



AVENS Adult Day Program Review – Final Summary Report

July 19, 2017

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Introduction

Purpose

A review of the Adult Day Program (ADP) offered by AVENS, A Community for Seniors (AVENS), was initiated in response to safety and quality concerns brought forth by AVENS Chief Executive Officer to the Department of Health and Social Services (DHSS) and the Northwest Territories Health and Social Services Authority - Yellowknife Region (NTHSSA-YK). The DHSS and NTHSSA-YK worked collaboratively with AVENS to review these concerns and propose a plan to determine next steps.

Background

Working with partners to develop policies and programs for future Senior's services is a priority of the DHSS strategic plan *Caring for Our People* in commitment to "*Better Health, Better Care and Better Future*". Aging in place has been a goal of the GNWT for several years. The Department's goal is to reduce gaps and barriers to provide equitable access to safe, culturally respectful programs and services to residents that help them to remain independent and healthy in their homes and communities as long as possible.

The DHSS has moved forward important work related to *Our Elders, Our Communities*, including updating standards for Continuing Care Services (long-term care, home care and supported living). Adult Day Programs are one of the key supports to assist older adults and their caregivers to age healthfully within their own home and community.

The NWT Continuing Care Standards specify that policies will be developed to describe the scope and limits of adult day services¹, and the roles of staff who deliver adult day services. AVENS has been actively involved in the Continuing Care Standards and Policy work being led by DHSS in collaboration with NTHSSA Regions. AVENS' expertise in long-term care services has been valued to moving this work forward.

AVENS owns and operates two long term care facilities with funding from the Government of the Northwest Territories.

- AVENS Manor is a twenty-nine (29) bed facility built in 1987 and operated by the AVENS A Community for Seniors. It continues to provide services to residents with Level 3 and 4 care needs. Twenty-eight (28) of the twenty-nine are permanent beds with one (1) respite beds.
- The Territorial Dementia Facility – AVENS Cottages (TDF) is a twenty-eight (28) bed facility designed to provide services to residents with moderate to severe dementia. Twenty-five (25) of the twenty-eight are permanent beds with three (3) beds for respite.

¹ Adult Day Service: Provide programming such as recreation, meals, foot care, bathing etc. for frail seniors living in the community to help support elders living in the community, delaying or preventing placement in a long term care facility (NWT Continuing Care Standards, 2015)

AVENS' vision is for seniors to have a safe and caring community for life. This is accomplished by striving towards their mission of providing quality community living choices for seniors by delivering quality services in a safe and respectful manner while upholding their values of respect, dignity, collaboration, accountability and integrity²

In addition to long-term care services, the Government of the Northwest Territories (GNWT) allocated resources to operate AVENS Adult Day Program as a component program of AVENS Cottages (Territorial Dementia Facility) capital project, which began operations with the Long Term Care (LTC) program in March 2010.

The DHSS and AVENS initiated their partnership towards the development of a Yellowknife based Adult Day Service in 2007³. The need for additional community and facility supports and services for seniors became evident following the release of the Long Term Care Needs Assessment Report completed by KPMG Consulting⁴ which indicated that the majority of NWT dementia clientele and future LTC patients were located in the Yellowknife. AVENS Cottages is the first LTC facility in which the DHSS planned for an ADP, including recommended operational and staffing models and associated space allocation. AVENS ADP began operating in January 4, 2011. NTHSSA-YK acts as the agent on the funding agreement with AVENS for operations of AVENS Manor, AVENS Cottages, and the Adult Day Program.

During its operation, the AVENS ADP strived toward meeting its mandate to provide recreation services and leisure experiences to help people with physical, mental, social, or emotional limitations make the most of their lives. This was carried out by meeting the following goals and priorities of the program:

- Maintain and/or improve functional abilities, enhance well-being and facilitate independence
- Teach or enhance recreation skills and attitudes that can be used throughout life
- Promote health and growth through leisure and recreation experiences

In October 2016, the DHSS was notified by the Chief Executive Officer of AVENS that effective December 2016, the Adult Day Program would suspend operations as a result of quality and safety concerns. AVENS has expressed their intent to redesign the Adult Day Program to better meet the needs for clients it serves, and to address quality and safety. AVENS planned to consult with Carewest, in Calgary Alberta to gain insight into their successful Adult Day Program to make specific improvement to the AVENS Adult Day Program; Carewest is a private operator of long-term care services in Alberta, and the developer of the care philosophy *Supportive Pathways*, utilized within the GNWT LTC facilities.

² AVENS Vision, Mission and Values: <http://www.avensseniors.com/our-mission-vision-and-values/>

³ Dementia Facility Review, 2007

⁴ GNWT DHSS, Long Term Care Needs Assessment, KPMG Consulting , 2002

Methodology

Working Group Membership

A working group (WG) was established to complete a review of the AVENS ADP. The WG was composed of the following positions:

- A/Manager, Continuing Care and Health System Planning, DHSS (chair);
- Senior Nursing Consultant, Long Term Care, DHSS;
- Health Planner, Continuing Care Services, DHSS;
- Continuing Care Project Coordinator, DHSS;
- Manager, Yellowknife Home Care Program, NTHSSA YK Region; and,
- Day Program Coordinator, AVENS A Community for Seniors

Members of the working group were appointed until Review Report has been completed.

Mandate

Building on the jurisdictional scan and consultations completed by AVENS, the WG shall complete a program review which will inform options and decision, based on the current best practice, for AVENS to provide an Adult Day Program to support older adults and their caregivers to age healthfully within their own home community.

Accountability

The Working Group was supported by a steering committee (SC) comprised of the following positions:

- Director of Care, AVENS;
- Director, Population Health, NTHSSA YK Region; and,
- Director, Seniors and Continuing Care Services, DHSS

The steering committee was further accountable to the Assistant Deputy Minister, Health Programs, DHSS; Chief Operating Officer, NTHSSA YK-Region and Chief Executive Officer, AVENS a Community for seniors.

Literature Review

The Department of Health and Social Services completed an academic literature review to determine adult day program best practices and to investigate the up-to-date findings on such programming in academia. The University of Ottawa online library database was used to search for peer reviewed articles that explored the following areas of interest for the AVENS ADP program review:

- ADP model types and the distinguishable differences between models
- Proven benefits and outcomes from attending an ADP
- Potential barriers to accessing an ADP
- Programming for different populations (frail/cognitively intact, dementia/cognitively impaired and a mix of the two populations)
- The use of ADP's as a form of respite.

Over the course of the review, roughly 50 academic articles were reviewed. The knowledge attained was used to help inform the development of relevant recommendations supported by current academic discourse.

Review of Current and Historical Documentation

In attempt to most accurately understand the evolution of the AVENS ADP it was essential to parallel the current programs' state and operations to that which was initially intended and proposed by the DHSS. Many documents were used to develop a baseline of the original intent of the program; those documents are as follows:

- AVENS Cottages: Dementia Care Facility – Functional Program and Operational Plan 2003/2004
- Pre-Opening Territorial Dementia Facility Document, 2010
- GNWT Planning Study, Long Term Care Facilities, April 2010

These publications and program reviews were used to identify the original goal of the program, its function, key component services, target population, hours of operation, staffing complement/ratio and mix, staff funding, job descriptions, design considerations and space's designated size. Review of these historical documents took place in early 2017 by the DHSS.

