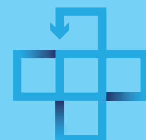
# Long Term Care Action Plan 2017

A One-Year Action Plan under the Bermuda Health Strategy 2014 - 2019

GOVERNMENT OF BERMUDA
Ministry of Health and Seniors



Bermuda Health Strategy

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Ministry of Health and Seniors

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Bermuda Health Strategy 2014-2019

*V1, 26th January 2017*

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## Context

Developed economies, like Bermuda's, are facing a challenge in caring for older members of society. A lower birth rate and longer life expectancy—traditionally the hallmarks of developed economies—mean that older adults are beginning to outnumber younger adults. Our social and health infrastructures are not well positioned for this new reality.

In addition, disability increases with ageing and younger disabled persons and their families can also require support services. Changing demographics and evolving family dynamics are leaving many countries ill prepared for the increasing demands on their long term care systems.

> *"Our reverence of independence takes no account of the reality of what happens in life: sooner or later, independence will become impossible. Serious illness or infirmity will strike. It is as inevitable as the sunset." (Atul Gawande, 2014)*[1]

Long term care (LTC) is defined as "a range of services required by persons with a reduced degree of functional capacity, physical or cognitive, and who are consequently dependent for an extended period of time on help with basic activities of daily living (ADL). This personal care component is frequently provided in combination with help with basic medical services such as nursing care (help with wound dressing, pain

> *Long term care is not just about institutions, beds and bricks and mortar. It is just as much about building skills, capacity and social support systems.*


> *Long term care (LTC) is defined as "a range of services required by persons with a reduced degree of functional capacity, physical or cognitive, and who are consequently dependent for an extended period of time on help with basic activities of daily living (ADL).*


management, medication, health monitoring), as well as prevention, rehabilitation or services or palliative care. Long term care services can also be combined with lower-level care related to domestic help or help with instrumental activities of daily living (IADL)".[2]

As such, the scope of "long term care" is very broad. It includes seniors as well as disabled persons of all ages. Disability includes a wide range of physical, cognitive and mental disabilities. Service provision has to address the needs of children with disabilities and their families, adults with disabilities and their families, and seniors who may develop disability or simply age healthily but lose functional capacity with natural ageing, and their families.

The spectrum of services needed to address such broad needs means that long term care has to encompass a continuum of care approach that includes, for example, home care, day care and respite care, as well as palliative and end of life care. As such, long term care is not just about institutions, beds and bricks and mortar. It is just as much about skills, capacity and social support systems that enable those affected to have good quality of life. This is especially so for

the often invisible army of informal caregivers, often friends and family, who rise to the challenge daily with no training, little support and barely any acknowledgement, just because it's the right thing to do. Importantly, these caregivers are very often seniors themselves.

Consequently, addressing the long term care needs of various population cohorts will require a comprehensive approach covering both formal services and informal care provision by family and friends. This will require planning on how to finance these services.

Goal 7 of the Bermuda's Health Strategy 2014-2019 is to implement strategies to meet the long term care needs of seniors and persons with disabilities. This action plan presents initial, urgent actions that will be undertaken in Bermuda to support this strategic goal.

Meeting long term care needs is just one of 14 goals in the Health Strategy and must be considered in conjunction with other necessary health system reforms.

**Figure 1:** The Eden Alternative® is an international, non-profit organization dedicated to creating quality of life for Elders and their care partners, wherever they may live.[1]

*Sample Eden Alternative layout design*

*"It is not death that the very old tell me they fear. It is what happens short of death – losing their hearing, their memory, their best friends, their way of life."*
*(Atul Gawande, 2014)*

*Lantern assisted living facilities in Ohio provide homes focused on memory-care and naturalistic environments and schedules. Instead of rooms or units, each resident gets a "home" on a quiet little indoor street reminiscent of the neighbourhoods many of them grew up in.*[1]

## Situational Analysis

**Population size**

The 2010 Census reports that there are 8,683 seniors aged 65 years and over, representing 13% of Bermuda's total population.[3] Of these, 825 (9.5%) are aged over 85 years. By 2030 it is projected that 22% of the population will be aged over 65, and by 2050 it will be 25%. A total of 3,174 persons are reported to have a disability, 373 are aged under 24 and 1,213 are seniors.[4] The number of persons with dementia in Bermuda is not currently known, though informal estimates project the figure to be close to 1,000, based on population estimates. Of the individuals who are known to have Alzheimer's or dementia, 138 live in care homes and 200 live at home in the community.[5] Overall, there are approximately 595 persons, whether senior or disabled, living in long term care institutions.

