

Ontario retirement home residences have higher rates of hospital care than residents of long-term care homes

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Residents of retirement homes in Ontario have high rates of hospital-based care compared to residents in long-term care (LTC) facilities and

to people living in the community, found new research published in *CMAJ (Canadian Medical Association Journal)*.

Retirement homes are generally privately run, for-profit residences to support independent living for older people thought to have fewer care needs than residents of long-term care homes.

"These older adults purchase some services from their [retirement](#) home to support [independent living](#), but they still use a lot of publicly funded hospital-based care and have surprisingly low rates of primary care use," says Dr. Andrew Costa, St. Joseph's Health System Centre for Integrated Care, ICES, and McMaster University, Hamilton. "Our findings suggest that we should be thinking about how to better organize integrated primary and supportive care services to avoid a great deal of hospital care use."

In 2018 in Ontario, there were 757 licensed retirement residences. Researchers included 54 733 residents (72% of licensed beds) with a mean age of 86.7 years of whom 69% (37 768) were female. Common health conditions included hypertension (86%), osteoarthritis (68%), mood disorders (64%) and dementia (38%). Compared with LTC home residents, residents of retirement homes had more than double the rate of emergency department visits and hospital admissions and about 50% more alternate level of care (ALC) days in which a patient occupies a hospital bed because they cannot be safely discharged. However, they had lower rates of primary care visits and specialist visits than LTC residents.

"We found that residents of retirement homes had the highest rates of ALC days, which suggests that the needs of some residents may exceed their capacity to procure, publicly or privately, the level and scope of care needed in their retirement home," write the authors. "Some of these residents may not be able to afford additional care from their retirement

home, as rates for heavy care in Ontario can exceed \$6000 per month."

As almost half the retirement home residents lived in middle- and low-income neighborhoods, the costs of additional care may be too high for many people.

"This underscores the need for equitable policies that reduce barriers to housing and [health care](#) for this population to curtail the incidence of ALC patient days that strain hospital resources," write the authors.

The study contributes to the literature as there is a lack of Canadian evidence on health care use and characteristics of residents of retirement homes.

"We have been largely in the dark on understanding who lives in retirement homes, and how they compare with those who live in long-term care homes," says Dr. Derek Manis, postdoctoral fellow at McMaster University and ICES. "This has been the case despite the growth in the number of [older people](#) choosing to live in retirement homes."

"The growth and availability of beds in these homes outpaces that of long-term care homes, and this growth is likely attributed to fewer supply and regulatory requirements than in long-term care homes that encourage capital growth in response to real demand. The increased supply of retirement homes may suggest that some of these retirement homes are a growing substitute for a [long-term care](#) home. As an important link in the continuum of care settings for [older adults](#), our data suggest [retirement homes](#) should be subject to oversight in keeping with the vulnerability of their residents," the authors conclude.

More information: Rates of health services use among residents of retirement homes in Ontario: a population-based cohort study, *Canadian*

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