Information regarding operations prior to closure was completed in collaboration with the AVENS Program Coordinator, which included reviewing current AVEN policies (DP001-DP015), Client visit statistics, other internal information provided by AVENS and included an in person tour of the current allocated day programming space by working group members.

Together, both sets of information collected were used to support a comparative review of the evolution of the ADP since its opening in 2011.

Consultations and Literature Review

Carewest and Ocean View Consultations

Upon tentative closure of the ADP, AVENS agreed to consult with other adult day programs to support an all-inclusive review to address the safety and quality concerns brought forward by staff and other professional designations, and to support future recommendations.

AVENS expansion project in 2010 was built on the Carewest Signal Pointe facility's schematic design, and the model of care used at AVENS is the 'Supportive Pathways' philosophy of care, founded by Carewest, Alberta (AB). Therefore, it made sense to align the AVENS Adult Day Program (ADP) with that of Carewest's model used for adult day programs in dementia care (Signal Pointe, ADP, SW Calgary) as well as wellness adult day programs (Colonel Belcher, NW Calgary). Given the need to explore other adult day program models, AVENS consulted with an ADP facility solely built on a social model. This program is located in Eastern Passage, Nova Scotia at Ocean View Manor. The consultations were completed via teleconference, site visits, and by the Adult Day Program Coordinator at AVENS.

Current Literature on Adult Day Programs

Specific adult day services and the activities offered vary based on the model type followed by the program. There were two program models that were most frequently referenced in the literature:

- **Social Programs**
Social programs offer activities for cognitively and physically impaired older adults which focus primarily on socialization activities. Activities typically include games, arts, crafts and discussion groups. This model also offers some care assistance with activities of daily living (ADLs), maintenance of proper nutrition and to prevent or slow cognitive and physical deterioration.
- **Health (or Restorative) programs**
Health programs offer a wide variety of health services. These services include: therapeutic restorative services, constant health monitoring, and psychosocial services such as health education and counseling. This model typically staffs a registered nurse; physical, occupational and/or speech therapy are also contracted to provide broader client care.

Based on the literature, it is beneficial to first identify the specific needs of the target population(s), their caregivers, and the desired program outcomes prior to selecting the appropriate program model.

Potential Outcomes

A wide variety of outcomes can be both directly and indirectly achieved through adult day program attendance, such as:

- Falls prevention (Gillespie et al., 2009; Diener & Mitchell, 2005)
- Increased access to comprehensive health screenings (Strang & Neufeld, 1990)
- Maintains senior's health (Kwame-Anokye, Trueman, Green, Pavey, & Taylor, 2012; Baumgarten et al., 2002)
- Respite care for caregivers (Strang & Neufeld, 1990; Gitlin et al., 2006; Zarit & Leitsch, 2001; Gaugler et al., 2003)
- Postpones premature admission to Long Term Care (Strang and Neufeld, 1990; Lecovich & Biderman, 2012; McCusker et al., 2001; McCann et al., 2005)
- Improves self-actualization and self-esteem (Ritchie, 2003)
- Improved relationships between caregivers and care recipients (Strang & Neufeld, 1990; Ritchie, 2003)

It is evident that care needs and outcome goals will differ based on varying degrees of physical and cognitive impairment of the older adult.

Research addressing co-programming for both frail and dementia patients was scarce; however, there was a significant amount of research conducted on the specific care objectives for those with advanced or advancing dementia. Such directives can be utilized to guide appropriate programming and service delivery for this population; there were no recommendations emerging from the literature regarding programming that could be conducted with or without the presence of frail adults in the same program.

Potential Barriers to Day Program Use

As we have seen there are a wide variety of benefits associated in utilizing an adult day program, however, there may be barriers present impeding the use of such programming in services. Beisecker et al. (1996) identified the following as the most predominant barriers preventing the use of adult day program services: Lack of convenience, cost, patient concerns, caregiver feelings, staff, programs and the facility.

Adult day programs present a wide variety of beneficial outcomes for both program users and their caregivers if programming is appropriately tailored and delivered to meet to the needs of clientele and address any potential barriers preventing its use. There remains to be a gap in the literature which investigates program delivery to a mixed population of both frail and cognitively impaired adults. This lack of research should not signify that it is not an appropriate approach to programming, it merely identifies that this still remains to be a young area of study.

Survey of Home Care Clients and Caregivers

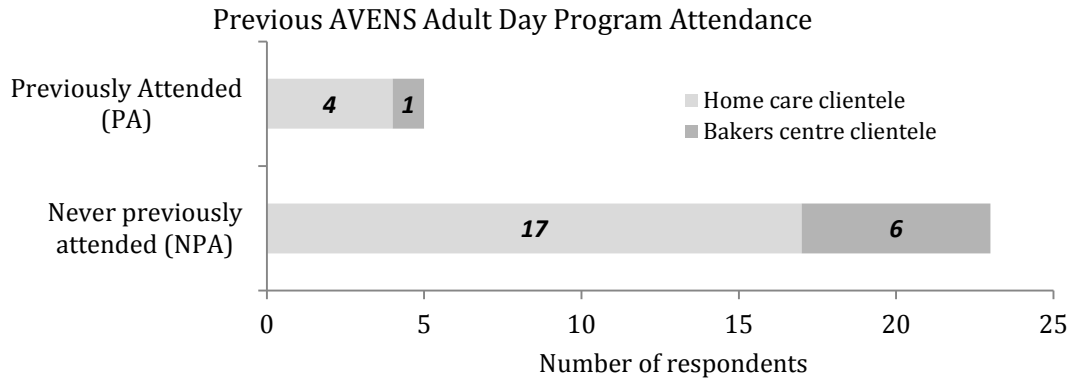
The Working Group was tasked with conducting a survey of home care clients and their caregivers to assess satisfaction, need for the day program services, barriers to accessing services, and areas for improvement. A day program questionnaire was developed (Appendix I) and circulated by NTHSSA-YK and delivered by home support workers. Questionnaires were directed at clients already accessing community supports and services, such as: home care recipients, their caregivers, and Bakers Centre clientele. The YK-Region Home Care Program distributed sixty (60) questionnaires over a 3-week period from April 21st to May 12th inclusively to ensure the greatest number of home care clients were provided with the opportunity to respond. The Home Support Workers spent roughly 10 to 20 minutes, depending on the recipient's answers, to help their client go through and/or complete the questionnaire.

Twenty-nine (29) completed questionnaires were returned to NTHSSA, Manager Community and Home Care then forwarded to DHSS, Continuing Care Project Coordinator for data entry and compilation. From there data was analyzed to support recommendations for the day program redesign.

