The Length of Stay and Discharge Destination of Patients from the Alternate Level of Care Center at Chancellor Park in St. John's, Newfoundland and Labrador

Objectives:

To determine the length of stay (LOS) and discharge destination of patients from the alternate level of care (ALC) center at Chancellor Park, from Jun 2024–Jun 2025; and to report on the comorbidity index, mobility status, and the risk of fall of a smaller cohort of patients destined for personal care and/or home care, from Jun 2024–Mar 2025.

Practice Points:

1. Triaging strategies at the hospital level could be streamlined to improve the flow of patients into the ALC center at Chancellor Park, and this could allow for better quality of care that matches the needs of those who are referred to ALC.

2. Geriatric and rehabilitation services at Chancellor Park may improve patient outcomes, potentially enabling more people to return to their own homes instead of being discharged to personal care or long-term care (LTC) facilities.

Methods (PIs: A. J. Devasahayam, L. Kelly)

1. Data was obtained from the ALC center at Chancellor Park for the period of Jun 2024–Jun 2025.

2. Data included number of patients (n=186), date of admission into ALC, date of discharge from ALC, and discharge destination from ALC.

3. A sequential sample of 28 out of 186 (15%) electronic medical records from the hospital stay immediately preceding admission to the ALC center at Chancellor Park were reviewed as a pragmatic pilot (during the period of Jun 2024 to Mar 2025) to extract information on past medical history, mobility aid use, gait, and fall risk. These data were used to calculate the Charlson Comorbidity Index, Functional Ambulation Category, and Morse Fall Risk Score. Of the 75 patients discharged from the ALC center during this time period to either a personal care home (PCH) or directly home, linkage of hospital and ALC records using Medical Care Plan (MCP) numbers, along with hospital discharge and ALC admission dates, provided complete data for 28 patients (n=15 discharged PCH, n=13 discharged to home) who were discharged from the hospital and directly admitted into the ALC center.

Results:

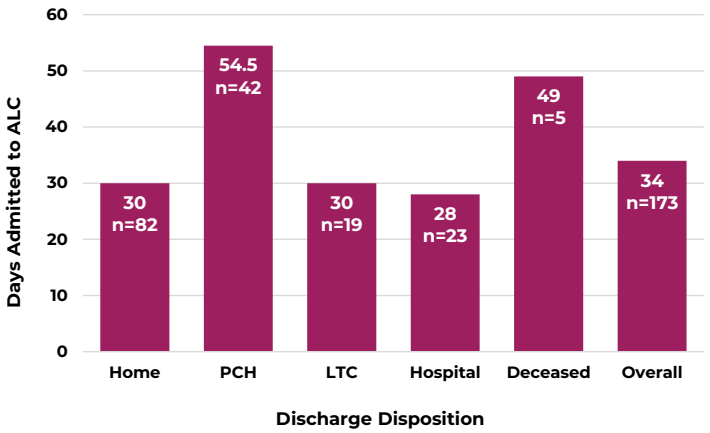

Figure 1. Median Length of Stay (in Days) at ALC by Discharge Disposition from ALC, Jun 2024–Jun 2025

- During the one-year period from Jun 2024–Jun 2025, the median LOS at ALC center at Chancellor Park was 30 days for those who were discharged home (n=82, 47%), 54.5 days for those who were discharged to PCH (n=42, 24%), 30 days for those who were discharged to long-term care centers (n=19, 11%), 28 days for those who were transferred back to the hospital (n=23, 13%), and 49 days for those who were deceased (n=5, 3%).

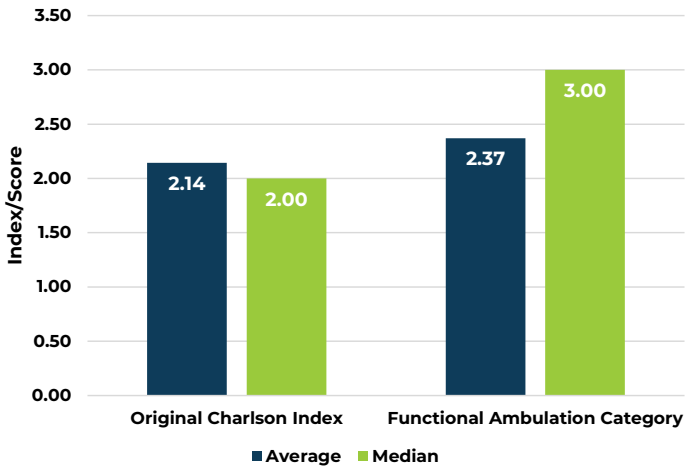

Figure 2. Comorbidity Burden and Functional Ambulation Status at the Time of Discharge from Hospital and Admission into ALC Center

- Among the 28 patients with electronic medical record data from their hospitalization prior to transfer to the ALC center at Chancellor Park, the median Charlson Comorbidity Index was two, indicating a moderate level of comorbidity in those triaged to the ALC center. The median Functional Ambulation Category score was three, indicating that patients were able to walk with supervision, at the time of admission into the ALC center.

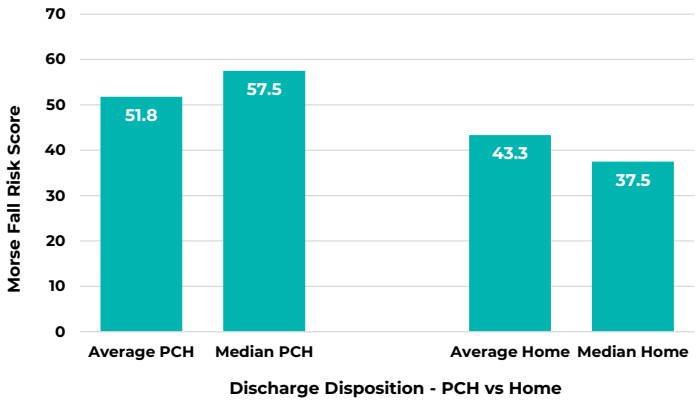

Figure 3. Morse Fall Risk Scores by Discharge Disposition from ALC

- Among patients (n=28) who were discharged to PCH or home from the ALC center, a higher risk of fall (i.e., with a Morse Fall Risk Scale score > 45) was noted in those who were discharged to PCH when compared to those who were discharged home.

Conclusions:

1. The LOS at ALC center at Chancellor Park for the period of Jun 2024–Jun 2025 ranged from 1 to 340 days, with 23 patients returning to the hospital for further care.

2. About half (47%) of patients who were admitted to the ALC center at Chancellor Park with confirmed discharge destinations were discharged home.

3. Patients who were discharged to PCHs from the ALC center may require additional strategies to mitigate the risk of falls and related sequalae.

4. Findings suggest that patients admitted to the ALC center at Chancellor Park with high risk of falls, particularly those likely to be discharged to PCHs, may benefit from Geriatric and Rehabilitation services provided within the ALC center.