*"People with serious illness have priorities besides simply prolonging their lives… their top concerns include avoiding suffering, strengthening relationships with family and friends, being mentally aware, not being a burden to others, and achieving a sense that their life is complete."*
*(Atul Gawande, 2014)*

**Financial means**

Approximately 49% of seniors live below Bermuda's Low Income Threshold (LIT) of $51,013 per year.[6] Research by Age Concern indicates that senior's average income is approximately $30,000, highlighting the difficult financial position for this population at a time in life when care needs are greatest. Indeed, of the roughly 3,000 persons receiving Government Financial Assistance in any given year, nearly 60% are either senior or disabled. In Fiscal Year 2015/16, there were 1,707 clients in these categories, of whom 893 (30%) were seniors and 814 (27%) were disabled.[7] The cost of a nursing home- starts from $48,000 a year, and generally increases with more complex levels of care. Preliminary estimates indicate that the real cost of providing intermediate to complex level residential nursing care could be closer to $120,000 per year.

**Formal home-based care**

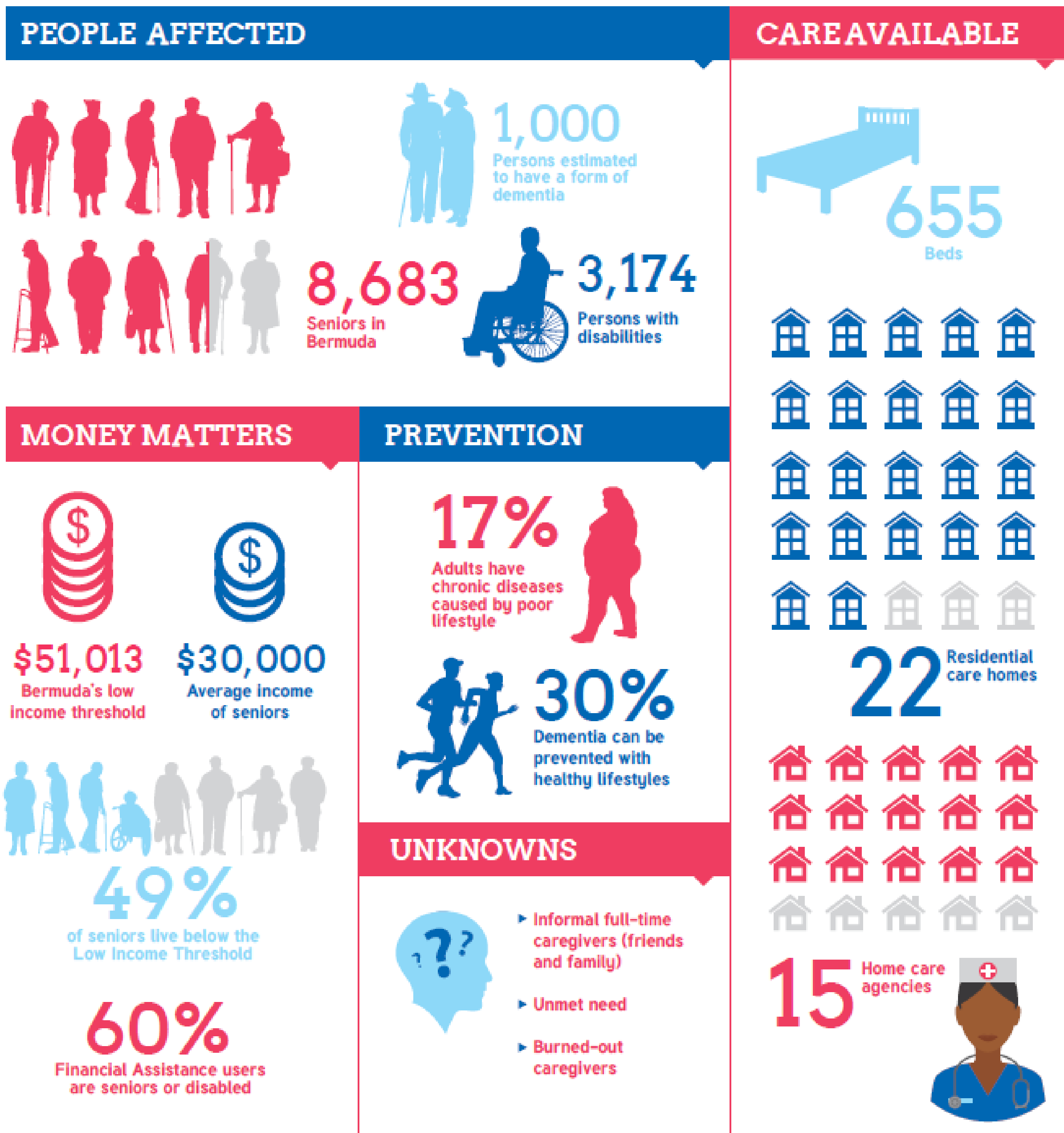
There are 15 agencies providing in-home care services ranging from assistance with activities of daily living (ADLs), to rehabilitative therapy and skilled nursing services. These are provided by 12 private agencies[8], one charity, the Department of Health and the Bermuda Hospitals Board. There is little provision of palliative and end-of-life care, and there is a regrettable lack of cultural acceptance of end-of-life care as an appropriate, and at times preferable, treatment option for some patients.

