

POSTER ABSTRACT

Partnering with a seniors' residence and home care services to promote aging-in-place and prevent relocations: The "Vieillir chez soi" approach

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Background: Many older adults have to relocate from their home to a long-term care facility due to loss of independence. As these transitions may have a detrimental impact on their quality of life and care, it is important to provide evolving care and services to allow older adults to age in their home of choice, including collective settings such as private seniors' residences.

Approach: A close collaboration between public home care services, a private seniors' residence in southeastern Quebec (Canada), and our research team, was established to co-develop, implement, and evaluate a new approach of care, named "Vieillir chez soi" (Aging-in-place in French, or VCS). Anchored in a living lab approach, this partnership included the creation of governance committees as well as codesign workshops to support the integration of best and innovative practices within the seniors' residence to delay relocations in long-term care and allow older adults to age in place.

A mixed-methods study was then conducted to evaluate the VCS approach's outcomes and document the experience of stakeholders. Quantitative data describing residents' level of independence, health care use, and length of stay at the seniors' residence, were documented monthly during the year preceding the co-development and implementation of the VCS approach, as well as the two first years following its introduction. Individual interviews were also conducted with 15 family caregivers, as well as with 10 residents with varied levels of autonomy. Quantitative data and interview responses were analyzed using descriptive statistics and thematic analysis following the method described by Miles et al. (2020).

Results: Four domains of best practices were implemented within the seniors' residence, including staff training, service and care reorganization, and environmental adaptations, all drawing on the residents' life stories as a foundation. Since the implementation of the VCS

approach, the seniors' residence has been able to provide care to residents with higher assistance needs. The proportion of residents with a level of independence eligible for long-term care has doubled over the study. The VCS approach also tended to delay relocations in long-term care by an average of 3.5 months. The average number of days between relocation and end of life was significantly lower (114.2 days versus 460.7 days), suggesting later-stage relocations.

Additionally, family caregivers were generally satisfied with the VCS approach and the way care was provided. However, residents and families identified challenges related to aging in place, including difficulties living alongside individuals with higher assistance needs and cognitive impairments, limited communication with the seniors' residence, and delays in providing evolving and personalized care. Nonetheless, participants greatly appreciated the opportunity to remain in their home, potentially with their life partner.

Implications: Despite the challenges experienced by stakeholders, the results support the relevance of providing evolving and personalized care in seniors' residences and implementing best and innovative practices to offer a more flexible living environment that enables aging in place. Further studies are needed to identify strategies to mitigate identified issues and implement solutions within seniors' residences.