

# Chapter 4

## Institutions-based Long-term Care

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## Chapter 4

### Institution-based Long-term Care

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The World Health Organization (WHO) referred to long-term care as indispensable in the healthcare system and social services because it assists the disabled and chronically ill. Care can be short or long term, at home, in the community, or at a seniors' nursing home (WHO, 2000).

Mostly female, caregivers feel powerless. One-third have chronic health problems. Caregiving imposes a considerable economic, physical, and psychological burden on the families of older people who need care. Most caregivers had never provided long-term care. One in nine cares for more than one older person. Long-term care depends on family caregivers, typically because of a sense of gratitude.

Most families are not ready to provide long-term care and community support is inadequate. A support system for family caregivers should be developed so that they have more options to care for older people in communities. For instance, the following measures can be considered to ensure the sustainability of long-term care: (1) develop primary healthcare facilities, (2) strengthen local administrative organisations' role in managing the long-term care system, (3) build the capacities of family caregivers, and (4) develop standards to ensure the quality of long-term care (Sihapark, Chuengsatiansup, and Tengrang, 2013).

A sense of gratitude to older people is the fundamental principle of long-term care. The state policy is to support family care at home because the family is believed to provide the best caregivers for older people. However, with social and economic transformation, the family cannot always play a key role in long-term care. Families with older adults who have deteriorating and increasingly complicated chronic conditions need help from medical professionals or specialists. Stakeholders in the care for older people are encouraged to develop nursing services in healthcare centres or medical institutions.

#### **1. Five Types of Institution-based Long-term Care Facilities**

Institution-based long-term care facilities are grouped into the following: (1) residential homes, (2) assisted living settings, (3) long-term care hospitals, (4) nursing homes, and (5) hospice care (Sasat, Choowattanapakorn, and Letrat, 2009 [2552 BE]).

### **1.1. Residential Homes**

The facilities are designed for older people who can carry out activities of daily living independently. The facilities are also called 'independent living communities' and 'retirement communities'. Residents should be able to walk without the assistance of nurses or caregivers even if they use canes or walking aids and be able to perform other activities of daily living such as bathing or dressing. A couple of model cases will be presented in this chapter.

### **1.2. Assisted Living Facilities**

These are residences for older people who need help in activities of daily living. The institutions are designed for people who cannot modify their home's living arrangements in accordance with their functional limitations and cannot ensure their own safety. The facilities offer basic geriatric services but usually do not provide specialised medical services. Canteens are available and emergency alert systems are installed.

Thailand does not have many such facilities. Some have been set up by Christian missionary organisations, which run them as non-profit long-term care facilities, offering help in activities of daily living and rehabilitation services. Their service provision is not based on public policy but on Christian philosophy. The missionaries could offer estimable services, believing that caregiving is a means of fulfilling God's wish to love one's neighbour as one's self (Sasat, Choowattanapakorn, and Letrat, 2009 [2552 BE]).

### **1.3. Long-term Care Hospitals**

Long-term care hospitals provide care and medical treatment for 3 months or more. Both state-run and private hospitals provide such services, but the cost of private long-term care hospitals can be higher.

Some state-run hospitals designate special wards for providing long-term care for seniors who have functional limitations and need rehabilitation. Staff members create care plans for each patient in accordance with the individual's functional status. Items included in care plans cover a variety of services, such as support for activities of daily living, rehabilitation, medical treatment, alternative medicines, amongst others, which are provided by caring teams consisting of multiple professionals. In these wards, equipment and facilities should be arranged to optimise patient's functional recovery. Services must develop in accordance with the standards of Thai Healthcare Accreditation (Sasat, Choowattanapakorn, and Letrat, 2009 [2552 BE]).

### **1.4. Nursing Homes**

Nursing homes accommodate people who have difficulties in activities of daily living because of chronic conditions such as sequelae of brain injury and cannot rely on family or community care. The clients do not need acute care but do need intensive long-term care. Care services – medication, feeding, amongst others – are provided 24 hours a day and 7 days a week. Basic medical treatment can also be provided. The outcome, effect, and safety of rehabilitation are carefully monitored. In case of complications caused by rehabilitation, clients' conditions and service plans are discussed by a team comprising

physicians, pharmacists, nurses, and physical therapists (Sasat, Choowattanapakorn, and Letrat, 2009 [2552 BE]).