**Institutional capacity**

There are 22 residential care homes in Bermuda, with 20 run privately and two provided by the Government. In addition, some seniors with medical needs have long-stays on four wings at the King Edward Memorial Hospital (KEMH), and one wing of the Mid-Atlantic Wellness Institute (MWI), run by the Bermuda Hospitals Board (see Annex 1). MWI also provides eight group homes for persons with mental illness and 15 group homes for persons with learning disabilities. There is one privately-run home for persons with physical disabilities. Together, these institutions provide 655

beds, which are generally occupied at 90% to 100% at any given time, usually with waiting lists for the appropriate level of care.

**Figure 2**: Basic statistics relevant to long term care sector



The institutional capacity available provides a range of care levels including personal care (19), intermediate care (5), complex skilled care (2), and hospice (1). There is one facility with a designated 16-bed memory unit for persons with dementia, however all care homes for seniors have residents with dementia (See Annex 1 for full breakdown of care levels).

**Informal Caregivers**

A 2004 study into the needs of seniors[9] concluded that in Bermuda, "as in other countries, family caregivers provide the bulk of care to Bermuda's seniors." The study reports that caregivers are primarily women with an average age of 58; nearly 50% were black. Of the caregivers studied, 28% had incomes under $36,000 and 19% described their own health as fair or poor. Most seniors being cared for lived with the caregiver or independently; only 7% lived in a care home. Most caregivers reported emotional, physical or financial strains as a consequence of caring responsibilities, despite the positive aspects of caring for a loved one. The most commonly quoted reasons for lacking support were that other relatives did not contribute, and that they could not afford available services. The study provides an insight into seniors' caregivers, but little is known about the families of children and adults with disabilities.

**Unmet need**

Available data makes it impossible to ascertain the exact level of unmet need – i.e. persons who require long term care and are not receiving it; and caregivers in need of support. However, anecdotally, based on reports from agencies working with these populations, it is understood that large numbers of seniors and persons with disabilities don't have access to the level of care required. The causes include the limited amount of home care and institutional care, unaffordability of care for families, lack of support for family and carers and, at times, family members and next of kin who are unable or unwilling to care for a dependent adult. While unmet need can't be fully quantified at this time, demand for beds and long-term hospitalizations indicate that existing capacity is not meeting population needs.

With respect to services for disabled children and adults, gaps exist causing strain for families. For example, day care services capacity for disabled persons is challenging. In particular, the transition point from specialized, school-based services provided for children with cognitive disabilities to services for adults with cognitive disabilities can present gaps. The sole adult services programme provided by Government is not currently able to accommodate community needs.

*"A public health approach to addressing vascular risk factors like high blood pressure and cholesterol, and lifestyle risk factors like diet, sleep, exercise and social and intellectual engagement, could prevent up to 30% of dementia over the next 20 years." (Norton, Matthews, Lancet Neurology, 2014)*

**Prevention**

Ultimately, if Bermuda is to withstand the economic and social tsunami that the ageing of our population represents, we will have to be much more aggressive in our management and prevention of chronic non-communicable diseases (NCD).

Currently 75% of adults are overweight or obese, and 17% have at least one chronic non-communicable disease.[10] These conditions make healthy ageing impossible, leading to greater levels of disability starting from younger ages. For example, Bermuda has the highest rates of diabetes-related amputations in the developed world.[11] Primary prevention of NCD risk factors is a vital part of ensuring that Bermuda's population can age better and minimize the need for long term healthcare. Prevention and health promotion are a key component of the Bermuda Health Strategy, addressed by the Well Bermuda Health Promotion Strategy.

## Policy Direction

The Long Term Care Action Plan 2017 puts in place an implementation framework to achieve Goal 7 of the Bermuda Health Strategy 2014-2019, committing to implement strategies to meet the long term care needs of seniors and persons with disabilities. Significantly, this is not a plan on healthy ageing, which is comprises a different spectrum of issues. A strategy on healthy ageing is being developed separately, but in parallel with this action plan.

The vision of the Bermuda Health Strategy is "healthy people in healthy communities", and it is founded on the core values of quality, equity and sustainability. This long term care action plan begins from this foundation but adds, for the purposes of this defined sector, a vision and mission for long term care.

### *LTC Vision*

"Quality of life throughout the lifecycle"

### *LTC Mission*

To develop a long term care system that provides a continuum of care focused on caring for seniors and persons with disabilities in the right setting and at the right time to ensure quality of life and financial sustainability.

The action plan focuses on five specific areas of action:

A. Quality
B. Education and Workforce Development
C. Policy and Regulation
D. Financing
E. Communication and Advocacy

Action items under each of these areas will include, in the first instance, short-term initiatives achievable within one year, and a commitment to develop a three-to-five year action plan to address longer-term systemic challenges in this sector.

