support, and in and out of home respite;
- Empower caregivers by providing direct funding to allow them to obtain support when, where and how they require it;
- Implement a Paid Family Caregiver program to allow family members to take leaves of absence from work to care for loved ones while not suffering financial hardship;
- Make better use of virtual care options that caregivers can access quickly in an emergency that may keep people out of hospitals. Paramedics could provide valuable assistance in this;
- Ask a community-based geriatric assessment team to assess a person with dementia rather than a hospital-based assessor;
- Fully fund day support programs and transportation services in every community for people with dementia;

- Fully fund small, fully staffed residences in people's own neighborhoods and communities for those whose caregivers can no longer care for them or for those who live alone.

We have residential models in place for people with developmental and physical disabilities. These existing models should not be created only for younger people with disabilities and denied elders on the basis of their age. To do so is ageist public policy. It is time Ontario funded municipalities and non-profit agencies to provide this kind of residential program for elders with dementia.

Hospitalization that results in institutionalization is unjustifiable when there are so many other options for helping elders with dementia to stay at home, at the homes of loved ones, or in a staffed community residence.

Small Homes: Community-Based Residences are Humane and Cost Effective

Long-term care institutions receive approximately $200 per day (Ontario Long-Term Care Association, n.d.). A non-profit community residence housing 6 people with dementia, operated by a municipality or a non-profit seniors serving agency would receive $1200 per day if that funding was redirected from institutions to the community.

PSWs on contract in nursing homes make about $27.00 an hour at the top end (Advanced Care Solutions Inc. 2022). Therefore $1200 a day in funding equals over 44 hours of care per day on a 1-6 staff to resident ratio. With only 24 hours in a day, the 20 additional hours of extra staffing could provide trauma-informed care and homemaking support for several hours per day to supplement existing PSW staffing.

With residents also paying co-pays of up to $2769.00 per month for a private room in a long-term care institution (Government of Ontario, 2022), over $16,600.00 would be available per month for general upkeep, capital purchases, food, and mortgage payments for a community residence specializing in dementia care.

Creating a caring, fully staffed home in the community is completely doable.

So why is the Ontario government not doing it?

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