### **1.5. Hospice or Palliative Care**

The aim of hospice care is to diminish the pain of dying patients so that they can spend the last stage of their lives happily and peacefully with family members and friends. An interdisciplinary professional team provides integrated services adjusted to the needs of individual patients. Spiritual care is encouraged. A model case of hospice care—a hospice ward in a hospital for Buddhist monks—is discussed in this chapter (Sasat, Choowattanapakorn, and Lertrat, 2009 [2552BE]).

Thailand has long-term care hospitals and nursing homes but they are mostly in Bangkok or the central region. The facilities are expensive and unsupervised because clear regulations are lacking.

We recommend developing a long-term care system that involves local communities, local authorities, and hospitals. We believe it is the most effective long-term care model for Thailand. Local authorities are encouraged to take more responsibility in this aspect and to optimise their capacity and capability.

## **2. Preferred Models and Innovations of Long-term Care Facilities**

### **2.1. Models of Long-term Care Facilities**

In 2015, the National Reform Council–appointed systems reform committee for responding to population ageing proposed long-term care for frail and dependent older people. The government allocated budget to the National Health Security Office to support the plan to develop long-term care programmes (Knodel et al., 2015). Since then, long-term care services have been developed more systematically. Government policies focus on how older people can age with their families in the same communities. Most people have a negative view of families who consign their older family members to long-term care institutions such as nursing homes. The international trend of ‘ageing in place’ encouraged the development of day-care centres, which is more acceptable in Thailand than residential services. A senior residential home should be the last option when older people who do not have any relatives to care for them. To promote happy ageing, older people should be provided with places to live within their communities even if they can no longer live independently in their own houses (Department of Older Persons, 2017 [2560 BE]).

Although the government and long-term care providers focus on family care and community care, some models of institutionalised care offer alternatives when families and communities can continue taking responsibility for care of older people even after institutionalisation. The practical models are described below. Some fall into categories already introduced, whilst some adopt mixed approaches that cover both institution- and community-based care to provide suitable services.

## 1) Residential Homes

Residential homes offer services to independent older people who do not need much assistance from nurses or caregivers. The institutions provide social services, healthcare, rehabilitation, referral, and a variety of activities, amongst others. Residential homes are operated by the government, the private sector, or public welfare organisations.

A possible residential home model is state-run residential homes. A good example is Baan Bangkhae, discussed here, or welfare management centres, which have been established in several provinces.

Residential homes may jointly work with other organisations such as local education institutes to optimise the potential of other sectors to promote the development of long-term care. For example, Baan Thammapakorn in Chiang Mai jointly worked with researchers from Chiang Mai University's Faculty of Nursing to establish service quality standards.

State-run residential homes that can be considered models of residential homes are discussed below.

### a) Baan Bangkhae Senior Living

Baan Bangkhae is operated under the Department of Social Development and Welfare, Ministry of Social Development and Human Security, and aims to provide social welfare for older people who have low income, no residence, and nobody to care for them, or who are unhappy staying with their family. The state-run residential home provides not only basic services such as accommodation, food, and day-to-day care but also rehabilitation and referral services for residents who need expert medical treatment. Residents can participate in health promotion activities and self-care programmes.

This residential home provides various services in cooperation with other agencies:

- regular health check-ups provided by Poh Teck Tung Foundation;
- nursing care provided by faculties of nursing of various universities;
- a post-surgery rehabilitation programme in cooperation with the Japan International Cooperation Agency, which supports physical therapist volunteers; and
- referral of the residents for further medical treatment, supported by the Bangkok Metropolitan Administration public health centre.

