# PLANNING FOR OLDER ADULT CARE IN MANITOBA

A summary of the report, *Population Aging and the Continuum of Older Adult Care in Manitoba*
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Imagine this scenario: Your elderly mother is starting to forget things, and her doctor is concerned for her safety at home. You live in another community and can't check on her daily. What should you do?

Your first thought might be to enlist support for her through Manitoba's home care program, to help her with activities such as laundry or meal preparation.  If she is not able to safely stay at home, maybe supportive housing would be a better choice, where she'd have a private living space and 24-hour support.

Perhaps a nursing home, also called a personal care home (PCH) in Manitoba, might be better if she needs more assistance than supportive housing can offer. Which place is right for her?

> **Healthcare planners and policy makers need detailed information to help place people into either supportive housing or personal care homes so the care they receive best matches their needs.**

Healthcare planners face similar questions. Selecting the best kind of care for each person is critical. But how do they decide who goes where?

Manitoba's Aging in Place program, established in 2004, was designed to help seniors delay or avoid personal care home placement until a higher degree of care is needed. Programs such as supportive housing were designed for just this purpose.

But healthcare planners and policy makers need detailed information to help properly place people into either supportive housing or PCH care, so the care people receive best matches their needs. Also, personal care home residents have many different challenges. Planners require a strategy to more clearly describe these challenges, to help provide the best care possible.
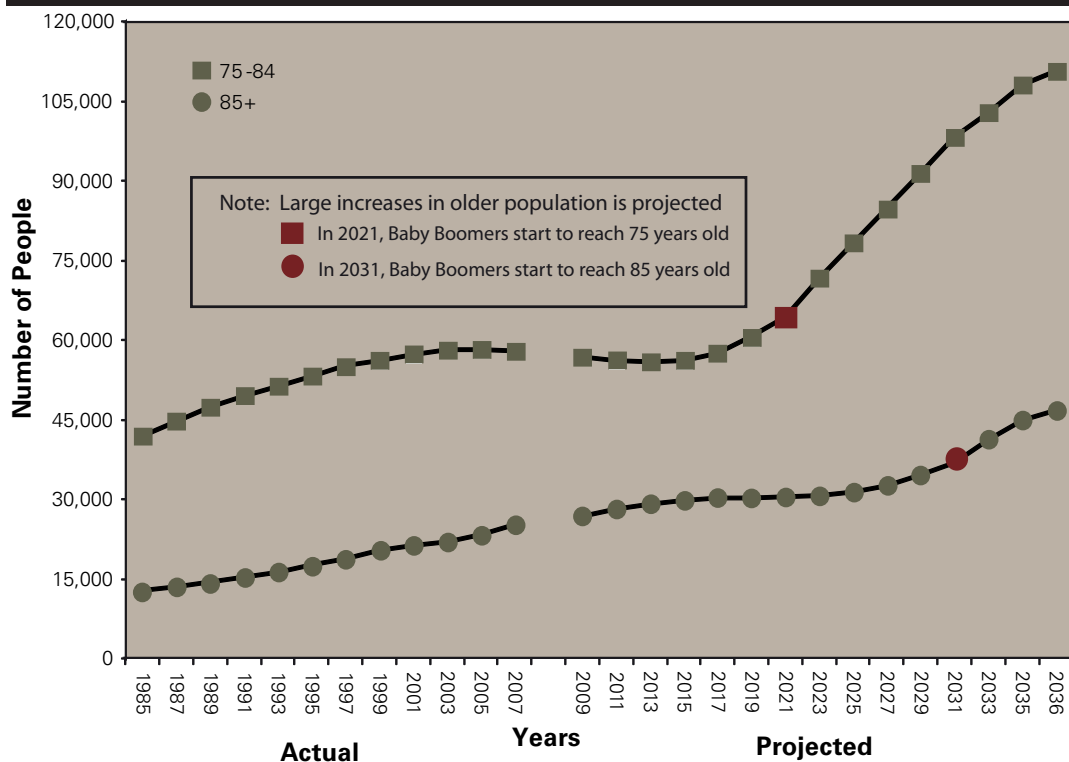
Manitoba Health asked researchers at the Manitoba Centre for Health Policy (MCHP) to study the questions surrounding the types of challenges seniors face and the kind of care they need.

Their task was twofold: First, they developed a tool to help identify supportive housing and personal care home users based on the different needs they face. Second, they developed a method to describe the challenges of personal care home residents in more detail than presently exists.

New data collection tools in the Winnipeg Regional Health Authority (WRHA) can profile home care, supportive housing and personal care

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**Figure 1:** Population projections in Manitoba for various age groups

Note: Large increases in older population is projected
■ In 2021, Baby Boomers start to reach 75 years old
● In 2031, Baby Boomers start to reach 85 years old

Legend:
- 75-84
- 85+

X-axis: Years (Actual | Projected)
Y-axis: Number of People

growth will vary widely across Manitoba's 11 regional health authorities.

