

Clinical Characteristics of Clients Evaluated for Long-Term Care in a Hospital or at Home

Objective

To describe the annual volume and clinical characteristics of clients evaluated for long-term care (LTC) either in the community or in a facility.

Practice Points

1. Development of frailty in the elderly or in people with severe illness engenders a request for LTC. Whether this can be provided in the client's home or a personal care home (PCH) or there is a need for a LTC facility (LTCF) is central to the evaluation.
2. Electronic capture of data is facilitated by the use of Resident Assessment Instrument Home Care (RAI-HC) and includes information on Resource Utilization Groups (RUGs), activities of daily living, cognitive impairment, instrumental activities of daily living (IADL), bladder and bowel continence, health stability, and behaviour. Scales with a range of scores are used to summarize this information.
3. The RUGs scale has 7 levels for the primary reasons for admission: special rehabilitation, extensive services, special care, clinically complex (RUGs 1–4), impaired cognition, behavioural problems, decreased physical function (RUGs 5–7).

The IADL scale includes meal preparation, ordinary housework, managing finances, managing medications, phone use, shopping, and transportation.

The CHES (Changes in Health, End-stage disease, Symptoms, and Signs) is a measure of health instability and predictive of death in LTC (range 1–5).

The MAPLe assigns one of 5 priority levels to each home care client to inform choices related to allocation of home care resources and facility based-services.

Data

The RAI data for clients assessed at home or in hospital for LTC services was obtained from the NL Centre for Health Information (NLCHI) for the fiscal year 2019/20.

Results

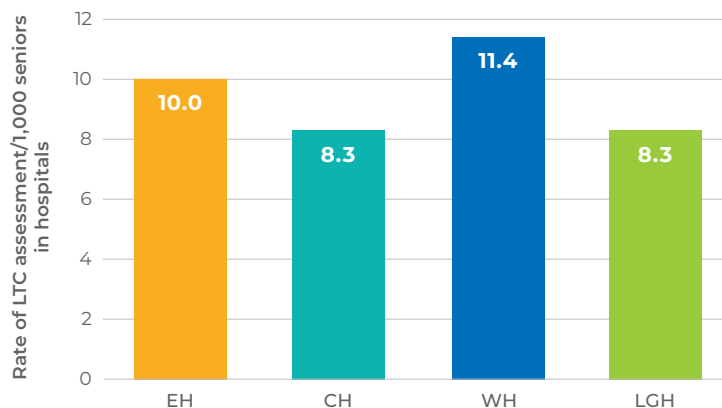


Figure 1. The Rate of LTC Assessment in Hospitals/1,000 Seniors Analyzed by Region

- The highest rate of assessment for LTC in hospitals/1,000 seniors was in Western Health (WH).

Table 1. Clinical Characteristics of Clients Assessed for LTC in Acute Care Hospitals by Region

Characteristic	EH % (N=582)	CH % (N=189)	WH % (N=239)	LGH % (N=44)
Females	53	60	53	45
RUGs 1–4	61	41	38	25
Extreme Dependence and/or Severe Cognitive Impairment	71	71	66	64
Moderate or High Health Instability	25	24	28	36
Good Prospects of Recovery	5	1	3	7
Bladder Incontinence	21	26	26	34
Bowel Incontinence	24	28	26	32
Wandering	9	7	5	18
Fall in Last 90 Days	56	54	56	55
High Priority for LTCF	68	60	67	68
High IADL Score 5 or 6	90	89	85	78

- The majority of clients assessed in Eastern Health (EH) had high RUGs scores. 71% had extreme dependence and/or severe cognitive impairment, consistent with the 68% who had high priority for a LTCF.

- In the other regional health authorities (RHAs), a minority had high RUGs scores but similar proportions to EH with extreme dependence and/or severe cognitive impairment and with high priority for a LTCF.
- Degree of frailty as manifest by bladder or bowel incontinence was not as high as in residents of LTCFs. Despite the relatively low rates of bowel or bladder incontinence, very few were considered to have good prospects for recovery.

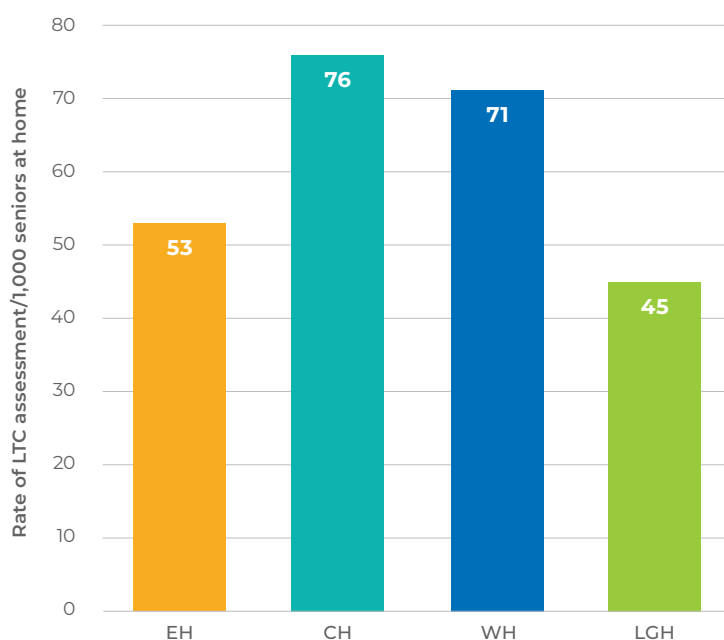


Figure 2. The Rate of Assessment for LTC at Home/1,000 Seniors Analysed by Region

- The highest rates/1,000 seniors assessed at home were in Central Health (CH) and WH.

Table 2. Clinical Characteristics of Clients Assessed for LTC in Their Homes Analysed by Region

Characteristic	EH % (N=3,074)	CH % (N=1,733)	WH % (N=1,481)	LGH % (N=241)
Females	66	65	60	65
RUGs 1–4	23	21	23	27
Extreme Dependence and/or Severe Cognitive Impairment	24	25	18	25
Moderate or High Health Instability	18	15	16	15
Good Prospects of Recovery	2	1	2	3
Bladder Incontinence	8	8	8	6
Bowel Incontinence	4	4	3	3
Wandering	6	5	6	5
Fall in Last 90 Days	35	33	33	29
High Priority for LTCF	41	34	35	43
High IADL Score 5 or 6	71	71	66	67

- Although the clients at home are very different to those assessed in hospital in terms of disability there are many more people at home with need for LTCF. The per cent with high priority for a LTCF varied from 34–41%. However, the per cent with extreme dependence and/or severe cognitive impairment was 18–25%, and very low proportions had bladder or bowel incontinence.

Conclusions

1. A majority of clients assessed in hospital had a need for a LTCF, but there were a relatively low proportion with bladder or bowel incontinence or with extreme dependence and/or severe cognitive impairment. This suggests that a geriatrics/rehabilitation service had potential for preventing admission to a LTCF.
2. The numbers at home deemed to be high priority for LTCF by the MAPLe score also had potential for prevention of admission to a LTCF as judged by metrics associated with frailty (Per cent with extreme dependence/severe cognitive impairment, bladder incontinence, and bowel incontinence).