To strengthen the financial fundamentals of the residential home, the Baan Bangkhae Foundation was set up to receive donations. It is helping transform Baan Bankhae senior living from a rigidly managed system to a more flexible and efficient one (Sasat, Choowattanapakorn, and Lertrat, 2009 [2552 BE]).

b) Sawangkanives Senior Living

Developed by the Thai Red Cross Society, the residential home has 20 acres in Samutprakarn province and 468 housing units for older people in good health and able to live independently. The target group is those who are 55 years or above, with a middle-class income. Residents are required to make a lump-sum payment when they are admitted (Sawangkanives, n.d.). Of the residents, 70% are single and divorced women.

The distinctive points of the two residential homes are their quality services –health management, referral services, social activities, and rehabilitation – and living arrangements. Their management systems are similar to those of private facilities in flexibility, regular staff meetings, clear job descriptions, and routine reporting of client status to families. Residents’ activities are closely monitored by staff members to avoid risk of injuries by falls, for example. The residential homes collaborate with the nursing faculties of various universities. Nurses are sent there to help manage residents’ health (Sasat, Choowattanapakorn, and Letrat, 2009 [2552 BE]). The success of developing senior living or residential home projects depends on effective partnership amongst estate developers; hospitals providing healthcare services, including for mental health; and social service providers.

2) Long-term Care Hospital

Long-term care in a hospital is a feasible model. A 60-bed hospital in a small district in central northeast, for instance, offers long-term care, including rehabilitation services to older people who have chronic conditions and mobility problems, in parallel with medical services as a general hospital. Most patients have stroke-related motor function impairment. A variety of rehabilitation courses are available, such as acupuncture, Thai massage, and physical therapy, in special wards for older people. To transition seamlessly from hospital to home and community, families and relatives are given guidelines on geriatric care. Follow-up is made a week after discharge by telephone. Patients can use either the social security or welfare schemes to claim healthcare benefits (Sasat, Choowattanapakorn, and Lertrat, 2009 [2552 BE]).

3) Day-care Facilities in Hospitals

Day-care facilities have been developed to support the urbanised lifestyle, in which fertility rates are low and most people work outside their homes. In urbanised societies, older people often cannot find anybody who can care for them at home. In traditional societies, family members are expected to care for older people at home, which discourages family caregivers from finding other work. Day care is crucially important in urbanised societies, where family members can no longer provide care at home. Day care can give older people quality care during the day, when family members are not at home. Family members do not have to worry about leaving older people at home alone, and older people in day-care facilities can participate in a variety of activities. Day-care centres should be small (capacity of about 10) so they can be set up anywhere in communities. The following are good examples of day-care facilities in hospitals:

a) Talaysap sub-district health promotion hospital

The hospital is in Pa Tiew district, Chumpon province. It has a day-care centre for older people whose adult children work outside the home. Clients are brought to the centre in the morning and picked up in the evening. The centre offers various activities but sometimes encounters problems, such as when clients prefer to stay home. The centres have recently started training clients to become caregivers of bedridden older people. It turns out that many prefer working as caregivers. The day-care centre was therefore upgraded to a training institute of care for older people. Several older people in Pa Tiew trained as caregivers, following the curriculum of the Department of Health, Ministry of Public Health. The project obtains financial support from local authorities and the National Health Security Office. The senior caregivers have the skills to work as volunteers and care for the bedridden as if they were their own relatives (Health Assembly, n.d.).

b) Collaboration between Local Authorities and Hospitals

Potaram municipality, Ratchaburi province, set up a day-care centre for older people and people with disabilities in cooperation with Potaram hospital and community-based organisations. This programme is supported by various stakeholders, including businessmen, volunteers, and community residents, to enable people in need to have access to basic healthcare, live happily, and improve their quality of life. The centre provides rehabilitation services as well as training in rehabilitation to clients and their family members at the centre and at home so they can continue rehabilitation at home. Cooperation between volunteers and public health organisations plays a crucial role in assisting people who need care (Chiyo Ratchaburi, 2017 [2560 BE]).

4) Nursing Homes with Combined Facilities

Some nursing homes provide combined care services both for self-reliant and bedridden older people. Facilities have day-care centres and services for people who are more dependent and need rehabilitation. The nursing homes can respond to clients' needs at any time, providing short-stay care, intermediate care, and institutional care. This type of nursing home is affordable only to middle- or high-income people. Clients should select facilities near their original homes and communities to avoid moving from one institution to another.

