

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

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 20 months.

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).

2. 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 from a resident in the year 2019/20 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 (gender, 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 (1–4) RUGs group, percent with at least moderate CHESS score), and use of psychotropic drugs, or diuretics, or restraints.

Results

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

Facility Name	Residents in FY 2019/20	% Female	% Age ≥85	% RUGs 1–4	% Moderate to very high CHESS score	% Used Antidepressant	% Used Antipsychotic	% Used Antianxiety	% Used Hypnotic	% Used Restraint
Central Health										
Buchans	29	72	48	3	0	28	17	31	28	0
Baie Verte	23	52	35	52	0	70	30	9	30	0
Grand Falls-Windsor	83	63	42	42	8	47	19	18	14	2
Harbour Breton	22	73	41	27	5	64	14	18	36	0
Botwood	100	55	37	26	5	61	38	23	9	0
Brookfield	54	74	54	30	2	54	11	15	35	0
Fogo Island	13	77	77	23	0	62	31	31	54	0
Gander	120	73	47	34	12	68	22	44	22	0
Lewisporte	64	70	47	27	6	73	39	31	39	0
Twillingate	35	66	37	40	6	46	40	17	26	0
Springdale	95	60	48	28	9	52	11	16	8	1
Eastern Health										
Grand Bank	85	72	55	65	28	39	27	44	42	0
Bonavista Protective	10	80	40	20	30	60	70	40	10	0
Clareville Protective	13	77	69	15	0	31	23	8	8	0
Clareville	57	68	44	35	5	47	11	30	47	0
Miller Centre St. John's	57	33	54	51	12	60	21	9	11	0
Bonavista	86	62	55	44	13	30	31	36	19	0
Placentia	93	62	38	59	12	54	45	26	25	0
Pleasant View Towers St. John's	516	59	32	37	7	53	39	26	15	0
Carbonear	299	61	39	39	9	36	41	32	27	1
Saint Luke's Home St. John's	150	74	46	36	4	57	23	17	10	0
St. Patrick's Mercy Home St. John's	264	70	57	30	9	44	28	20	14	0
Agnes Pratt Home St. John's	163	81	40	33	7	50	23	19	9	0
Glenbrook Lodge	133	28	50	38	5	65	27	22	17	0
St. Lawrence	51	63	43	37	20	51	31	53	51	0

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Table 1 continued

Facility Name	Residents in FY 2019/20	% Female	% Age ≥85	%RUGs 1–4	% Moderate to very high CHES score	% Used Antidepressant	% Used Antipsychotic	% Used Antianxiety	% Used Hypnotic	%Used Restraint
Labrador-Grenfell Health										
Happy Valley-Goose Bay	81	54	32	40	19	37	33	19	11	0
St. Anthony	57	68	32	26	5	63	32	28	30	0
Forteau	15	67	93	20	13	27	67	7	33	0
Labrador City	13	31	31	69	0	31	23	15	38	0
Western Health										
Bay St. George	142	54	37	42	4	46	34	24	34	0
Bonne Bay	16	75	38	38	6	44	12	25	25	0
Burgeo	25	68	56	16	12	28	36	16	44	0
Corner Brook Long-Term Care Home	299	67	50	42	9	51	36	36	36	0
Port Aux Basques	41	61	44	24	2	44	12	19	22	0
Port Saunders	27	67	41	44	7	63	22	22	56	0

- The majority of residents were female. In 11 of 35 (31%) LTCFs, the majority of residents were ≥85 years.
- 82% of residents in the province had severe impairment of ADL or severe cognitive impairment. The per cent without this degree of disability was greater than 20% in seven (20%) LTCFs, but two of these were Protective community residences with lower criteria for admission. The majority of LTCFs (60%) had <10% of residents with low CHES scores (scores 1–4, which are less than moderate).
- 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 19 (54%) of LTCFs. Wide variability in the use of antipsychotics, anti-anxiety, and hypnotics was observed.
- The use of restraints was very unusual.

