

Clinical Characteristics and Quality of Care in the Long-Term Care Facilities of Newfoundland and Labrador

Objective

To describe the clinical characteristics and measures of care quality of residents in Long-Term Care Facilities (LTCFs).

Practice Points

1. Admission to LTCFs is usually for people with extensive impairment of the activities of daily living and/or severe cognitive impairment. As a consequence, survival in a LTCF is around 22 months.
2. Classification systems exist concerning the primary reason for admission linked to the number of hours of care provided (Resource Utilization Groups: RUGs, of which there are 7), and the degree of health instability (CHESS scores: Changes in Health, End-stage disease, and Signs and Symptoms).
3. Clinical practice guidelines exist and recommendations have come from Choosing Wisely Canada to restrict the chronic use of antipsychotics and of benzodiazepines. However, psychotropic drugs are widely used in LTCFs. Use of trunk and limb restraints may occur in clients to control behaviour, but are not advised.

Data

Data was obtained from the Resident Assessment Instrument (RAI) completed every quarter in LTCFs. The last one available for a resident in the year 2020/21 was evaluated. The number of clients is greater than the number of beds, because clients who died during the year were included.

In this summary, for each facility we present data on demography (sex, age ≥ 85 years), clinical characteristics (percent resident for >5 years, percent with extensive impairment of activities of daily living or severe cognitive impairment, percent in a high (1: Special Rehabilitation, 2: Extensive Services, 3: Special Care, 4: Clinically Complex) RUGs group, percent with at least moderate CHESS score, and use of psychotropic drugs, or restraints.

CHESS Score – Changes in Health, End Stage Disease, Signs and Symptoms Scale

This scale detects frailty and health instability and was designed to identify residents at risk of serious decline. Higher scores indicate higher levels of medical complexity and are associated with adverse outcomes, such as mortality, hospitalization, pain, caregiver stress, and poor self-rated health. The scale ranges from 0 (no health instability) to 5 (very high health instability).

RUG Hierarchy Category

There are seven RUG categories, based on clinical complexity and resource utilization. Each category is associated with a specific set of RUG-III groups. All RUG-III categories are ordered in a clinical hierarchy, from the most resource intensive (Special Rehabilitation category) to the least resource intensive (Reduced Physical Functions category).

Table 1. Clinical Characteristics and Utilization of Psychotropic Drugs, Diuretics, and Restraints in Residents of LTCFs by Facility

Facility Name	Residents in FY 2020/21	% Female	% Age ≥85	% RUGs 1-4	% Moderate to very high CHES score	% Used Antidepressant	% Used Antipsychotic	% Used Antianxiety	% Used Hypnotic	% Used Restraint
Baie Verte	25	56	40	48	4	72	40	12	28	0
Botwood	101	65	44	27	3	68	43	19	9	2
Buchans	22	64	64	27	5	45	36	32	27	0
Fogo	13	85	46	15	8	77	15	23	38	0
Gander	133	72	53	27	13	63	25	41	20	0
Grand Falls-Windsor	77	69	43	30	10	53	9	19	17	1
Harbour Breton	20	70	55	5	0	60	20	25	25	0
Lewisporte	60	82	47	23	15	73	45	25	42	2
New-Wes-Valley	49	80	53	18	2	51	18	18	22	2
Springdale	89	64	47	19	6	60	17	8	11	0
Twillingate	45	73	51	27	4	56	38	29	13	0
Agnes Pratt	148	82	36	36	9	56	39	21	11	0
Bonavista	70	73	57	54	9	49	23	36	23	0
Bonavista Protective	10	60	50	20	20	40	40	60	30	0
Carbonear	255	59	43	38	8	52	23	29	22	0
Clareville	52	75	48	33	4	58	17	27	42	0
Clareville Protective	11	73	55	0	9	73	27	27	18	0
Glenbrook Lodge	106	71	48	38	10	50	31	20	14	0
GrandBank	70	76	47	56	33	47	29	54	39	0
Miller Centre	51	29	53	27	8	57	31	18	24	0
Placentia	75	71	44	53	12	60	33	25	28	0
Pleasant View Towers	492	56	32	28	10	54	35	17	9	0
St. Lawrence	48	52	40	58	19	48	48	44	40	0
St. Luke's	121	76	44	36	6	68	34	20	7	0
St. Patrick's	239	71	51	22	7	51	23	22	9	0
Happy-Valley Goose Bay	77	62	38	23	5	42	36	9	22	0
Labrador South	15	60	60	13	7	47	67	20	27	0
Labrador West	14	50	14	36	0	14	21	14	21	0
St. Anthony	58	66	26	33	9	71	41	33	24	0

