

Appropriate Supports for Senior Residents

November 2017

Pulling together to create positive outcomes!

Issue

The wellness of Alberta seniors is deteriorating due to the lack of shared approaches and common understandings between all service and care supports for seniors in housing. This is causing the needs of some seniors to fall through the cracks due to communication issues between service providers and mutual acknowledgement of the important roles they serve.

Key Points

- Everyone working in the resident's living environment is a key component of the senior's wellness team and must be acknowledged as such.
- There are ongoing communication issues between the resident's physician, health care workers and seniors' housing operators. These issues range from a lack of understanding of roles and abilities, to a lack of understanding of available services and resources with regards to a resident's health status. This must be resolved to ensure appropriate services are in place for the resident.
- Physician/Health Professional education is needed on the options available to seniors and the settings that can support them. When incorrect housing options are suggested and inconsistent terminology is used, it exacerbates resident and family confusion, creating situations where residents are discharged with misinformation and misaligned resources.
- It is not the intent that seniors' housing operators be privy to confidential resident's health information, but rather that seniors' housing operators be informed of any resident's broad important health issues for the safety of the resident, the safety of employees, and for the impact on the operations of seniors' housing.
- Housing support staff and health care aides observe residents on a day-to-day basis. They can play an important role by providing valuable information and feedback to health professionals as it relates to residents. While service providers should not be expected to detect medical, addiction or mental health issues, their observations should be acknowledged as these service providers often observe early changes in a resident's behaviour.
- Residents that are not in the right place at the right time are at risk. At the same time, considerations must be given for staff safety and mental health supports as they are held responsible for maintaining the wellness of these at-risk seniors.

Everyone must work together for the benefit of the resident, with the same respect for one another, using the same information and common language.

Current Situation

- On June 26, 2017, the Ministry of Seniors and Housing announced the Provincial Affordable Housing Strategy. The document entitled "Making Life Better: Alberta's Provincial Affordable Housing Strategy" states under initiative 2. Integrated Housing and Support that "The tenant support program helps tenants progress through the housing continuum to get the support they need to be more successful".
- The government target is that 100 percent of seniors in affordable housing will have access to a tenant support worker by 2020-2021. The "tenant support worker" is a new concept and details of how tenant supports will be delivered have not been developed. Alberta Seniors and Housing was unable to elaborate on how the tenant support worker initiative will be implemented and is open to ideas on how to deliver tenant supports.
- The initiative also states "Strengthening relationships with Alberta Health, Alberta Community and Social Services, Alberta Labour and community partners allows housing providers to better support tenant needs". There is no mention of AHS, the key provider of addiction and mental health services, those that interface between housing and health, or Home Care.



Anticipated Unintended Consequences

- A senior resident is unable to remain in their community of choice, as they are unable to access the consistent and predictable services they need.
- A physician/Health Professional may recommend that one of their patients be placed in a certain type of seniors housing not knowing there are protocols to be followed, such as a prior health assessment to be conducted by Home Care to determine proper placement.
- A resident with Methicillin-Resistant Staphylococcus Aureus (MRSA), unbeknownst to the seniors' housing operator, could unnecessarily affect the health of housing staff. Seniors' housing staff may be unknowingly exposed to the MRSA bacteria with no personal protection. This includes all other types of infectious illnesses (e.g. C Difficile) and stresses the duty to inform operators.
- A resident is discharged from the hospital back to the home for the weekend, with no arrangements for health care support. Home Care may not be available on the weekend and the support falls to the housing operator who is unable to provide the care.
- The perpetuation of myths is dangerous to residents. Promoting and funding "stay at home" philosophies that enable seniors to remain in inadequate settings leads to further isolation, compounded physical and mental health issues; crises for which the current health and housing system is ill prepared and under-resourced.

Recommendations for Government Consideration

- That leadership is provided to tenant support workers, physicians and health professionals to develop and deliver a more holistic and collaborative approach to seniors health, focusing on all the social determinants of health, thereby reducing the risk for those living in seniors' housing.
- That the health care system encourages healthy aging by focusing on a senior's overall wellness rather than a symptom-management approach.
- That proper communication protocols are established and implemented such that conditions and concerns relating to residents are shared with seniors' housing operators for health and safety reasons for all residents and staff.
- That health care workers are provided with more mandatory training to recognize addiction and mental health symptoms and are provided with protocols for referring senior residents to proper addiction and mental health treatment.
- That the proposed tenant support worker act as a true "one-stop shopping" point where the future or existing tenant can access the appropriate senior accommodation, personal care and health care (including addiction and mental health care) to meet their needs.



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Background Information to Supplement Key Talking Points

Background

- There is inconsistency on how the needs of seniors are met across Alberta. Therefore, not all support services are available to all seniors throughout Alberta; hence, the needs of some seniors fall through the cracks.
- There is a lack of knowledge among some physicians and some health care providers regarding the differences between long-term care and supportive living (including Lodges). There is also a lack of understanding regarding what types of residents are suitable for each type of seniors' accommodation.
- There are ongoing communication issues between the resident's physician, health care workers and seniors' housing operators regarding the health status of residents. *(Note: it is not the intent that seniors' housing operators be privy to confidential resident's health information, but rather seniors' housing operators are continuously interacting with residents and can provide important information to health care providers.)* Currently, information sharing barriers and risk aversion are limiting opportunities.
- Seniors' housing operators often are not privy to important broad health information regarding residents. Health care professionals likely see their role as separate and beyond that of the seniors' housing operator and generally maintain a "professional distance". In this respect there are too many silos and "owners of boxes" creating gaps between categories and responsibilities where communication is not taking place. As a result, people's needs fall through the cracks. Unfortunately this can lead to serious incidents that affect the seniors' housing operator.
- The Older Adult Service Providers of Calgary, in a report entitled "Effective Practices on Collaboration Between Affordable Seniors' Housing Providers and Mental Health Services" (October 13, 2014) identified the three top gaps for seniors with mental illness as being:
 - ❖ lack of adequate housing;
 - ❖ lack of understanding of mental illness within senior-serving agencies; and
 - ❖ lack of attention to this population.The report recommends closing the gap between:
 - ❖ mental health service providers having a lack of understanding of geriatric issues, services and resources; and
 - ❖ seniors' housing providers have a lack of understanding of mental health issues, services and resources.
- There is a lack of addiction and mental health support for seniors' housing residents. Home Care workers, who mainly focus on physical health, may not be trained to detect addiction and mental health issues or recognize the need for addiction and mental health support. Home Care workers may see mental health deterioration and are not aware of the protocols for referring residents. Mental health deterioration may range from age-related memory loss to dementia (including Alzheimer's Disease) to more profound mental illnesses.
- Current senior residents do their best to conceal addiction and mental health symptoms. Seniors are similar to the rest of the population. They would rather deal with addiction and mental health issues privately and "not bother anyone". If faced with a traumatic physical diagnosis (e.g., cancer, heart failure, immobility) or a significant life event (e.g., loss, grief, dementia, abuse), it may trigger addiction and/or mental health issues that need to be addressed along with physical health issues.