Clinical Characteristics and Service Needs of Alternate-Level-of-Care Patients Waiting for Long-Term Care in Ontario Hospitals

Caractéristiques cliniques et besoins en services pour les patients nécessitant d’autres niveaux de soins et inscrits sur les listes d’attente pour les hôpitaux de soins de longue durée en Ontario

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What’s the problem/issue and why is it important now?

ALC patients waiting for LTC:

1) High Prevalence of ALC in Canadian Hospitals:
   - 14% of hospital days in acute facilities
   - 5% of all acute hospitalizations in Canada designated “ALC” (2007-08, CIHI)

2) Serious Implications:
   - Functional decline, Delirium, Infection (Covinsky et al., 2003; Creditor 1993; Fortinsky, 1999; Graf et al., 2006; Hitcho 2004)
   - Mood problems: depression, anxiety, etc. (Kydd, 2009)
   - ER wait times (ON MOHLTC, 2008)
   - Performance & Capacity (ALC Expert Panel 2006; CIHI 2009; OACCAC et al. 2006; Rock et al. 1995)

3) Focus of Policy Attention:
   - Ontario “ER=ALC Strategy”
   - Ontario “Aging at Home Strategy”

SPECIAL REPORT

Don’t seniors deserve better?

Each day in Canada, 7,550 hospital beds are filled with the elderly who don’t belong there—and it’s bad for their health

ON MARCH 1, Maclean’s is hosting “Health Care in Canada: Time to Rebuild Medicare,” a town hall discussion at the St. Lawrence Centre for the Arts in Toronto. The event, in conjunction with the Canadian Medical Association, will be broadcast by the Cable Public Affairs Channel. The conversation on health care reform continues in the coming months in Maclean’s and at town halls in Edmonton, Vancouver and Ottawa.

He was a frail old man living in Vancouver. Call him Mr. B. One night he developed excruciating back pain, and his doctor was summoned. Mr. B was a lucky man in that his doctor was John Sloan, a general practitioner whose practice consisted of treating the frail elderly in their homes. Sloan’s diagnosis was a compression fracture of the vertebrae. Weak. His son called Mr. W’s doctor, Mark Nowacynski. Like Sloan, he’s a general practitioner specializing in treating frail elderly people in their homes. It was a Thursday.

Nowacynski diagnosed pneumonia, started him on antibiotics, arranged for additional home care by Monday. Give it time, he advised. Keep him out of hospital. By Friday night the antibiotics had yet to take full effect. The worried son dialled 911.

Mr. W was admitted to hospital. An intravenous line went in his arm; a catheter in his bladder. He was confined to his bed, with the best of intentions. By Monday, Mr. W needed two people supporting him just to walk across the room.

The treatment—and mismanagement—of Canada’s older citizens represents one of the

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What are your research findings?

Triggered Clinical Assessment Protocols (CAPs) by Group, Ontario, 2007-08

How did you reach this outcome?

Data Sources

RAI Home Care (HC): Comprehensive assessment of client needs, strengths, preferences, and informal care capacity.

Hospital RAI HC

All LTC bound acute and CCC ALC patients

Sample
  - Jan 2007 - Sept 2008
  - 13,915 persons (age 65 or older)

Community (Full) RAI HC

All long-stay home care clients (age 65 or older)

Sample
  - Jan 2007 - Sept 2008
  - 113,046 persons (age 65 or older)

Understanding their needs is a starting point to optimal capacity planning and appropriate discharge options.
What are the key implications of your findings? What do they mean for the research community and for Canadians at large?

- Opportunity exists to allow persons designated ALC to return to the community with enhanced services and through restorative programs
  - Anecdotal accounts and regional evaluations of such efforts have demonstrated success

- The level of need and complexity exhibited in this ALC subgroup should not be discounted
  - Funding enhanced services in the community is required
  - Cost effectiveness and outcomes need to be considered
THANK YOU

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