



If nursing homes are the new hospices....what are hostels?

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Aims

- **To describe high level care residents** living in low level care settings in relation to; demographic information (for example, age, gender, marital status and family support); medical illnesses, co-morbidities and physical function and individual symptoms
- **To explore health issues** for this group of residents & their understandings of how these are being managed and will be managed into the future
- **To explore aged care staff** understandings of what constitutes a palliative approach, and their perspectives on how a palliative approach is incorporated into the care of their high level residents.



Changing profile of Residents in RACFs

- **Between June 2007 and June 1998:**
 - ↑ of residents classified as high-care (RCS 1-4), from 58% to 70%
 - ↓ of residents classified as low-care (RCS 5-8) from 42% to 30%. (AIHW, 2007)



Methodology

Descriptive Instrumental Case Study method

- The “case” – hostels
- The “phenomenon” – a palliative approach to high-level care residents

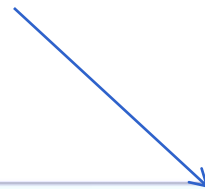
Two sites:

Each RACFs provided self care units, hostel and nursing home accommodation and community aged care services.

- 1. Rural site** : NW NSW- total of 3 hostels (78 hostel beds)
- 2. Metropolitan site** – Sydney, NSW, total of 5 hostels (334 hostel beds)



Mixed methods data collection



QUALITATIVE DATA

Interviews with:

Personal care assistants
RNs / ENs
Managers
Residents

QUANTITATIVE DATA

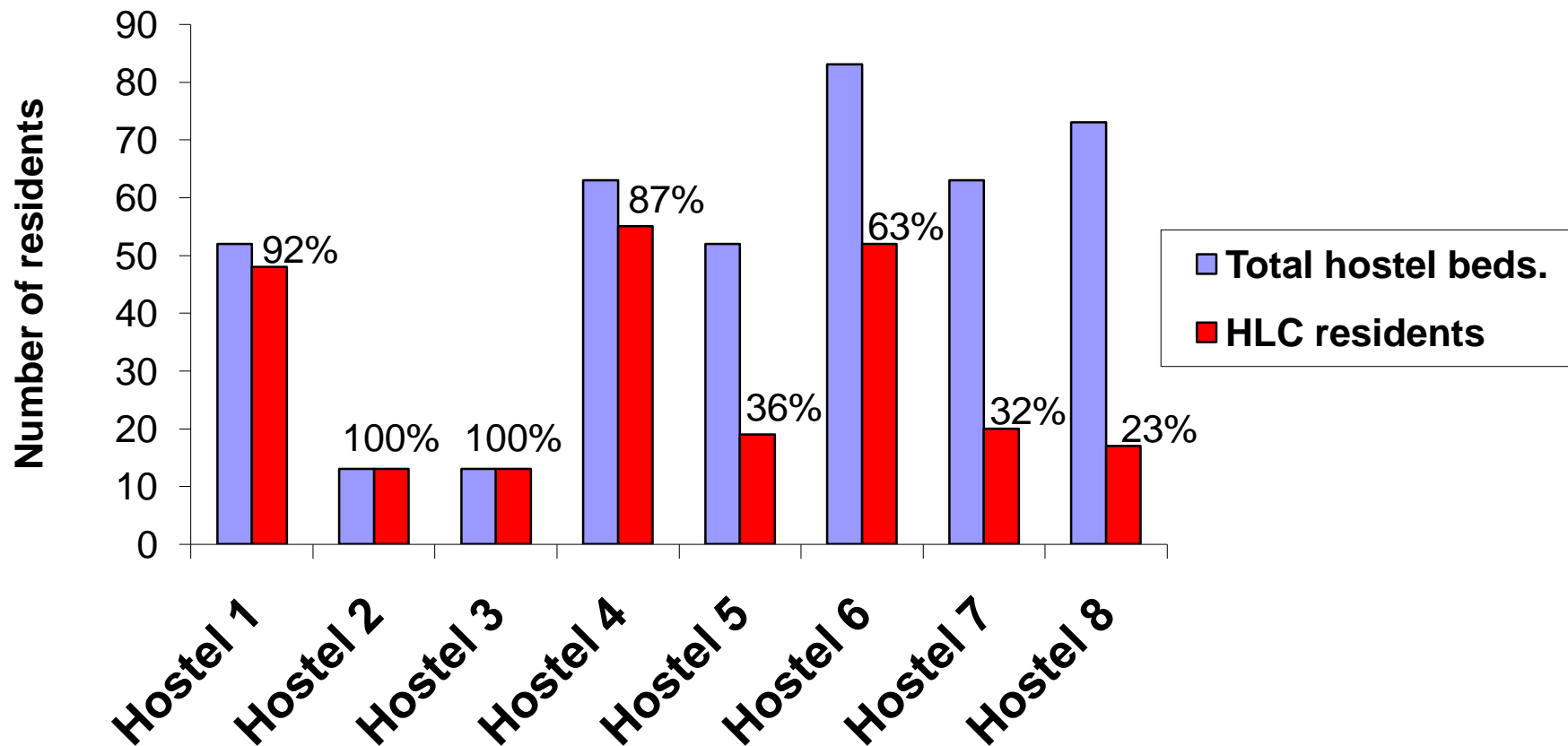
- Patient Outcomes scale (POS, v2),
- Edmonton Symptom Assessment Scale (ESAS)
- Barthel Functional status
- Medical Record audit (Demographic data)
- Organisational data / Managerial data (staffing, policies, resident movements)