Many factors can affect demands on personal care homes, such as the future health of Baby Boomers, support they have from family members, etc., and detailed usage projections that take these and other factors into account were beyond the scope of this research. However, it is possible to project future personal care home demands based on past trends. Projections in this report indicate the need for additional beds will likely be modest until Baby Boomers reach their 75th birthdays in 2021 and will then increase more dramatically. These projected increases point to the need to have strategies in place to help planners prepare for the future.

home users in more depth than ever before. By linking these anonymous data with client files housed at MCHP, researchers were able to provide more detailed information than they've been able to do in the past.

Their findings are detailed in a new MCHP report: Population Aging and the Continuum of Older Adult Care in Manitoba.

The report looks at supportive housing and personal care home clients in Winnipeg between April 2005 and February 2007 to see what types of challenges each group face, from difficulties with walking or eating, difficulties with making decisions, incontinence or behavioural problems.

**From 2007 to 2036, the number of Manitobans aged 75+ is expected to nearly double with the distribution of growth varying widely across Manitoba's 11 regional health authorities.**

The report also looks at population projections to describe how Manitoba's elderly population is set to surge. Baby Boomers (1946-1964) will trigger an increase in Manitoba's elderly population in the near future (Figure 1). From 2007 to 2036, the number of Manitobans age 75+ is expected to nearly double, but not in a uniform way — the distribution of

## Introducing the Expanded Long-Term Care Placement (LTCP$_{EXP}$) Tool

Older adults may have more housing options in Manitoba now than in past, but health planners don't have a formal tool to help decide who should go into supportive housing and who should go into a personal care home. Using a process called decision tree analysis, MCHP researchers developed a tool to help with this process. By describing people's characteristics, this tool correctly identifies about 80 percent of different types of clients.
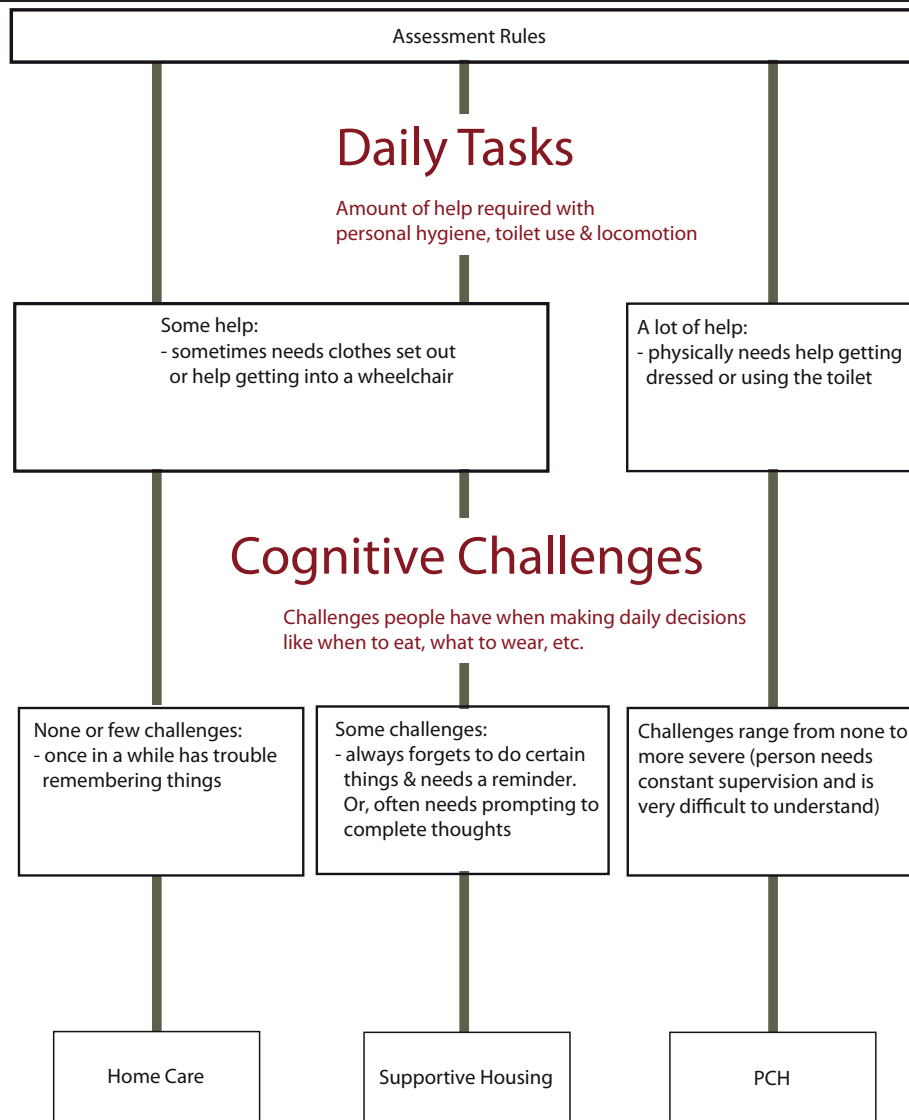
The LTCP$_{EXP}$ tool works on a series of IF/THEN rules, sorting clients based on the challenges they face in several areas, such as their daily tasks and decision-making abilities. Using this tool as a guideline, planners can identify people with different combinations of needs, and decide where the best place is for them to be (Figure 2). For example, people with some decision-making challenges may be best suited for supportive housing care, while people needing more help with daily tasks may require the services of a personal care home.

