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ALBERTA MEDICAL ASSOCIATION

CARE DEFICIT ASSESSMENT SERIES

The AMA asked some of our physician experts how their patients have been impacted by the COVID care deficit. In this series, physicians share insight from the frontlines and the opportunities they see for improvement

It will take all of us, working together, to recover from the care deficit. We hope to generate discussion among physicians, patients and our health system partners to help find a way forward.

ISSUE 1 CARE OF THE ELDERLY – DETAILED OVERVIEW

The Care Deficit

Although COVID-19 has had a serious impact on the health of many Canadians, few have been as profoundly impacted as our seniors. In the first few months of the pandemic, news reports often detailed the tragic circumstances that found many seniors succumbing to COVID and other complex health issues in continuing care settings and at home. A report from Statistics Canada showed that between March 2020 to mid-May 2021, seniors aged 65 and older accounted for 64% of excess deaths and for 93% of the deaths attributed to COVID-19, with seniors over the age of 80 being particularly vulnerable.

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At the same time, necessary public health measures meant that seniors were more likely to be at risk of social isolation and the accompanying mental and emotional distress that resulted from that isolation. Recent studies have revealed just how difficult these experiences have been, especially those who were separated from family, those living with conditions such as dementia and those that were already marginalized. Physicians tell us that many seniors have reported feeling isolated and afraid, with some indicating that the world felt smaller and scarier than it had before.

The resulting impact on COVID delays in care accelerated the functional and cognitive decline of many seniors and had a negative impact on the physical, mental and emotional health of numerous more.

Alberta's seniors live in a variety of settings, including at home in the community and in continuing care facilities. Designated supportive living provides the highest level of care out of all supportive living settings. The impacts of the care deficit have been evident in all care settings and continue to affect the health and well-being of seniors across the province.

In the Community

Front line physicians report that patients often indicate they would like to age at home and stay in their home as long as possible. Unfortunately, during the pandemic seniors living in the community experienced significant disruptions in care and an increase in social isolation. Seniors who had been successfully aging-in-place in their own homes found themselves dealing with new challenges, including difficulties with transportation that made it harder to attend medical appointments and increased waits for access to primary care and specialist appointments. Public health restriction exemptions were provided for family members and other caregivers in fall of 2020-21. Still, though, in some instances, seniors who relied on family members for functional care were isolated. Family caregivers who were able to continue providing care were increasingly stressed from the amount of support they had to provide to seniors with age-related needs, including caring for seniors with progressive and chronic illnesses.

Those who did not have family members to assist them relied on a system that was already stretched thin before the pandemic but was quickly overwhelmed by the increased demands for home care services. Home care providers have the

skills and established processes to be able to provide essential care but are under resourced. Keeping home care services robust and readily available became especially critical during this pandemic. At the same time, while home care is most available in larger urban centres there are many communities across the province where home care services are not available at all. This makes it hard for seniors to remain in both their homes and their communities unless their families are able to provide the functional care they need.

Access to essential primary care also became a greater challenge due to COVID, both because of difficulties with transportation to appointments and the increasing difficulty in accessing family physicians. Over the past two-and-a-half years, stress, burnout and practice survivability challenges have forced some family physicians to change their practice model or leave their practices entirely. In some instances, this has left elderly patients without the primary care they need to get timely interventions and remain living in the community, which may accelerate their move into facility-based community care (FBCC). Although some seniors have been able to access virtual care, virtual care is challenging for many elderly patients – especially those struggling with dementia or other cognitive challenges. For seniors living with those challenges, or whose care is increasingly complex, virtual care can be hard to use for both the patient and the provider.

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Older adults living in the community who became more frail or ill due to existing or emerging health issues experienced increased challenges in accessing services that were available before the pandemic, including geriatric assessment and dedicated rehabilitation in-patient units in health care facilities. Pre-COVID it was possible to send seniors directly to these services, but public health measures and demands on hospital facilities have removed this option, forcing seniors to go through emergency departments for screening. This increases the wait time to access services, and possibly exposes seniors to other patients who may be COVID-positive. Many elderly were simply afraid to seek care or services for that reason. Without timely access to essential assessment and rehabilitation services they could experience delays in recovery that may make it difficult to remain in their home. Once in hospital, it is important that when patients are ready to return home the proper supports are in place. The result of discharge from hospital to unstable home environments is often a vicious cycle of going home, returning sicker, going home again, coming back until the point is reached where going home is no longer an option.