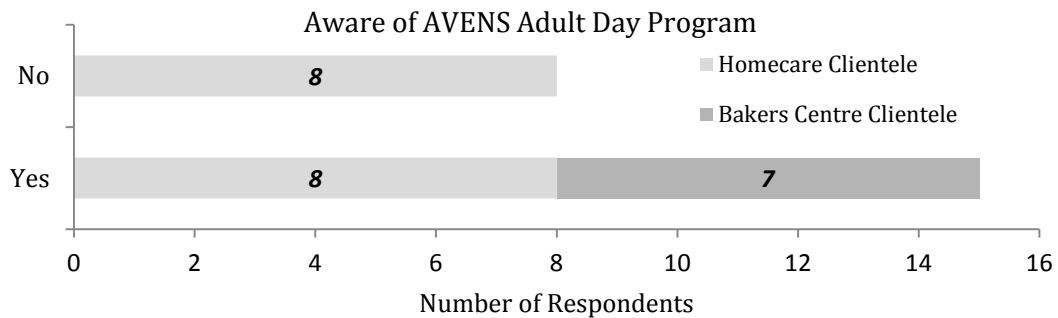
Summary of Client/Caregiver Survey Results

Over the course of the three-week distribution period, twenty-nine (29) questionnaires were completed: twenty-one (21) Home Care (HC) clients and eight (8) Bakers Centre (BC) clients. Results from the questionnaire validated a need for the AVENS ADP in Yellowknife. The key findings are as follows:

- Twenty-three (23) respondents (79%) have never previously attended (NPA) the AVENS ADP; 81% of responding HC clientele and 86% of those from the BC had never previously attended.

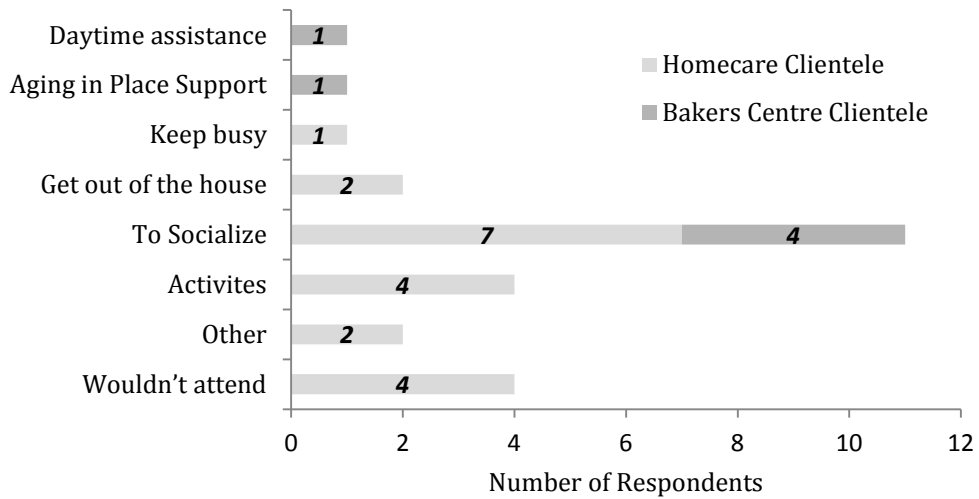


- Five (5) respondents (17%) have previously attended (PA) the ADP: 60% of these respondents were informed of the program by a friend or family member, whereas 40% were referred by a health care professional.
- Socialization is the top reason PA respondents liked the program.
- 65% of NPA respondents were aware that AVENS has been offering an Adult Day Program in Yellowknife since 2011; 50% of responding HC clients were aware, whereas 100% of BC clientele who answered to the question were aware of the programs existence.



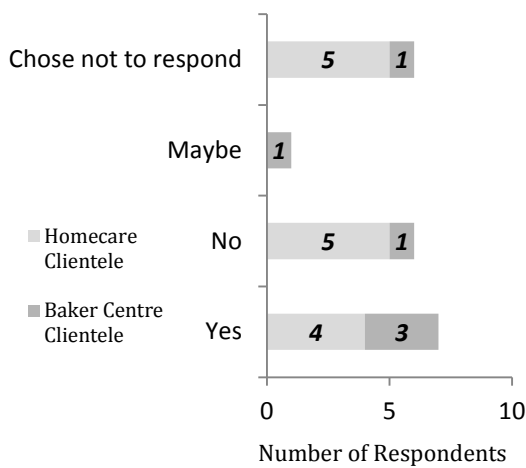
- Socialization was the number one response from both HC and BC clients to as why they would attend the ADP. Activities offered was the second reason identified as to why they would attend.

Reasons Identified Why to Consider Attending AVENS ADP

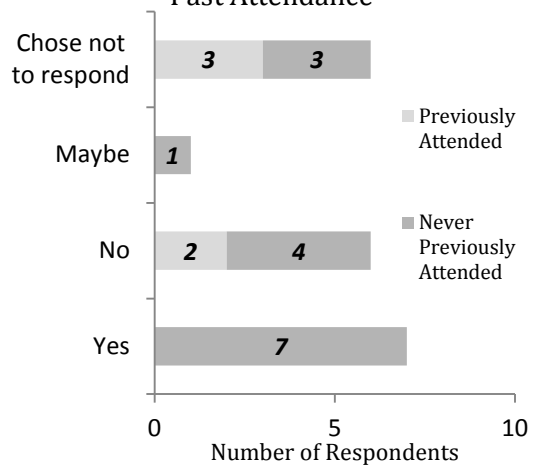


- Transportation presented at the greatest barrier to ADP attendance; whereas hours of operation, location and a potential fee presented as a lesser issue when considering the logistics of attending the ADP.

Transportation as a Barrier by Clientele Cohort

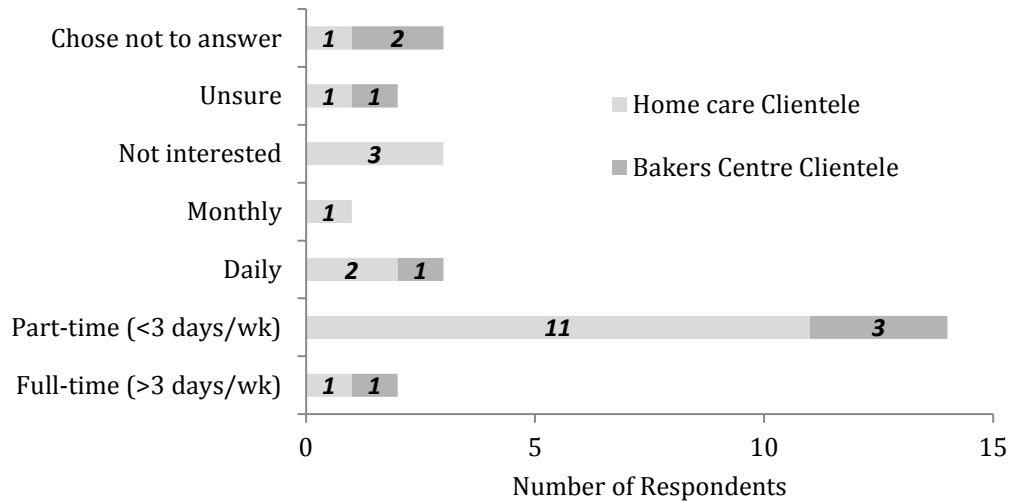


Transportation as a Barrier by Past Attendance



- Respondents identified a full work day (8:30 – 5:30) as being the hours that would worked best to attend the ADP.
- Part-time attendance (<3 days/week) was recognized as being the most favourable frequency to attend the ADP.