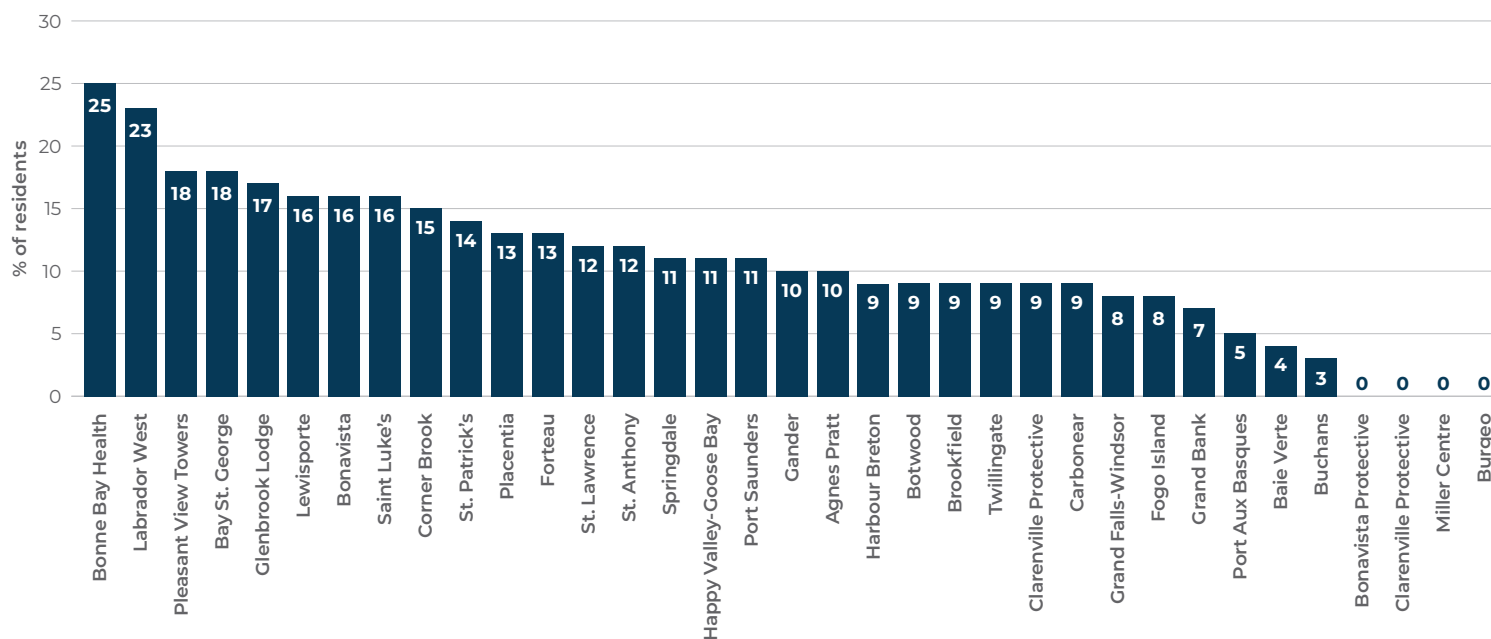


Figure 1. Percent of Residents with Stay >5 years

- The per cent of residents whose stay was >5 years varied from 0–25%.
- In 11 (31%) LTCFs, more than 1 in 8 residents had been there for >5 years.

