

# Facing the Facts

Winter 2011

## Understanding Ontario's ALC patients: need for realignment of services revealed

A significant number of Ontario's valuable hospital beds are occupied by Alternate Level of Care (ALC) patients—people in acute care who would be better served in other care settings. In 2010, 16% of Ontario's acute care beds were occupied by those deemed ALC, with most (63%) waiting for a long-term care (LTC) bed. The lack of appropriate community care, including long-term care, home care and support services, contributes to this system-wide issue preventing Ontarians from getting the right care at the right time in the right setting.

### Facts

- In 2007-2008, a majority (80%) of ALC patients waiting for an LTC spot was over 75; 62% were women<sup>1</sup>. Forty percent lived alone; another 39% lived with a caregiver. Most ALC patients (80%) lived in a private residence and the majority of them did not use any home-care services prior to hospital admission (Figure 1).
- ALC patients waiting for LTC placement have more complex health-care needs than home-care clients. One in three had cognitive impairment and one in four had unstable health. They were also more likely to have communication difficulties (33%) and exhibit behavioral problems (19%) (Figure 2).
- Most ALC patients (63%) had high health-care and support needs, making them likely candidates for LTC. However, more than a third (35%) had moderate care needs and could be cared for at home, but still ended up waiting for LTC (Figure 3). The percentage of these ALC patients waiting for LTC varied by as much as 20% across Ontario's Local Health Integration Networks (LHINs).
- ALC patients waiting for LTC needed more assistance with day-to-day living (such as personal hygiene, dressing, and eating) compared to home-care clients (84% vs. 33%). Those waiting for LTC were also less likely to have informal caregivers (39% vs. 49%). Without necessary community supports, ALC patients were unlikely to return home. Supports are also essential to ease the burden and maintain the health of informal caregivers; one in five said they were overwhelmed<sup>1</sup>.

*The Change Foundation is an independent policy think tank intent on changing the health-care debate, the health-care practice, and the health-care experience in Ontario. Established in 1996, the Foundation leads and leverages research, analysis, quality improvement and strategic engagement to enable a more integrated health-care system designed with patients and caregivers top of mind.*

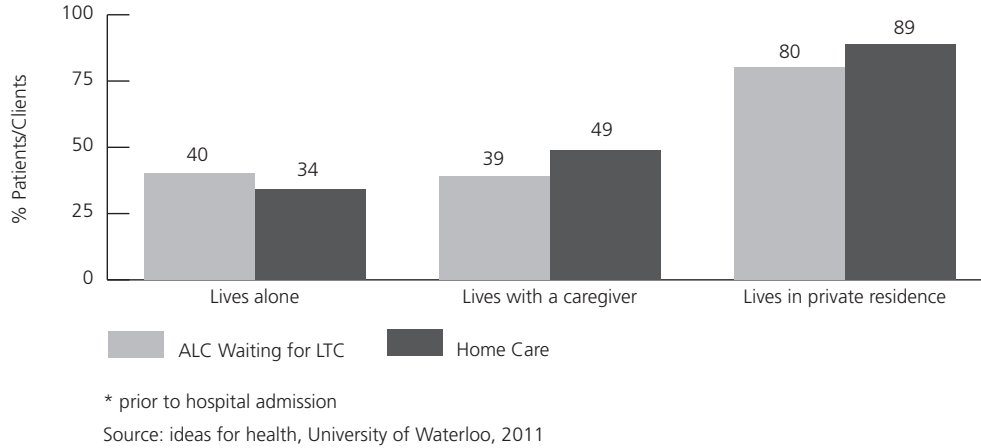
<sup>1</sup> Costa, A., Hirdes, J. 2010. "Clinical Characteristics and Service Needs of Alternate-Level-of-Care Patients Waiting for Long-Term Care in Ontario Hospitals." *Healthcare Policy* 6 (1): 32-46



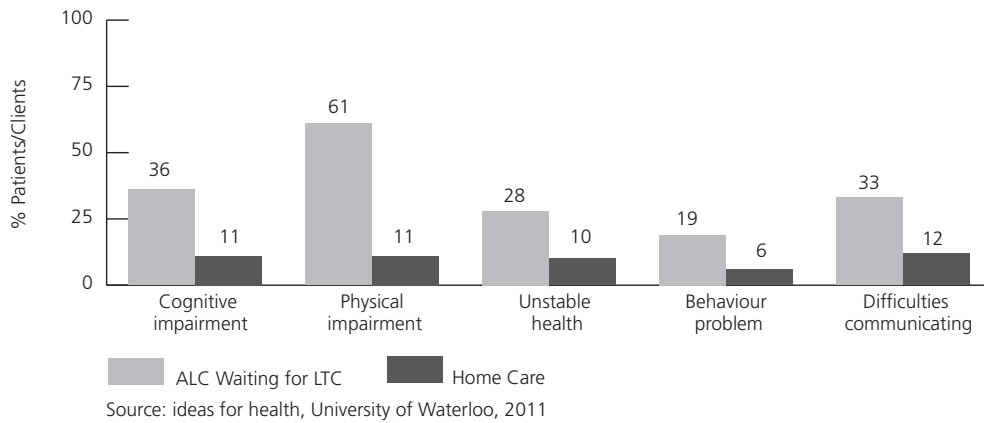
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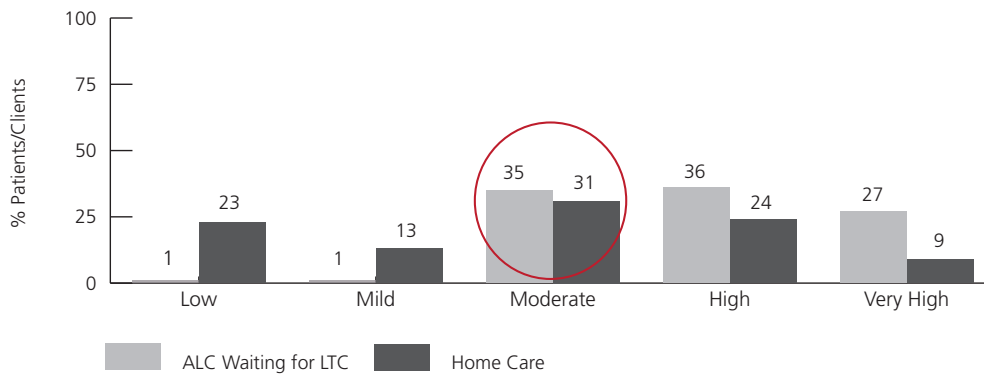
**Figure 1: Living arrangements of ALC patients (65+) waiting for LTC\* compared to home-care clients. Ontario 2007-2008**



**Figure 2: ALC patients (65+) waiting for LTC are more likely to have impaired functional status and more unstable health compared to home-care clients. Ontario 2007-2008**



**Figure 3: Comparison of priority levels\* for access to community support services between ALC patients (65+) waiting for LTC and home-care clients. Ontario 2007-2008**



\*Based on MAPLE score—a decision support tool used to inform the allocation of home-care resources and prioritization of clients needing community or facility-based services.

Source: ideas for health, University of Waterloo, 2011