Anticipated Frequency of Attendance (per week)



- 69% of respondents stated that a fee would not stop them from attending the program; (67% of HC; 75% of BC)
- Activities such as physical activities and exercise, board games and bingo were all well received as potential activities to be offered. Additional activities that were frequently suggested include: other games such as cards etc. (7), arts and crafts (6), field trips (6), outdoor activities (4) and music/dancing (4).
- 38% of respondents said that a family member would transport them to and from the ADP; 35% said they would take a taxi and 21% would use YATS services.
- Transportation and On-site wheel chair/walker assistance were identified as the additional help needed to allow responding clientele to attend the ADP.

Summary of Findings from Carewest, Alberta Health Services, AB and Ocean View, Eastern Passage, NS Consultations

The following is a summary of the findings collected by AVENS during consultations with Carewest’s Signal Pointe Dementia Care ADP, Colonel Belcher Wellness program ADP and Ocean View’s social modelled ADP.

Clients often attend ADPs for four basic reasons:

- Planned respite and support for the caregiver
- Health monitoring services
- Opportunities for socialization, structure and stimulation
- To maintain or improve independence and functioning

Basic ADPs are designed for:

- Adult clients [*Note: Separate programs exist for younger adults (18+) and seniors (65+)*]
- Eligible for Home Care services in province
- Adults that require the services offered by the program

- Adults that are in sufficient health to regularly attend and participate in the program
- Adults that are able to function appropriately in a group setting and will not put themselves or others at risk
- Clients that can be cared for within the resources of the program

Exclusion criteria:

- Individuals receiving funding for services provided within Long Term Care or Designated Supportive Living facilities
- Individuals receiving funding from Persons with Developmental Disabilities provided by Alberta Human Services
- Individuals without an Alberta Health Care Number (ex. Out-of-province)
- Individual cases referred to the program that do not meet the basic criteria will be reviewed based on medical need and individual circumstance

Model Type

Carewest' adult day programs are based on the 'Supportive Pathways' model/philosophy of care. However, Carewest offers three types of adult day programs, in separate facilities; and each of those facilities has a specific 'client type' based on level of acuity within this model of care (supportive pathways) and they are as follows:

- *Colonel Belcher* (NW of Calgary), which is for clients whom are 65 and older, with high functioning, but could have mild dementia and no elopement risk
- *Signal Pointe* (SW of Calgary), secure unit for dementia clients only
- *Younger Adult Day Program – Dr. Vernon Fanning* (NE of Calgary), for young adults with various disabilities

Carewest makes every effort not to overlay mixed client types in any one program, and although each client has specific care needs, clients are placed in a program with peers who require the same level of care.

Program Delivery

Provides respite, support, and information to caregivers, socialization and peer support to clients, nutritious meal and snack are available for clients, and recreational activities, events and outings are planned daily for those without dementia, as well as basic personal care to those who are unable to care for themselves.

Admission/Intake Criteria

Registered Nurses (RN) with Homecare provide initial assessment of the potential ADP client, followed with their referral to the ADP via interRAI database system. Assessments that are conducted by the RN prior to referral are the following:

- CPS – Cognition
- RUG – Functionality
- MAPLe (Method for Assigning Priority Levels) – Need

1) CPS

The Cognitive Performance Scale (CPS) combines information on memory impairment, level of consciousness, and executive function, with scores ranging from 0 (intact) to 6 (very severe impairment). The CPS has been shown to be highly correlated with the Mini Mental State Examination (MMSE) in a number of validation studies

2) RUG

RUGs are mutually exclusive categories that reflect levels of resource need in long-term care settings, primarily to facilitate Medicare payment. They are assigned to individuals based on data elements derived from the LTC Minimum Data Set (MDS). There is a standard order, or hierarchy, and each RUG is associated with relative weighting factors. RUG assignments can be made on a hierarchical or an index-maximization basis. There are three basic sets of RUGS, RUG 34, RUG 44, and RUG 53; within these hierarchical levels are specific major RUG categories.

The Major RUG categories are as follows:

- Rehabilitation & Extensive Services
- Rehabilitation Services
- Extensive Services
- Rehabilitation Services
- Special Care
- Clinically Complex
- Impaired Cognition
- Behavioural
- Reduced Physical Functions

3) MAPLe

Clients are placed into five priority levels, based on their risk of adverse outcomes. Clients in the lowest priority level have no major functional, cognitive, behavioral, or environmental problems and are considered self-reliant. The highest priority level is based on presence of ADL impairment, cognitive impairment, wandering, behavior problems, and the interRAI nursing home risk CAP. Research has demonstrated that the five priority levels are predictive of risk: Individuals in the highest priority level are nearly nine times more likely to be admitted to a long-term care facility than are the lowest priority clients. MAPLe also predicts caregiver stress.

Discharge Criteria (Ocean View and Carewest)

If the client's behaviour or medical condition deteriorates making their participation detrimental for the participant or others, the client may be discharged immediately. The adult day program facilitator and/or other staff, as needed reserve the right to discharge any participant for the following reasons:

- Changes in the participant's condition resulting in the adult day program's inability to meet the needs of the individual or placing participants and staff at risk
- Failure to comply with the existing agreements and/or other policies
- Chronic absenteeism, therefore non-use of a position in the program
- Non-payment of fees

The client or family caregiver is required to notify the adult day program facilitator of withdrawal from the program in advance. Withdrawal, without notification, will result in a cost to the participant⁵.

When a client is discharged from the program, the adult day program facilitator and/or case manager will discuss the need to discharge with the family caregiver and provide information about alternative resources. When possible, the caregiver will be given advance notice of discharge so that appropriate arrangements can be made. A written letter stating the reasons for discharge will also be given to the family caregiver.

Policy (Ocean View and Carewest)

Several policies were explored within Carewest and Ocean View; many discrepancies were recognized during comparison with AVENS ADP policies in a number of areas.

All information shall give credit to Alberta Health Services, Carewest, and Ocean View Manor.

⁵ Please refer to *Collaborative Practice: Alberta Health Services Continuing Care Case Manager (AHD CC-CM) – Basic and Comprehensive Adult Day Programs* in the Basic ADP Best Practice Model for more information.

