

Long Term Care Options for Seniors

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Respecting Loved One's Wishes

- Usually to stay at home
 - Informal supports
 - Professional providers
 - Community supports

Informal Supports (Family & Friends)

- 23% OF CAREGIVERS WERE THE PERSON'S WIFE
 - 12% WERE THE HUSBAND
 - 37% WERE CHILDREN; 28% DAUGHTER, 9% SON
 - 23% WERE OTHER FRIENDS OR RELATIVES
 - 5% WERE A PAID CAREGIVER
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- 75% OF CAREGIVERS WERE WOMEN; 70% MARRIED
 - 29% WERE ALSO EMPLOYED

CANADIAN STUDY OF HEALTH AND AGING 1991-1997

Professional Providers

- Doctor
- Geriatrician, Psychologist, Neurologist
- Social Worker
- Occupational Therapist
- Physiotherapist
- Nurse
- Dietician
- Speech Language Pathologist
- Private Caregiver

Community Supports

- CCAC (COMMUNITY CARE ACCESS CENTRE)
- HOME/HEALTHCARE AGENCIES
- RESPITE CARE
- COMMUNITY BASED AGENCIES
 - MEALS ON WHEELS
 - SENIOR ADULT DAY PROGRAMS
 - TRANSPORTATION SERVICES
 - VOLUNTEER VISITING
- EMERGENCY RESPONSE SYSTEMS

Decision to Place

Assumption:

Applicants & families believe they will simply apply to the facility of their choice and within a short time a bed will be offered.

Decision To Place

The Applicant:

- need for continuous supervision
- day/night reversal
- Incontinence x2
- two person transfer

Decision To Place

The Caregiver:

- sleep deprivation
- illness/stress
- lack of reliable assistance

Supportive Housing

- Owned and operated by municipal governments, or non-profit groups, (faith groups, seniors' organizations, service clubs and cultural groups.
- Care arrangements between tenant and service provider defined in contract.
- Designed for people who need only minimal to moderate care

Supportive Housing

- Services can include on-site personal care for hygiene, dressing and washing, daily visits or phone check-ins.
- Can include shopping, meals and transportation. Additional fees for transportation, meals, recreational outings
- Apply directly to provider, municipality, or individual landlord.

Supportive Housing

- Costs:
- Based on market rents for similar apartments
- Range \$600 - \$1200 per mo.
- Subsidies can reduce rent by two-thirds max.
- Long wait list for subsidized units

Retirement Homes

- Privately owned and partially regulated by the provincial government.
- No medical benchmark a senior must reach but facility may assess needs
- Some may adapt to changes in personal care needs
- Offer “assisted living” floor at an additional fee.

Application To Retirement Home

- Provide room and board and some social activities.
- Provides meals, laundry, social activities
- Costs for accommodation vary in different facilities, often much higher than a nursing home
- Apply to individual Retirement Home
- Costs not covered

Nursing Homes/Homes for the Aged

- Nursing Home are Governed by the Nursing Homes Act.
- Municipal Homes for the Aged are governed by the Homes for the Aged and Rest Homes Act.
- Charitable homes for the Aged are charitable are governed by the Charitable Institutions Act

Nursing Homes/Homes for the Aged

Rates are pegged to OAS, GIS, GAINS and may increase annually

- As of July 2011
- Private: \$2,166.58
- Semi-Private: \$1,862.41
- Basic \$1,619.08 (sliding scale)

Nursing Homes/Homes for the Aged

- Accredited by Provincial Government
- Staffing includes 24/7 nursing care and personal care for ADLs
- Accommodates changing health needs
- Provides meals, laundry, recreational activities
- Additional costs

Application Process

- Generic Application through CCAC
- Approval based on care needs
- Application sent to chosen LTC facilities for approval – 5 maximum
- Wait times vary by facilities and accommodation choice
- Bed refusal policy

Entering Nursing Homes/Homes for the Aged

- 51% admitted from an alternate facility
- 19% from home
- 21% from hospital
- 9% from Retirement Home

5 mo. Dec. 2003 to May 2004

Timing of LTC

Families conflicted about accepting a bed offer :

Accepting earlier than necessary

vs.

Unavailability when necessary

Assessing LTC

- Attitude of Staff
- Cleanliness
- Amenities
- Programs
- Services
- Flexibility
- Wait List