A Call for Pansystemic Change in Canadian Long-term Care

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Exposing the cracks

In a few short months, COVID-19 has achieved what no individual, organization, or advocacy group was able to do in decades, and that is to fully expose the cracks in the way we care for our older adults. Before this pandemic, media reports would appear almost daily describing a broad range of problems in Canada's long-term care facilities. But nothing changed.[1]

Now we are learning that more than 80% of COVID-19 deaths in Canada are connected with long-term care and seniors homes. These homes are being called "death pits." Horrific problems are being described in detail. Lately we've heard calls for everything from government ownership, to more public funding, to national standards. But so far, the solutions offered do not go beyond tinkering. Yes, staff remuneration needs to be boosted, multi-resident rooms need to be eliminated, and adequate PPE and testing need to be provided. And yes, the care of our elder population must be made a higher priority by our governments. But these are all missing the point, veering away from the fundamental issue.

What we really need is pansystemic change – culture change, policy change, design change, care delivery change – to achieve (1) better quality of care for our older adults in a (2) more economical way, one that doesn't bankrupt our economy or our citizens, while providing (3) freedom of choice to those who need care. There are good examples that point the way.

I am mostly concerned with the delivery of care and the built environments within which this care is provided. Currently most long-term care facilities are hospital-like in their design and in the way care is provided. There are better models out there, but their uptake has been very slow and governments seem to be oblivious to them, thus perpetuating a broken system.

That is why the CBC News report of May 10/20,[2] which reported that the Federal Government is being urged to provide funding to upgrade existing care facilities and to construct new ones, is of great concern. Minister McKenna appears ready to provide funds for shovel-ready projects. While this is a commendable sentiment, why would we even consider spending money on constructing new facilities or upgrading old facilities based on standards that were not only obsolete before the current pandemic, but also have not been revised to incorporate what we are now learning from it? It is absolutely crucial that we fix the horrific problems that were identified even before the pandemic, and that have since mushroomed.

How Did We Get Here?

Early on, long-term care became medicalized and institutionalized, resulting in hospital-like facilities with long corridors, omnipresent nurses stations, and large and impersonal spaces,

along with hospital-like care delivery with fixed schedules, hierarchy of staff, and meals prepared in central kitchens. Unfortunately, most long-term care facilities are still like this. Residents are isolated and segregated from society, effectively warehoused in quarters where disease can easily spread, as we are witnessing now.[3]

Why is CALTC's proposal flawed?

In its January 2020 pre-budget submission[4] to the Federal Government, the Canadian Association for Long-Term Care (CALTC) requested funding for, among other things, the "construction, renovation and retrofit…. to meet current design standards…" The submission correctly identified the need for Canadians to change their view of long-term care from "medical facilities or mini-hospitals" to "seniors housing where care is provided." However, following the design standards touted by the submission would only tinker with an obsolete medical/institutional model of long-term care.

- The submission calls for *private or semi-private residences that are more reflective of a home environment*. While this sounds good, multi-resident rooms are clearly obsolete. In fact, Manitoba Health made the decision to construct only private rooms almost 40 years ago. Studies have shown that semi-private resident rooms also significantly increase the risk of virus spread, as well as the agitation of residents (especially those living with dementia), and related injuries to care providers.[5] The current pandemic has proven the importance of avoiding all shared rooms.
- The submission calls for *multiple dining rooms*. This is a step in the right direction toward a more home-like environment. For example, Salem Home, a 125-resident long-term care facility in Winkler, Manitoba, has constructed 9 dining areas over time. However, the long hallways and meals from a commercial kitchen still reinforce the obsolete medical/institutional model.
- The submission calls for *wider hallways*. Hallways in long-term care facilities are sometimes referred to as "horridors." Although it is important to accommodate wheelchairs and walkers, widening hallways in existing facilities can be prohibitively costly while wider hallways in new facilities will simply reinforce the obsolete medical/institutional model and should be minimized or eliminated.
- The submission calls for *spacious common areas*. As with dining areas, large common areas tend to be impersonal. They reflect an abnormal way of living and reinforce the obsolete medical/institutional model.
- The submission refers *to noisy nurses stations*. They, along with other vestiges of the obsolete medical/institutional model, need to be eliminated.