*Goal 7 of the Bermuda Health Strategy is to "Implement strategies to meet the long term healthcare needs of seniors and persons with chronic illnesses and physical, cognitive and mental disabilities to better provide for the needs of vulnerable populations and manage costs".*

**A. Quality**

Long term care services must be accessible, easy to understand and responsive to the needs of the populations they serve. Services must be coordinated and users should experience a seamless continuum between private and public agencies. The place of care should be determined based on the setting that will provide the right care, at the right time, for the best value and quality of life.

Initiatives for action will aim to:

1. Identify gaps and priorities for quality LTC services
2. Create long term care accreditation standards

**B. Education and Workforce Development**

Supporting families and caregivers is just as vital to a strong long term care system as providing trained workers in the sector. There should be enough local workers to meet the range of care needs in the continuum from family home to nursing home, and the formal workforce must have a good skill set and aptitude so that persons are cared for with dignity, respect and humanity. Informal carers such as family, friends and volunteers should have access to training, respite care and counselling to ensure quality of care and safeguard carers' wellbeing.

Initiatives for action will aim to:

3. Enable capacity and skills building for formal LTC workers
4. Support and train informal caregivers

**C. Policy & Regulation**

The long term care system should be delivered by a combination of private and public sector agencies operating in a coordinated way to ensure a seamless continuity of care. This requires a strong legislative and regulatory infrastructure that provides clear standards that assure quality, and enforcement authority and resources to correct deficiencies where standards are not met.

Initiatives for action will aim to:

5. Modernize regulation of care homes
6. Address mental capacity issues
7. Strengthen the Senior Abuse Register
8. Create a three-to-five year LTC strategy and action plan

**D. Financing**

The long term care system must be affordable and sustainably financed. Collectively-financed schemes for personal and nursing care costs need to be established, as there is never certainty about when or for how long a person might need long term care services. It is certain, however, that even with healthy, natural ageing, everyone will need some form of care or assistance at some point in the life cycle. Pooling the financial risk is a more effective and efficient solution than out of pocket payments. Financing mechanisms should include coverage for formal home care and institutional care, as well as payments for informal carers.

Initiatives for action will aim to:

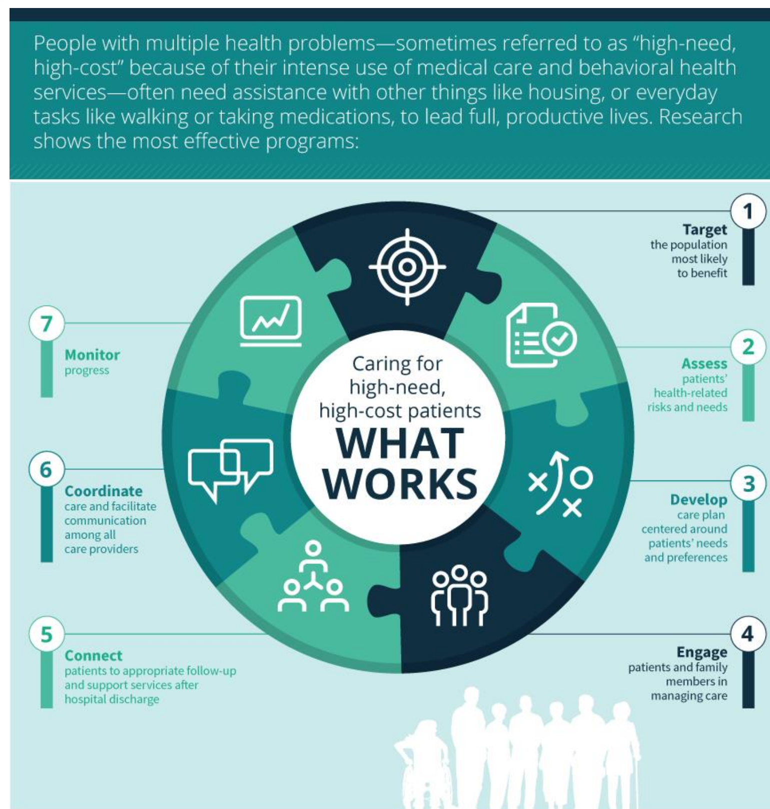
9. Improve insurance benefits related to home care
10. Redesign reimbursement rates for hospital long-stays
11. Determine long term care expenditure levels

**E. Communication and Advocacy**

The broad range of agencies involved in the long term care continuum must be united and coordinated in their efforts. Through communication and advocacy, Bermuda can assure that all stakeholders in the sector make effective use of available resources and services. Communication must be a two-way street so that issues identified at the grassroots can influence developments across the sector.

Initiatives for action will aim to:

12. Ensure professionals' awareness of available resources
13. Ensure caregivers and the public are aware of available resources




Source: D. McCarthy, J. Ryan and S. Klein. *Models of Care for High-Need, High-Cost Patients: An Evidence Synthesis*, October 2015.

