

Missing Two Major Steps in a Three Step Long Term Care Process: why does all the energy go to the most expensive option?

In all the discussion of those poor seniors occupying Acute Care Beds, one rarely, if ever, hears discussion of all the options? Instead, when discussion does take place with the family doctor about the next stage in care, the conversation invariably commences with “perhaps it is time to be considering a nursing home.”

This conversation is repeated over and over dozens of times each day across the province as doctors and discharge planners try their best to help families come to terms with one of life’s most challenging decisions.

The appropriate conversation should start with a different opener: “the support that you need to live safely at home is more than your family can handle so lets explore some options; first, we could arrange for you to have support in the home that would help with activities of daily living, bathing and all those things that are difficult for you to do on your own. This would enable you to remain in your own home setting where your family can check up on you frequently.

Or perhaps we should explore some of the Special Care Home options; there are some wonderful facilities in which care is very family-oriented and good quality.”

It is estimated that about half of those who are labeled ALC in the hospitals could be cared for in one of these settings if thoroughly explored and understood. That would be 400 people who could be cared for with class and distinction but just not in a nursing home. For many of these people, moving to a nursing home is still seen as the last thing in the world they would ever want to do; many elders still have images of nursing homes as they were many years ago....not good.

So why does the home care option not get more traction? The owners of these programs are typically small business owners, barely getting by with the reimbursement levels that government, insurance, or individuals are willing to pay. They have much geography to cover while typically not able to reimburse staff for travel time and expense.

With the basic wages home care personnel receive, it is not worth working if there is any reliance on a vehicle to get to clients homes. It is true that clients who qualify for benefits can hire their own home care support and receive some financial help. That process remains one of the mysteries not well known in a system known for its navigational problems of access to timely information.

Ken McGeorge, BS,DHA,CHE is a career health care executive and now consulting, based in Fredericton, NB, Canada. Please visit www.KenMcGeorge.com to learn more.

Providing safe, reliable home support service with consistent quality has been discussed for decades with many promises made. Indeed, the Home First Strategy now is at least a decade old and was touted as an umbrella policy aimed at supporting the desire of people to remain in their own homes. The Aging Council in 2016 also highlighted this as a key strategic deficit. But adequate consistent, reliable service still is elusive.

Other provinces have attacked this issue with more vigor and New Brunswick needs to do that as well.

Why are there over 800 empty beds in special care homes with nearly half of them in homes that are well equipped to care for persons requiring what now is classified as 3B level care. This classification level was adopted in the long term care system nearly a decade ago yet the uptake has been very slow. Those persons who are being served in some of New Brunswick's great special care facilities and are classified as 3B.....they love it!

But there are obstacles. First, for doctors and discharge planners, most often on the front end of discussions with families, special care homes remain a mystery and not usually considered an option. There is a combination of misinformation, perhaps some experiences in their past that have not been entirely satisfactory. What they often miss is that while nursing homes have been largely modernized and upgraded under the government Nursing Home Plan, many special care homes have undergone the same level of upgrade and reconstruction....just not at government expense directly!

Another obstacle is the method by which homes that provide this level of care are reimbursed. Residents in these homes are subject to the same financial assessment process as those who are admitted to nursing homes. So the operators receive from government the amount of subsidy approved for each resident and there is a very basic per diem model based on thinking applied decades ago.

The funding model has not been adjusted to provide recognition of current costs of running a quality enterprise so many homes add a surcharge to the daily rate; that surcharge is fully disclosed to families but does often represent a hardship to those of low income who are totally reliant on government subsidy.

In recent months I have personally visited several homes across the province. Some provide superb service to select clientele who present with mental or intellectual challenges. There are over 1000 persons under the age of 65 being cared for in some of these homes. The role and function of Special Care Homes is not homogeneous so it is not possible to generalize with a "one size fits all" approach.

Those who are capable of caring for the level 3B and 3G residents typically have facilities that are different from some others and usually staffing at a different level. With support and encouragement, the existing capacity could provide efficient quality care for half of the ALC patient population. It just needs a push!

Ken McGeorge,BS,DHA,CHE; veteran health executive, consultant, columnist for the Telegraph Journal.

Ken McGeorge, BS,DHA,CHE is a career health care executive and now consulting, based in Fredericton, NB, Canada. Please visit www.KenMcGeorge.com to learn more.

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