Table 1 continued

Facility Name	Residents in FY 2020/21	% Female	% Age ≥85	% RUGs 1-4	% Moderate to very high CHES score	% Used Antidepressant	% Used Antipsychotic	% Used Antianxiety	% Used Hypnotic	% Used Restraint
Bay St. George	132	55	39	41	8	57	33	30	34	0
Burgeo	20	70	65	10	5	55	30	25	45	0
Corner Brook	360	63	49	48	14	52	36	32	37	0
Norris Point	17	71	59	24	6	47	41	41	29	12
Port Saunders	28	68	36	32	25	64	18	43	39	7
Port aux Basques	36	56	58	19	3	47	19	25	42	0

- The majority of residents were female.
- In 13 of 35 (37%) LTCFs, the majority of residents were ≥85 years.
- 22% of LTCFs had 10% of residents with moderate to high CHES scores, but 2 of these were health centres and 1 was a protective community residence.
- Five LTCFs reported that >50% of residents were in the high RUGs group.
- Use of psychotropic drugs was very high: ≥50% of residents were taking anti-depressants in 25 (71%) of LTCFs. This was a significant increase compared to 2019/20 where the majority of residents taking anti-depressants was only in 54% of LTCFs.
- Wide variability in the use of antipsychotics, anti-anxiety, and hypnotics was observed.
- The use of restraints was very unusual.

