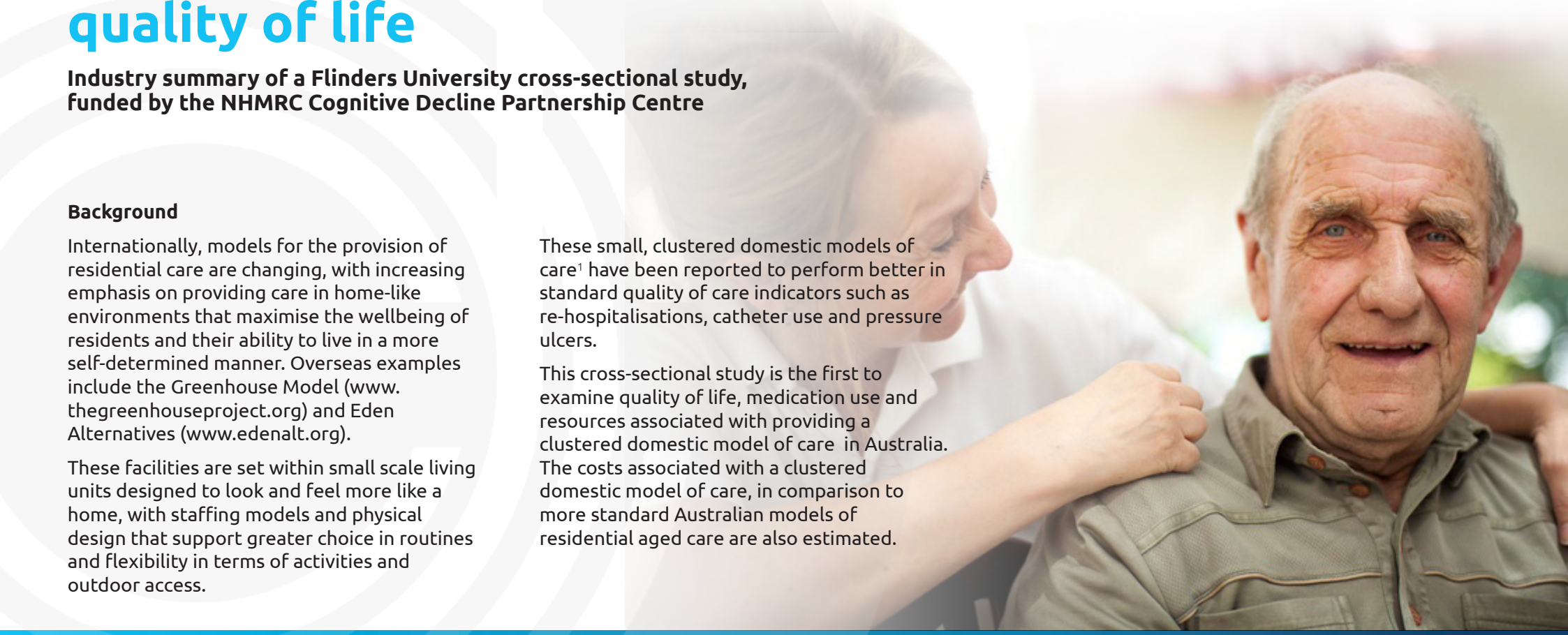
No place like home: Cluster models of residential aged care are associated with fewer hospitalisations and better quality of life

Industry summary of a Flinders University cross-sectional study, funded by the NHMRC Cognitive Decline Partnership Centre



Background

Internationally, models for the provision of residential care are changing, with increasing emphasis on providing care in home-like environments that maximise the wellbeing of residents and their ability to live in a more self-determined manner. Overseas examples include the Greenhouse Model (www.thegreenhouseproject.org) and Eden Alternatives (www.edenalt.org).

These facilities are set within small scale living units designed to look and feel more like a home, with staffing models and physical design that support greater choice in routines and flexibility in terms of activities and outdoor access.

These small, clustered domestic models of care[1] have been reported to perform better in standard quality of care indicators such as re-hospitalisations, catheter use and pressure ulcers.

This cross-sectional study is the first to examine quality of life, medication use and resources associated with providing a clustered domestic model of care in Australia. The costs associated with a clustered domestic model of care, in comparison to more standard Australian models of residential aged care are also estimated.

1 .Facilities providing a clustered domestic model of care were defined as those providing at least five of the following six criteria: small living units (15 residents or fewer), independently accessible outdoor areas, allocation of care staff to specific living units, meals cooked within the units, self-service of meals by residents and residents' participation in meal preparation.