To provide any funding for upgrading or new construction of long-term care facilities or seniors homes as proposed by the CALTC would be a colossal waste of money.

Why is the household approach better and more economical?

It is time to leave all that behind and find a new way of providing care for older adults. One viable option, that's not really all that new, is the household approach or model, sometimes

referred to as the small house design. It's a grouping of 6 to 10 residents around a living/dining area, with a residential kitchen where meals are prepared, with a self-managed team of universal care workers that stay with each household. Team members are specifically trained for this model of care delivery, providing personal care, meal preparation, laundry and light housekeeping. These facilities and their care delivery model are designed to be more like a family home, with flexible schedules determined by the residents, especially important for those living with dementia because of the familiarity they need.

The scale of the household approach also provides enough flexibility so it can be incorporated into developments of any size. For example, in suburban Rochester, NY, two 10-resident homes are integrated into an existing residential neighbourhood.[6] Two or more homes can also be integrated into large village-like communities that may include multi-levels of care, multi-generational housing, and mixed-use.[7]

Studies show that these household facilities cost less to operate because of less medication use and less food waste. Also, costs to the health care system are reduced due to decreases in emergency room visits, pressure ulcers, etc. The household approach is now the standard in Manitoba where these facilities are being built at almost half the cost of the traditional medical/institutional facilities, partially due to changes in building code interpretation.[8]

The National Institute on Aging (NIA), in its September 2019 White Paper, "Enabling the Future Provision of Long-Term Care in Canada,"[9] describes new approaches and models of long-term care that have evolved over the last few decades to promote more person-centred and flexible care. It highlights "emerging and leading evidence-informed models of care, support, and care practices that the NIA and its stakeholders from across Canada have identified." It suggests that these innovative models of care "could either be introduced into the Canadian context – or if already present – could be spread across Canadian jurisdictions in an effort to shape an enhanced future for the provision of long-term care."

The NIA's White Paper describes examples such as the Green House Project, a non-profit organization with approximately 300 homes in the US. Its mission is to create "radically non-institutional nursing homes that are real homes that foster meaningful lives and empower staff."[10] Inspired by the Sherbrooke Veterans Village in Saskatoon,[11] the Green House Project was founded by Dr. Bill Thomas in 2003. Most Green House homes have 10 residents per household, all in private rooms. Care is person-centred, allowing residents "to dictate their schedule, their activities, and their meals" and is provided by "a consistent and empowered team of care providers" who tend to spend more time with residents, providing care as well as doing tasks such as meal preparation, laundry, and light housework. The Green House Project is an excellent example of the household approach.

The NIA Paper also includes the Hogeweyk, a facility in the Netherlands that provides care for older adults living with severe and extreme dementia. Owned by the non-profit Vivium Care Group, its development began in 2002, with phase 1 opening in 2008, phase 2 in 2009, and a four-house addition in 2018. Designed to create the feeling of a small Dutch neighbourhood, it now has 27 homes, each with six to seven residents[12] who are grouped according to interests, backgrounds, and values. Each home has a front door and doorbell, entrance hall, living/dining area, and a kitchen where all meals are prepared. Staff assigned to each home prepare all meals

with groceries from the store on site. Residents participate if they wish. Staff also take care of light housekeeping. The complex also includes various shops, offices, restaurant, café, and pub. The emphasis is on familiar surroundings and quality of life.

How does the household approach mitigate virus and flu spread?