## **2.2. Other Models of Institution-based Long-term Care**

This section describes potential models of institution-based long-term care designed for dependent and/or bedridden older people.

1) Assisted Living Based on Religious Principles

The non-profit 60-bed institution is run by the Foundation of the Church of Christ in Thailand with financial support from various Christian agencies in Thailand and around the world.

One of the home's constraints is shortage of equipment. Some physical equipment is too old, whilst caregivers need further education and skill training.

The home was established in 2009 to provide rehabilitation. It was designed to provide comprehensive geriatric care, including for those in good health and those with dementia, regardless of race or religion, and including those suffering chronic illnesses and those at the last stage of life.

The institute used to be a licensed hospital when it was first established under the Universal Coverage Scheme (THB30 co-payment package) of public medical services. The institute was not financially sustainable, however, and was forced to become a nursing home.

The institution provides all the services needed by older people. Residents are encouraged to participate in exercise programmes provided by the expert nurses. Rehabilitation is provided by physical therapists but requires approval from physicians and consent from residents' families or other relatives as it costs extra (Sasat, Choowattanapakorn, and Lertrat, 2009 [2552 BE]).

## 2) Community Hospital Model with Holistic Care

A hospital in the central north-east is a good model of a community hospital that provides alternative and modern medicine, including general and geriatric medicine. The hospital has outreach programmes to communities and training courses.

The hospital uses a patient-oriented holistic care approach, combining alternative and modern medicine. The hospital offers acupuncture, traditional Thai massage, herbal massage, and chiropractic treatment. The environment is designed to make patients feel at home. The hospital organises religious rituals.

The hospital follows the standards of general community hospitals in Thailand, whilst the geriatric ward is based on those of the Department of Health and Social Care of the United Kingdom, which encourages a multidisciplinary approach to geriatric care. The issues that often arise are emergency care, pain management, pressure sore care, wound care, bowel movement control, and cleanliness.

The state-run hospital does not need to be concerned about profit and loss but it cannot ignore sustainability. To ease the burden on the healthcare system, people with chronic conditions are strongly encouraged to take care of themselves. The hospital organises mobile community clinics to examine those with noncommunicable diseases. If patients can live independently and enjoy good mental health after illness, that is considered an achievement of the hospital's outreach.

The hospital set up a training centre offering programmes in preventive care, medical treatment, disease control, improvement of sanitation and the community environment, and rehabilitation. The programmes target residents of the whole district. Capacity building of long-term personnel is considered urgent because a growing number of people have frailty and chronic illnesses, which undermine independent living and require more resources for rehabilitation (Sasat, Choowattanapakorn, and Lertrat, 2009 [2552 BE]).



### 3) Palliative Care in a Hospital for Buddhist Monks

The hospital is a model case of palliative care, providing it exclusively for monks suffering from terminal cancer and who are not expected to live more than 3 months. Some patients are self-reliant whilst some are not. The hospital provides temple-like amenities, treatment to reduce pain, and appropriate food. An interdisciplinary team offers integrated services, which are adjusted to individual patients. Physical therapists provide rehabilitation services and assistance in bathing, feeding, and moving, including out of the palliative care ward for medical examinations.

The hospital attaches great importance to spiritual care. Staff members are required to undergo training in spiritual care for dying patients. Patients' wishes and wills are given the highest priority. The hospital organises traditional religious events for the deceased, such as ceremonies for bathing, paying respect, and forgiveness. The ward is designed to look like a monastery, taking patients' social status and dignity into account.

The hospice has 10 beds, whilst the number of monks seeking this kind of service is on the rise. Patients admitted to the ward generally believe that their continued existence depends on their meritorious deeds and faith. Support to monks is considered an activity of religious merit, and the hospital has a network of faithful donors. Services are free of charge, thanks to them.

Palliative care does not generally cost much since it does not provide resuscitation procedures or transfer patients to acute care hospitals. Expensive medicine and technology are of no use and only minimal medical treatment is needed to alleviate patients' symptoms (Sasat, Choowattanapakorn, and Lertrat, 2009 [2552 BE]).

