



Covenant Health
Network of Excellence in
Seniors' Health and Wellness



Covenant Health Shape Seniors Care Campaign Report

Identifying Aspects of Care that Honours Seniors

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Network of Excellence in Seniors' Health and Wellness

seniorsnetworkcovenant.ca

Introduction

The health, happiness and wellness of seniors is a major consideration for Covenant Health; seniors are a population of emphasis for Covenant and comprise a significant population in our care settings. In 2015, Covenant Health undertook a review and revision of its seniors strategy to identify priorities for seniors care and services, and strategies required to achieve them.

Covenant was committed to informing their seniors strategy with input from their patients, residents, family members, professional care providers and the public: a web-based campaign titled *Shape Seniors Care* asked for input on three broad questions resulting in identification of four major themes of care that honours seniors (see Results).

This report summarizes the feedback received from the *Shape Seniors Care* campaign. The campaign was designed to provide broad scope to respondents on their perspectives of 'care that honours seniors'. The Covenant Health Network of Excellence in Seniors' Health and Wellness delivered all aspects of the eight-week *Shape Seniors Care* campaign.

Engagement Process to Seek and Solicit Input

A dedicated website was created to solicit input and to share information, stories and responses received. The site was designed to be welcoming and easy to navigate, and to convey a positive image and feel. The audience for the campaign was broadly targeted and included anyone interested or involved in seniors care. There were no restrictions as to who could answer the questions posed.

Printed versions of the online material were created and sent to participants on request. Feedback was also sought at in-person resident and family advisory council meetings in Covenant Health centres and through in-person interviews.

The campaign ran from October 1, 2015 to November 30, 2015. Respondents were asked to identify their primary affiliation ([Appendix A](#)) and to then answer three open-ended questions on their perspective of care that honours seniors (there was no word limit on responses):

Q1: *When you think of care that honours seniors, what does it look like?*

Q2: *What does it look like when care does not honour seniors?*

Q3: *When you think of care that honours seniors, what is most important?*



Results

In total, more than 1,200 individual responses to the questions were submitted. Four main themes emerged as priorities during the analysis of feedback received.

Theme one: Care that honours seniors respects human dignity.

Respect for the individual and maintaining human dignity were common threads that appeared in responses to all three questions. While respect and dignity are broad concepts, specific ideas included: caring for the whole person (mind, body, soul); treating the senior as a fully capable adult and avoiding condescension; getting to know the individual—their history, experience, and who they are as a person; valuing the individual and their personhood by recognizing their contribution to society, and giving value and meaning to seniors and their lives; being culturally sensitive, and acknowledging the differences in culture and values; and eliminating discrimination based on sexuality, religion, culture, status, or age.

Care that honours seniors:

Care that honours seniors is about dignity and communicates to the senior that they matter. It is about slowing down during tasks; staff and seniors getting to know each other. It is about connecting in a respectful way that clearly shows the senior they have value, worth and have much to offer and life to still enjoy. (Q1)

Care that does not honour seniors:

The subtle and complex needs are often overlooked by members of the health care team due to time constraints, lack of understanding, and a culture that does not see the needs of seniors as a priority. Especially in hospitals, seniors are often viewed as a hassle to care for if they have impairments such as dementia, delirium or depression. (Q2)

Care that rushes, Care that is rough, Care that demeans, Care that shames, Care that does not converse with seniors, Care that does not acknowledge the life story the senior brings, Care that makes a senior feel like a burden, Care that does not glimpse the spark of glory all humanity shares are versions of care that does not honour seniors. (Q2)

Care that treats seniors like children who "don't know better" or, worse yet, like cattle. My grandparents were in a facility where they were trotted out for activities (which weren't particularly active at all) or left to roam in an enclosed space. Everyone was treated the same which simply brought things to the lowest common denominator and can accelerate an individual's decline. (Q2)

What's most important?

We need to meet the needs of the senior by understanding what their needs are in the first place. When you send a senior to a Supportive Living Center without taking into account the cultural and linguistic needs of that person, you meet the needs of the system to vacate hospital beds and not to meet the needs of the senior.

Theme two: Care that honours seniors responds to individual needs.

Many participants stated that care that honours seniors is tailored to each individual, their choices, history and particular situation. Specifically, participants brought up ideas such as: seniors should be active participants in care decisions, and have autonomy and control regarding their care; seniors should be able to make choices and have those choices respected; care is tailored to each individual patient and not delivered routinely based on age or illness alone; care and caregivers should be attentive to seniors' changing needs; patients should be informed about their care, and have caregivers listen and respond to their desires or concerns; and care delivery should be flexible in order to meet the needs of this diverse population.

