

Reimagining Long Term Residential Care: Ideas Worth Sharing

A brainXchange Webinar

(in partnership with the **Alzheimer Society of Canada**
and the **Canadian Consortium of Neurodegeneration in Aging**)

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Pat Armstrong, PhD,
Principal Investigator, York University

RE-IMAGINING

LONG-TERM RESIDENTIAL CARE

an international study of promising practices

*A Major Collaborative Research Initiative funded by
the Social Sciences and Humanities Research Council*

Partner project:

Healthy Ageing in Residential Places

*A European Research Area in Ageing 2 international project
Funded in Canada by the Canadian Institutes of Health Research*

Who's involved

- 26 academic co-investigators
 - 12 disciplines
 - Six countries
- Five union partners
- Two employer association partners
- Post-docs, graduate students
- Community and advocacy groups



Four Theme Areas



Group members switch for years 4 to 6

Overarching Methods

Layers:

1. Mapping
2. Design phase
3. Rapid
Ethnographies
4. Data analysis
and integration



Our Objectives seek practices that:

- treat both providers and residents with dignity and respect
- understand care as a relationship
- take differences and equity into account
- promote active, health aging

Why Promising Practices?

- Seeking positive strategies; Searching for ideas worth trying not a single model
- Context matters; Conditions of work are conditions of care
- Entire range of players matter; What works for whom, when, under what conditions

Dining

- Food cooked not only on site but in unit (Sweden, Norway, Germany)
- Flexible eating times, seating places (Sweden, Norway, UK)
- Sample plates (Canada)
- Small sizes (UK)



Dining continued

- Use of local ingredients, seasonal (Canada, US, Norway)
- Food and drinks available all day (US)
- Meal plan for families (US)
- Resident participation in food preparation (Germany)
- Wine, beer and real coffee (Germany, UK, Canada)

Laundry

- Washer and dryer in each room (Sweden)
- Sealed laundry bag in each room (US)
- Laundry on premises (Canada)

Community

- Home physically integrated with community pool, cinema, art program and restaurant (Norway)
- Integration with other services (Canada, US, Sweden)
- In Norway we saw a cafeteria frequented by local older people who could get not only a cheaper, healthy meal but also company while eating

Community continued

- Physicians (Norway), therapists (Norway, Sweden), dentist (Norway), nurse practitioner (US), hairdresser (US, Canada) on site
- Rooms where family can stay (UK), where students live (Sweden)
- Thermal spa (Norway, US)

Music

- iPods certainly help make people alive inside and personalized CDs give them individual music choices
- In Norway and Germany we saw singing integrated as part of daily life
- Resident choirs performing
- Dances for residents, family, volunteers, and staff (Germany and Sweden)

Division of Labour

- Each senior manager responsible for a specific number of residents (US)
- Weekly meetings to assess each resident (Sweden, US)
- Limited division of labour (Germany, Sweden, Norway, UK)

Division of Labour continued

- Staff decision-making (Germany, Sweden, Norway, UK)
- Primary contact nurses (Norway, Sweden)
- Integration of home-care and residential care

Care as a Relationship requires:

- *As many services as possible on the premises and owned by the home*
- *Adequate, appropriately trained staff and an appropriate staff mix*
- *A stable workforce with time to provide individual care*
- *An integrated system*
- *Standards that also tolerate some risks*
- *A physical environment with residents, staff, family and volunteers in mind*

Thank you

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