This tool is an important first step for use by planners. Because it was developed within the Winnipeg Regional Health Authority, it should be pilot tested elsewhere prior to implementation.

## Figure 2: An example of rules used to place people into Home Care, Supportive Housing or Personal Care Home

Assessment Rules

### Daily Tasks
Amount of help required with personal hygiene, toilet use & locomotion

Some help:
- sometimes needs clothes set out or help getting into a wheelchair

A lot of help:
- physically needs help getting dressed or using the toilet

### Cognitive Challenges
Challenges people have when making daily decisions like when to eat, what to wear, etc.

None or few challenges:
- once in a while has trouble remembering things

Some challenges:
- always forgets to do certain things & needs a reminder. Or, often needs prompting to complete thoughts

Challenges range from none to more severe (person needs constant supervision and is very difficult to understand)

Home Care

Supportive Housing

PCH

MCHP researchers used a strategy to sort personal care home residents into 13 new groups, based on the types of challenges they face.

Residents received scores from 1 (having few challenges) to 3 (having severe challenges) in four areas: daily activities including bathing, dressing, walking or eating; cognitive performance; bowel & bladder incontinence; and behavioural symptoms such as wandering or resisting care.

A person's score in each of these areas creates a profile of their challenges (Figure 3). For example, profile '3323' defines residents with many daily living challenges (3), many cognitive challenges (3), moderate incontinence challenges (2) and many behavioural challenges (3). Conversely, profile '1211' residents had minor daily activity needs (1), some cognitive challenges (2), and minor incontinence (1) and behavioural challenges (1). These profiles are much more descriptive and provide valuable information to planners, compared to the existing levels of care that are used in Manitoba.

## New Expanded Levels of Care Tool for PCH Residents

However, it is not just about placing people in the right care environment. Being able to describe PCH residents' needs in greater detail will help providers to better address the needs of these people, and to plan for the future.

Personal care home residents have many different needs. Right now, these residents are categorized into four broad groups (called levels of care) based on their different needs. These four levels of care don't provide much detail, and people with very different needs are often grouped together.

## Figure 3: An example of PCH resident profiles based on their needs in different areas

| A person with these abilities | And these problems | Would have a profile assessment like this |
|---|---|---|
| Can dress and groom self, fully able to make decisions and interact with others | Has incontinence problems about once / week, doesn't resist care | 1 (daily activity needs)<br>1 (cognitive challenges)<br>2 (incontinence)<br>1 (behavioural challenges) |
| Needs help getting clothes on in the morning, once in a while needs to be reminded when to eat | Has daily incontinence problems, sometimes resists care, but not aggressively | 2 (daily activity needs)<br>2 (cognitive challenges)<br>3 (incontinence)<br>2 (behavioural challenges) |
| Needs to be dressed in the morning, always has to be told when it is time to eat | Has daily incontinence problems, Is often aggressive to care givers and resists care | 3 (daily activity needs)<br>3 (cognitive challenges)<br>3 (incontinence)<br>3 (behavioural challenges) |

> **Older adult care planners can use information from this report to better understand personal care home residents' needs, and to provide the best type of care based on these needs.**

Using these profiles, MCHP researchers are able to describe personal care home users in more detail than ever before. For example, we now know that 50 percent of people need weight-bearing assistance when admitted to a personal care home. The tool also shows that 15 percent of people have severe behavioural challenges, and 25 percent have major challenges in multiple areas. Planners can use this type of information to better understand personal care home residents' needs, and to provide the best type of care based on these profiles.

## Putting it all together

Health care planners can use both of these tools to help improve care right away, starting with the ability to distinguish supportive housing and personal care home clients at their initial assessment. But there's even greater flexibility and detail available that will provide even more options.

For example, once researchers could profile personal care home users in greater detail, they would be able to show that some personal care home residents and supportive housing clients actually have similar needs. This means planners could opt to build more supportive housing (instead of PCH) beds in the near future, to help prepare for the growing number of older adults. But their findings also show this strategy will not work in the longer term. After 2021, planners in Manitoba will likely need to either accept sicker people into supportive housing (and build more of these beds), or build more PCH beds. In either scenario, the tools developed in this research help to plan for the future.

## Where do we go from here?

This research marks the beginning of what is certain to be more exploration into Manitoba's aging population and the continuum of health services available to them.

It shows that in the future, the need for more personal care homes likely varies across Manitoba, but more detailed evidence is needed at a regional level.

Also, more testing is needed in other regions to ensure that the Winnipeg-based tools developed in this research can be applied elsewhere. More evidence is also needed to understand how supportive housing is used across Manitoba.

Right now, the fee structure to stay in supportive housing is not the same as at a personal care home. Research is needed to describe how different these costs actually are and how much people's ability to pay influences their choice of care. Developing a single payment system for both supportive housing and PCH users more closely reflects Manitoba's continuum of older adult care, where people receive the right type of care based on their need.

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