

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.

ISSUE 3 CARE OF THE ELDERLY - EXECUTIVE SUMMARY

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. 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.

Now, two and a half years into the pandemic, COVID delays in care have accelerated the functional and cognitive decline of seniors with widespread impact on their physical, mental and emotional health.

In the Community

- During the pandemic seniors living in the community experienced significant disruptions in care and an increase in social isolation.
- Difficulties with transportation made it harder to attend medical appointments and increased waits for access to primary care and specialist appointments.
- Seniors without family caregivers relied on a home care system that was already overwhelmed.
- Access to essential primary care also became a greater challenge because of physician supply issues.
- Virtual care was challenging for many elderly patients – especially those struggling with dementia or other cognitive challenges.
- The pandemic made it harder to access services that were previously available, including geriatric assessment and dedicated rehabilitation in-patient units in health care facilities. Seniors must now go through emergency departments for screening.

Facility-Based Continuing Care

- The impact of COVID on seniors living in facility-based continuing care was devastating - many seniors in long-term care were isolated to the point of being forgotten.
- 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.
- During the pandemic, most bedside care was provided by health care aids (HCA) who were overwhelmed by the number of ill patients and did not have the expertise to do clinical assessments.
- Patients with dementia or cognitive decline were especially impacted, which sometimes lead to aggressive behavior that necessitated physical or chemical restraints.
- By far the biggest impact on seniors living in FBCC was death. 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.” Seniors who died in long-term care during COVID often died alone, without family or loved ones to comfort them.
- In April 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.

Caregivers

- Front line caregivers have all been negatively impacted by the pandemic.
- Caregivers worked long hours, putting themselves and their families at risk, and many suffered from anxiety and depression, plus compassion fatigue.
- Family caregivers were also frequently overwhelmed, as they stepped up to offer supports that had become more difficult to access because of the pandemic.
- In some instances, the family members providing care are spouses or partners who are dealing with their own complex health challenges and increasing frailty.
- 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.
- 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 of Family Medicine](#).

DRAFT

Workarounds/Temporary Fixes and Solutions

- Strengthen efforts to keep seniors in their own homes by 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 (SL).
- Equitable care and housing standards for all supportive living/alternative level of care and long-term care facilities (whether they are public or privately funded).

What's Needed Long Term

Our front-line physicians told us that solutions could include:

- Expand the scope of Alberta's Home Care program – they 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.
- Include family care givers as part of the care team and respect family caregiver's knowledge of the care recipient as part of care planning.

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 physicians and patients.

More information is available in the [full-length paper](#).

Thank you for your interest in this issue!

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.

www.albertadoctors.org

DRAFT