

Balance of Care: Dementia Considerations & Supportive Housing

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Objectives

“To determine the extent to which individuals with cognitive impairment waiting for LTC facility placement in the South West LHIN can age-in-place in the community if given access to a range of health and social care services.”

And more specifically:

“To determine the extent to which supportive housing impacts favorable outcomes (e.g., good for people and good for the system) for persons with cognitive impairment.”



South West BoC Sample Individuals Waiting for LTC Placement

Cognition	Percentage
Intact	36%
Not Intact	64%
TOTAL	2876



Assisted Living

- *Assisted Living* in the community can take on different forms across Ontario:
 - Attendant Care
 - Cluster Care
 - Retirement Homes/Domiciliary Care
 - Supportive Housing



Perceptions of Assisted Living

- BoC Expert Panelists generally perceived Assisted Living, in particular Supportive Housing to be cost-effective options for care in the community due to:
 - Less dedicated staff time for coordination
 - Close proximity (enhances communication and minimizes transportation)
 - Flexibility



Supportive Housing

Supportive Housing (SH) looks different across Ontario with *no standard*

- Assessments
- Eligibility requirements
- Intake procedures
- Core basket of services

Therefore difficult to estimate extent to which SH models may be cost-effective alternatives



Dementia & Supportive Housing Options

Key Considerations for Dementia Care & SH from South West BoC:

- Divert rates were similar between Community Care Packages and SH Packages yet approaches to care differed
- SH offered very "*rich*" packages:
 - Additional in-home monitoring & meal assists
 - ADP assist and/or substitution
 - Role of the informal caregivers may change
 - Respite



South West BoC Vignette Examples

Vignette	Cognition	ADL Diff	IADL Diff	Caregiver @ home	% of LTC Waitlist
#21 Upperton	Not Intact	None	Some	Yes	(2.6%)
#22 Vega	Not Intact	None	Some	No	(5.6%)



South West BoC SH Upperton Vignette

- **Not cognitively intact** but functionally independent in all ADLs (exception – ltd bathing assistance)
- **Some** difficulty using the phone, managing medications & preparing meals
- **Great** difficulty with transportation & housekeeping
- **Live-in caregiver** (53 % spouse; 42 % adult-child)



South West BoC SH Vega Vignette

- **Not cognitively intact** but functionally independent in all ADLs (exception – ltd bathing assistance)
- **No** difficulty using the phone 
- **Some** difficulty managing medications & preparing meals
- **Great** difficulty with transportation & housekeeping
- **No live-in caregiver** (75 % adult-child outside home)



Dementia Considerations

Cognition - Not Intact defined as:

- Short term memory problems
- In specific situations, decisions become poor or unsafe and cues/supervision necessary at those times
- Difficulty finding words/finishing thoughts but if given enough time little or no prompting is required



How the Conversations Changed for Persons with Dementia

- “Low needs” clients with caregivers less likely to be brought onto SH (e.g., Upperton considered like Copper)
- Pre-existing clients in physical and/or cognitive decline would be accommodated where possible (e.g., maintaining pre-established routines with informal caregiver partnering; capacity issues)
- Admittance/maintenance of clients with dementia onto SH dependent on safety (e.g., risk for wandering leaving water running; medication tampering; inappropriate clothing)



Summary

- Key Factors that influenced SH care package decisions for persons with dementia include:
 - Presence of a live in caregiver (overnight monitoring)
 - Previous knowledge of the client/routines
 - Consistency of staff
 - Type of setting/environmental design
 - Physical needs of client
 - Ability to manage/accommodate “behaviours”



Final Conclusions

- The extent to which SH impacts favorable outcomes for persons with cognitive impairment appears largely contingent upon:
 - Regional availability (critical mass)
 - Target population (eligibility criteria & impairment level)
 - Goal(s) of the SH program (rehab; 'til death do us part?)
 - Degree of support / resource capacity (consistency & SKA's)
 - Presence of a caregiver (proximity/ expectations of caregivers)



Thank You **BoC: Dementia Considerations & Supportive Housing**

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