Summary of Historical and Present Day Operations

	Historical 2010	Current State 2015/2016
Program Description	Based on social model rather than clinical/medical focus	No model identified *Policy- Adult Day Program DP001 ⁶
Goal	Provide a safe, secure home like environment for social interaction and mental stimulation	*Policy- Adult Day Program DP001 ⁷
Function	Support seniors in community who have early stages of dementia and respite for caregivers	Support seniors in community
Program	<ul style="list-style-type: none"> Provides positive quality life experiences for individual with dementia and relieve caregiver stress Meaningful activities, maintaining level of functions, socialization Provide ongoing monitoring/assessment of functioning to aid family/caregiver Serve as a transition from community to facility placement 	
Key Components of services	<ul style="list-style-type: none"> Social support and mental well being Meaningful activities Health/educational support Assist personal care Assist living in community longer 	*Policy- Adult Day Program DP001 ⁸
Target Population	<ul style="list-style-type: none"> Seniors residing in Yellowknife community Target 5-8 clients a day from the community with early dementia stages Start with 3 days per week and then could extend to 5 days Consider support program for the fragile seniors alternate with dementia program 	<ul style="list-style-type: none"> Seniors residing in community of Yellowknife 4-5 clients per day client visits

⁶ Policy- Adult Day Program DP001: Provide recreation services and leisure experience to help people with physical, mental, social or emotional limitation to make the most of their lives

⁷ Policy- Adult Day Program DP001: Maintain/ or improve functional ability, enhance well-being and facilitate independence; Teach and enhance recreation skills and attitudes that can be used throughout life; Promote health and growth through leisure and recreation experiences

⁸ Policy- Adult Day Program DP001: Recreation and leisure programs shall be adapted to meet client's individual physical, mental, social, and emotional needs; maintain and/or improve functional abilities, enhance well-being and promote independence; encourage health and growth through leisure and recreation experiences; teach or enhance recreation skills and attitudes

	Historical 2010	Current State 2015/2016
Staffing	1 FTE Recreation Therapy/Community Liaison Supervisor 2 FTE's Resident Care Aides	1 FTE Volunteer & Recreation Supervisor (April -July 2016) 1 FTE Recreation Coordinator (April 2016- April 2017)
Hours of Operation	Monday-Friday 08:30-16:30 hours	Monday-Friday 08:00-16:00 hours
Design Consideration	<ul style="list-style-type: none"> Barrier free access throughout the day program, designated spaces and core support areas in supporting clients in wheelchairs and mobile aids Space to be flexible to accommodate and adapt various types of activities Provide way finding path (cueing) to assist clients in finding areas not familiar to them Be flexible in providing a safe and secure environment for clients that may have higher elopement risk and exit seeking Access to an outdoor secure garden space Access to other services : hair salon, etc. 	See schematic floor plan- March 2008 ⁹ <ul style="list-style-type: none"> Small and limited space for various types of activities Space kept safe and secure all times No access to an outdoor secure garden space
Program Space	Activity Space – 37 Dining space- 22.0 Kitchen-17.0 <hr/> Total: 76.0 NSM	Living Room-37.0 (<i>designated space within for Snoezelen</i>) Dining Room-22.0 Kitchen-17.0 <hr/> Total: 76.0 NSM
Support Space	Coat Closet- 3.0 Public Washroom- 15.0 Public Washroom-13.0 Spa Tub- Access Direct Access to a secure outdoor space- No <hr/> Total: 31.0 NSM	Coat Closet- 3.0 Washroom 1 -15.0 <i>Washroom 2 - converted to a Foot Care room</i> Spa Tub- No Access Direct Access to a secure outdoor space- No <hr/> Total: 18.0 NSM
	Total space: 107.0 NSM¹⁰	Total space: 94.0 NSM

⁹ Appendix II: Intended and Current Adult Day Program floor plan

¹⁰ Appendix III: Comparison of Current Program Space Designs across the NWT

Summary of Variations between Current and Historical Operations

AVENS ADP was originally intended to offer a service based on a social model of care. A program that provided access to daily respite care services, nutritious meals, physical activity, mental stimulation and socialization that allows seniors to remain in their home and maintain independence for as long as possible. Currently, the program is not following any specific model design.

The space designated to the ADP was originally intended to accommodate up to 10 clients per day, whereas in 2016 the program had 4-5 clients per day on average, with attendance occasionally peaking at 8-10 clients per day (some of which were AVENS residents).

The ADP's original program space was designed to be a total of 107.0 NSM which included the living room, dining room, kitchen, coat closet, two washrooms, and access to a spa tub room within AVENS Cottages. Additionally, easy access to an outdoor secure garden located off the multipurpose room within the common area of the AVENS Cottages, was also intended.

The present-day space is 94.0 NSM which includes a living room, dining room, kitchen, coat close, and one washroom.

- The living room (activity/quiet space area) - is designed for small group activities, and is a small quiet area within the space for rest time. Within this room, there is a designated space for *Snoezelen (Multi-sensory therapy for individuals with different cognitive impairment)*. This service is used by clientele from both the Cottages and the ADP.
- Dining room and kitchen provides space for meal service, snacks and small activities. The program provides one hot meal served for lunchtime and snacks and drinks throughout the day.
- A public corridor, used by staff and clientele of the cottages and AVENS residents, separates the living room and dining area. At the end of the corridor within the secured program area, there is a set of stairs that pose a safety hazard.
- The ADP space is secured at all times to ensure the safety of the clients who are at high risk of wandering and/or elopement
- The second washroom was converted into a foot care room. There is currently no access to the spa tub room nor is there direct access to the outdoor secure garden.
- The current programming space is not adequate to accommodate the needs of dementia clientele who require safe space to mobilize while exit searching.

The ADP was originally funded for one (1) FTE Recreation Therapy/Community Liaison Supervisor and two (2) FTE's Day Program Resident Care Aides (A1.3.1., A1.2.4.; Territorial Dementia Facility: Pre-Opening Information for the DHSS). Since the opening of AVENS ADP in 2011, numerous changes regarding staff, staff to client ratios, client types (dementia, frail etc.) and number of clients attending the program have occurred.

- In 2011, the staffing model reflected the initially intended model of one (1) Volunteer and Recreation (V&R) Supervisor and two (2) FTE RCA's. At this time there were a total of 1-3 clients being supported and served through the service.

- In 2012, the number of FTE staffed began to fluctuate due to minimal clientele (1-3) and to support other operational needs of the organization at the time. Fluctuations included reducing the number of FTE RCA's to one (1) for the ADP and one (1) Recreation Coordinator used facility abroad.
- In 2013, the organization underwent numerous senior staffing changes. In addition to these changes, and the continuation of low client numbers the second FTE RCA was laid off, and the Recreation Coordinator (that could be used in several capacities, i.e. - ADP and in the AVENS Recreation dept.) assumed the role in the ADP, which inevitably was relieved by any of the three (3) Recreation Coordinators in the Recreation dept. at AVENS, as needed.
- In 2014, the number of clientele accessing the ADP rose to 8-11 clients a day as the program began accepting clients from the AVENS Manor and Cottages, along with Extended Care Unit at the STHA. During this time one (1) FTE Recreation Coordinator (trained RCA or qualified RCA) staffed the program.
- In 2015, a PTE (post employee nursing placement) was hired to support the (1) FTE Recreation Coordinator. At this time there were 8-10 clients accessing the ADP. The FTE position then started a new role as Volunteer & Recreation Supervisor and the PTE position transitioned into the FTE position and resumed responsibilities as the Program Coordinator, titled Recreation Coordinator (qualified RCA).
- In 2016, and at the time of program suspension there was one (1) FTE Recreation Coordinator that staffed the program while drawing on several casual staff as needed (6 trained RCA's or untrained recreation staff members) to support the needs of 8-10 clients that were attending the program at the time. Effective August 2016, there was a re-alignment of organization structure whereas the Recreation Coordinator reported directly to the Director of Care and the Volunteer and Recreation Supervisor no longer supervised the ADP.2=0.
- The FTE Recreation Coordinator position currently reports to the Director of Care and at the time of closure was responsible for facilitating recreational activities, personal care, medication administration, dietary needs, and all other programming/case management needs.