Data collected over a 9 month period





Number of residents classified as high-Level care and total hostel bed numbers.





Who are these high-level care residents?

Gender:

Male = 45

Female =48

Age:

Mean:86.33 years (SD 6.12).

(Range 68 to 100 years)

Marital Status:

60% (n= 56) widowed

25% (n=23) married

8% (n=7) divorced

8% (n=7) were single

Previous Living arrangements:

44% (n=41) living alone

30% (n=28) living with a partner,

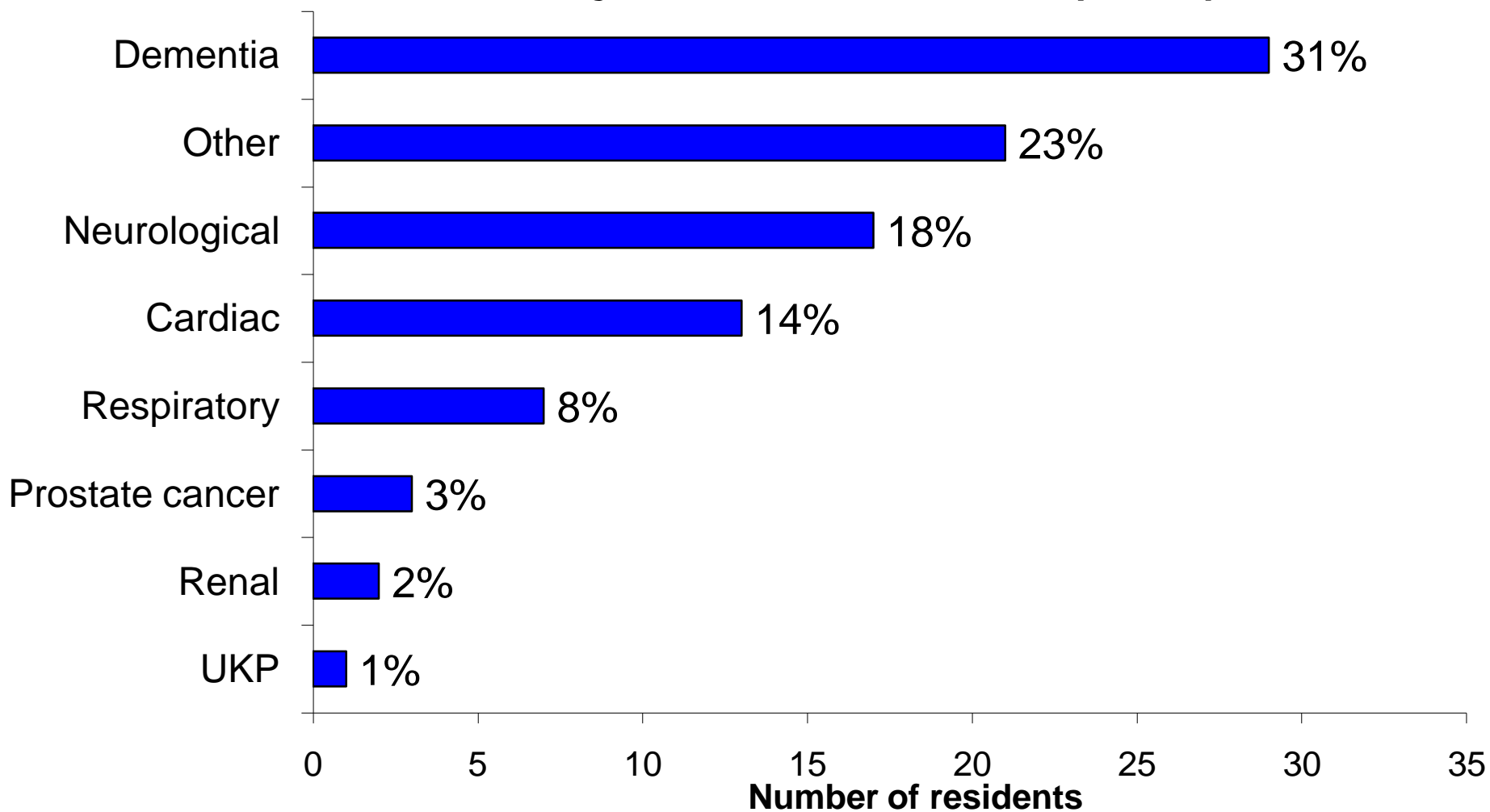
13% (n=12) living with a child

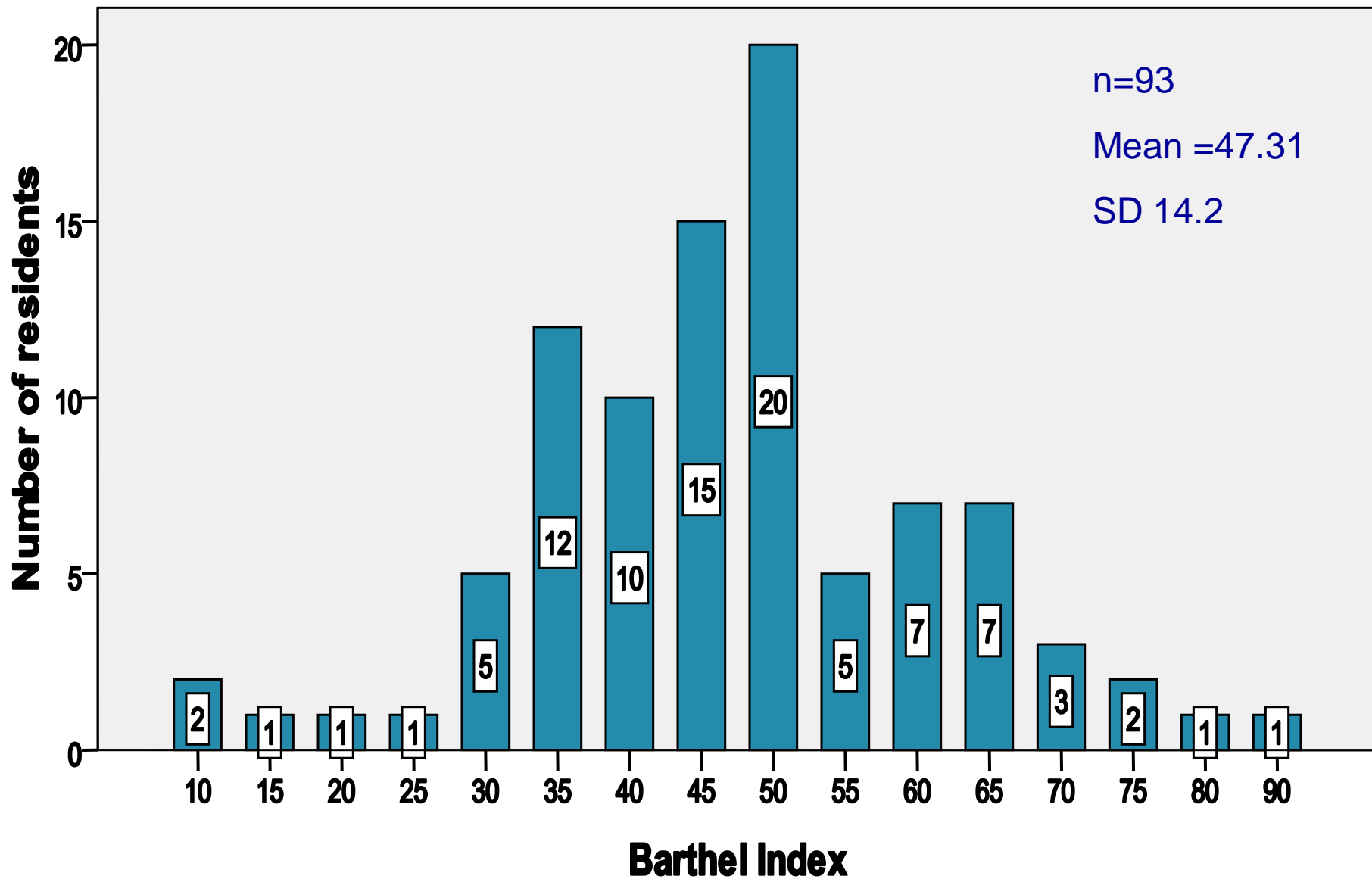
Length of stay as HLC

Range 1 to 89 months (mean 18.8 months)