Front-line physicians note that although most seniors express a desire to remain at home as long as possible, often there comes a point where they may need to consider facility-based continuing care. It is imperative that our system be able to efficiently move these people to the next level of care without impacting acute care, ideally in a facility proximal to their families and partners.

Facility-Based Continuing Care

The impact of COVID on seniors living in facility-based continuing care was devasting. As facilities grappled to implement necessary public health measures the unintended, heartbreaking reality was that many seniors in long-term care were isolated to the point of being forgotten. Simple things that provide comfort such as hydration, socialization, family visits, personal touch, and even getting patients out of bed were compromised due to COVID-related demands on health care staff.

We know from front-line physicians that the pandemic required many facility residents to isolate in their rooms, away from social interaction and without the benefit of family visits. The removal of social interactions and shared activities took a heavy toll on their mental and emotional health, with many patients experiencing increases in depression, anxiety, and loneliness. Some underwent physical and mental declines they may not be able to recover from, no matter what interventions are used.

During the pandemic, most of their bedside care was provided by health care aids (HCAs) who were overwhelmed by the numbers of ill patients. HCAs know their patients well; often they are the first to notice new health issues

emerging. Overwhelmed and regularly under-staffed, HCAs have found it much more difficult to deal with patients as they might always wish. Often, patients were given the bare-minimum levels of care, as that is all that was feasible at the time. The inability to provide for personal needs such as bathing, hygiene, bed shifting and feeding, to a patient population that is entirely reliant on others for this support was tragic. This reliance on HCAs also meant that changes in health or mental status may have been missed and some patients experienced accelerated decline because of the lack of timely assessment and intervention.

All residents were negatively affected but the impact was particularly apparent in those cognitive impairment, including dementia. Many who had previously wandered were now confined to their rooms. In addition to the requirement to isolate, the need for PPE and the restrictions on family visits resulted in increased fear and anxiety and, at times, led to an increase in aggressive behavior. This often resulted in a request for either physical or chemical restraints, which were regrettable but understandable in some situations. Having to make these difficult decisions, however, also negatively impacted the mental health HCAs, nurses, physicians and other facility team members.

Seniors in FBCC made up a disproportionate number of COVID deaths. According to the Canadian Institute for Health Information (CIHI) "in Canada, LTC residents accounted for 3% of all COVID-19 cases and 43% of COVID-19 deaths." Here in Alberta, according to the COVID-19 Alberta statistics, as of May 2, 2022 there have been 4,321 lives lost to COVID since the start of the pandemic, and seniors aged 70+ account for over 75 percent of those deaths.

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The seniors who died in long-term care during COVID often died alone, without family or loved ones to comfort them. Nurses or HCAs who could be present had to wear PPE, which meant they were unable to provide personal touch during the patient's final moments. The loneliness experienced by seniors during their final days was horrific for them and their families, and also added to the stress experienced by health care workers who were unable to give the care they wanted to provide because of COVID protocols and increased demand.

Families were also affected by public health measures, with those families who were acting as guardians at times confused with the application of Goals of Care in the context of COVID clinical symptoms. This necessitated physicians, who were already overwhelmingly busy, spending more time to ensure family members were making informed decisions.

In May 2021, the Government of Albert released Improving Quality of Life for Residents in Facility-Based Continuing Care, a comprehensive report that explored the strengths and opportunities for improvement in FBCCs. The report included 42 recommendations that were grouped into 11 policy directions. It also projected that the demand for continuing care services will grow by 62 per cent by the year 2030 and spoke of the importance of shifting a greater portion of continuing care services to be delivered in the home/community. This is in keeping with many surveys that have indicated Canadian seniors would prefer to stay in their homes as long as possible.

Despite this desire, experts know that the demand for facility-based care is becoming more urgent. A study commissioned by the Canadian Medical Association and released in 2021 entitled *Canada's elder care crisis: Addressing the doubling demand*, revealed that demand for long-term care is predicted to reach 606,000 residents and patients in 2031, while demand for home care services will increase to roughly 1.8 million patients. The same study also noted that Canada's long-term care system does not have the capacity to meet current demand, with waitlist numbers totaling more than 77,000 people in 2019.

