

# The Epidemiology of Alternate Level of Care in Acute Care Institutions in NL

## Objective

To determine the extent of Alternate Level of Care (ALC) in hospitals and health centres over time and by region, together with the reason.

## Practice Points

- ALC is provided when a patient no longer needs acute care, but is unable to be discharged. It may result from increased frailty following admission, frailty already present on admission, a deficit of long-term care beds, or insufficient availability of home supports.
- Geriatric services aimed at preventing deterioration or improving health in the frail elderly may be helpful in decreasing ALC length of stay (LOS).

## Data

These were obtained from the Canadian Institute for Health Information (CIHI) and the Department of Health and Community Services.

## Results

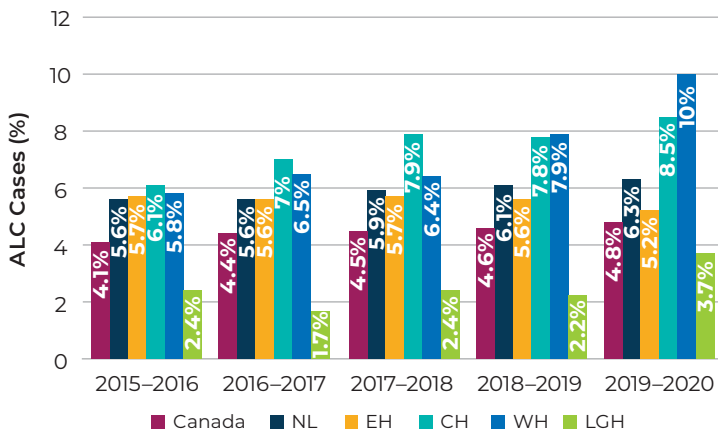


Figure 1. Per Cent of Admissions Designated ALC by Region, 2015/16–2019/20

- In 2019/20 in NL, 6.3% of admissions were associated with ALC compared to 4.8% in Canada.
- The percentage of ALC varied by region: Eastern Health (EH) 5.2%, Central Health (CH) 8.5%, Western Health (WH) 10.0%, and Labrador-Grenfell Health (LGH) 3.7%.

- The number of cases designated as ALC in the province for 2015/16 was 2,995. Five years later the number increased by 10.4% to 3,306.
- In EH, there was a decrease of 10%, from 1,876 to 1,689.
- In CH, there was an increase of 24.3%, from 518 to 644.
- In WH, there was an increase of 9.4% from 508 to 588 cases.
- In LGH, there was an increase of 44.1% from 93 to 134.

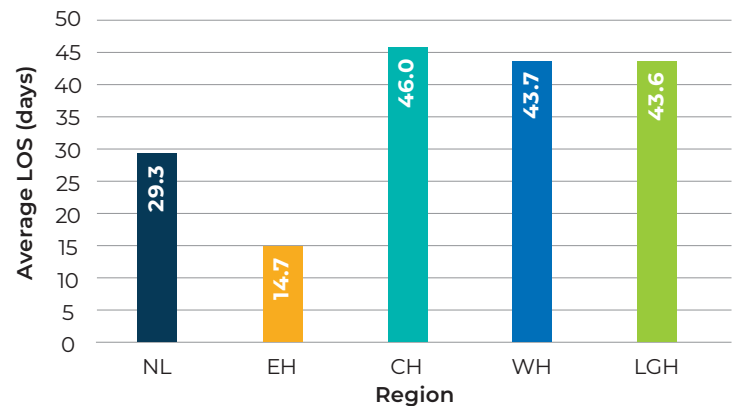


Figure 2. Average Length of ALC Stay (Days) by Region, 2019/20

- NL's ALC LOS was higher than the Canadian average of 24.2 days.
- ALC LOS in EH was low, but in CH, WH, and LGH it was much higher.
- Compared to 2015/16, average ALC LOS in the province increased by 12.7% in 2019/20.