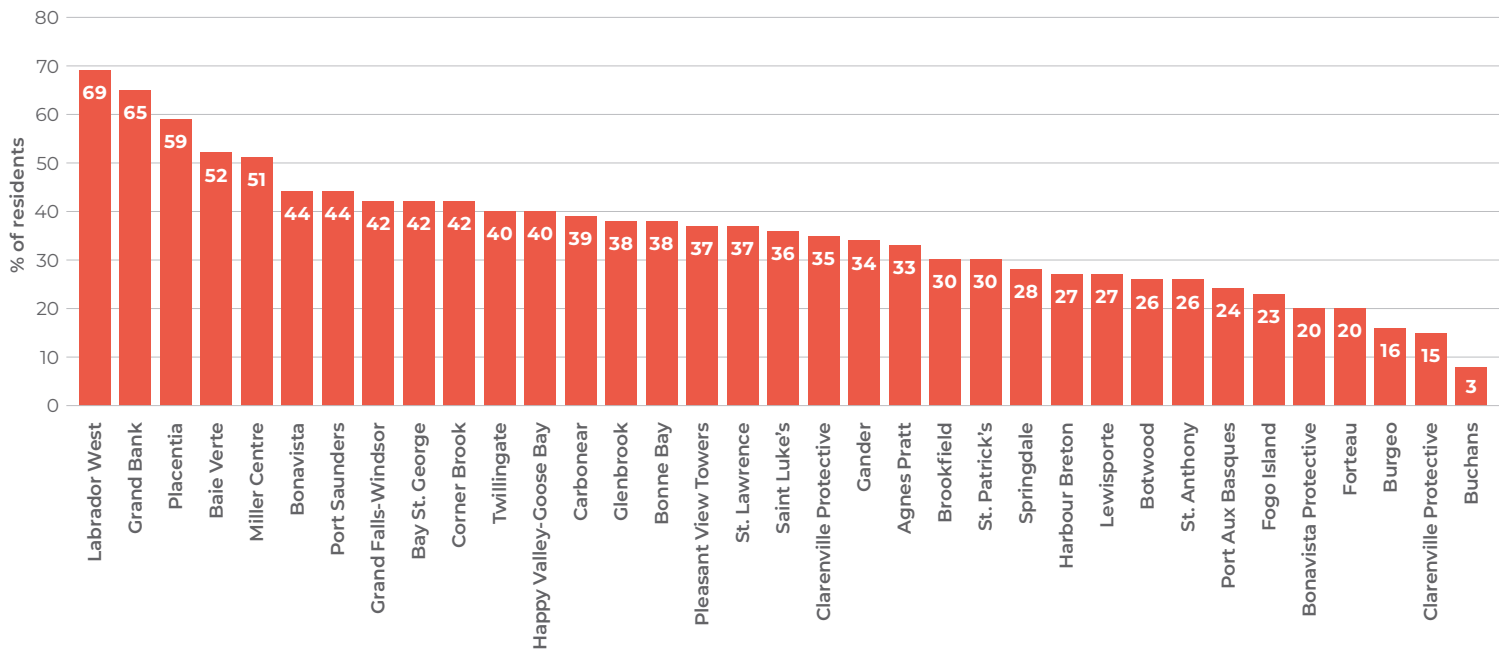


Figure 2. Percent of Residents in One of the Four Highest Resource Use Groups Analysed by LTCF

- The percentage of residents in a RUGs 1–4 group varied from 69% in Labrador West to 3% in Buchans.
- Five LTCFs reported the majority of their residents were in one of the four highest RUGs groups: Grand Bank, the Miller Centre, Placentia, Labrador City, and Baie Verte.

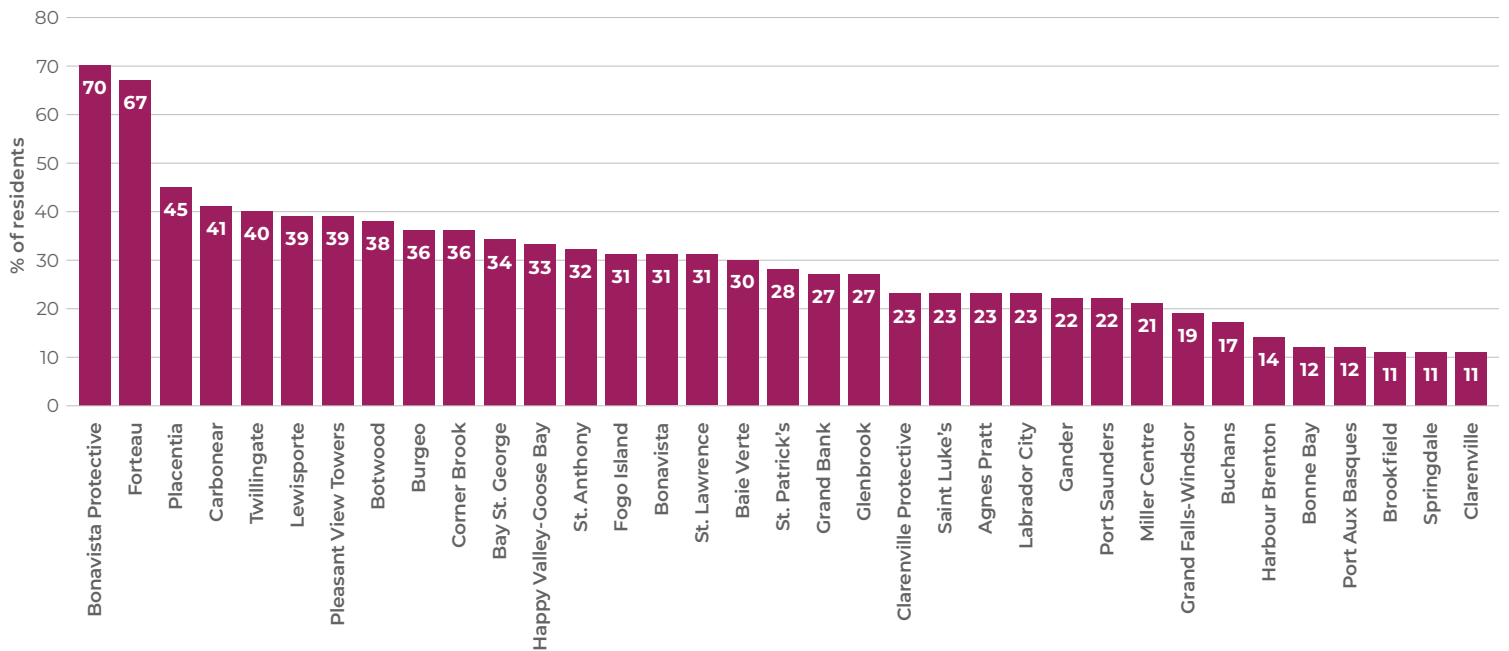


Figure 3. Percent of Residents Taking Antipsychotics by LTCF

- In 15 (43%) LTCFs, the rate of antipsychotic use was <20%, whereas in 17 (49%) LTCFs, it was ≥30%.