Care that honours seniors:

Care that honours seniors encompasses many different facets of 'care'- including health, housing, social services, and community supports; it is care that respects and acknowledges the wishes and values of seniors for their lifestyle, aging process, health and housing. Their voices and wishes in these different areas must be understood and actualized in order to respect their ongoing wishes as they age. (Q1)

Care that does not honour seniors:

When formal caregivers (medical doctors, nurses, allied health professionals etc.) assume they know what older adults need. There is great diversity among older adults - seniors come in all shapes and sizes. We need to begin by asking the question, "What do you need?" rather than figuring out what might be available within the constraints of the healthcare and/or continuing care system. (Q2)

It is structured to meet the needs of the organization and staff, regimental, routine, cold, and a place no staff would want to be. It does not reflect the client choice, is driven by rules and regulations, making everyone fit into a mold. No recognition of the individual. It is sterile, and stark, uncaring. (Q2)

What's most important?

It is most important to involve the individual, and together determine how to ensure that their needs are met. Consider each exchange as being on their turf (no matter where the location) and we are the guest. It's ok to agree to disagree. It is our role to empower seniors and work together when offering care. (Q3).



Theme three: Care that honours seniors promotes social wellbeing.

An important aspect of person-centred care relates to acknowledging seniors as social beings, and ensuring seniors' social wellbeing is addressed. Responses related to this sub-theme included: the importance of promoting social interaction, and ensuring there is quality social interaction at all levels of care, including activities and programs that are appropriate and enjoyable to seniors; keeping couples together; promoting family involvement; supporting seniors' ability to age in place, specifically in their own homes and communities when possible; integrating seniors into the broader community; providing programs and services to support seniors in the community; promoting independence at all levels of care; ensuring support for caregivers; and reducing isolation.

Care that honours seniors:

I think the kind of place I will eventually have to visit my own mother in one day....A place where her dignity is respected, and she has others around her that she can relate to, and make friends with, and offers a wide variety of programs that seniors themselves want - not programs that are imposed on them. (Q1)

Any and every support that allows seniors to remain in their own homes, such as increasing seniors' benefits (monetary), assisting with personal hygiene, assisting with housekeeping, yard work, snow shovelling, supervision of medications, visiting the lonely and frail, liaising with family, hold regular workshops re housing, affordable housing and the reduction of wait times for same, and benefits. (Q1)

Care means people are engaged: talked to, talked with, encouraged to participate in their world, however big or small it is at the time, from the time they get up in the morning till they go to sleep at night. Care means including the things most dear in their life: such as walking outdoors, pets and music: EVERY DAY! Care that honours seniors, honours their family and includes the family and animals as part of the daily life. Families are invited to continue being a large part of the day: to help with meals, with recreation, to bring children, grand-children, pets and favourite dishes or desserts from home to share with others. (Q1)

Care that does not honour seniors:

Separating spouses when they are being placed in facilities because they don't both have the exact same care needs, e.g. one has dementia and needs a locked unit so they are separated from their spouse who doesn't need a locked facility. (Q2)

First thing that comes to my mind is loneliness and neglect, physical needs may be met, there may be an absence of physical abuse but what about meaningful activities, opportunities to socialize or to enjoy activities and events that they enjoyed in previous years. Family involvement cannot be legislated but its absence is dishonouring. (Q2)



Care that does not honour seniors focuses disproportionately on the medical aspects of care and neglects activities that promote a more holistic quality of life. (Q2)

What's most important?

Maintaining their wellness through independent activities and choices. Wellness is a balance of community involvement, health, physical activity, social activity and mental activity. (Q3)

The theme of person centred care is broad, but includes many ideas that relate to the senior as a unique person and the importance of caring for that person and his or her various needs. Below is a response that sums up this theme as a whole.

Care that honours seniors is holistic care that considers the person's emotional well-being as much as it considers their physical well-being. Care that encourages the person to participate to the extent that they are able and that actively seeks the senior's input in their care, and their family's input. It is care that is NOT task oriented, but truly person-centered. It is care that allows a person to make choices that may be considered risky by others, if they choose to do so. It is care that provides the person with choice. It is care that considers & honours the person's past. It is care that still provides meaning and purpose for the person, no matter what their ability is. (Q1)

Theme four: Care that honours seniors ensures equal treatments for all.

