RE: EC3.4

Models for Long-term Residential Care: A Summary of the Consultants' Report to Long-Term Care Homes and Services, City of Toronto

Economic and Community Development Committee

City of Toronto

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YORK UNIVERSITÉ UNIVERSITY

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Contracted to Long-Term Care Homes and Services (LTCHS) in October 2018:

1. To create a narrative chart of comparing predominant models of care and to review the literature that evaluates them, and
2. To consult with a wide range of those familiar with City homes, guided by three basic questions:
    1. What do the homes do well now?
    2. What needs improvement?
    3. Would the Butterfly approach help or would some other approach be more appropriate?

Methods:

1. Carried out a literature review on models of care and on the research assessing the models.
2. Conducted interviews with key informants.
3. Attended the full range of regular City managerial meetings organized for these homes as well as meetings with some resident and family councils within the homes.
4. Spent two full days observing and consulting with the entire range of people who live, work, volunteer and visit in two different City homes.
5. Visited four other City homes for meetings, interviews and tours, including the Peel home that adopted the Butterfly approach.

Study Focus:

Focus on four main aspects of long-term residential care, namely,

1. approaches to care, focusing on care as a relationship and on individuals,
2. flexibility for residents and staff as well as in the division of labour, which requires structural empowerment,
3. physical environments, especially small, homelike units, plants, outdoor access,
4. leadership committed to the guiding principles.

Main Findings:

The overwhelming majority of those we consulted stressed two things:

1. One size does not fit all when it comes to models of care.
2. Staffing levels must go up in order to maintain the current quality and must go up even higher to improve it. Although City homes have higher staffing levels than most homes, we heard repeatedly that staff members want to do the right thing but time and other policy restraints limit their capacity to do so. With more staff, they could focus less on tasks and clinical interventions. At a minimum, care as a relationship requires more staff, continuity in staff and time to care.

Additional Recommendations Can be Found in the Report

Thank you