Caregivers

The pandemic has also had a profound negative impact on front line caregivers, including doctors, nurses, HCAs, home care workers and family members. Caregivers were required to work long hours, putting themselves and their families at risk, and many suffered from anxiety and depression plus compassion fatigue. In home care settings, care workers

were often concerned about the carrying COVID-19 from one patient to the next, which increased their stress levels and contributed to burnout and exhaustion.

Family caregivers were also frequently overwhelmed, as they stepped up to offer supports that had become more difficult to access because of the pandemic – or that they hesitated to access because of infection risk. This additional burden of care frequently fell to women, who were also grappling with providing child care as children transitioned to at-home learning.

Often, these family members were not in a position to provide necessary functional or financial support. In some instances, the family members providing care are spouses or partners who are dealing with their own complex health challenges and increasing frailty. Stories of seniors in their 80s or 90s caring for a spouse or family member are becoming more common. The physical and emotional strain this creates for some caregivers is both dangerous and unsustainable.

Research studies have shown that despite the contributions caregivers make to supporting seniors in staying in the community, they are not acknowledged by health providers and community systems. A research study by the Department of Medicine at the University of Alberta exploring caregiver-centered care notes that one in four Canadians provide care to a family member, chosen family, friend or loved one, and that the unpaid labour associated with caregiving amounts to $97.1 billion per year. Some of the impacts of the pandemic on family caregivers are detailed in this infographic from the U of A's Department Family Medicine.

Workarounds/Temporary Fixes and Solutions

- Increased focus on maintaining patients in their own homes for as long as possible by focusing on fitness and slowing progression to frailty.
- Enhance resources to primary care and home care, so that home care is better funded and properly resourced.
- Improved use of virtual care to better meet the needs of seniors.
- Increased supports for family caregivers to support their ability to sustain care and maintain their own health and well-being.
- Enhanced and ongoing training for HCAs.
- Increased funding for mental health supports for supportive living.
- Equitable care and housing standards for all supportive living and long-term care facilities (whether they are public or privately funded).

What's Needed Long Term

- Expand the scope of Alberta's home care program – Home care professionals have important skills, knowledge of community resources and are comfortable going into people's homes. An infusion of resources would be a feasible and effective solution.
- Better align primary care, home care and community supports to ensure they work together to allow seniors to age-in-place longer. The integration of health and social services at the point of care is essential.
- Need to improve alignment between home care and primary care. Needs to be mandated at a policy level.
- Make home care services more available in communities across the province.
- Address the growing issues around physician supply to ensure seniors have access to primary care and a medical home.
- Create strategies to support the ongoing downward trend in the use of long-term care by seniors. Moving 37,000 Canadians out of long-term care by 2031 would save health care an estimated $794 million per year.
- Build supports for family caregivers to support their ability to sustain care and maintain their own health and wellbeing.

- Include family caregivers as part of the care team and respect family caregiver's knowledge of the care recipient as part of care planning.
- Continued research into caregiver-centred care provides training to health care providers to support family caregivers.

Resources for Patients

Here are some resources that we have compiled. Please note that this list is not exhaustive and the AMA is not associated with the delivery of any of these services. The list is provided as assistance to patients, families and the physicians who advise them.

Government of Alberta resources

Government of Alberta – Seniors financial assistance and other supports

Advanced Care Planning

Self-managed care

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Continuing Care Facility Directory

Alberta Continuing Care Association

Alberta Seniors & Community Housing Association

Elder Advocates of Alberta Society

Sage Seniors Association (Edmonton)

Kerby Centre (Calgary)

Golden Circle Senior Resource Centre (Red Deer)

Seniors Community Hub (Edmonton)

Caregivers Alberta

Alzheimer's Society of Alberta and Northwest Territories

Centre for Newcomers

Calgary Catholic Immigration Society

Calgary Seniors' Guide

ElderCare Edmonton

Glenrose Rehabilitation Hospital

North Edmonton Seniors Association

Thank you for your interest in this issue!
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www.albertadoctors.org