

CMHC Nursing Home and Hostels Design
Guidelines Study:

Working paper no. 5

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DRAFT #1

WORKING PAPER #5

Definitions of Levels of Care,

Nursing Homes and Hostels

CMHC NURSING HOME AND HOSTELS

DESIGN GUIDELINE STUDY

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Barbara Emodi, M.A.

June, 1977

CMHC NURSING HOME AND HOSTELS
DESIGN GUIDELINE STUDY

Working Papers

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Working Paper #5Definitions of Levels of Care, Nursing Homes and Hostels

Different concerns and perspectives produce different definitions for both the basic subjects of this study, nursing homes and hostels, and for definitions of levels of care. On the question of care, in particular, many different interpretations exist, and taken together, they form a more accurate picture than if viewed apart. It is the purpose of this paper to provide a synthesis of existing opinions in order that a more exact set of definitions may emerge.

Definitions of Nursing Homes and Hostels:Hostels:

C.M.H.C. defines hostels as "boarding residences, which offer meals but no services, care homes, group homes, and halfway houses." ¹ In Beyond Shelter this definition was expanded to include:

Accommodation in a housing development for the elderly that offers the residents a single or double bed/ sitting room and meals in a central dining room or cafeteria. Hostels do not necessarily offer more intensive levels of care although usually more on site services and facilities are available. ²

In 1961 the Manitoba Department of Health and Public Welfare noted that, "this form of support for the elderly in which the bed and and bedroom area is supplemented and balanced by planned living areas, where the normal activities of daily living can be enjoyed, represents a fairly new architectural and sociological approach for which only a few local precedents exist," and that "individual and community interest in this whole field is however very active." ³

1. George Hart, Non-Profit Housing for the Aged and other Special Care Groups: A Policy Study for Central Mortgage and Housing Corporation (n.p.: 1976), p. v.
2. Canadian Council on Social Development. Beyond Shelter - A Study of of National Housing Act Financed Housing for the Elderly (Ottawa: n.p., 1973), p. 23.
3. Manitoba. Department of Health and Public Welfare. Hostels or Residences for Elderly Persons - An Architectural Review by the Elderly Persons' Housing Authority (Winnipeg: D.H.P.W., 1971).

The present situation is very similar. In 1974 and 1975 one-third of the commitments under Section 15.1 provided hostels for the aged.

According to 1974 figures, however, this represented the provision of only 330 hostel beds and an expenditure of 3 1/2 million dollars.⁴ More recent, and more complete figures on hostels sponsored by C.M.H.C. unfortunately do not exist, but it seems apparent that despite the interest in a hostel situation, they are far less representative of Canadian facilities for the elderly than nursing homes.

Nursing Homes:

In Weber and Larsson's Nursing Home Guidelines, Working Paper 2, published by the Architectural and Planning Division of C.M.H.C. in 1972, a nursing home is described as a facility that "can be defined in terms of function, patients' length of stay, condition of the patients, care given, staff requirements and facilities provided."⁵ Of these, the nursing home's primary function is seen to be the provision of accommodation on an "extended basis." Accommodation of this kind is made necessary by the nursing home resident's need for personal care. These needs may include help with dressing, grooming, bathing, eating, and "services such as help in walking, getting in and out of bed."⁶ They also commonly include medical help in the form of special diets, medication, and dressings, and restorative and recreational services. Weber and Larsson observe that since all these forms of aid "are beyond the ability of the resident and his family and friends, accommodation with services is required."⁷

The average length of stay in a nursing home is 4 years, with a growing tendency to even longer periods. By contrast, the average length of stay in a hospital is 7 to 9 days.⁸ This difference is crucial and points up the importance of a residential environment in long-term care facilities.

