Emerging Evidence: Moving from Paper to Policy

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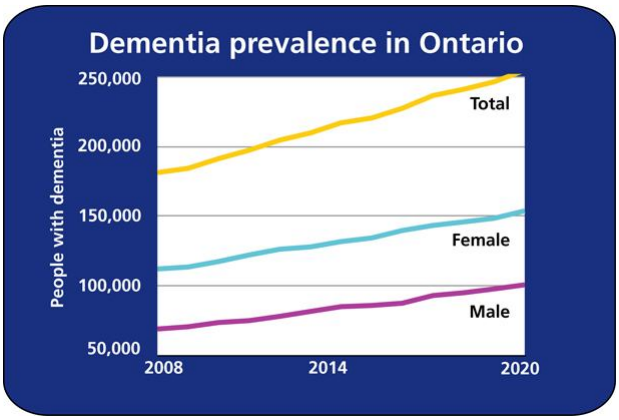
Quantifying the impact of Dementia on ALC

Emerging Evidence

Rising Tide: The Impact of Dementia in Canada (Alzheimer Society of Canada)

- Prevalence of Alzheimer's disease and related dementias in Canada:
  - 2008 - 480,600 people with dementia
  - 2038 - 1,125,200 people with dementia
- Incidence of Alzheimer's disease and related dementias in Canada:
  - 2008 - 103,700 new cases per year (1 every 5 minutes)

The Rising Tide – Provincially (10 by 20 - Alzheimer Society of Ontario)



Canadian Institute for Health Information (www.cihi.ca) ; Alternate Level of Care in Canada

- Dementia is a key diagnosis related to ALC.
  - In 2007–2008, 57% of all hospitalizations with dementia as the main diagnosis and 25% of those with dementia as a co-morbidity had at least one ALC day.
  - Overall, **dementia** accounted for **more than one-third of ALC days.**
  - Hospitalizations with a main dementia diagnosis had a longer median ALC length of stay (**23 days**) than typical ALC patients (**10 days**).

ICES: Health System Use by Frail Ontario Seniors (http://www.ices.on.ca/file/ICES_AgingReport_2011.pdf

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- Older adults with dementia are more likely to experience a hospital stay over the course of a year than those without dementia, and they are more likely to have a larger proportion of their stay in alternate level of care beds than those without dementia.

ICES: Health System Use by Frail Ontario Seniors (http://www.ices.on.ca/file/ICES_AgingReport_2011.pdf

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- Currently there are 181,000 Ontarians with dementia; within a decade, this number is expected to increase by 50%.
- Current literature shows that hospitalization occurs at least three times more often for older adults with Alzheimer's disease than for age-matched older adults without the disease, with the clinical outcomes of hospitalization being worse for patients with Alzheimer's disease. Dementia is the primary cause of long-term care institutionalization among elderly Canadians

ICES: Health System Use by Frail Ontario Seniors

Page 58 (**Note relationship to Falls**)

Year Prior to April 1, 2007		Physician-Diagnosed Dementia	**No** Physician-Diagnosed Dementia	
Emergency Department Visits	Any visits	43,783 (**43%**)	345,630 (**24.6%**)	
	Any low-acuity visits	12,506 (**12.3%**)	133,614 (**9.5%**)	
	Any potentially preventable visits	11,351 (**11.2%**)	73,590 (**5.2%**)	
	Any **fall-related visits**	8,670 (**8.5%**)	43,079 (**3.1%**)	
Acute Care Hospital Admissions	Any admissions	22,711 (**22.3%**)	149,862 (**10.7%**)	
	Acute Care admission **length of stay,** mean +/- SD	**14.24** +/- 18.35	**8.63** +/- 11.62	
	Acute Care admission with **Alternate Level of Care**	**3,821** (3.8%)	**7,858** (0.6%)	

ICES: Health System Use by Frail Ontario Seniors (http://www.ices.on.ca/file/ICES_AgingReport_2011.pdf

Page 60 – summarizes above table

- Just under half (43.0%) of older adults with dementia visited the emergency department (ED) during the year prior to baseline compared to 24.6% of older adults without dementia.
- Among older adults with dementia, 11.2% visited the ED at least once for a potentially preventable condition, whereas the rate was only 5.2% in older adults without dementia.
- Almost 10% of older adults with dementia visited the ED as a result of a fall, compared to only 3.1% of those without dementia

ICES: Health System Use by Frail Ontario Seniors (http://www.ices.on.ca/file/ICES_AgingReport_2011.pdf

Page 60 – summarizes above table

- Roughly one in five older adults with dementia was hospitalized over the course of the year prior to baseline—a rate double that of older adults without dementia
- Longer lengths of stay in comparison to those without dementia (an average length of stay of 14.2 days in the dementia group vs. 8.6 days in the remaining group)
- 16.8% of hospitalized older adults with dementia had ALC days, whereas this was the case in only 5.2% of the remaining group

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Page 64 – review of the next year's data (April 1, 2007 forward – Exhibit 4.8 P.62)

- CRITICAL FINDING - ***The situation is getting worse* relative to the year before April 1, 2007**
  - A quarter of older adults with dementia were hospitalized in the year following baseline, and almost a third (27.6%) of those hospitalized were designated ALC during their stay. The rate of ALC designations increased from 16.8% to 27.6%.
  - The average length of stay was 18.6 days for all hospitalized individuals with dementia, an increase of four days over the previous year.

