

The Annual Incidence and Clinical Characteristics of Clients Admitted to Long-Term Care in NL by Regional Health Authority

Objective

To determine the annual incidence of clients to long-term care facilities (LTCFs) in NL by region, and to determine whether the clinical characteristics of clients are similar across Regional Health Authorities (RHAs).

Practice Points

1. In 2016–17, 1,044 people were admitted to LTCFs in NL, 43% were aged 85 years or older, and 61% were female.
2. 47% were admitted because of cognitive impairment or reduced physical function only, of whom 94% had either extensive to total dependence for activities of daily living or had severe impairment of cognition. Together with the 53% admitted because of need for special rehabilitation, extensive services or special care, or because their needs were clinically complex, these data implied that the vast majority required admission to a LTCF.

Data

The Resident Assessment Instrument-Minimum Data Set (RAI-MDS) 2.0 is completed on admission to LTCF and quarterly thereafter. These data were obtained from The NL Centre for Health Information (NLCHI) from 2016–17 to 2019–20.

Results

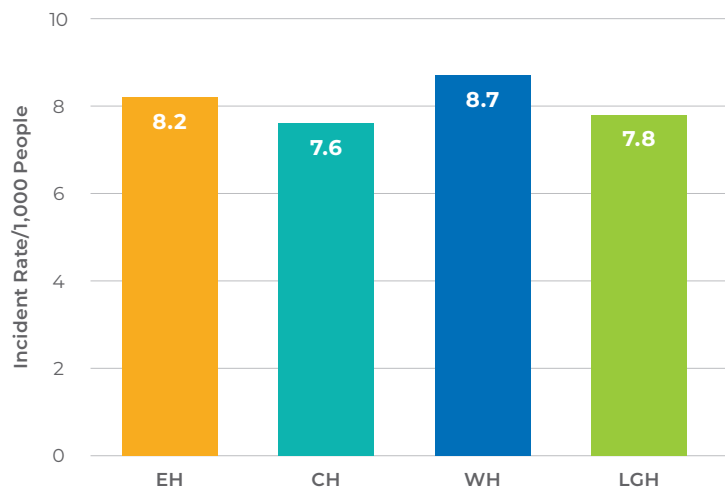


Figure 1A. Incidence Rate of Clients 65 Years or Older/1,000 People 65 Years or Older in 2019–20 by RHA

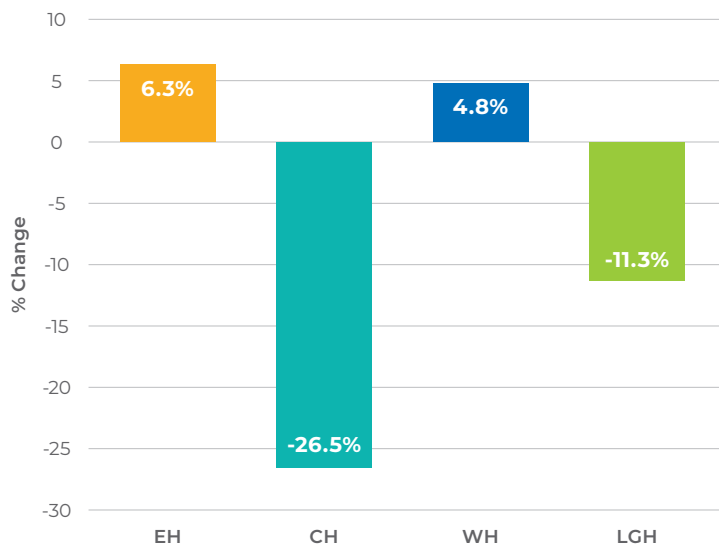


Figure 1B. Percentage Change in Annual Incidence of Clients From 2016–17 to 2019–20 by RHA

- In 2019–20, 1,015 clients were admitted to LTCFs in the province.
- Central Health (CH) has the lowest incident rate and the biggest drop in incidence rate since 2016–17, suggesting limited access to LTCFs in that region.