4. George Hart, Non-Profit Housing for the Aged and Other Special Care Groups: A Policy Study for Central Mortgage and Housing Corporation (n.p.: 1976), p.v.
5. J. Weber and N. Larsson, Nursing Home Guidelines, Working Paper 2 (Ottawa: Architectural and Planning Division, Central Mortgage and Housing Corporation, 1972), p. 3.
6. American Health Care Association, Long-Term Care Facts (Washington, D.C.: American Health Care Association, 1975).
7. J. Weber and N. Larsson, Nursing Home Guidelines, Working Paper 2 (Ottawa: Architectural and Planning Division, Central Mortgage and Housing Corporation, 1972), p. 3.
8. George Hart, Non-Profit Housing for the Aged and Other Special Care Groups: A Policy Study for Central Mortgage and Housing Corporation (n.p.: 1976), p. v.

The nursing home resident is also distinguished by his/her condition. Inevitably, there is some degree of physical or mental impairment. This condition has a determining effect on the levels of care, and through this the staff and facilities provided by the institution.

Levels of Care:

The levels of care offered in a nursing home, hostel, or other long-term care facility, have been subject to a multitude of definitions. The most prevalent of these are based on a set of classification standards adopted by the Federal-Provincial Advisory Committee on Health Insurance in November, 1973.

According to these standards, five basic types of care can be defined. The first of these, Type 1 (Residential Care) is provided in:

- Homes for the aged
- Charitable institutions
- Nursing homes
- Foster homes
- Group homes
- Boarding homes
- Homes for special care (residential care)
- Children's institutions
- Homes for unmarried mothers

Further defined:

TYPE 1 CARE is that required by a person who is ambulant and/or independently mobile, who has decreased physical and/or mental faculties, and who requires primarily supervision and/or assistance with activities of daily living and provision for meeting psycho-social needs through social and recreational services. The period of time during which care is required is indeterminate and related to the individual condition.

Patient characteristics criteria are:

1. The medical condition is known to be stabilized or under clinical control;
2. the person has one of the following:
 - a) physical and/or mental frailty;

- b) congenital handicap;
- c) disability due to previous illness or injury;
- 3. the person should be independently ambulatory (with or without mechanical aids) or independently mobile in a wheelchair;
- 4. the person is limited mentally or physically in his ability to care properly for himself independently;
- 5. the care required is primarily supervision and assistance with activities of daily living;
- 6. the treatment, if any, is standardized and includes only maintenance, medication and preventive services.

The program description states that:

The focus of care is primarily to encourage and to maintain independence in activities of daily living and to meet the psycho-social needs of the individual. This is a health-related social program providing activation-oriented residential care.

In addition to basic living requirements such as room, board and laundry, the program should make provision for:

- 1. responsible supervision and access to periodic medical care, and professional nursing services;
- 2. personal care and assistance with activities of daily living;
- 3. provision for special diets;
- 4. supervision of medication;
- 5. social and recreational opportunities;
- 6. ADL aids and equipment such as hand-rails, grab-bars and walkers, etc.

Type 1 delivery sites:

may be provided in a residential setting such as an individual's own home (private family living), boarding home, sheltered boarding house, home for the aged, hostel; or some "nursing homes," "manors," "lodges" or "residences."

Type 2 Care (Extended Health Care) is provided in:

Homes for the aged
Nursing homes
Homes for special care (nursing homes)
Children's institutions

In contrast to Type 1:

TYPE 2 CARE is that required by a person with a relatively stabilized (physical or mental) chronic disease or functional disability, who, having reached the apparent limit of his recovery, is not likely to change in the near future, who has relatively little need for the diagnostic and therapeutic services of a hospital but who requires availability of personal care on a continuing 24-hr. basis, with medical and professional nursing supervision and provision for meeting psycho-social needs. The period of time during which care is required is unpredictable but usually consists of a matter of months or years.

