

P25 - INCREASING ACUITY AND COMPLEXITY OF RESIDENTS IN LONG-TERM CARE

Timothy Cheng, Ontario Long Term Care Association.

Contact: tcheng@oltca.com

Brief Description of Research or Project: Although long-term care residents are living longer due to advances in medicine and technology, they are also becoming more complex with multiple chronic conditions and co-morbidities. As various initiatives such as Home First and Aging at Home have diverted individuals with lower care needs to home and the community, those presenting to nursing homes have become increasingly frail with higher care needs. Existing data from the long-term care sector paints a compelling picture (Intellihealth, MOHLTC, 2008-13/ CCRS Quickstats, CIHI, 2012-13). From 2008-2013, the prevalence of various conditions has increased markedly: severe bladder incontinence (+9.3% to 26.1%), gastrointestinal disease (+6.2% to 20.6%), arthritis (+7.9% to 42.4%), hypertension (+11.3% to 61.3%), heart/circulatory disease (+8.1% to 74.6%), and musculoskeletal diseases (+6.9% to 59.9%). Furthermore, in 2012-13, the prevalence of various conditions in long-term care was substantial: 73% for any bladder incontinence, 53.1% for any bowel incontinence, 41% with endocrine and metabolic disease, 26.6% diabetes, 14.3% arteriosclerotic heart disease, 12.8% congestive heart failure, 29.8% osteoporosis, 22.1% cerebrovascular accident (stroke), 18.4% pulmonary disease, 15.8% emphysema/COPD, 13.3% cataracts, 27.4% allergies, 16.5% anemia, 10.2% renal failure. In 2012, 85% of new admissions to LTC homes from the community and 78% from hospitals had high or very high MAPLe scores (Method for Assigning Priority Levels) indicating the highest care needs. Understanding disease profiles in long-term care will allow more targeted interventions and coordinated, interdisciplinary care for an increasingly frail and complex resident population. **Why is this research important to profile at the Research Day 2014?** These data are important to understand where intensity of both care and funding needs to be increased in order to maximize both quality of care and quality of life for the vulnerable elderly. In-depth knowledge of the clinical characteristics of residents in long-term care can improve management of individuals, such as those that require more short-term restorative options after transitioning from acute care but prior to release to home or the community. This improvement in flow will ameliorate system issues such as ALC patients and in turn, wait times in hospitals and ERs.