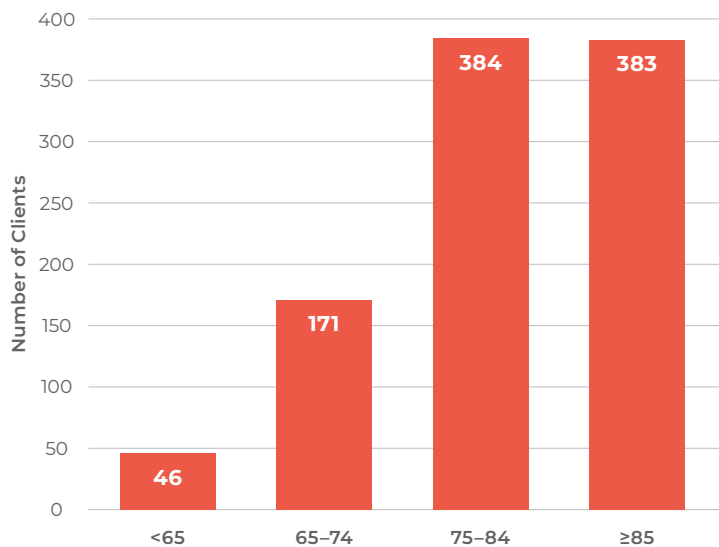


Figure 2. Age Distribution of Incident Clients to LTCFs in NL in 2019–20

- 5% of incident clients were <65 years, 17% were 65–74 years, 39% were 75–84 years, and 39% were ≥85 years.

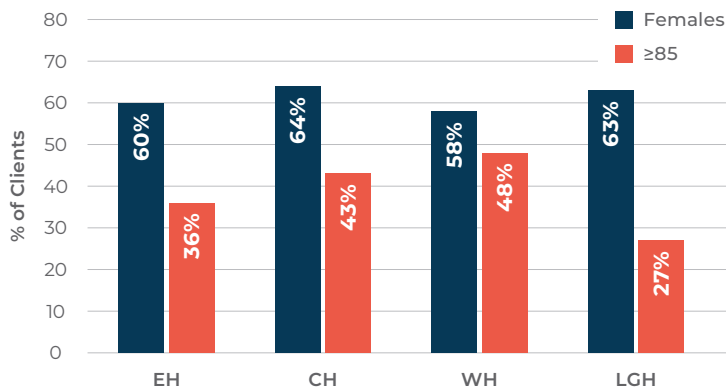


Figure 3. Age and Sex of Incident Clients Admitted to a LTCF in 2019–20 Analyzed by RHA

- In each RHA, the majority of clients were female. Labrador-Grenfell Health (LGH) had the lowest percentage of clients aged ≥85 years, and CH had the highest.

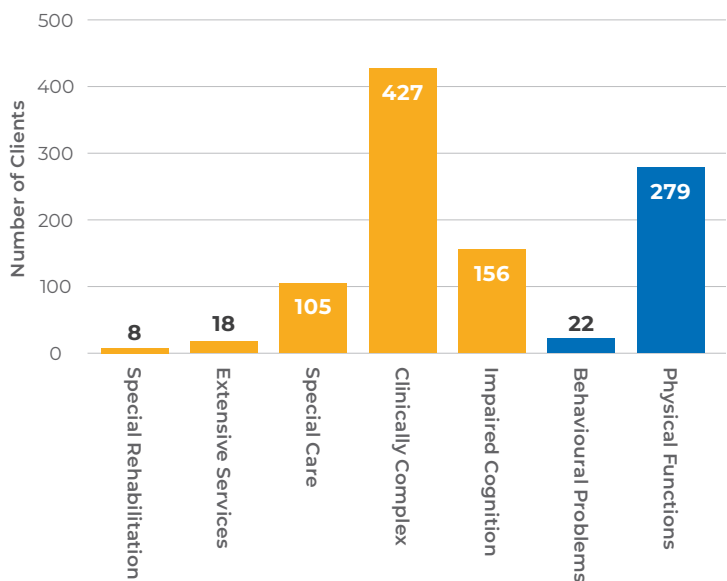


Figure 4. Primary Reason for Admission Using the RUGs Hierarchical Classification in NL in 2019–20