Patient characteristics criteria for this type are:

1. diagnosis has been established;
2. the patient has a chronic disease or a functional disability;
3. as demonstrated by previous assessment and response to treatment there is little or no rehabilitation potential;
4. the disease process is relatively stabilized;
5. there is a limited need for diagnostic and therapeutic services;

6. the individual's need is primarily availability of personal care on a continuing 24-hr. basis with professional nursing supervision, limited skilled nursing techniques and medical services appropriate to the patient's needs;
7. a prolonged period of care is anticipated, i.e., the patient's condition is expected to remain significantly unchanged in the near future.

The program is described as:

a reactivation-oriented maintenance care program on a 24-hr. basis with continuing medical and professional nursing supervision, which aims to maintain the health status and functional capacity of the individual. The program should encourage and maintain independence in activities of daily living and meet the psycho-social needs of the individual.

Activation or reactivation implies stimulation of the individual whereby physical, mental and social abilities are improved to the individual's optimum level and maintained.

To meet the psycho-social needs of the individual, there must be administrative leadership to ensure involvement of the patient, staff, family and community.

In addition to the basic living requirements such as room and board, the program makes provision for:

1. continuous care with medical and professional nursing supervision;
2. limited skilled nursing techniques;
3. mechanical aids for patient care, such as grab-bars, wheelchairs and walkers, etc.;
4. social and recreational services;
5. part-time consultant P.T. and O.T. service available;
6. special diets;
7. drugs and medical supplies.

Type 2 delivery sites:

may be provided in:

1. the private home with appropriate services;
2. more commonly, in a nursing home, home for the aged, or charitable institution.

Type 3 Care (Chronic Care) is provided in:

Chronic hospitals
Chronic units in general hospitals
Nursing homes approved for chronic care
Geriatric units in psychiatric hospitals
Special facilities (schedule 11) for mentally retarded with physical handicap
Children's institutions

Type 3 Care:

is that required by a person who is chronically ill and/or has a functional disability (physical or mental) whose acute phase of illness is over, whose vital processes may or may not be stable, whose potential for rehabilitation may be limited, and who requires a range of therapeutic services, medical management and/or skilled nursing care plus provision for meeting psycho-social needs. The period of time during which care is required is unpredictable but usually consists of a matter of months or years.

Patient characteristics criteria:

To be classified as requiring TYPE 3 CARE the following conditions must pertain:

1. The diagnosis is established;
2. the patient has a chronic illness;
3. the acute phase of the illness is over or is subsiding

AND one or more of the following conditions must exist:

4. the patient has rehabilitation potential which can best be realized through a slow-paced program;

5. the disease process requires medical management to achieve clinical control;
6. evidence of significant change presently occurring in the patient's condition, e.g., improvement, relapse, deterioration of progression of disease;
7. a need for nursing care with professional nursing supervision on a continuing 24-hr. basis.

Type 3 programs:

should be a co-ordinated, multi-disciplinary, rehabilitation-oriented program for the treatment, care and rehabilitation of chronically ill persons. It should provide a treatment plan for each patient adjusted to his needs, functional capacity and potential and is intended to improve and maintain functional capacity.

Rehabilitation potential indicates the probability of recovery of function or independence in activities of daily living to the degree possible. Recognition of the importance of minor degrees of independence is essential.

In addition to basic living requirements such as room and board, with diagnostic services available, the program should make provision for:

1. skilled nursing service and medical management;
2. therapeutic services such as P.T., O.T., and speech therapy departments on site;
3. social and recreational services;
4. special diets;
5. pharmacy services available;
6. mechanical aids for patient care such as mechanical lifts, high-low beds, as well as the specialized therapeutic aids such as waxbaths or splints;
7. medical supplies.

Delivery sites:

TYPE 3 CARE may be provided in:

1. a private home with appropriate services;
2. a hospital for the chronically ill;
3. a hospital unit designed, equipped and staffed for care of the chronically ill; or
4. a nursing home approved for chronic care.

Type 4 Care (Special Rehabilitative Care) is provided in regional rehabilitation centres.