Summary of Issues Leading to Closure

The AVENS Adult Day Program was suspended on December 2nd, 2016 due to the following key safety concerns identified by AVENS staff:

- Transfers (lifting and handling) of clientele were identified to be unsafe due to inadequate staffing (staff shortage in comparison to client needs).
- Staff report that the ADP does not have access to lifting devices, making it unsafe to support frail clientele
- Unpredictable responsive behaviours, agitation/sun-downing and exit seeking arising in a small space. This resulted in increased aggressive actions posing a safety risk to self (client), other clients, staff, and increasing fall risk.
- Level of functioning of clients widely varied. Varying abilities of clients resulted in staff spending more time responding to various behaviours and less time focused on frail elderly clients without dementia.

Specific reference to Adult Day Services is made in the NWT Continuing Care Standards (CCS) (3.3) which refers to the need for policies to describe access to services, scope/limits of services, and roles of staff. The following policies link to existing AVENS Policies:

- *DP 002 Admission Criteria: Provides criteria such as “Client is able to function appropriately in a group setting, Client must not display violent or aggressive actions toward the staff or other clients in the program, and Client is able to tolerate attendance in the ADP and participation in the program’s activities.”*
- *DP 009 Discharge Criteria: As long as the Client continues to meet the Admission Criteria outlined in Policy DP 002-Adult Day Program, they will be allowed to continue to attend. If the Client can no longer meet the Admission Criteria (Policy DP 002), they become a danger to themselves or others, or they fail to meet their financial obligations related to the program, the Adult Day Program Staff has the authority to discharge them from the program.*

The client safety issues identified prior to suspension of the ADP relate to Continuing Care Standards 5.1 (Quality Improvement), 5.6 (Responsive Behaviour) and 5.14 (Client Safety). AVENS policies (non-specific to day programs) that relate to these standards (5.1, 5.6, and 5.14) are as follows:

- *RC 016- Unusual Occurrence Reporting: Director of Care will ensure all Unusual Occurrences, such as injuries, falls, medication errors, etc., are recorded, investigated and followed up as required in a timely manner. Provides procedure for same.*
- *RC 312 Lifts and Transfers: Provides rationale and procedures for use of safe practice when lifting/transferring Residents/Clients. Includes procedures and template forms for assessment of mobility and transfer status.*
- *OC 006- Quality Improvement Committee: Purpose: Enhance the quality of AVENS residents’ home life and AVENS staff work life by minimizing risk and promoting high quality care through continual improvement of all aspects of care and service.*

Analysis and Discussion

The NWT Continuing Care Standards (CCS) establishes operational benchmarks for all Continuing Care program and service providers across the Northwest Territories. These standards provide the means to evaluate programs, service delivery, and organizational systems against best practice and accountability established by the Minister of Health and Social Services; stating that “quality services arise from continuous monitoring of operational performance, identification of needs and priorities, and effective management of resources” (NWT CCS, 2015, Introduction). Compliance with the CCS is mandatory for all

organizations delivering publically funded Continuing Care Services and that all continuing care services adhere to the Supportive Pathways Philosophy of Care¹¹ (CCS 2.1, 2.2, 2.3).

The safety concerns identified above were reviewed against the NWT CCS and existing AVENS Policies to help identify opportunities for improvement. During the 2015-16 fiscal year, there were nine (9) unusual occurrence reports filed and approximately 40 documented incidents of verbal aggression, physical aggression, exit seeking and inability to transfer without maximum assistance in relation to the Adult Day Program. The following factors contributed to the safety and quality concerns leading to suspension of the ADP:

- 1) Clarity of Policy:
 - DP 002 (Admission Policy) refers to ‘violent and aggressive’ behaviour, but does not specifically refer to challenges that may exist because of a dementia diagnosis. This affects use of DP 009 (Discharge Policy).
 - RC 312 (Lifts and Transfers) is not specific to the day program.
 - NWT Continuing Care Standards 5.6 (Responsive Client Behaviour) indicates the need for policies based on evidence-based practice that guide the provision of safe care to clients exhibiting responsive behaviour (5.6.1). AVENS offers training to staff to support this standard CCS 5.6.2 however doesn’t have a specific policy to guide this (addressing training and development needs for staff on responsive behaviour).
- 2) Mixture of clients with and without dementia.
 - These two client groups often have differing programming needs and different staffing ratios.
 - Clients with dementia may present with responsive behaviours that require specific support.
 - Responsive behaviours within a small space can pose increased safety concerns to staff and clients.
 - No literature was found concluding a mix of clientele to be inappropriate in an ADP setting.
- 3) Client Assessments
 - Current client assessments do not clearly detect all care needs of the client and do not include admission or discharge baseline criteria.
 - CCS 4.3.2 indicates that client needs assessments are repeated at least yearly and when there is a significant change in the client’s condition. This is not currently outlined in AVENS ADP policies.
- 4) Program space design
 - Total space allocated to the program (94 NSM) is slightly less than originally allocated (107 NSM). The layout of programming space does not meet the needs of clientele with dementia. It poses a safety risk for those who need to walk and move around a space safely.

¹¹ **Supportive Pathways Philosophy of Care:** A client centered approach which emphasizes providing a home-like approach, maximizing independence and quality of life. The approach was originally designed to enable front line care staff to care for persons with dementia. The philosophy has grown to encompass all those who provide care for elderly persons. It was developed by Carewest.

- Modifying the number of clients supported through the program, requesting increased staffing ratio, and policy adaptations could mitigate limitations of the physical environment.
- 5) Staffing ratio
- At the time of closure the ADP was staffed with 1 FTE. This limits capacity to respond to care needs of clients and poses a safety risk to staff and all clients.
- 6) Program Frequency and Operation Time
- Data attained from the questionnaire indicated that a vast majority of clientele are interested in attending the program part time (<3 days/week)
 - In terms of hours of operation respondents favoured full day program attendance (8:30am -5:00pm).
 - These results may help address co-programming issues by meeting the needs of both client groups (frail and dementia) by offering different programs on different days. For example: dementia programming could be offered either 2 or 3 days a weeks, with frail elders programming being offered the other 2 or 3 days a week, based on need.
- 7) Program Model Type
- The original intent of the program was to deliver a social modelled program to community dwelling dementia clients.
 - Socialization was the most frequently stated reason why questionnaire respondents would attend the ADP.
 - Literature indicates that a social model based program allows for attendees to socialize while receiving some care assistance.
 - CCS supports the supportive pathway approach to service delivery which is a social model in nature as it addresses the client's needs as a whole, rather than primarily prioritizing the physical health care needs.

The aforementioned factors which contributed to the closure and the findings from this review have been disseminated and reviewed to inform recommendations for program improvement.