How well has the Link between Dementia and ALC been recognized and implemented into policy

Are we currently integrating dementia care into LHIN Integrated Health Service Plans?

- All Local Health Integration Networks (LHINs) show dramatic increases in people with dementia, yet…
  - Only 5 of 14 LHINS have specifically included dementia in their plans for elder care
    - Dementia is only mentioned once in the 37 page Champlain LHIN Integrated Health Services Plan 2010 - 2013

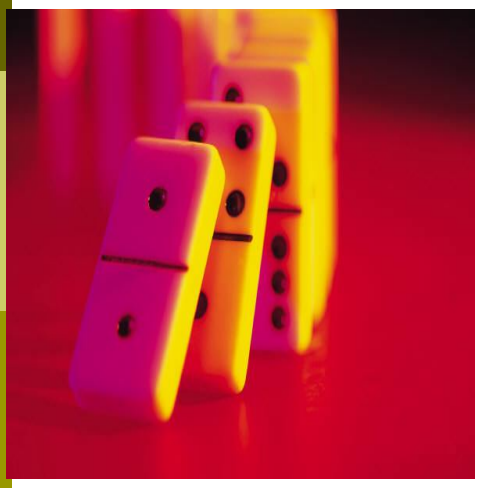
Are we currently providing adequate dementia care?

- The Aging at Home Strategy helps seniors live independently, yet…
  - The Strategy does not identify dementia as a priority
  - Fewer Community Care Access Centres have special “dementia teams” than 5 years ago

The Walker Report

- "Our society now confronts a growing phenomenon – that of a burgeoning aging population of individuals living with frailty and / or multiple co-morbidities, all of which may be confounded by the challenges of dementia
  - See Dementia Domino Effect (next slide

The '**Dementia Domino Effect**'



- Cognition is required to allow patients to safely manage their chronic medical conditions.
- When people develop dementia they are more prone to loss of control of chronic medical conditions (e.g. Diabetes, Heart Failure, Coronary Artery Disease, Renal Disease ….) … when these spiral out of control they may lead to an avoidable hospitalization
  - often with a very slowly resolving delirium which prolongs the hospitalization.

The Walker Report

- Discusses Special Needs Populations
  - Responsive Behaviours
- Mentions need for targeted investments to ensure assessment clinics and services are available and oriented towards geriatric, memory or dementia issues, and chronic disease

The Walker Report

- Assess and Restore recommendations touch on needs of persons with dementia to have extra time for delirium to clear and deconditioning to be addressed before deciding on permanent LTC
- Discusses Human Resources needs
  - To have enough geriatricians, geriatric psychiatrists, Family MDs, nurse practitioners, nurses, social workers etc. to care for the growing numbers of persons with dementia

Balanced Health Care

- For acute care hospitals to function optimally, they require the support of a strong, well-funded and well-organized community care system.
- Otherwise people unnecessarily deteriorate and avoidable presentations to Emergency Departments, avoidable Acute Care admissions, and avoidable Alternate Level of Care (ALC) days occur.

Acute Care – Community Care

- **Symbiotic Relationship** between Community and Acute Care: good community-based dementia care will benefit **Acute Care Hospitals.**
- Until we acknowledge that good community care is the foundation upon which acute care hospitals rest we will not be able to correct the problems of acute care hospital – this will result in future '**bed gridlock**'.

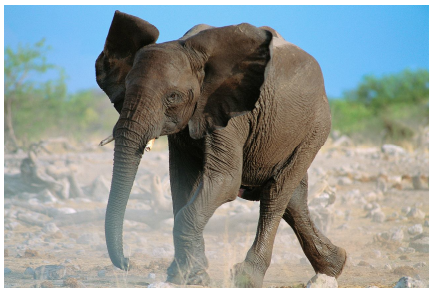
How can community dementia care support the LHINs' priority of reducing ALC rates

- Good community dementia care can prevent hospitalizations and ALC days by:
  - Early identification and treatment of dementia, delirium and depression
  - Teaching families to deal with issues before they reach crisis proportions
  - Providing education and services to assist with the prevention of loss of control of other common chronic diseases (Diabetes, Heart Disease, Kidney Disease) and the prevention of trauma (falls, car crashes)
    - Self-management
    - Intensive case management
  - Planning for relocation when such in-home support is no longer possible

In-hospital Care

- Inadequate dementia care is the '**Weak Link**" in acute care services
- Hospitals are major power players in Health Care yet many hospital administrators seem unaware of the relationship between Dementia and ALC.
- Few hospitals have plans to optimize care for persons with dementia

Is **DEMENTIA** still Health Care Planning's '***Elephant in the room***'?



- How can we make community and hospital dementia care a central component of the ALC discussion?
- How can the CIHI data and ICES data be better used to influence policy (e.g. become a central component of the next LHIN IHSPs)?
- How can we better inform Hospital administrators, LHINs and politicians?
- Are we doing enough?
- What strategies are we missing?