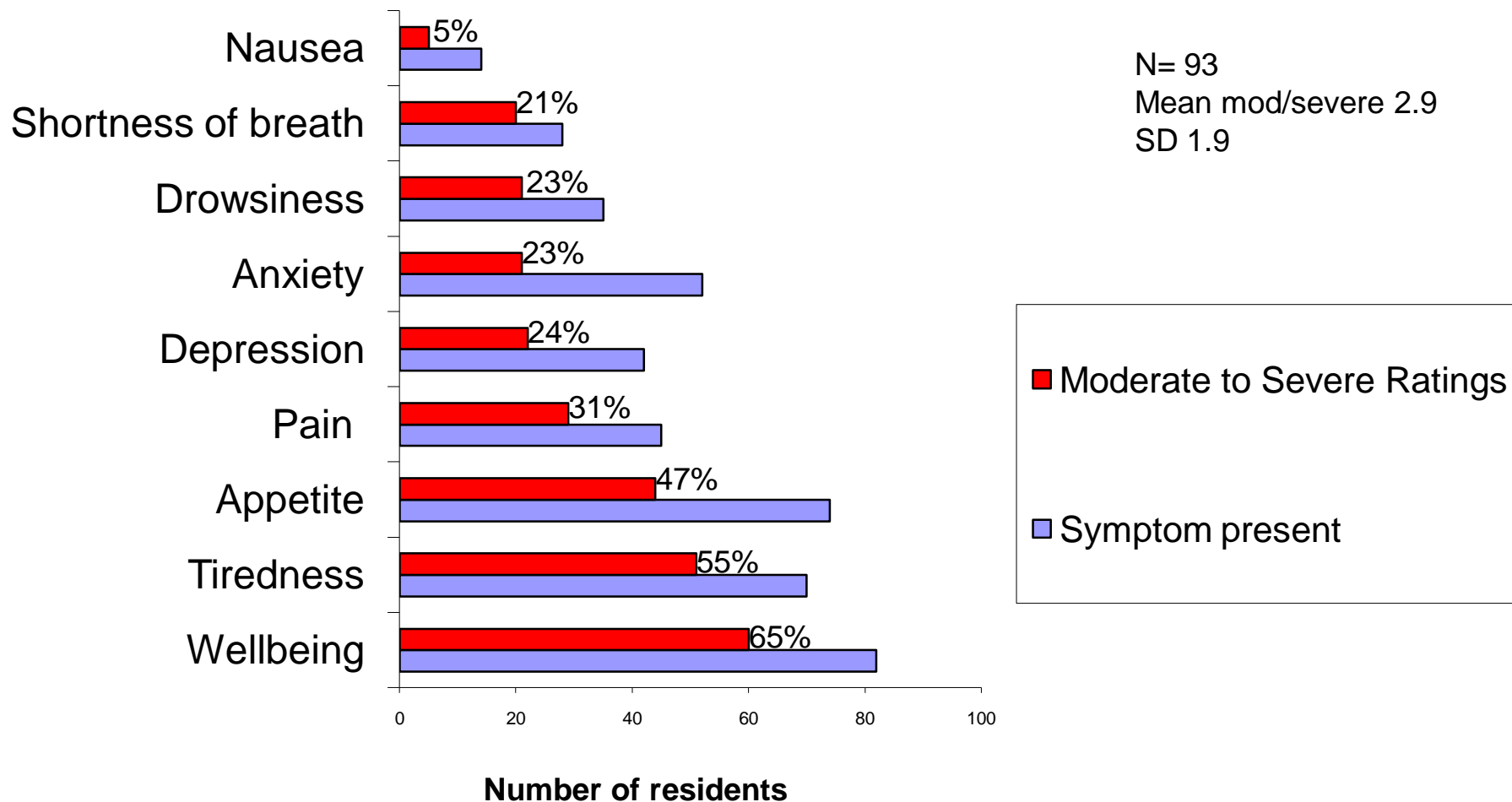
Current Major Health Problem (n=93)







Symptom prevalence compared to moderate/severe symptoms





“Hostels are becoming like nursing homes”

“it’s turning into a nursing home now really and I feel sorry for the girls because they’re got machines in now that they didn’t before ah to lift people and all that you know it’s very hard...”

(Resident)

“[this hostel] is virtually just a high care hostel now to take the overflow [from the nursing home]”

(Aged care staff member)