Long-term care facilities are vulnerable to virus spread. Although infection control was not a primary reason for establishing the household approach, over time it's become an important advantage. "Infection prevention was never a main reason for us to develop the concept like this," says Eloy van Hal, Senior Advisor and a Founder of the Hogeweyk. "It was always recognized as a positive side effect" he adds, pointing out that the main objective was quality of life. He goes on to say that "Noro (virus) and the regular Flu virus, for example, can also be a big problem in care homes. Over the last 15 years we had only one serious outbreak of Noro in the Hogeweyk, where we had to take quarantine measures in and with several houses. Also, with this outbreak we could see the big advantage of small scale and we were in control quickly."[13]

How has the household approach performed during COVID-19?

One of the most important factors in controlling COVID-19 has been the ability to cohort residents, thus creating smaller self-contained living units that improve infection control (like the households), while still supporting relationships. "Although the Hogeweyk is not completely Corona free anymore, it seems to be under control, in large part due to the small households of 6 to 7 residents and most staff working in only one or two households." notes van Hal. He adds, "The household model like the Hogeweyk (or single apartments) has a lower infection risk because it has the advantage of better controlling and preventing the pandemic."

Susan Ryan, Senior Director of The Green House Project, reports that "The Green House homes are doing quite well amid the pandemic. In many ways, this is a model that was made for this moment. The design features, as well as the consistent staffing and philosophy of person-directed care, combine to create truly synergistic transformation that mitigates the spread of infection." Based on data collected from 243 Green House homes, she advises that only eight have had COVID cases to date.[14]

After COVID, what will the new normal look like?

"There will come a time when we will see this pandemic in the rear-view mirror. There will NOT come a time when we will return to the old normal." says Robert Kramer, President and Founder of Nexus Insights, a new advisory firm that helps clients "rethink aging from every angle." Based on what we have learned so far during this pandemic, what will the new normal be for long-term care? What will the key considerations be in their design?

Small Households

Small households that support relationships, provide infection control, and have a stronger connection with community, will be critical. Kramer predicts that seniors housing and care will have to demonstrate how good infection control protocols in congregate settings will be provided. He notes, "They will be designed with small self-contained neighbourhoods with their own eating areas, like the small house [household] approach. Whether it's 60 units or 160, you'll see small neighborhoods that can easily isolate when an infectious disease strikes.[15]

Small Neighbourhoods

Juniper Communities, a senior living organization with 22 facilities, is reinventing itself based on its experience dealing successfully with COVID-19, explains Lynne Katzmann, its Founder and President. She also points out the need to create smaller cohorts or neighborhoods that maintain infection control as well as support relationships. She adds, "Cohorting is very important to give peace of mind, to assure safety but also to support building real strong relationships among small groups of people." These small residential neighborhoods need to include healthcare, retail, and a variety of services readily available onsite for when people need them. She also notes that although "Juniper has always had a non-hierarchical approach to staffing, it will become more so, and our (retraining of staff) into true universal workers will continue."[16]

More Personal Space

It is also clear now that residents will require more personal space (suggesting larger resident rooms) to reduce the psychological impact of small spaces on residents during lockdowns. It may be time to rethink the resident rooms in long-term care. Providing more personal space allows the opportunity to create a small suite with a bedroom (private space) and a living area (semi-private space), as is the case in a number of European long-term care facilities. For example, in a recently completed project embedded in a small Dutch community, long-term care will be provided to residents in their small suites by the Buurtzorg self-managed care teams that also provide home care.[17] And there will be no more visiting in the resident's bedroom even though its design may include a comfortable window seat.

Kramer points out, **"**The norm has been to provide minimal private space so that residents spend more time out in the large public spaces. But this pandemic may put a premium on personal space. We now see a desire in design for larger personal spaces rather than having huge congregate spaces and public spaces with tiny personal living spaces. In some situations, the household living areas may need to be increased as well.