Type 4 Care:

is that required by a person with relatively stable disability such as congenital defect, post-traumatic deficits or the disabling sequelae of disease, which is unlikely to be resolved through convalescence or the normal healing process, who requires a specialized rehabilitative program to restore or improve functional ability. Adaptation to this impairment is an important part of the rehabilitation process. Emotional problems may be present and may require psychiatric treatment along with physical restoration. The intensity and duration of the TYPE OF CARE is dependent on the nature of the disability and the patient's progress, but maximum benefits usually can be expected within a period of several months.

The patient characteristics criteria for care of this type are that:

1. the diagnosis has been established;
2. the acute phase of illness is over or is subsiding;
3. the patient has a demonstrated functional impediment or impairment;
4. the need is related to a functional deficit requiring primarily specialized assessment, treatment, adaptation and training.

The program in these facilities:

must be comprehensive and dynamic; provided by a team of rehabilitation personnel, under the direction of a specialist in rehabilitation. The program should be designed and administered to meet the physical, emotional, social and vocational needs of the individual. Its aim is restoration or improvement of an impaired function and/or prevention of dysfunction in relation to mobility, activities of daily living and vocational capacity.

With the assurance that suitable living accommodation such as room and board is available, the programs make provision for:

1. specialized medical management, specialized professional and technical services;
2. specialized physical medicine facilities for exercise, hydrotherapy and provision of prosthetic and orthotic devices, etc.

Type 4 Care may be delivered in specialized rehabilitation centres on an in-patient or out-patient basis.

Type 5 Care (Acute Care) is the type provided in:

Public hospitals
Private hospitals
(G.H.P.U.) psychiatric units of general hospitals
Provincial psychiatric hospitals
Private psychiatric hospitals
Community psychiatric hospitals
Children's mental health centres

Type 5 Care is the care required by a person:

- (a) who presents a need for investigation, diagnosis or for definition of treatment requirements for a known, or unknown or potentially serious condition; and/or,
- (b) who is critically, acutely or seriously ill (regardless of diagnosis) and whose vital processes may be in a precarious or unstable state; and/or,

- (c) who is in the immediate recovery phase or who is convalescing following an accident, illness or injury and who requires a planned and controlled therapeutic and educational program of comparatively short duration.

The patient characteristics criteria for this level of care are that:

1. the patient requires investigation and examination for an unknown or potentially serious condition;
2. the patient has an acute illness or injury;
3. the patient may require life-saving measures;
4. the patient requires a planned and controlled therapeutic and/or educational program of comparatively short duration for the clinical condition.

The program description includes:

1. stabilization of vital processes;
2. establishment of diagnosis and/or diagnoses;
3. relief of distress;
4. definition and provision of treatment requirements;
5. maintenance or restoration of function, prevention of dysfunction;
6. education and training the individual for self-care and maintenance of optimal health status.

The program provides:

1. a broad range of highly specialized skills and equipment for a variety of care requirements and specialized diagnostic and treatment services with a full range of laboratory and x-ray services available, though not necessarily on site;
2. on-going medical investigation and evaluation and immediate adjustment of care and treatment with necessary nursing care with other professional services immediately available as required;

3. TYPE 5 CARE facilities may provide units especially designed, equipped and staffed for various specialized care programs TYPES OF CARE such as intensive care, coronary care, convalescent care, self care, as well as a diverse range of clinical specialties like pediatrics, obstetrics, general medicine and surgery and emergency services.

The delivery sites for Type 5 Care may vary from a conventional hospital site to community-based services or out-patient treatment.⁹

It can be observed that the nursing home or hostel falls into the categories described by Type 1 and 2 levels of care. These first two types of care offer a setting that is more specifically residential than medical, and where, "care not treatment is predominant."¹⁰ The latter three types on the other hand, require a more medical setting in a "hospital facility designed, equipped and staffed for the treatment of patients."¹¹ It should be noted that in one case, Type 3 Care, certain nursing homes, those "approved for chronic care," may be included in the more medically oriented type of facility.