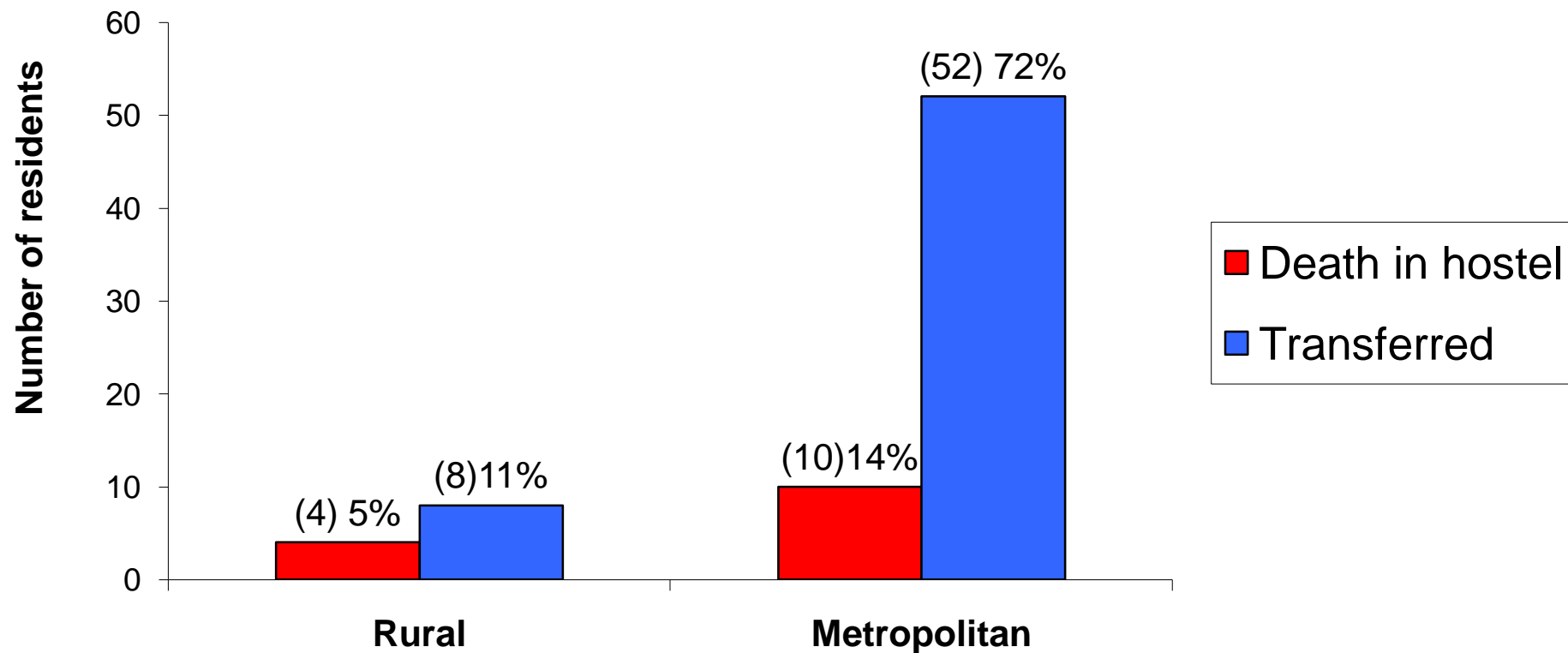
“..the workload is much higher here than other hostels and it’s much higher here than it is in the nursing home...”

(Age care staff member)





Total number of separations over a six month period (2008) (n=72)





Staffing Levels

	Hostel 1 13 (13)	Hostel 2 13 (13)	Hostel 3 52 (48)	Hostel 4 63 (55)	Hostel 5 52 (19)	Hostel 6 83 (52)	Hostel 7 63 (20)	Hostel 8 73 (17)
DAY SHIFT	PCA 2 PCA (1 short shift)	PCA 2 PCA (1 short shift)	RN 1 EEN 7 PCA	RN 1 EEN 8 PCA	EEN 3 PCA	RN 2 EN 9 PCA	RN 1 EN P/T 4 PCA	RN 4 PCA
PM SHIFT	2 PCA	2 PCA	2 PCA	1 EN 5 PCA	2 PCA	2 EN 4 PCA- spilt	3 PCA	3 PCA
NIGHT SHIFT	1 PCA	1 PCA	2 PCA	1.5 PCA	1 PCA	3 PCA	1 PCA	1 PCA
PCA RATIO	1 : 6	1 : 6	1 : 7	1 : 8	1 : 6	1 : 9	1 : 16	1 : 18



Summary of Preliminary Analysis

- Hostels are becoming like nursing homes
- Aged care staff in these hostels have a good understanding of a palliative approach, and feel it is appropriate to use this model of care in the hostel setting
- Challenges:
 - Staffing numbers and skilled staff are an issue
 - Environmental issues exist
 - External pressures exist
- Efforts need to be focus on supporting these facilities

