The Demographic and Clinical Characteristics of Long-Term Care Residents by Regional Health Authority (2020)

Objective

To describe the prevalence, demographic and clinical characteristics of long-term care facility (LTCF) residents in 2020, and to determine whether changes had occurred since 2016.

Practice Points

- 1. In 2016, there were 2,605 residents of LTCFs in the province, 66% of whom were female, and 42% 85 years or older.
- 2. Although the majority (78.4%) had no or minimal health instability, 80% had extensive/total dependence for the activities of daily living, and 53% had severe/very severe cognitive impairment.



The results of the Resident Assessment Instrument-Minimum Data Set (RAI-MDS) questionnaire, completed every quarter on all residents by each LTCF, were provided by the NL Centre for Health Information (NLCHI) for the fiscal years 2016–17 to 2019–20.

Annual mortality was calculated from the date of RAI in the first quarter of the year to the date of RAI in the first quarter of the next year.

Results

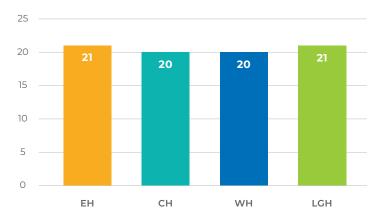


Figure 1. The Prevalence of Residents Aged ≥65 Years/1,000 People Aged ≥65 Years for Each RHA in Q4 of 2019–20

• The prevalence rate of LTCF residents aged ≥65 years was 20.3/1,000 people ≥65 years.

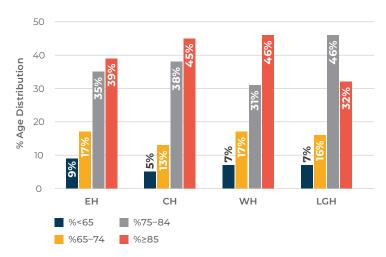


Figure 2. Age Distribution of Residents of LTCFs in Q4 of 2019–20 by RHA

- The age distribution in each RHA's population is reflected in the age distribution of the residents of LTCFs. Labrador-Grenfell Health (LGH) has the youngest population and has the lowest percentage of residents aged 85 years or older, whereas Central Health (CH) and Western Health (WH) have the oldest populations with the highest percentage that are aged 85 years or older.
- In 2019–20, 7.5% of LTCF residents in the province were aged <65 years, compared to 8.6% in 2016–17, and 42.1% were ≥85 years; little change from 2016–17 (42.4%).

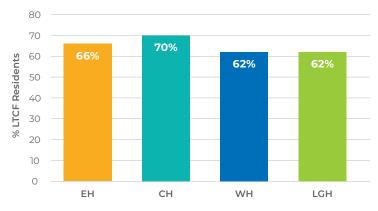


Figure 3. Per Cent of Residents of LTCFs That Were Female in Q4 of 2019–20 by RHA

• In 2019–20, 66% of residents of LTCFs in the province were female, which was unchanged from the previous three years.

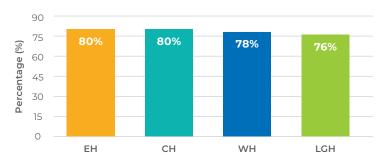


Figure 4. Per Cent with no or Minimal Health Instability, Defined by the CHESS Score, in LTCF Residents in Q4 of 2019–20 by RHA

 79.4% of provincial LTCF residents had no/minimal health instability in 2019–20, revealing little change in the previous three years.

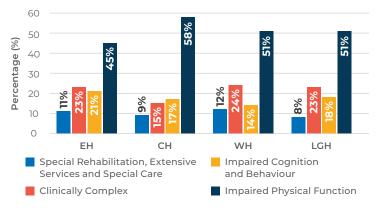


Figure 5. The Primary Reason for Being in a LTCF, Using the Hierarchical RUGs Classification, in 2019–20 by RHA

 One in ten residents had need of special rehabilitation, extensive services or special care and a further 22% were considered clinically complex. This differed little from 2016.

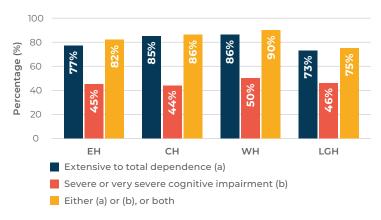


Figure 6. Activities of Daily Living and Cognitive Impairment in Provincial LTCF Residents in Q4 of 2019–20 by RHA

• In the province in 2019–20, 80% of LTCF residents had extensive/total dependence for the activities of daily living, 45% had severe/very severe cognitive impairment, and 84% had either one or the other, or both disability. Comparable percentages in 2016–17 were 81%, 46% and 85%.

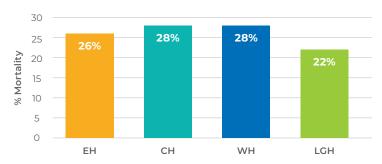


Figure 7. Average Annual Mortality of LTCF Residents From 2016–17 to 2019–20 by RHA

- The average provincial annual mortality of residents of LTCFs was 26.4%.
- The differences in annual mortality reflects differences in case mix by RHA.

Conclusions

- 1. The age distribution of residents differed by region: the percentage less than 65 years was 4.5% in CH and 8.8% in Eastern Health (EH), whereas the percentage 85 years or older was 31.6% in LGH and 45.5% in WH.
- 2. The proportion of residents requiring special services was one in ten and differed little by region. The vast majority of residents had either extensive to total dependence for the activities of daily living, or severe/very severe cognitive impairment, with the lowest rate being 75% in LGH.
- 3. The average annual mortality of residents of LTCFs was 26%.