

THE IMPACT OF CONTINUITY OF CARE ON OUTCOMES FOR COMMUNITY BASED SENIORS WITH DEMENTIA

Margaret Saari RN PhD Candidate, Erin Patterson RN PhD Candidate & Ann Tourangeau RN PhD

Introduction

For most Canadian seniors aging at home is desired. However, for many seniors, this is only possible with support from family, friends, and the health care system. This is especially true for seniors with dementia who are at greater risk for admission to long-term care.

For this group of patients continuity of formal care providers is important to foster trusting relationships between the care recipient and caregivers. Poor continuity has been reported as a barrier to utilization of community based services for this population of patients and their informal care providers.

Purpose

- ✓ Describe continuity of care among community-based persons with dementia
- ✓ Identify patient, caregiver, and health system factors associated with admission to long-term care for community-based persons with dementia

Methods

In collaboration with home care service provider organizations and Community Care Access Centres, charts of 776 home care patients receiving supportive care were reviewed. Demographic, clinical, and service utilization data were abstracted and linked to RAI-HC data elements. Included in the analysis presented here are only those individuals with a dementia diagnosis reported in either chart review or RAI-HC data (N = 160). Descriptive statistics and exact logistic regression were used to address presentation objectives.

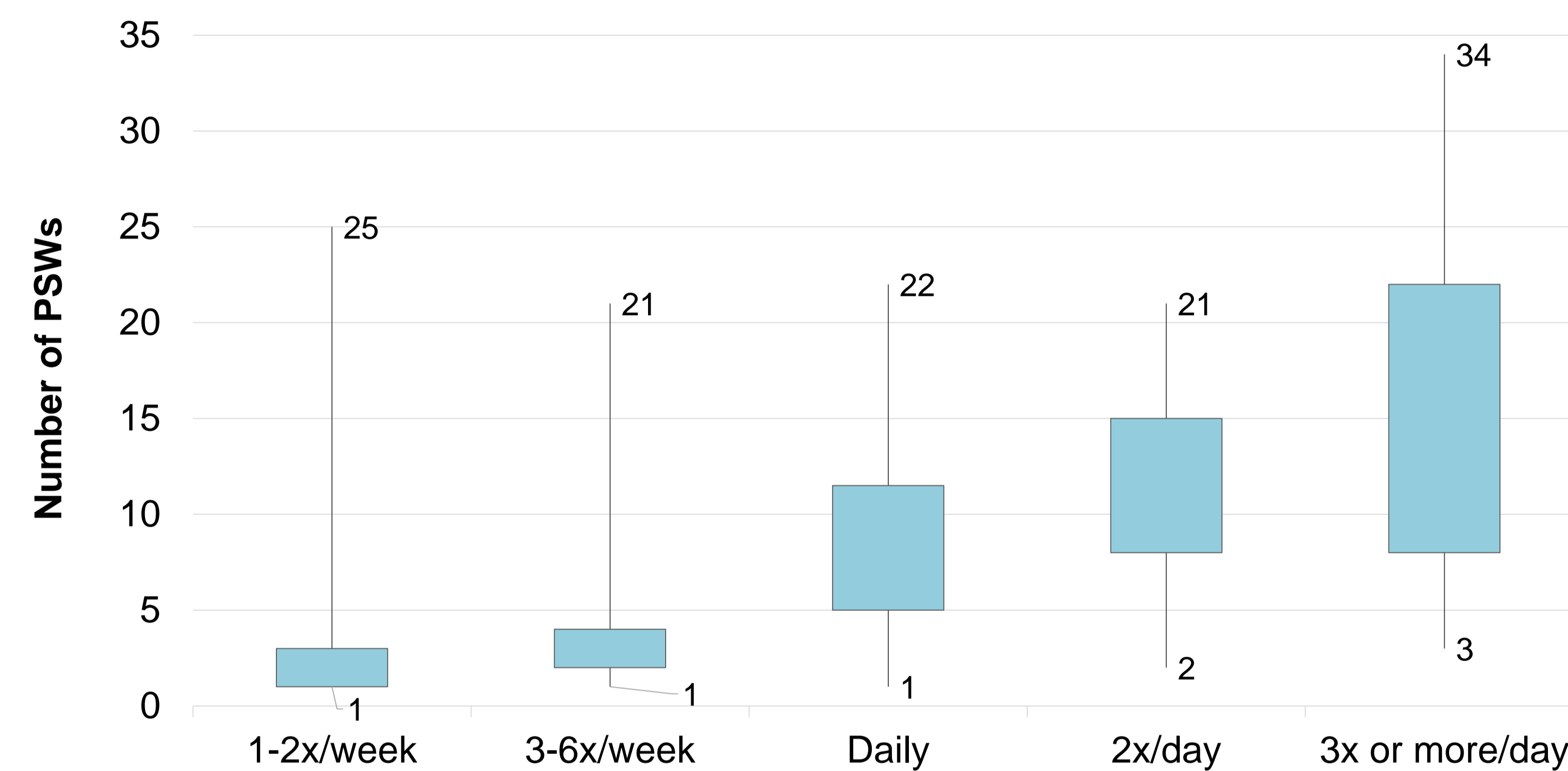
Sample Description

| Characteristics | Mean / % |
|---|----------|
| Mean Age | 84.9 |
| % female | 58.2 |
| % married | 50.7 |
| % with no informal caregiver | 5.48 |
| % living alone | 10.3 |
| % designated end-of-life | 12.3 |
| % who are incontinent | 63.0 |
| % with at least moderate cognitive impairment | 26.03 |
| % with at least one exhibited behavioural symptom | 22.6 |
| % requiring extensive assistance with ALDs | 29.5 |
| % difficulty in meal prep, phone use & house work | 15.1 |
| % experiencing caregiver burnout | 38.4 |

Sample Description Continued

| Variable | Mean | Range |
|---|------|-------|
| Number of health conditions | 5.5 | 1-12 |
| Number of falls | 1.0 | 0-8 |
| Number of ER visits | 1.4 | 0-8 |
| Number of hospitalizations | 0.9 | 0-5 |
| Number of Service Provider Organizations involved in care | 2.5 | 1-6 |