Definitions of Levels of Care Within Nursing Homes and Hostels:

Although the types of care defined by the Federal-Provincial Advisory Committee on Health Insurance provides the best means of distinguishing hostel and nursing home services from those of other institutions, more specific definitions exist which deal with the levels of care undertaken within these facilities.

One of the most useful series of these definitions are those that were proposed by the Manitoba Department of Health and Social Development in Aging in Manitoba - Needs and Resources, 1971.

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9. Ontario. Ministry of Health, Patient Care Classification by Types of Care (approved by Federal-Provincial Advisory Committee on Health Insurance, November, 1973).
 10. George Hart, Non-Profit Housing for the Aged and Other Special Care Groups: A Policy Study for Central Mortgage and Housing Corporation, (n.p.: 1976), Appendix B.
 11. Ibid.

In Volume 1 of the introductory report, definitions are given for heavy, medium, and light nursing care.

Heavy nursing care is considered to be required when:

- the patient needs assistance in 75% of all daily activities (washing, feeding, dressing, and toilet).
- is incontinent of bladder and/or bowel
- and/or is bedridden and must be lifted out of bed.
- and/or is totally confused and needs constant supervision.

Medium nursing care is considered necessary when:

- the patient needs assistance in 50% of all daily activities, i.e. needs meat cut (when eating), has some degree of incontinency.
- is ambulant or uses wheelchair, crutches, or walker.
- may be mildly confused and needs some degree of supervision.

Light nursing care is necessary when:

- the patient needs minor assistance in daily activities, i.e. hair done, zippers, buttons, meat cut, etc.
- is ambulant or uses cane, walker or wheelchair.
- requires supervision of medication.
- may have some memory loss.

These varying requirements for nursing care are reflected in several levels of care possible in a nursing home or hostel. Weber and Larsson have listed four of these levels.

The first of these they call supervisory care, and requires light nursing care involving the "supervision of daily activities such as personal hygiene, dressing and grooming." Persons requiring supervisory care are usually ambulant and have only minor mental and physical difficulties.

The second level of care Weber and Larsson describe is limited personal care. This level requires light to medium nursing assistance:

...with the activities of daily living and some nursing care such as the administration of drugs and dressings. Patients are ambulant or semi-ambulant with somewhat more severe mental and/or physical impairments.

Supervisory and limited personal care are estimated to require 2 hours per patient per day of nursing care, and 1/2 to 1 hour per patient per day of personal care.

The third level of care is described as intensive care, requiring medium to heavy nursing attention. This level involves a minimum of one hour per patient per day of personal care assistance, and at least two hours per patient per day of nursing care. Residents of this type may have severe physical and mental difficulties and are ambulant or bedridden.

Finally the fourth level of care defined by Weber and Larsson is hospital care. Obviously this level of care requires a high degree of heavy nursing attention, and extensive medical facilities and personnel. In the continuum of types offered by the Federal-Provincial Advisory Committee, care of this level could be found in both Type 3 (Chronic Care), and Type 5 (Acute Care). When included in Type 3 it may be found in a nursing home "approved for chronic care." Weber and Larsson recommend however that only persons in the limited personal care or intensive care level be placed in a nursing home. They argue that persons in the first level of care, who are usually mentally alert and well, are better suited to a more stimulating environment, and hostel or congregate accommodation. Persons in the fourth level of care, they add, require services found in a hospital setting, and are also not suitable residents for a nursing home.

Conclusions

From these descriptions, it can be concluded that three very general types of facilities are required to accommodate the varying levels of care for the elderly. These are:

1. HOSTEL OR RESIDENCE - Shelter and care for ambulant elderly persons who require only simple support in the activities of daily living.
2. CUSTODIAL NURSING HOMES - These provide care for more dependent persons where continuous and intensive support in the activities of daily living is required - dressing, feeding, personal hygiene, etc.

3. NURSING CARE - NURSING HOMES - These provide care for those whose dependence requires the services of skilled nursing personnel.