



Current Trends in Special Care For Persons With Alzheimer's Disease Or Related Dementia: Adult Care Residences / Assisted Living

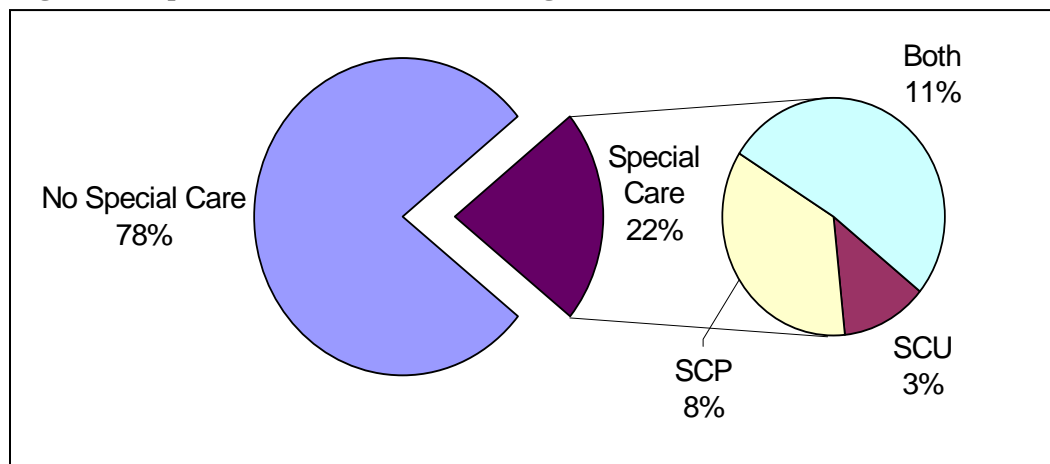
Addressing the needs of Virginia's older population. Virginia's growing older population, includes 100,000 with Alzheimer's disease or related dementia, affecting one in ten families in the Commonwealth. Almost 30% of those over 85 are affected. Adult care residences /assisted living facilities (ACRs) are supporting older people's preferences to remain independent as they age. In 1998, 583 ACRs served an estimated 30,000 residents. Many facilities are developing Special Care Units (SCUs) and Special Care Programs (SCPs) for persons with Alzheimer's disease and related dementias.

Special Care Unit: a designated, physically separate unit in the residence serving only persons with Alzheimer's disease or related dementia.

Special Care Program: a plan or schedule of services and care provided exclusively to persons with Alzheimer's disease or related dementia on a regular basis, beyond the care given to other residents.

Results: Special Care in Virginia ACRs. We found that a substantial proportion of adult care residences offered or planned to offer (in the next 2 years) special care. Twenty-two percent of adult care residences have either an SCU or SCP for persons with Alzheimer's disease or related dementia. Six facilities had SCUs, 17 had SCPs, and 25 had both. The SCUs served about 400 residents. There were 67 residences (31% of respondents) that either have existing units or programs or plan to initiate special care for persons with Alzheimer's disease or related dementia in the next 2 years.

Figure 1. Special Care in ACRs in Virginia, 1999.

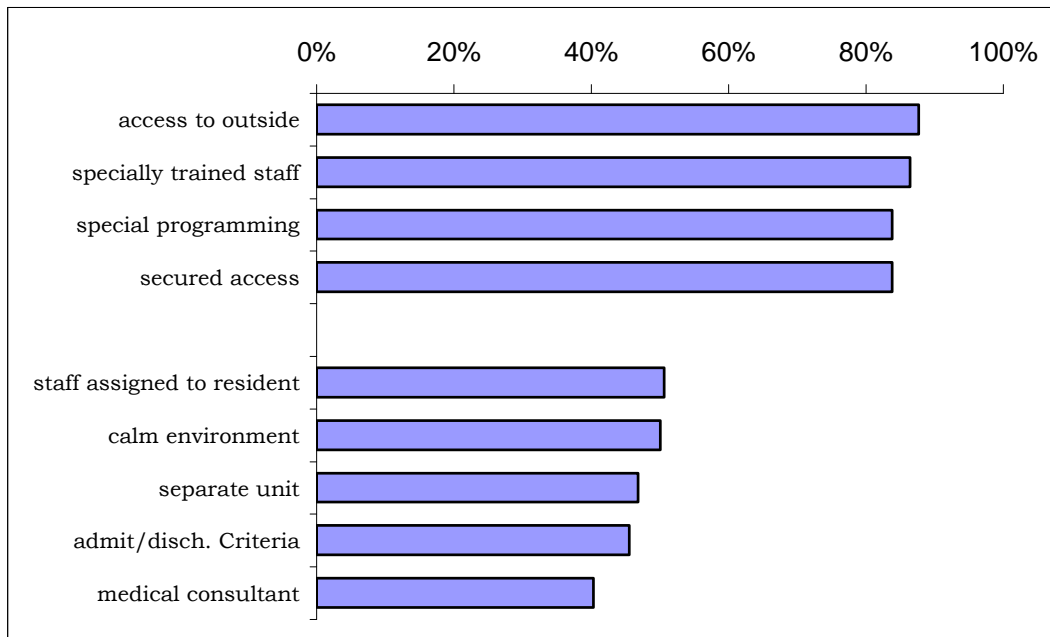


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Administrators Define Special Care. What do owner/operators consider important in an SCU? Figure 2 shows what they identified as of importance for an SCU. They ranked issues about activities for residents and staff training the highest.