Source: Commonwealth Fund[1]

## Action Plan Initiatives

The action plan comprises 13 initiatives in five action areas. Each initiative has a deadline and a lead agency identified that will be responsible for implementing each initiative.

**Table 1: LTC action plan initiatives**

| Action Item | Deadline | Lead Agency |
|---|---|---|
| **A. Quality** | | |
| 1. Identify the gaps, challenges and priorities to providing quality LTC services, in accordance with the Residential Care Home and Nursing Home Act and proposed standards. | April 2017 | ADS |
| 2. Create long-term care accreditation standards | June 2017 | Age Concern |
| **B. Education & Workforce Development** | | |
| 3. Identify an agency that will provide formal LTC workers with a variety of opportunities to extend and build on their knowledge and skills. | December 2017 | ADS |
| 4. Identify agencies/partners that will support caregivers by providing families and volunteers with access to LTC workshops and other forms of informal training. | October 2017 | DAC |
| **C. Policy & Regulation** | | |
| 5. Amend the Residential Care Home and Nursing Home Act, regulations and create standards | October 2017 | ADS |
| 6. Address community treatment orders and consider mental capacity and receivership requirements, as part of the Mental Health Act Review | January 2018 | BHB |
| 7. Strengthen Senior Abuse Register operational procedures to improve enforcement | March 2017 | ADS |
| 8. Create a three-to-five year Long Term Care Strategy and Action Plan | January 2018 | ADS |
| **D. Financing** | | |
| 9. Review insurance benefits to improve value of home care services such as personal home care and palliative care. | July 2017 | BHeC & HID |
| 10. Redesign reimbursement rates for hospital long term stays, for utilization and cost control to ensure system sustainability and to enact post-acute care initiative. | April 2017 | MOHS, BHB |
| 11. Compile available data on existing LTC financing and expenditure across ministries for improved financial planning | December 2017 | MOHS |
| **E. Advocacy & Communication** | | |
| 12. Develop an on-going professional outreach campaign to improve professionals' knowledge of available resources | March 2017 | ADS |
| 13. Implement a public awareness campaign to increase community knowledge of the available resources to assist persons with LTC needs | June 2017 | ADS |

KEY:
ADS: Ageing and Disability Services
BHB: Bermuda Hospitals Board
BHeC: Bermuda Health Council
DAC: Disability Advisory Council
HID: Health Insurance Department
MOHS: Ministry of Health and Seniors