- The primary reasons for admission to a LTCF in the province were special rehabilitation, extensive services or special care required (RUGs score 1–3) in 13%, clinically complex (RUGs score 4) in 42%, impaired cognition or behavioural problems (RUGs score 5 and 6) in 18%, and decreased physical function (RUGs score 7) in 27%.

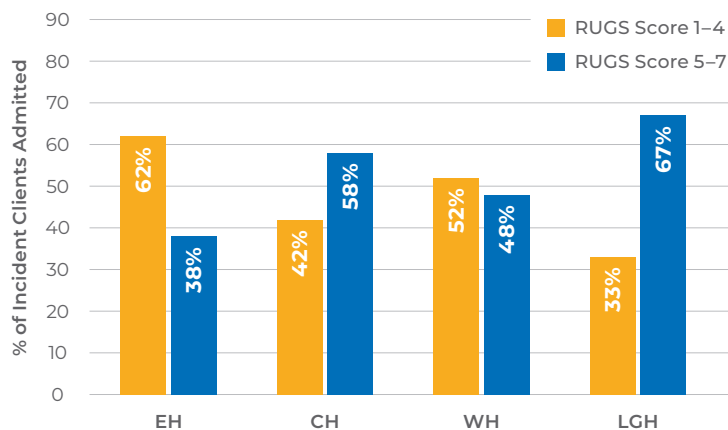


Figure 5. Clinical Characteristics of Incident Clients Admitted Because of Impaired Cognition, Behaviour or Reduced Physical Function by RHA in 2019–20

- The RUGs score in incident clients differed by region, with the highest proportion admitted for special rehabilitation, extensive service or special care, or because they were clinically complex (RUGs scores 1–4) in Eastern Health (EH) and the lowest in LGH.

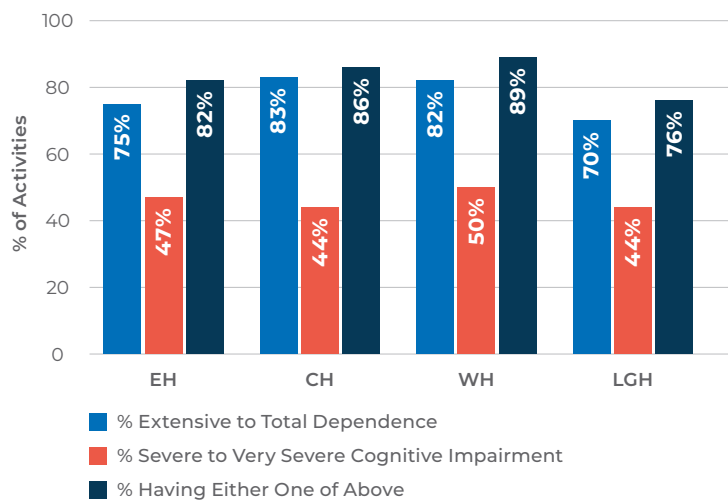


Figure 6. Activities of Daily Living and Cognitive Performance in All Clients Admitted to a LTCF in 2019–20 Analyzed by RHA

- 82% of incident clients in EH, 86% in CH and 89% in Western Health (WH) had extensive/total dependence for the activities of daily living and/or severe to very severe cognitive impairment. The lowest was 76% in LGH.