Figure 2. Selected Characteristics deemed important for SCUs by ACRS, 1999



Residences with SCUs. ACRs with SCUs were more likely to be larger, part of chains, and with affiliations to independent living or life care communities.

Table 1. Characteristics of ACRs with SCUs, 1999, n=222 (number, %).

Characteristics	No SCU; n=191	SCU; n=31	
Size (in beds)			**
< 10	41 (21.5)	2 (6.5)	
11-19	34 (17.8)	1 (3.2)	
20-36	41 (21.5)	3 (9.7)	
37-70	40 (20.9)	10 (32.3)	
71 +	35 (18.3)	15 (48.4)	
Ownership			
For-profit	132 (77.2)	23 (74.2)	
Non-Profit	37 (21.6)	8 (25.8)	
Other	2 (1.2)	0	
Chain membership	38 (20.0)	18 (58.0)	**
Urban	95 (49.7)	19 (61.3)	
Affiliation			
Independent living	27 (14.1)	11 (35.5)	**
Day care	11 (5.8)	2 (6.5)	
Nursing facility	19 (10.0)	6 (19.4)	
Life care	13 (6.8)	6 (19.4)	*

Significant difference at the ** p=0.01 level, * p=0.05 level.



Special Care Units. The oldest SCU in Virginia was established in 1982, but most have been founded since 1995. They have an average of 16 residents, but the range is large, from 5 residents to 50. Most were built as SCUs or had architectural changes to support dementia care. More than $\frac{3}{4}$ of the SCUs had the major characteristics of special care.

Table 2. Characteristics of Virginia SCUs in ACRs, 1999, (percentages; n=31).

Environment	
SCU build to include architectural adjustments for dementia care	57%
Available room arrangements	
Private	25%
Semi-private	63%
Combination	7%
Exit from the SCU is secured or physical barrier	87%
Access is controlled with a physical barrier	77%
Inside wandering area available	90%
Outside area available	84%
Family visiting room available	61%
Recreation room or area in the SCU	90%
Dining room in the SCU	81%
Programs	
SCU has a mission statement	57%
SCU has its own unit coordinator	61%
SCU surveys families or residents about satisfaction	25%
SCU has admission criteria	63%
Based on physical assistance required	74%
Based on disruptive behavior	77%
Based on stage of Alzheimer's disease	77%
SCU has discharge criteria	71%
Based on physical assistance required	54%
Based on disruptive behavior	61%
Based on stage of Alzheimer's disease	38%
Private pay rate for SCU is higher	65%
Staffing	
Aides are hired especially for the SCU	77%
Aides are screened for:	
Interest in Alzheimer's disease	90%
Experience with Alzheimer's disease	84%
Special training in Alzheimer's disease	61%
Ongoing training provided to direct care staff	90%
Estimated hours per year (n=22)	14.5 hrs
Training on Alzheimer's disease is provided to new aides	90%
Estimated hours (n=19)	13.6
Expected staffing ratio	1 aide per 5.5 residents
Reported ratio	1 aide per 6.2 residents



Conclusion. ACRs are significantly involved in providing special care for persons with Alzheimer's disease or related dementia. Although the characteristics of the special care may vary, the emphasis placed on accommodating these special needs bodes well for future expansion of ACRs to serve this population.

- Twenty-two percent of ACRs have a Special Care Program or Special Care Unit.
- With 30% of ACRs operating or planning special care, in 2 years 175 facilities in Virginia will have this service.
- Special Care is primarily a function of large residences. Almost ½ of the SCUs are located in the largest residences.
- The SCUs and SCPs operate with many of the characteristics that are an expected part of high-quality Special Care.
- Resident activities and staff training are, in the opinion of ACRs, the most important qualities needed for special care.
- More emphasis is needed on core values of mission statements and outcomes for resident and facility.

Methods. We surveyed all owners or managers of facilities licensed as adult care residences, including those that provided assisted living, by the state of Virginia (n= 584). We obtained lists of adult care residences from the Virginia Department of Social Services. Surveys of assisted living facilities were done March 5 – June 30, 1999. Beginning May 15 we contacted a random sample, stratified by size of facility, of directors/owners of adult care residences who had not responded by mail and we completed the survey over the telephone. We completed surveys with 222 ACRs. Given our weighted sampling method, this is an overall weighted response rate of 82%. The survey included questions about the characteristics of the facility, the presence of an SCU or SCP, and recommendations about elements of special care. This study is limited by the self-reported nature of the survey. Those residences more interested in special care may have responded more thus inflating the numbers involved in special care. However, the sampling design partially addressed this concern. Comparisons were done using the chi-square test.

This summary was presented by: J. James Cotter, Ph.D., Division of Quality Health Care, Department of Internal Medicine, Virginia Commonwealth University (804) 828-6938. The Continuum of Special Care Project Team included Dr. Cotter as Principal Investigator; Joel Leon, Ph.D., Director of the Polisher Institute, Philadelphia, PA; Wally R. Smith, MD, Chair, Division of Quality Health Care; and Allison Himelick, MSW, Virginia Commonwealth University.

The Continuum of Special Care Project. The CSC project explores how nursing homes, adult care residences/ assisted living facilities, and home care agencies in Virginia are developing special care programs. Through surveys, the project addresses questions such as: What kinds of facilities open Special Care Units and Programs? What characteristics are important for Special Care? What are the characteristics of Special Care Units and Programs?