#### **2.3. Capacity Building of Long-term Care Personnel**

Ensuring skilled human resources for long-term care that meets growing demand is important in institution-based care.

The Kasikorn Research Centre (2018 [2561 BE]) published *The Care Business for Older People in Thailand* with the expectation that developing businesses related to long-term care would bring prosperity to rapidly ageing Thailand. The proportion of older people 60 years old or above in Thailand is expected to reach 27% in 2030 (United Nations, Department of Economic and Social Affairs, Population Division, 2019). The report focused on businesses related to nursing homes, day-care centres, and retirement communities, and revealed that demand for healthcare professionals and skilled care workers has been growing quickly. The need for nurses and nursing assistants increased by 16% in 2007–2014 and demand for professional care workers grew by 18%. By contrast, demand of unskilled domestic workers who care for older people decreased by 13% (Kasikorn Research Centre, 2018 [2561 BE]).

Many long-term care facilities encounter shortages of nurses and physical therapists. Even if the facilities have care workers, a limited number are skilled. Such shortage of skilled long-term care personnel could limit care-related businesses. The problem is well

recognised and several organisations, including government bodies, have established guidelines and curricula for caregiver training.

1) Department of Health, Ministry of Public Health

The department developed a 70-hour curriculum for caregivers of dependent older people. The training courses are given by not only the department but also related agencies, including higher educational institutions such as universities or colleges, provincial public health organisations, and provincial hospitals, amongst others. The training course content covers the role and duty of caregivers, from routine activities to health management of dependent older people.

2) Ministry of Education

The ministry designed two curricula in caregiving: (a) a 70-hour curriculum for care volunteers living in communities or people with older relatives, and (b) a 420-hour curriculum to create professional care workers.

3) Thailand Nursing and Midwifery Council

The council provides various training courses to build the capacity of nurses so they can acquire specific expertise as, for example, gerontological nurses, nurse practitioners, or nursing personnel supervisors.

4) Ministry of Social Development and Human Security

The ministry carried out a project to support family caregivers as well as volunteer caregivers in communities during 2011–2013. A series of training courses were provided for 7,961 volunteers in 1,539 local administrative areas.

5) Thailand Professional Qualification Institute

The public institute collaborates with the private sector to organise long-term care training courses to create quality personnel. Those who complete the courses receive the professional qualification of geriatric caregiver in the healthcare category. There are different levels of qualification of geriatric caregiver, from the first level for basic practical skills to the fourth, which requires advanced skills and knowledge of caregiving. The training system is expected to improve the quality of long-term care personnel.

Whilst potential caregivers have training opportunities, the involvement of several bodies has caused inconsistency and disorganisation. Nursing home operators have found that the practices of some caregivers are unsatisfactory although they had taken 3-month theoretical training courses and 3-month practical courses. When they start working in long-term care facilities, the caregivers are required to learn practices suitable for real situations, which may be different from what they had learned through training courses, which was basic and unpractical. It could take 3 or 4 years for rookie care workers to become skilled. Some long-term care facilities provide training courses to newly employed care workers who have not undergone established training in long-term care. The training curricula provided by long-term care facilities include practical subjects, such as how to get along with senior clients, and practical geriatric care. Caregivers learn to observe physical changes in older people, such as in skin colour, hair, fingernails, teeth, and breathing, to know when to send clients to medical professionals. On-site training is highly

effective in enabling caregivers to work efficiently in real situations. Therefore, experts in the field are discussing how to overhaul the geriatric care curriculum.<sup>7</sup>

### 3. Recommendations to Improve Institution-based Long-term Care

- 1) A national committee should be set up to oversee the quality of long-term care and a national plan to improve long-term care services developed.
- 2) All communities should have institution-based long-term care facilities.

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<sup>7</sup> From a lecture by Dr. Renu Ubon, director of Serene Palace and El Care Nursing Home, at the Thailand Ageing Strategy Forum, 29 November 2018, hosted by the Ageing Business & Care Development Centre, Thammasat Business School.

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