Number of PSWs in 3 Months



Factors Related to LTC Admission

| Variable | Odds Ratio | 95% Confidence Interval | |
|--|-------------|-------------------------|-------|
| | | LCI | UCI |
| Age | 1.15 | 1.06 | 1.25 |
| Sex (female) | 0.59 | 0.21 | 1.55 |
| Married | 0.57 | 0.18 | 1.68 |
| Lives alone | 0.79 | 0.13 | 4.99 |
| Number of health conditions | 0.91 | 0.71 | 1.15 |
| Has an informal caregiver | 2.27 | 0.31 | 14.36 |
| End of life | 0.13 | 0.02 | 0.59 |
| Incontinent | 1.06 | 0.38 | 2.97 |
| Cognitive status (at least moderate impairment) | 2.78 | 0.76 | 10.94 |
| Behavioural symptoms (at least one exhibited) | 0.56 | 0.16 | 1.85 |
| Required extensive assistance with ALDs | 1.89 | 0.55 | 6.77 |
| Has difficulty with IADLs | 0.73 | 0.17 | 3.07 |
| Number of falls | 1.49 | 1.09 | 2.13 |
| Number of ER visits | 0.67 | 0.29 | 1.38 |
| Number of hospitalizations | 0.29 | 0.08 | 0.87 |
| Caregiver burnout present | 6.93 | 2.55 | 21.76 |
| Number of home care service provider organizations | 0.64 | 0.37 | 1.07 |
| Number of PSWs in 3 months | 1.10 | 1.03 | 1.19 |

*Bold = significant predictor

Findings

- ✓ The odds of being admitted to LTC are 1.15 times greater for every additional year of age
- ✓ The odds of LTC admission for those who are designated EOL is 87% lower than the odds for those not designated EOL
- ✓ For every additional hospitalization, the odds of being admitted to LTC decrease by about 70%
- ✓ The odds of being admitted to LTC are 6.93 times greater when caregiver burnout is reported
- ✓ For every additional PSW involved in the last three months of a patient's care, the odds of being admitted to LTC increase by 10%

Implications

- ✓ Caregiver burnout significantly increases the odds of LTC admission. Providing caregivers with support tailored to their needs may help prevent burnout allowing more caregivers to maintain their family member at home when desired.
- ✓ Decreasing continuity of care provider significantly increases the odds of LTC admission. Offering continuity of care is especially important for persons with dementia and their caregivers. These individuals benefit from having consistent formal care providers who are familiar with their routines, behaviours, and care needs.
- ✓ Continuity needs to be made a priority for dementia patients.



Ethics Approval / Acknowledgements

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