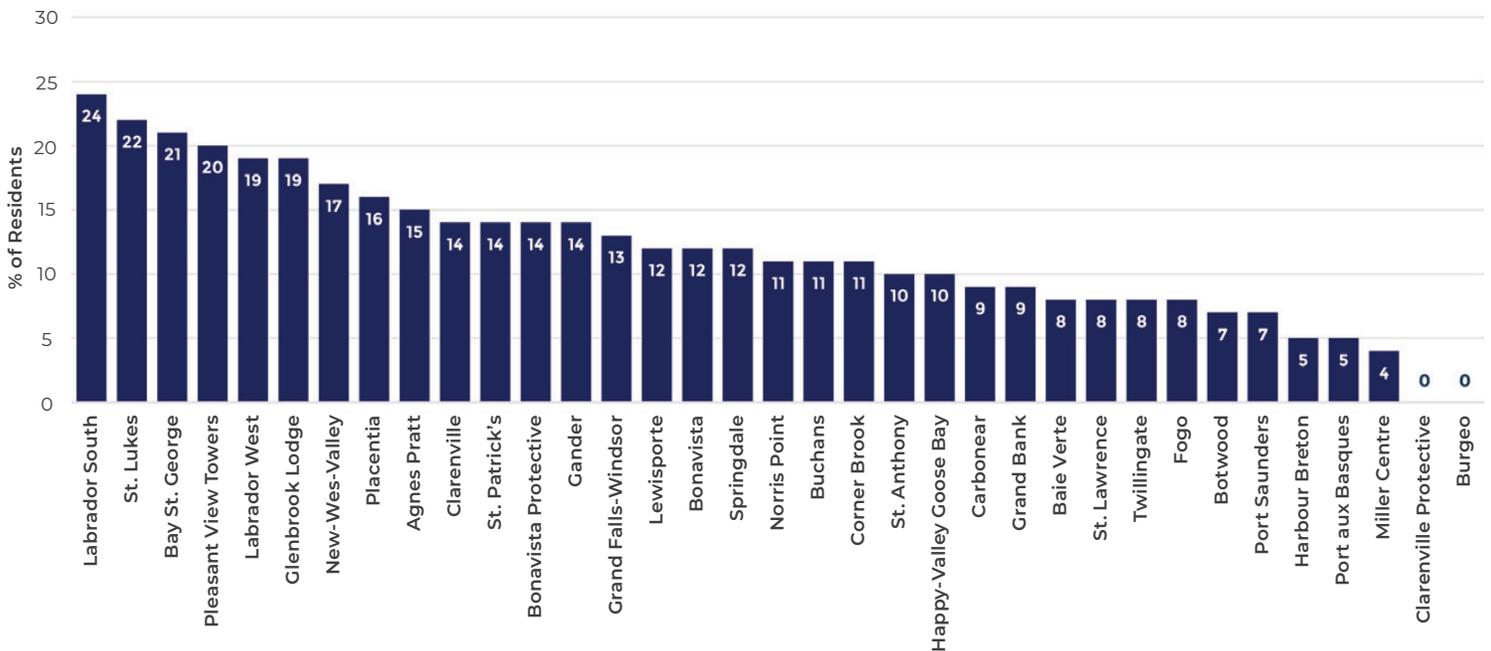


Figure 1. Percent of Residents with Stay >5 years

- The percent of residents whose stay was >5 years varied from 0–24%.
- In 15 (43%) LTCFs, more than 1 in 8 residents had been there for >5 years, a slight increase from 31% in 2019/20.

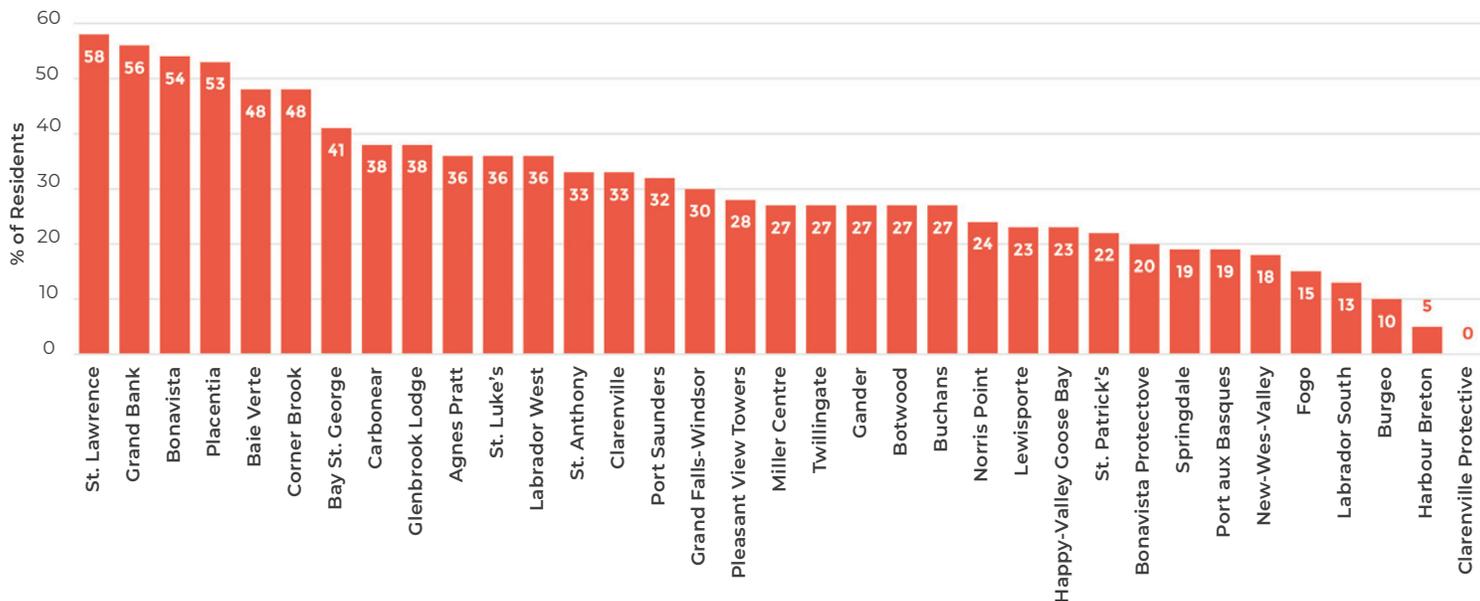


Figure 2. Percent of Residents in One of the Four Highest Resource Use Groups Analyzed by LTCF

