

# After the hospital, then what?

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All of the discussion about hospital beds filled ALC patients has presented nursing homes as the only alternative to hospital. Many times each week, conversations with families in doctors' offices and hospitals explain the need for long term care as Nursing Home. Even in much recent public discourse, ALCs, those dear people in hospital who need long term care, are described as awaiting admission to a nursing home.

Usually that conversation is taking place with a daughter or son and usually it is at the point when the family is concerned that "mom just cannot go one more day this way; we love Dad but he needs so much care."

It is a rare family that is able to rally around Mom and support her and Dad at home; with families dispersed across the country or the world, which now is the norm, having the family provide the care and support for the parents normally does not work.

So the journey then commences from home to hospital to nursing home. Nursing homes have grown and developed far beyond the negative, depressing environment that they once were and now, for the most part, are wonderful facilities providing compassionate and skillful care with good food in a safe environment. But that comes with a price of up to \$8000 per month. The resident pays only a portion of that since nursing home care is heavily subsidized by government even for persons with significant resources.

All persons who require long term care are not equal, however; some require significant professional care and support with careful, daily monitoring of activity such as those with severe mobility and cognitive problems.

For persons with early to mid-term Dementia and related physical and cognitive limitations, care requirements may not be so demanding and many of these people can very comfortably be cared for in a Home for Special Care where care is typically very personalized and the cost is \$2000 less per month than care in a nursing home! Why not offer a less expensive model when care, food and environment are home-like and pleasant.

In the public eye and, in some cases, in the minds of some health care practitioners, Special Care Homes and Nursing Homes are lumped together and referred to as Nursing Homes! But they are not the same. Both provide long term care but at different levels of care.

Homes for special care tend to be smaller operations in which bed capacity runs from 6 to 60 depending on the facility. Some of the smaller facilities are simply homes located in residential neighborhoods in which the facility has been modified to accommodate the health and safety requirements of a home accommodating multiple persons with either cognitive or physical impairment.

Each home is privately owned by persons who take an intimate, close interest in the successful operation of the facility. One hears the term "my home" in conversation with owner/operators of homes for special care. Many owners are nurses, LPNs or persons who have had some background in

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providing care to seniors and persons with disabilities. In every case, these people are entrepreneurial persons with a keen sense of how to deliver great service while keeping a very tight rein on expenses.

The policies and regulations under which special care homes operate dictate that operators are people who do, in fact, pay close attention to detail. So they are all very conversant with operating standards, expenses, revenues, and all that contributes to a healthy living arrangement for residents.

In recent years there has been much imagination injected into the Special Care area in which successful operators have purchased multiple homes enabling them to operate more effectively in recruiting and retaining staff, staff training, quality management, and cash management. Indeed, some of the newer, larger facilities boast structured activity programs, transportation services, on-site foot care, and more.

In the province there are 1000 empty special care home beds which, strangely, equates with the number of nursing home beds that planners say are required in future. The province would do well to re-think its planning about long term care and place higher priority on finding a way to enable Special Care Homes to play a larger role. In so doing, amongst many other benefits, the cost savings to the province would be significant. Better still, persons classed as ALC could exchange the hospital environment, which is not good for them, for a home-like environment.

A major contribution that Special Care Homes make is in providing safe, secure, home-like care to 1800 persons, ages 19-65, with various emotional and/or mental health conditions. Special Care Homes provide that intimate, family-like, compassionate care that people need to remain safe and secure. Some homes have structured programs for persons with addictions.

Relief care for seniors living at home with caregivers is a major role, not well understood or publicized.

There is no competition between special care homes, nursing homes, and hospitals; on the contrary, each has a significant role to play in the care of those persons who cannot otherwise, for a wide variety of reasons, remain at home. Together they form the key elements of the system of care for those who cannot remain at home. The hospital is not an appropriate or affordable place for people to be housed once their medical crisis is over. It comes down to carefully assessing those who can safely be cared for in Special Care and those whose care actually require a Nursing Home for that post hospital care.

Working in complementary fashion, the hospital's ALC problem can be managed and largely eliminated!

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