Recommendations for the AVENS Adult Day Program Continuation and Areas for Redesign

- The AVENS Adult Day Program should align with Continuing Care Standards 2.1.4. Adult day services (ADS), by indicating that the Adult Day Program follows the Supportive Pathways Philosophy of Care, a social model of care that meets the needs of the person as a whole:
 - Psychosocial needs
 - Recreation/leisure needs
 - ADL care supports
- Policies for the AVENS day program should be developed in collaboration with the DHSS as a part of Territorial Continuing Care policy development that is underway. The policies should describe the scope and limits of adult day services; including target population, admissions and discharge criteria (Continuing Care Standards, 3.3.1).
 - Policies should be inclusive and ensure it serves those needing additional assistance to age in place.
- AVENS Adult Day Program return to the staffing allocation funded by the Department of Health and Social Services (one (1) FTE Program Coordinator and two (2) FTE's Day Program Resident Care Aides) to safely restore the ADP.
- AVENS work with the DHSS to identify ways to best utilize the space for the ADP that meets the needs of the clients and staff. This may include operational changes to utilize the existing space in a safe manner.
- The intake process for the ADP must include an assessment of the care needs of client so that staff can make informed decisions on eligibility for the program and services required.
- Client intake assessments will inform how program operations can accommodate diverse care needs of a mixed population in the existing physical environment. It is expected that client populations and needs will fluctuate over time. Modifications could include:
 - Number of clients attending on a given day.
 - Frequency of attendance (i.e. part-time/full-time).
 - Other modifications as informed by assessment.
- AVENS and NTHSSA – Yellowknife Homecare Services explore how intake assessments can be coordinated to ensure consistent and coordinated provision of care between the two programs.
- The AVENS day program develop and implement policies to support re-assessment of client's needs that are responsive to changing care needs as to ensure client and staff safety.
- AVENS develop and implement policies and training which support the provision of safe care to clients exhibiting responsive behaviour.

- AVENS work with the DHSS to address resource and equipment needs to meet the physical care needs of clients in the program.
- AVENS to continue to work with the DHSS to highlight program challenges and to collectively address them in a timely manner.

Conclusion

Adult day programs are one of the key supports to assist older adults and their caregivers to age healthfully within their own home and community. With the Yellowknife seniors population projected to almost double within the next decade¹², the availability of adult day services will be especially crucial. These services provide respite to care givers, offer opportunities for socialization while reducing risk of isolation and support meeting individual care needs.

This review has been an opportunity to discuss and examine how adult day programming is operationalized as a support for seniors to age in place. The findings of this review validate the need for an adult day program in Yellowknife, and have provided a more in-depth understanding of the challenges that exist and the program changes that need to be made. The recommendations provide opportunities to improve the quality and consistency of ADP service delivery and will inform future planning within the NWT.

The DHSS and NTHSSA-YK is committed to working with AVENS to support the growing need for adult day services in Yellowknife to ensure elders are able to live in their own homes for as long as possible, consistent with the priorities in the *Our Elders, Our Communities* strategic framework, and the mandate of the 18th Legislative Assembly.

¹² Appendix V: Older Adult Population Projection, Yellowknife 2017-2026

Glossary

- Adult Day Program:* Program designed to assist community-dwelling frail and cognitively impaired older adults to maintain optimal functioning by delivering programs and services to delay or prevent inappropriate institutionalization, to support adults who are unable to fully function independently and to provide relief to their caregivers (Strang & Neufeld, 1990; Silverstein, Wong & Brueck, 2010).
- Adult Day Services:* Provide programming such as recreation, meals, foot care, bathing etc. for frail seniors living in community to help support elders living longer in the community, delaying or preventing placement in a long term care facility. (NWT Continuing Care Standards 2015, Glossary)
- Assessment:* An assessment is a process in which the professional objectively and comprehensively identifies a client's needs and determines the most appropriate care and placement options available to meet these needs. The client, family or other service providers may participate in the decision making as available and appropriate. (NWT Continuing Care Standards 2015, Glossary)
- Client:* A person or group who accesses Continuing Care Services (NWT Continuing Care Standards 2015, Glossary)
- Directive:* A policy instrument whereby one level within the government or someone in authority within government directs another level of government or an agency of government to take a specific course of action. (NWT Continuing Care Standards 2015, Glossary)
- Respite Care:* Temporary care provided in home, the community, or in a facility to an individual with a disability or illness by a trained respite worker which meets the planned and emergency needs of the informal caregiver and care recipient. (NWT Continuing Care Standards 2015, Glossary)
- Standard:* A statement of expectations that describes the basic rules which must always be met when designing or delivering a program or service. (NWT Continuing Care Standards 2015, Glossary)
- Supportive Pathways:* A client centred care approach which emphasizes providing a home-like approach, maximizing independence and quality of life. The approach was originally designed to enable front line care staff to care for persons with dementia. The philosophy has grown to encompass all those who provide care for elderly persons. It was developed by Carewest. (NWT Continuing Care Standards 2015, Glossary)

Appendix I – Sample Survey

Adult Day Program Questionnaire

I am filling in the questionnaire as (please circle one):

Myself

Family member

Other: Volunteer or Health care provider

1. Have you attended the AVENS Adult Day Program?

➤ Yes

(Please answer Questions 2 to 6 and Questions 9 to 15)

➤ No

(Please answer Questions 7 and 8 and Questions 9 to 15)

Please complete Questions 2 to 6 if you answered YES to Question 1.

2. How did you hear about AVENS Adult Day Program? Were you referred?

3. What did you like about the program?

4. What didn't you like about the program?

5. What could be improved?

6. Have you had trouble accessing the Adult Day Program?

Please complete Questions 7 and 8 if you answered NO to Question 1.

7. Are you aware that AVENS has offered an Adult Day Program in Yellowknife since 2011?

8. Why would you consider attending an Adult Day Program?

Please go to page 2 and answer Questions 9 to 15

9. What would prevent you from attending the AVENS Adult Day Program?

Barrier	Yes	Maybe	No	Do not know
Transportation				
Hours of operation				
Location				
Fee				
Other? Please specify.				

10. What hours would work best for you to attend the Adult Day Program?

11. How often would you attend the Adult Day Program?

12. Adult Day Programs charge a small fee. This fee would pay for a meal, snacks, and a variety of activities and support. Would a fee stop you from attending?

13. What activities would you like to see offered at an Adult Day Program?

Activity	Yes	Maybe	No
Physical Activity / Exercises			
Bingo			
Board games/puzzles			
Others (please specify):			

14. How would you get to an Adult Day Program (family member, bus, taxi, etc.)?

15. Would you need any other help to get to an Adult Day Program? If yes, please describe what help you would need.

Thank you for taking time to complete this questionnaire

Appendix II - Territorial Dementia Schematic Design – Comparison of Intended and Current Day Program Space