- The percentage of residents in a RUGs 1–4 group varied from 58% St. Lawrence to 0% in Clarenville protective.
- Four LTCFs reported the majority of their residents were in one of the four highest RUGs groups: St. Lawrence, Grand Bank, Bonavista, and Placentia.

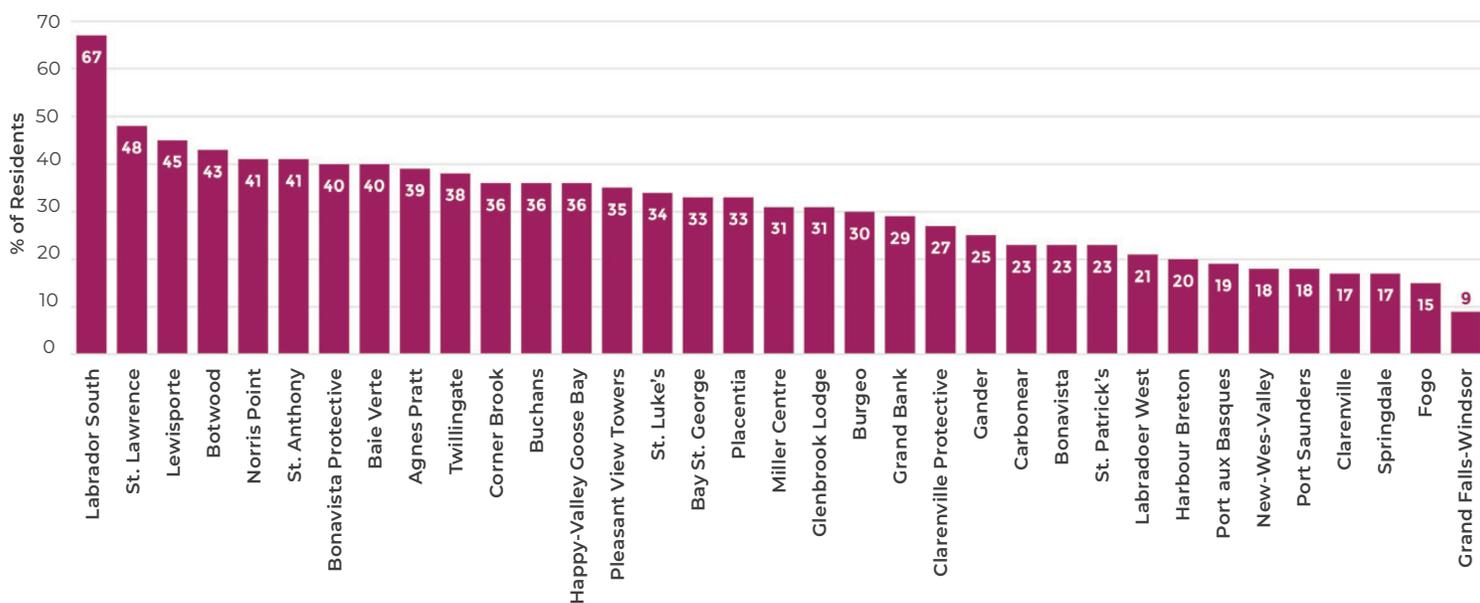


Figure 3. Percent of Residents Taking Antipsychotics by LTCF

- In 8 (23%) LTCFs, the rate of antipsychotic use was $\leq 20\%$, whereas in 20 (57%) LTCFs, it was $\geq 30\%$.
- In 2019/20, 43% of LTCFs rate of antipsychotic use was $< 20\%$ while 49% of facilities the rate was $\geq 30\%$.