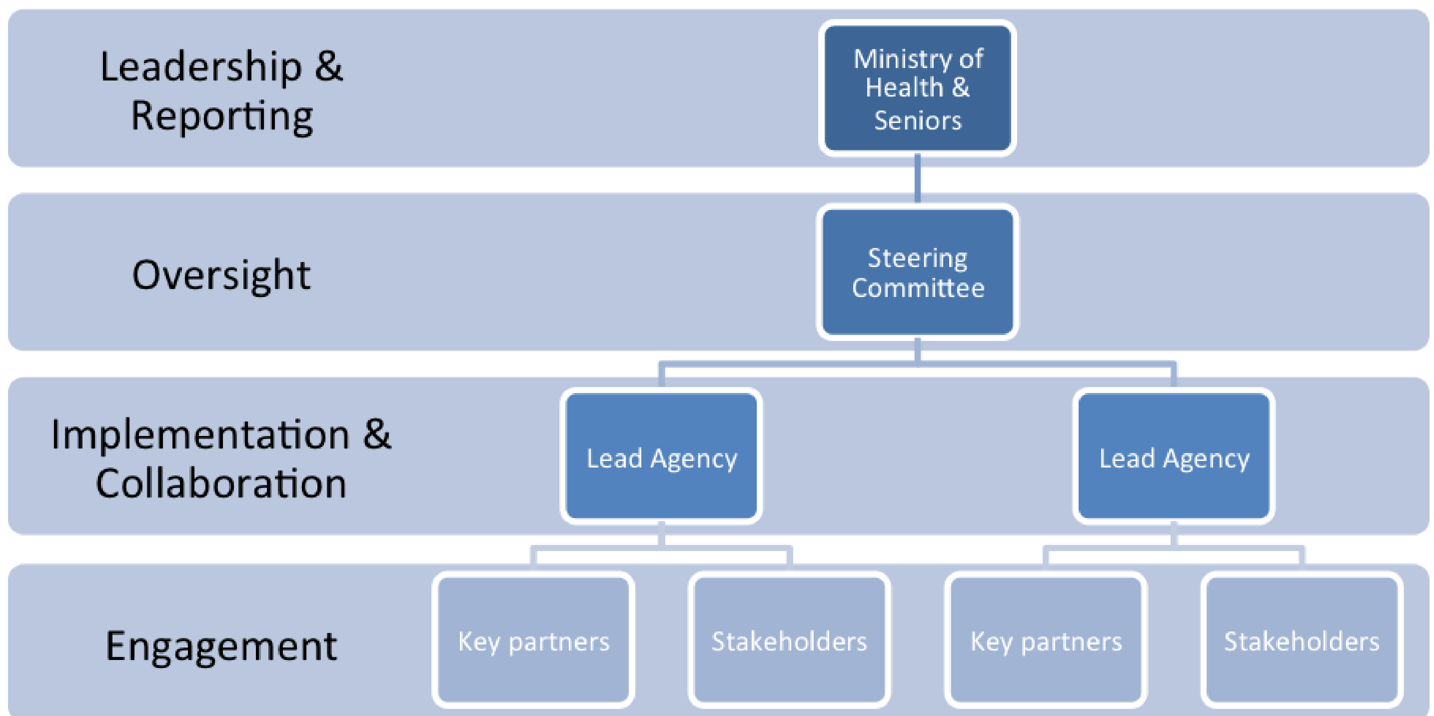
## Governance Arrangements

The Long Term Care Action Plan 2017 will be led by the Ministry of Health and Seniors and implemented by various lead agencies listed in Table 1. Representatives from the lead agencies will form a Steering Committee to oversee implementation.

Terms of Reference will be in place to assure lead agencies develop and implement initiatives in a transparent manner and in consultation with partner agencies and stakeholders. The plan will be evaluated by the timely completion of the action items.

The Minister of Health and Seniors will provide biannual updates on progress, alongside updates on the Bermuda Health Strategy 2014-2017.

**Figure 3**: Governance and reporting framework



## Annex: Long Term Care Action Plan Needs & Capacity Assessment V1

*As at 25 July 2016*

| Organization | Facility Name | Facility Type | Daycare | Respite | Dementia | Predominant | Secondary | Tertiary | Beds Permitted | Occupancy % |
|---|---|---|---|---|---|---|---|---|---|---|
| BHB | Perry Ward - L4 KEMH | Hospital | | | | IS | CS | RR | 33 | 94% |
| BHB | Cooper Ward - L4 KEMH | Hospital | | | | IS | CS | | 35 | 89% |
| BHB | Gordon Ward - L3 KEMH | Hospital | | | | CS | IS | RR | 37 | 81% |
| BHB | Gordon Ward Ext. - L3 KEMH | Hospital | | | | CS | RR | | 20 | 45% |
| BHB | Agape House | Hospital | | | | HP | IS | | 8 | 75% |
| Independent | Benedicion Seniors Home | Residential Care Home (Rest Home) | | | | PC(1) | PC(2) | | 6 | 100% |
| Independent | Cynthia's Rest Home | Residential Care Home (Rest Home) | Y | Y | Y | PC(2) | PC(1) | | 7 | 43% |
| Independent | Dorothy Crane Nursing Home | Nursing Home | Y | Y | Y | PC(2) | PC(3) | PC(1) | 18 | 78% |
| Independent | Easter Lily Nursing Home | Nursing Home | Y | Y | Y | PC(3) | PC(2) | | 10 | 120% |
| Independent | Elder Home Services Limited | Nursing Home | Y | Y | Y | PC(2) | PC(3) | | 12 | 100% |
| Independent | Frances Telford Pleasantville Holdings | Nursing Home | Y | Y | Y | PC(2) | PC(3) | | 11 | 100% |
| Independent | Herb Garden Rest Home | Residential Care Home (Rest Home) | Y | Y | Y | PC(2) | | | 16 | 75% |
| Independent | House of Esther | Residential Care Home (Rest Home) | | | Y | PC(2) | PC(1) | | 7 | 100% |
| Government | Lefroy Care Community | Nursing Home | Y | Y | Y | PC(3) | IS | PC(2) | 32 | 100% |
| Independent | Living Well Center | Residential Care Home (Rest Home) | Y | Y | Y | PC(1) | | | 4 | 100% |
| Independent | Lorraine Rest Home | Residential Care Home (Rest Home) | Y | Y | Y | PC(2) | PC(3) | | 31 | 100% |
| Independent | Matilda Smith Williams Nursing Home | Nursing Home | Y | Y | Y | PC(3) | PC(2) | | 24 | 88% |
| Independent | Packwood Home | Nursing Home | Y | Y | Y | PC(3) | PC(2) | PC(1) | 30 | 97% |