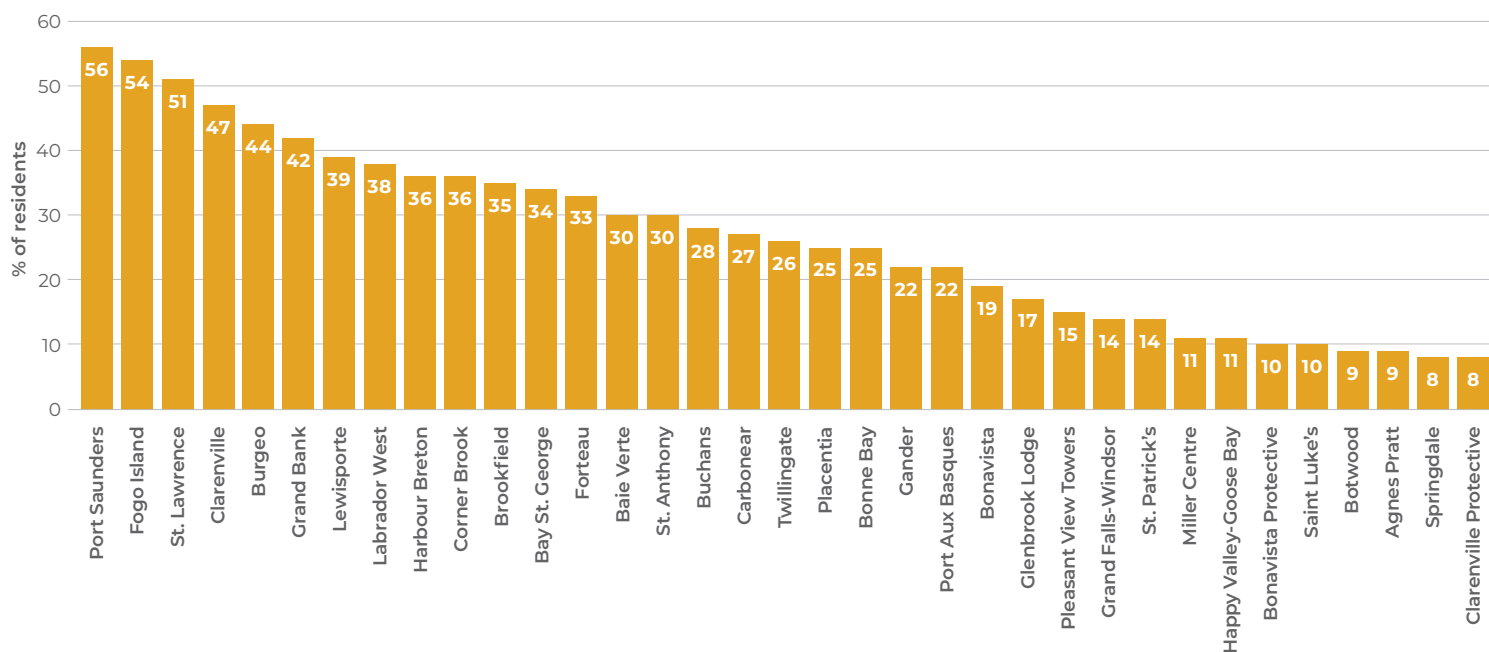


Figure 4. Percent of Residents Taking Hypnotics by LTCF

- The percentage of residents taking hypnotics ranged from 56% in Port Saunders to 8% in Springdale.
- This wide variability in the use of hypnotics was reflected in the observation that 5 (14%) LTCFs had a rate $\leq 20\%$, but 15 (43%) LTCFs had a rate $\geq 30\%$.

Conclusions

1. In 31% of LTCFs, the majority of residents are ≥ 85 years.
2. Variability in the rates of residents staying for >5 years was observed. This could be related to admitting younger people with severe disability or admitting older people without severe disability.
3. Variability by LTCFs in the per cent with severe disability/severe cognitive impairment, or in high RUGs groups was also observed. The former metric may be a marker for potentially inappropriate admission.
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.