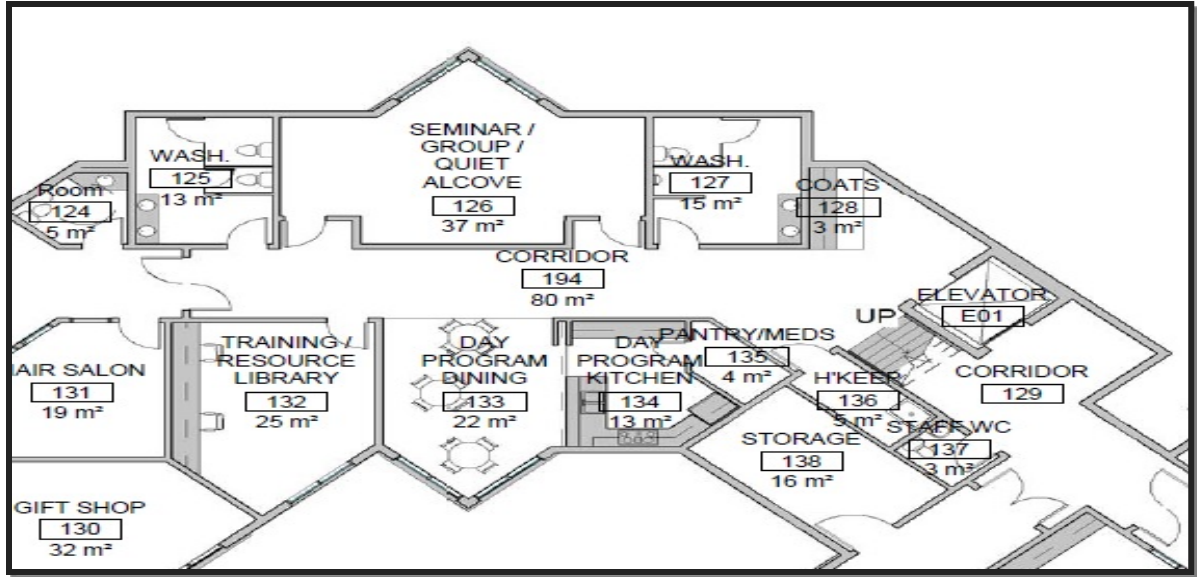


Figure 1. Intended design of AVENS adult day programming space from

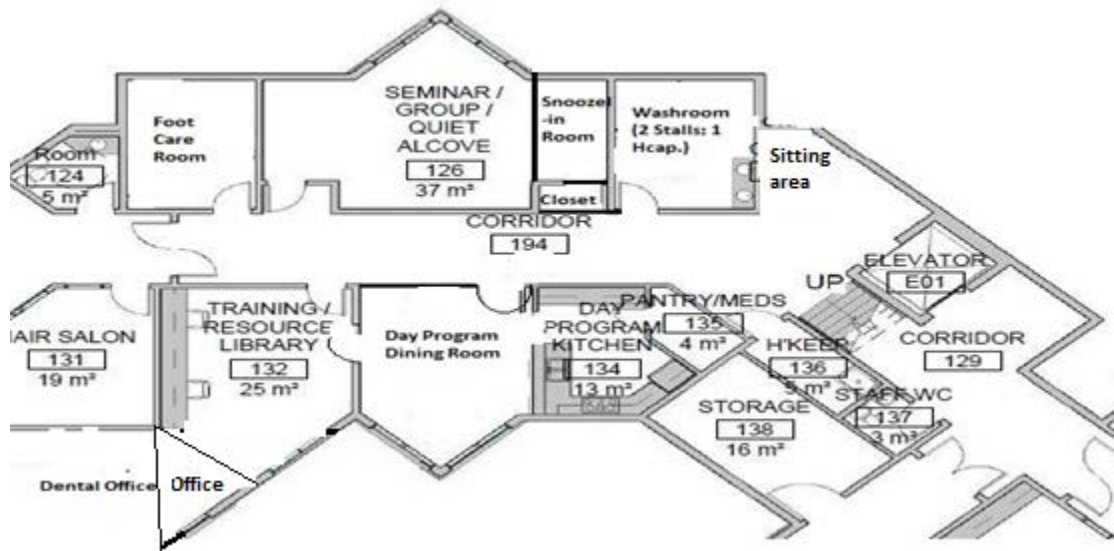


Figure 2. Current design of AVENS Day Programming Space

Appendix III - Comparison of Current Program Space Designs across the NWT

	Territorial Dementia Facility- AVEN Cottages Yellowknife ¹³ (2008)	GNWT Planning Study – LTC Facilities Prototype ¹⁴ (2010)	Jimmy Erasmus Seniors Home - Behchoko ¹⁵ (2014)	Norman Wells LTC ¹⁶ (Fall 2017)
Program Space (NSM)				
Activity room w/ kitchenette	0.0	41.0	0.0	42.0
Activity room	37.0	0.0	44.0	0.0
Dining & kitchen	39.0	0.0	10.56	0.0
Storage	0.0	6.5	----	16.9
Total Program Space NSM	76.0	47.5	54.56	58.9
Support Space (NSM)				
Exam room	0.0	6.9	----	----
Coat Closet	3.0	1.0	0.0	0.0
Public Washroom	15.0	0.0	Access	4.6
Staff Washroom	13.0	0.0	Access	Access
Spa Tub	No access	14.1	Access	Access
Accessible Shower	No access	9.6	Access	7.6
Direct Access to a secure outdoor space	No	Yes	Yes	Yes
Total Support Space NSM	31.0	31.6	0.0	23.8
Total Design Space NSM	107.0	79.1	54.56	82.7

¹³ New Territorial Dementia Schematic Design- Main Floor Plan March 2008

¹⁴ GNWT Planning Study: LTC Facilities – Adult Day Program April 2010 Page 57 and 80/81.

¹⁵ Follow up required with Chris Clark re: JESH Adult Day Program

¹⁶ Norman Wells LTC Schematic Design

Appendix V - Continuing Care Standards Referenced

5.1 Quality Improvement:

- **5.1.4** *There is a process for identifying, documenting, reporting and resolving patient safety incidents.*
- **5.1.6** *Staff training strategies respond to changes in client needs and to improve quality of care and services.*

5.6 Responsive Client Behaviour

Purpose: *Continuing Care staff provides support to clients with responsive behaviour.*

Standards:

- **5.6.1** *There are policies based on evidence-based practice which guide the provision of safe care to clients exhibiting responsive behaviour.*
- **5.6.2** *There are policies that address the training and development needs of staff that care for clients exhibiting responsive behaviour.*

5.14 Client Safety

Purpose: *continuing care clients are supported in a safe environment.*

Standards:

- **5.14.1** *There are policies for the identification, reduction, mitigation, and management of environmental risks to client safety (facility, building, equipment).*
- **5.14.2** *There are policies for the identification, reduction, mitigation, and management of personal risks to client safety based on assessment.*
- **5.14.3 Resources** *are dedicated to support client safety.*
- **5.14.4** *Data on client safety are collected and analyzed for quality improvement.*

3.8 Social and Recreational Services

Purpose: *Social and recreational services are offered, the activities meet the needs and preferences of clients.*

- **3.8.1** *Where social and recreational services are offered, the activities meet the needs and preferences of clients.*
- **3.8.2** *There are policies for social and recreational services that define the competencies of staff involved in delivering the service, and the professional oversight for service planning and evaluation.*

Appendix IV - Older Adult Population Projection, Yellowknife 2017-2026

Age Group	Year			
	2017	2020	2023	2026
Total population >60+	2,420	3,006	3,541	3,933
60-64	1,068	1,308	1,444	1,344
Total population >65+	1,352	1,698	2,097	2,589
65-69	688	780	886	1,093
Total population >70+	664	918	1,211	1,496
70-74	293	454	614	663
75-79	181	216	306	462
80-84	98	129	148	193
85-89	62	69	82	97
90-94	24	38	36	46
95+	0	12	25	35

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