| Organization | Facility Name | Facility Type | Daycare | Respite | Dementia | Predominant | Secondary | Tertiary | Beds Permitted | Occupancy % |
|---|---|---|---|---|---|---|---|---|---|---|
| Independent | Serenity Gardens Nursing Home | Nursing Home | Y | Y | Y | PC(3) | PC(2) | PC(1) | 18 | 106% |
| Independent | Serenity Palms Nursing Home | Nursing Home | Y | Y | Y | PC(2) | PC(1) | PC(3) | 11 | 100% |
| Independent | St. Moritz Seniors Residential Home | Residential Care Home (Rest Home) | Y | Y | Y | PC(2) | PC(1) | | 6 | 100% |
| Independent | Summerhaven for the Physically Challenged | Residential Care Home | | Y | | PC(2) | PC(1) | | 17 | 82% |
| Independent | Sunny Vale Rest Home | Residential Care Home (Rest Home) | | | Y | PC(2) | PC(1) | | 10 | 100% |
| Independent | Sunset View Rest Home | Residential Care Home (Rest Home) | | | Y | PC(2) | | | 7 | 129% |
| Government | Sylvia Richardson Care Facility | Nursing Home | Y | Y | Y | PC(3) | IS | PC(2) | 42 | 88% |
| Independent | Westmeath Nursing Home | Nursing Home | Y | | memory unit | PC(3) | IS | PC(2) | 64 | 97% |
| Independent | Yellow Roses Rest Home | Residential Care Home (Rest Home) | | | Y | PC(1) | PC(2) | | 7 | 100% |
| Independent | Yellow Roses Rest Home Extension | Residential Care Home (Rest Home) | | | | | | | 6 | 0% |
| BHB | Reid Ward - MWI | Hospital - Psychogeriatric | | | | | | | 19 | 100% |
| BHB | Almost There | Group Home for Mentally Ill | | | | | | | 1 | 100% |
| BHB | Green Acres | Group Home for Mentally Ill | | | | | | | 3 | 67% |
| BHB | Kitty Lane | Group Home for Mentally Ill | | | | | | | 3 | 100% |
| BHB | My Lord's Bay Rd. | Group Home for Mentally Ill | | | | | | | 4 | 100% |
| BHB | Our Blessings | Group Home for Mentally Ill | | | | | | | 7 | 100% |

| Organization | Facility Name | Facility Type | Daycare | Respite | Dementia | Predominant | Secondary | Tertiary | Beds Permitted | Occupancy % |
|---|---|---|---|---|---|---|---|---|---|---|
| BHB | Our Way | Group Home for Mentally Ill | | | | | | | 8 | 100% |
| BHB | Grandstand Lane | Group Home for Mentally Ill | | | | | | | 3 | 100% |
| BHB | Hibiscus Cottage | Group Home for Mentally Ill | | | | | | | 4 | 100% |
| BHB | Boaz Island 26 | Group Home for Learning Disabled | | | | | | | 3 | 100% |
| BHB | Boaz Island 28 | Group Home for Learning Disabled | | | | | | | 4 | 100% |
| BHB | Church Lane | Group Home for Learning Disabled | | | | | | | 3 | 100% |
| BHB | George's Bay | Group Home for Learning Disabled | | | | | | | 4 | 100% |
| BHB | Hermitage House | Group Home for Learning Disabled | | Y (1 bed) | | | | | 5 | 80% |
| BHB | Keepers Cottage | Group Home for Learning Disabled | | | | | | | 5 | 100% |
| BHB | Mount Hill | Group Home for Learning Disabled | | | | | | | 5 | 100% |
| BHB | Rose Villa | Group Home for Learning Disabled | | | | | | | 5 | 100% |
| BHB | Rough Side of the Mountain | Group Home for Learning Disabled | | | | | | | 5 | 100% |
| BHB | Smith Hill | Group Home for Learning Disabled | | | | | | | 6 | 100% |
| BHB | Sunset Villa | Group Home for Learning Disabled | | | | | | | 5 | 100% |

| Organization | Facility Name | Facility Type | Daycare | Respite | Dementia | Predominant | Secondary | Tertiary | Beds Permitted | Occupancy % |
|---|---|---|---|---|---|---|---|---|---|---|
| BHB | Turtle Bay | Group Home for Learning Disabled | | | | | | | 6 | 100% |
| BHB | West Side Villa | Group Home for Learning Disabled | | Y (1 bed) | | | | | 10 | 90% |
| BHB | Yateson | Group Home for Learning Disabled | | Y (1 bed) | | | | | 5 | 80% |
| BHB | Cedar Roots (Commencing Sept 2016) | Group Home for Learning Disabled | | | | | | | 3 | 0% |

| **TOTAL** | **All places / beds** | **655** |
|---|---|---|
| | **Excluding BHB** | **404** |
| | **Including BHB** | **529** |