Study snapshot

Aims

To examine quality of life, hospital admission rates, medication use and costs of living long term in clustered domestic residential aged care in comparison to standard Australian models.

Method

A cross-sectional study involving 541 residents from 17 residential aged care facilities and health service data in four Australian states.

Results

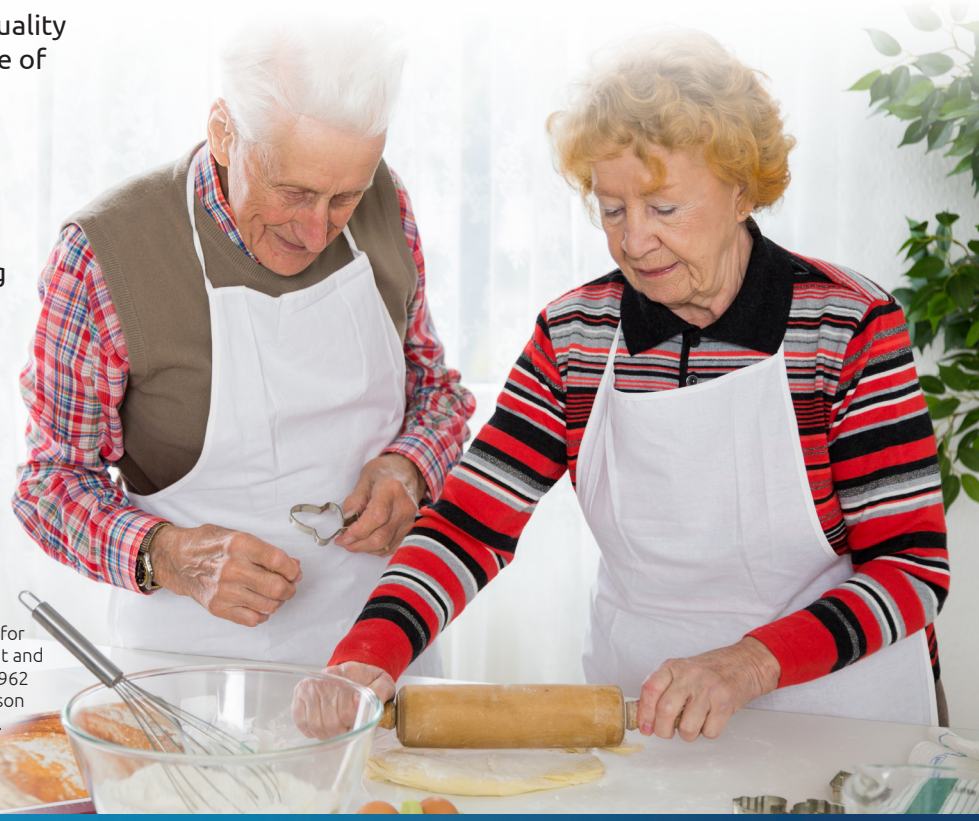
- Older adults living long-term in clustered domestic models of care reported better quality of life, and lower hospitalisation and emergency department presentation rates in a 12 month period in comparison to those in a standard care facility
- Residents of the clustered domestic models of care were 52% less likely to be prescribed a potentially inappropriate medication (such as proton pump inhibitors, antipsychotics and benzodiazepines)[2]
- Residential care for people with dementia may cost $12,962 more per person per year in a standard rather than a small domestic cluster model of care*

Conclusion

Provision of residential aged care in a clustered, domestic model in Australia is associated with fewer hospitalisations and emergency department presentations, lower potentially inappropriate medication use, and a higher quality of life with no increase in whole of system costs.

Implications

Provision of care in clustered domestic models is a promising approach and these models should be further explored.



* Unadjusted facility running costs were similar for the two models, but, after adjusting for resident and facility related factors, an overall saving of $12 962 (2016 values; 95% CI, $11 092–14 831) per person per year in residential care costs was estimated.

Citation: Dyer M, Liu E, Gnanamanickam ES, Milte R, Easton T, Harrison SL, Bradley CE, Ratcliffe J, Crotty M. (2018) 'Clustered domestic residential aged care in Australia: fewer hospitalisations and better quality of life'. Medical Journal of Australia, 208 (10):433-438. DOI: 10.5694/mja17.00861

2.Harrison, S., Kouladjian O'Donnell, L., Milte, R., Dyer, S., Gnanamanickam, E., Bradley, C., Liu, E., Hilmer, S. and Crotty, M. (2018). Costs of potentially inappropriate medication use in residential aged care facilities. *BMC Geriatrics,* 18(1), 9. doi:10.1186/s12877-018-0704-8

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