P19 - LONG-TERM CARE WAIT TIMES IN ONTARIO OVER TIME: HIGHLIGHTS FROM THE ICES REPORT

Sima Gandhi¹, Paula Neves², Christina Diong¹, Susan Bronskill¹. ¹Institute for Clinical Evaluative Sciences, ²Ontario Long-Term Care Association. Contact: sima.gandhi@ices.on.ca

Brief Description of Research or Project: Background: This report aims to quantify changes in the health and functional characteristics of individuals waiting for long-term care placement over time and characterize individuals who experience the longest wait times. Method: A cohort of 120,810 individuals aged 18 years or older, newly placed in Ontario long-term care homes was identified using linked administrative databases and Resident Assessment Instrument (RAI-HC) data. Characteristics of individuals placed in 2006 (n=22,496) and 2011 (n=16,391) were compared across wait time quartiles and location at placement. Results: There were a total of 120,812 placements between 2006 and 2011. Although the number of placements decreased over time, wait times increased from 2006 (median 57 days, IQR 20-167) to 2009 (median 101 days, IQR 35-298), before decreasing in 2010. Community wait times were consistently longer over the five-year period, nearly twice that from the inpatient sector in 2011. There was variation in wait times by functional characteristic. In 2011, those who were more dependent for activities of daily living experienced shorter wait times (inpatient 55 days, community 76 days) compared to those who were more independent. Those who scored moderate/high instability on the CHESS scale had shorter wait times (inpatient 50 days, community 77 days); as did those with high scores on the IADL difficulty scale (inpatient 59 days, community 84 days), compared to those with lower scores. Individuals with the longest wait times were more likely to report co-residing with a caregiver. Reports of caregiver distress were less common compared to those with shorter wait times. Why is this research important to profile at the Research Day **2014?** Long term care beds are a limited resource in the health system. If we are able to increase our understanding of who is being admitted and how long they wait prior to placement this will point to opportunities to target needed services and improve system flow. Examining temporal trends and individual-level characteristics are preliminary steps in understanding the changing needs of the aging population, and determining whether there are underlying health or social disparities in long-term care wait times. The findings from this report aims to inform current targets, as the demand for long-term care resources increases.