## Draft Proposed Levels of Care & Definitions

| Short Form | Level of Care | Definition | Setting |
|---|---|---|---|
| CS | Complex Skilled | RN on site 24/7, MD on call 24/7, includes health assessments, skin and wound care, artificial feedings, ostomy care, IV, oxygen, airway, chronic ventilator management, psycho-behavioural moderate-severe dementia, and care planning and coordination. 65% of residents have 3 or more ADL limitations. Avg total nursing care hours 4/day/pt includes RN 1.6hr/day/pt. Access to rehabilitation/therapeutic services. Access to mental health services. | KEMH |
| IS | Intermediate Skilled | RN on site 24/7, MD on call 24/7, includes health assessments, artificial feedings, ostomy care, IV, oxygen, airway, chronic ventilator management, psycho-behavioural moderate-severe dementia, and care planning and coordination. Avg total nursing care hours 2.5/day/pt. Access to rehabilitation/therapeutic services. Access to mental health services. (This has been traditionally known as 'total care nursing' by community based providers). | KEMH Community based care homes |
| PC(3) | Personal Care, Cognitive Care, Intermittant Skilled Nursing (3) | RN on site 8-12hours per day and on call for the remainder.MD on call 24/7. Residents have relatively stabilized (physical or mental) chronic disease or functional disability and/or psychosocial needs; require more intensive personal care. ( This has been traditionally known as ' intermediate nursing' by community providers). | Community Based Care Homes |
| PC(2x) | Personal Care, Intermittant Skilled Nursing, Cognitive Care (2) | Shared housing, group home, assisted living for meals, accommodation, and self care including mobility, supervision for safety, medications, Mild-moderate dementia care. Access to rehabilitation/therapeutic services. Access to mental health services. Same care needs as PC(2) but RNs on site 24/7 as a hospital setting. | KEMH |
| PC(2) | Personal Care, Cognitive Care, Intermittant Skilled Nursing (2) | Shared housing, group home, assisted living for meals, accommodation, and self care including mobility, supervision for safety, medications; Mild-moderate dementia care. RN on duty 10hrs/wk (minimum) to supervise Nursing Aides and provide required clinical care. Nursing Aides on duty 24/7. RN on call 24/7. MD on call 24/7. Access to rehabilitation/therapeutic services. Access to mental health services. Assisted living for meals, accommodation and assisted care including mobility, supervision for safety, medications. Mild-moderate dementia. | Community Based Care Home |

| Short Form | Level of Care | Definition | Setting |
|---|---|---|---|
| PC(1) | Personal Care, Cognitive Care (1) | Shared housing, group home, assisted living for meals, accommodation, and self care including mobility, supervision for safety, mild-moderate dementia care. RN on duty 10hrs/wk (minimum) to supervise Nursing Aides and conduct assessments (direct clinical services are not required). Nursing Aides on duty 24/7. RN on call 24/7. MD on call 24/7. Access to rehabilitation/therapeutic services. Access to mental health services. A | Community Based Care Home |
| RR | Short Stay Rehab or Restorative Skilled Care | RN on duty 24/7, post acute recovery period where more than 2 therapeutic services such as PT, OT, speech, respiratory, nutritiional 5 days/wk or more, and skilled nursing treatments, health education / monitoring needed up to 100 days. Access to mental health services. | KEMH |
| HP | Hospice and/or End of Life Care | Intermediate to complex skilled nursing care provided in the last 3 to 6 months of life related to terminal illness or end of life conditions. Focus on comfort, psychological supports, dignity. | KEMH / Agape/community |
| HC | Home Care | Personal care and / or homemaking assist, episodic skilled nursing visit / consult, cognitive care for safety, adult day care. This can include levels of care from PC(1) to IS(2). | Private Home |

## REFERENCES

[1] Gawande, Atul (2014) *Being Mortal: Medicine and What Matters in the End.* Metropolitan Books: New York. [Quotes are from pages 22, 55 & 155).

[2] Colombo, F., Llena-Nozal, A., Mercier, J., and Tjadens, F. (2011) *Help Wanted? Providing and Paying for Long-Term Care.* OECD: Paris, France.

[3] Department of Statistics (2015) *Bermuda Digest of Statistics 2015.* Government of Bermuda.

[4] Department of Statistics (2011) *2010 Bermuda Census Population and Housing Report.* Government of Bermuda.

[5] Source: Department of Statistics (2011) Op cit. reports the the non-institutional population with "senility/Alzheimer's" as 200.

[6] Department of Statistics (2014) *Low Income Threshold 2013: Analysis of Low Income Households in Bermuda 2004-2013.* Unpublished internal report by the Department of Statistics of Government of Bermuda, dated June 2014.

[7] Financial Assistance report to the Health Insurance Committee.

[8] Sourced from the Bermuda Health Council's Directory of Services: http://bhecbm00000.web704.discountasp.net/public/hc1_directory_search.aspx?search=home+care

[9] Gutheil, I.A., and Chernesky, R.H. (2004) *Ageing in Bermuda: Meeting the Needs of Seniors.* Produced under the Fordham University, Ravazzin Centre for Social Work Research in Ageing. Released in October 2004.

[10] Ministry of Health, Seniors and Environment (2016) *Steps to a Well Bermuda: Health Survey of Adults in Bermuda 2014.* Government of Bermuda.

[11] Bermuda Health Council and Department of Health (2011) *Health in Review: An International Comparative Analysis of Bermuda Health System Indicators.* Bermuda Health Council: Bermuda.