Responses were often related to policy-level factors which are foundational to the care and support system for seniors in Alberta. Common ideas included equity: ensuring access to care is equitable across the province regardless of factors such as location, gender, culture, and income; access, especially ease of access, including assistance with system navigation, advocacy for seniors, and limited wait times; affordability, including universal coverage for services such as physiotherapy, dental care, and prescriptions. Participants expressed the view that care that honours seniors includes comprehensive and integrated programs and services, and a continuum of care that can be easily accessed and navigated by seniors and their families.

More specifically, participants touched on ideas that included: ensuring there are enough programs to meet the needs of this diverse population with an emphasis on increasing and improving home care and mobile services; making sure that seniors can access care by supporting their transportation needs, and having appointments scheduled together and facilities centrally located; providing enough facilities to meet the needs of this growing population, and providing a range of levels of care, including campuses of care; making certain that facilities are home-like, safe, clean, elder-friendly, and offer privacy; and that care is multidisciplinary, involving a whole team approach.



Care that honours seniors:

Care that is accessible for seniors when they need it, in a timely manner, considerate of any disability, language/literacy, cultural, income and transportation barriers. (Q1)

Full prescription coverage and a healthy coverage for Chiropractic, Physio Therapy and many other types of extended Health care. Seniors should not need to pay for the majority of their health care after paying taxes for so many years. Home care readily available at little to no cost. (Q1)

I think of ease of access to health care; care within their home towns to avoid travel. Coordinated services. i.e. they often have many specialist appointments spread out. (Q1)

It involves having well-coordinated and easily navigated systems of care, where the system does the work to make sure the patient gets what he/she needs (not the patient having to figure it out or to have to search from place to place to get the services they need). It involves having care services that are well-coordinated and work together to provide good continuity of care - instead of working in silos. (Q1)

Care is delivered by individuals who truly care and love seniors, understand how geriatric nursing is different, but just as important... takes into consideration and allows the senior to do what they can for themselves, and then assists in areas that the senior allows them to. (Q1)

Care that does not honour seniors:

Seniors don't access what they need because it is too complex, too rigid, or too confusing. Seniors without family advocates are excluded from getting the assistance they need for quality of life. Seniors become depressed, isolated, and steadily deteriorate physically, mentally, and emotionally. In hospitals or care centres, seniors are abused or neglected. (Q2)

Expensive, inaccessible, lots of red tape and long waiting time (Q2)

Taking away or limiting their Chiropractic, physiotherapy etc and giving them pennies towards their prescriptions. Leaving them to fend for themselves financially with small pensions is unacceptable. (Q2)

What's most important?

Equal access to care anywhere in the province. Investment in resources now so that we can reverse the downward trend in the quality of care. We aren't only creating a system for the seniors now, we are creating a system for future selves. (Q3)

In health system with financial constraints we need visionary leadership to shift 'dollars' from acute care/emergency to community care (with ongoing evaluation metrics to ensure patient outcomes are improved). (Q3)



Below is a final quote that summarizes many of the ideas from this theme.

Care that does not honour seniors:

When they can't speak with a live person and have to negotiate voicemail or phone systems, when they have to be waitlisted, when they are sent to emergency departments, or left in hallways or put in medical units for psychiatric issues, when barriers are put in place, when the care is not the right level of support, when they are penalized for making choices that don't meet system needs, when care is for convenience of bureaucracy and not in persons best interest, when care is ideological, e.g. "Home is always best" but person is isolated and neglected at home but alternatives are not available, when discharged from hospital but home care not in place, when they need equipment such as walker or wheelchair, but have to wait weeks for assessment or get loan from Red Cross when they do not have access or ability to pick it up. When care does not honour seniors, it also does not honour or respect input from the people who care for seniors, the front line employees who have developed experience and expertise from working with seniors and learning from them what works and what does not work. (Q2)

Next Steps

The input received through the Shape Seniors Care campaign has informed and will continue to influence Covenant Health's focus on - and commitment to – improved care for seniors. As we introduce changes and look for innovative approaches, it is critical that we hear from the people most directly impacted: seniors and their families. A focus on innovation and change is critical to developing and designing sustainable models for seniors' care and service delivery: Covenant's service to seniors will be shaped and driven by the needs and values of those we serve.



Appendix A