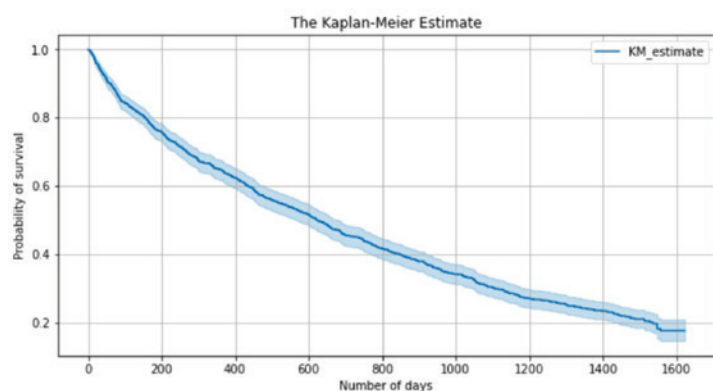


Figure 7. Survival of New Admissions to a LTCF in NL Analyzed for 2016-17

- The one-year survival of incident clients admitted in 2016-17 was 65%, two-year 45%, three-year 31%, and four-year 22%.

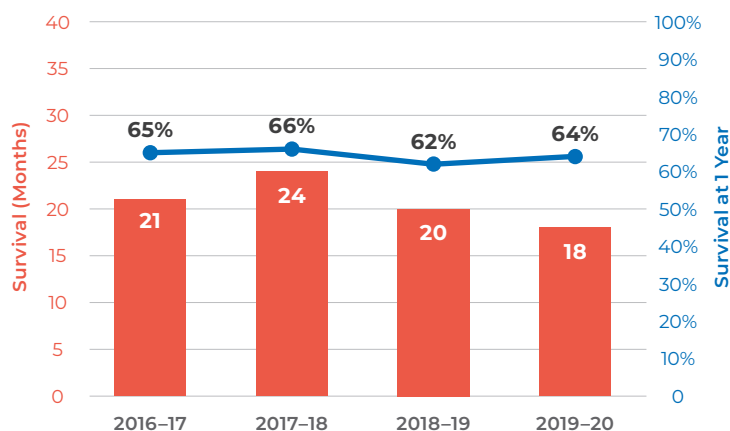


Figure 8. The Median Survival in Months and One Year Cumulative Percentage Survival for Each of the Four Annual Incident Cohorts From 2016-17 to 2019-20 in NL

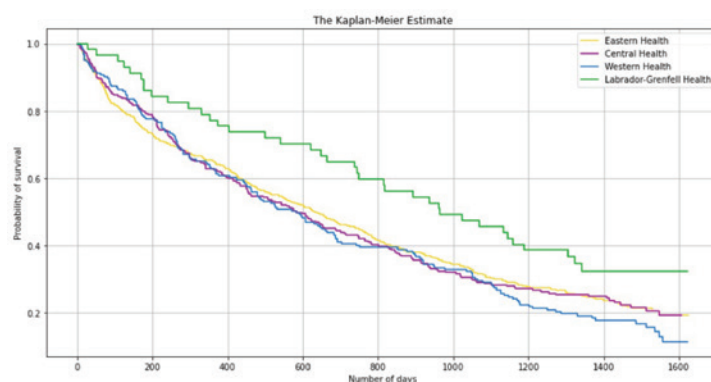


Figure 9. The Survival of Incident Clients in 2016-17 by RHA

- The different case mix of admissions to LTCFs in LGH is consistent with the better survival.

Conclusions

- Over 1,000 new admissions to a LTCF occur every year in NL, whose average survival is 21 months.
- Limitations in access to a LTCF in CH may be the cause of the drop in the number of clients admitted comparing 2016-17 to 2019-20.
- LGH has a different case mix, compared to the other regions, with a low proportion aged ≥ 85 years, a lower proportion admitted because they had special needs or were clinically complex, and a lower proportion with extensive to total dependence for the activities of daily living.
- The vast majority admitted LTCF in NL had extensive to total dependence for the activities of daily living and/or severe cognitive impairment.
- Average survival of incident clients to LTCFs is less than two years. The better survival in LGH is consistent with the different case-mix of clients admitted to LTCFs in that region.