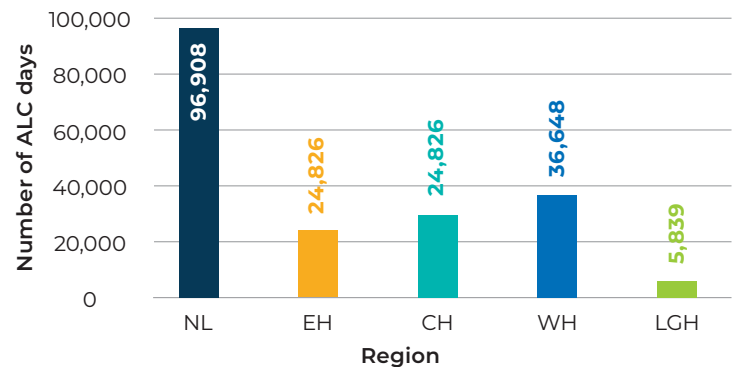


Figure 3. Number of ALC Days by Region, 2019/20

- In 2019/20, the number of ALC days was highest in WH, despite a smaller catchment population than CH. The number was smaller in EH than in either CH or WH, despite a much bigger catchment population.

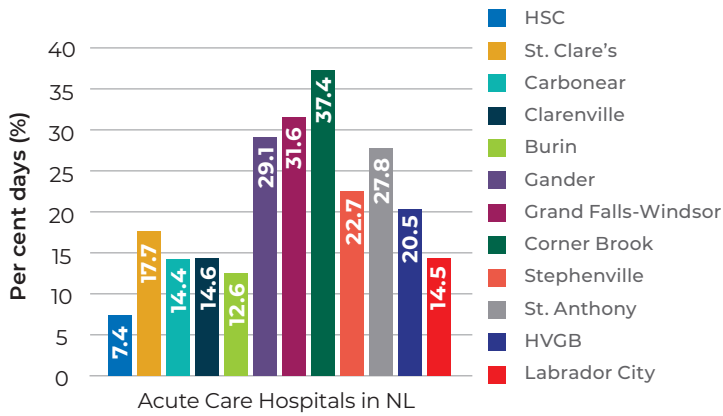


Figure 4. Per Cent Days That Were ALC in the 12 Adult Acute Care Hospitals of NL, 2019/20

- Per cent ALC was very high in Gander, Grand Falls-Windsor, Corner Brook, and St. Anthony.

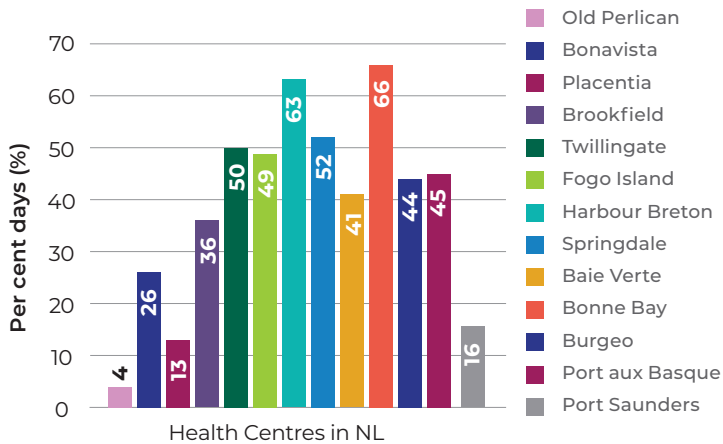


Figure 5. Per Cent Days That Were ALC in the Acute Care Beds in the Health Centres of NL, 2019/20

- The percentage of ALC in the health centres was >15%, except for that in Old Perlican and Placentia.

