

P24 - INCREASING DEPENDENCE ON SUPPORT FOR ACTIVITIES OF DAILY LIVING IN LONG-TERM CARE

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Brief Description of Research or Project: Along with an increase in clinical complexity and acuity, residents in long-term care are requiring more support in activities of daily living (ADL) than ever before. The proportion of residents requiring assistance in ADLs has risen dramatically from 2008-2013 for bathing (self) (+16.2% to 61.7%), personal hygiene (self) (+22.9% to 61.1%), toileting (self) (+21.9% to 56.2%), dressing (self) (+23.4% to 63.9%), and behaviour on the ADL Performance Hierarchy Score (extensive 2) has worsened (+7% to 19.9%) (Intellihealth, LTC, 2013). The prevalence of residents dependent on support/assistance for various ADLs is also substantial: 52.4% for bed mobility (self), 47.8% for transfer (self, between bed, chair, wheelchair, standing position), 26.5% for walk in room (self), 27.3% walk in corridor (support), 70.2% locomotion on unit (support), and 50.6% eating (support). Promoting and enhancing the autonomy of residents with regards to ADLs is essential in reaffirming their dignity and letting them live well longer. **Why is this research important to profile at the Research Day 2014?** These data summarize current trends in residents' dependence on support for activities of daily living and will inform administrators, nurses/directors of care, OTs/PTs, policy makers, and front-line caregivers (PSWs, activation staff, rehab professionals) as to specific interventions that need to be targeted based on a resident's unique ADL needs. Improving or maintaining function in the long-term care home is key to reducing avoidable transitions to hospital ERs and admissions.