Long-term Care – Better Quality at Lower Cost

The COVID-19 pandemic has disrupted our lives in many ways. Its silver lining is the opportunity it has given us to reshape the future of long-term care. Let's start that process by dismantling and replacing our archaic systems so that we can have better quality care for our older adults that costs less. We need pansystemic change, and we need it now. Such change promises to benefit older adults and their families. It also promises to benefit all of Canadian society.

[1] For my earlier views on "the cracks in long-term care widening to dangerous proportions" see my White Paper: "LONG-TERM CARE: The Good, the Bad, and the Ugly" at https://www.ft3.ca/news/whitepapers/whiteLongTerm.php

[2] Kathleen Harris, CBC News, May 10, 2020: "Pressure mounts on federal government to help fix, build long-term care homes as pandemic takes deadly toll." https://www.cbc.ca/news/politics/long-term-care-infrastructure-1.5559331

[3] In her epic book, *End of the Line, Inside Canada's Nursing Homes*, published in 1989, Maria (Bohuslawsky) Cooke documented those cracks in great detail. A decade later, the Sherbrooke Community Centre in Saskatoon opened Veterans Village, four 10-resident houses (households), each with its own living, dining, and kitchen where home-cooked meals are prepared, and an assigned care team of multi-skilled staff. It gained internationally renown. The same year, a similar facility opened in the town of Fisher Branch, in Manitoba's Interlake, with three 10-resident units. Its design and operation were based on the Chez Nous philosophy of care that evolved from a major re-think at a long-term care facility in Notre Dame-de-Lourdes, in southern Manitoba. Despite significant improvements in residents' quality of life, including significant reduction in use of suppressants, little attention was paid by provincial authorities and politicians, until recently.

[4] "Crisis Point: Addressing the Needs of Seniors Living in Long-Term Care, Federal Pre-Budget Submission 2020," Canadian Association for Long Term Care. See: https://caltc.ca/wordpress/wp-content/uploads/2020/02/CALTC_budget_submission_2020.pdf

[5] "Exploring the Cost and Value of Private Versus Shared Bedrooms in Nursing Homes," Margaret Calkins, PhD, and Christine Cassella, in *The Gerontologist*, Vol. 47, No. 2, 2007, 169-183.

[6] Personal email from Dr. Al Power, geriatrician, educator, and author, July 17, 2015

[7] For more background information regarding households and village-like communities, see Bill Benbow, "Care Villages" in *Canadian Nursing Home*, December 2019, Vol.30, No. 4.

[8] Personal email from Jerald Peters, Principal, ft3 Architecture Landscape Interior Design, Winnipeg, MB, May 20, 2020.

[9] "Enabling the Future Provision of Long-Term Care in Canada," National Institute on Ageing White Paper, September, 2019. See: https://cnpea.ca/images/futureoflong-termcare_v7_final-09-09-2019.pdf

[10] Email from The Green House Project, May 5, 2020.

[11] Personal email from Suellen Beatty, CEO, Sherbrooke Community Centre, Saskatoon, SK, May 15, 2015.

[12] Personal email from Eloy van Hal, Senior Advisor and Founder, the Hogeweyk, Weesp, the Netherlands, May 27, 2020

[13] Personal email from Eloy van Hal, Senior Advisor and Founder, the Hogeweyk, Weesp, the Netherlands, May 4, 2020.

[14] Personal email from Susan Ryan, Senior Director, The Green House Project, Lithicum, MD, USA, May 14, 2020.

[15] Virtual Summit, Senior Living Foresight, Presentation: "COVID-19 and the New Normal: What Does This Mean for the Future of Senior Living?" by Robert Kramer, President and Founder, Nexus Insights, April 21, 2020.

[16] Virtual Summit, Senior Living Foresight, Presentation: "It Needs to be a Square Dance, Not a Sock Hop" by Lynne Katzmann, Founder and President, Juniper Communities, April 24, 2020.

[17] Personal email from Jos Kronenberg, Construction Affairs, Buurtzorg Foundation, the Netherlands, May 6, 2020.