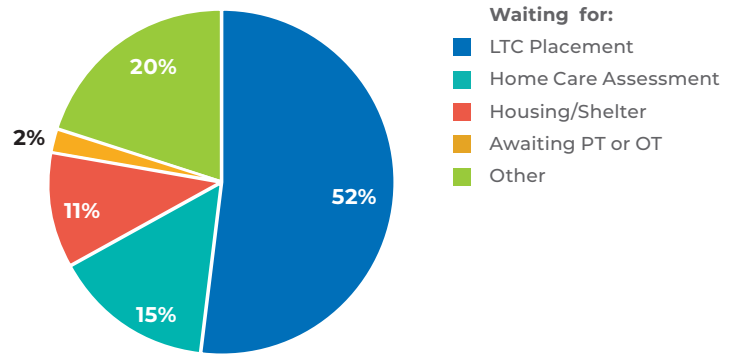


Figure 6A. Reason for ALC in EH, 28 Feb 2021

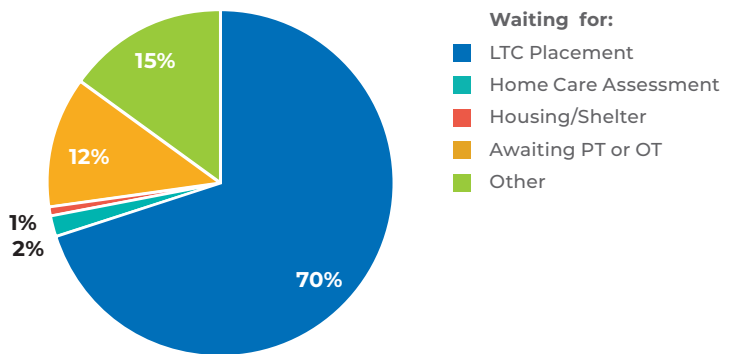


Figure 6B. Reason for ALC in CH, 28 Feb 2021

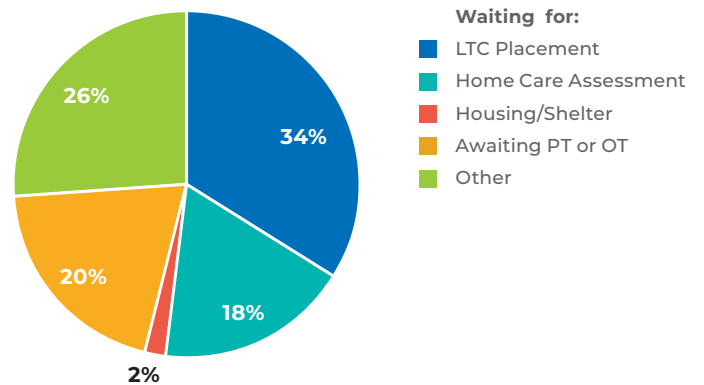
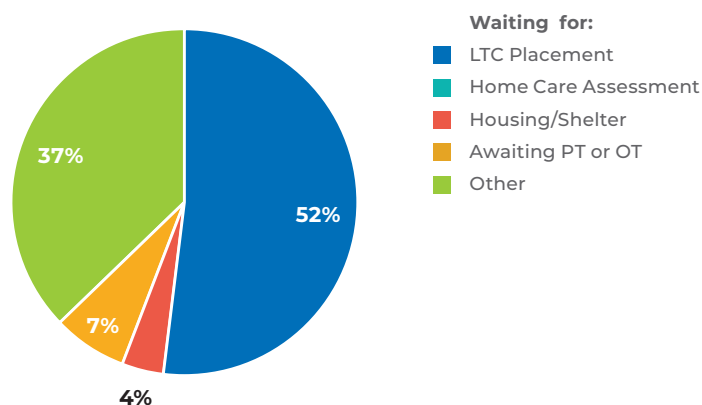


Figure 6C. Reason for ALC in WH, 28 Feb 2021



**Figure 6D. Reason for ALC in LGH, 28 Feb 2021**

- Awaiting placement in long-term care (LTC) was the biggest reason for ALC (53% of cases in the province).
- Other reasons differed by region. In EH, the next two biggest reasons were awaiting home care assessment and housing/shelter. In CH, the reasons were awaiting PT/OT or home supports. In WH, the reasons were awaiting home care assessment or PT/OT.

## Conclusions

1. The percentage of cases admitted to an acute care institution and designated ALC and the average ALC LOS were higher in NL than in Canada.
2. ALC was a big problem in both the hospitals and health centres of CH and WH.
3. The major reason for ALC was awaiting LTC placement. Other reasons differed by region, including awaiting home care assessment, housing/shelter, or PT/OT. It is anticipated that the new LTCF beds in CH (N=140) and in WH should improve the ALC problem.
4. Improved access to LTC is necessary, along with adequate geriatric services to prevent deterioration in hospital and to treat the frail elderly.