Seniors in Transition: Exploring Pathways Across the Care Continuum

presentation to The Research Exchange Group on Aging

Canadian Institute for Health Information
Newfoundland and Labrador Population 75+

- Over the next 15 years the population 75+ will more than double (2033)
- The rate of growth for the population aged 75+ is accelerating
- Average incremental change over next 20 years over 3.5 times that of last 20 years

Source: Statistics Canada
Newfoundland and Labrador Population 75+
(*incremental change*)

- Over the next 15 years the population 75+ will more than double (2033)
- The rate of growth for the population aged 75+ is accelerating
- Average incremental change over next 20 years over 3.5 times that of last 20 years

Source: Statistics Canada
Our analysis

- 35 health regions
- 6 jurisdictions
- 59,000 seniors
- 3 years of InterRAI Home Care and Residential Care data; Acute care data
What we asked

How many seniors who enter residential care might have been able to be supported in home care?

What are the key factors that influence entering residential care?

How does being assessed in a hospital influence residential care admissions?

Do wait times in ALC differ depending on the service to which seniors are discharged?
High-level approach
Sample by Trajectory Group

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>Ontario</th>
<th>Manitoba</th>
<th>Saskatchewan</th>
<th>Alberta</th>
<th>British Columbia</th>
<th>Yukon</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40,489</td>
<td>1,995</td>
<td>3,417</td>
<td>4,276</td>
<td>8,943</td>
<td>51</td>
<td>59,171</td>
</tr>
<tr>
<td>RC</td>
<td>14%</td>
<td>16%</td>
<td>11%</td>
<td>20%</td>
<td>22%</td>
<td>6%</td>
<td>16%</td>
</tr>
<tr>
<td>HC to RC</td>
<td>25%</td>
<td>13%</td>
<td>22%</td>
<td>12%</td>
<td>26%</td>
<td>45%</td>
<td>24%</td>
</tr>
<tr>
<td>HC only</td>
<td>60%</td>
<td>71%</td>
<td>67%</td>
<td>68%</td>
<td>52%</td>
<td>49%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Overlapping sub-populations of interest

- **MAPLe low-moderate**: Individuals assessed as low to moderate priority for continuing care services.
- **Lighter Care Needs**: Individuals with low or no cognitive and or physical impairment.
- **Dementia and Light Care Needs**: Individuals with a diagnosis of dementia, and lower levels of cognitive and physical impairment.
- **Physical Needs**: Individuals with lower cognitive impairment, no responsive behaviours, but require physical assistance.
With appropriate supports, more seniors could remain at home.
Sub-populations as % of all those entering RC following an initial assessment

<table>
<thead>
<tr>
<th>Province</th>
<th>Ontario</th>
<th>Manitoba</th>
<th>Saskatchewan</th>
<th>Alberta</th>
<th>British Columbia</th>
<th>Yukon</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLe low-moderate</td>
<td>31%</td>
<td>47%</td>
<td>21%</td>
<td>41%</td>
<td>21%</td>
<td>44%</td>
<td>30%</td>
</tr>
<tr>
<td>Physical needs</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Lighter care needs</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Dementia and light care needs</td>
<td>31%</td>
<td>47%</td>
<td>21%</td>
<td>41%</td>
<td>21%</td>
<td>44%</td>
<td>30%</td>
</tr>
<tr>
<td>Any sub-population</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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</tbody>
</table>
Sub-populations as % of all those entering RC following an initial assessment

Ontario: 23% (21% Physical needs, 16% Dementia and light care needs)
Manitoba: 21% (15% MAPLe low-moderate, 16% Physical needs)
Saskatchewan: 16% (15% MAPLe low-moderate)
Alberta: 17% (14% MAPLe low-moderate, 15% Lighter care needs)
British Columbia: 15% (14% Lighter care needs)
Yukon: 16% (12% Dementia and light care needs)
Overall: 22% (18% Dementia and light care needs)
KEY FINDING #2

Certain factors predispose seniors to entering residential care

Seniors assessed in hospital are 6.4 times more likely to go to residential care than those assessed in the community.

- Initial Assessment in Hospital: (6.4 X)
- Functional Impairment Extensive: (3.3 X)
- Cognitive Impairment Moderate: (3.2 X)
- Lives Alone: (2.0 X)
- Caregiver unable to continue: (1.9 X)
- Wandering: (1.7 X)
KEY FINDING #3  (1 of 2)

**Being assessed in hospital significantly increases the likelihood of going to residential care**

Seniors with moderate MAPLe scores were 8.7 times more likely to enter residential care if assessed in hospital.
KEY FINDING #3 (2 of 2)

Being assessed in hospital significantly increases the likelihood of going to residential care.

Seniors assessed in the community as very high priority wait about twice as long for placement in residential care than those assessed in hospital with low to moderate priority.
KEY FINDING #4

Median ALC length of stay to receive home care and residential care, by jurisdiction (days)

ALC length of stay is longer for those awaiting return to the community than for those going to residential care.
Are there opportunities for health regions to...

<table>
<thead>
<tr>
<th>Finding #1</th>
<th>Finding #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>...support more individuals in the community that meet the criteria for our populations of interest?</td>
<td>...return hospitalized seniors home to improve the precision of needs assessments rather than conducting these assessments in hospital?</td>
</tr>
<tr>
<td>Finding #3</td>
<td>Finding #4</td>
</tr>
<tr>
<td>...improve integration between continuing care and acute care to address prioritization for placement in residential care?</td>
<td>...reduce ALC LOS for individuals awaiting residential care and long term home care?</td>
</tr>
</tbody>
</table>
Public release

Final Report & Methods

Infographics

Whiteboard Video

Interactive Web Tools
Discussion
Key messages

• Over the next 20 years, the older seniors population is expected to grow at an unprecedented rate.

• Organizations across Canada are all striving to provide the best care for seniors. This work is about providing data and insight to support decision making about seniors care, it is not about faulting seniors for being in the wrong place.

• There may be opportunity to better match client needs to level of care with appropriate community supports.

• Being assessed in hospital strongly influences the probability and speed at which individuals enter residential care.