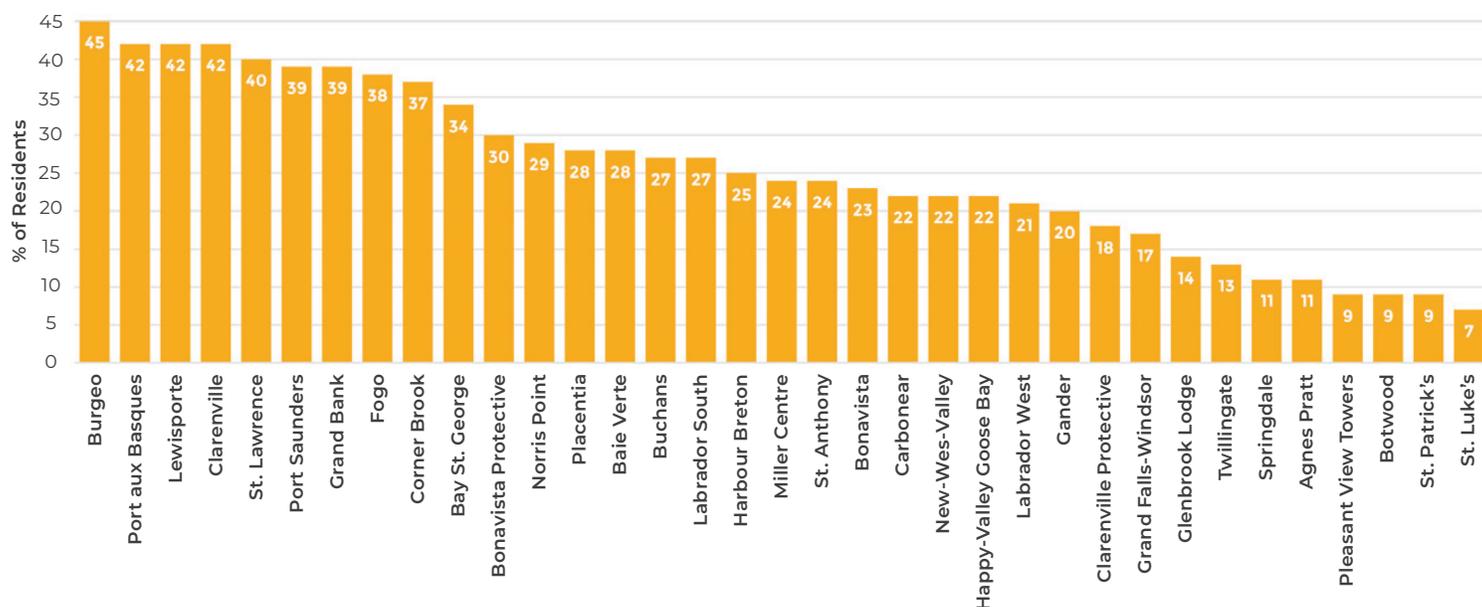


Figure 4. Percent of Residents Taking Hypnotics by LTCF

- The percentage of residents taking hypnotics ranged from 45% in Burgeo to 7% in St. Luke's.
- This wide variability in the use of hypnotics was reflected in the observation that 11 (31%) LTCFs had a rate $\leq 20\%$ (14% of LTCFs in 2019/20), and 11 (31%) LTCFs had a rate $\geq 30\%$ (43% of LTCFs in 2019/20).

Conclusions

1. In 37% of LTCFs, the majority of residents are ≥ 85 years compared to 31% in 2019/20
2. Variability in the rates of residents staying for >5 years was observed like previously in 2019/20. This could be related to admitting younger people with severe disability or admitting older people without severe disability.
3. Variability by LTCFs in the percent with high RUGs groups was again observed like the previous year, which could be a marker for a wide variability of health care professionals across facilities.
4. Quality of life and safety may be adversely affected by use of psychotropic drugs. These are prescribed frequently in some LTCFs. Efforts by the RHA to reduce use of these drugs, particularly antipsychotics and benzodiazepines, are required.
5. Use of restraints was rare.